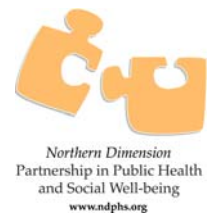


**EG Prison Health  
Tenth Meeting  
Arkhangelsk, Russia  
7-8 April 2010**



<b>Reference</b>	EG PH/10/13/Info 1
<b>Title</b>	NDPHS Strategy
<b>Submitted by</b>	Secretariat
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<b>Requested action</b>	For reference



*Northern Dimension*  
Partnership in Public Health  
and Social Well-being

*Ad hoc* NDPHS Strategy Working Group

## **Actions proposed as the follow-up of the NDPHS evaluation of 2008**

**WITH THE REVISIONS AGREED UPON BY THE NDPHS CSR AND PAC INCLUDED**

Adopted during the 6<sup>th</sup> Partnership Annual Conference  
on 25 November 2009, Oslo, Norway

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## EXECUTIVE SUMMARY

This report proposes actions aimed at implementing the selected recommendations from the evaluation of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), which was made during 2008. It has been developed by the *ad hoc* NDPHS Strategy Working Group (SWG) following the assignment from the NDPHS Partnership Annual Conference (PAC) in November last year.

The follow-up actions recommended by the SWG are presented in eight sections, which cover: mid-term vision, policies, strategies and projects, the social well-being facet within the NDPHS, goals, operational targets and indicators, expert groups, financial matters, NDPHS membership/partner status and several more recommendations. They are all summarized below.

Concerning the NDPHS' orientation on policies, strategies and projects, the SWG recommends that the Partnership should first and foremost be a forum for development of strategies and policies, and coordination of activities on health and social well-being in the Northern Dimension area. At the same time, project activities are needed in order to provide results when it comes to concrete problems. The issue of projects is given due consideration, and recommendations are presented regarding the NDPHS involvement in the implementation and facilitation of projects.

The SWG considers it important that a two-fold approach towards health and social well-being be maintained and strengthened. Further discussions on how to better include social well-being issues should be held when discussing the new mandates of the EGs. Also, representatives from the social sectors should be invited and take part in EG meetings rather than new groups be established. The strengthening of the social facet within the NDPHS has been included in the goal on working methods, and it has also been taken into account in the thematic goals for different areas.

The SWG recommends that the Partnership implement a mid-term planning done at four-year intervals and covering two following NDPHS chairmanship terms. The core elements in this process should be a mid-term vision of the Partnership, goals and linked to them mid-term operational targets. Indicators should be used so as to allow the NDPHS to monitor its progress. Consistent with this, the SWG presents a complete set of proposals including these four elements for the period of time until the end of 2013. Altogether, 11 goals have been proposed, both overall and for thematic areas included in the Oslo Declaration. For each of them at least one mid-term operational target and one indicator is proposed. Finally, a *modus operandi* for the development of goals, operational targets and indicators is also proposed. Developed goals cover the following issues: (i) the role and working methods of the NDPHS, (ii) HIV/AIDS and related diseases, (iii) social and health care for HIV infected individuals, (iv) resistance to antibiotics, (v) access to primary health care, (vi) prison health policy, (vii) hazardous use of alcohol and illicit drugs, (viii) tobacco smoking, (ix) the NDPHS Strategy on Health at Work, and (x) improvement of public health and social well-being among indigenous peoples.

The issue of the Expert Groups has been discussed at length. The report provides a number of recommendations in this regard, the most important being that (i) the NDPHS should be able to use expert groups of different kinds and different duration in order to achieve the flexibility needed to adapt to different circumstances and needs, and (ii) in some cases experts from all or some of the Expert Groups could come together in an *ad hoc* group to work on an assignment that is connected to those Expert Groups. The leading principle should be that the aim of the group itself decides the kind of group to be set up. Clear-cut criteria and procedure are proposed for establishing and dissolving Expert Groups.

Regarding the financing of the NDPHS' activities, the SWG recognizes the Appropriations Account as a useful tool, which may provide micro-financing for initiating and possibly facilitating some project-based activities of the Partnership and foremost its Expert Groups.

As for the project-based activities, the SWG is of the opinion that, as an alternative, project financing should instead be considered ad hoc. Those Partners who are committed to financially supporting the Partnership might consider providing the seed money required for various preparatory inputs and operations for projects, and also the required counterpart contribution for full project budgets. However, considering the present phase of financial disturbances in the BSR and globally, the SWG recommends that the Partnership increasingly seek funding opportunities outside its own framework. The present report outlines several of them.

The SWG proposes several changes regarding the partner and participant statuses in the NDPHS. It recommends the abolishment of the Associated Partner category and proposes revised rules concerning the partner and participant categories. The Partner category should be limited to Partner Organizations (founding Partners) and to countries that pay the membership fee or contribute to the Partnership's core activities financed from the NDPHS budget. As for the Participant category, it should include (i) international organizations and countries that are admitted as NDPHS Participants, and (ii) countries that do not contribute to the NDPHS budget. Finally, both the proposed rights of the Partners and the Participants are described, as are the procedures regarding the admission of a new Partner/Participant and the loss of the Partner status.

For the sake of completeness the last section of the report reiterates the SWG recommendations concerning CSR and PAC events, and external evaluations, all of which have already been adopted by the CSR in spring 2009. In addition, formal guidelines for Expert Group publications are also included in this section. The SWG did not support the Evaluation Consultant's recommendation to hold PAC events only every second year instead of annually. The SWG believes that it is vital that the current practice of holding annual conferences continue in accordance with the Oslo Declaration. Concerning external evaluations, SWG recommends that the Partnership undergo one approximately every five years, and they should be aided by an external consultant as was done in 2008. Finally, a template for publications is recommended by the SWG, which – it suggests – should be followed by the NDPHS Expert Groups when developing their publications.

The main part of the report closes with several important conclusions. First of all, the SWG emphasizes that in the current times of the economic turmoil, it is of crucial importance that the Partnership dedicate all of its efforts to achieving tangible results that would benefit those involved in it. Both the CSR and the Expert Groups themselves need to do their part of the work in ensuring that the Expert Groups' work be focused on issues of critical importance to the Partners, be properly planned in terms of time and resources, and be efficient and effective.

Second, the need to create an enabling environment for the Expert Groups and for the Secretariat is underlined.

Third, the SWG concludes that fundraising needs to be made an even more important part of the Partnership's operations. It has become increasingly apparent that funds should be attracted foremost through designing activities that meet the funding opportunities offered by external financiers. In this context, the SWG would like to underline the importance of small contributions from Partners in enabling the Partnership to initiate actions and achieve operational targets, thus contributing to the success of the NDPHS.

Finally, the involvement of the Partnership in the EU Strategy for the Baltic Sea Region is strongly recommended by the SWG, who sees it as the way the Partnership can increase its importance in the region and play a significant role in the regional cooperation in the Northern Dimension area.

## 1. INTRODUCTION

In accordance with the “Declaration concerning the establishment of a NDPHS” (Oslo Declaration) of 2003, an overall review and evaluation of the Partnership was carried out in 2008. In November 2008, during its 5<sup>th</sup> Annual Conference, the Partnership decided to set up an *ad hoc* NDPHS Strategy Working Group (SWG) which should advise the CSR on the follow-up of the evaluation. The scope of the assignment, the composition of the group, the timeline, etc. were spelled out in document “Terms of Reference and Timeline for the *ad hoc* NDPHS Strategy Working Group” adopted by the PAC (cf. Annex 3).

As stipulated by the ToR: ***The overall task of the SWG is to examine the recommendations as outlined in the consultant's report, and possible other recommendations coming from the CSR Partners and the NDPHS Evaluation Team and to propose a set of follow-up actions to the NDPHS Partners.*** Further, the ToR specifies the recommendations to be addressed by the SWG, and include recommendations developed by the Evaluation Consultant as well as the additional recommendations made by NDPHS Partners that were raised either during the CSR 14 or the PAC 4.

The above assignment was carried out by the SWG consisting of the following members:<sup>1</sup>

- Sweden: Ms. Kerstin Ödman, Ministry of Health and Social Affairs (the Chair of the SWG);
- Canada: Mr. Robert Shearer, Mission of Canada to the European Union;
- Finland: Ms. Liisa Ollila and Ms. Maria Waltari, both of the Ministry of Social Affairs and Health;
- Germany: Mr. Thomas Iffland, Federal Ministry of Health;
- Lithuania: Mr. Viktoras Meižis, Ministry of Health;
- Norway: Ms. Toril Roscher-Nielsen and Ms. Vibeke Rosvold Gundersen, both of the Ministry of Health and Care Services;
- Poland: Ms. Jadwiga Jaszczyk, Office for Foreign Aid Programmes in Health Care;
- Russia: Mr. Evgeny Slastnykh, Ministry of Health and Social Development;
- NDPHS Secretariat: Mr. Marek Maciejowski and Mr. Bernd Treichel.

Additionally, the European Commission, represented by Mr. Boguslaw Suski, attended several meetings.

The SWG worked during January-September 2009 and held four meetings (in January, March, April and September). It also held a meeting of its Subgroup on Expert Group related issues in connection with the SWG meeting in April. In addition to the SWG members, the Subgroup meeting was attended by the NDPHS Expert Group Chairs and ITAs. Apart from this meeting, written consultations were held with the EG Chairs and ITAs. All meeting documents are available on the NDPHS website at: <http://www.ndphs.org/?mtgs:62>.

The work of the SWG was aided by two consultants, the Stockholm Group for Development Studies (Sweden) and the Center for Evaluation (Germany), which prepared two food-for-thought papers for the SWG (cf. List of References, Annex 2). Their work was generously financed jointly by Sweden and Finland, and Germany, respectively.

As required by its ToR, the SWG thoroughly examined the respective recommendations originating from the NDPHS evaluation of 2008 and, with reference to the two abovementioned consultants' advice, developed this report specifying actions it recommends be implemented as the follow-up of the evaluation.

It should be noted that **the views presented in this report should not be viewed as those of the countries/organizations represented by the SWG members, but as the advice for the NDPHS Committee of Senior Representatives (CSR) which was collectively developed by the SWG members.**

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<sup>1</sup> Additionally, representatives of the Ministry for Foreign Affairs of Finland and of Russia attended SWG meetings.

## 2. PROPOSED FOLLOW-UP ACTIONS

During its considerations, the SWG classified the recommendations named in the SWG ToR into eight groups. The proposed follow-up actions which were developed by the SWG follow this division and are presented in this part of the report in the following sub-items:

- 2.1 Mid-term vision;
- 2.2 NDPHS' orientation on policies, strategies and projects;
- 2.3 Social well-being facet within the NDPHS;
- 2.4 Goals, operational targets and indicators;
- 2.5 Expert groups;
- 2.6 Funding of NDPHS' activities;
- 2.7 NDPHS membership/partner status;
- 2.8 Other recommendations.

Additionally, for ease of reference, each sub-item lists the respective recommendation(s) from the SWG Terms of Reference.

### 2.1 MID-TERM VISION

The SWG ToR stipulates that the SWG should develop a mid-term vision for the NDPHS. In the view of the SWG, the mid-term vision, which is presented below, should be seen as the state of affairs in the Partnership at the end of 2013, i.e. after two forthcoming chairmanship terms have been completed. Further, the SWG advises that the CSR take this mid-term vision statement as the point of departure for further considerations regarding the coming four years of the NDPHS development and action.

#### **NDPHS Vision: 2013**

By the end of 2013, envisioned progress has been made in accordance with the goals agreed upon in the 2009 Partnership Annual Conference, thereby moving the Partnership towards the long-term goals set up in the Oslo Declaration. The Partnership has achieved tangible results in policy development and project facilitation. Activities which have been implemented, or are under implementation, balance both health and social dimensions and involve relevant actors and stakeholders in the region. The Partnership's functioning has been strengthened by the implementation of clear rules concerning organizational matters.


