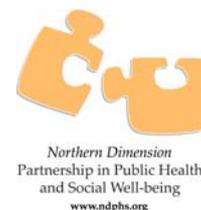


**EG on Prison Health  
Second Meeting  
Oslo, Norway  
13-14 February 2007**



<b>Reference</b>	PH 2/7/1
<b>Title</b>	Proposed Terms of Reference for the EG on Prison Health
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	The following text is based on the PH EG's Mandate adopted during the CSR in Vilnius, Lithuania, April 14 -15, 2005 (submitted as document PH 2/5/Info 1). 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



Northern Dimension  
Partnership in Public Health  
and Social Well-being  
[www.ndphs.org](http://www.ndphs.org)

## TERMS OF REFERENCE

### NDPHS Expert Group on Prison Health

(Draft)

#### I. Background and Rationale

Within the Northern Dimension area the penal system presents a section of the society where major health problems are concentrated. The spread of communicable diseases occurs predominantly within the marginalised groups that live under harsh socio-economic circumstances, of which many members may subsequently enter the penal system. There are also obvious connections between social disparities, mental disorders, drug use, infectious diseases, crime and imprisonment. Thus, it is necessary to extend the scope of joint work concerning penal systems in the Northern Dimension area to cover not only communicable diseases but also better treatment and prevention of psychiatric diseases, the rehabilitation and treatment of drug abusers, improved custodial conditions for inmates and staff and strengthened co-operation between the prison system and the civil and social services.

In order to achieve these objectives, the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) recognises that improvements in the living conditions of prisons need to be made as well as the working conditions of prison staff. There is also need to offer proper education or work to prisoners, especially in the case of young prisoners. Measures to assist penal institutions in attaining a higher degree of self-sufficiency should be made, and projects that foster co-operative relations between the prison system and the social services system, as well as relevant organisations, local authorities and civil society as a whole.

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 3<sup>rd</sup> meeting in Copenhagen on 20-21 September 2004 to establish the NDPHS Expert Group (EG) on Prison Health.

## **II. Objectives**

According to the Mandate of the PHC Expert Group given by the Partnership, the main role of the EG on Prison Health is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the EG on Prison Health has the overall objective to work towards the improvement of prison systems and prison reforms, and to promote networking and partnership building among relevant stakeholders.

## **III. Scope of Responsibilities**

According to the abovementioned Oslo Declaration, and the EG's Mandate, 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 Prison Health has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of prison health and develop strong partnerships with a wide variety of stakeholders to ensure that it achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate;
- Promote general awareness concerning prison health and work towards the development of positive attitudes towards this field;
- Communicate "collective knowledge" within the field on prison health;
- Contribute to the development of national policies that respond to the needs and requirements of the Partnership Countries;
- Map and identify Partner Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up prison health. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Other responsibilities, as approved by the CSR or Partnership Annual Conference (PAC).

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

- Establish connections and co-operation with other Partnership Expert Groups;
- Support initiatives for reorienting prison systems to improve the implementation and status of health care;

- Collaborate with other relevant organisations with compatible objectives, especially those working towards healthy life styles and disease prevention and including those from other sectors which have an impact on prison health;
- 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 prison health;
- In selected cases, act as a technical referee for new project proposals, project identification, planning, implementation and monitoring. This includes making recommendations on project proposals and implementation, as well as assisting in planning, as requested, including in the development of terms of reference for such reviews;
- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results;
- Assist in initiating, catalyzing, and promoting relevant project initiatives, evaluate and discuss project proposals with project owners and also support ongoing projects in the field of prison health and social well-being in the Northern Dimension area;
- Advise and, if necessary, assist project groups in contacting financiers and recommend relevant project proposals to financial bodies within the Northern Dimension area;
- Formulate criteria for future support for projects in the field of Prison. This should include the application of the Logical Framework Approach (LFA);
- Provide the Partnership 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 shall be as follows:

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- To advise the Partnership through the NDPHS Secretariat on related Partnership activities and proposals for various forms of support;
- To facilitate the exchange of information on programmes and projects;
- To provide expert contributions to policy evaluation;
- To promote partnership-building and activities relevant to achieving the goals of the Partnership;
- To promote regional synergies and synergies with other international organisations;
- Monitoring and peer evaluation of ongoing activities;
- 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 Prison Health. The role of the Lead Partner is to initiate and lead the Expert Group's activities. The Lead Partner also provides financial support to the Group to prompt its activities.

