

**NDPHS Working Group on Expert Groups' Terms of Reference
Fourth Meeting
Helsinki, Finland
9 June 2010**

Title	EGTOR 4 Meeting minutes
Submitted by	Secretariat
Summary / Note	This document recalls the main discussion points and decisions made during the 4th 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

The Chair of the Meeting, Ms Liisa Ollila, Director of International Affairs, Ministry of Social Affairs and Health of Finland, opened it and welcomed the participants.

2. Adoption of the agenda

The Meeting **adopted** provisional agenda with timetable (submitted as document EGTOR 4/2/1).

The Chair informed that under the Any other business item the representatives from the Finnish Ministry of Foreign Affairs, Ms Outa Hermalampi, Advisor, Unit for Regional Cooperation and Mr Kalle Kankaanpää, Counsellor, will brief the Meeting participants on the financing opportunities from the European Commission for the NDPHS projects and activities.

3. Discussion on restructuring of the Expert Groups

Before discussion on the proposed individual ToRs (cf. agenda item 4), the Meeting was invited to hold a general exchange of views about the restructuring of the NDPHS Expert Groups.

Norway noted that the work of the EGs is indispensable for the NDPHS. The EGs must be able to serve the strategic goals of the NDPHS.

The Chair presented the proposal regarding restructuring of the NDPHS expert-level structures:

- The NDPHS expert-level structure will consist of 4 EGs and 4 TGs, the TGs will report to the PAC and to the CSR through the EGs;
- The NDPHS HIV/AIDS EG will continue its work, but a new element, associated infections, including TB, will be included in its mandate;
- The NDPHS PHC EG and the PH EG will be merged into a new group, still with the name PHC EG.. The Anti-Microbial Resistance (AMR) TG will be established, which will report to the PAC and to the CSR through the PHC EG;
- A new NDPHS Alcohol and Substance Abuse (ASA) EG will be established, as well as the ADPY TG, which will report through the ASA EG;
- The NDPHS SIHLWA EG will be transformed into the HOC EG; the OSH TG and the IMHAP TG will report to the PAC and to the CSR through the HOC EG. The horizontal group will deal with issues of horizontal nature, e.g., health in all policies. It will also

collaborate in implementing international commitments that the NDPHS Partners have under the WHO and other documents.

I. HIV/AIDS&AI EG ToR

The HIV/AIDS EG Chair commented that the name “Task Groups” does not encourage experts’ participation and the TG turn into working groups assigned with specific tasks, not genuine expert-level structures. He also noted that it is very appropriate to treat HIV/AIDS together with TB and other associated infections. Further, he noted that originally EG Chairs and ITAs were supposed to carry out horizontal cooperation between the EGs, however, it has not been the case so far. Therefore, there is a place for an EG assigned with strategical and horizontal cooperation as described by the Chair. Finally, he remarked that the HIV/AIDS&AI EG should not interfere with the national policies and those policy areas where the WHO is already very active.

Norway supported the establishment of the HIV/AIDS&AI EG, whereas the establishment of the TG on Tuberculosis is not necessary, as TB is already included in the scope of the HIV/AIDS&AI EG.

Russia and the PHC EG Chair agreed with Norway.

II. PHC EG ToR

The PHC EG Chair explained that the name of the EG must be changed in order to indicate that there have been structural changes. He proposed a new name for the EG: “EG on Primary Health Care in Development and Health systems”. He further explained that the issue of establishing of a TG on Prison Health has not been considered, since prison health issues will be integrated into the PHC EG. However, there will be a TG on AMR.

Canada stated that it will not participate in the EG, which is not dealing exclusively with prison health issues. If the PH EG is to be terminated, Canada will join the WHO Prison Health group.

Norway suggested to reflect prison health in the name of the EG if the name is vital for Canada’s participation. The aim of the suggestion is to prevent Canada and other Partners from withdrawing and to prevent a wrong understanding that prison health issues are not included in the mandate of the EG.

The PHC EG Chair asked Canada if amendments in the EG’s name will have an impact on Canada’s position.

