



**NDPHS Strategy Working Group 2014
Third Meeting
Riga, Latvia
10 June 2014**

Title	Minutes from the 3 rd Meeting of the NDPHS Strategy Working Group 2014
Submitted by	Secretariat
Summary / Note	This document outlines the main discussion points and decisions made during the 3 rd meeting of the SWG 2014
List of Annexes	Annex 1 – Contents of the NDPHS Strategy 2014-2020 Annex 2 – Working methods and timeline for development of the Action Plan accompanying the NDPHS Strategy 2014-2020 and drafting of the Strategy Annex 3 – Template for inputs to the Action Plan accompanying the NDPHS Strategy 2014-2020 Annex 4 – Call for tender for the Strategy Consultant and the Consultant's Terms of Reference Annex 5 – List of participants Annex 6 – List of documents submitted to the meeting

1. Welcome and opening of the meeting

The meeting was opened and chaired by Dr. Marja Anttila, the Strategy Working Group Chair. Ms. Viktorija Baire, representative of the National Health Service of Latvia, welcomed the participants on behalf of the Host.

2. Adoption of the agenda

The Meeting **adopted** the Provisional agenda with timetable as submitted in document SWG2014 3/2/1.

3. Development of the NDPHS Strategy 2014-2020 objectives

With reference to document SWG2014 3/3/1, the Chair introduced her compromise proposal for the NDPHS Strategy 2014-2020 objectives.

Having discussed the DG SANCO's request to ensure a better consistency between the listing of priorities and the objectives, the Meeting **decided** to look into this issue at a later stage and ask the (to be employed) SWG Consultant for assistance.

Further, the Meeting discussed the compromise proposals for Objectives 1-9 as presented by the Chair.

- Objective 1

With reference to the DG SANCO's comment on the special focus on prisoners, Germany, Norway, Lithuania, the HIV/AIDS&AI EG Chair (also on behalf of the PPHS EG), Russia and Estonia stressed the importance of explicit reference to prisoners and proposed to include

an explanatory note regarding this issue in the background section of the Strategy document.

Having discussed the proposal, the Meeting **agreed** to the compromise as presented by the Chair in document SWG2014 3/3/1.

- Objective 2

The Meeting **took note** of the information provided by the SWG Chair that no comments had been submitted to the Objective 2 as agreed upon by the CSR 23.

- Objectives 3-4

Having discussed several proposals to combine Objectives 3 and 4 (and possibly Objective 5), the Meeting agreed on the following proposal combining the previous Objectives 3 and 4: *“Strengthen **prevention** and reduce impact of non-communicable diseases (NCDs) through addressing lifestyle-related risk factors.”*

Further, the Meeting **agreed** to include promotion of a Health in All Policies approach as a cross-cutting issue, rather than referring to it only in the NCDs-related objective.

- Objective 5

Having discussed the compromise presented by the Chair, the Meeting **agreed** on the following revised proposal: *“Strengthen and promote multisectoral approaches to reduce social and health harms from substance abuse”*.

- Objective 6

Having discussed the proposal, the Meeting **agreed** on the compromise as presented by the Chair in document SWG2014 3/3/1.

- Objective 7

Having discussed the matter, the Meeting **agreed** that the issue of health and migration will be covered under cross-cutting objectives when these objectives are discussed in the Strategy text in more details, especially under objectives “Promote the inclusion of vulnerable groups” and “Promote health equity and social cohesion in all actions”. Therefore, this objective can be deleted as a self-standing objective.

- Objective 8

Having discussed the compromise presented by the Chair and the new wording suggested by the OSH TG, the Meeting **agreed** on the following revised proposal: *“Strengthen occupational health and safety and well-being at work through information and reporting systems, workplace activities and occupational health services”*.

- Objective 9

The DG SANCO, Germany, Lithuania, Estonia and Latvia questioned the inclusion of the water and health as a self-standing objective.

Norway reminded that a network is already being established, and ready to collaborate with the NDPHS. This could be seen as a parallel to the OSH network. It referred to the presentations about the UNECE Protocol on Water and Health and suggestions for cooperation on health related water quality activities proposed during the CSR 22 meeting.

