

**NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR)  
Third Meeting  
Moscow, Russia  
25 February 2010**



*Northern Dimension*  
Partnership in Public Health  
and Social Well-being  
[www.ndphs.org](http://www.ndphs.org)

<b>Reference</b>	EGTOR 3/3/4
<b>Title</b>	Draft Terms of Reference for the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability
<b>Submitted by</b>	SIHLWA Expert Group
<b>Summary / Note</b>	
<b>Requested action</b>	For discussion and comments



# NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability

(“SIHLWA”)

or

→ PRIORITY PUBLIC HEALTH ACTION ON LIFESTYLES IN NDP AREA  
(“PPHAL”).

## TERMS OF REFERENCE

As adopted by [CSR 17 in XXXXXXXX, Russia]  
On [XX April 2010]

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### I. Background and Rationale

Within the Northern Dimension area, there are extreme disparities in health conditions and many other challenges facing the region, including social and economic problems. Thus the priority objectives of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) are prevention of lifestyle related non-communicable diseases and the reduction of major communicable diseases as well as the enhancement and promotion of healthy lifestyles.

In order to achieve these objectives, during its 6<sup>th</sup> annual conference held in Oslo, Norway on 25 November 2009, the Partnership adopted a new NDPHS Strategy. The Strategy places focus on policy and strategy development, as well as coordination and project facilitation. There are four thematic areas specified by the Strategy, for each of which a number of goals as well as corresponding mid-term operational targets (OTs) and indicators have been identified (cf. Annex 1). They all aim to make the Partnership more responsive to regional challenges and its work more focused on achieving specific, measurable and time-targeted objectives as well as on evaluating its progress. Also, the Strategy foresees that Partnership’s expert groups will focus on the implementation of concrete time-bound actions.

One of the thematic areas for the Partnership’s action is to reduce lifestyle-related non-communicable diseases and promote good social and work environments. The following five goals have been agreed for this area:

- the impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced (Goal 7).
- pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol (Goal 8).

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- tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area (Goal 9).
- the NDPHS Strategy on Health at Work is implemented in the ND area (Goal 10).
- public health and social well-being among indigenous peoples in the ND area is improved (Goal 11).

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 17<sup>th</sup> meeting in [XXXXXXXXXX, Russia] on [XX April 2010] to establish the NDPHS Expert Group (EG) on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA).

## II. Objectives

The main role of the Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the Expert Group has the overall objectives to: work towards the achievement of Goals 7-11 as specified in the NDPHS Strategy through the implementation of the Operational Targets 7.1, 7.2.8.1, 8.2, 9.1, 10.1 ja 11.1 of the Strategy.

## III. Scope of Responsibilities

According to the abovementioned Oslo Declaration, under the guidance of the CSR, the SIHLWA Expert Group has 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 SIHLWA Expert Groups to “facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within area of SIHLWA expertise.”

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

Consistent with these provisions, the EG on SIHLWA has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the fields of the three Sub-groups 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;
- Advocate and lobby for the improvement of public health and social well-being, provide and communicate “collective knowledge;”
- Improve the general awareness of and increase positive attitudes towards the Expert Group’s field of work;

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- Promote public health-oriented service systems and health sector reforms with attention to populations at risk and to take into account response capacity in rural and remote locations;
- 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 government and national partners in planning, implementing and monitoring programmes in SIHLWA's field of expertise. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).
- Take any other actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner in the health priority sub-area of the EU Strategy for the Baltic Sea Region.

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 <#>Map and identify Member Countries' needs for technical and financial support to scale-up national HIV/AIDS programmes, and 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 HIV/AIDS treatment, care and prevention. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;¶  
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The official language of the SIHLWA Expert Group is English. However, where possible, efforts should be made to provide English/Russian interpretation and translation.

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#### IV. Outputs and Results

The general scope of outputs and results from the work of the Expert Group shall be 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;
- Progress reports and the final report (cf. section X.).

