

**NDPHS Working Group on Expert Groups' Terms of Reference
First Meeting
Oslo, Norway
23 November 2009**

Title	EGTOR 1 Meeting minutes
Submitted by	Secretariat
Summary / Note	This document recalls the main discussion points and decisions made during the 1 st meeting of the EGTOR
List of Annexes	Annex 1 – List of documents submitted to the meeting Annex 2 – List of participants

1. Welcome and opening of the meeting

Mr. Pasi Mustonen, the Chairman of the *ad hoc* NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR), welcomed the participants and opened the meeting.

2. Adoption of the agenda

The Meeting **adopted** the provisional agenda (submitted as document EGTOR 1/2/1). The Chairman noted that he planned to discuss in item 9. Any other business the dates of the Expert Group meetings in spring of 2010.

3. Organization of work

3.1 ToR of the *ad hoc* working group (EGTOR); exchange of views e.g. on the working methods of the group

The Chairman proposed starting the discussion by inviting the participants to take a closer look at the Terms of Reference for the *ad hoc* NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR).

The Secretariat recalled the Meeting that the overall task of the EGTOR is to draft Terms of Reference for new/restructured Expert Groups with clear and time-limited mandates and tasks. When the new NDPHS Strategy is adopted by the PAC, it is one of the EGTOR's tasks to participate in the implementation of this document by developing ToRs for new/restructured Expert Groups and making sure that the Groups are equipped to effectively work toward the goals and operational targets stated in the Strategy.

The Participants discussed whether or not it is part of the EGTOR tasks to propose new Expert Groups or consider modifying existing ones. It was concluded that it is the CSR's responsibility to decide upon the Expert Groups and the main task of the EGTOR is to focus on following the respective recommendations approved by the CSR, and the outcome of the PAC 6 considerations, in drafting respective ToR. In order to achieve goals defined as: "The drafted Terms of Reference shall adequately cover the approved goals and operational

targets, and take into account the available and pledged human and financial resources” it is important to abandon thinking in terms of existing groups but focus on what kind of structures are needed to be set up in order to implement the NDPHS Strategy objectives.

The goals set up in the new NDPHS Strategy constitute an ambitious agenda and maybe not all of them need to be achieved in the same time. Therefore the role of this group would be to assess what can be done, what sort of existing activities might not be relevant to the Partnership anymore and what can be looked at in a different way.

The Chairman pointed out that while it is important to consider open-mindedly all possible ways how to best implement the NDPHS Strategy, the members of the existing expert groups should not feel themselves threatened, as their expertise will certainly be needed for the attainment of the strategy objectives.

3.2 A brief introduction of other key documents (report of the NDPHS Strategy Working Group, EU Strategy for the Baltic Sea Region)

The Secretariat recalled that the NDPHS had agreed to assume the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region and referred to document EGTOR 1/3.2/Info 3 *EU BSR Strategy guidance for coordinators*. He pointed out to the fact that the EU BSR Strategy had been consulted with the BSR actors, among them with the NDPHS, in the consultation phase and reflects views proposed by the Partnership. By taking over the role of the Lead Partner the NDPHS commits itself to certain responsibilities, such as identifying partners and cooperating with other actors in the region, project facilitation as well as monitoring of progress and reporting. However, according to the Secretariat's view, engagement in the EU BSR Strategy will not add much of an extra work since these actions are at the core of the NDPHS work regardless of the EU Strategy.

A question was raised what was the difference between a Lead Partner and a Coordinator and which role was envisaged for the NDPHS. It was discussed that it is rather a matter of semantics and when it comes to the concrete job that needs to be done, the Partnership will follow upon the agreed actions.

Discussion was also held on the subject of who, within the Partnership, would be responsible for implementing these actions; whether it was the CSR, the Expert Groups or another body. It was concluded that the entire Partnership, including all its structures, had taken the responsibility.

