Northern Dimension
Partnership in Public Health
and Social Well-being
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NDPHS Evaluation Team 2013
Third Meeting
Stockholm, Sweden
5 September 2013

Reference	ET2013 3/4/1
Title	Development of the NDPHS Strategy beyond 2013
Submitted by	Secretariat
Summary / Note	The current NDPHS Strategy expires in 2013. To that end, the CSR 21 Meeting requested the Secretariat to prepare, with input from the Evaluation Team, a discussion document regarding the process and aspects to take into consideration while developing the NDPHS Strategy beyond 2013 (NDPHS Strategy 2014-2020).
Requested Action	For discussion and advice

Committee of Senior Representatives (CSR)
Twenty Second Meeting
Reykjavik, Iceland
16-17 October 2013

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Submitted by	Secretariat
Summary / Note	The current NDPHS Strategy expires in 2013. To that end, the CSR 21 Meeting requested the Secretariat to prepare, with input from the Evaluation Team, a discussion document regarding the process and aspects to take into consideration while developing the NDPHS Strategy beyond 2013 (NDPHS Strategy 2014-2020). The present discussion document takes into account respective recommendations included in the Evaluation Report prepared by the Evaluation Team Consultant. As requested by the CSR, it has been discussed by the Evaluation Team (ET) and the ET's comments have been included in it. The main focus of this discussion document is on the process of the development of the second mid-term Strategy, rather than its content.
Requested Action	For decision

It is proposed that the Committee of Senior Representatives consider and decide upon the following issues relating to the development of a new NDPHS Strategy:

1. Prolongation of the current Strategy and, where relevant, mandates of the Expert and Task Groups

Background

The Goals, operational targets and indicators of the current NDPHS Strategy are valid until the end of 2013. Linked to them are the Terms of Reference of the eight NDPHS Expert and Task Groups, which are also valid until 2013.

Excerpts from the Evaluation Report 2013

- Recommendation No. 6: In order to have sufficient time for the development of the new strategy, the mandate of the current strategy should be extended into 2014;
- Recommendation No. 20: In regard to the AMR group, the growing importance and public anxiety about the topic calls for a continuation of the group's activities;
- Recommendation No. 21: In regard to the IMHAP group, the consultant recommends to formally end the operation;

- Recommendation No. 22: In regard to the PPHS group, the CSR should carefully discuss whether the continuation of the Prison Health topic is worthwhile vis-à-vis existing resources.

Issues for discussion and decision

- Extension of the mandate, either by the CSR or by the ministerial-level PAC, of the current NDPHS Strategy until adoption and entry into force of the new mid-term Strategy;
- Extension, where relevant, of the mandates, either by the CSR or by the ministerial-level PAC, of the current NDPHS Expert and Task Groups until adoption and entry into force of the new mid-term Strategy. In this regard, recommendations No. 20-22, quoted above, are relevant.
- Adoption of EG/TG Work Plans for 2014 (included/to be included in a NDPHS Work Plan for 2014). To that end the following excerpt from the NDPHS Work Plan for 2013 should be recalled:
    - "(2.5) Plan the implementation process beyond 2013.

      NDPHS Expert Groups and Task Groups to be in operation beyond 2013: develop annual work plans for 2014. These plans will be elaborated consistent with the *Elements for the development of NDPHS EG/TG Annual Work Plans* and shall specify the methods, milestones and resources with which the respective objectives will be pursued and achieved during 2014."

2. Establishment of the Strategy Working Group

Background

In 2009 the Strategy Working Group led by Sweden and consisting of the representatives of Canada, Finland, Germany, Lithuania, Norway, Poland, Russia and the NDPHS Secretariat, developed the current NDPHS Strategy.

Excerpt from the Evaluation Report 2013

Recommendation No. 7: A strategy working-group should be formed, consisting of CSR-members, the leadership of Expert Groups and, if needed, external expertise in planning methods.

Issues for discussion and decision

- Establishment of a Strategy Working Group (SWG) (including its composition);
- Adoption, of the SWG Terms of Reference (ToR). First draft of the ToR is enclosed (cf. Annex 1).

3. Political priorities in the new Strategy

Background

The current Strategy covers four thematic areas: (1) Containing the spread of HIV/AIDS and tuberculosis; (2) Accessibility and quality of primary health care; (3)

Prison health care policy and services; (4) Lifestyle-related non-communicable diseases and good social and work environments, and lists 12 goals:

Goal 1: The role and working methods of the NDPHS are strengthened;
Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved;
Goal 3: Social and health care for HIV infected individuals in the ND area is integrated;
Goal 4: Resistance to antibiotics is mitigated in the ND area;
Goal 5: Inequality in access to qualified primary health care in the ND area is reduced;
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;
Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced;
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;
Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area;
Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area;
Goal 11: Public health and social well-being among indigenous peoples in the ND area is improved;
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.