The Partnership's activities help address common problems shared by the societies in the region, and contribute to the improvement of people's health and social well-being in a pragmatic way. The Partnership is recognized as a useful source of knowledge and expertise by other actors in the region, and they approach the Partnership for cooperation and advice.

The Partnership is a dynamic cooperation with a well-operating and solid network, and benefits from access to the necessary resources for its work and aims to ensure the success of its ongoing and future visions and goals.




## 2.2 NDPHS' ORIENTATION ON POLICIES, STRATEGIES AND PROJECTS


The NDPHS evaluation discussions during the PAC in 2008 revealed that there is a general agreement among the NDPHS Partners that the Partnership should first and foremost be a forum for development of strategies and policies, and coordination of activities on health and social well-being in the Northern Dimension area. At the same time, project activities are needed in order to provide results when it comes to concrete problems. Projects that complement the development of strategies and policies in the region can bring added value to the work of the NDPHS.

 **In the view of the SWG, the above should include (i) policy and strategy development as well as in the exchange of best practices and policies, and (ii) identification of problems in the region and development of project ideas which could be put in a market place, but also facilitating and “outsourcing” projects via the pipeline.**

The SWG appreciates the fact that ministerial-level PACs have been recognized within the framework of the NDPHS as the events offering high-level political support for policies and strategies developed by the Partnership (e.g. the “Partnership Strategy on Health at Work” adopted in Vilnius in 2007, as well as currently being developed the Declaration on Prison Health planned to be adopted in Oslo later this year).

Consistent with the Oslo Declaration stipulating that “the Partnership will [...] enhance and support existing national and international activities within its scope,” the SWG recommends that,

 **Where appropriate, the Partnership become involved in the regional strategies and processes which are coherent with its own goals and objectives, and where it can play a role.**

 **It has been proposed to the NDPHS that it become the coordinator for the priority sub-area of health within the framework of the EU Strategy for the Baltic Sea Region. The SWG strongly recommends that the CSR accept this proposal during its meeting in October 2009.**

By assuming this role, the role of the Partnership in regional cooperation in the Northern Dimension area will increase and the NDPHS will also be in a better position to attract financing for its project-based activities related to the Strategy.

### 2.2.1 NDPHS' role regarding projects

During the NDPHS Evaluation of 2008, particular attention was paid to the issue of the NDPHS' role regarding projects. In accordance with the SWG ToR, this part of the SWG report presents the outcome of the SWG considerations regarding the following Evaluation Consultant recommendations concerning projects (cf. Annex 3):

- Section 3.1.3: Recommendations 6 and 7;
- Section 4.2.6: Recommendations 4, 5 and 6;
- Section 5: Recommendations 1 and 2.

First, the SWG shares the Consultant's view that the **NDPHS “should avoid the pitfall of being too much of an implementing agency on its own”** (Sec. 5, Rec. 1). In this regard, it should also be recalled that during the PAC 5, the majority of Partners stated they saw the Partnership more as a facilitator of projects than a financier.

Second, the SWG supports the definition of the project facilitation proposed by the Consultant.


**The facilitation of a project by the Partnership should be understood as:**

- Taking the initiative to formulate project proposals in collaboration with suitable implementing agencies;
- Taking note of developments within these projects by receiving and scrutinizing monitoring reports from the implementing agencies;
- Evaluating the impact of these projects by either
  - a. conducting its own evaluations, depending on funding or
  - b. facilitating external evaluation by others, depending on funding or
  - c. receiving and scrutinizing evaluations already planned and conducted and putting all three of these into a common framework
- Raising the findings from project-level to a policy-level with the aim of being not only a facilitator of projects, but foremost a *facilitator of ideas* and concepts, working and functioning as a mainstreaming and dissemination agency into the level of political decision-making in all of its member-states.

*Projects directly implemented by the Expert Groups*



Foreseeing an organization where the EGs will be an instrument for the implementation of the mid-term goals of the NDPHS, decided for 4 year periods by the PAC (cf. sub-item 2.4 further down), the projects should be tools for the EGs to reach these mid-term goals.

The SWG recommends that:

-  **Each EG should run a flagship project, where relevant**, fully controlled and implemented by the national experts in the group. These projects should be included in the EGs work plan and in the NDPHS annual report. The EG members should work together on the project proposal, seek funding, take part in implementation and reporting of the project.

*Projects facilitated by the Expert Groups*

The SWG recommends that:

-  **The expertise of the EGs should be more actively used by the donor countries/organizations.** Relevant project applications could be sent to the EGs for evaluation and recommendations for revisions, funding or rejection.
-  **The EGs should also function as knowledge hubs for activities in their field in the Northern Dimension area**, and could thereby serve as contact points and facilitating the network between specialists involved in similar type of projects.

*Projects directly implemented by the NDPHS Secretariat*

Given present resources and the limited number of staff at the Secretariat, **the SWG does not recommend that the Secretariat should take active part in project implementation, reporting or monitoring of projects initiated by the EGs unless ample financial or human resources can be allocated to the Secretariat for such purpose.**

However,



**if time and resources permit, the Secretariat could**, as recommended by the Consultant (Sec. 4.2.6., Rec. 5), **apply for, implement and evaluate its own projects**, as was done with the Database Project. In case such projects should be initiated, they must be targeted to core activities of the NDPHS on the administrative side (like the web-page, information material, reporting tools etc).

#### *NDPHS project label*

Projects being developed or facilitated by the NDPHS would benefit from of being officially recognized as NDPHS-approved projects. This, for example, could better attract attention of potential donors to a given project and, thereby, facilitate project partner(s) fund-raising activities. At the same time, it is important for the NDPHS to be able to publicize its efforts by demonstrating the Partnership's involvement in the development and facilitation and/or implementation of projects.

To that effect, the SWG recommends that:



**The NDPHS introduce an official project labeling procedure based on clear-cut guidelines**, which would guarantee that the label would not be misused. Every labeled project would have to visibly display in its publications, etc., the NDPHS logo and the fact that it is a NDPHS-approved project.






There would be a separate page on the NDPHS website, which would be dedicated to the NDPHS labeled projects, linked to the project records in the NDPHS database.

## 2.3 SOCIAL WELL-BEING FACET WITHIN THE NDPHS

One of the issues raised during the NDPHS Evaluation of 2008 concerns the social well-being facet within the NDPHS. So far, in its activities the Partnership places focus on health issues, whereas the social well-being facet is present only as an addition to the latter. This problem was addressed in the Evaluation Consultant's report in section 3.3.4, Recommendation 1, included in the SWG ToR (cf. Annex 3).

As to a definition of social well-being in the NDPHS context, the SWG is of the opinion that the Oslo Declaration provides sufficiently comprehensive explanation.



Further, the SWG recommends that:

-  **A two-fold approach towards health and social well-being be maintained and strengthened.** In the first place, the already existing NDPHS Expert Groups include the social dimension in their work, but it has to be strengthened, e.g., by connecting social well-being issues with already existing health topics that the EGs are working on.
-  **Further discussions on how to better include social well-being issues should be held when discussing the new mandates of the EGs.**
-  **Representatives from the social sectors should be invited and take part in EG meetings rather than new groups be established.**

## 2.4 GOALS, OPERATIONAL TARGETS AND INDICATORS

One of the recommendations from the Evaluation Consultant was “to break the general goals [stated in the Oslo Declaration] down to medium-term targets which should be achievable in a shorter timeframe” (Section 2.4, Recommendation 4). Further, the Consultant recommended that “the NDPHS should reflect and consult itself about the indicators and criteria by which it wants to measure its own success as an organization” (Section 4.2.6, Recommendation 1, cf. Annex 3).

The SWG shares these views and believes that:

-  The introduction of (both result and process-oriented) **goals, and linked to them mid-term operational targets, could serve as a feasible instrument for the NDPHS to improve the guidance of operations as well as the link between the NDPHS mandate and its operations.**
-  The goals and mid-term operational targets would act as intermittent management tools and governance steps between the Partnership objective (as laid down in the Oslo Declaration) and the current EG Annual Work Plans.

### 2.4.1 Development of goals, operational targets and indicators

The SWG recommends that:



-  **Every four years, a ministerial-level PAC should agree on goals and operational targets for the upcoming two chairmanship periods.**

These goals express the priorities of the Partnership for the concrete period, and should be worked out by the CSR in close collaboration with the EGs before they are adopted by the PAC.

When developing the goals and operational targets, the CSR should take into account the priorities of the Partner Countries and Organizations, as well as the overall priorities of the Northern Dimension. This must be done in order to ensure that the NDPHS goals and operational targets be relevant for all parties and actors involved. This does not mean that the achievement of the agreed goals should take exactly four years – some of them may have shorter or longer time-spans specified.

The EGs will then need to continue working with the goals and mid-term operational targets in order to determine what measurable outcomes should result from their activities. The project outputs described in their work-plans should be directed to fulfilling the operational targets within the described time-period.

Further, the SWG recommends that:

-  **The CSR decide to set up a mid-term reporting mechanism, which would allow the CSR and PAC to monitor the accomplishment of the agreed operational targets and the overall progress towards the goals.**
-  **In this connection it should also be possible to revise the operational targets, if necessary.**

This would also allow the CSR both to govern operations more consistently with the Partnership’s mandate and to discern more directly where too much or too little attention is being paid to different parts of the NDPHS political assignment. It would also be useful from

the perspective of periodic evaluations of the Partnership (cf. sub-item 2.8 Other recommendations).

The SWG recommends that:



**In the future, the process of developing goals, mid-term operational targets and indicators be facilitated by using, e.g., the Logical Framework Approach (LFA).**

LFA could serve as a mechanism both to establish goals for NDPHS and to design and define other components as suggested above. In addition, it would provide a means to identify gaps as regards the coverage of the Partnership's mandate in the present set-up of objectives and activities, and an opportunity to develop indicators and, finally, agree what should be meant by "facilitating" a project or its outcome.

## 2.4.2 Proposed NDPHS goals, operational targets and indicators

### 2.4.2.1 Introduction

This section specifies the NDPHS goals and, linked to them, the operational targets and indicators that the SWG recommends for adoption. They are put forth as an effective tool for the Partnership to ensure progress toward the proposed mid-term vision and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas.

The Partnership's mission is to promote sustainable development of the Northern Dimension area by improving peoples' health and social well-being. The proposed overarching **goals** are what the Partnership should strive to achieve, either independently or as one of many actors in the ND area. The latter can be done either together with other organizations or by the Partnership alone.

The proposed **operational targets** are specific, measurable and time-targeted objectives that should be achieved by the Partnership on its own or with the involvement of other actors during 2010 – 2013.

For each operational target at least one **indicator** has been proposed, meant to serve as a tool for monitoring the accomplishment of that target by the Partnership and the overall progress towards the respective goal.

### 2.4.2.2 Overall goal, operational targets and indicators

#### **Goal 1: The role and working methods of the NDPHS are strengthened**

**Operational target 1.1:** By 2013, international/regional, national, sub-national and local health authorities or other actors have recognized the NDPHS as a renowned source of knowledge and expertise in the region and contacted it for cooperation and/or advice in their own planned activities (at least two actors from each level).

**Indicator 1.1A:** Number of actors per each of the abovementioned levels who have contacted the NDPHS for cooperation and/or advice.

**Operational target 1.2:** Social well-being aspects are systematically and concretely included in the work of the NDPHS including, but not limited to its Expert Groups.

**Indicator 1.2A:** The percentage of NDPHS activities (projects, policy papers) including social

well-being aspects out of the total number of respective NDPHS activities in a given period of time.