Further on, the discussion focused on the Partnership's responsibilities vis-à-vis the EU BSR Strategy. The proposed kick-off meeting, which was included in the NDPHS Work Plan for 2010 proposed for adoption during the PAC 6, was said to be a good chance to increase Partnership's visibility and bring together those, who can and want to contribute to the efforts aimed to solve the health problems in the region. Additionally, the Partnership has enough time to announce its Lead Partner role and invite interested parties for the discussion.

A point was raised that Expert Groups struggle now with a lack of participation of their experts in the meetings and, therefore, this issue should be addressed prior to the widening of the expertise involved. The response was given that some countries do not send their representatives either because of financial problems or because they do not find the work of particular group of priority interest to them. However, the other voice in the discussion was that the participation is the key to identifying relevant problems that need to be addressed.

The Chairman expressed his view that the participation in the EU BSR Strategy will be beneficial for the Partnership even though it brings up concerns on how to do it. It is also beneficial to hear voices of the Expert Groups on this topic.

The Secretariat stressed the need to look at the NDPHS involvement in the EU BSR Strategy as a part of implementing the new NDPHS Strategy.

4. Drafting new Terms of Reference for the Expert Groups; general exchange of views

The Chairman enquired if there were any comments on general structure of the new ToR or any other comments on how the work should be carried out.

There was a proposal to carry out a mapping exercise; to look at the goals and operational targets set up in the new NDPHS Strategy and to identify how they can be accomplished using the existing structure and what needs to be added, as well as what kind of activities should be abandoned. In this way, it could be visible what sort of new structure, if any, should be established. Later on, the issues of leadership and financial resources can also be discussed.

The Chairman suggested discussing generic part of the ToRs; common to all the Expert Groups. Detailed discussions about the particular groups' ToRs can take place within these groups. He further proposed that the Expert Groups could draft their proposed inputs for their own ToRs for the next EGTOR Meeting.

The Secretariat proposed to formulate a ToR template that the Expert Groups would be invited to follow while drafting their inputs to the new ToRs. He added that this could be jointly developed by the Secretariat and the Chair. Additionally, he proposed that the EG Chairs and ITAs would be in contact with their Expert Groups' members when drafting their inputs and would also invite their members to provide their views and suggestions and thus ensure the shared ownership.

The HIV/AIDS EG Chair commented on the Goal 2 in the new NDPHS Strategy, namely *Containing the spread of HIV/AIDS and tuberculosis*. He stated that while Operational targets 2.1 and 2.2 are achievable, operational target 2.3 seems to be too ambitious taking into consideration the resources at the Group's disposal. When it comes to the Goal 3 *Social and health care for HIV infected individuals in the ND is integrated*, he expressed opinion that the Group has been already implementing in every project a balanced approach towards health and social well-being. He also asked the Prison Health Expert Group for their comments regarding prevention of HIV/AIDS in the prison settings.

The ITA of the PH EG responded by saying that they sought collaboration with the HIV/AIDS EG and they also had a TB specialist within their group, who could help to facilitate TB related activities. When it comes to the policies proposed by the PH EG, they are in line with policies of major organizations, such as WHO and UNODC. Finally, he remarked that countries are free to express their views on what kind of activities/thematic areas they want the Expert Groups to work on, and that is regularly done via EG members. He also mentioned a project proposal on TB and HIV co-infection, which had been developed by several NDPHS partner countries, which unfortunately was unknown for the partnership. This proposal was submitted for the EU funding, but did not receive approval due to the lack of Lithuania's involvement and missing activities in the prisons. He suggested that PH and HIV/AIDS EGs would take a closer look at this proposal and contact relevant institutions, in order to discuss possibilities of cooperation, while developing the new version of proposal

5. Brainstorming in smaller groups

The brainstorming session took place in three parallel groups.