In the previous SIHLWA-TOR (approved in 2007), SIHLWA EG was operational through its 3 (consequently 4 in 2009) subgroups :

Sub-group on alcohol (ALC)

Sub-group on adolescent health and socially-rewarding lifestyles (ADO)

Sub-group on occupational safety and health (OSH)

Sub-group on Indigenous Mental Health, Addictions & Parenting (IMHAP)

As a new type of structure to meet the demanding challenges this structure of subgroups will be changed and simplified in a way that SIHLWA becomes an umbrella EG to oversee and facilitate collaboration with Task Groups with more specific and time limited action plans.

Note: we may also want to change the SIHLWA-title into -> "PRIORITY PUBLIC HEALTH ACTION ON LIFESTYLES IN NDP AREA" ("PPHAL").

Structural suggestion:

#1 & #2 Previous ADO and ALC sub-groups will be amalgamated and form 2 TASK GROUPS:

- 1) for implementing Goal-7: fast-track Flagship project on Alcohol and Drug Prevention among Youth in NDPHS area
- 2) for implementing 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

#3 A new TOBACCO CONTROL TASK-GROUP is established for implementing Goal-9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.

#4 for implementing Goal-10 Occupational Safety and Health (OSH) sub-group becomes a TASK GROUP to implement ensure that the NDPHS Strategy on Health at Work is implemented in the ND area.

#5 for implementing Goal-11 Indigenous Mental Health, Addictions & Parenting (IMHAP) subgroup becomes TASK GROUP to ensure that public health and social well-being among indigenous peoples in the ND area is improved

SIHLWA-9 (Copenhagen/WHO-EURO) aims to formulate the new TASK-GROUP TORs

V. Timeframe

The mandate of the Expert Group is valid until the end of 2013. The Expert Group will implement the activities in accordance with the timeline specified for each respective Operational Target included under Goals 1, 2 and 3 as well as other relevant cross-cutting thematic goals.

VI. Lead Partner and co-Lead Partner

The Expert Group will be led by XXXXXXXX and co-led by XXXXXXXX. The role of the Lead Partner and co-Lead Partner is to initiate and jointly lead the Expert Group's activities.

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.

VII. Composition of the Expert Group

1. Chair and Vice Chair

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The Expert Group shall elect its Chair and Vice Chair from the individuals nominated (the Lead Partner has a privilege of proposing the Chair of the Expert Group). 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 Expert Group 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 Expert Group representatives;
- Ensuring that the Expert Group reaches clear conclusions on the matters it discusses;
- Ensuring that the views of the Expert Group are passed on to the CSR, PAC and the Secretariat;
- Communicating the Expert Group's views to the media, health care professionals and the public, as requested;
- Briefing new representatives upon their appointment, as appropriate.

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In the event that the Chair can no longer perform his/her duties, the Vice Chair shall serve as Interim Chair pending the election of a new Chair. In the event that both the Chair and Vice-Chair no longer hold their positions, the Expert Group's International Technical Advisor shall serve as Interim Chair pending the election of a new Chair and Vice Chair.

## 2. International Technical Advisor

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

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 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 Expert Group Chair and in contact with the Secretariat, provisional meeting agendas, meeting documents, and preparing the minutes from the Expert Group meetings as well as periodic progress reports;
- Keeping the representatives of the Expert Group informed on a regular basis about the progress of activities;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Developing partnerships with other individuals and organisations to ensure wide participation in issues that the Partnership addresses, as well as promoting and encouraging the involvement of external actors in the work towards the respective Goals included in the NDPHS Strategy.

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### 3. General Representation and Participation

General representation within the Expert Group shall consist of high-level experts in the field, including from the administrative sector, from the research community as well as from relevant NGOs. These high-level experts shall be appointed to the Expert Group by the interested Partner Countries and Partner Organisations.

The Expert Group will include one representative from each interested Partner Country and Organisation. In order to facilitate continuity and active participation, the Partner Countries and Organisations should consider nominating 1-2 alternates for each representative in the Expert Group who will step in for the main representative when necessary. The main representative and his/her alternate(s) should work as one team and keep each other informed of all activities and meetings of the Expert Group.

In appointing representatives to the Group, the Partner Countries and Organisations will be guided by the following requirements for nomination of experts:

- High level expertise in health/social well-being/social inclusion issues and activities in the field covered by the Expert Group;
- Experience in networking and reaching out to individuals and groups of scientists familiar with the regional aspects;
- Experience in project facilitation and assessment;
- Ability to actively take part in and contribute to the Expert Group work towards the set Goals and Operational Targets (both during meetings and in-between them);
- Participation in relevant governmental or non-governmental scientific and technical committees at national, regional and international levels would be an additional asset.