Having discussed the matter, the Meeting **agreed** that, instead of including it as a self-standing objective, the issue of water and health, particularly the Protocol and the Convention it is linked to, should be addressed in the context of linkages with global and regional strategies and action plans and developing new approaches for cooperation.

The Meeting considered the presented proposals and the views expressed and **mandated** the SWG Chair to submit the revised "Contents of the NDPHS Strategy 2014-2020" (attached as Annex 1 to the meeting minutes) to the CSR for adoption through a written silent procedure expiring on 26 June 2014.

4. Development of an Action Plan accompanying the NDPHS Strategy 2014-2020

4.1. Working methods and timeline and 4.2. Template for inputs to the Action Plan

With reference to document SWG2014 3/4.1/1, the SWG Chair presented the proposal for the working methods and timeline for the development of the Action Plan, to be submitted to the CSR for adoption. She noted that the HIV/AIDS&AI EG, the NCD EG and the PPHS EG were already at a quite advanced stage with their work regarding inputs to the Action Plan (the first two groups already held their meetings to discuss the issue and the NCD EG would hold it within days).

Norway asked if it was correct that the mentioned expert groups had already drafted input to the action plans while the list of objectives is still under development and not yet approved by the CSR, and before candidates to the drafting teams, whom the CSR had tasked to do this once operational, had not yet been nominated.

In the context of the discussion on the resources for leading the Expert and Task Groups Germany and Russia requested for more detailed information about the costs of employing an EG Chair and an ITA. The SWG Chair offered to provide generic information about the principles for the employment costs of the Finnish ITAs (subject to agreement of the Finnish CSR representative).

Norway commented that the costs associated with employment of an ITA would vary, according to the level of salaries in the countries. One would therefore have to calculate the cost of dedicating e.g. 50% of one person's working time to the task. Norway recommended that the Chairs and ITAs are employed, and not hired on consultancy basis by the hour as the latter solution might prove more expensive.

The Secretariat offered to prepare a general document listing the types of costs associated with the employment of an ITA, which the SWG Chair would complement with her information.

The Secretariat also informed about the recently initiated review of the EU Strategy for the Baltic Sea Region and that, according to the timeline presented a few days earlier by the European Commission, the Priority Area Coordinators' inputs would be due in November 2014 and the revised EUSBSR would be in place in spring 2015. To that end, it stressed the unique opportunity this process offers to the NDPHS to revise the Priority Area Health section in accordance with the new NDPHS Strategy and Action Plan (if available in due time).

Further, with reference to document SWG2014 3/4.2/1, the SWG Chair presented the proposed template for inputs to the Action Plan, to be submitted to the CSR for adoption.

Having thoroughly discussed the proposals for the working methods, timeline and template for the development of the Action Plan, the Meeting **agreed** on the proposals for

submission to the CSR for adoption (submitted as Annexes 2 and 3 to the meeting minutes) and **mandated** the SWG Chair to submit them to the CSR for adoption through a written silent procedure expiring on 26 June 2014. The meeting **asked** the Secretariat to be in contact with the EU regarding the timing for submission by the NDPHS of inputs to the EUSBSR, so that this could be done after the PAC-meeting in November/December.

4.3. Addressing the NDPHS role as a EUSBSR Priority Area Coordinator

With reference to the document SWG2014 3/4.3/1, as well as exchange of letters between the Ministry of Health of Russia and the NDPHS Secretariat (submitted as non-papers), the Secretariat presented the proposal regarding addressing the NDPHS role as a EUSBSR Priority Area Coordinator in the new NDPHS Action Plan.

Russia stated that, since the future NDPHS Strategy would take into account the strategies and priorities of the EU, Russia and Norway as to be stated in the document (and as it was agreed on the ministerial level), there would be no need to separately mention strategy of each of the member further in the document as the document will be build on the **joint** priorities. Further, it informed that 1) Russia will initiate a meeting between representatives of the members of the Partnership in the field of health and social wellbeing (EU, Russia and Norway) regarding this issue (dates will be provided) and 2) that Russia continues to participate in negotiations to join Baltic Sea Region Program 2014-2020 where Seed Money Facility will be used as a financial mechanism. Russia and Germany suggested postponing the decision in this agenda item until the outcome of the two above-mentioned processes would become clear.

Germany additionally asked Russia to clarify the expected role of the Partnership in the implementation of the Russian "Strategy for the Social and Economic Development of the Northwestern Federal District for the Period up to the Year 2020".