6. Results of the brainstorming

Regarding the generic part of the future ToR, it was discussed what elements are common to the ToR for all Expert Groups. Sweden emphasized that future ToR should reflect the goals and operational targets agreed in the new NDPHS Strategy, as well as it should reflect the Partnership's involvement in the EU BSR Strategy, with the exception of the goal mentioning indigenous people. It was also said that a clear reference should be made to the Oslo Declaration, especially section number 4, *Priorities and Strategies of the Partnership*. Further on, it was noted that sections regarding *Lead Partner* and *Composition of the Expert Group* are common to all Groups. There was a proposal to add a text about the Co-Lead Partner as well as the role and responsibilities of Lead and Co-Lead Partners. Also, an item regarding *General Representation and Membership* was recommended to be added. As far as the ITAs' responsibilities are concerned, it should be mentioned in the ToR that the involvement of external actors should be sought, as should be the groups' obligation to report to the CSR.

Russia proposed to include in the generic part of the ToR information about the joint common mechanism for formalization of planning and each Expert Group should be encouraged to use this tool in their activities. This mechanism might be useful in preparation of future projects as the example of "ImPrim" has shown. Secondly, there should be established common requirements for nominating members of the Expert Groups. Further, each Expert Group should prepare description of the recent situation in each member country. This would allow sharing experience with other members as well as assessing state of the art in the given field. Also the issue of the Expert Groups' names was addressed; it was suggested that, for example, the PHC Expert Group could be renamed into Primary Health Care and Health Systems Expert Group.

Further, it was stated that a balanced approach should be found in making sure that the operational targets and indicators match with the new ToRs. However, the ToRs should not be too detailed, and specific description can be placed in action plans or annual work plans.

A remark was also made that neither the CSR nor the EG Chairs and ITAs had time to discuss the 'substance' of new ToRs. The ToRs should be kept as simple as possible and the background information could be given e.g. in thematic reports. There could be a section for each specific network. The ToRs should contain information that can not be read from the operational targets now – what priorities should be taken by the group. Based on this, achievable mid-term goals for each group should be put down. When it comes to flagship project, there is consensus that each group should have at least one flagship project. Also, it was proposed, it should be mentioned in the ToRs that each Expert Group has the freedom of establishing its own working methods, e.g. what language it uses. Regarding monitoring and reporting, there are concerns that this can be more difficult than it is now in the light of NDPHS involvement in the EU BSR Strategy, however, this issue is still unknown.

The Chairman expressed his view, that ToR should be kept simple and coherent, as well as that there should be prioritization in the goals and operational targets, as the NDPHS Strategy does not make any distinction as to the priorities. Regarding working principles, it is self explanatory that Expert Groups should have flexible working methods and decide what their work format is.

The Meeting **agreed** that the EGTOR Chairman and the Secretariat would draft a template for the future ToRs.

The question was raised how much, in the process of drafting the ToRs, the new NDPHS Strategy can be mastered. Another issue raised regarded responsibilities of the Expert Groups' Members in between the groups' meetings.

Russia expressed opinion that the PHC EG should focus on more broad topics, and indeed already is, than just Primary Health Care.

During the subsequent discussion about Flagship Projects, a question was raised what it means, in the Expert Group setting, to implement projects. Expert Groups, in legal understanding, cannot be implementing bodies. It was added that there were different types of projects too. The SIHLWA EG Chair mentioned that in some cases members of the Group are not directly implementing projects but are part of the Steering Committee. There is also a category of 'associated projects', meaning that their EG is not directly involved but nevertheless has an input to a project.

Concerning labelling of projects, it was discussed what kind of projects should have the NDPHS label and how it could be obtained. The NDPHS Secretariat replied that labelling scheme needed to be developed and approved by the CSR first. A proposal will be developed in due time before the next CSR Meeting in 2010.

Importance of the NDPHS Project Pipeline was acknowledged by the PHC Chair, who mentioned two projects, which received money through the Pipeline scheme, and expressed his view that more institutions should be encouraged to make their financial resources available via Pipeline.

Russia said that it would be a good idea to compile work of different Expert Groups; if there would be a simulation done, pointing out changes in life expectancy due to the low primary health care, HI/AIDS, inadequate prison health care and social inclusion, improper lifestyles and work disabilities, this could be presented to the national governments and serve as a point of departure for strategic thinking on what should be done. In this way, Expert Groups could find out in which direction to go.