Excerpts from the Evaluation Report 2013

- Recommendation No. 3: In setting up the new strategy, first the political leadership of the Partnership has to define needed health areas, set priorities and general goals based on a variety of inputs; afterwards the Expert Groups will deal with the development of an operational plan.
- Recommendation No. 4: Every target and indicator has to be strictly connected to resources. Targets without a resource-analysis attached to it should not be formulated. Resources include time, expertise and money. Resource-demands by external obligations – especially the role of NDPHS within the EUSBSR – have to be defined beforehand.
- Recommendation No. 16: Do not add new health areas to the strategy. Review of the current ones are all needed.

For information

"Setting priorities in the new NDPHS Strategy" has been included as an item on the draft agenda of the forthcoming ministerial-level PAC (cf. agenda item XXXX). Political guidance provided by the ministers during the PAC will serve as the point of departure when developing the second mid-term Strategy.

4. Ownership and quality issues

Excerpts from the Evaluation Report 2013

- The development process of the (current) mid-term strategy has not been perfectly designed to fulfil both the needs for a certain standard of quality management as well as the inclusion of all Expert Groups in order to achieve ownership (page 6);
- The consultant is doubtful at this time if all Expert Groups are in a position to meet the relevant quality standards. In order to develop an operational plan according to these standards, it is necessary that
  - Expert Groups have the competence and capacity to understand, develop and implement a logframe-planning-process according to the professional standards of using this method;
  - Expert Groups have the competence and capacity to understand and develop indicators, which fully live up to the criteria of being SMART (specific, measurable, achievable, relevant and timebound).
  - Expert Groups have the necessary resources to present their operational plans within a given time-frame and are available for revision and comments after their proposals have been scrutinized by a strategy working-group.

  If these three preconditions are not fully met, the process of development is in serious danger. If any Expert Group finds itself in doubt in regard to these competences, it will either be necessary to retrain at least the ITA so that he/she will be capable of conducting the planning process properly or to find external expertise that will be able to fulfil that task.
  If the Expert Group will not be capable of providing the necessary input according to quality standards and in time, the consequence will be that
  - the strategy working group will be forced to take over planning of the operational targets and indicators by itself in order to be able to finalize the document in time and consequently
  - the Expert Groups affected might suffer the same lack of ownership in regard to the targets like during the last five years.

  Expert Groups should take this exercise as a good chance to remedy perceived shortcomings of the development of the first mid-term strategy. For this, considerable effort from their side is to be expected.

  In addition, the strategy working-group needs to include the relevant competence as outlined above as well in order to be able to scrutinize the quality of the proposals submitted by the Expert Groups and, if they are lacking, to be able to fill the gaps by itself, if necessary. The composition of the strategy working-group should reflect this (pages 31-32).

Issues for discussion

- How to assess (and who should do it) the capability of the Expert Groups and the Strategy Working Group members to develop the new Strategy and how to identify gaps in capacity and training needs (e.g., through a self-assessment), if necessary;
- How to address the identified gaps (e.g., by training, involving external expertise) and how to finance the proposed solutions.

5. Timeline for the development of the new Strategy

Excerpt from the Evaluation Report 2013

The setup of the second mid-term strategy embodies all the chances and possible pitfalls of the future development of NDPHS and needs careful management. Rushing it in order to meet unrealistic deadlines will not be helpful. It will be better to do things thoroughly and in an inclusive way, as this will enhance the quality of the new strategy as well as its effectiveness (page 51).

Proposed timeline (for adoption)

16-17 October 2013	Decision on the extension of the current Strategy Decision on the establishment of a Strategy Working Group (SWG) and adoption of the Terms of Reference (ToR) for it
Until 15 Nov. 2013	Nomination of the SWG members
22 Nov. 2013 (PAC)	Ministerial-level discussion on priorities of the NDPHS Strategy 2014-2020.
Dec. 2013	1st meeting of the SWG SWG asks the CSR, Expert Groups and Task Groups to provide input, by mid-February 2013, into the development of the vision and goals of the NDPHS Strategy 2014-2020
March 2014	2nd meeting of the SWG SWG finalizes a paper on the vision and goals of the NDPHS Strategy 2014-2020
April 2014	CSR adopts (either during the CSR 23 meeting or through a subsequent written procedure) a paper on the vision and goals of the NDPHS Strategy 2014-2020
May-Aug. 2014	On the basis of the adopted vision and goals, the relevant Expert and Task Groups and the Secretariat are asked to develop an operational plan, including targets, indicators, resources and challenges and submit their inputs by end of August
Late Sept. 2014	3rd meeting of the SWG SWG reviews the operational plan and, if necessary, asks the relevant Group or Secretariat for revisions
Oct./Nov. 2014	The SWG submits draft NDPHS Strategy 2014-2020 and its operational plan to the PAC 11 for adoption, if appropriate