**Operational target 1.3:** By 2013, external expertise is involved in the NDPHS policy development. This will be achieved through, *inter alia*, identifying relevant actors and subsequently approaching them with an invitation to take part in the Partnership policy development as well as project development and implementation. Activities will be undertaken to promote the establishment of cooperation frameworks, such as partnerships involving national, local and sub-regional actors and expert networks (e.g. universities, hospitals and prisons). In this way the NDPHS will be able to promote practical cooperation contributing to its own goals through activities run beyond its institutional framework.

**Indicator 1.3A:** Number of organizations and/or authorities, not currently participating in the NDPHS, involved in NDPHS policy development.

**Operational target 1.4:** By 2013, external expertise (especially of relevant national, sub-national and local actors in the area of public health and social well being, when available) is involved in the NDPHS project development and implementation.

**Indicator 1.4A:** Number of external organizations and/or authorities involved in NDPHS project development and implementation.

**Operational target 1.5:** By 2013, the regional dimension of the NDPHS is further developed among other things by facilitating projects involving partners from more than only two countries.

**Indicator 1.5A:** Number of projects facilitated by the NDPHS which involve regional cooperation (partners from more than two countries are involved).

**Operational target 1.6:** By 2013, new sources of funding, such as EU programmes and private funds, are mobilized.

**Indicator 1.6A:** Number of projects funded completely or partly by new sources of financing.

**Indicator 1.6B:** Percentage of funding raised from new sources of financing out of the total raised project funding.

**Operational target 1.7:** Relevant international projects are included in the NDPHS Database for improved coordination and facilitation.

**Indicator 1.7A:** Number of new projects added to the NDPHS Database.

### 2.4.2.3 Goals, operational targets and indicators for thematic areas

#### Introductory remarks

It is proposed that the NDPHS goals and operational targets for thematic areas be closely aligned with the EU Strategy for the Baltic Sea Region. This is proposed so considering that, following the comments presented by the NDPHS, the European Commission has named **the NDPHS as the coordinator for the health and social well-being topics listed in one of the fifteen priority areas included in the EU BSR Strategy's Action Plan (which is still considered a working document of the EC staff).**

Subject to further considerations and agreement, the NDPHS needs to make proper arrangements now to be able to play the above role, and the reflection of the above in the goals and operational targets is meant to be the first step.



The following health-related actions have been included in the Action Plan's priority area of relevance to the NDPHS. It should be noted that these actions are consistent with the contents of the Declaration establishing the NDPHS:

- **“Contain the spread of HIV/AIDS and tuberculosis”** through partnerships and international collaboration in prompt and quality care for all, focusing on tuberculosis/HIV co-infection and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc.
- **“Fight health inequalities through the improvement of primary healthcare”** by assessing differences in the accessibility and quality of primary health care in the region, by reviewing the situation of patients and health professionals including their deployment, mobility and training and by promoting e-health technology as a means for closing gaps in healthcare access and quality.
- **“Prevent lifestyle-related non-communicable diseases and ensure good social and work environments”** by developing comprehensive policies and actions in the entire region to prevent and minimise harm from tobacco smoking, alcohol and drugs use to individuals, families and society (especially young people). Actions will contribute to the implementation of the Framework Convention on Tobacco Control and the “Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)55 Strategy on Health at Work” ensuring good social and work environments and preventing lifestyle related non-communicable diseases using the workplace as an effective arena for promoting a healthy lifestyle.

Additionally, the following flag-ship project has been listed in the Action Plan:

**Health: “Alcohol and drug prevention among youth”** - project aimed at reducing hazardous and harmful alcohol use and alcohol and substance use in general among young people. (Lead: Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) and its member countries; Deadline for progress review: to be determined) **FAST TRACK**

Finally, it is proposed **that at least one strategic project be implemented for each thematic area** by the NDPHS or other actors in the area.

### **Proposed goals and operational targets for thematic areas**

- **Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis**

Disparities in morbidity and mortality related to communicable diseases such as HIV/AIDS and tuberculosis will have been addressed by the NDPHS through the achievement of the following:

**Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved**

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a project by 2011 that involves relevant stakeholders in the region and pays proper attention to the penitentiary system. This project will be implemented by 2014 and will aim to achieve the following:



**Operational target 2.1:** Reinforcing policy recommendations covering the above-mentioned goal.

**Indicator 2.1A/B:** Number and coverage of projects facilitated by the NDPHS that contribute to reinforcing policy recommendations in the above thematic area.

**Indicator 2.1C:** Number of policy documents developed by the NDPHS in the above thematic area.

**Operational target 2.2:** Geographical areas in urgent need of further local or regional projects are identified, and partners to be involved in these projects are recommended.

**Indicator 2.2A/B:** Number of geographical areas and number of partners that have been involved in the projects facilitated by the NDPHS.

**Operational target 2.3:** A best practices document covering the above-mentioned goal, to be used in further local or regional projects, is developed. The document will: (i) collect and disseminate the best practices on effective comprehensive HIV/AIDS prevention interventions and MDR TB management, (ii) evaluate and compare various intervention strategies feasible for the NDPHS region, and (iii) document and share research and evaluation results.

**Indicator 2.3A:** A jointly-developed best practices document is in place.

*Required expertise on the NDPHS side:* Expertise currently available in the HIV/AIDS EG and the PH EG is required. Expertise regarding social matters is additionally required.

### **Goal 3: Social and health care for HIV infected individuals in the ND area is integrated**

**Operational target 3.1:** By 2011, evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals are shared among the partner countries. Special emphasis will be placed on coverage of the most vulnerable population groups.

**Indicator 3.1A:** A review reflecting the best practices has been published.

*Required expertise on the NDPHS side:* Expertise currently available in the HIV/AIDS EG and PHC EG is required (PH EG expertise could also be required). Expertise regarding social matters is additionally required.

### **Goal 4: Resistance to antibiotics is mitigated in the ND area**

Through its partners, (including international organizations and national authorities) as well as its close links with health care bodies, the Partnership will contribute to policy formulation and strengthening coordination of activities aimed at counteracting the increasing resistance to antimicrobial agents. Where feasible, co-operation with the veterinary side should be sought.

**Operational target 4.1:** By 2012, the existing networks working on the above-mentioned goal are strengthened (steps are also taken to encourage the creation of the efficient surveillance of antimicrobial resistance and antibiotic consumption, with comparability between countries).

**Indicator 4.1A:** Number of new members added to the existing networks.

**Indicator 4.1B:** Increase in activity of the existing networks measured by conferences and trainings implemented.

**Operational target 4.2:** Series of trainings for professionals are organized, aimed to strengthen their capacity to help mitigate antibiotic resistance.

**Indicator 4.2A:** Number of trainings successfully implemented, including all of their components.

*Required expertise on the NDPHS side:* Expertise currently partly available in the HIV/AIDS EG and PHC EG is required.

- **Thematic area 2: Accessibility and quality of primary health care**

The NDPHS will have contributed to the improvement of access to and quality of health services through the achievement of the following:

**Goal 5: Inequality in access to qualified primary health care in the ND area is reduced**

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a regional flagship project by 2011 fighting health inequalities through improvement of primary health care and reducing inequalities in access to qualified primary health care. This project will be implemented by 2014 and aim to achieve the following:

**Operational target 5.1:** Differences in the accessibility and quality of primary healthcare in the ND region are assessed. Organization of primary health care in different countries and regions within the countries will be assessed as to how it fulfils core characteristics of a good PHC system: First contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation.

**Indicator 5.1A:** A report outlining the differences in the accessibility and quality of primary healthcare in partner countries and recommending further actions is developed.

**Operational target 5.2:** Mechanisms for promoting an equitably distributed and good quality primary care system, which corresponds to changing society health needs and increases the cost efficiency of the overall public health systems in the region, are defined.

**Indicator 5.2A:** A jointly developed paper presenting the population health care needs and deployment and mobility of primary health care professionals in the ND region is in place.

**Indicator 5.2B:** A position paper on tomorrow's role of primary health care professionals in the context of changing society needs is in place.

**Indicators 5.2C:** Jointly developed recommendations for education and professional development of primary health care teams with particular attention to PHC nurses, patient empowerment and tools to increase the role of patients (in self-management) and community (in solving priority health problems) are in place.

**Indicator 5.2D:** Models of best practices in different countries are demonstrated and policy conclusions for dissemination are in place.

**Operational target 5.3:** Regarding the health of parents and their children, a symposium on babies with extremely low body weight is organized in 2010 and a conference on prenatal diagnostics in 2011.

**Indicator 5.3A:** Both the symposium and the conference are organized.

**Operational target 5.4:** By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.

**Indicator 5.4A:** Result of survey implemented among those from the target groups.

*Required expertise on the NDPHS side:* Expertise currently available in the PHC EG is required. Also, for the implementation of the Operational target 5.3 the expertise currently available in the SIHLWA EG is required. Expertise regarding social matters is additionally required.

- **Thematic area 3: Prison health care policy and services**

The NDPHS will have contributed to the number of changes towards improvement of inmates' health care, and condition of imprisonment and promotion of gender-sensitive prison policy through the achievement of the following:

**Goal 6: Prison policy in the ND area provides for that the health and other needs of inmates are readily met and easily accessed, and that gender specific needs of women and the needs of children accompanying their mothers are addressed**

As a follow-up on implementation of the approaches indicated in the NDPHS Declaration on Prison Health of NDPHS, Partnership in close collaboration with national authorities and international organizations will contribute to policy formulation, and strengthening coordination of activities aimed to develop closer links or integration between Prison Health and Public Health services, and, as a consequence, developing a safer society.

**Operational target 6.1:** By 2011, policy recommendations on provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on access to health care institutions in different Partner countries has been carried out. International seminars on Prison Health care system to share knowledge, experiences and examples of evidence-based practice have been organized, if considered necessary.

**Indicator 6.1A:** A report outlining the organization of Health care services in the penitentiary system in the ND region, and recommending further actions is in place.

**Indicator 6.1B:** Number of seminars on Prison Health care system organized.

**Operational target 6.2:** By 2011, a set of recommendations for a gender-sensitive prison policy aimed at meeting the basic health and welfare needs of women and children accompanying their mothers in prison, are developed and shared with relevant professionals in the ND area.

**Indicator 6.2A:** Complete documentation is developed and distributed to relevant professionals in the ND area.

**Operational target 6.3:** By 2012, a documentation of lessons learned and best practices exists, and experiences and examples of effective practice regarding women in prison and children accompanying their mothers in prison are shared at national and international seminars. The documentation is distributed to relevant professionals in the ND area.

**Indicator 6.3A:** Successful compilation and completion of the NDPHS recommendations with external experts.

*Required expertise on the NDPHS side:* Expertise currently available in the PH EG and PHC EG is required. Expertise regarding social matters is additionally required.

- **Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments**

Unequal socio-economic conditions and lack of empowerment among disadvantaged population groups play major roles in the development of non-communicable diseases (NCD). These circumstances contribute to increasing health inequities. However, policies and actions directed towards “vectors” of NCD will mitigate such health inequities. Hence, the NDPHS will have contributed to the development of comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drug-use to individuals, families and society (especially young people) through the achievement of the following:

**Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced**

**Operational target 7.1:** By 2012, the Partnership will have developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region’s Action Plan.

**Indicator 7.1A:** Project application submitted to donors for funding.

**Operational target 7.2:** By 2014, the above-mentioned project will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.

**Indicator(s) 7.2A:** Indicator(s) agreed by donors and implementing agencies will be used.

*Required expertise on the NDPHS side:* Expertise currently available in the SIHLWA EG, the PHC EG and PH EG is required.

**Goal 8: Pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol**

**Operational target 8.1:** By 2011, the Partnership will have organized a side event back-to-back with the Baltic Sea Parliamentary Conference (BSPC) to promote parliamentarians’ attention to and awareness of the impact of alcohol on society and to propose actions to be taken by national parliaments to reduce this impact and to support evidence based and cost effective preventive methods.

