

**Committee of Senior Representatives (CSR)  
Twenty First Meeting  
Tallinn, Estonia  
11-12 April 2013**

<b>Reference</b>	CSR 21/2/2
<b>Title</b>	Provisional annotated agenda
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	This document provides explanatory notes regarding the items included in the provisional agenda and specifies actions requested from the meeting participants.
<b>Requested action</b>	For reference

### 1. Opening of the meeting and welcome

The meeting will be opened by Ms. Liisa Ollila, the NDPHS CSR Chair, who will chair it.

Ms. Ivi Normet, Deputy Secretary General on Health, Estonian Ministry of Social Affairs, will welcome the participants.

### 2. Adoption of the agenda

The Meeting will be invited to **adopt** the Provisional agenda with timetable (cf. document CSR 21/2/1).

### 3. Statements by the invited guests

The CSR Chair has invited the e-Health for Regions Network (a NDPHS Associated Expert Group) to attend the meeting and deliver a presentation.

The Meeting will be invited to **consider** the provided information and **conclude**, as appropriate.

### 4. Information by the NDPHS Chairmanship and the NDPHS Secretariat

The Chair and the Secretariat will briefly inform about the following:

- Meetings in which they recently took part or plan to attend (cf. document CSR 21/4/Info 1);
- Their other main activities during the period from the PAC 9 in Berlin, Germany, which will not be addressed during the following agenda items.

The Meeting will be invited to **take note** of the presented information and **decide**, as appropriate.

## 5. Information by the NDPHS Partners and Participant

The Partners and the Participant will be invited to present information regarding their activities of relevance to the NDPHS, which are not covered in other agenda items. It is recommended that the focus of the presentations be on the issues that the Partners and the Participant would like to propose that the NDPHS would follow up on in the future. It should also be noted that the Chair has decided that only five minutes will be allocated for each presentation.

The Meeting will be invited to **take note** of the presented information.

## 6. Implementation of the NDPHS Strategy and the Health Priority Area in the EUSBSR Action Plan

### 6.1 Progress and future steps toward implementing the NDPHS goals and mid-term operational targets

The focus in this item will be on the issues concerning the progress and future steps toward implementing the NDPHS Goals and Operational Targets. The Expert Groups will be invited to briefly inform about the progress in the implementation of the respective NDPHS Goals and Operational Targets and whether they expect achievement of the Operational Targets by the end of 2013 as foreseen in the NDPHS Strategy.

Consistent with the NDPHS Strategy – when considering information provided by the Expert Groups and Task Groups (the latter through the Expert Groups) – the CSR (including the EG Lead Partners concerned) is supposed to hold a dialogue with the respective EG Chair concerning the work and situation of the EG/TG in question. The NDPHS Strategy also stipulates that, in the first place, this dialogue should aim at helping the EG to improve its performance if necessary, in order to fulfill its task according to the mandate<sup>1</sup>.

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<sup>1</sup> As stipulated by the NDPHS Strategy, "if an EG needs to deviate considerably from its ToR this is to be approved by the CSR; [...Such a dialogue could result in:

- normal continuation of the work, or
- a decision of the CSR to change the mandate/ToR of the EG, or
- the dissolution of the EG before the mandate has come to an end. In this regard the *Criteria for termination of Expert Groups* are followed...]

**a) 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).

**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 and Task Groups.

**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 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.

**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.

**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.

**Operational target 1.6:** By 2013, new sources of funding, such as EU programmes and private funds, are mobilized.

**Operational target 1.7:** Relevant international projects are included in the NDPHS Database for improved coordination and facilitation.

The Secretariat will inform about the progress in the implementation of Goal 1 and the respective Operational Targets and propose issues for possible decision by the Meeting.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

## ***Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis***

### **b) Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved; and Goal 3: Social and health care for HIV infected individuals in the ND area is integrated**

**Operational target 2.1:** Reinforcing policy recommendations covering the above-mentioned goal.

**Operational target 2.2:** Geographical and priority thematic areas, as well as key populations at higher risk in urgent need of further local or regional projects are identified, partners to be involved in these projects are recommended, and project planning supported.

**Operational target 2.3:** A review of best practices documents 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.

**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.

The HIV/AIDS&AI EG will be invited to inform about the progress in the implementation of Goals 2 and 3 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

### **c) Goal 4: Resistance to antibiotics is mitigated in the ND area**

**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).

**Operational target 4.2:** Series of trainings for professionals are organized, aimed to strengthen their capacity to help mitigate antibiotic resistance.

