



**Committee of Senior Representatives (CSR)
Thirty-second Meeting
27 May 2020
Online**

Title	Minutes from the 32 nd Meeting of the NDPHS Committee of Senior Representatives
Submitted by	Secretariat
Summary / Note	This document outlines the main discussion points and decisions made during the 32 nd meeting of the CSR. The list of participants is available on the meeting page on the NDPHS website

1. Opening of the meeting and welcome

The meeting was opened and chaired by Ms. Alice Neffe, the NDPHS CSR Chair, the Ministry of Health of Poland.

Ms. Ülla-Karin Nurm, the Director of the NDPHS Secretariat, welcomed the participants.

The participants briefly introduced themselves.

2. Adoption of the agenda

The Meeting adopted the agenda as submitted in document CSR 32/2.

3. Information by the NDPHS Secretariat

The NDPHS Secretariat provided information on the Partnership's ongoing work and the adaption of the working methods of the NDPHS Secretariat and Expert Groups to the new realities of the COVID-19 pandemic. Information about the NDPHS Secretariat's move to its new premises in Stockholm was also provided.

The Meeting took note on the provided information.

4. On-going and planned project activities

The NDPHS Secretariat provided information on the development of an application for the EU grant (the [presentation](#) is available on the meeting page on the NDPHS website) and provided answers to the requests for clarifications:

- All NDPHS Partner Countries are equally eligible to benefit from the funding;
- The additional staff members at the Secretariat will primarily focus on coordination of the implementation of the four cross-cutting themes defined by PAC 14 and gradually building

up the NDPHS work in this field, as well as reaching out to grassroots and stronger engagement with NGOs;

- The joint project with the Northern Dimension Partnership on Culture (NDPC) has emerged from previous discussions with the NDPC, as well as discussions with Finnish stakeholders, and will explore the benefits of art and culture for health and social well-being through a series of design thinking and thematic workshops, which will aim at identifying promising methodologies, which will be tested within the project.

The EEAS emphasized that the EU's idea of the grant had always been not only to support the NDPHS Expert Groups and the Secretariat in their work, but also to create a basis for other Partners to contribute supporting the initiatives. Russia expressed its support to this understanding and invited other Partners and Secretariat to explore possibilities to add more activities and resources to those covered by the grant. Germany informed about its support to the AgeFlag project.

The ASA EG Chair supported using the grant to strengthen the Secretariat's capacity to contribute to thematic topics.

Finland and the ASA EG ITA informed about the Barents Programme on "New Technology and Methods for Health Care in Sparsely Populated Areas (NTMHC)" and agreed to explore synergies between this BEAC initiative and the "Remote services in primary health and social care" project idea submitted by the PHC EG to the EU grant application.

The Meeting **took note** of the provided information and invited the Secretariat to share the final draft grant application with the CSR for comments and input.

Further, the NDPHS Secretariat provided information on the prolongation of the "PA Health 3" project and Ms. Karolina Mackiewicz provided information on the implementation of the project "Providing support to implementation of the NDPHS Strategy" (the [presentation](#) is available on the meeting page on the NDPHS website).

The Meeting **took note** of the provided information.

5. Presentation by the Russian Federation

Dr. Valery Chernyavskiy made a presentation regarding the current developments in public health and social well-being of relevance for the NDPHS in the Russian Federation (the [presentation](#) is available on the meeting page on the NDPHS website).

The Meeting **took note** of the provided information.

6. Roundtable on the NDPHS' strategic direction

The NDPHS Partners and Expert Groups were split into two groups and invited to reflect on the following questions:

- How could the NDPHS platform be used in the future to address the implications of COVID-19 on health and social systems?

- How could the NDPHS address the lessons learned from national and international COVID-19 responses?
- Does the Partnership need to adjust the strategic direction and/or working modalities now and/or in the post-COVID world? If yes, how?

The following are some of the reflections from the discussions among the Expert Groups:

The PHC EG Vice-Chair invited to look into better distribution of experiences, studies, from the ND countries.

The HIV, TB & AI EG Chair suggested to have an NDPHS preparedness plan for these kind of acute situations, to have a simple structure of who to make contact with (institutions, relevant colleagues in the neighbouring countries) to exchange the actual information in the ND area. At the last HIV, TB & AI EG meeting, a proposal was made to enlarge the scope of the EG work to cover essential infections if there is a need. More focus needs to be put on disease surveillance and epidemiology. We need to consider the essential strategic lines for the future and not necessarily keep the existing areas. The outcomes of the NDPHS evaluation carried out in 2019 need to be taken into account and recommendations analyzed and implemented.

The HIV, TB & AI EG Vice- Chair agreed that preparedness plan is crucial for both the current and future work. One of the first points would be to define how to communicate quickly at the very beginning of the event, possibly in a form of an online meeting to discuss how to proceed with this or other similar situations. Despite the experts being busy with their duties at the national level, such a meeting is an essential step.