Canada responded that primary health care is not a responsibility of the federal government, whereas prison health is, and that is the essence of the problem. Therefore, if the PH EG is to be terminated, Canada will join the WHO Prison Health group.

Russia stressed that prison health is a part of the health system, hence the new name of the EG. It further stated that prison health is not omitted from the scope of responsibilities of the EG, to the contrary, it is clearly included in the PHC EG ToR.

The PHC EG Chair suggested to return to the discussion on the name of the EG during the Agenda item 4.2.

III. ASA EG ToR

Norway informed that it will lead the ASA EG, whereas ADPY TG is a separate entity led by Sweden, although both groups will work closely together.

Canada enquired if there is a WHO working group on tobacco.

The Chair explained that there is only a Conference of Parties, which follows-up on the implementation of the WHO Framework Convention on Tobacco Control.

Canada further enquired what are the other substances that the EG will be dealing with.

Norway explained that “other substances” cover tobacco, legal and illicit drugs. It also stated that the EG will need to decide on how it can contribute to the international activities, e.g. WHO expert-level activities in the area of illegal drugs are not very visible, hence the room for action.

The HIV/AIDS EG Chair explained that there is an UNODC office specializing on drugs and therefore the WHO is not so active in this area.

IV. HOC EG ToR

Canada stated that it is not clear whether it is the CSR or the HOC EG that is supervising the IMHAP TG. It further enquired whether the IMHAP EG is accountable and reporting to the HOC EG.

The Chair noted that the best way of reporting remains to be discussed. She explained that the HOC EG will cover issues relevant for health and social well-being in Thematic area 4 of the NDPHS Strategy, e.g., health in all policies, etc. The HOC EG will also cover issues highlighted in the WHO resolutions, e.g., obesity, and will foster their implementation.

Canada expressed an opinion that the HOC EG does not differ from the SIHLWA EG and the only change comparing to SIHLWA EG is that the HOC EG will not deal with alcohol-related issues.

The Chair disagreed and further explained that the HOC EG will deal with general policy issues, e.g, health in all policies, etc., but she also stressed that this group will not have a more prominent position comparing to other EGs.

Norway remarked that the most important task of the HOC EG will be to support other EGs in horizontal issues.

Canada asked why the IMHAP TG has to report through the HOC EG, taking into account the impressive workload that the HOC EG has.

Russia stated that the main focus both in the name and the tasks of the HOC EG should be on the non-communicable diseases. It further noted that the task of horizontal cooperation between the EGs seems artificial.

The Chair noted that the horizontal cooperation is very important, e.g., in order to enhance healthy lifestyles, one has to involve many sectors, starting from safe roads to safe food.

Canada suggested that the HOC EG could also address the issues regarding the future cooperation within the NDPHS, so that there is no need to establish a new Strategy Working Group or a similar structure. It noted, however, that it is doubtful whether the HOC EG with so many tasks will have time to properly address the issues of the health of indigenous people.

Sweden invited the Meeting to hold a general discussion on relationship between EGs and TGs and stated that Sweden would like the TGs to report through the EGs.

Russia stated that in principle EGs should initiate new TGs, monitor TGs, coordinate TGs and report on TGs, but there might be some exceptions, if appropriate, e.g., regarding the IMHAP TG, because it is not obvious which EG should coordinate this TG.

Sweden and Canada supported the approach suggested by Russia.

The Secretariat advised to copy in other ToRs the relevant provisions of the ASA EG ToR and ADPY TG ToR, which follow the approach suggested by Russia.

The Meeting **mandated** the Secretariat to revise ToRs in accordance with the approach suggested by the Secretariat and Russia.

V. Other general comments

Canada expressed its concern regarding short time left until the CSR meeting and the amount of the new documents that the CSR will have to decide on.

The Chair agreed that the timeframe and the workload is challenging, however, she invited the Partners to pursue the work.

The Secretariat proposed to continue discussion on proceedings for preparation of the CSR 17 meeting under the Agenda item 5.

After general exchange of views on restructuring of the NDPHS Expert Groups the Meeting proceeded to discussions on individual ToRs.