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Over and above the required competence, the Expert Group members are expected to be active and contribute to the work of the Expert Group in different ways, for example, bring their experience to the Expert Group and act as a link between the Expert Group and their own national authorities and organisations.

Before nominating its representative(s) to the Expert Group, the nominating Partner Country or Partner Organisation will ensure that the nominated expert will have covered his/her travel and other expenses related to the participation in the Expert Group meetings.

If a Partner Country or Partner Organisation changes their appointed representative, it should inform the Expert Group 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 external actors, i.e. other "eligible participants" and "interested parties" as defined in the Oslo Declaration, to be involved in the work of the Expert Group.

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### VIII. Meetings

The Expert Group shall hold two to three 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 respective field to the Expert Group'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.

### IX. Coordination, Supervision and Financial Aspects

The CSR is responsible for supervising the work of the Expert 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.

As the Partnership cannot bear the travel and other costs related to Expert Group representatives' participation in Expert Group meetings, all expenses incurred by the representatives to attend Expert Group meetings will be covered by their respective countries or organisations. Costs for holding meetings will be borne by the host country unless otherwise agreed.

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 Expert 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.

### X. Decision Making and Reporting

The 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, as necessary.

The Expert Group, supported by the Chair and the ITA, will prepare an annual Progress Report in accordance with the reporting rules adopted by the CSR as well as a draft Activity Plan for the following year, both to be submitted to the autumn CSR or PAC event.

A final report shall be made available in due time before the PAC in 2013. This report should reflect activities having been undertaken by the Expert Group towards achieving the respective Goals and their Operational Targets.

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

Decisions within the Expert Group shall be reached by consensus.

Only appointed representatives to the 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 these Terms of Reference, the Expert Group can elaborate more precise strategies and action plans, which highlight the methods by which the NDPHS Goals and Operational Targets 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.

## **XI. Relationship with other NDPHS Groups**

The Expert Group shall seek, when appropriate, to establish and maintain collaborative relationships with other NDPHS Groups on cross-cutting Operational Targets and other issues included in the NDPHS Strategy.

Additionally, the Task Group shall seek, when appropriate, to establish and maintain working relations with other relevant groups in particular in the Northern Dimension area in a manner that promotes synergies and avoids the duplication of efforts. To this end, and when appropriate, the Task Group may represent the Partnership in different fora to promote its own objectives and develop support and commitment from potential external actors.

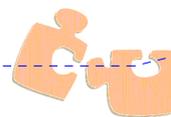
## **XII. Amendments to the Terms of Reference**

These Terms of Reference can be amended, when deemed necessary. Proposed amendments shall be co-ordinated with the NDPHS Secretariat and approved in the Group before being submitted to the CSR for possible adoption.

## **ANNEXES of new SIHLW EG-TOR draft-2 (mvi)**

### **1. NDPHS goals, operational targets and indicators**

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## NDPHS goals, operational targets and indicators

Adopted during the Sixth Partnership Annual Conference (PAC)  
25 November 2009, Oslo, Norway

## Introduction

This document specifies the NDPHS goals and, linked to them, the operational targets and indicators adopted during the 6<sup>th</sup> Partnership Annual Conference (PAC) on 25 November 2009. They are meant to be an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas.

**When justified and necessary, within the limits consistent with the EU Strategy for the Baltic Sea Region, the operational targets can be modified by the CSR based on the outcome of the *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference.**

The Partnership's mission is to promote sustainable development of the Northern Dimension area by improving peoples' health and social well-being. The adopted 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 **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** is included, meant to serve as a tool for monitoring the accomplishment of that target by the Partnership and the overall progress towards the respective goal.

### 1. 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

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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. Goals, operational targets and indicators for thematic areas

The NDPHS goals and operational targets for thematic areas are closely aligned with the EU Strategy for the Baltic Sea Region. This is so considering that **the NDPHS has agreed to take the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region adopted by the European Council on 29-30 October 2009.**

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.