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.

The Chair is responsible for providing effective leadership concerning the Group's overall scope of responsibilities spelled out above. In addition, the Chair is responsible for:

- Ensuring that the EG meets at appropriate intervals, and that the minutes of meetings and any reports to the Partnership bodies accurately record the decisions taken and, where appropriate, the views of individual EG representatives;
- Ensuring that the EG reaches clear conclusions on the matters it discusses;
- Ensuring that the views of the EG are passed to the CSR, PAC and the Secretariat;
- Communicating the EG's views to the media, health care professionals and the public, as requested;
- Briefing new members on appointment, as appropriate.

### **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 ITA is responsible for keeping the CSR and the NDPHS Secretariat informed of the Expert Group's 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. In addition, he or she is responsible for:

- Preparing, in co-operation with the EG Chair and in contact with the Secretariat, provisional meeting agendas, meeting documents, and preparing the minutes from the EG meetings;
- Keeping the representatives of the EG informed on a regular about the progress of projects;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Contacting the NDPHS Secretariat regarding the input of the EG to relevant Partnership projects and activities, such as the Project Database and Project Pipeline;
- Developing partnerships with other individuals and organisations to ensure wide participation in development issues that the Partnership is addressing.

In appointing the Chair, Vice Chair and ITA, it is advisable that they represent different countries from the Northern Dimension area.

### **3. General Representation**

General representation within the EG on Prison Health shall consist of high-level experts in the fields of health (communicable diseases such as TB and HIV and epidemiology, drug abuse and mental disorders), social welfare and prison experts. These high-level experts shall be appointed to the Expert Group by the Partner Countries and Partner Organisations. In appointing representatives to the Group, Partner Countries and Organisations will be guided by the following considerations:

- The EG will include one representative and not more than one alternate from each Partner Country and Organisation, who has an interest and sufficient expertise in the field of Prison Health;
- EG representatives and alternates will normally serve in the Expert Group for a period prescribed by their respective countries or organisations, preferably for a period of at least two years.

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 Prison Health 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 Prison Health shall hold three to four 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 intervene during these meetings.

Should the Expert Group not be in a position to decide upon additional invitees to its meetings, the Chair may invite persons from international or regional organisations who have an interest in the field of prison health to the EG’s meetings or to particular sessions during such meetings.

Except as otherwise herein stated, the Expert Group will determine its own methods of work, including the preparation of agendas, the keeping of records and other procedures. The work of the Expert Group between periodic meetings shall be carried out through correspondence via e-mail and telephone.

### **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 may be organised, if necessary, by the Secretariat when preparing for CSR meetings, and in these cases, would be held back-to-back with the CSR meetings, or as deemed necessary.

As the Partnership cannot bear the travel and other costs related to Expert Group representatives' participation in EG meetings, all expenses incurred by the representatives to attend EG meetings will be covered by their respective countries or organisations.

Notwithstanding the above, individual Partner Countries or organisations may provide voluntary support for the attendance of a participant at Expert Group meetings, if sufficient funds are available.

If other sources are interested in supporting the work of the Group, communication and follow-up will be facilitated by the NDPHS Secretariat.

The Lead Partner shall provide financial support to the Expert Group to aid its activities.

### **IX. Reporting and Decision Making**

The EG on Prison Health is answerable to the CSR and PAC. To this end, it will provide feedback and report to the CSR, as well as PAC, as 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 Expert Group on Prison Health shall be reached by consensus.

Only appointed representatives to the Expert Group take part in decision making.

The outcomes of each Expert Group meeting shall be documented in the meeting minutes and published on the NDPHS website. The Expert Group will ensure that all decisions are communicated to the NDPHS Secretariat and other Partnership 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 Expert Group on Prison Health can elaborate more precise strategies and actions plans, which highlight the methods by which the goals and objectives will be reached. These strategies and action plans can be updated at Expert Group meetings, and any changes will be communicated to the NDPHS Secretariat.

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

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

Additionally, the EG on Prison Health 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 Partnership 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:

- Communicable diseases and disease prevention;
- The improvement of health care and social work in prisons;
- Rehabilitation of drug and alcohol abusers;
- Social inclusion and mental health.

#### **XI. 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 in the Group before being submitted to the CSR for adoption.