4. Terms of Reference for the Expert Groups and Task Groups

In accordance with the EGTOR ToR, which stipulates that “The overall task of the EGTOR is to draft Terms of Reference for new/restructured Expert Groups with clear and time-limited mandates and tasks,” the Meeting was invited to discuss and endorse for submission to the CSR the Terms of Reference for the following groups.

4.1 ToR for the Expert Group on HIV/AIDS & AI

Finland, as the Lead Partner for the HIV/AIDS&AI EG, introduced the proposed Terms of Reference for the Expert Group on HIV/AIDS&AI (cf. document EGTOR 4/4.1/1).

The HIV/AIDS EG Chair explained that the EG will focus on areas where the NDPHS can bring added value, e.g., prevention of HIV/AIDS in the regions with high prevalence of the disease, etc. The social issues have not been included in the name because it is obvious that the HIV/AIDS patients have social problems and, moreover, there is no NDPHS definition of social well-being. He further added that in the NDPHS region the collaboration on HIV/AIDS and associated infections has already been established, therefore the EG has to focus on projects and actions that can bring impact. Another issue to take into account is the principle of subsidiarity. He also stated that there is a need to have a general discussion on performance and role of the EGs and the need to ensure adequate level of expertise in the EGs.

Following the request by Russia on clarification regarding the name of the EG, the Meeting agreed on the following name: “Expert Group on HIV/AIDS and Associated Infections”.

Sweden informed that an agreement has been reached that the AMR TG will report through the PHC EG, although it could have taken place also through the HIV/AIDS&AI EG. It further stated that for Sweden it is very important that the NDPHS promotes cooperation with other bodies, i.e., Barents cooperation on Tuberculosis, implementation of the Kirkenes 2003 declaration, etc.

Canada enquired what will be the ratio between the projects and policy development in the HIV/AIDS&AI EG.

The HIV/AIDS EG Chair answered that it depends on the region, nevertheless, the EG will focus on projects.

Canada stated that for Canada it is very important to have policy discussions, whereas the project development is a less interesting issue.

In conclusion, the Chair requested to announce if any other Partner would like to lead or co-lead the HIV/AIDS & AI EG.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: An Expert Group on HIV/AIDS and Associated Infections (HIV/AIDS&AI EG) be established. It would build on the current HIV/AIDS EG and would cover HIV/AIDS and associated infections (TB, Viral Hepatitides).

4.2 ToR for the Expert Group on Primary Health Care

Sweden, as the Lead Partner for the PHC EG, introduced the proposed Terms of Reference for the Expert Group on Primary Health Care (cf. document EGTOR 4/4.2/1). It further stated that the name of the EG should not be too long, but it must be changed to reflect the merger with the PH EG. To that end, it will explore and inform the EGTOR as soon as possible whether it is acceptable for Sweden to lead an EG named "EG on Health Systems", which would imply that the scope is significantly enlarged, even though the limitations are in the ToR. This proposal was made by Norway during discussions immediately prior to this agenda item.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: An Expert Group on Health Systems (HS EG) be established. It would build on the current PHC EG and the current PH EG.

4.3 ToR for the Task Group on Antimicrobial Resistance

Sweden, which offered to take the Lead Partner role for the Task Group on Antimicrobial Resistance (AMR TG), introduced the proposed Terms of Reference for this Task Group (cf. document EGTOR 4/4.3/1). It further stated that Sweden is very committed to the mitigation of the AMR and the issue was among the priorities of the Swedish Presidency of the EU, therefore it has proposed the establishment of the AMR TG and has secured funding for the coordination of the TG for two years. The AMR TG shall report to the CSR through the PHC EG [HS EG]. It concluded by stating that Sweden is ready to chair the TG, however, neither a Chair person, nor a co-Chair Country has been identified yet, therefore interested Partners are invited to assume the role of the co-Lead Partner for this TG.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: A new Task Group on Antimicrobial Resistance (AMR TG) be established.

