

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

Title	EGTOR 3 Meeting minutes
Submitted by	Secretariat
Summary / Note	This document recalls the main discussion points and decisions made during the 3 rd 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) opened the meeting.

A representative of the Russian Federation hosting the meeting welcomed the participants.

2. Adoption of the agenda

The Meeting **adopted** provisional agenda with timetable (submitted as document EGTOR 3/2/1).

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

The Chairman informed the meeting about the changes made to the EG Terms of Reference (submitted as document EGTOR 3/3/Info 1) and enquired if there were any comments on these changes. He emphasized the changes in section VII. Composition of the Expert Group, point 1. Chair and Vice Chair, where the following paragraph had been added: *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.*

Further, he pointed to the same section, point 3. General Representation and Participation, where new paragraphs had been added following discussions during EGTOR 2 Meeting and the SIHLWA EG Chair proposal. The main idea behind these sections was to formulate clear criteria regarding nomination of experts and ensure their commitment to EG's work.

Norway proposed changes to the latter point, stating that in the event when there is no Chair and Vice-Chair, Lead Partner country could propose an interim Chair.

The Chairman enquired if the Meeting had any comments to paragraph two on page five.

PHC EG responded that each NDPHS Partner could have one representative in the EG, however this does not exclude participation of more than one member in the EG.

Russia remarked that experts from the Ministries of Health are often too busy and, therefore, unable to attend EG meetings. As a result, experts representing other entities should be allowed to participate in order to ensure a good performance of the EGs.

After discussions on Expert Groups ToR draft proposal the Meeting **approved** the document.

Presentation of draft Terms of Reference by the Expert Groups

With reference to the EG Terms of Reference template, the Expert Group Chairs/ITAs presented their groups' draft Terms of Reference.

I. Prison Health Expert Group

The PH EG ITA presented the draft Terms of Reference for the PH Expert Group (submitted as document EGTOR 3/3/3). He informed that all group members had given support to the revised ToR.

Norway, the PH EG Lead Partner, reminded that the PH EG does not have a chairperson yet and, thus, it will come later with specific revisions in the ToR regarding the Operational Targets. It was also stated that the group is considering changing its name; however, this proposal is still under discussion.

The Chairman stressed that any additional revisions should be submitted to the Secretariat and the Chair before 20 March.

II. HIV/AIDS Expert Group

The HIV/AIDS EG ITA presented the draft Terms of Reference for the HIV/AIDS Expert Group (submitted as document EGTOR 3/3/2). She informed about internal discussion in the HIV/AIDS EG concerning possible change of the group's name. There were various proposals for a new name but so far no agreement had been reached. Further, she informed that the scope of the group's responsibilities had changed and the new ToR include social aspects and the focus on project based actions. The official language of the Expert Group is English, however, where appropriate Russian translation could be provided. A troublesome issue is financing of new objectives. Moreover, the group will continue to work on the objectives, which are not included in the new strategic goals but which had been for a long time within the group's interest.

The Secretariat suggested that text "In association with Partners, and with assistance from the NDPHS Secretariat" be removed from paragraph: "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."

Moreover, the Secretariat advised not to delete from the group's ToR the provisions regarding project appraisal because these are in line with the new NDPHS Strategy requiring this of the EGs if and when needed. Further, it suggested that, if the group wishes to continue to work on the objectives, which have not been included in the new NDPHS Strategy, it should rather propose adjusting the operational targets for the group in order to insure CSR support for these activities.

HIV/AIDS EG ITA responded that she will continue discussions on the abovementioned topics with the EG members during the group's meeting in March.

III. SIHLWA Expert Group

The SIHLWA EG Chair presented the draft Terms of Reference for the SIHLWA Expert Group (submitted as document EGTOR 3/3/4). He informed that SIHLWA covers in its ToR five different strategic goals thus the group's scope of responsibilities had substantially changed. He also stressed that the group has challenges with accommodating five clear goals from the thematic area four, which are different and demanding. The aim is to avoid bureaucracy and to have a well functioning overall group structure. He proposed abolishing the existing framework of SIHLWA EG and its Sub-Groups and having SIHLWA plus independent, time bound Task Groups dedicated to practical topics instead.