**Indicator 8.1A:** Number of BSPC parliamentarians who participated in the side event.

**Indicator 8.1B:** Number of countries represented by the parliamentarians.

**Operational target 8.2:** BSPC parliamentarians, as a result of the side event, will have included a plea to national parliaments in the ND area to adopt legislation aimed to limit the impact of alcohol on society in the BSPC Resolution 2011.

**Indicator 8.2A:** Number of countries in which BSPC parliamentarians have addressed national parliaments to limit the impact of alcohol on society.

*Required expertise on the NDPHS side:* Expertise currently available in the SIHLWA EG is required.

**Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.**

**Operational target 9.1:** By 2012, experiences, legislation and best practices in tobacco control are exchanged through a series of seminars organized by the WHO EURO with the participation of other interested NDPHS Partners. Among the issues to be addressed are (i) the strengthening of the national tobacco control surveillance systems in view of making them internationally comparable; and (ii) the strengthening of the use of data for the policy making. Actions to be taken will be consistent with and contribute to the implementation of the Framework Convention on Tobacco Control (FCTC) and will be run in close cooperation with the FCTC Secretariat.

**Indicator 9.1A:** Number of seminars organized.

*Required expertise on the NDPHS side:* Expertise currently available in the SIHLWA EG, PH EG and the PHC EG is required.

**Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area**

**Operational target 10.1:** By 2013, the Partner countries have implemented the agreed actions in the NDPHS Strategy on Health at Work.

**Indicator 10.1A:** A report on the implementation of the Declaration is in place.

**Indicator 10.1B:** Actions included in the Strategy are evaluated country by country.

*Required expertise on the NDPHS side:* Expertise currently available in the SIHLWA EG is required.

**Goal 11: Public health and social well-being among indigenous peoples in the ND area is improved**

**Operational target 11.1:** By 2010, the Partnership will have developed a work plan which will clearly specify steps to be taken towards: (i) improving mental health, (ii) preventing addictions, and (iii) promoting child development and family/community health among indigenous peoples. The work plan will be implemented by 2013.

**Indicator 11.1A:** A jointly-developed work plan addressing the above issues is in place.

*Required expertise on the NDPHS side:* If a Working Group on Indigenous Mental Health, Addiction and Parenting (IMHAP) is established with interested member countries, it should be responsible for the achievement of the above. It should also be carefully coordinated with the Arctic Human Health Expert Group (AHHEG).

## 2.5 EXPERT GROUPS

The NDPHS Expert Groups is another topic that was given particular attention during the NDPHS Evaluation of 2008. In accordance with the SWG ToR, this part of the SWG report presents the outcome of the SWG considerations regarding the following recommendations of the Evaluation Consultant regarding the Expert Groups (cf. Annex 3):

- Section 3.3.4: Recommendations 2, 3 and 5;
- Section 4.2.6: Recommendations 2, 3 and 8.

As far as the issue of funding of EG activities is concerned, it will be dealt in sub-item 2.6 Funding of NDPHS' activities.





### 2.5.1 The role of the Expert Groups

As stipulated by the Oslo Declaration, in order to carry out its tasks, the CSR may establish expert groups, consisting of experts from interested Partners and Participants and other international experts, as appropriate. The Declaration also clearly spelled out the role of the Expert Groups in the process. They are to support the CSR in the preparation and implementation of joint activities carried out within the framework of the Partnership, which should be understood, *inter alia*, to also include achieving the goals and priorities of the NDPHS, whether they are long, medium or short term. The common expertise gained through the co-operation is also a valuable asset for the NDPHS to offer Partners.

### 2.5.2 The establishment of an Expert Group

*Flexibility as regards the kind of Expert Group*

The SWG is of the opinion that:

-  There should be a clear vision concerning the purpose of any given Expert Group.
-  Also, **the NDPHS should be able to use expert groups of different kinds and different duration in order to achieve the flexibility needed to adapt to different circumstances and needs.** Such expert groups could be of longer standing character, as the present EGs, or very short in order to work on a limited task.
-  In some cases **experts from all or some of the Expert Groups could come together in an *ad hoc* group to work on an assignment that is connected to those Expert Groups.**
-  For certain purposes **“expert pools” could be set up**, multi-topic, cross-section groups deployed or *ad hoc* working groups with a mandate which is limited in time, in order to identify and investigate topics which are relevant to health policy and point to possibilities for action.

In some justified cases it could be run by only a few Partners. The important thing is that this work is coordinated by the Secretariat, or with a special EG in case the subject-matter touches upon the subject area of that EG.



## *Criteria for establishing Expert Groups*

Consistent with the Evaluation Consultant's report, the SWG recommends that:



**Clear criteria for the establishment of new Expert Groups be agreed upon and followed. The group proposes the criteria as spelled out below.**

1. The CSR must be in agreement that there is a need to establish a new EG in order to achieve a certain goal/operational target(s) adopted by the Partnership.
2. Before an EG is established it has to be clear that the great majority of Partners are ready to support it and take part in its work. In a limited number of cases, such as when a given issue is relevant to a limited number of countries, which consider it important to cooperate about that issue within the framework of the NDPHS, it is sufficient that all the countries *concerned* support and plan to take part in the Expert Group, and the Partners which are not concerned at least accept it.
3. One Partner (or Participant) must have declared itself ready to be the EG's Lead Partner and take the responsibility to find financing for an International Technical Advisor (ITA) function.<sup>2</sup> A co-lead Partner should also be identified, if possible.

### *Limitation in duration*

The SWG recommends that:



**EGs' mandates should be time limited, also for the longer-term Expert Groups.**

This would give an opportunity for evaluation and reflection on the need and direction of continued work, priorities, etc.

However, **the time given must take into account the need for a realistic period** in order to start, elaborate ideas for projects, develop and keep the contacts that are needed in order to facilitate the project. In some cases consortia are formed and coordinated by the EG, and this is a quite time-consuming task. Also, financiers of projects must be guaranteed that their financing is properly taken care of.

The SWG recommends that:



**A four-year mandate be given to the Expert Groups that work towards the longer-term goals of the NDPHS.** This would be the same period as the periods to achieve the mid-term operational targets. In the meantime, the EG Chair should report and keep a dialogue with the CSR.

### **2.5.3 Dissolution of Expert Groups**

The SWG recommends that:



**When it comes to the dismantling of an EG, the following *Criteria for termination of Expert Groups* be used:**

1. The EG has accomplished its task as assigned by the CSR.
2. The CSR has determined that there is no longer interest among Partners or financing bodies in the subject-matter of the EG. They discover that the Partnership duplicates work being done elsewhere.
3. The CSR has determined that the work is overtaken by other urgent priorities or financial problems make it impossible to proceed.

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<sup>2</sup> One example could be a special activity directed towards indigenous peoples, a target group of the Declaration but which only exists in a limited number of Partner countries.

4. The CSR has determined that the EG has not made any progress for one year.



When meeting at least one of the above criteria, the EG may be dissolved before its mandate period ends.



As **an exception to the above**, if the EG can clearly demonstrate that there is promising progress, although at a given point in time it can show no concrete results, the CSR can allow it to continue and finish its work or take on a newly assigned task.

#### 2.5.4 Reporting and evaluation

The SWG recommends that:



**Evaluation of the EGs should be undertaken in connection with the NDPHS overall external five-yearly evaluation.** The practice so far of reporting to the CSR and at the end of each year would be enough for the CSR to assess the progress of the EGs, also as regards short-term EGs, and to give directions as regards their work.

At the same time, however, the SWG recommends that:



**Changes be made as regards the contents and structure of the Annual Work Plans in order to make it possible both for the EGs themselves and the CSR to evaluate the progress.**

As regards the annual Work Plans, they should link to the four-year operational targets, and could be broken down into four annual steps. Each step should be formulated as a definition of how far the process would have to have reached after each individual year in order for the full four-year operational target to be attained in time. This would also make it possible for the CSR to evaluate the work of short term EGs.

Finally the SWG recommends that:



As regards **evaluation of projects, the EGs would not normally be required to do this** as different donors carry through evaluations of the projects that they finance, and these evaluations could be used for the benefit of the work of the EGs.

#### 2.5.5 Expert Group Members and their participation in Expert Group work

As regards **the appointment of members in the Expert Groups, the SWG recommends that:**



**The present rules should be kept, i.e., they should be appointed by their governments/national authorities. Also the Partner Organizations should appoint experts to EGs.**



Experts should be appointed for **a limited period of 2-3 years** depending on the duration of the ToR of the group. When such a period is nearing, the Secretariat should approach the Partners and other interested bodies and ask for their appointments. This would result in either confirmation of the appointment of the same expert for the period to come or appointment of a new member of the EG.

**The appointment of a member of an EG also means that the national authorities are ready to take the responsibility to finance the participation of their representatives.**



This includes both covering of the costs of travels and accommodation in connection with the meetings and some working time needed for the work for the EG, for example, five working days per year. Appointment of representatives should be made in writing, at the same time expressing the readiness to finance the participation and to allow time to work actively in the EG.


The representatives should be high-level experts in the field. EG ToRs should, as is done today, specify what kind of competence is needed. It is then up to the national authorities to see to it that they appoint representatives who have the competence needed for the respective EG.

The ideal situation would be that the different members of an EG cover as wide a field of competences as possible, among other things in the social field. One possibility to solve this could be that the CSR first discusses the need for different competence and agrees on which country should contribute which competence in order to cover as wide a field as possible or some special needs of an EG. If this is not possible the EG could establish co-operation with a university or other institutions that has the special competence needed.


Over and above the required competence, **the members of an EG should be expected to be active and contribute to the work of the EG in different ways, for example, bring their experience to the EG and act as a link between the EG and the own national relevant authorities and organizations.**

#### 2.5.6 Dissemination of results. Contacts with regional and local authorities

The SWG is of the opinion that:

 **The dissemination of results is important as it brings a clear added value from the cooperation.** The Partnership should strive to **organize meetings and conferences where the regional theme is emphasized.**

Such meetings have already been organized with varying success, but eventually they would strengthen the image and importance of the NDPHS. The EGs should in their ToRs be invited to follow this recommendation.

 **The involvement of regional and local authorities at all stages of the co-operation is of vital importance.** Among other things, EGs could meet representatives of relevant authorities and NGOs in connection with their meetings.

#### 2.5.7 Proposed procedure for establishing/terminating an EG or a similar group

The SWG recommends that:

 **The following procedure for establishing/terminating an EG or a similar group be adopted.**

1. On the initiative of the CSR Chair, a Partner or a Participant, the CSR discusses:
  - how to achieve the NDPHS short-, mid- or long-term goals, or,
  - how to handle a certain health situation, request etc., or
  - a proposal by one or more Partners to the CSR to establish an EG or a similar body on a certain problem/theme linked to the goals.
2. After the meeting the CSR representatives investigate the interest of their countries to establish an EG and to take part in the work. Before the next CSR meeting they inform the CSR Chair in writing (or, at the latest, orally during the

- meeting) whether their authorities support the proposal and whether the country (organization) wishes to take part in the work.
3. At the next CSR meeting a decision is made to establish (or not) the EG and what type of EG is established. The CSR could also consider other ways of closer co-operation. To that end, the CSR considers the *Criteria for establishing Expert Groups* (cf. sub-item 2.5.2 above). As an alternative, in order to speed up the process, a decision could be made in silent procedure.
  4. When the decision to establish an EG has been made, a draft mandate and ToR are elaborated by the CSR.
  5. Partners are invited to send the names of their representatives to the Secretariat.
  6. At the first meeting, the new Expert Group is invited to give comments on the draft mandate and ToR and consequently they are finally adopted by the CSR.
  7. During the period of the mandate the EG Chairs take part in the CSR meetings at least once a year, and always in the PAC. At these meetings they report on the progress of the work, possible deviations from their ToR. They also make an appraisal of the possibilities to continue the work, considering the developments as regards the field of responsibility of the EG, the interest of Partners and the possibilities to find financing for the basic needs of the EG. At these occasions a dialogue is to be held between the CSR (including the EG Lead Partner) and the EG Chair concerning the work and situation of the EG. In the first place, the dialogue should aim at helping the EG to improve its performance if necessary, in order to fulfill its task according to the mandate. If an EG needs to deviate considerably from its ToR this is to be approved by the CSR.
  8. Such a dialogue could result in:
    - normal continuation of the work, or
    - a decision of the CSR to change the mandate/ToR of the EG, or
    - the dissolution of the EG before the mandate has come to an end. In this regard the *Criteria for termination of Expert Groups* are followed (cf. sub-item 2.5.3).
  9. When the period of the mandate is nearing its end an assessment is made by the CSR as regards possible elaboration of a new mandate for a new period.

