Report CoE INGO HEALTH GROUPING
To the CDSP Members - 5 June 2007

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The INGO Health Grouping activities are focused on achieving concrete outcomes within the Agreed Strategic Plan 2006-2012, adopted in April 2006. The participation of the INGOs interested in Health has increased significantly (up to 60 INGOs) and the following results have been achieved up till now:

1. The Health Grouping has produced a **Memorandum of Understanding on the Stakeholder Approach**. The Memorandum of Understanding is key in developing the model for a genuine and far reaching participation of stakeholders in the decision-making process and policy setting of the Council of Europe and building synergies with the European Union (Junger Report), WHO and National governments. The Memorandum of Understanding represents in a metaphorical way the flesh over the bones of the 'participatory status' that international NGOs enjoy in the Council of Europe since 2003.

2. The Health Grouping members identified 4 key policy areas to work on in the future: **Prevention, Elderly Care, Child and Maternal Health and Gender and Health**. The development of the work of the task forces will be based on key criteria: priorities will be made on the bases of general interest and relevance for the European debate and the focus will be on concrete outcomes. The members of the Health grouping endorsed the Resolution on Elderly Care. This resolution will be used by the Health grouping members to support the policy-making process on Demographic Change (Report JM Bockel) and the ongoing work in DGIII. The task force on prevention is currently mapping the evidence available from the health grouping members.

3. During the COE INGO mission in Romania, 2 **Romanian Resolutions** were developed, one for **Health** and one for **Gender**. More important is the leadership and the capacity building generated within the Romanian Health and Gender NGO community due to the exceptional leadership style (focussing on policy outcomes) and the optimal cooperation between members of the Bureau, the Liaison Committee and Groupings. This practical example was shared with all INGO during the Plenary session.

4. **Strengthening the relation between the Health Division in the DG III "Social Cohesion", the CDSP (European Health Committee) and the INGO Health Grouping**. The CoE is the only European organisation at this moment with an official and powerful link to the 390 INGO active in the field of Human Rights and Democracy. There is a need not to reinvent the weal again and again and use the civil society capacity in the most efficient and effective way to invest in health. Providing INGO expertise to the specific fields of policy making of the CDSP and DGIII priorities will strengthen good governance to face the challenges of the health systems.

ENDORSED HEALTH GROUPING STRATEGIC AND ACTION PLAN 2006-2012 (Date 11 April 2006)

Rationale for developing a Strategic and Action Plan for the Health Grouping

The Health Grouping Strategic Plan 2006-2012 aims to reach a common understanding and agreement on what the objectives, the actions and the expected outcomes should be for the coming years. This roadmap for policy making will lead to a clear priority setting, with concrete actions to be taken forward by the members of the Health grouping, and will result in ownership of the members. These two documents needs to be dynamic: this framework will be reviewed, assessed every 6 months to make sure we are on the right track. This plan is compatible with the agreed Multi-Year Framework programme presented in the January Conference of INGOs.

For each actions agreed on, a member of the health grouping will take the lead and clear deadlines will be set out.

The proposed strategic plan is presented in the format of a route map and can be easily used by the Health grouping members within their own consortium as a toolkit to visualise their work within the Health Grouping.

Goal of the Health Grouping

The NGO Health grouping sets targets consistent with the goals of the institutions of the Council of Europe.