The Chair of the SIHLWA Sub-group on Occupational Safety and Health remarked that experts in the EGs should represent their own countries/organizations and be accountable to them. Also, they should be high-level specialists in their respective fields, able to network and perform. OSH SIHLWA sub-group encounters a problem with marrying different interests within the sub-group. On the one hand they are part of the NDPHS, committed to the overall NDPHS aims, on the other hand, members such as the BSN do not see benefit for them in working towards fulfilling goals connected to the NDPHS role as a Lead Partner of the health sub-area in the EU BSR Strategy. Another difficulty is how to find money for project activities. Also, the issue of EGs/TGs reporting mechanisms should be approached with due consideration. Terms of Reference should allow a proper degree of flexibility.

The Chairman noted that the Task Groups should have Lead Partners. Finland could continue as a Lead Partner for the core SIHLWA Expert Group but the responsibilities of leading the respective Task Groups could be shared among Partners. He also enquired if the Meeting thinks that it is really beneficial to have the Task Groups if nothing else except the name changes.

The Chair of the SIHLWA Sub-group on Occupational Safety and Health noted that the question of name, whether they are called Sub-groups or Task Groups, is not an issue. Rather, the difficult part is the project work and project financing within these groups.

The SIHLWA EG Chair expressed an opinion that the present structure of SIHLWA Group is not sufficient in the light of the responsibilities connected with implementing the NDPHS role as a Lead Partner in the health sub-area of the EU BSR Strategy. If the group aims to be more effective in implementing strategic goals, there needs to be a proper body established.

Norway remarked that the PH EG, quite opposite to the SIHLWA EG, has currently a narrowly defined scope of responsibilities, and added that it should not only be SIHLWA that deals with lifestyle diseases. Norway also mentioned that it has plans to propose widening of the scope of responsibilities of the PH EG.

Finland commented that the issue of leadership in the EGs/TGs is a chance for Partners to take responsibility for leading the expert level work within the NDPHS, and noted that more Partners should be involved in leading groups. It is a positive development and the Partners should realize the benefit of it.

Russia stated that SIHLWA has too many issues to deal with, therefore the group should be divided into smaller groups, e.g. on youth, indigenous people, etc.

Finland stressed that continuity of the work of the Partnership has to be ensured; therefore it is very important to have a discussion on how to work strategically and horizontally in order to contribute to the growth and development of the NDPHS.

Norway noted that not only continuity, but also the flexibility is important, and in this regard it is doubtful whether all the different EGs can have a common template.

The Chairman stated that it is useful to have a common template to start with, and added that in the last stage of the ToR discussions the template can and should naturally be modified according to the particular characteristics and circumstances of a given group.

The SIHLWA EG Chair stated that in its present structure SIHLWA cannot respond to all the needs, and the most operational solution would be the division of SIHLWA into a core group and task groups. He also noted that there are already the Lead Partners in place for the groups, e.g., Sweden could lead the work on alcohol and drugs, ILO could assume responsibility for OSH, WHO could be the Lead Partner for tobacco issues, and Russia together with the NCM could lead the work on indigenous people (Canada had informed it would not be able to co-lead this group¹).

The Secretariat stressed that, as this is probably the last EGTOR Meeting, it would be good to reach a conclusion on the proposed future structure of the expert group to be dealing with non-communicable diseases in order to be able to proceed with the development of the respective ToR for submission to the CSR.

Finland suggested that SIHLWA could be a common denominator, but divided into smaller groups, e.g. on tobacco. However, this solution would pose some questions. For example, where from to obtain additional resources for operation of the more complex SIHLWA system.

Sweden stated that the issues discussed today was a reflection of the need to further consider the desirable set-up of EGs and Task Groups for the future. The four current EGs are very different from one another in structure but above all in scope. An identical structure of the ToRs is therefore not easy to elaborate.

The Chairman enquired if there were any suggestions on how to resolve the challenge of the SIHLWA Group structure. These results should be presented to the CSR and the time is pressing.

Finland suggested a meeting between the EGTOR Chair, the SIHLWA EG Chair, the Lead Partner and the Secretariat to develop a proposal on proposed future SIHLWA structure and the Group's ToR.

The Chairman informed that the time was rather limited and it might not be possible before the CSR.

Further, the SIHLWA EG Chair informed that it should be decided how many Task Groups are to be established and how to practically manage the NDPHS contribution to the EU BSR Strategy.

