

**NDPHS Working Group on Expert Groups' Terms of Reference
First Meeting
Oslo, Norway
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Title	Terms of Reference for the NDPHS Expert Group on Primary Health Care (PHC)
Submitted by	Secretariat
Requested action	For reference

TERMS OF REFERENCE
NDPHS Expert Group on Primary Health Care

As adopted by CSR 9 in Paris, France
On 26-27 October 2006

I. Background and Rationale

Within the Northern Dimension area, there are extreme disparities in health status and outcomes, including social and economic problems which lead to a high level of mortality, a high prevalence of cardiovascular diseases, violence, the abuse of alcohol and drugs, and spreading of infectious diseases such as TB and HIV/AIDS. Thus, the priority objectives of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) are the prevention of lifestyle related non-communicable diseases (e.g. diabetes type 2, metabolic syndrome, many cardiovascular diseases and Chronic Obstructive Pulmonary Disease) and the reduction of major communicable diseases as well as the enhancement and promotion of healthy lifestyles.

In order to achieve these objectives, the Partnership recognises that health systems must be strengthened with a particular emphasis on the provision and delivery of primary health care. While the development of primary health care varies among the Partnership members, there is a need to share experiences and expertise in the organization and delivery, funding mechanisms, human resource development and stewardship of primary health care. The opportunities for primary health care to support health promotion and disease prevention are consistent with the Partnership objectives to improve public health and health outcomes.

Thus, pursuant to the following provision for the Committee of Senior Representatives (CSR) as spelled out in the "Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being," adopted by the Ministerial Meeting in Oslo, Norway, on 27 October 2003:

- "In order to carry out its tasks, the Committee of Senior Representatives may establish expert groups, consisting of experts from interested Partners and Participants and other international experts, as appropriate,"

the CSR decided at its 3rd meeting in Copenhagen on 20-21 September 2004 to establish the NDPHS Expert Group (EG) on Primary Health Care (PHC Expert Group).

II. Objectives

According to the Mandate of the PHC Expert Group given by the Partnership, the main role of the PHC Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the PHC Expert Group has the overall objectives to work towards the inclusion of policies to emphasize the priority of primary health care on political agendas, support co-ordinated and collaborative efforts to work towards the improvement of health service systems and health sector reforms, and to promote networking and partnership building among relevant stakeholders.

III. Scope of Responsibilities

According to the abovementioned Oslo Declaration, and the EG's Mandate, under the guidance of the CSR, an expert group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership. Also, the Declaration permits expert groups to "facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise."

Consistent with these provisions, the PHC Expert Group has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of primary health care and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions, as appropriate including those in related sectors such as education, social welfare as well as health. ;
- Promote general awareness concerning the role and significance of comprehensive primary health care as one of the cornerstones of a well-functioning health care system;
- Ensure that ethics and patients' perspectives continue to be fundamental in all its work;
- Work towards the development of positive attitudes towards health care and social professionals;
- Take into account the needs of vulnerable groups, the threats of communicable diseases, public health perspectives, and gender questions as cross cutting issues;
- Promote environmentally sustainable development in the Expert Group's actions;
- Contribute to the development of national policies that respond to the needs and requirements of Partner Countries;
- Map and identify Member Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up Primary Health Care;

- Provide feedback and report on progress to the CSR, and provide the Partnership Secretariat with updated information, when appropriate;
- Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).

Within this scope of responsibilities, the PHC Expert Group will undertake the following activities:

- Advocate and lobby for primary health care within the framework of the Partnership, such as by promoting public health and the development and improvement of primary health care as part of health service systems and health sector reforms;
- Support initiatives for reorienting health systems to improve the implementation and status of primary health care;
- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative, in order to ensure that its financing is allocated in a way that achieves maximum results;
- Establish connections and co-operation with other Partnership Expert Groups;
- Collaborate with other relevant organisations with compatible objectives especially those working towards healthy life styles and disease prevention and including those from other sectors which have an impact on health status. ;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;
- Propose topics and issues for new project proposals on primary health care;
- Act as a referee concerning new project proposals, project identification, planning, implementation and monitoring, such as by making recommendations on projects proposals or implementation and assisting in planning, as requested, including development of terms of reference for such reviews;
- Provide the Partnership website/database with information concerning the Expert Group's work;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- When relevant, review the Expert Group's Terms of Reference and advise on any necessary amendments.