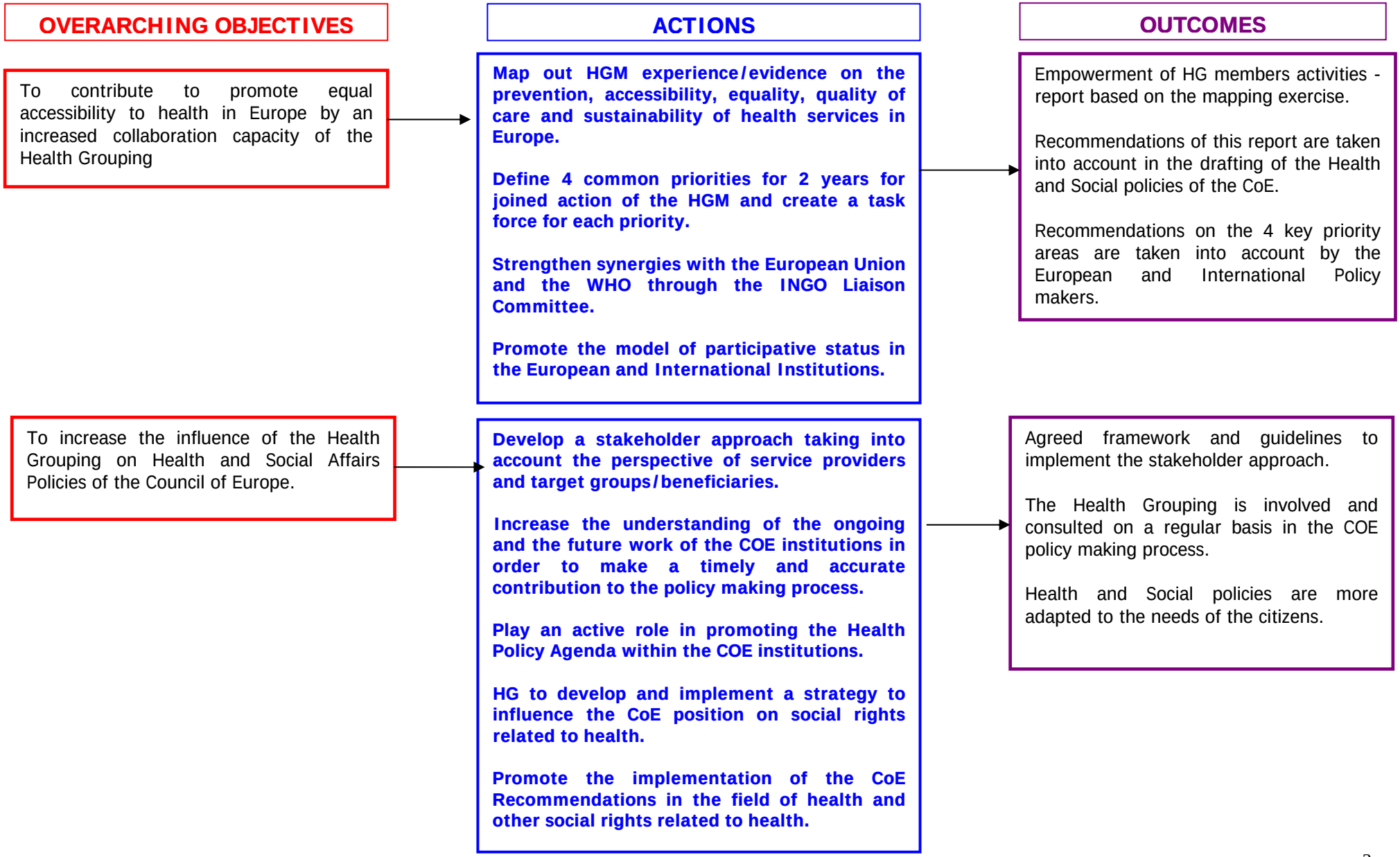
Mission Statement of the Health Grouping

The mission of the Health Grouping of the Council of Europe INGOs is to support a human rights based approach to health policy in Europe, focussed on quality, equality and universal access via the fostering of the cooperation and advocacy capacity of the Members of the CoE Health grouping.

WHO definition of Health - Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The correct bibliographic citation for the definition is: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.

CoE INGO Health Grouping Strategic Plan 2006-2012



OUTCOMES Health Grouping Actions related to Overarching Objective 1

Empowerment of HG members activities - report based on the mapping exercise.

Recommendations of this report are taken into account in the drafting of the Health and Social policies of the CoE.

Recommendations on the 3 key priority areas are taken into account by the European and International Policy makers.

OUTCOMES Health Grouping Actions related to Overarching Objective 2

Agreed framework and guidelines to implement the stakeholder approach.

The Health Grouping is involved and consulted on a regular basis in the COE policy making process.

Health and Social policies are more adapted to the needs of the citizens.

Memorandum of Understanding on the "Stakeholder Approach"

CoE INGO Health Grouping (endorsed January 2007)

Background

In the Strategic and Action Plan 2006-2012 of the INGO Health Grouping of the Council of Europe, it was agreed "to develop a stakeholder approach taking into account the perspective of service providers and target groups/beneficiaries". During the 2006 June meeting of the Health Grouping in Strasbourg, the first step in this direction was taken with a presentation on the concept. During the same meeting it was agreed to work towards a memorandum of understanding on stakeholder cooperation to be agreed by all members of the grouping in the October meeting.

What is a stakeholder?

There are multiple definitions of stakeholders, and these can differ between and even within organizations. Whilst acknowledging this difficulty, the definition used in this paper is that adopted by the World Bank (WB). The World Bank (1996) defines two types of stakeholders: primary stakeholders who are directly affected (positively or negatively) by proposed interventions/policies and secondary stakeholders who are indirectly affected by proposed interventions/policies. Secondary stakeholders include those who have technical expertise and/or links to primary stakeholders, e.g. non-governmental organizations (NGOs), various intermediary or representative organizations and technical and professional bodies. They often represent public interests.
In the field of health stakeholders are:

- Persons concerned or their representatives;
- Social service providers;
- Authorities at all levels;
- Research bodies;
- Advocacy groups.