4.4 ToR for the Expert Group on Alcohol and Substance Abuse

Norway, which offered to take the Lead Partner role for the Expert Group on Alcohol and Substance Abuse (ASA EG), introduced the proposed Terms of Reference for this Expert Group (cf. document EGTOR 4/4.4/1). It stated that alcohol is a very heavy burden on our societies, especially in some countries in the region, e.g., in Russia and Baltic States. It further noted that coordination with the WHO Global Alcohol Strategy is essential, as well as focus on other substances, e.g., tobacco and drugs, in order to have a comprehensive approach.

Canada enquired why WHO EURO refused to lead the EG.

Norway responded that it was due to a shortage of human resources. It also requested to reinsert the reference to the WHO resolution on the Global Alcohol Strategy in the Section I of the ToR.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: A new Expert Group on Alcohol and Substance Abuse (ASA EG) be established.

4.5 ToR for the Task Group on Alcohol and Drug Prevention among Youth

Sweden, which offered to take the Lead Partner role for the Task Group on Alcohol and Drug Prevention among Youth (ADPY TG), introduced the proposed Terms of Reference for this Task Group (cf. document EGTOR 4/4.5/1). It further informed that the first meeting will be held on 30-31 August 2010 and that the Karolinska Institute will chair the TG, however, the co-Lead Partner is not identified yet, therefore it encouraged Partners, especially Russia, to assume the co-leadership of the TG. It also noted that the ADPY TG will report to the CSR through the ASA EG.

Russia informed that it is considering taking the co-lead role in the group, and the decision will hopefully be taken by 15 June 2010.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: A new Task Group on Alcohol and Drug Prevention among Youth (ADPY TG) be established.

4.6 ToR for the Expert Group on Horizontal Cooperation on Lifestyle-related non-communicable diseases and good social and work environments (HOC EG)

Finland, which offered to take the Lead Partner role for the Expert Group on Horizontal Cooperation on Lifestyle-related non-communicable diseases and good social and work environments (HOC EG), presented its ideas and proposal concerning this Expert Group. It further informed that the draft ToR have been distributed in a hard copy in the beginning of the meeting and the participants are invited to send their comments until 16 June to Mr Olli Kuukasjärvi and Mr Mikko Vienonen.

Norway invited Finland to confirm whether the following understanding about the three main elements of the HOC EG is correct: (i) the HOC EG will report to the CSR on the OSH TG and

the IMHAP TG, (ii) the HOC EG will assist in strategy and policy planning for the Partnership,, (iii) the HOC EG will provide a horizontal support to other structures of the NDPHS.

Finland confirmed that the summary provided by Norway is correct.

Norway replied that it supports the establishment of the HOC EG, subject to the following amendments in the ToR:

- 1) Replace the second sentence in Section II by “In this capacity, the overall objective of the HOC EG is to support the responsible EGs through facilitation of horizontal collaboration of the work towards the achievement of Goals 7-11 stated in the NDPHS Strategy”;
- 2) Add “in coordination with the responsible Expert Groups” to the 3rd bullet point in Section III.

The Meeting **endorsed** amendments proposed by Norway.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: A new Expert Group on Horizontal Cooperation on Lifestyle-related Non-Communicable Diseases and Good Social and Work Environments (HOC EG) be established.

4.7 ToR for the Task Group on Occupational Safety and Health

Finland, on behalf of the ILO which offered to take the Lead Partner role for the Task Group on Occupational Safety and Health (OSH TG), introduced the proposed Terms of Reference for this Task Group (cf. document EGTOR 4/4.7/1). It also stated that the OSH TG supports reporting to the CSR through an EG, because the resources of the TG are limited and without a supporting structure there are doubts about the future of the TG.

Canada questioned whether the TG needs to continue its work until 2013, taking into account that many things have been done in this area and there are other NDPHS priorities as well.

The Chair stated that if there is an interest in working towards the goals of the TG and there is a Chair, the work needs to be continued, especially taking into account that accidents at work are more frequent than other injuries.

The PHC EG Chair added that since the NDPHS Strategy has been adopted and includes Occupational Safety , it is reasonable to continue the work of the OSH TG.