The HIV, TB & AI EG ITA noted that as to how the Partnership can be used in the future, the key work should be done through the Expert Groups. When the countries are engaged in their national response, the experts need to swiftly discuss the impact of the event (like this pandemic) will have on the thematic work of their group, by collecting pieces of evidence, responses and measures.

The NCD EG ITA proposed to prepare an analytical report from each country, as a statistical analysis of the COVID-19 to see and understand the best possible measures. As to the new working methods, the Expert Groups have been able to adjust to the new situation by holding meetings online. The HIV, TB & AI EG Vice- Chair agreed that the analytical report could be the initial action step of the preparedness plan - assessment of the current situation.

The ASA EG ITA noted that it was a shared opinion that the initial response to COVID -19 of the larger regional and global organizations was somewhat slow. He underlined the advantage of the Partnership, with the smaller number of countries, being more flexible than the large organizations can be seen as an opportunity to take the leadership in the similar situations. It is just the fourth month of the pandemic, so too early to make any conclusions. However, the pandemic has shown that the populations most affected are those who are older, with NCDs, alcohol use disorders and other underlying health problems. This shows that the Partnership needs to continue efforts on the issues that it is already covering. The NDPHS should also use the momentum and send a clear message to the politicians that public health needs more financing/investment.

The PHC EG ITA noted that the PHC EG meetings have been used for sharing lessons learned from the pandemic from different countries and this exercise has been very useful. Digitalization is emerging as a very important topic and the Expert Groups could think about putting more emphasis on this theme in the new NDPHS Strategy.

The following are some of the reflections from the discussions among the NDPHS Partners:

Germany noted that it is difficult for a small Partnership to make a meaningful contribution, especially because there are many other global and regional actors addressing COVID-19, therefore collaboration with WHO and supporting it is essential. Prison health is one area where the NDPHS can add value and the WHO Regional Director Dr. Hans Kluge is very keen on the topic. In general, the NDPHS should change, but this is not caused by the COVID-19 pandemic.

Finland agreed that avoiding duplication is important, but at the same time we need to ensure that the NDPHS is playing the leading role when the infectious diseases and COVID-19 are discussed in our region – looking together at the consequences and what should be the next horizontal steps in the region.

Latvia agreed that the capacity needs to be carefully evaluated and the focus should be on the areas where the NDPHS has a good expertise. Mental health will be a very important topic in the COVID-19 aftermath. The increased use of digital tools means that many meetings of the Expert Groups can be held online and that provides for new opportunities, as well as organizing events such as webinars. The four cross-cutting themes prioritized by PAC are very crucial (digitalisation, mental health, healthy ageing, integrated care).

Norway invited to use the well-established structures of the NDPHS to address the COVID-19 impact and take advantage of the unique features of the NDPHS, such as short pathway between Expert Groups, CSR and PAC, small size, geographical linkages, as well as all NDPHS Partner Countries being the WHO Member States, which makes the NDPHS well-positioned to implement the WHO policies in the ND area.

EEAS noted that the established network of the experts is a very valuable one and added that in the post pandemic situation the NDPHS' reach out to other organisations, networks in the region (ECDC, NDI, CBSS, NDPC) is very important. The increased attention to health is to be harnessed. Climate change and its effect on the region is another topic that the Partnership could focus on.

Russia agreed with the EEAS statement that the network of experts is extremely valuable.

Poland noted that, although it sees the added value of the Partnership, the crisis has exposed the shortcomings, for example, lack of outputs from the Expert Groups on the topics that are important during the COVID-19 crisis. The Partnership has not been able to rely on the expertise that has been generated over the years. There need to be concrete outcomes, otherwise the full potential of the NDPHS will not be used.

The Meeting **took note** of the expressed views and **agreed** to follow up on them in the development of the new NDPHS Strategy.

7. Next steps towards planning the new NDPHS Strategy

The Strategy Working Group Chair Mr. Jörgen Gyllenblad informed about the progress towards the development of the new NDPHS Strategy and suggested that the work of the Strategy Working Group would resume after the summer break.

Germany invited the CSR Chair and the Strategy Working Group to review the working methods of the Partnership, which have remained the same since 2003. The Secretariat assured that this will

be a part of the strategy development process and some activities in this regard are also planned in the grant application.

Finland informed about the discussion to possibly extend the scope of the HIV, TB & AI EG to cover other infectious diseases, which would be a way to reflect on the COVID-19, without creating something radically new. The Chair requested the Strategy Working Group to reflect on this suggestion.

The Meeting **took note** of the information.

8. Next CSR meeting

The Meeting **agreed** that by the end of August the CSR Chair and the Secretariat will inform the CSR about the proposed date of the next CSR meeting and whether it will be a virtual or physical meeting.

9. Closing of the meeting

The Meeting terminated on 27 May 2020 at 15:00 CEST.