¹ Note from the SIHLWA EG Chair: after the 3rd EGTOR meeting in discussions with SIHLWA Chair (Mikko Vienonen) and Robert Shearer (Canada) it became obvious that the view presented in Moscow that Canada no longer would be willing and interested to act as Lead Partner for IMHAP TG was based on misunderstanding, and therefore both Canada and NCM continue to be considered as IMHAP Lead Partner and Co-Lead Partner respectively. With Russia SIHLWA will continue discussions whether it would be interested to become a Lead Partner for Alcohol Policy (Goal 8) and/or Tobacco Control (Goal 9).

Norway proposed that before the CSR, the Secretariat and the Lead Partners/Lead Countries should hold consultations on how they want to present these issues to the CSR.

After request from the Chairman, the Secretariat introduced proposed template for Task Group Terms of Reference (submitted as document EGTOR 3/3/1). It noted that the document is a simplified, shorter version of the template EG ToR and is meant for groups, which do not cover broad issues but specific individual tasks. It is recommendable that each Partner, which plans to lead/co-lead a Task Group, be involved in drafting ToR for that Group – for example, Sweden could be involved in drafting the ToR of the Task Group on Antimicrobial Resistance.

The Chairman added that the idea is that TGs would be independent bodies not under the Expert Groups umbrella, and they would report to the CSR. Further, he opened the floor for comments.

The PHC EG Chair proposed to change wording of the first bullet point of the ToR into: *support and coordinate its activities with related activities of other international organizations, to achieve synergies and avoid the duplication of activities*. Further, two bullet points starting with *Provide*², should be moved to the end of the paragraph.

Norway enquired if the ToR include provision about an International Technical Advisor.

The Secretariat replied that in section VI, point 2: *Coordination of the Task Group*, coordination is mentioned as a function and not as a position. The idea is to introduce some flexibility to the TG system as compared to the EG system, and allow the TG Lead Partner to propose how the coordination within the group should be run.

The SIHLWA EG Chair added that per definition Task Groups would be focused on specific tasks, thus their duties and responsibilities should be described in ToR in detail. It should be defined what the aim of the group is, for example, in the above discussed ToR, what the antimicrobial resistance is.

Finland remarked that Expert Groups should have a longer timeframe than TGs since they are dealing with broader issues.

The Chairman noted that this is the first draft of TG ToR and specific objectives will be defined depending on a given Task Group.

The Chair of the SIHLWA Sub-group on Occupational Safety and Health enquired how to ensure that the network of experts is functional if they are subordinated to the CSR and should report to the CSR.

Norway asked whether experts appointed to the TGs are accountable to countries/organizations nominating them.

The Chairman replied affirmatively to this question and asked the Meeting for suggestions on how to resolve the TG reporting issue.

The Secretariat advised to examine each TG on an individual basis.

Russia suggested that the Meeting should form provisional agreement on TG ToR and the issue of reporting can be discussed during the CSR meeting.

² (i) Provide the Partnership website/database with information concerning the Task Group's work; (ii) Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information and support, when appropriate;

The Chairman agreed with Russia and reiterated that this is the first TG ToR template to be possibly further revised.

The SIHLWA EG Chair stated that it will be difficult to hold the next discussions of the SIHLWA in the situation when it is not clear how the group will be organized in future.

Russia expressed an opinion that they would like to avoid unnecessary bureaucracy, therefore the ToR of each group have to be clear.

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

The Chairman noted that this was the last meeting of the EGTOR. Then he referred to the EGTOR Terms of Reference and read the description of the main task of the EGTOR: *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. The work of the EGTOR shall follow the respective recommendations approved by the CSR, and the outcome of the PAC 6 considerations. Draft Terms of Reference shall also take into account the ToRs of the currently operating four NDPHS Expert Groups. 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. They will properly reflect the fact that the NDPHS has agreed to assume the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region.* He concluded that the EGTOR had developed and agreed upon a template for the EG ToR and will hopefully soon have in place also the template for the TG ToR. The Secretariat will send to the EGTOR Members a revised version of the draft TG Terms of Reference as soon as possible. The Expert Groups are welcome to send their final proposed ToRs no later than 20 March 2010. The Expert Groups Chairs and ITAs are encouraged to continue their efforts to identify possible Lead Partners for Task Groups. The latter should have a chance to take part in drafting the respective TG ToRs.