The official language of the Expert Group is English. However, where possible, efforts should be made to provide English/Russian interpretation and translation.

IV. Outputs and Results

The general scope of outputs and results from the work of the Expert Group are as follows:

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- To advise the Partnership through the NDPHS Secretariat on related Partnership activities and proposals for various forms of support;

- To facilitate the exchange of information on programmes and projects;
- To provide expert contributions to policy evaluation;
- To promote partnership-building and activities relevant to achieving the goals of the Partnership;
- To promote regional synergies and synergies with other international organisations;
- Monitoring and peer evaluation of ongoing activities;
- Short progress reviews/reports submitted to CSR meetings and annual PAC meetings.

V. Lead Partner

The CSR decides upon the Lead Partner for the PHC Expert Group. The role of the Lead Partner is to initiate and lead the Expert Group's activities. The Lead Partner also provides financial support to the Group to prompt its activities.

In the case that a Lead Partner decides to step down, prior to its resignation, it should inform the CSR of its intentions and propose a replacement. Accordingly, the CSR will decide whether to approve the proposed replacement, as appropriate.

VI. Composition of the Expert Group

1. Chair and Vice Chair

The Expert Group appoints its Chair and Vice Chair from the individuals nominated. In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision.

The Chair is responsible for providing effective leadership concerning the Group's overall scope of responsibilities spelled out above. In addition, the Chair is responsible for:

- Ensuring that the EG meets at appropriate intervals, and that the minutes of meetings and any reports to the Partnership bodies accurately record the decisions taken and, where appropriate, the views of individual EG representatives;
- Ensuring that the EG reaches clear conclusions on the matters it discusses;
- Ensuring that the views of the EG are passed to the CSR, PAC and the Secretariat;
- Communicating the EG's views to the media, health care professionals and the public, as requested;
- Briefing new members upon their appointment, as appropriate.

2. International Technical Advisor

The Lead Partner shall appoint the Expert Group's International Technical Advisor (ITA), subject to the approval of the Group. The ITA is responsible for keeping the CSR and the NDPHS Secretariat informed of the Expert Group's decision.

The ITA's main function is to provide uniformity, support and advice to projects through site visits and collaboration with relevant external bodies in the Programme field. The ITA shall also be actively involved in all of the activities described in the Expert Group's mandate, where appropriate and reasonable. In addition, he or she is responsible for:

- Preparing, in co-operation with the EG Chair and in contact with the Secretariat, provisional meeting agendas, meeting documents, and preparing the minutes from the EG meetings;
- Keeping the representatives of the EG informed on a regular about the progress of projects;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Contacting the NDPHS Secretariat regarding the input of the EG to relevant Partnership projects and activities, such as the Project Database and Project Pipeline;
- Developing partnerships with other individuals and organisations to ensure wide participation in development issues that the Partnership is addressing.

In selecting the Chair, Vice Chair and ITA, it is advisable that they represent different countries from the Northern Dimension Area.

3. General Representation

General representation within the PHC Expert Group shall consist of high-level experts in the field. These representatives shall have relevant expertise in primary health care, family medicine, primary health care reforms, health sector financing, and training and referral systems. These high-level experts shall be appointed to the Expert Group by the Partner Countries and Partner Organisations. In appointing representatives to the Group, Partner Countries and Organisations will be guided by the following considerations:

- The EG will include one representative and not more than one alternate from each Partner Country and Organisation, who has an interest and sufficient expertise in the field of Primary Health Care;
- EG representatives and alternates will normally serve in the Expert Group for a period prescribed by their respective countries or organisations, preferably for a period of at least two years.

If a representative is unable to attend an Expert Group meeting, he or she shall ensure that an alternate is sent.

If a Partner Country or Partner Organisation changes their appointed representative, it should inform the EG Chair, ITA and the NDPHS Secretariat immediately.

In addition to the appointed Partner Country and Partner Organisation representatives, the Expert Group is entitled to invite other “eligible participants” and “interested parties” as defined in the Oslo Declaration. The organiser of a given Expert Group meeting will inform Partner Countries and Partner Organisations about any additional invitees prior to the meeting, if possible.

4. Sub-groups

The PHC Expert Group has the right to establish sub-groups to achieve the objectives of the Group, as appropriate. The establishment of a sub-group is subject to the approval of the CSR.