Defining stakeholder cooperation

The emergence of stakeholder involvement in policy-making, planning and management has arisen out of a new general model which seeks a different role for the states and European institutions, which is based on pluralistic structures, political legitimacy and consensus. Stakeholder involvement in policy-making, planning and management is expected to lead to more realistic and effective policies and plans, as well as improve their implementation. The reasons for this are that greater information and broader experiences make it easier to develop and implement realistic policies and plans, new initiatives can be embedded into existing legitimate local institutions, there is less opposition and greater political support, local capacities will be developed and political interference minimized.

Stakeholder involvement can be classified into three types: i) instructive, ii) consultative and iii) cooperative. Instructive involvement is where government and institutions makes the decisions but mechanisms exist for information exchange. Consultative involvement is where government and institutions is the decision-maker but stakeholders have a degree of influence over the process and outcomes. Cooperative involvement is where primary stakeholders act as partners with governments and institutions in the decision-making processes. A high degree of shared responsibility is needed amongst the different actors.
We, as members of the INGO community enjoying participatory status should have a 'cooperative involvement' in the Council of Europe decision making, but we do not for a number of reasons. We mostly swing between 'instructive' and 'consultative' cooperation.
Critical aspects of stakeholder involvement in policy-making, that have hampered our action until now include: the institutional capacity of the INGO's, legitimacy of the organizations and process, costs of our involvement, degree of competition between different organisations and different actors, and level(s) at which we are involved.
In the Council of Europe policy-making a stakeholder approach should lead to more effective social and human rights policies and plans, as well as their improved implementation.

Effective stakeholder involvement

One of the most critical aspects influencing effective stakeholder involvement is that the stakeholder organizations have the capacity and aspirations to match the task they wish to do!

Main factors that affect the strength of stakeholder organisations:

Factor	Description
Constitution	Democratic with clear goals and structures
Members	Representative and legitimate; high levels of membership
Financial Resources	Sufficient and sustainable to fund involvement, particular lobbying and negotiations.
Staff and office holders	Appropriate competencies to carry out designated functions, including strong advocacy, networking, consensus-building and dialog skills
Policies	Clear and achievable
Visibility	Recognition for outcomes achieved
Aspiration	Desire to actively participate in the decision-making process
Responsibility	Behaving and performing as members and other stakeholders would expect from the organisation.

The INGO Health Grouping

A. acknowledges

1. That there are different types of NGO's: NGO's representing advocacy groups, NGO's representing service providers, cultural participation, education, research, knowledge building,… Each NGO has developed its own expertise and know-how and that should be valued and used in the Council of Europe's decision making process.

2. That it is crucial to develop a holistic and integrated approach with regard to health, social, cultural and educational issues. Such an approach would lead to more effective and coherent policies to meet the needs and challenges of our societies.

3. That conflicts of interest and/or competitions between different actors and stakeholders imply a loss in focus and effectiveness and undermines a meaningful participation. Therefore the NGO's of the Health Grouping agree on the principles of the stakeholders approach and via this memorandum of understanding aim to reinforce cooperation and shared responsibility between all actors.

B. notes

1. That society of today is complex and multidimensional. There are no actors able to implement health and social policies on their own. Only a constructive and extensive collaboration and the right balance between all different perspectives can bring sustainable solutions.

2. That, all over Europe, health authorities are under pressure. In many countries, the government is abdicating from its role of health and social service provider. More and more authorities focus on regulating, financing and monitoring (the quality of) service provision while they outsource the services' delivery. They delegate the responsibility of the development and provision of services to third parties, including NGOs

C. underlines

1. That the basis of participatory democracy is elected authorities. All parties should be involved in the decision making, but in the end decision taking is the responsibility of governments: they are democratically elected, subject to control and to sanctions.
2. That NGO's should play an essential role in the designing, implementation and evaluation of health and social policies. They bring an added value trough their expertise and increase the legitimacy of the decision making process
3. That there is a clear difference between NGO's working to enhance social inclusion/cohesion and for general good and between other actors that are only ruled by market mechanisms.
4. That good governance principles (openness, participation, accountability, coherence and effectiveness) are at the heart of effective and efficient stakeholder cooperation.

D. concludes

1. That a meaningful and correctly implemented stakeholder approach is a must: it offers a fundamental contribution to policy development in health, social, cultural and educational fields. A stakeholder approach implies a realistic needs assessment and

innovative policy development that will better reflect the needs and aspirations of people, local communities, families etc.
2. That it is a clear added value to involve stakeholders in all phases of policy making and to recognize their different roles and responsibilities.
3. That – for sustainable policy making – a genuine partnership between all different actors is needed.
4. That the effectiveness and forcefulness of stakeholders as participants in policy-making, planning or management processes depends on the ability of their organization to speak with one voice

E. Calls upon

1. INGO's:
    a. To formulate the stakeholder message in their mission statement and communicate it in a clear way highlighting their role, place, responsibility in the policy-making process.
    b. To actively discuss the concept of stakeholder cooperation within their organization and with authorities

2. The Council of Europe:
    a) To develop a meaningful stakeholder approach involving all actors in all phases of policymaking.
    b) To develop instruments and tools acknowledging the specific role and responsibilities of the different actors.

