

**NDPHS Working Group on Expert Groups' Terms of Reference
Second Meeting
Helsinki, Finland
19 January 2010**



Title	EGTOR 2 Meeting minutes
Submitted by	Secretariat
Summary / Note	This document recalls the main discussion points and decisions made during the 2 nd 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 2/2/1).

3. Discussion on the draft template for the EG Terms of Reference

The Chairman introduced the draft template of the Terms of Reference for the NDPHS Expert Group on HIV/AIDS and TB (submitted as document EGTOR 2/3/1).

The Meeting **discussed** the document section by section.

Section I. Background and Rationale and Section II. Objectives

The Chairman noted that the Expert Groups would need to add the information pertaining to their respective areas of expertise.

Section III. Scope of Responsibilities

The Chairman noted that this part of ToR varies considerably for each EG therefore there is no need to go into details at the EGTOR meeting. He stressed that each EG should reflect in their ToR the respective Partnership's responsibilities as the Lead Partner for the health priority sub-area of the EU Strategy for the Baltic Sea Region Action Plan.

PHC EG Chair suggested adding a stipulation to all ToRs that a given group has also a responsibility towards the Goal 1 and other relevant goals.

PH EG ITA noted that the statement "any other actions" mentioned in the ToR regarding Partnership's contribution to the EU BSR Strategy is undefined/nonspecific and can lead to misunderstandings during the future work of the EGs. He asked to consider revision/rewriting of

that sentence, and to put in the minutes of the meeting that he did not support the current version of discussed statement.

The Secretariat explained that these actions are, for example, identification of relevant actors in the Baltic Sea Region (in health sector), organisation of a kick-off meeting, etc.

SIHLWA EG Chair disseminated a hard copy of the draft ToR of the SIHLWA Group and, with reference to it, proposed adding to the sentence “The official language of the Expert Group is English” the following sentence: “where possible, efforts should be made to provide English/Russian interpretation and translation.

Discussion of section IV. Outputs and Results

PHC EG Chair suggested changing last sentence in point IV of ToR’s draft template into “A final report shall be made available in due time before the PAC in 2013.” Additionally, he suggested specifying that this report should reflect activities of the EGs towards achieving the agreed goals.

HIV/AIDS EG ITA added that new NDPHS Strategy’s objectives should be taken into consideration.

Section V. Timeframe

PHC EG Chair proposed inclusion of goal 4: Resistance to antibiotics is mitigated in the ND area into the ToR template.

Section VI. Lead Partner and co-Lead Partner

The Chairman asked the Meeting if anyone had comments about deleting sentence “The Expert Group will be led by XXXX and co-led by XXXX” from point VI.

The Secretariat responded that it was necessary to keep this text because the new NDPHS Strategy specifies that a Lead Partner needs to be known before a given EG is formally set up.

Norway expressed an opinion that a Lead Partner would surely be interested in having an influence over the decision who will be EG Chair and, therefore, it might be beneficial to add to item VI a sentence that a Lead Partner is entitled to nominate a candidate for a chairperson position.

The Secretariat expressed its view that a group lead partner (country or organization) and a group chairmanship should be seen as two different issues, even though they could come from the same country/organization. A process of selecting a chair, a co-chair and an ITA needed to be inclusive, i.e. open to all members even though it is probably safe to say that nobody would challenge the lead partner’s interest and willingness to propose the chair.

HIV/AIDS EG ITA shared the view that one could imagine that a chair could be from another country than a lead partner.

The Chairman proposed to add to the text that the Lead Partner has a privilege of proposing a Chair, and the Expert Group subsequently elects the Chair.

Norway posed a question why the following sentence is in ToR: “In the case that the Lead Partner or the co-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.”

The Secretariat replied that it was meant to ensure continuity in EGs' work.

Section VII. Composition of the Expert Group

VII 2. International Technical Advisor

The Chairman asked whether the Meeting agrees with deletion of sentence "In appointing the Chair, Vice Chair and ITA, it is advisable that they represent different countries from the Northern Dimension area."