### 2.5.8 CBSS EGCC as a NDPHS Associated Expert Group

Regarding the Evaluation Consultant's recommendation concerning the Partnership's collaboration with CBSS EGCC, the SWG is of a different opinion than the Consultant.

The Consultant's proposal seems to be based on a misunderstanding. The EGCC focuses on co-operation concerning (i) trafficking of children (*inter alia*, a hands-on cooperation between authorities to find trafficked children, to have contacts with home authorities and aims to bring children back to parents), (ii) sexual exploitation: prevention etc, on-line exploitation of children, (iii) the rights of children in institutions. Among other things it organizes training for all kinds of professionals who are to help these children.

The EGCC fits perfectly into the tasks of the Declaration (cf. section **4.1.3 Presence in national and international fora and conferences** in the Evaluation Consultant's report) and seems to be one of the few present activities which are clearly linked to "social well-being." The Declaration underlines the need for focus on children, vulnerable groups, strengthening of social care, etc. (section 4). This is about the only Expert Group who follows these directives. It clearly influences their national administrations. So, there are many objective and relevant reasons to keep it as an associated Expert Group in the NDPHS.

The Declaration states, concerning expert groups (section 5.3), that "in case a relevant expert group or network already exists within the ND area, the CSR may invite that group ... to function also as an expert group under the Partnership in accordance with its original

mandate and the objectives of the Partnership”. The SWG’s understanding is that the idea of this section is to improve coordination and transparency as regards all cooperative efforts in the ND area.

Consequently, the SWG recommends:



**Keeping the EGCC as an Expert Group to the NDPHS as it brings at least three benefits for the Partnership:** the coordination and transparency, advice and cooperation as far as the EGCC’s mandate and resources allow, as well as the enormous network to which the EGCC has access and which they are ready to share with others in the Partnership.

## 2.6 FINANCING OF NDPHS' ACTIVITIES

The SWG ToR address the issue of financing in connection with Secretariat's project-based activities and the Expert Group's establishment (e.g., the Evaluation Consultant's report, Section 3.1.3, Recommendation 1, and Section 3.3.4, Recommendation 2, respectively), as well as when discussing the issue of financial requirements for becoming and staying as a member (Evaluation Consultant's report, Section 3.2.4, Recommendation 1) (cf. Annex 3). Whereas the first two have been discussed are to some extent addressed in sub-items 2.2.1 and 2.5.2 above, the latter will be discussed in the following sub-item 2.7. However, the present report discusses the issue of financing NDPHS activities in greater detail.

In accordance with the Oslo Declaration, to "facilitate funding opportunities for activities in support of the Partnership objectives" is one of the tasks of the PAC. To the end, it should also be recalled that the Partners agreed in the Declaration that different forms of financing can be sought for activities within the framework of the Partnership. The Declaration offers a number of examples in this regard.

Consistent with the provisions of the Declaration, and the Northern Dimension Policy Framework Document emphasizing the principle of co-financing of activities within the framework of the Northern Dimension policy,<sup>3</sup> the NDPHS has set up a Partnership's Coordinating and Financing Mechanism. Elements of this mechanism include, but are not limited to, the NDPHS Project Pipeline and the NDPHS Appropriations Account discussed below.

### 2.6.1 NDPHS budget

As mentioned above, the issue of member contributions to the budget will be addressed in the following sub-item 2.7 NDPHS membership/partner status.

### 2.6.2 NDPHS Appropriations Account

As decided by the CSR, which established the NDPHS Appropriations Account in 2005, "until otherwise decided by the CSR, [the Appropriations Account] will be used for financing projects in support of the continued development of the Partnership, such as meetings, conferences and pilot projects." Contributions can be received from Partners and Participants, and from other interested parties.

The SWG recognizes:



**The Appropriations Account as a useful tool, which may provide micro-financing for initiating and possibly facilitating some project-based activities of the Partnership and foremost its Expert Groups.**

### 2.6.3 Project-based activities

Concerning funding for this type of Partnership activities, as was recalled further above, during the PAC 5 the majority of Partners stated they saw the Partnership more as a facilitator of projects than a financier. Still, the NDPHS involvement in the project development, project facilitation and possibly implementation requires that this issue be addressed by the CSR.

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<sup>3</sup> ...and suggesting that financiers should not only include the ND Partners, but also International Financing Institutions and private funds...

One of the challenges recognized by the SWG is that the possibilities for national funding of projects through the NDPHS Project Pipeline are expected to be reduced in the future. To that end, the SWG is of the opinion that:



As an alternative, **project financing should instead be considered *ad hoc***.

Those Partners who are committed to financially supporting the Partnership might consider providing the seed money required for various preparatory inputs and operations for projects, and also the required counterpart contribution for full project budgets financed by, for example, the European Union. The NDPHS Appropriations Account can be used as a vehicle to that end, in cases where national contributions are not required.

However, considering the present phase of financial disturbances in the BSR and globally, the SWG recommends that:



**The Partnership increasingly seek to funding opportunities outside its own framework. To that effect, national contact points for EU funding programs could be approached for advice regarding the funding opportunities that the NDPHS projects could benefit from.**

Firstly, the SWG would like to address to the CSR attention **the European Neighbourhood and Partnership Instrument (ENPI)**, which is an interesting financing option here as it is a vast and varied program funding projects of cooperation with Eastern European countries, including with the Russian Federation. ENPI has several program components, such as country or multi-country programs, cross-border cooperation programs, and a Governance Facility. In addition, EC can access different technical and other budget lines for specific cases of cooperation, such as for democracy. Partner funding can be used, *inter alia*, as seed money financing preparatory inputs such as project plans, feasibility studies and the required coordination and cooperation operations.

Secondly, the EC representative participating in SWG meetings emphasized that **the NDPHS has possibilities of raising further the relevance of its objectives to the EC agenda, *inter alia*, by explicitly addressing EU policies and by linking the NDPHS contribution to the recently produced EU Strategy for the BSR health sub-area.** The latter issue is at length addressed in sub-item 2.4.2.3.

Thirdly, it should be noted that also certain EU-internal budget lines could be of relevance here. In particular, the EC general guidelines for EDF-funded (European Development Fund) projects of cooperation at present allow a maximum of ten percent of total program funds to be used outside of the EU, provided the project purpose is of clear value for the EU. As a case in point, **the South Baltic Programme**, financed by EDF and assigned to strengthen the sustainable development of the South Baltic area through joint actions increasing its competitiveness and enhancing integration among people and institutions, has a total allocation of EUR 60 Million for the whole budget period 2007-2013. Another relevant program, also interviewed during the present assignment, **the Baltic Sea Region Programme**, which administers both EDF and ENPI funds to a total of EUR 231 Million, is applying this ten-percent option individually to all projects. The BSR Programme has four program priorities – innovations, accessibility, the Baltic Sea as a common resource, and competitive cities and regions. As to health, projects implying for example innovative health procedures have been approved.

Fourthly, an interesting option could possibly be found in **the Russian context**. By tradition, the private sector takes part in the financing of different initiatives of local or regional relevance. Large companies are expected by political and administrative levels to contribute – and do – to important undertakings, such as social projects in the neighborhood, cultural

events, and other cases of sponsoring. The SWG recommends considering an idea of **approaching companies at the local and regional levels with suggestions for co-financing projects within the NDPHS**. The option could seem attractive for companies, who would not only contribute their own money, but also make it possible to mobilize additional and larger funds for projects of importance and of a certain visibility for the population.

## 2.7 NDPHS PARTNER AND PARTICIPANT STATUSES

Another issue raised during the NDPHS Evaluation of 2008 concerns the NDPHS membership/partner status. This problem was addressed in the Evaluation Consultant's report in section 3.2.4, Recommendation 1, included in the SWG ToR (cf. Annex 3).

In accordance with the Oslo Declaration, the NDPHS consists of Partners (i.e. Partner Countries and Partner Organizations) as well as Participants. Also, "other interested parties, such as relevant non-governmental organizations and private sector entities may participate in the funding and/or implementation of activities within the framework of the Partnership and may be invited to Partnership meetings in the capacity of observers or guests."



Consistent with the Oslo Declaration, the NDPHS includes both Partner Countries<sup>4</sup> (which send representatives to CSR and PAC events and (all except Russia) pay membership fees to the NDPHS Secretariat budget), as well as Partner Organizations.<sup>5</sup> There are also Associated Partners in the NDPHS<sup>6</sup> (which also send representatives to CSR and PAC events, and contribute to the NDPHS budget (all except France). However, an Associated Partner category, which *nota bene* was set up by the CSR, is not foreseen in the Declaration.

The SWG understands that the idea behind the Partnership is to be inclusive and open for new Partners and Participants. The Partnership is first and foremost a meeting place for collaboration between interested countries and international organizations.

**Considering the above and having regard to the Oslo Declaration, the SWG recommends the following:**


### *Abolishment of the Associated Partner category*

The category Associated Partner was introduced as a pragmatic solution during the process of establishment of legal capacity for the NDPHS Secretariat. The SWG recommends that:

-  **The category of an Associated Partner should be abolished**, as it is not foreseen in the Oslo Declaration.
-  Instead, there should be a division between Partners and Participants as foreseen in the Oslo Declaration.

### *The Partner category*

The SWG recommends that:

-  **The *Partner* category should be limited to Partner Organizations (founding Partners) and to countries that pay the membership fee or contribute to the Partnership's core activities financed from the NDPHS budget.** Core activities include database and website maintenance and development, evaluations, etc. They do not include projects managed by the Expert Groups, or the sending of national experts to meetings.


As is the case so far, all Partners should have the right to take part in the NDPHS events (CSR meetings, EG meetings, PACs, etc.).

<sup>4</sup> Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Poland, Russia and Sweden.

<sup>5</sup> The Baltic Sea States Sub-regional Cooperation, the Barents Euro Arctic Council, the Council of the Baltic Sea States, the European Commission, the International Labour Organisation, the International Organisation for Migration, the Nordic Council of Ministers, the Joint United Nations Programme on HIV/AIDS, and the World Health Organization.


<sup>6</sup> Canada, France and Germany.

Additionally, the SWG recommends that:



-  **Only those Partner countries contributing to the NDPHS budget should have full decision-making rights in all matters concerning the Partnership covered by the NDPHS budget.**

#### *The Participant category*

The SWG recommends that:


-  **The *Participant* category should include (i) international organizations and countries that are admitted as NDPHS Participants, and (ii) countries that do not contribute to the NDPHS budget.**

As is the case so far, all Participants should have the right to take part in the NDPHS events (CSR meetings, EG meetings, PACs, etc.).

-  However, regarding PACs, the SWG recommends that the Participants should be invited to those as invited guests.
-  Further, the group recommends that the Participants would not have decision-making rights.