Canada clarified that its question was about the timing, namely, is it necessary to continue the work of the OSH TG until 2013, especially, if one considers that the ILO is active in this area.

Norway noted that through the NDPHS network the ILO has a better access to political level comparing to the procedures in the ILO system.

The Chair concluded that the OSH TG needs to be established.

Finland remarked that the discussion regarding the co-Lead Country for the OSH TG is continuing and that there are indications that Lithuania might assume this role, however, the issue is still under consideration.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: The current SIHLWA Sub-group on Occupation Health and Safety (SIHLWA-OSH) be transformed to a Task Group on Occupational Safety and Health (OSH TG).

4.8 ToR for the Task Group on Indigenous Mental Health, Addictions and Parenting

Canada, which offered to take the Lead Partner role for the Task Group on Indigenous Mental Health, Addictions and Parenting (IMHAP TG), introduced the proposed Terms of Reference for this Task Group (cf. document EGTOR 4/4.8/1). It further informed that the first official meeting in the IMHAP TG was held in Copenhagen and it was a success. Six countries are official partners of the IMHAP TG. Issues include common indicators on indigenous people's health, statistics, telemedicine, etc. Russia will take a lead for the telemedicine component and will organise a conference in 2011 on telemedicine in mental health. The NCM is also taking part in the activities of the IMHAP TG and it has allocated 40 000 EUR for this purpose. Canada also informed that on 16-17 September in Brussels the European Commission will host a meeting on indigenous people and that back to back with this event the IMHAP TG will have its second meeting, where the working plan of the TG will be finalized for submission to the PAC. In addition, the Nordic School of Public Health will be hosting a conference in November in Sweden, Gothenburg, on the issues of relevance to the IMHAP TG. Finally, it informed that the Arctic Council will be involved in the work of the IMHAP TG as a Partner.

Having discussed the presented Terms of Reference the Meeting **mandated** the Secretariat to amend the ToR according to the discussions held and **recommended** that the CSR 17 decide as follows: A new Task Group on Indigenous Mental Health, Addictions and Parenting (IMHAP TG) be established.

5. Presentation of the EGTOR work to the CSR

The Secretariat made a proposal on the presentation of the EGTOR work to the CSR 17 Meeting, which will be held on 29-30 June 2010 in Moscow. It suggested the following procedure: the Secretariat will incorporate the comments agreed during the meeting in the ToRs and on 15 or 16 June the Secretariat will submit the ToRs to the CSR, labeled as submitted by the EGTOR. The Lead Countries are invited to inform the Secretariat by 15 June about the co-Leaders in those EGs and TGs where they are not identified yet. In particular, the Secretariat will make the following amendments in the ToR of the EGs and TGs, in accordance with the discussions held: (i) change the names of EGs, (ii) include provisions on relationship between the EGs and the TGs, (iii) include provisions regarding facilitation of the projects by the EGs. It further proposed to prepare a report and a ppt presentation for the CSR in order to provide a good overview of the work done and the EGTOR proposals for the CSR decisions. In addition, it proposed to make phone calls to the NDPHS Partners not represented in the EGTOR in order to avoid any misunderstandings.

Norway considered that the deadlines are very tough.

The Secretariat agreed, but reminded that the Partners need to have enough time to consult the ToRs back at home; failing to do so would compromise their ability to adopt the ToRs during the CSR 17.

Norway proposed to delete the Annex containing NDPHS Goals and Operational Targets from the ToRs in order to reduce the amount of printing and to avoid any misunderstandings. It also suggested that the Secretariat approaches at least those Partners which are not represented in the EGTOR and provides them with the necessary information.

The Meeting **decided** to follow the approach suggested by the Secretariat and Norway.

6. Adoption of the EGTOR 4 Meeting minutes

The Secretariat proposed to send out draft EGTOR 4 Meeting minutes to the participants on 14 June 2010 and that comments on the draft would be due, at the latest, on 16 June 2010. A revised report would then be distributed on 18 June 2010 to be adopted *per capsulam* provided that no further comments are submitted within one week.