The Meeting **agreed** to this proposal.

VII 3. General Representation and Participation

Further, the SIHLWA EG Coordinating Chair presented a draft text regarding criteria for nomination of EG members, which was proposed for including in the above draft template after the necessary modifications.

The Meeting **discussed** the document section by section.

Point 1: Introduction

Point 2: Characteristics of experts. The Meeting **agreed** that the experts - members of a group - are to be representatives of the Partners.

Point 4: PHC EG Chair suggested changing the first sentence into "In order to facilitate continuity it should be considered by member countries to nominate alternate representatives."

Point 5: PH EG ITA suggested to move this item into point 2, as it describes the criteria for selection of experts for the work in EGs.

Point 5: The Meeting **agreed** to the two proposals.

Finland posed a question who would be assessing if there are proper representatives in the Expert Group (e.g. from the social sector).

The Secretariat replied that, in its view, it should be EG Chair's responsibility to take an effort to help ensure the balance in the group.

Point 6: The Meeting **agreed** to delete this point.

HIV/AIDS EG ITA remarked that the Russian member of HIV/AIDS EG emphasized that a better cooperation between members of the EGs and members of the CSR would be desirable.

The Secretariat mentioned that in case of Russia, taking into consideration the fact that this is a vast country, it would be recommendable to have representatives both from the central government and the regions involved in EGs' activities.

SIHLWA EG Coordinating Chair stressed the importance of collaboration on a country level between different actors engaged in the NDPHS activities.

Russia emphasized that representatives in the EGs should be professional experts and not civil servants.

Norway added that experts should keep their CSR representatives up to date on the group's work.

Point 7: the Meeting **agreed** to stress the importance of EG members' working in-between the Expert Groups' meetings.

Point 8: the Meeting **agreed** to delete point 8.

The Secretariat recalled that, when it comes to the duration of EGs members' mandate, the new NDPHS Strategy stipulates: "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."

Point 9: The Chairman pointed out that point 9, however important, is not relevant.

The Meeting **agreed** to delete this point.

Point 10: The Meeting **agreed** to rephrase this point and to emphasize that nominating country/organization will see to covering travel and other expenses related to the participation of its experts in Expert Group meetings.

The SIHLWA EG Coordinating Chair elaborated on SIHLWA draft ToR, touching upon topics such as composition of the sub-groups, WHO and cooperation on alcohol and tobacco issues, indigenous people sub-group.

The Secretariat recalled that the new NDPHS Strategy envisaged two types of expert groups, i.e. permanent groups and *ad hoc* groups focused on certain topics: "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"

HIV/AIDS EG ITA informed that group members opposed the suggestion to rename the group as "NDPHS Expert Group on HIV/AIDS and TB", because it would give the impression that the group covers the whole vast area of tuberculosis, too. There is a common problem of co-infection of HIV and TB which is a very serious question, but it is only a small cross-cutting point. If the group would see it necessary to change the name somehow, the ECDC, which is active within the HIV/AIDS EG, proposed to rephrase name of the group into "Expert Group on HIV/AIDS and associated infectious diseases". The reason for this is that HIV and AIDS are, in addition to TB, connected with sexually transmitted infections and hepatitis. This idea has not been discussed in the group.

The Chairman proposed a discussion about goal 4. **Resistance to antibiotics is mitigated in the ND area.**

PHC EG Chair reminded that this issue had been one of the goals of the Swedish EU Presidency in 2009 and is of vivid interest to Sweden. To that end, he disseminated and introduced an unofficial paper presenting Sweden's views regarding the role of the PHC EG as a coordinating body for this goal.

HIV/AIDS EG ITA pointed out that many members of HIV/AIDS EG had objected to having this activity run within the framework of their group as it was a huge task beyond capabilities of this group.

PHC EG Chair replied that the big scope of this issue is exactly the reason why it should be addressed. Also, nobody had proposed that it should be the HIV/AIDS EG that would take care of running this goal on its own.