#### *Admission of a new Partner/Participant*

The SWG recommends that:



-  **It should be up to the Partners to decide during a CSR meeting about admission of a new country, organization or NGO as a new Partner or Participant in accordance with the “Rules of procedure for approval of new NDPHS Partners and Participants” adopted by CSR in 2007.<sup>7</sup>**

#### *Loss of the Partner status*

The SWG recommends that:

-  **In the event that a Partner country does not contribute to the NDPHS budget it would become a Participant instead of a Partner.**
-  A country would lose its Partner status in case that it has not paid its contribution by the autumn CSR meeting. In such an event, the issue of non-payment should be discussed during that meeting, and the CSR would decide that a given country has lost its Partner status already for that meeting and until the outstanding contribution is paid.

The SWG further recommends that:

-  **The Partner Countries should be allowed to pay the annual contribution in two installments, due in January and July of each calendar year;**
-  **In exceptional circumstances, a non-paying country may remain a Partner. It should be up to the CSR to decide about this.**

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<sup>7</sup> Available at [http://www.ndphs.org/internalfiles/File/About\\_NDPHS/Rules\\_of\\_procedure\\_for\\_approval\\_of\\_new\\_NDPHS\\_Partners\\_and\\_Participants.pdf](http://www.ndphs.org/internalfiles/File/About_NDPHS/Rules_of_procedure_for_approval_of_new_NDPHS_Partners_and_Participants.pdf).



## 2.8 OTHER RECOMMENDATIONS

In accordance with the SWG ToR, this part of the SWG report presents the outcome of the SWG considerations regarding the following recommendations of the Evaluation Consultant (cf. Annex 3):


- Section 3.2.4: Recommendations 3 and 4 (concerning CSR and PAC events);
- Section 4.2.6: Recommendation 9 (concerning external evaluation cycles);
- Section 4.2.6: Recommendation 7 (concerning formal guidelines for Expert Group publications).

The SWG already submitted its recommendations regarding the first two bullet points to the CSR 15 in April 2009, and the CSR has adopted them. For the sake of completeness of the SWG report, these recommendations are included below.


### 2.8.1 Recommendations concerning CSR and PAC events

The Oslo Declaration stipulates as follows: “The Partnership Annual Conference (PAC) will constitute the highest co-operation structure of the Partnership. The PAC will meet every year and alternate between the Ministerial level and the level of Senior Officials so that Ministers and other designated high representatives will meet every second year.”

Consistent with this:


-  **The SWG does not support the Evaluation Consultant’s recommendation to hold PAC events only every second year instead of annually. The SWG believes that it is vital that the current practice of holding annual conferences would continue in accordance with the Oslo Declaration.** The SWG recognizes the value of PAC events offering also a possibility to organize side events not only in connection with ministerial PACs. The number of CSR meetings could be limited, especially during the non-ministerial PAC years, and the use of other ways of communicating, such as teleconferencing should be considered, if necessary.

Further, the SWG is of the opinion that


-  **The Partnership should, in principle, follow the Evaluation Consultant’s recommendation that the ministerial-level PAC should be specifically designed and prepared to allow the generation of political legitimacy and endorsement of the best possible quality.** The SWG recommends that themes and content of PAC events be agreed by the Partners well in advance.


It needs to be made clear that Partners should consider the preparations for a PAC important and should be ready to support the Chair country and the PAC hosting country or organization with ideas and substantial input. Standard setting documents, which might be linked to the NDPHS mid-term goals; calls for action in the ND area, or other political documents that could be endorsed by a PAC; side events; themes- conferences; special interventions from Expert Groups or invited guest speakers are all to be considered as opportunities for increasing the attractiveness of a PAC event.

In order to allow the **generation of political legitimacy and endorsement of the best possible quality**, the SWG recommends that the NDPHS, for example:

-  Identify attractive themes of high political relevance that can have an impact for the future in the Northern Dimension Region. The work of the SWG on identifying mid-term goals could support the finding of attractive and important topics that are needed

for the region. Linking the identified PAC themes to the work of the Northern Dimension might also be an advantage to increase the political legitimacy;

 Place the focus of the themes on health and/or social issues so that the ministers closest to the NDPHS can identify their own areas of responsibility;


 Use its gradually growing network more pro-actively. Promoting a PAC should not be the responsibility of only the Chair country. If a side event is organized, Expert Groups and their national members, as well as departments dealing with the side event topic(s) in the Partner ministries, or organizations should be briefed and convinced to promote the event on a larger scale.

### **2.8.2 Recommendation concerning external evaluation cycles**

The SWG is of the opinion that the evaluation of the NDPHS performed in 2008 has proven to be a valuable exercise. Also, the evaluation process greatly benefited from the assistance of an external consultant.

Further, the SWG believes that periodic evaluations are important both for ensuring that the Partnership continues to be responsive, focused, effective and efficient. They are also advantageous for making the Partnership credible in the eyes of others.


Consequently, the SWG recommends that:

 **The Partnership undergo an evaluation approximately every five years, which would be aided by an external consultant. Financing necessary for employment of an external consultant would need to be budgeted in the NDPHS annual budget for a given evaluation year.**

### **2.8.3 Recommendation concerning formal guidelines for Expert Group publications**

The SWG shares the view of the Evaluation Consultant that NDPHS should develop strict formal guidelines for future publications prepared by the Expert Groups in regard to structure, wording and other format-issues.

To that effect, the SWG recommends that:

 **When developing their publications the EGs would follow the template included in Annex 4 to this report. This template could also be followed in other NDPHS papers, when considered appropriate** (the present report being one example thereof).

### 3. CONCLUSIONS

The evaluation of the NDPHS revealed that the Partnership has gained momentum in its work and can pride itself in achieving a number of tangible results during the last several years. At the same time, there are a number of challenges that the Partnership is facing, many of which are typical for organizations that came into existence only a short while ago. The SWG believes that the outcome of the NDPHS evaluation of 2008, as well as this year's discussions regarding its follow up (both in the SWG and in the CSR), can and should lead to many of those challenges being successfully resolved. For this to happen, however, the Partners need to display considerable commitment to the NDPHS and their willingness to work together for a joint success. Henry Ford's words: "**Coming together is a beginning. Keeping together is progress. Working together is success**" – are very relevant here.

Especially during the current times of the economic turmoil, **it is of crucial importance that the Partnership dedicate all of its efforts to achieving tangible results that would benefit those involved in it.** Without this, the NDPHS risks incrementally falling into insignificance followed by termination. The SWG is of the opinion that proper attention needs to be attached by the Partners to developing their shared vision regarding the goals that the NDPHS would like to attain or contribute to, what exactly actions they would like to jointly implement to that effect and, equally importantly, what resources they are prepared to allocate for that purpose. The proposals made by the SWG in the present report are meant to help in this regard.

Another important area where the Partnership needs to make progress is **the creation of an enabling environment for its Expert Groups and for the Secretariat.** Whereas the issue of authorizing the legal capacity for the NDPHS Secretariat remains beyond the scope of the SWG, the group would like to take the liberty of stressing the importance of this issue. As far as the Expert Groups are concerned, the SWG considers them the important pillars for the successful work of the Partnership. Both the CSR and the Expert Groups themselves need to do their part of the work in ensuring that **the EGs' work be focused on issues of critical importance to the Partners, be properly planned in terms of time and resources, and be efficient and effective.** The innovative way of using non-permanent task-oriented expert groups and *ad hoc* group assigned to work with cross-cutting issues, which is recommended by the SWG, should help the Partnership deliver added value and make the NDPHS a more widely recognized and appreciated source of knowledge and expertise.

Regarding financial matters, the SWG concludes that the proper regulatory framework regarding membership fees will, hopefully, be put in place with the authorization of the legal capacity to the NDPHS Secretariat. As for financing for the Partnership's joint activities (conferences, projects, etc.), it has become increasingly apparent that this should be attracted foremost through designing activities that meet the funding opportunities offered by external financiers. Consequently, **fundraising needs to be made an even more important part of the Partnership's operations. In this context, the SWG would like to underline the importance of small contributions from Partners in enabling the Partnership to initiate actions and achieve operational targets, thus contributing to the success of the NDPHS.**

Finally, the SWG strongly recommends that **the Partnership become involved in the EU Strategy for the Baltic Sea Region, which would also help the NDPHS increase its importance in the region and play a significant role in the regional cooperation in the Northern Dimension area.** When developing its recommendations concerning the goals and operational targets, the SWG closely followed this idea. It should also be emphasized that, by accepting the role as the coordinator of the priority sub-area of health, and taking on the leadership in the development and facilitation of the health and social well-being related projects foreseen in the Strategy, the NDPHS will also be in a better position to attract financing for its project-based activities.

## ANNEX 1

### LIST OF ACRONYMS

CSR	Committee of Senior Representatives.
ITA	International Technical Advisor.
ND	Northern Dimension.
NDPHS	Northern Dimension Partnership in Public Health and Social Well-being.
EG	(NDPHS) Expert Group.
HIV/AIDS EG	HIV/AIDS Expert Group.
Oslo Declaration	“Declaration concerning the establishment of a NDPHS,” available on the NDPHS website at <a href="http://www.ndphs.org/?doc,Oslo_Declaration.pdf">http://www.ndphs.org/?doc,Oslo_Declaration.pdf</a> .
PAC	Partnership Annual Conference.
PH EG	Prison Health Expert Group.
PHC EG	Primary Health Care Expert Group.
SIHLWA EG	Social Inclusion, Healthy Lifestyles and Work Ability Expert Group.
SWG	( <i>ad hoc</i> ) Strategy Working Group.

## ANNEX 2

### LIST OF REFERENCES

1. Some strategic issues for the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). Stockholm Group for Development Studies. Stockholm, August 2009.
2. Success indicators for NDPHS mid-term goals. Center for Evaluation (CEval). Saarbruecken, July 2009.

*NB. The above reports are not available on the NDPHS website, but can be obtained from the NDPHS Secretariat.*

## ANNEX 3

### TERMS OF REFERENCE AND TIMELINE FOR THE *AD HOC* NDPHS STRATEGY WORKING GROUP

#### 1. Background

Following the conditions set by the Oslo Declaration to carry out an “overall review and evaluation of the Partnership...in 2008”, the NDPHS had established an Evaluation Team. The team was composed of CSR representatives from Canada (Chair), Denmark., Germany, Lithuania, Norway and Russia, which enjoyed the administrative support of the NDPHS Secretariat. It conducted the evaluation with the help of the NDPHS Partners and an independent consultant that was appointed by the evaluation team.

According to the Terms of Reference for the evaluation of the Partnership in 2008 (c.f. CSR 12 minutes<sup>8</sup>), the evaluation team was tasked to present a written evaluation report not exceeding 50 pages to the CSR. The CSR Chair, in cooperation with the Secretariat was in charge of ensuring the progress of the evaluation, from the beginning until the delivery of the final report.

The Evaluation Team presented the consultant’s report, a selection of proposed consultant recommendations for follow-up and an overview of Partner country responses to the evaluation to the CSR 14 meeting on 23 September 2008 in Bad Neuenahr, Germany. The CSR agreed that an overall evaluation package was to be presented to the 4<sup>th</sup> Partnership Annual Conference on 19 November 2008 in Ottawa, Canada<sup>9</sup>.

The CSR further suggested to establish an *ad hoc* Strategy Working Group amongst CSR members to ensure the timely follow-up of the recommendations presented by the Evaluation Team and mandated the evaluation team to draft a Terms of Reference and timeline for the newly to be established *ad hoc* Strategy Working Group (SWG), which had been submitted to PAC for approval.

#### 2. Scope

The overall task of the SWG is to examine the recommendations as outlined in the consultant's report, and possible other recommendations coming from the CSR Partners and the NDPHS Evaluation Team and to propose a set of follow-up actions to the NDPHS Partners.

The SWG will address recommendations of the consultant report related to:

- Strategic recommendations, including strategy, vision and organization (sections 3.1.3, 3.2.4, 3.3.4, 4.2.6, 5)
- NDPHS Expert Groups (sections 3.3.4 and 4.2.6)
- Additional recommendations made by NDPHS partners that were raised either during the CSR 14 or the PAC 4 meeting.