VII. Meetings

The PHC Expert Group shall hold at least two meetings per year. The location of meetings will rotate based on the interest expressed by the Partners.

The Expert Group can organise additional meetings, as considered necessary and appropriate, given the extent of available funding and other relevant resources.

The NDPHS Secretariat has the right to attend and submit documents to the Expert Group’s meetings, as well as to intervene during these meetings.

Should the Expert Group not be in a position to decide upon additional invitees to its meetings, the Chair may invite persons from international or regional organisations who have an interest in the field of primary health care to the EG’s meetings or to particular sessions during such meetings.

Except as otherwise herein stated, the Expert Group will determine its own methods of work, including the preparation of agendas, the keeping of records and other procedures. The work of the Expert Group between periodic meetings shall be carried out through correspondence via e-mail and telephone.

VIII. Coordination, supervision and financial aspects

The CSR is responsible for supervising the work of the Expert Group. As to guidance, PAC is responsible for deciding on the political direction of the Group.

For co-ordination purposes, the Chair, Vice Chair and ITA should hold co-ordination meetings with the Secretariat and other Expert Groups’ Chairs and ITAs. Such meetings may be organised, if necessary, by the Secretariat when preparing for CSR meetings, and in these cases, would be held back-to-back with the CSR meetings, or as deemed necessary.

As the Partnership cannot bear the travel and other costs related to Expert Group representatives’ participation in EG meetings, all expenses incurred by the representatives to attend EG meetings will be covered by their respective countries or organisations.

Notwithstanding the above, individual Partner Countries or organisations may provide voluntary support for the attendance of a participant at Expert Group meetings, if sufficient funds are available.

If other sources are interested in supporting the work of the Group, communication and follow-up will be facilitated by the NDPHS Secretariat.

The Lead Partner shall provide financial support to the Expert Group to aid its activities.

IX. Reporting and Decision Making

The PHC Expert Group is answerable to the CSR and PAC. To this end, it will provide feedback and report to the CSR, as well as PAC, if necessary.

The Expert Group, supported by the Chair and the ITA, will prepare an annual Progress Report and a proposed Activity Plan for the following year, both to be submitted to the Autumn CSR meeting.

In order to ensure proper co-ordination and transparency, all reports and plans will be shared with all Expert Group members, the Group's Lead Partner, and the NDPHS Secretariat, which can in turn share the reports with other Partner countries and Partner Organisations.

Decisions within the PHC Expert Group shall be reached by consensus.

Only appointed representatives to the PHC Expert Group take part in decision making.

The outcomes of each Expert Group meeting shall be documented in the meeting minutes and published on the NDPHS website. The Expert Group will ensure that all decisions are communicated to the NDPHS Secretariat and other Partnership bodies, as appropriate, and that the Secretariat will be included as a recipient of all meeting documents and other relevant documents that are circulated to its representatives.

In addition to the existing Terms of Reference, the PHC Expert Group can elaborate more precise strategies and action plans, which highlight the methods by which the goals and objectives will be reached. These strategies and action plans can be updated at Expert Group meetings, and any changes will be communicated to the CSR through the NDPHS Secretariat.

X. Relationship with other Expert Groups

The PHC Expert Group shall seek, when appropriate, to establish and maintain collaborative relationships with other Expert Groups on cross-cutting issues.

Additionally, the PHC Expert Group shall seek, when appropriate, to establish and maintain working relations with other relevant groups in the Northern Dimension area in a manner that promotes synergies and avoids the duplication of efforts. To this end, and when appropriate, the Expert Group may represent the Partnership in different forums to

promote its objectives and develop support and commitment from potential external partners.

Examples of cross-cutting issues that the Expert Group may wish to work with other Expert Groups on include, but are not limited to the following:

- Comprehensive primary health care as a cornerstone of a well-functioning health care system;
- Healthy life styles and the prevention of chronic non-communicable diseases (e.g. cardiovascular diseases);
- Communicable diseases and disease prevention;
- The improvement of health care in prisons.

XI. Amendments to the Terms of Reference

The Terms of Reference will be reviewed every two years, coinciding with Chairmanship rotation, or on an ad hoc basis, when deemed necessary by the Expert Group.

Proposed amendments to the Terms of Reference shall be co-ordinated with the NDPHS Secretariat and approved through consensus in the Group before being submitted to the CSR for adoption.