SIHLWA EG Chair noted that as regards TGs ToR, they could be set during the first meeting of the respective groups. He also expressed doubts if deadline of 20 March will be possible for SIHLWA EG to be met.

The Chairman noted that every effort needs to be taken to be ready with the ToRs for the CSR. He also recalled Norway's remark that the Expert Groups' Lead Partners and the Secretariat could hold a meeting before the CSR 17 and discuss possible structure for future cooperation on EGs/TGs level.

The Secretariat remarked that if inputs from EGs are submitted too late it could hinder the considerations within the CSR. Partners might not have enough time to discuss these issues with the relevant bodies in their home countries and organizations. The EGTOR Terms of Reference state that: *Views and suggestions of the present NDPHS Expert Groups shall be taken into consideration, as appropriate. To that effect, considering the EGTOR's short timeline, the Expert Groups should immediately begin preparing their contributions to the EGTOR work to ensure that their inputs are available in due time.* Further, the Secretariat enquired if, after submission from the Expert Groups, Terms of Reference should be distributed to EGTOR members for approval or if it is not necessary.

Norway suggested the first option, however, the ToRs should be sent to Lead Partners before the CSR meeting. If the agreement cannot be reached within the EGTOR, Norway would like to reiterate its proposal to hold a meeting of the current Lead Partners and the potential future Lead Partners and the Secretariat, which Norway would be happy to host.

5. Adoption of the EGTOR 3 Meeting minutes

The Secretariat proposed that it would send out draft EGTOR 3 Meeting minutes to the participants on 08 March 2010 and that comments on the draft would be due, at the latest, on 15 March 2010. A revised report would then be distributed on 18 March 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

Finland thanked the EGTOR Chair for the excellent chairing of all EGTOR meetings.

No further issues were discussed under this agenda item.

7. Closing of the meeting

The Chair thanked the hosts for kindly hosting the meeting. Further, he thanked all the participants for attending the meeting and for their contributions as well as for the fruitful and interesting discussions even though they were sometimes challenging. He expressed his hope that the EGTOR work will result in good and useful documents submitted to the CSR.

The Meeting closed at 18:00 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 3/2/1	Provisional agenda with timetable	EGTOR Chair and Secretariat	11/02/10
• EGTOR 3/2/2	Provisional annotated agenda	Secretariat	11/02/10
• EGTOR 3/3/Info 1	Template for Expert Group Terms of Reference	Secretariat	11/02/10
• EGTOR 3/3/1	Proposed template for Task Group Terms of Reference	EGTOR Chair and Secretariat	22/02/10
• EGTOR 3/3/2	Draft Terms of Reference for the NDPHS Expert Group on HIV/AIDS	HIV/AIDS EG	23/02/10
• EGTOR 3/3/3	Draft Terms of Reference for the NDPHS Expert Group on Prison Health	PH EG	23/02/10

Auxiliary documents

Code	Title	Submitted by	Date
• EGTOR 3/Info 1	Practical information for participants	Secretariat	11/02/10
• EGTOR 3/Info 2	List of documents	Secretariat	11/02/10
• EGTOR 3/Info 2/Rev 1	Revised list of documents	Secretariat	22/02/10
• EGTOR 3/Info 2/Rev 2	2 nd Revised list of documents	Secretariat	23/02/10
• EGTOR 3/Info 3	List of registered participants	Secretariat	22/02/10
• EGTOR 3/Info 3/Rev 1	Revised list of registered participants	Secretariat	23/02/10

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

EGTOR Chair

Mr. Pasi Mustonen
Senior officer (lawyer)
Ministry of Social Affairs and Health
P.O. Box 33 (Meritullinkatu 8, Helsinki)
FI-00023 Government
FINLAND
Phone: +358 50 5691529 (mobile)
Fax: +358 9 16074144
E-mail: pasi.mustonen@stm.fi

Ms. Vibeke R. Gundersen
Senior Adviser
Division for International Cooperation and Preparedness
Ministry of Health and Care Services
P.O. Box 8011 Dep.
0030 Oslo
NORWAY
Phone: +47 22 24 87 73
Fax: +47 22 24 95 77
E-mail: vibeke.gundersen@hod.dep.no

PARTNERS

Finland

Ms Liisa Ollila
Director of International Affairs
Ministry of Social Affairs and Health
P.O. Box 33 (Meritullinkatu 8, Helsinki)
FI-00023 Government
FINLAND
Phone: +358 9 16073925
Fax: +358 9 16073296
E-mail: liisa.ollila@stm.fi