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

7. Any other business

1. Financing opportunities for projects and activities in the ND area

Mr Kalle Kankaanpää, Counsellor, Ministry of Foreign Affairs of Finland noted that the NDPHS is doing a very valuable work and that expectations towards the NDPHS are high. He added that active engagement of Russia in the NDPHS activities is very much appreciated. However, he remarked that the NDPHS lacks visibility. Regarding the financing for the NDPHS projects he informed that in November 2009 in Stockholm at the ND Senior Officials Meeting the European Commission mentioned for the first time that it will provide financing for the ND activities. This statement was upheld at the ND Steering Group Meeting on 30 March 2010 in Brussels.

Ms Outa Hermalampi, Advisor, Unit for Regional Cooperation Ministry of Foreign Affairs of Finland informed that the European Commission has recently decided to allocate 5 million EUR for projects in the ND area until 2013. Every year the European Commission will identify projects for financing. The European Commission is expected to take a decision on the allocation of the first 1 million EUR most probably in early July 2010. Once the funds are available, concrete project proposals must be discussed with the European Commission representatives in Moscow. It is preferable that ND Partners also allocate a co-financing for the projects in order to increase their attractiveness as joint ND initiatives and the possibility of their approval for the financing by the European Commission. In this regard she noted with satisfaction that the Ministry of Health and Social Development of Russia has taken an effort to provide co-funding for projects.

Sweden asked if it is necessary for several countries to provide a co-financing or if it is sufficient that the co-financing is provided by a single country.

Ms Outa Hermalampi explained that in principle there is no requirement of the co-financing at all, however, projects with a proposed co-financing from different ND Partners are more attractive, as that would reflect the idea of Northern Dimension and cooperation of partners. Project identification for the use of the first 1 million euro allocation will start after the July 2010 Commission decision and will most likely continue throughout the autumn.

Canada enquired if it might be helpful to send a letter of intent to the European Commission in order to influence the decision.

Ms Outa Hermalampi confirmed that it is a good idea to be in contact with the EC Delegation in Moscow. A letter could be addressed to Mr. Fernando M. Valenzuela, Head of the EU delegation to Russia. She also said it would be a good idea to discuss initial project ideas with Commission representatives, and that it is not necessary to prepare complex project proposals/applications at this moment (as we are not in a stage of a responding to an ongoing Call for Proposals, but at an earlier stage of project identification).

The Secretariat emphasized that one has to distinguish between two different sums of money. The first sum of money is the one described by the representatives of the Finnish Ministry of Foreign Affairs. However, informal consultations between the Secretariat and the European Commission have revealed that the amount available to the NDPHS would constitute approximately 100 000 EUR, which is significantly less than 170 000 EUR that the Secretariat has had requested. The second sum of money is a European Parliament reserve amounting to 20 million EUR in total, which is proposed for allocation to the ND partnerships. The NDPHS

could possibly receive approx. 2-3 million EUR for project implementation. The Secretariat further stressed that in order to obtain this money it is essential that the EGs commit themselves to ensuring that the received money would be spent on projects until 2013. The second vital element is Russia's support in raising this money (taking a contact with the EU Delegation in Moscow is recommended), possibly providing co-funding and, finally, participating in project activities because the financing is intended for cooperation with the EU external partners.

II. Legal capacity of the NDPHS Secretariat

Sweden informed that the proceedings are ongoing and next week in Sweden a meeting will be held in the Swedish Ministry of Foreign Affairs. However, it is doubtful that the decision will be taken before the CSR 17, but the situation is better now because the agreement on the ECDC has been reached.

Norway invited Sweden to present the state of affairs at the CSR.

Russia stressed that it needs to have a decision on Secretariat's legal capacity, otherwise it cannot take important decisions, e.g., on the Working Capital Fund Governing Rules.

The Secretariat stated that the lack of its legal capacity is increasingly inconvenient and the issue of the Working Capital Fund mentioned by Russia is just one example. For several reasons it becomes more inconvenient to continue using the legal capacity of the CBSS Secretariat for the NDPHS purposes. Another issue to be considered is that the CBSS will have a new Director General soon and we do not know what his/her approach regarding this matter will be.