The SWG will not address those issues that may already be decided by PAC 5 or that can be carried out by the Secretariat, such as:

- Website improvement and PR material (section 4.1.4 No 1-3)

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<sup>8</sup> Available at [www.ndphs.org/?download.1518.CSR\\_12\\_Minutes.pdf](http://www.ndphs.org/?download.1518.CSR_12_Minutes.pdf).

<sup>9</sup> Available at [www.ndphs.org/?download.2399.PAC\\_5-7.1-1\\_NDPHS\\_Evaluation-A\\_compilation\\_of\\_reference\\_documents.pdf](http://www.ndphs.org/?download.2399.PAC_5-7.1-1_NDPHS_Evaluation-A_compilation_of_reference_documents.pdf)

- Survey of all multipliers that the NDPHS may have to better promote itself (section 4.1.4. No 4)
- Review of Terms of Reference of the Secretariat (section 3.1.3 No 5)

### 3. Composition

The SWG is composed of the following members:

- Canada,
- Finland
- Germany
- Lithuania
- Norway
- Russia
- Sweden
- Any other country that wishes to join<sup>10</sup>
- NDPHS Secretariat

The SWG will be chaired by Sweden.

The CSR Chair, in cooperation with the Secretariat, holds the overall responsibility of ensuring the progress of the implementation of the recommendations listed in Appendix 1.

### 4. Approach to address the CSR-recommendations for follow-up

#### ***Strategic recommendations***

For the follow-up of the strategic recommendations the SWG will work under the assumption that the legal capacity is already in place.

#### ***Expert Group related recommendations***

The SWG will establish a Sub-group when dealing with Expert Group matters. The Sub-group will be composed of the SWG members plus Expert Group representatives.

#### ***Development of a mid-term vision for the NDPHS***

The SWG will develop a concrete proposal on a mid-term vision for the NDPHS, taking each recommendation into account. This can be done by considering if and how each recommendation or a group of recommendations should be implemented. If the recommendation calls for a review of a certain situation, the SWG will provide a consolidated piece of opinion. The total compilation of the comments for each recommendation will form a proposal for a mid-term/or long-term vision of the work of the NDPHS. The proposal will be presented to the CSR for consideration.

#### ***Accompaniment of the implementation of the Recommendations***

Depending on the CSR decision, the SWG may be mandated by the CSR to further investigate into the feasibility of certain recommendations or suggestions provided by the SWG and revise their proposal if need be, so that a smooth implementation of the given recommendations can be ensured.

### 5. Recommendations to be taken into account

The list of all strategic and expert –group related recommendations that the CSR has agreed upon is part of these Terms of Reference and attached as Appendix 1.

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<sup>10</sup> After the PAC 5, Poland announced her willingness to join the SWG.

## 6. Proposed timeline

November 2008: Nomination of the Working Group members.  
 January 2009: 1<sup>st</sup> meeting with assignment of responsibility for a set of recommendations to comment on.  
 February 2009: 2<sup>nd</sup> meeting: consensus finding and status report on the progress of each of the individual recommendations.  
 April 2009: Interim report to CSR 15.  
 May-Sept. 2009: Additional meetings (if required).  
 Sept.-Oct. 2009: Final SWG report to be submitted to CSR 16.

## 7. Amendments to the Terms of Reference and timeline

The Terms of Reference and timeline can be reviewed, if deemed necessary. Proposed amendments to the Terms of Reference shall be approved through consensus within the SWG before being submitted to the CSR for adoption.

<b>Reference</b>	Appendix 1 to the Terms of Reference of the NDPHS <i>ad hoc</i> Strategy Working Group
<b>Title</b>	Specification of the key recommendations for proposed follow-up
<b>Summary / Note</b>	This list provides an overview of all recommendations of the evaluation report that the NDPHS <i>ad hoc</i> Strategy Working Group (SWG) needs to address. As the recommendations were copied directly from the consultant's report, it is possible that some of the recommendations cover both, strategy and Expert Group-related recommendations.

### Proposed follow-up actions for the NDPHS *ad hoc* Strategy Working Group

**- Legal capacity (top priority!), and other Recommendations related to strategy, vision, organization (sections 3.1.3, 3.2.4, 3.3.4, 4.2.6, 5)**

#### **Section 3.1.3**

6. The NDPHS should encourage the Secretariat, after the current EU-funded project ends, to apply for additional project-oriented funding, either for a technical or a content oriented purpose, either in self-responsibility or in collaboration with Expert Groups. The Secretariat should build up and maintain its competencies in regard to project application, project-management and project-monitoring in order to have sufficient practical day-to-day experience. This will be not only helpful to provide a higher output of NDPHS as a whole, but it will also put the Secretariat in a place of functioning as a centre for advise in case of project-implementation-activities by the EG.

7. If the NDPHS is happy with the perspective of the Secretariat to continue as an agency of project-implementation, it should be considered to increase the number of the permanent staff of the Secretariat at the level of senior-adviser by at least one person. The consultant advises against outsourcing project-implementation beyond the administrative duties outside the Secretariat. Experience shows that outsourcing project implementation makes monitoring and quality-management much more difficult, while mistakes and shortcomings reflect directly to the network.



### **Section 3.2.4**

1. The legal and financial requirements for becoming and staying as a member should be revised and made as concrete as possible. This might include the abolishment of the arbitrary introduced “associated partner”-status and replacing it by an “observer”- status for those not interested or capable of full involvement, but without any rights in decision-making. This might also include certain mechanisms in regard to membership-status in cases of non-payment of membership-fees or non-activity in the NDPHS-bodies for a certain period of time, e. g. minimum criteria like activity in at least one Expert Group and regular attendance of at least PAC-meetings etc. As membership of the NDPHS is closely linked to membership in the ND in general, some of these reforms might need the blessing of a higher level of decision-making in order to ensure conformity and avoid possible conflicts.

3. The PAC-meetings will be held only every second year instead of annually – like e. g. already practised in the sister-organization CBSS -, and that the last CSR-meeting of a non-PAC-year will be officially mandated by all partners to be a decision-making-body for everything which has to be dealt with in the meantime. This saves one additional meeting and therefore reduces strain on resources.

4. The bi-annual PAC-meeting will then be specifically designed and prepared to allow the generation of political legitimacy and endorsement of the best possible quality. Wide-range lobbying of participating ministries in regard to participation will be a prerequisite, a side-event-programme which targets also a wider audience and serves as a public-relations-event and inclusion of media-representatives<sup>16</sup> should also be considered.

### **Section 3.3.4**

1. NDPHS should decide if the two-fold approach towards health and social well-being is to be maintained or the current focus in health issues should be made official policy. This could either lead, in accordance with a new process of EG-development the consultant will recommend in the following, to a better balance of the two issues or, if so decided, to abandon social policy and totally concentrate on health. In any case, if the international prominence of NDPHS will increase due to increased activity, it will be highly unsatisfactory of the current imbalance between the officially stated goals and the activities performed remains to be.

2. NDPHS should elaborate and develop clear criteria and a transparent process upon which new Expert Groups should be established and/or old Expert Groups can be dissolved. Newly founded EGs should have not only a clear mandate from the beginning, but also be restricted in regard to the duration of their existence and the focus of their activities. Changes in focus and time have to be formally approved and criteria not met should be viewed as an indicator which can lead to the dissolution of the EG. Decisions towards the establishment of new groups should be based on clear indicators as well as a unanimous political will to pursue the matter, with clear, documented commitments by all relevant partners to participate.

3. NDPHS should consider the establishment of a mechanism which forces Expert Groups to defend – in regular intervals, yearly or every second year – their own existence, with the possibility of dissolution of the Expert Group in the case of failure to legitimize its continuation. Every Expert Group should be forced to bring forward arguments for its continued existence, with the reservation by the CSR that if the arguments are not totally convincing, knowledge about the subject is not sufficient or additional deliberation is needed to employ an external expert to make an assessment of these arguments in order to support or contradict them. This could generally include a peer-review-process in certain intervals, conducted by experts in the respective fields, all depending on available funding.

5. NDPHS should review its collaboration with WGCC and discern in how far NDPHS is really benefiting from the groups status as associated Expert Group and decide if and how the cooperation can be intensified or the formal bond should be abolished. For the consultant, it is more or less useless to “boast” an associated Expert Group where the association is only on paper and exists mainly through putting the WGCC’s annual report into the NDPHS-documentation.

#### **Section 4.2.6**

1. NDPHS should reflect and consult itself about the indicators and criteria by which it wants to measure its own success as an organization. There will be need to differentiate between the cumulative “results” of all Expert Groups and the Secretariat and between the impact of the organization itself, which is supposed to be more than just the addition of its components. Possible indicators could be reflection about NDPHS-activities in the issue-oriented media, invitations to international fora and conferences, instances of advice-seeking and advice-giving from governments or international organizations, projects implemented through the project-pipeline, amount of users accessing the database etc. Future evaluations might benefit from a self-definition of success- factors and it will be important for impact-monitoring by the Secretariat and for reporting purposes.

4. NDPHS should define clearly how the term “facilitation” should be used in the future and what it includes if an Expert Group claims to have “facilitated” a concrete project. Does it mean that the Expert Group has drawn the tender? Does it mean that it has written the application or just given a general idea? Does it mean it has conducted its own evaluation or at least assessed existing ones? Does it mean that individuals and organizations connected to NDPHS are personally or institutionally responsible for the project and wouldn’t have conducted them without the “facilitation” of NDPHS? There is room for definition here, and the consultant would like to stress to define the term more strictly than too loose. This definition should be decided upon unanimously and afterwards should be adhered to in all reporting and monitoring, so that the claim to describe a project as “NDPHS” can be made with a higher degree of validity.

5. NDPHS plans for at least one continuous project directly applied for, implemented, monitored and evaluated by the Secretariat, in order to have a certain, beneficial activity permanently linked to the partnership. Projects should be chosen for an overall benefit for the whole partnership, therefore they will either touch on issues of research or fill in loopholes within the partnership’s activities which are not addressed by the Expert Groups and which, based on the decision of the partnership, do not call for a new Expert Group at this point of time. This can be the case when a NDPHS-stakeholder proposes to deal with a specific issue that fails to get sufficient support by all members to be dealt with in a new Expert Group, but seemed to be important enough to be a topic of a project, therefore dealing with it on a more focused and clearly more temporary basis.

6. NDPHS Expert Groups facilitate, support in application and evaluate at least one “flagship project” per Expert Group, and at maximum two or three. If the numbers are higher, danger is that with current resources available supervision of these projects will be only tentative and results will not feed sufficiently in NDPHS more theoretical work, e.g. policy recommendations. NDPHS should only involve itself in concrete implementation where the framework for this is ideal and sufficient capacity apparently exists. Evaluation should be taken more seriously if NDPHS wants to rightfully claim a genuine, autonomous learning-process. These projects, which link their existence clearly to NDPHS, should be featured prominently on the website (maybe with a distinct category “NDPHS projects”).

9. NDPHS should, in regard to evaluation of itself, repeat the exercise of an external evaluation every four or five years to update the look from the outside. To make this external evaluation more easy and therefore probably cheaper, self-evaluation activities could be performed in regular intervals (like e. g. yearly questionnaires); if recommendation 5 will be accepted, this will also help future external evaluators tremendously.

## **Section 5**

1. NDPHS should be more oriented towards project-activities, but avoid the pitfalls of being too much an implementing agency on its own, and take the idea of facilitation seriously. Under facilitation, the consultant wants to summarize:

- a. taking the initiative to formulate project proposals in collaboration with suitable implementing agencies
- b. taking note of developments within these projects by receiving and scrutinizing monitoring reports from the implementing agencies
- c. evaluating the impact of these projects by either
  - i. conducting its own evaluations, depending on funding, or
  - ii. facilitating external evaluation by others, depending on funding, or
  - iii. receiving and scrutinizing evaluations already planned and conducted and putting all three of these into a common framework
- d. raising the findings from project-level to a policy-level (with the aim of...)