The PPHS EG, on behalf of the AMR TG, will be invited to inform about the progress in the implementation of Goal 4 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

## ***Thematic area 2: Accessibility and quality of primary health care***

### **d) Goal 5: Inequality in access to qualified primary health care in the ND area is reduced**

**Operational target 5.1:** Differences in the accessibility of qualified primary healthcare in countries of the ND region are assessed.

**Operational target 5.2:** Mechanisms for promoting an equitably distributed and good quality primary care, which corresponds to changing society health needs in the region, are defined.

**Operational target 5.3:** By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.

**Operational target 5.4:** By 2013 a review of policies and practices for primary health care services for migrants<sup>1</sup> will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

The PPHS EG will be invited to inform about the progress in the implementation of Goal 5 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

## ***Thematic area 3: Prison health care policy and services***

### **e) Goal 6: Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed**

**Operational target 6.1:** By 2012, through the series of actions organized by international organizations including the WHO Regional Office for Europe's Health in Prisons Programme, policy guidance on the 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 and best practices and challenges are identified. International experiences on prison health and examples of evidence-based practice have been disseminated.

**Operational target 6.2:** By 2013, a documentation of lessons learned and good practices regarding gender- and group-specific health needs in prisons are shared at national and international seminars. Actions will be undertaken following up to the WHO/UNODC Declaration on Women's Health and will be implemented in close collaboration with WHO Regional Office for Europe's Health in Prisons Programme.

**Operational target 6.3:** By 2013 a review of policies and practices for health services for migrants kept in places of detention will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

The PPHS EG will be invited to inform about the progress in the implementation of Goal 6 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

Further, with reference to discussions during the latest PAC, EG Chairs and ITAs and PPHS EG meetings, the Meeting will be invited to discuss the future of the PPHS EG, including its possible reorganisation, with a view to finding a sustainable solution.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

***Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments***

**f) 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.

**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.

**g) 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.

**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.

**h) Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area**

**Operational target 9.1:** By 2013 the Partnership will have developed a case study, to examine country experiences and practices in regard to the implementation of the WHO FCTC and to develop regional good practices.

The ASA EG, on behalf of the ADPY TG, will be invited to inform about the progress in the implementation of Goal 7 and the respective Operational Targets and to propose issues for possible decision by the Meeting. This information will be complemented by the NDPHS Secretariat in its capacity as the Lead Partner of the ADPY Project.

Further, the ASA EG will be invited to inform about the progress in the implementation of Goals 8 and 9 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

**i) 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.

**j) 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.

The NCD EG, on behalf of the OSH TG and IMHAP TG, will be invited to inform about the progress in the implementation of Goals 10 and 11 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

**k) Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems**

**Operational target 12.1:** By 2012 the Partnership will have developed multi-country flagship projects involving at least 3 partnership countries on NCD prevention in cooperation with relevant actors:

- NCD Flagship-A project: Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area;
- NCD Flagship-B project: *Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.*

**Operational target 12.2:** By 2014 the above mentioned projects will have been launched and are well on their way being implemented in coordination with other international actors active in this thematic area, such as EU, WHO/EURO and ILO.

The NCD EG will be invited to inform about the progress in the implementation of Goal 12 and the respective Operational Targets and to propose issues for possible decision by the Meeting.

The Meeting will be invited to **consider** the presented information and proposals, and **decide**, as appropriate.

## 6.2 Targets and indicators for the EUSBSR

The reviewed Action Plan of the EU Strategy for the Baltic Sea Region<sup>2</sup> marks the end of the review process launched after General Affairs Council Conclusions adopted on 26 June 2012. It follows the NDPHS proposal regarding the review of the EUSBSR Action Plan, including the request to include health as a separate Priority Area. However, the document does not include

<sup>2</sup> Available at: [http://www.ndphs.org/?eusbsr\\_introduction#Further\\_reading](http://www.ndphs.org/?eusbsr_introduction#Further_reading).

the health-related targets and indicators as proposed by the NDPHS<sup>3</sup>. The European Commission rejected the latest NDPHS proposal for the targets and indicators because they were not globally relevant to the overall objectives of the Priority Area. The issue was discussed during the latest meeting of the EG Chairs and ITAs, which decided that: (i) discussions will continue among the Expert and Task Groups around the following three ideas for targets and indicators: PYLL, coverage of health services, health and equity and (ii) the HIV/AIDS&AI EG Chair will coordinate the development of the draft NDPHS proposal for the EUSBSR health-related targets and indicators for submission to the CSR 21 for approval.

With reference to the document CSR 21/6.2/1, on behalf of all Expert Groups, the HIV/AIDS&AI EG Chair will be invited to briefly introduce the revised proposal.