Norway stated that, the NDPHS, with full involvement of Russia and Norway, had provided the health-related input to the EUSBSR and therefore NDPHS had a degree ownership in the EUSBSR. This had not been the case for other strategies in the region.

Norway recommended that Russia could be asked to share their strategy with the CSR, and to specify what type of assistance it would be interested in receiving from the NDPHS in implementing it.

Further, regarding the EU-Russia dialogue it expressed that it is good that partners cooperate with each other. At the same time one should not forget that the Northern Dimension is an equal partnership between Russia, EU, Iceland and Norway.

Finally, referring to the statement in document SWG 2014 3/4.3/1 that "the CSR serves as the Steering Group for the EUSBSR Health Priority Area," Norway asked the Secretariat when we became the steering group and what tasks are related to this function, as well as to inform about the financial resources made available to the NDPHS in connection with this task and how they are spent.

The Secretariat explained that the general concept of an EUSBSR Priority Area Steering Group was gradually introduced by the European Commission when it became evident that some Priority Areas were not as successful as others. The CSR was informed about this development (when the latest revised EUSBSR Action Plan was presented to it including the responsibilities of the Priority Area Coordinators, National Focal Points, Flagship Project Leaders, etc.), but it never decided to make a formal decision in this regard, firstly, because it was a gradual development and, secondly, since the NDPHS Strategy and the EUSBSR Priority Area Health coincide with each other in terms of priorities and activities, in most cases activities could be labelled as belonging to both the NDPHS Strategy and the

EUSBSR strategy. With regard to the technical assistance funding available to Priority Area Coordinators, the Secretariat recalled the first technical assistance grant for the activities of the Expert and Task Groups and the second one used foremost for the employment of Ms. Shawna Robert and organization of the NDPHS conference on 12 November 2013. The Secretariat also informed about the ongoing discussions between the European Commission and the EUSBSR National Contact Points regarding possible technical assistance funding to be made available in 2014, subject to decision of the EUSBSR National Contact Points.

Having thoroughly discussed the issue, the Meeting **agreed** as follows:

- The NDPHS role as the Health Priority Area Coordinator in the EUSBSR will be addressed in the Strategy document in the context of linkages with global and regional strategies and action plans, as well as in the Secretariat's Action Plan; When developing inputs mentioned above, attention should as always be paid to the views expressed by all the NDPHS Partner Countries.

5. Additional requests from the CSR 22 (if time allows)

5.1. Definition of a “NDPHS project” and 5.2. Roles of and expectations from the various NDPHS actors

Due to time constraints, the issue was not discussed during the meeting. The Chair **requested** the SWG members to submit their possible comments to documents SWG2014 3/5.1/1 and SWG2014 3/5.2/1 in writing, when providing comments to the draft SWG 3 meeting minutes.

6. Next SWG meeting

The Meeting **thanked** Lithuania for the offer to host the 4th SWG meeting and **agreed** that the 4th SWG meeting would take place in Vilnius on 17 October 2014.

Further, it **agreed** that, should the 5th SWG meeting be required, it would take place on 11 November 2014.

7. Any other business

With reference to document SWG2014 3/7/1, the Meeting discussed the proposal for the Call for tender for the Strategy Consultant and the Consultant's Terms of Reference and:

- **Adopted** the proposal for the Call for tender for the Strategy Consultant and the Consultant's Terms of Reference with revisions as agreed upon during the meeting, especially concerning the timing and the preparation of inputs requested for the Action Plan (submitted as Annex 4 to the meeting minutes);
- **Agreed** that the SWG Chair and the Secretariat would jointly agree which offer they recommend of those submitted and send all offers along with their recommendation to the SWG members for the final decision.

8. Adoption of the SWG 3 meeting minutes

The Secretariat proposed that it would send out draft SWG 3 meeting minutes to the participants on 13 June 2014 and that comments on the draft would be due, at the latest, on

18 June 2014. The revised minutes would then be distributed on 19 June 2014 to be adopted *per capsulam* provided that no further comments are submitted within one week.

The Meeting **agreed** to the proposed procedure.

9. Closing of the meeting

The Meeting terminated at 17:15 hours on 10 June 2014.