

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

Reference	PHC 2/5/1/Rev. 1
Title	Revised Proposed Terms of Reference for the EG on Primary Health Care
Submitted by	Secretariat
Summary / Note	This paper presents revisions to the original <i>Proposed Terms of Reference for the EG on Primary Health Care</i> (submitted as document PHC 2/5/1) as proposed by the WHO and, later on, added by the PHC 2 meeting participants. The proposed revisions are highlighted as track changes.
Requested action	Comments



TERMS OF REFERENCE

NDPHS Expert Group on Primary Health Care

I. Background and Rationale

Within the Northern Dimension Partnership's members, there are extreme disparities in health status and outcomes, including social and economic problems which lead to a high level of mortality, abuse of alcohol and drugs, spreading of infectious diseases such as TB and HIV/AIDS. Thus the priority objectives of the Partnership are prevention of lifestyle related non-communicable diseases and the reduction of major communicable diseases as well as the enhancement and promotion of healthy lifestyles.

In order to achieve these objectives, the Partnership recognizes that health systems must be strengthened with a particular emphasis on the provision and delivery of primary health care. While the development of primary health care varies among the Partnership members, there is a need to share experiences and expertise in the organization and delivery, funding mechanisms, human resource development and stewardship of primary health care. The opportunities for primary health care to support health promotion and disease prevention can support the Partnership objectives to improve public health and health outcomes.

Thus, 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 3rd meeting in Copenhagen on 20-21 September 2004 to establish the NDPHS Expert Group on Primary Health Care (PHC Expert Group).

II. Objectives

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.

III. 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;
- Ensure that ethics and patients’ perspectives continue to be fundamental;
- 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 and improvement of primary health care as part of health service systems and health sector reforms;
- Support initiatives for reorienting health systems to improve the implementation and status of primary health care;
- 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 organisations with compatible objectives 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;
- Propose topics and issues for new project proposals on primary health care;

- 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, including development of terms of reference for such reviews;
- Provide the NDPHS website/database with information concerning the Expert Group's work;
- When relevant, review the Expert Group's Terms of Reference and advise on 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.

IV. 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 annual and biannual basis;
- Short progress reviews/reports submitted to CSR meetings and annual PAC meetings.

V. 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.

VI. 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 organiser of a given Expert Group meeting will inform Partner Countries and Partner Organisations 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.

VII. 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.

VIII. 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.

IX. 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 members, 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 Primary Health Care shall be reached by consensus.

Only appointed representatives to the 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.

In addition to the existing Terms of Reference, the Primary Health Care can elaborate more precise strategies and action plans, which highlight the methods by which the goals and objectives will be reached. These strategies and action plans will be updated at each Expert Group meeting, and any changes will be communicated to the NDPHS Secretariat.

X. 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 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;
- Healthy life styles;
- Communicable diseases and disease prevention;
- The improvement of health care in prisons.

XI. Amendments to the Terms of Reference

It is advisable that the Terms of Reference be reviewed by the Expert Group, every second year, or when deemed necessary.

Decisions concerning amendments to the Terms of Reference shall be reached by consensus and are subject to the approval of the CSR.