**At least one strategic project will be implemented for each thematic area** by the NDPHS or other actors in the area.

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- **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.

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**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

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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.**

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**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).

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PRIORITIES AND STRATEGIES OF THE PARTNERSHIP”).IT IS ENVISAGED THAT THE WELL-FUNCTIONING AND PROVEN STRUCTURE OF SUBGROUPS IN PRINCIPLE NEEDS TO BE MAINTAINED IN SIHLWA, BUT THE NEW STRATEGY MAY CALLFOR NEW GROUPING (e.g. ADO and ALC could amalgamate, OSH and IMHAP would remain, and a new TOBACCO sub-group (or “section”) would need to be established. ALL THIS FOR CONSIDERATION AND NEW INNOVATION.

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Promote the principles and objectives of the Partnership in the field of HIV/AIDS 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;  
Establish connections and co-operation with other NDPHS Expert Groups;  
Facilitate the project proposal processes such as by expediting relevant technical reviews, negotiating specific terms and conditions, and establishing assessment mechanisms, with an emphasis on performance and verifiable results. In this respect, the Expert Group can identify needs and develop initiatives for new projects, identify actors and new partners;  
In selected cases, act as a technical referee for new project proposals, project identification, planning, implementation and monitoring. This includes making recommendations on project proposals and implementation, as well as assisting in planning, as requested;

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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 HIV/AIDS programmes, and 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 HIV/AIDS treatment, care and prevention. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;  
Monitor and evaluate the results of projects and activities implemented under the Partnership;  
Provide the Partnership website/database with information concerning the Expert Group’s work;  
Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information and support, when appropriate;  
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;

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Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).

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The general scope of outputs and results from the work of the SIHLWA Expert Group shall be as follows:

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A REVISED TEXT NEEDS TO BE PROPOSED BY THE HIV/AIDS EG

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A REVISED TEXT WILL BE FURTHER ELABORATED BY SIHLWA EG AND EXISTING INDIGENOUS' SUB-GROUPS: ADO, ALC, OSH and ("IMHAP" "Indigenous Mental Health, Addictions & Parenting").

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Conduct ongoing reviews of projects/programmes and activities in Partnership Countries;

Assist project groups in co-ordinating with relevant stakeholders, promote networking, co-ordinate work with other NDPHS Expert Groups, and seek collaborative relations with other groups and authorities, as relevant and feasible;

In selected cases, act as a technical referee for new project proposals, project identification, planning, implementation and monitoring. This includes making recommendations on project proposals and implementation, as well as assisting in planning, as requested, including in the development of terms of reference for such reviews;

Monitor and evaluate the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results;

Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;

Advise and assist project groups in contacting financing organisations and formulate criteria for future support of projects;

Establish connections with other NDPHS Expert Groups and promote functioning cooperation with them as prerequisite for successful implementation of future tasks;

Facilitate external funding together with the SIHLWA Co-ordinator and the NDPHS Secretariat;

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;  
 Provide the Partnership website/database with information concerning the Expert Group's work;  
 When relevant, review the Expert Group's Terms of Reference and advise on any necessary amendments.

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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 reports to PAC events;

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The main tasks for the three

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Sub-groups shall be as follows:

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**TOBACCO CONTROL expertise. They will form a new SIHLWA sub-group with a working title "PRIORITY PUBLIC HEALTH ACTION ON LIFESTYLES IN NDP**

**AREA” (“PPHAL”). It would consist of alcohol-section, adolescent lifestyle section and tobacco-control section.**

*[TO BE THOUGHT AND ELABORATED FURTHER]*

*[Sub-group] PPHAL SECTION on alcohol* **ALC & ADO TO BE AMALGAMATED ?**

The [sub-group] SECTION will focus on Goals 7-8 as specified in the NDPHS Strategy through the implementation of the Operational Targets 7.1, 7.2, 8.1A, 8.1B and 8.2, of the Strategy. The outcome of action will be monitored through Indicator 7.1A, Indicator(s) 7.2A, Indicator 8.1, Indicator 8.1B, Indicator 9.1, Indicator 10.1, Indicator 10.1B, Indicator 11.1A as described by the Strategy.

Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol in general and harmful alcohol use in particular;

Explore ways to prevent the further weakening of alcohol policies leading into increased consumption;

Develop a strong focus on holistic and comprehensive approaches to alcohol issues in national alcohol policy strategies;

Support the implementation of the alcohol policy framework for the WHO European Region, including through appropriate monitoring and surveillance.

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.

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.

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.

*[Sub-group] PPHAL SECTION on adolescent health and socially-rewarding lifestyles*

The [sub-group] SECTION will focus from the adolescents' point of view on Goals 7-9 as specified in the NDPHS Strategy through the implementation of the Operational Targets 7.1, 7.2, 8.1A, 8.1B 8.2, 9.1, of the Strategy. The outcome of action will be monitored through Indicator 7.1A, Indicator(s) 7.2A, Indicator 8.1A, Indicator 8.1B, and Indicator 9.1, as described by the Strategy. Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being of adolescents through socially rewarding healthy lifestyles;

Focus work on tobacco, alcohol and drug free lifestyles, healthy nutrition and prevention of obesity, increase of physical activity, prevention of accidents and violence, promotion of mental health, etc;

Implement holistic and participatory ways of intervention as well as multidisciplinary approaches;

Support the implementation of the WHO European Strategy for Child and Adolescent Health and Development (2005) and WHO European Strategy for the prevention and control of non-communicable diseases (2006), including through appropriate monitoring and surveillance.

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.

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. ADO section will ensure strong emphasis on policies towards young people

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. ADO section will ensure strong emphasis on policies towards young people

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. ADO section will ensure strong emphasis on policies towards young people

Strengthening of the national tobacco control surveillance systems in view of making them internationally comparable. ADO section will ensure strong emphasis on policies towards young people

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. ADO section will ensure strong emphasis on policies towards young people

#### ***PPHAL SECTION on TOBACCO CONTROL***

The SECTION will focus on Goals 9 as specified in the NDPHS Strategy through the implementation of the Operational Target 9.1A, of the Strategy.

**The outcome of action will be monitored through Indicator 9.1, as described by the Strategy.**

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.

Strengthening of the national tobacco control surveillance systems in view of making them internationally comparable;

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.

***[TO BE THOUGHT AND ELABORATED FURTHER]***

***Sub-group on occupational safety and health (OSH)***

The sub-group will focus on Goals 10 as specified in the NDPHS Strategy through the implementation of the Operational Targets 10.1 of the Strategy.

The outcome of action will be monitored through Indicator 10.1A and Indicator 10.1B, as described by the Strategy.

Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being in workplaces and among individuals;

Provide a link with the Baltic Sea OSH Network (BSN), which is an expert information network;

Strengthen peer-to-peer networking and collaboration of expert institutions and respective bodies in OSH, between and within countries in the Baltic Sea region;

Collaborate with the International Labour Organisation Northwest Russia OSH project which provides direct contacts with labour and OSH authorities, and social partners, in North West Russia and at the federal level;

Use the Barents Newsletter on Occupational Health and Safety, published by the Finnish Institute of Occupational Health, as a means for communication.

By 2013, the Partner countries have implemented the agreed actions in the NDPHS Strategy on Health at Work.

A report on the implementation of the Declaration is in place.

Actions included in the Strategy are evaluated country by country..

#### *Sub-group on Indigenous Mental Health, Addictions & Parenting (IMHAP)*

To strive to improve mental health (including increased resiliency, self-esteem, hope), prevent addictions (including harm reduction- and abstinence-based approaches), and promote child development and family / community health (supporting indigenous family values, structures, restoring parenting skills) among Indigenous people, NDPHS countries shall:

The sub-group will focus on Goals 7-11 as specified in the NDPHS Strategy through the implementation of the Operational Target 11.1 of the Strategy.

The outcome of action will be monitored through Indicator 11.1A as described by the Strategy.

Focus policy and financial efforts on the social determinants on public health (with a particular attention on education as a key determinant of health)

Increase awareness and public education among non- Indigenous people of the history, culture, and strengths of Indigenous people

Promote culturally safe approaches, including in adapting health services, government structures and processes

Engaging Indigenous people in decision-making processes and increasing their control in designing and delivering services

Value Indigenous knowledge as an important element of evidence informed decision making, and facilitate its exchange

Provide services that meet Indigenous people where they are in a language that they understand

Explore the production of IMHAP papers:

Mapping traditional (indigenous) healing / health services in NDPHS countries

Scan of promising strategies of traditional/clinical approaches to healing, treatment, prevention, etc.