If the Strategy, including its operational plan, is not adopted during the PAC 11:

Nov. 2014-Mar. 2015	Respective Groups and/or Secretariat and the SWG work on the necessary revisions
Spring 2015	CSR 24 adopts the NDPHS Strategy 2014-2020 and its operational plan

6. Resources for the development of the NDPHS Strategy 2014-2020

The following resources need to be made available for the development of the new mid-term Strategy:

1) Working time of the Expert Group and Strategy Working Group (SWG) members;
2) Travel costs of the SWG members to attend the SWG meetings;
3) Training and/or involvement of external expertise to ensure that inputs from the Expert Groups meet quality standards, if deemed necessary, and to provide advice on the methodology to the SWG.

Issues for discussion

- Whether Partners are ready to allocate the necessary resources, including for training and involvement of external expertise.

ANNEX 1

Proposed Terms of Reference and Timeline
for the NDPHS *ad hoc* Working Group for the Development of a NDPHS Strategy 2014-2020 (Strategy Working Group, SWG)

Adopted by the [CSR] on XXXX 2013

1. Background

Consistent with the NDPHS Strategy stipulating the need to carry out an "evaluation approximately every five years, which would be aided by an external consultant", the NDPHS had established an Evaluation Team. The Team conducted the evaluation with the inputs of the NDPHS Partners and the inputs and support of an independent consultant appointed by the CSR. The results of the Evaluation Team and the Evaluation Team's Consultant work were presented to the CSR 22 meeting on 16-17 October 2013 in Reykjavik, Iceland.

Having considered the presented recommendations and proposals, the CSR decided to establish an *ad hoc* Strategy Working Group to help develop the NDPHS mid-term Strategy 2014-2020 (hereinafter the NDPHS Strategy 2014-2020).

2. Scope

The main task of the SWG is to facilitate the development of the NDPHS Strategy for the period 2014-2020 and act as the focal point for inputs from the NDPHS Partner Countries and Organisations, the Participant and the Expert and Task Groups. In this capacity, the SWG has the overall objective to produce a draft NDPHS Strategy 2014-2020, including its operational plan, and present it to the PAC 11 in 2014.

The SWG will address Recommendations No. 1-5; 8-13; 15-18 of the consultant's report, as well as additional recommendations agreed upon during the CSR 22 and the PAC 10 meeting (Appendix 1).

The SWG will not address issues that have already be decided by the CSR 22 or shall be decided exclusively by the CSR or the PAC, such as:

- Extension of the mandate of the current Strategy (Recommendation No. 6)
- Establishment of the Strategy Working Group (Recommendation No. 7)
- Ensuring capacity and competence of the Expert Groups to implement a logframe-planning-process according to the professional standards (Recommendation No. 14)
- Deciding upon the establishment or dissolution of Expert and Task Groups (Recommendations No. 19-22).

3. Composition *[preferably to be decided before PAC 10]*

The SWG will be composed of:

- *CSR members representing the Chair and Co-Chair country;*
- *At least one CSR member from one of the following countries: Latvia, Lithuania, Poland and Russia;*
- *At least one CSR member from one of the following countries: Denmark, Finland, Iceland, Norway and Sweden;*
- *At least one representative from the European Commission and/or the WHO;*
- *Representatives of other Partner Organisations that wish to join in*
- *At least one representative of the leadership (Chair, co-Chair or ITA) of a NDPHS Expert Group;*
- *The NDPHS Secretariat.*

The SWG members will elect a SWG Chairperson from among themselves. The NDPHS Secretariat will provide a technical support to the SWG Chairperson.

3.a Support from an external consultant

In performing its tasks the SWG shall be/may be supported by an external consultant providing methodical advice in planning processes. Engagement of the consultant shall be without financial consequence for the NDPHS annual budget.

4. Outputs

The following outputs will be delivered by the SWG:

- Paper on the vision and goals of the NDPHS Strategy 2014-2020 to be submitted to the CSR 23 Meeting in spring 2014;
- Draft NDPHS Strategy 2014-2020, including its operational plan, to be submitted to the PAC 11 meeting in autumn 2014, either for adoption or comments. In the latter case, final draft strategy, including its operational plan, to be submitted to the CSR 24 Meeting in spring 2015.

