

**EG on Primary Health Care  
Second Meeting  
Stockholm, Sweden  
10 October 2006**

<b>Reference</b>	PHC 2/4/Info 2
<b>Title</b>	Mandate of the PHC EG as adopted by the CSR
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	<p>The following text was extracted from the combined Mandate Proposals for the NDPHS Expert Groups that was adopted during the CSR in Vilnius, Lithuania, April 14 -15, 2005.</p> <p>It should be also noted that the Secretariat intends to submit to this meeting draft PHC EG Terms of Reference, which will embed the above mentioned mandate and, additionally, include several important issues, which are not covered by the present PHC EG's mandate paper. If submitted, it is proposed that this ToR will be considered by this meeting so that the Secretariat can take into account the meeting's comments when developing the final version for submission to the CSR 9 Meeting for adoption.</p>
<b>Requested action</b>	For reference

### **1. Background**

When the CBSS Task Force (TF) on Communicable Disease Control mandate expired in 2004, there was wide consensus that its Programme Groups should continue using their expertise and experience for the Northern Dimension Partnership Programme for Health and Social Wellbeing. Eventually, three groups were invited to continue under the Partnership umbrella with a suitably renewed form and mandate, now called Expert Groups.”

### **2. Justification of this mandate proposal**

This proposal is based on

1. Request for Expert Group level mandate proposals by the Partnership Secretariat
2. Discussions and conclusions during the PHC EG's planning workshop in Helsinki 1-3.2. 2005.

### **3. Structure and working principles of the PHC EG**

The PHC Expert Group is open to representatives from Partners, Participants and Observers as defined in the NDPHS Declaration. Each Partner can appoint up to three members. As regards decision-making, if consensus is not reached, each Partner should only count as one.

The work is organized and coordinated by a Chair and a Co-chair, preferably from two different Partners.

Representatives of Partner countries should be appointed by respective Ministries or other relevant authorities and for Partner Organizations by their deciding bodies. The representatives should have relevant expertise from Primary Health Care, Family Medicine, Primary Health Care Reforms, health sector financing, training and referral systems.

If possible, the PHC EG can appoint a full or part-time International Technical Advisor (ITA) to provide the PHC EG with up-dated substance information, to coordinate practical functions of the PHC EG, to provide guidance for project identification, planning and implementation and to carry the work forward under the guidance of the Chair.

The Chair of the PHC EG can invite other guests having relevant specific expertise to participate the meetings.

#### **4. Cross-cutting principles**

All activities of the group should be implemented in a good and close cooperation with the Partnership Secretariat.

The PHC EG **recognises the following cross cutting issues**, which will be taken into account in all actions, considered or promoted by the Group:

- 1) The PHC EG will promote improvement of the general awareness concerning the role and significance of Comprehensive Primary Health Care as one cornerstone of functioning health care system.
- 2) The work of health care and social workers is highly demanding and extremely important for every citizen during some phase of life in all societies. Therefore, the PHC EG will work for development of positive attitudes towards health care and social professionals.
- 3) The PHC EG will promote raising the general understanding on Northern Dimension, its objectives, actions and the mandates of the working groups.
- 4) The PHC EG offers expertise as a referee group for new projects in the ND area.
- 5) Gender questions
- 6) Environmentally sustainable development in all actions

#### **5. Special Tasks for the Primary Health Care Expert Group**

The Primary Health Care Expert Group suggests that the following tasks will be included in its mandate:

- 1) **Advocacy and lobbying for Primary Health Care within the framework of ND PHS.** The Group will also promote Public Health, development of Primary Health Care as part of the health service systems and health sector reforms.

A special task for the EG is to improve the image concerning health care professionals and profession as well as importance of PHC in the Public opinion.

- 2) **Establishing close connections with other expert groups** and promotion of functioning cooperation with them as one prerequisite for a successful implementation of future tasks. The first priorities are in HIV, Prison and Training groups.

The PHC EG also recognises the need for collaboration with civil sector tuberculosis authorities and institutions. The Group seeks for collaboration also with other possible groups and authorities as relevant, especially working for healthy life styles, health promotion and prevention of diseases.

- 3) **Professional advice and support to authorities:** the PHC EG members are high level professionals and representatives of their countries, acquainted with both practical work and the policies behind it.

Therefore, the Group is ready and willing to provide professional information and advice about the actual situation, tendencies and development needs of the health sector within the ND area, to relevant ministries and embassies. This can include meetings with authorities, visits in participating countries and written information.

- 4) **Technical referee group** for new project proposals, project identification, planning, implementation and monitoring.

In this respect, also having good understanding of the health sector situation in the ND area, the PHC EG can identify needs and develop initiatives for new projects, identify actors and new partners and assess relevance and technical quality of plans and proposals in the region. The Group can make recommendations concerning project proposals or implementation and assist in planning as requested.

In all its work the PHC EG takes into account especially the needs of various vulnerable groups, the threats of communicable diseases and public health views as cross cutting elements.

The Group is committed to inform and consult the NDPHS Secretariat and other relevant stakeholders about the Group's actions and the development of the sector as necessary.