



**Primary Health Care Expert Group
Seventh Meeting
Kaliningrad, Russian Federation
March 5 – 6, 2009**

Title	Draft minutes
Submitted by	Chair of PHC EG & ITA
Summary / Note	This document recalls the main discussion points and decisions made during the 7 th PHC EG meeting
Requested action	Adoption

1. Opening of the meeting and welcome

The Meeting was opened by Dr Göran Carlsson, Chair of the PHC Expert Group. Minister, MoH of Kaliningrad Oblast, Ms. Elena A. Klyuykova, on behalf of Government of Kaliningrad oblast and Ministry of Health of Kaliningrad oblast welcomed the participants to the meeting. She expressed their honor to host already a second meeting organized by the NDPHS. In October 2007 they had the honor to host 12th Meeting of the Committee of Senior Representatives of the NDPHS. Minister was very grateful for the opportunity to host PHC EG meeting, because Kaliningrad oblast administration is planning intensive changes in their health care system with emphasis on primary health care.

Chair of the PHC EG Mr. Goran Carlsson and all Participants of the Meeting have made short introduction of themselves. List of the participants of the meeting is attached as the document PHC 7/1 List of the participants

2. Adoption of the Agenda

The Meeting adopted the provisional Agenda with some amendments. Chair of the PHC EG proposed to include discussions on the future Primary health care activities. It was agreed to add item – to discuss possible PHC EG contribution to the conference on Alcohol and Health to be organized in Stockholm, Sweden, on 21-22 September 2009. The Meeting has adopted the Provisional Agenda, submitted as document PHC 7/2/2.

3. Information of the NDPHS Secretariat on the developments in the NDPHS since the last meeting and NDPHS contribution to EU BSR strategy

Head of the Secretariat Mr. Marek Maciejowski informed that the NDPHS had been able to implement its very ambitious Work Plan in 2008, which was only possible through the active involvement of the Expert Groups and NDPHS Partners. In this connection the Secretariat thanked PHC EG for the excellent cooperation and input they had provided to the implementation of the work plan. The Database Project activities (*Action Line 1*) are all implemented except for two currently ongoing activities, one of them being the preparation of the final report and the other one the evaluation of the project. The project has closed on 31 January 2009. The NDPHS progress was also related to the financial resources that were made available by the Partners (*Action Line 2*). Besides the regular contributions, the Secretariat had received additional contributions, for instance from Germany for the NDPHS evaluation. Another example is that Finland, Norway and Sweden paid for Belarusian and some Russian experts to participate in Expert Group meetings. The Partnership engaged non-Partner Countries and Organizations (*Action Line 5*) in its activities, for example the South Eastern Europe Health Network (SEEHN), Belarusian experts as well as local and regional stakeholders in North-West Russia. It also managed to dramatically increase its visibility (*Action Line 6*) through the attendance at various conferences, meetings and workshops, but also through the website, the folder

with fact sheets, the database and the pipeline. The overall review and evaluation of the Partnership (*Action Line 7*) had been successfully conducted in 2008.

The Secretariat also informed that the Partnership Annual Conference held in November 2008 established an *ad hoc* Strategy Working Group with overall task to examine the recommendations as outlined in the Evaluation Consultant's report, and possible other recommendations coming from the CSR Partners and the NDPHS Evaluation Team, and to propose a set of follow-up actions to the NDPHS Partners. The SWG work is progressing well and is supposed to be completed in September 2009. The SWG will hold a meeting of its sub-group that will also include the NDPHS EG Chairs and ITAs. This meeting is planned to be held on 22 April 2009 in Gdansk, Poland. It is expected that the EGs will be sent a set of questions to which they will be invited to prepare answers in advance. This is meant to facilitate the discussions during the meeting on 22 April. The Secretariat will distribute these questions as soon as they are approved by the SWG, most probably in the second half of March. The Secretariat encouraged the PHC EG Chair and ITA to distribute the questions to the PHC EG Members and seek their contributions to the PHC EG's answers.