While mentioning that this topic was a new topic for the Partnership, the Secretariat enquired how exactly the involvement of other EGs was going to look like.

PHC EG Chair stated that this was uncertain at this stage and needs to be elaborated further. He informed that the SIDA Baltic Sea Unit is willing to engage in the cooperation and designate organizational help (manpower) for a coordinator in Sweden. However, the details needed to be discussed further.

Russia informed that this initiative can be of benefit to the Partnership, and Russia was willing to engage in the project activities.

PHC EG Chair added that sources of funding for projects would most likely not come from SIDA but, for example, from the EU Public Health Programme, and said that Russian involvement would be very welcome.

The Chairman noted that the coordinating role of the PHC EG in the antibiotic resistance mitigation should be, accordingly, reflected in the ToR for this group.

SIHLWA EG Coordinating Chair expressed his concern that, if there were no clear rules on how groups/task forces should function, it might be difficult to have a coherent structure.

Discussion of section XI. Relationship with other Expert Groups

The Meeting agreed to amend a sentence “Expert Group shall seek, when appropriate, to establish and maintain working relations with other relevant groups in the Northern Dimension area” and add “in particular” before the words “in the Northern Dimension area.”

Section XII. Amendments to the Terms of Reference

The Meeting **agreed** to delete words “through consensus” as the issue was already mentioned in point X.

4. Summary of the discussions and next steps to be taken

The Chairman summarized the discussions by stating that the Chair of EGTOR and the Secretariat will draft a new version of ToR including criteria for Experts’ nomination and will send it to EGTOR members within one week for further comments.

The Expert Groups are asked to subsequently prepare their specific parts of ToRs and disseminate the documents to EGTOR members and next prepare the first draft ToRs for submission to the next EGTOR Meeting.

The Chair and Co-Chair Countries are asked to approach officially Canada and the NCM, which are interested in working on the issue of indigenous people, and ask them to take the lead in this area.

The Chair and Co-Chair Countries and the Secretariat are advised to contact WHO-EURO and hold a meeting in Copenhagen with its leadership in order to discuss issues of tobacco and further structure of cooperation within the new group that will deal with tobacco issues.

5. Adoption of the EGTOR 2 Meeting minutes

The Secretariat proposed that it would send out draft EGTOR 2 Meeting minutes to the participants on 26 January 2010 and that comments on the draft would be due, at the latest, on 2 February 2010. A revised report would then be distributed on 4 February 2010 to be adopted *per capsulam* provided that no further comments are submitted within one week.

The Meeting **agreed** to the above mentioned proposal.

6. Any other business

No issues were discussed under this agenda item.

7. Next meeting

Russia offered to host the next EGTOR Meeting and promised to contact the Secretariat and inform about the place and date of it.

Finland added that in case Russia would not be able to host EGTOR 3 Meeting, Finland was ready to host it.

The Meeting **thanked** both countries for their willingness.

8. Closing of the meeting

The Meeting closed at 15:55 hours.

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

Main documents

Code	Title	Submitted by	Date
• EGTOR 2/2/1	Provisional agenda with timetable	EGTOR Chair	15/01/10
• EGTOR 2/2/2	Provisional annotated agenda	Secretariat	15/01/10
• EGTOR 2/3/1	Terms of Reference for the NDPHS Expert Group on HIV/AIDS and TB – draft template	EGTOR Chair and the Secretariat	15/01/10
• EGTOR 2/3/Info 1	NDPHS Work Plan for 2010	Secretariat	15/01/10

Auxiliary documents

Code	Title	Submitted by	Date
• EGTOR 2/Info 1	Practical information for participants	Secretariat	17/12/09
• EGTOR 2/Info 2	Preliminary timetable	Secretariat	11/01/10
• EGTOR 2/Info 3	List of documents	Secretariat	15/01/10
• EGTOR 2/Info 4	Preliminary list of participants	Secretariat	15/01/10

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

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