RESOLUTION on AGEING – Adopted 18 April 2007 by the INGO Health Grouping

The average life expectancy within the Member States of the Council of Europe is one of the highest in the world, and is continuing to rise. This fact will influence and orientate current and future debates on the reform of health care systems (within Europe?) and on the provision of care and access to health care services.

The members of the Health Grouping agree that successful ageing means autonomy and independence of the older person and successful physical, social and mental functioning (WHO Statement).

Everything must therefore be done to maintain good functioning and preserve maximum autonomy. However, we should not forget that for some people, age-related problems and restrictions will add to previous difficulties and create a specific situation which needs specific measures. We cannot have a total convergence of the approaches and services destined for elderly people and ageing people with disabilities.

Therefore, the members of the Health Grouping of the INGO Conference believe that:

I. Although different political initiatives on the reform of health care systems in the Council of Europe, WHO and the European Commission are taking place, there is still a lack of political commitment to make high quality care services that are affordable, accessible and available to all women and men a political priority.

THE HEALTH GROUPING OF THE INGO CONFERENCE REQUESTS THE COUNCIL OF EUROPE TO URGE ITS MEMBER STATES TO GIVE TOP PRIORITY TO POLICIES FOR THE PROVISON, ACCESSIBILITY AND AFFORDABILITY OF HIGH QUALITY HEALTH CARE SERVICES FOR WOMEN AND MEN OF ALL AGES WITHOUT DISCRIMINATION.

II. The Council of Europe plays a significant role in the implementation by the Member States of Article 23 of the Social Charter 'Right of elderly persons to social protection'.

THE HEALTH GROUPING OF THE INGO CONFERENCE REQUESTS THE COUNCIL OF EUROPE TO URGE MEMBER STATES TO RATIFY AND IMPLEMENT ARTICLE 23. THIS MEANS:

- To enable elderly persons to remain full members of society for as long as possible;
- To enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able;
- To guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution;
- To guarantee access to palliative care for the elderly, whether in institutions or at home, at the end of life**.**

III. Health System Reform is about better public structures for health care delivery.

THE HEALTH GROUPING OF THE INGO CONFERENCE REQUESTS THE COUNCIL OF EUROPE TO ENSURE THAT THE REFORM OF THE HEALTH CARE SYSTEMS OF MEMBER STATES NOT ONLY INCLUDES PUBLIC INFRASTRUCTURES BUT PRIMARILY STRENGTHENS HEALTH CARE DELIVERY AND ACCESS TO HEALTH CARE SERVICES, INCLUDING END-OF-LIFE CARE.

IV. The level of education of the population, particularly of health care professionals, is the key to success.

THE HEALTH GROUPING OF THE INGO CONFERENCE REQUESTS THE COUNCIL OF EUROPE TO URGE MEMBER STATES TO IMPLEMENT EDUCATION STANDARDS FOR HEALTH CARE PROFESSIONALS IN CLOSE COLLABORATION WITH THE RELEVANT (I)NGO'S, TO ESTABLISH THESE IF NOT YET AVAILABLE, AND TO PROMOTE CO-OPERATION BETWEEN HEALTH CARE INSTITUTIONS

V. Specific attention must be paid to human resources in health care institutions, convalescent homes and other services for elderly persons with a handicap or dependency. As adequate and qualified personnel is directly linked to the quality of services and patient morbidity, the support and services provided to the elderly will necessitate specific competences and qualifications of the health care staff.

THEREFORE, THE HEALTH GROUPING OF THE INGO CONFERENCE REQUESTS THE COUNCIL OF EUROPE TO URGE MEMBER STATES TO PLAN HUMAN RESOURCES FOR HEALTH, THEIR QUALIFICATIONS AND THE COMPETENCES NEEDED TO GUARANTEE THE QUALITY OF CARE PROVIDED.

To conclude:

The Health Grouping observes with satisfaction that the Parliamentary Assembly of the Council of Europe is drafting a report on the situation of elderly persons in Europe, of which Mr Jean-Marie Bockel is rapporteur.

The INGOs Conference must be linked to these considerations, notably by a contribution of the groupings most concerned: health, gender, social cohesion and the European Social Charter.

The Parliamentary Assembly, as the two other pillars of the Council of Europe, would benefit from their work, comments and recommendations on societies' longevity, by taking into account the point of view of Civil Society, of which all constituents are directly or indirectly concerned by this problem.