2. Being not only a facilitator of projects, but foremost a *facilitator of ideas* and concepts, working and functioning as a mainstreaming and dissemination agency into the level of political decision-making in all of its member-states, a work for which the current database/ pipeline-project can only be one stepping-stone.

### **- Expert Group related (sections 3.3.4 and 4.2.6)**

#### **Section 3.3.4**

2. NDPHS should elaborate and develop clear criteria and a transparent process upon which new Expert Groups should be established and/or old Expert Groups can be dissolved. Newly founded EGs should have not only a clear mandate from the beginning, but also be restricted in regard to the duration of their existence and the focus of their activities. Changes in focus and time have to be formally approved and criteria not met should be viewed as an indicator which can lead to the dissolution of the EG. Decisions towards the establishment of new groups should be based on clear indicators as well as a unanimous political will to pursue the matter, with clear, documented commitments by all relevant partners to participate.

#### **Section 4.2.6**

2. The Expert Groups should be tasked with the duty to compile and assess evaluations available for projects they claim to have facilitated one way or the other. This compilation should be updated on an annual basis and contain summaries of evaluations (be it self-evaluations or external evaluations) in order to have an overview of results and impact of these projects. EGs should in addition seek funds to conduct evaluations themselves or motivate external experts linked to NDPHS to apply for evaluations of facilitated projects in order to build up its own evaluation capacity and to compile worthwhile information about “best practice” which can be translated into general conclusions. The current database could be extended with a separate access to evaluation reports (which is quite different from just “papers”), which will enhance the overall credibility and attractiveness of the website.

3. NDPHS should ask Expert Groups to identify and describe openings for dissemination and mainstreaming of their own topics in national decision-making in ND-member states, in order to be able to organize targeted activities – like workshops or information exercises – to

access decision-makers probably not yet involved in NDPHS and to influence important issues in health (and maybe social) policy. EG experts should be able to elaborate who and where in their respective country a specific topic might be received with open minds, so that the visibility of NDPHS and its impact can be increased.

4. NDPHS should define clearly how the term “facilitation” should be used in the future and what it includes if an Expert Group claims to have “facilitated” a concrete project. Does it mean that the Expert Group has drawn the tender? Does it mean that it has written the application or just given a general idea? Does it mean it has conducted its own evaluation or at least assessed existing ones? Does it mean that individuals and organizations connected to NDPHS are personally or institutionally responsible for the project and wouldn't have conducted them without the “facilitation” of NDPHS? There is room for definition here, and the consultant would like to stress to define the term more strictly than too loose. This definition should be decided upon unanimously and afterwards should be adhered to in all reporting and monitoring, so that the claim to describe a project as “NDPHS” can be made with a higher degree of validity.

6. NDPHS Expert Groups facilitate, support in application and evaluate at least one “flagship project” per Expert Group, and at maximum two or three. If the numbers are higher, danger is that with current resources available supervision of these projects will be only tentative and results will not feed sufficiently in NDPHS more theoretical work, e.g. policy recommendations. NDPHS should only involve itself in concrete implementation where the framework for this is ideal and sufficient capacity apparently exists. Evaluation should be taken more seriously if NDPHS wants to rightfully claim a genuine, autonomous learning-process. These projects, which link their existence clearly to NDPHS, should be featured prominently on the website (maybe with a distinct category “NDPHS projects”).

7. NDPHS should develop strict formal guidelines for future publications prepared by the Expert Groups in regard to structure, wording and other format-issues. NDPHS documents ought to look like coming “from the same mould”, despite individual differences within the texts. Formal guidelines from other international organizations – like e.g. those of the World Bank – could be taken as an example.

8. NDPHS should emphasize that Expert Groups should develop their proposal to the CSR about the focus of their activity always in an inclusive way, adding ownership to the topics chosen. Topics which are at the heart of only a few members will not gather sufficient motivated support from other EG-members to participate fully in any task connected to it. If it seems to be difficult to find a common denominator – that is, if no proposed focus finds the goodwill and engagement of a majority of EG-members – than this is a possible indicator in regard to the future viability of the problematic EG as a whole. Here, some minimum standards of participation should and could be defined and adhered to. A Working Group in which only a chosen few are working and the rest is looking is futile. If the topic is nevertheless regarded as important by the stakeholders of NDPHS, other forms of organization – like a project run by the Secretariat with external experts – could be considered instead of an EG.

## **ANNEX 4**

### **TEMPLATE FOR THE NDPHS EXPERT GROUP PUBLICATIONS**

The template for the NDPHS Expert Group publications, recommended by the SWG, is provided on the following pages.



*Northern Dimension*  
Partnership in Public Health  
and Social Well-being

NDPHS Expert Group on **XXX**  
Thematic Report

**XXX TITLE XXX**

NDPHS Series No. **1/2009**

Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)  
NDPHS thematic report: *Add title here*

The views reflected in this paper are those of the members of the NDPHS Expert Group on XXXX who have developed it and should not, therefore, be interpreted otherwise. If specific country data are not available in this report, this is because the authors were either unable to obtain it or did not receive permission to publish this data.

Editor: Name

Authors of annexes: Name 1, Name 2, etc.

This paper may be freely reproduced and reprinted, provided that the source is cited.

It is also available on-line in the Papers' section of the NDPHS Database at [www.ndphs.org/?database.view.paper,XX](http://www.ndphs.org/?database.view.paper,XX)

View our website at [www.ndphs.org](http://www.ndphs.org) and keep an eye on policy developments and explore the world of the NDPHS – a partnership committed to achieving tangible results!

Further information: please add name and contact details of the EG Chair or ITA here, plus the EG's website link

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2. *[Main part of the paper]*.....

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3. Conclusions .....

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Please use the following font sizes and styles in the table of contents:

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**Subheadings:** Arial, size 11, left

**Normal text:** Arial, size 11, left



## EXECUTIVE SUMMARY

Text text text

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**Subheadings:** Arial Small Caps, bold, size 12, left

**Sub-subheadings:** Arial Small Caps, bold, size 12, left

**Normal text:** Arial, size 11, justified

## **1. INTRODUCTION**

Text text text

## **2. HEADING [THE MAIN PART OF THE PAPER]**

Text text text

### **2.1. SUBHEADING**

Text text text

#### **2.1.1. Sub-subheading**

Text text text

## HOW TO INSERT TABLES AND FIGURES

Please use the example provided below for inserting tables and figures. Please note that the name/number of the table or figure is indicated on top of the diagram. The source is mentioned underneath in brackets.

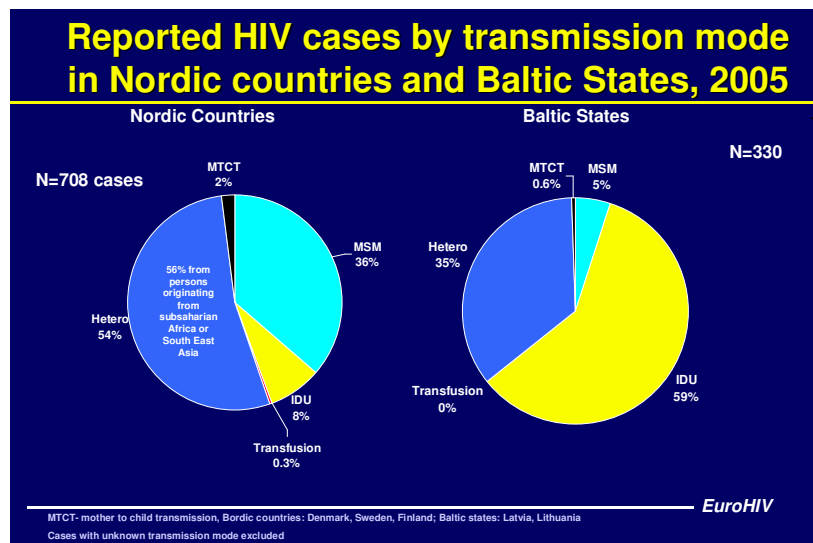
**TABLE 1: NUMBER OF REPORTED NEW HIV CASES IN NW RUSSIA IN 1997-2007**

(Source: Northwest District AIDS Centre, St Petersburg)

Region	2000	2001	2002	2003	2004	2005	2006	2007
St. Petersburg	3,735	10,119	5,757	3,961	3,689	4,045	4,459	4,548
Leningrad region	842	2,191	1,572	1,134	1,009	1,094	973	1,165
Kaliningrad reg.	363	484	394	340	397	414	454	501
...								
<b>Total</b>	<b>5,233</b>	<b>14,120</b>	<b>8,743</b>	<b>6,078</b>	<b>5,729</b>	<b>6,287</b>	<b>6,799</b>	<b>7,233</b>

**FIGURE 1. DIFFERENCE IN THE TRANSMISSION ROUTES BETWEEN THE BALTIC AND THE NORDIC COUNTRIES**

(Source: Personal communication, Gedris Likatavicius, EuroHIV, 2006)



Please make sure that your tables and figures will be legible when printed!

### **3. CONCLUSIONS**

Text text text

### **4. RECOMMENDATIONS**

Text text text

## ANNEX 1

### LIST OF ACRONYMS

ACG	Adjusted Clinical Groups
APO	Audit Project Odense
CPD	Continuing Professional Development
CSR	Committee of Senior Representatives
EG	Expert Group
EURACT	European Academy of Teachers in General Practice
FM	Family Medicine
GP	General Practitioner
HIV/AIDS EG	HIV/AIDS Expert Group
ITA	International Technical Advisor
ND	Northern Dimension
NDPHS	Northern Dimension Partnership in Public Health and Social Well-being
Oslo Declaration	“Declaration concerning the establishment of a NDPHS”
PAC	Partnership Annual Conference
PH EG	Prison Health Expert Group
PHC EG	Primary Health Care Expert Group
SIHLWA EG	Social Inclusion, Healthy Lifestyles and Work Ability Expert Group
TM	Task Manager
WHO	World Health Organization
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

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**Normal text:** Arial, size 11, justified

## **ANNEX 2**

### **LIST OF REFERENCES**

1. Guidance on Global Scale-up of the Prevention of Mother-to-Child Transmission of HIV. Towards universal access for women, infants and young children and eliminating HIV and AIDS among children. WHO and UNICEF with the Interagency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Children. ISBN 978 92 4 159601 5.WHO 2007.
2. PMTCT Report Card 2005. Monitoring Progress on the Implementation of Programs to Prevent Mother to Child Transmission of HIV. UNICEF. December 2005. Accessed on 29.1.2008 at [http://www.uniteforchildren.org/knowmore/knowmore\\_28922.htm](http://www.uniteforchildren.org/knowmore/knowmore_28922.htm) .

[Please use the same outline as in the example above.]

## **ANNEX 3**

### **INDEX OF TABLES, FIGURES AND/OR MAPS**

- Table 1: Female population in prison – total numbers/percentage of total prison population by 1 September 2006
- Table 2: Number of MBUs in countries in the ND region (Townhead 2006:48, NDPHS questionnaire)
- Table 3: Maximum number of years that children can stay with their mothers in prison (Duenckel et.al 2005).
- Table 4: Percentage of children who are staying with their grandparents while their mothers are in prison (Duenckel et.al 2005).
- Table 5: Percentage of children who stay in children's homes. (Duenckel et.al 2005).
- Figure 3: Occupational accidents per 100 000 workers in Estonia and EU-15
- Map 1: Number of women's prisons and prisons with women units in countries in the ND region

[Please use the same outline as in the example above.]