Fact sheet / diagnostic of mental health status (Sami, Inuit, First Nations, other) with a focus on adolescent/child mental health, alcohol and drug addiction, and family/parent services

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. A jointly-developed work plan addressing the above issues is in place. The final report shall be made available in due time before the PAC in 2013.

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I am not convinced that the EGTOR group can identify Lead and co-Lead Partners (I feel this question has to be dealt with by the CSR) but we can discuss this in the next meeting.

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**Timeframe**

The mandate of the **SIHLWA** Expert Group is valid until the end of 2013. The

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**SIHLWA** EG will implement the activities in accordance with the timeline specified for each respective Operational Target included under **Goals**

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7-11.

### Lead Partner and co-Lead Partner

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The Expert Group will be led by **XXXXXXXXXX** and co-led by **XXXXXXXXXX**

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The CSR decides upon the Lead Partner and co-Lead Partner for the **SIHLWA** Expert Group. The role of the Lead Partner and co-Lead Partner is to initiate and jointly lead the Expert Group's activities.

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.

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<b>Composition of the <b>SIHLWA</b> Expert Group</b>		

Due to the fact that the scope of SIHLWA EG is very broad (about 80% of total disease burden is accountable to non-communicable, lifestyle related diseases), even if the focus is presently narrowed down more than before to alcohol, tobacco, occupational safety and health and indigenous people's health, the efficient fulfillment of the task will require a special structure for the Expert Group. Without a holistic concept of social inclusion and well-being these problems cannot be effectively tackled. Therefore, as a strategic approach SIHLWA has decided to operate through thematic sub-groups.

The new NDPHS Strategy approved by PAC-6 in Oslo 25 November 2009 and the NDPH Work Plan 2010 provides an important challenge to scale up action against alcohol problem, and also as new explicitly set challenge on tobacco control and indigenous people's health and social wellbeing.. This implicitly indicates that the previous ADO-sub-group needs to focus its action more on alcohol and tobacco, but will need to carry onwards its holistic approach and social inclusion concept. Due to the new suggested challenges **previous ADO and ALC sub-groups will be amalgamated and further strengthened with TOBACCO CONTROL expertise. They will form a new SIHLWA sub-group with a working title "PRIORITY PUBLIC HEALTH ACTION ON LIFESTYLES IN NDP AREA" ("PPHAL"). It would consist of alcohol-section, adolescent lifestyles section and tobacco-control section.**

The new SIHLWA Expert Group will put effort to benefit from synergies, dialogue and collaboration between its three subgroups during its meetings and in-between them.

#### **Chairs and Vice Chairs of SIHLWA sub-groups and sections**

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clear conclusions on the matters it discusses;		

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Sub-Groups' views to the media, health care professionals and the public, as requested;

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riefing new representatives upon their appointment, as appropriate.

The three sections under PPHAL (ALC, ADO and TOB) need also select own Chairs and Vice-Chairs, whose responsibilities follow the same pattern as above.

### **SIHLWA International Coordinating Chair (ICC)**

Because of the many-layered structure of SIHLWA EG the Lead Partner shall appoint the EG's International Coordinating chair (ICC), subject to the approval of the Expert Group. The Coordinating Chair together with International Technical Advisor (ITA) is responsible for keeping the CSR and the NDPHS Secretariat informed of the EG's decisions.

The ICC is responsible for providing effective leadership to the SIHLWA EG as a whole concerning its overall scope of responsibilities spelled out above. In addition, the ICC is responsible for:

- Ensuring (together with sub-group and section Chairs and Vice-Chairs) 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 Sub-Group representatives;
- Ensuring (together with sub-group and section Chairs and Vice-Chairs) that the Sub-Groups reach clear conclusions on the matters it discusses;
- Communicating (together with sub-group and section Chairs and Vice-Chairs) the EG's views to the media, health care professionals and the public, as requested;
- Briefing (together with sub-group and section Chairs and Vice-Chairs) new representatives upon their appointment, as appropriate.