The Meeting will be invited to **consider** the presented proposal and **approve** it for subsequent presentation to the European Commission, if appropriate.

### **6.3 EUSBSR conference to be organized by the NDPHS**

The PAC 9 approved a project concept regarding the support to coordination and implementation of activities within the Health Priority Area of the EUSBSR Action Plan, including organisation of an EUSBSR conference by the NDPHS. With reference to document CSR 21/6.3/1, the Secretariat will briefly introduce its proposal regarding the EUSBSR conference to be organized by the NDPHS.

The Meeting will be invited to **consider** the presented proposal and **decide**, as appropriate.

### **6.4 Other matters**

The Meeting might wish to discuss other matters falling under item 6, which were not covered under other sub-items, and **decide**, as appropriate.

## **7. NDPHS Evaluation**

In October 2012 the PAC 9 adopted the Terms of Reference for the NDPHS Evaluation Team and the Terms of Reference for the NDPHS evaluation external consultant<sup>4</sup>. The first meeting of the Evaluation Team 2013 took place on 5 February 2013 and the second is scheduled to take place on 10 April 2013. The Evaluation Team Chair and the Evaluation Consultant will be invited to report on the progress and the state of play in the evaluation process, as well as further steps.

The Meeting will be invited to **consider** the presented information and **decide**, as appropriate.

## **8. Final reporting on the implementation of the current NDPHS Strategy. The Strategy beyond 2013.**

Consistent with the Terms of Reference of the Expert and Task Groups, "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/Task Group towards achieving the respective Goals

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<sup>3</sup> Available at: [http://www.ndphs.org//documents/3315/PAC\\_9-7-1\\_Draft\\_revised\\_NDPHS\\_proposal\\_regarding\\_targets\\_and\\_indicators\\_for\\_EUSBSR.pdf](http://www.ndphs.org//documents/3315/PAC_9-7-1_Draft_revised_NDPHS_proposal_regarding_targets_and_indicators_for_EUSBSR.pdf).

<sup>4</sup> Available at: [http://www.ndphs.org//documents/3382/ET2013\\_1-4-Info\\_1\\_ToR\\_for\\_NDPHS\\_ET\\_and\\_NDPHS\\_evaluation\\_external\\_consultant.pdf](http://www.ndphs.org//documents/3382/ET2013_1-4-Info_1_ToR_for_NDPHS_ET_and_NDPHS_evaluation_external_consultant.pdf).

and their Operational Targets.” The Secretariat will introduce a proposed reporting template for the final reporting (covering years 2010-2013) on the implementation of the current NDPHS Strategy (cf. document CSR 21/8/1) and a proposed reporting timeline.

The Meeting will be invited to consider the presented proposal and **decide**, as appropriate.

Considering that the current NDPHS Strategy ends with the end of 2013 – the Meeting might wish to discuss and **decide** on issues related to the process of the development of the NDPHS Strategy beyond 2013, as appropriate.

## **9. Preparations for forthcoming ministerial-level PAC and its side event**

### **9.1 Ministerial-level PAC 10**

Finland, which will host the ministerial-level PAC on 22 November 2013, will be invited to inform about the modalities of the event.

The Meeting will be invited to **consider** the presented information and **decide**, as appropriate.

### **9.2 PAC 10 side-event**

The HIV/AIDS&AI EG will introduce a proposal regarding the thematic focus and modalities of the PAC 10 side-event to be held the day before.

The Meeting will be invited to **consider** the presented information and **decide**, as appropriate.

## **10. Future CSR meetings**

The Partners will be invited to consider offering to host the CSR meeting in spring 2014, and inform the Meeting accordingly. To facilitate Partners’ considerations the Secretariat submits information about the dates, locations and hosts of the CSR meetings up to the CSR 22 (cf. document CSR 21/10/Info 1).

Further, the Secretariat will provide information about the tentative date of the CSR 22 meeting in autumn.

The Meeting will be invited to **consider** the proposed dates and places, and **decide**, as appropriate.

## **11. Any other business**

The Meeting might wish to discuss any other business not covered under other agenda items and **decide**, as appropriate.

## **12. Adoption of the CSR 21 meeting minutes**

The Secretariat proposes that it would send out draft CSR 21 meeting minutes to the participants on 30 April 2013 and that comments on the draft would be due, at the latest, on 7 May 2013. The revised minutes would be distributed on 10 May 2013 to be adopted *per capsulam* provided that no further comments are submitted within one week.

The Meeting will be invited to **decide**, as appropriate.

### **13. Closing of the meeting**

The Meeting is expected to terminate on 12 April 2013 at 13:00 hours.