Sweden explained that it does not question the necessity of the legal capacity of the Secretariat, but the national procedures are lengthy because of the many actors involved.

Russia proposed to submit a letter from the Russian Ministry of Foreign Affairs to its Swedish counterpart if that might help to speed up the process.

Finland also offered its help.

III. The Secretariat addressed the following issues:

- outcome of the Baltic Sea States Summit (cf. document EGTOR 4/7/Info 1)

The Secretariat informed that health and social well-being are included in the Vilnius declaration.

- updated EUSBSR Action Plan (cf. document EGTOR 4/7/Info 2)

The Secretariat informed that the ImPrim project is included in the updated EUSBSR Action Plan as requested by the Partnership.

- preparation of the annual progress report on the implementation of health actions in the EUSBSR (cf. document EGTOR 4/7/Info 3)

The Secretariat invited the EGs to submit their reports by the end of July. The reports should not exceed 2 pages.

- forthcoming issue of the NDPHS e-Newsletter

The Secretariat invited the EGs to contribute to the forthcoming issue of the e-Newsletter. The request with further details will be submitted in writing.

No further issues were discussed under this agenda item.

The Meeting **took note** of the presented information.

8. Closing of the meeting

The Chair thanked all the participants for attending the meeting and for their contributions as well as for the fruitful discussions. She expressed her hope that the EGTOR work will result in the adoption of the Terms of References by the CSR.

The PHC EG Chair expressed great appreciation to the Secretariat for its work, which was then applauded by the participants.

The Meeting thanked Finland for an excellent chairing of the EGTOR.

The Meeting closed at 15:00 hours.

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

Main documents

Code	Title	Submitted by	Date
• EGTOR 4/2/1	Provisional agenda with timetable	Secretariat	31/05/10
• EGTOR 4/2/2	Provisional annotated agenda	Secretariat	31/05/10
• EGTOR 4/4.1/1	Proposed Terms of Reference for the NDPHS Expert Group on HIV/AIDS and associated infections (TB, Viral Hepatitides)	Finland	03/06/10
• EGTOR 4/4.2/1	Proposed Terms of Reference for the NDPHS Primary Health Care Expert Group	Sweden	07/06/10
• EGTOR 4/4.3/1	Proposed Terms of Reference for the NDPHS Antimicrobial Resistance Task Group	Sweden	31/05/10
• EGTOR 4/4.4/1	Proposed Terms of Reference for the NDPHS Alcohol and Substance Abuse Expert Group	Norway	07/06/10
• EGTOR 4/4.5/1	Proposed Terms of Reference for the NDPHS Alcohol and Drug Prevention among Youth Task Group	Sweden	03/06/10
• EGTOR 4/4.7/1	Proposed Terms of Reference for the NDPHS Occupational Safety and Health Task Group	ILO	31/05/10
• EGTOR 4/4.8/1	Proposed Terms of Reference for the NDPHS Indigenous Mental Health, Addictions and Parenting Task Group	Canada and NCM	31/05/10
• EGTOR 4/7/Info 1	Vilnius Declaration “A Vision for the Baltic Sea Region by 2020”	Secretariat	03/06/10
• EGTOR 4/7/Info 2	Updated Action Plan – Commission Staff Working Document accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions	Secretariat	31/05/10

- EGTOR 4/7/Info 3 concerning the European Union Strategy for the Baltic Sea Region
Proposed NDPHS annual reporting mechanism Secretariat 31/05/10

Auxiliary documents

Code	Title	Submitted by	Date
• EGTOR 4/Info 1	Practical information for participants	Secretariat	11/05/10
• EGTOR 4/Info 2	List of documents	Secretariat	31/05/10
• EGTOR 4/Info 2/Rev 1	Revised list of documents	Secretariat	03/06/10
• EGTOR 4/Info 2/Rev 2	2 nd Revised list of documents	Secretariat	07/06/10
• EGTOR 4/Info 3	Preliminary list of participants	Secretariat	07/06/10

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

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