Ms. Paula Karppinen-Lehtonen
Consul
Social Affairs and Health Care
Finland's Consulate General
in St. Petersburg
Preobrazhenskaya pl. 4
191028 St. Petersburg
RUSSIAN FEDERATION
Phone: +358 975162406
Fax: +358 975162487
E-mail: paula.karppinen@formin.fi

Norway

Ms Hilde Sundrehagen
Director General
Ministry of Health and Care Services
P.O. Box 8011 Dep.
0030 Oslo
NORWAY
Phone: + 47 22 24 84 68
Fax: + 47 22 24 95 77
E-mail: hilde-c.sundrehagen@hod.dep.no

Russian Federation

Dr. Oleg Chestnov
Deputy Director
Department of International Cooperation
Ministry of Health and Social Development
of Russian Federation
Rakhmanovskii per. 3
RU-127994 Moscow
RUSSIAN FEDERATION
Phone: +7(495) 692-05-15
Fax: +7(495) 621-86-03
E-mail: chestnovop@rosminzdrav.ru

Mr. Evgeny Slastnykh
Chief of Division
Department for International Cooperation
Ministry of Health and Social Development
Rachmanovsky per. 3
RU-127944 Moscow
RUSSIAN FEDERATION
Phone: +7495 692 42 17
Fax: +7 495 692 4217
E-mail: slastnykhei@rosminzdrav.ru

Prof. Dr. Yulia Mikhaylova
Deputy Director
Federal Research Institute for Health Care
Organization and Information of the
MoH&SD of the Russian Federation
Dobrolubov Str. 11
RU-127254 Moscow
RUSSIAN FEDERATION
Phone: +7(495) 618-32-68, - 618-11-09
Fax: +7(495) 618-11-09
E-mail: mail@mednet.ru, cniiioiz@mail.ru

Ms. Anna V. Korotkova
Deputy Director in International Affairs,
Federal Research Institute for Health Care
Organization and Information of the
MoH&SD of the Russian Federation
Dobrolubov Str. 11
127254, Moscow
RUSSIAN FEDERATION
Tel/Fax (7+095) 218-11-09
E-mail: korotkova_anna@mednet.ru

Sweden

Dr. Göran Carlsson (also in his capacity as
the PHC EG Chair)
Ås 240
87297 SKOG
SWEDEN
Phone: +46 8 4052349
Mobile: +46 70 2324149
Fax: +46 8 217876
E-mail: goran.carlsson@social.ministry.se

NDPHS EXPERT GROUPS

HIV/AIDS EG

Ms Outi Karvonen
HIV/AIDS EG ITA
National Institute for Health and Welfare
Lintulahdenkuja 4
FI-00530 Helsinki
FINLAND
Phone: +358-20-6107046
E-mail: outi.karvonen@thl.fi

PH EG

Dr. Zaza Tsereteli
PH EG ITA
Taru mnt. 16-18
10117 Tallinn
ESTONIA
Phone: 372 5 26 93 15
Fax: 372 6 446 604
E-mail: zazats64@yahoo.com

PHC EG

See under "Sweden"

SIHLWA EG

Dr. Mikko Vienonen
SIHLWA EG Coordinating Chair
Sysimiehenkuja 1
FI-00670 Helsinki

FINLAND
Phone: +358 50 44 21 877
E-mail: m.vienonen@kolumbus.fi

Mr Wiking Husberg
Senior OSH Specialist
International Labour Organisation
Petrovka 15, Apt. 23
RU-107 031 Moscow
RUSSIAN FEDERATION
Phone: +7 495 933 08 27
Fax: +7 495 933 08 20
E-mail: husberg@ilo.org

Ms Hanna Koppelomäki
SIHLWA EG ITA
Topeliuksenkatu 41 a A
FI-00250 Helsinki
FINLAND
Phone: +358-503808540
Fax: +358-304742629
E-mail: hanna.koppelomaki@ttl.fi

NDPHS SECRETARIAT

Mr. Marek Maciejowski
Head of Secretariat
P.O. Box 2010
103 11 Stockholm
SWEDEN
Phone: +46 8 440 1938
Fax: +46 8 440 1944
E-mail: marek.maciejowski@ndphs.org