The ICC's main function is to provide uniformity, support and advice to projects through site visits and collaboration with relevant external bodies in the field. The ICC 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 (together with sub-group and section Chairs and Vice-Chairs and ITA) and in contact with the Secretariat, provisional meeting agendas, meeting documents, and after submission of sub-group and section Chairs and Vice-Chairs compiling and finalizing the minutes from the EG meetings as well as periodic progress reports;
- Keeping the representatives of the EG informed on a regular basis about the progress of activities;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Ensuring that the views of the EG are passed on to the CSR, PAC and the Secretariat;
- Developing partnerships with other individuals and organisations to ensure wide participation in issues that the Partnership is addressing, as well as

promoting and encouraging the involvement of external actors in the work towards the respective Goals included in the NDPHS Strategy.

### SIHLWA International Technical Advisor (ITA)

The Lead Partner shall appoint the EG's International Technical Advisor (ITA), subject to the approval of

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the Expert Group. The ITA of SIHLWA works under the supervision and guidance of SIHLWA International Coordinating Chair (ICC). Together they

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Sub-Group representatives;  
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Sub-Groups reach

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In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision

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Sub-Group (PPHAL, OSH and IMHAP) appoint their

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Chair from the individuals nominated to the group.		
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### The Sub-Group Chairs together with the Vice-Chairs

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are responsible for providing effective leadership to the sub-group concerning the Sub-Group's overall scope of responsibilities spelled out above. In addition, the Sub-Group Chairs and Vice-Chairs		
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Ensuring that the views of the EG are passed on to the CSR, PAC and the Secretariat;		

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are responsible for:		

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Sub-Group 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		
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are responsible for keeping the CSR, PAC and the NDPHS Secretariat informed of the EG's decisions;

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Under the supervision and guidance of SIHLWA ICC

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ITA's main function is to provide uniformity, support and advice to projects through site visits and collaboration with relevant external bodies in the 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 (together with sub-group and section Chairs and Vice-Chairs and ICC) and in contact with the Secretariat, provisional meeting agendas, meeting documents, and after submission of sub-group and section Chairs and Vice-Chairs compiling and finalizing the minutes from the EG meetings as well as periodic progress reports;

Together with ICC keeping the representatives of the EG informed on a regular basis about the progress of activities;

Together with ICC maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;

Together with ICC ensuring that the views of the EG are passed on to the CSR, PAC and the Secretariat;

Together with ICC developing partnerships with other individuals and organisations to ensure wide participation in issues that the Partnership is addressing, as well as promoting and encouraging the involvement of external actors in the work towards the respective Goals included in the NDPHS Strategy.

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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 as well as periodic progress reports;

Keeping the representatives of the EG informed on a regular basis about the progress of activities;

Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;

Developing partnerships with other individuals and organisations to ensure wide participation in issues that the Partnership is addressing, as well as promoting and encouraging the involvement of external actors in the work towards the respective Goals included in the NDPHS Strategy.

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

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## General Representation and Participation

A NEW TEXT PROPOSAL CONCERNING SELECTION/QUALIFICATIONS OF EG MEMBERS WILL BE PREPARED AFTER DISCUSSION OF PAPER PREPARED BY BY MIKKO VIENONEN (SEE AS SSEPARATE ATTACHMENT FOR 2<sup>ND</sup> egTOR MEETING 19.01.

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General representation within the Expert Group shall consist of high-level experts in the field, including from the administrative sector, from the research community as well as from relevant NGOs. 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

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not more than one		

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up to two alternates from each Partner Country and Organisation, who have		

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an interest and sufficient expertise in the field of HIV/AIDS and TB;		
EG representatives and alternates will normally serve in the Expert Group for a period prescribed by their respective countries or organisations, preferably for the period defined in section V. Timeframe.		

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 external actors, i.e. other “eligible participants” and “interested parties” as defined in the Oslo Declaration, to be involved in the work of the EG.

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The Chair or the ITA will inform the members of the EG about any additional invitees prior to the meeting, if possible.

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## Meetings

The Expert Group shall hold two to three 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 **relevace to SIHLWA**

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