7. Summary of the discussion

The Chairman summed up the discussion by stating that there were many items that needed to be taken into consideration while drafting new ToRs. The new Terms of Reference should be concise and time-limited. As agreed, he, together with the Secretariat, will prepare a template for the ToR and distribute it among the meeting participants for further comments, which can subsequently be sent within the following seven days. Possible comments and amendments should be sent by email to all participants in order to avoid double work and ensure transparency. After completion of this process, the template will be sent to the Expert Groups for their further input.

8. Next meeting

The Meeting **agreed** that the EGTOR 2 Meeting would be held on 19 January 2010 starting at 10:00 hours, in Helsinki, Finland, at the invitation of and hosted by the Finnish Ministry of Social Affairs and Health.

9. Any other business

The Chairman drew the Meeting's attention to the issue of the Expert Groups' assignments up to the adoption of new ToRs.

The Secretariat recalled that it was proposed in the NDPHS Work Plan for 2010 submitted for adoption during the PAC 6 that the existing EGs would continue working along the previously agreed action lines until the new/restructured EGs were in place. He also suggested that the EGs also include into their forthcoming meetings' agendas items aiming at ensuring smoothly moving towards the implementation of the new NDPHS Strategy.

The Chairman enquired the Expert Groups about planned meetings in the spring of 2010.

The Primary Health Care Expert Group responded that they would hold a meeting on 25-26 March in Helsinki. The HIV/AIDS Expert Group plans to have a meeting at the end of March or beginning of April. The SIHLWA Expert Group's meeting is scheduled to take place in 2nd, 3rd or 4th week of March in Copenhagen; however the dates are not yet confirmed by the WHO. The CSR 17 Meeting is planned to take place at the end of March or the beginning of April 2010.

10. Closing of the meeting

The Meeting closed at 15:00 hours.

Reference	Annex 1
Title	List of documents submitted to the meeting
Summary / Note	This list includes all documents submitted to the meeting

Main documents

Code	Title	Submitted by	Date
• EGTOR 1/2/1	Provisional agenda with timetable	Finland	20/11/09
• EGTOR 1/3.1/Info 1	Terms of Reference for the NDPHS <i>ad hoc</i> Working Group on Expert Groups' Terms of Reference (EGTOR)	Secretariat	20/11/09
• EGTOR 1/3.2/Info 1	"Actions proposed as the follow-up of the NDPHS evaluation of 2008" – an <i>ad hoc</i> Strategy Working Group report as revised and approved by the NDPHS CSR	Secretariat	20/11/09
• EGTOR 1/3.2/Info 2	Action Plan – Commission Staff Working Document accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions concerning the European Union Strategy for the Baltic Sea Region	Secretariat	20/11/09
• EGTOR 1/3.2/Info 3	EU Strategy for the Baltic Sea Region – Guidance to the priority area coordinators	Secretariat	20/11/09
• EGTOR 1/4/Info 1	Terms of Reference for the NDPHS Expert Group on HIV/AIDS	Secretariat	20/11/09
• EGTOR 1/4/Info 2	Terms of Reference for the NDPHS Expert Group on Primary Health Care (PHC)	Secretariat	20/11/09

- EGTOR 1/4/Info 3 Terms of Reference for the NDPHS Expert Group on Prison Health (PH) Secretariat 20/11/09
- EGTOR 1/4/Info 4 Terms of Reference for the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability (SIHLWA) Secretariat 20/11/09
- EGTOR 1/4/Info 5 Preliminary remarks on the new Terms of Reference HIV/AIDS Expert Group Chairman 20/11/09

Auxiliary documents

Code	Title	Submitted by	Date
• EGOTR 1/Info 1	Preliminary timetable	Secretariat	20/11/09
• EGTOR 1/Info 2	List of documents	Secretariat	20/11/09
• EGTOR 1/Info 3	Preliminary list of participants	Secretariat	20/11/09

Reference	Annex 2
Title	List of participants
Summary / Note	This list includes all persons who attended the meeting

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