

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



<b>Reference</b>	PHC 2/5/1
<b>Title</b>	Proposed Terms of Reference for the EG on Primary Health Care
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	The following text is based on the PHC EG's Mandate adopted during the CSR in Vilnius, Lithuania, April 14 -15, 2005 (submitted as document PHC 2/4/Info 2). It has been modified to follow the ToR template developed by the Secretariat and agreed upon during the 3 <sup>rd</sup> Meeting of the EG Chairs and ITAs on 29 August 2006. A primary reason for the submission of this document is based on the outcome of the NDPHS Questionnaire in which seven out of nine Partners which referred to the EG mandates (in question No. 7) consider the present mandates to be problematic, either unclear, insufficient or divergent from one another.
<b>Requested action</b>	Comments



## TERMS OF REFERENCE

### NDPHS Expert Group on Primary Health Care

#### I. Background and Objectives

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 3<sup>rd</sup> meeting in Copenhagen on 20-21 September 2004 to establish the NDPHS Expert Group on Primary Health Care.

The main role of the EG on Primary Health Care is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the EG on Primary Health Care has the overall objectives to work towards the inclusion of policies to step up primary health care on political agendas, support co-ordinated and collaborative efforts to work towards the improvement of health service systems and health sector reforms, and to promote networking and partnership building among relevant stakeholders.

#### II. Scope of Responsibilities

According to the abovementioned Oslo Declaration, under the guidance of the CSR, an expert group may have 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 expert groups to “facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise.”

Consistent with these provisions, the EG on Primary Health Care has the following scope of responsibilities:

- Promote the principles and objectives of the NDPHS in the field of primary health care and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- Establish and maintain good relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions, as appropriate;

- Promote general awareness concerning the role and significance of comprehensive primary health care as one of the cornerstones of a well-functioning health care system;
- Work towards the development of positive attitudes towards health care and social professionals;
- Take into account the needs of vulnerable groups, the threats of communicable diseases, public health perspectives, and gender questions as cross cutting issues;
- Promote environmentally sustainable development in the Expert Group's actions;
- 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, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up primary health care;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate.

Within this scope of responsibilities, the EG on Primary Health Care will undertake the following activities:

- Advocate and lobby for primary health care within the framework of the NDPHS, such as by promoting public health and the development of primary health care as part of health service systems and health sector reforms;
- Work towards the continued reorientation of health systems and endeavour to raise health issues on political agendas and in political decision-making;
- Strengthen co-operation in health surveillance in communicable diseases and their determinants;
- Monitor and evaluate the results of projects and activities implemented under the ND initiative, in order to ensure that ND financing is allocated in a way that achieves maximum results;
- Establish close connections and co-operation with other NDPHS Expert Groups;
- Collaborate with other relevant groups, especially those working towards healthy life styles and disease prevention;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;
- Act as a referee concerning new project proposals, project identification, planning, implementation and monitoring, such as by making recommendations on projects proposals or implementation and assisting in planning, as requested;
- Provide the NDPHS website/database with information concerning the Expert Group's work;
- When relevant, review the Expert Group's Terms of Reference and propose any necessary amendments.

The official language of the Expert Group is English. However, where possible, efforts should be made to provide English/Russian interpretation and translation.

### **III. Outputs and Results**

The general scope of outputs and results from the work of the Expert Group are as follows:

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- Expert contributions to policy evolution;
- Partnership-building and promotion of activities relevant to achieving the goals of the Partnership;
- Co-ordination and networking of relevant activities;
- Monitoring and peer evaluation of ongoing activities on an annual basis;
- Short progress reviews/reports submitted to CSR meetings and annual PAC meetings.

### **IV. Lead Partner**

The CSR decides upon the Lead Partner for the EG on Primary Health Care.

In the case that a 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.

### **V. Composition of the Expert Group**

#### **1. Chair and Vice Chair**

The Expert Group appoints its Chair and Vice Chair from the individuals nominated. In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision.

#### **2. International Technical Advisor**

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

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 Programme field. The ITA shall also be actively involved in all of the activities described in the Expert Group's mandate, where appropriate and reasonable.

It is advisable that the Chair and the ITA represent different countries of the Northern Dimension area.

#### **3. General Representation**

General representation within the EG on Primary Health Care shall consist of high-level experts in the field. These representatives shall have relevant expertise in primary health care, family medicine, primary health care reforms, health sector financing, and training and referral systems. These high-level experts shall be appointed to the Expert Group by the NDPHS Partner Countries and Partner Organisations.

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 other “eligible participants” and “interested parties” as defined in the Oslo Declaration. The Chair/ITA of a given Expert Group meeting will inform the appropriate representatives in the Group about any additional invitees prior to the meeting, if possible.

#### **4. Sub-groups**

The EG on Primary Health Care has the right to establish sub-groups to achieve the objectives of the Group, as appropriate. The establishment of a sub-group is subject to the approval of the CSR.

#### **VI. Meetings**

The EG on Primary Health Care shall hold at least two 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.

#### **VII. Coordination, supervision and financial aspects**

The CSR is responsible for supervising the work of the Expert Group. As to guidance, PAC is responsible for deciding on the political direction of the 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. Such meetings will be organised by the Secretariat before every CSR meeting, or as deemed necessary.

The Lead Partner shall provide financial support to the Expert Group to aid its activities. All expenses incurred by the Group’s representatives to attend the Expert Group meetings shall be covered by their respective Partner Countries or Partner Organisations.

Notwithstanding the above, the Lead Partner and other Partnership Countries and Organisations can provide financial support to individuals whose participation is deemed vital to the success of the meeting.

#### **VIII. Reporting and Decision Making**

The EG on Primary Health Care is answerable to the CSR and PAC. To this end, it will provide feedback and report to the CSR, as well as PAC, if necessary.

The Expert Group, supported by the Chair and the ITA, will prepare an annual Progress Report and a proposed Activity Plan for the following year, both to be submitted to the Autumn CSR meeting.

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 the NDPHS Secretariat, which can in turn share the reports with other Partner countries and Partner Organisations.

Decisions within the EG on Primary Health Care shall be reached by consensus.

Only appointed representatives to the EG on Primary Health Care take part in decision making.

The Expert Group will ensure that all decisions are communicated to the NDPHS Secretariat and other NDPHS 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 the existing Terms of Reference, the EG on Primary Health Care can elaborate more precise strategic principles, which highlight the methods by which the goals and objectives will be reached. These strategic principles will be updated at each Expert Group meeting, and any changes will be communicated to the NDPHS Secretariat.

## **IX. Relationship with other Expert Groups**

The EG on Primary Health Care shall seek, when appropriate, to establish and maintain collaborative relationships with other Expert Groups on cross-cutting issues.

Additionally, the EG on Primary Health Care shall seek, when appropriate, to establish and maintain working relations with other relevant groups in the Northern Dimension area in a manner that promotes synergies and avoids the duplication of efforts. To this end, and when appropriate, the Expert Group may represent the NDPHS in different forums to promote its own objectives and develop support and commitment from potential external partners.

Examples of cross-cutting issues that the Expert Group may wish to work with other Expert Groups on include, but are not limited to the following:

- Comprehensive primary health care as a cornerstone of a well-functioning health care system;
- Communicable diseases and disease prevention;
- The improvement of health care in Prisons;
- Gender issues.

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

The Terms of Reference will be reviewed every two years, coinciding with Chairmanship rotation, or on an ad hoc basis, when deemed necessary by the Expert Group.

Proposed amendments to the Terms of Reference shall be co-ordinated with the NDPHS Secretariat and approved through consensus before being submitted to the CSR for adoption.