5. Timeframe

The mandate of the SWG is valid from 23 November 2013 until the PAC 11 in autumn 2014.

22 Nov. 2013 (PAC)	Ministerial-level discussion on priorities of the NDPHS Strategy 2014-202
Dec. 2013	1st meeting of the SWG SWG asks the CSR, Expert Groups and Task Groups to provide input, by mid-February 2013, into the development of the vision and goals of the NDPHS Strategy 2014-2020
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April 2014	CSR adopts (either during the CSR 23 meeting or through a subsequent written procedure) a paper on the vision and goals of the NDPHS Strategy 2014-2020
May-Aug. 2014	On the basis of the adopted vision and goals, the relevant Expert and Task Groups and the Secretariat are asked to develop an operational plan, including targets, indicators, resources and challenges and submit their inputs by end of August
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If the Strategy, including its operational plan, is not adopted during the PAC 11:

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6. Financial aspects

All expenses incurred by the representatives to attend SWG meetings will be covered by their respective countries or organisations.

Costs for holding meetings will be borne by the host country/organizations unless otherwise agreed.

7. Decision making and reporting

The SWG is answerable to the CSR and the PAC.

Decisions within the SWG will be reached by consensus.

Only appointed representatives to the SWG take part in decision-making.

The outcomes of each SWG meeting shall be documented in the meeting minutes and published on the NDPHS website.

8. Amendments to the Terms of Reference

These Terms of Reference can be amended by the CSR/the PAC, when deemed necessary.

Amendments proposed by the SWG shall be approved in the SWG before being submitted to the CSR/PAC for possible adoption.

APPENDIX 1

List of all recommendations to be addressed by the NDPHS *ad hoc* Strategy Working Group (SWG)

I. Recommendations from the consultant's report regarding the development of a new strategy

R1. If activities planned are dependent on external actors – like funding agencies – no targets and indicators should be formulated without explicit knowledge of the conditions laid down by these external actors and without pointing out the challenge that the target is depending on external funding and that this involves a risk (e.g. insert a clause "subject to available funding").

R2. In the new strategy, indicators chosen should be time-bound within the mandate of the strategy (like up until 2020) and should not go beyond that time-frame.

R3. In setting up the new strategy, first the political leadership of the partnership has to define needed health areas, set priorities and general goals based on a variety of inputs; afterwards the Expert Groups deal with the development of an operational plan.

R4. Every target and indicator has to be strictly connected to resources. Targets without a resource analysis attached to it should not be formulated. Resources include time, expertise and money. Resource-demands by external obligations – especially the role of NDPHS within the EUSBSR – have to be defined beforehand.

R5. Every target should have one specific and responsible Expert Group in the lead, with other Expert Groups as secondary contributors.

R8. The proposed process is as follows: 1. EGs are asked to provide input into the development of goals. 2. The strategic working group compares input with the ideas from the CSR and with relevant strategies (EUSBSR, WHO, relevant Russian strategies), 3. Strategy working group provides first documents with vision and goals and prioritization of health-areas, 4. Relevant EGs develop operational plan including indicators, 5.Operational plan is reviewed by strategy working group, changes are asked for or made as needed, 6. Resulting comprehensive document is put to the PAC for final decision.

R9. The second strategy should, alongside with the EU Vision 2020, last up until the year 2020.

R10. Important international organizations associated with the NDPHS should explicitly be invited into the strategy-development process.

R11. The new strategy should only include goals, targets, indicators and, as an annex, operational plans. It should not include anything in regard to statutes (terms of reference, procedures, administrative issues).

R12. Targets should be formulated clearly, short and without description of activities, they should not include many targets in one sentence and shouldn't mix targets and connected sub-targets.

R13. Indicators should clearly reflect the target and should have a target-value.

R15. The secretariat should have its own operational plan in regard to targets and goals of the partnership.

R16. Do not add new health areas to the strategy. Review if the current ones are all needed.

R17. Aspects of social-wellbeing in projects should be encouraged, if e.g. funding opportunities allow. Aside from that, if the partnership doesn't want to put additional resources in this topic, the significance of this area should be presented more diligently in the reporting, but additional and specific activities should not be planned.

R18. Projects and networking/policy advise should continue to be balanced in the new strategy. The definition of project should include the development of reports or documents, not only direct implementation of methods with the target-group. The minimum requirement should be one flagship project per Expert Group, any additional amount should correspond closely with funding opportunities.

II. Additional recommendations

[To be discussed]