The Secretariat informed about the past and forthcoming meetings and developments of relevance to the Expert Groups, in which it took part. These included:

- The 2nd Stakeholder Conference on the EU Strategy for the Baltic Sea Region (5-6 February 2009, Rostock-Warnemünde, Germany), during which the CSR Chair delivered a speech (available at <http://www.ndphs.org/?speeches,2009>) and referred to the NDPHS contribution to the Strategy (submitted as document EG Chairs and ITAs 8/3/Info 1). The Secretariat thanked the EG for their valuable input to the NDPHS contribution to the EU BSR Strategy;
- The CSR Chair attended the ND Parliamentary Forum, 25-26 February 2009 in Brussels as an observer. The key message was that the activities in the region should be coordinated under one umbrella. The Forum decided to hold the next Parliamentarian Conference on the Northern Dimension in Oslo in 2011, during which the ND Partnerships would be asked to actively participate and contribute to it.
- 17th meeting of the CSR will be held on 23-24th in Gdansk and CSR 16 will be held in autumn 2009 in Latvia.
- The 6th Partnership Annual Conference, to be held at ministerial level, will take place on 25 November in Oslo. The PAC accompanying side event will be held on 23-24 November and will focus on prison health issues.

Following presentation from Secretariat there were addressed some questions and comments:

Ms. Paula Vainiomäki, Finland, remarked that it would be nice if all EG members could get documents where is discussed future role of the Partnership and particular Expert Groups, so that all EG members could provide their input.

Chair of PHC EG commented that the Chair and the ITA of the EG do their best (until now but also do in the future) that all documents received from Secretariat of NDPHS would be distributed timely to all EG members. As much contribution as possible from all EG members to any question regarding the role of the NDPHS was desired.

The Chair further raised the question if it would be possible to discuss proposals from Strategic Working Group and to give some comments/proposals from PHC EG, if next meeting is planned later, than proposals from SWG will be finalized in September.

The Secretariat informed that it will be possible to provide input via e-mails as it is foreseen that EG Chairs and ITAs could be asked to comment on the section(s) of the report of direct

relevance to the EGs during the first days of June 2009, and the PHC EG Chair could include comments of the individual members of the PHC EG into the PHC EG's comments. Also he advised/asked PHC EG members that when they have some proposals to SWG to make also contacts with senior representatives in their respective countries.

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

4. Summary of the activities of the PHC EG since the last meeting in Oslo, September 30th – October 1st, 2008

Dr Arnoldas Jurgutis, ITA of the Expert Group, updated the Meeting on activities and achievements since the last meeting of the Expert group in Oslo. It was informed that in PHC EG there are members from nine countries – Belarus, Estonia, Finland, Latvia, Lithuania, Poland, Russia, and Sweden. WHO also was active member until the meeting in Vilnius, May 2008, represented by Mr. Pim de Graaf. As he resigned from WHO, it was planned to approach WHO informing about recent activities of the EG and inviting to the next PHC EG Meeting. Estonian representative Mr. Ursel Kedars is not participating in this meeting due to shortages in their state budget. Still he expressed that Estonia is very interested in participation in the work of the PHC EG as well as in cooperation through the common project ImPrim. ITA of EG informed that since the PHC EG meeting in Vilnius in May 2009 main focus of the PHC EG activities changed from situation analysis and setting priorities towards initiation of project based activities targeted to the priority problems in primary health care in the Northern Dimension Region. The flagship project has been planned to counteract communicable diseases and to target health problems related to social factors through more equitably distributed and better quality primary health care. 15 Partner organizations from 8 countries contributed in the development of the project application. The main input in the development of the project application was arranged by lead partner organization – East Europe Committee of Swedish Health Care Community, director Dr. Goran Carlsson also Chair of the PHC EG. The ITA also informed about main proceedings at the Expert Group Chairs and ITAs meeting in Brussels on March 3rd, 2009. One of the conclusions from the Report of the Evaluation Team, also stressed in the Strategy Working Group meeting, was that in EG activities more attention should be devoted to the Social wellbeing issues. It was also informed that contributions from PHC EG for the side event of the PAC Meeting in November 2009 are expected. This side event will be devoted to the Prison health, so our task is to discuss and decide what could be PHC EG input to this topic. ITA of PHC EG also informed that PHC EG had provided input to the NDPHS proposal to BSR strategy document prepared on behalf of BSR. Also it was mentioned that SWG stressed importance of long term planning of the EG work. Therefore as already discussed with Chair of the PHC EG in our EG we have to start planning in long-term perspective. That includes also planning of future discussions on policy issues - as it was discussed in Oslo meeting. PHC EG has to focus its work not only on projects, but also on policy recommendations. Initiated by prof. Toralf Hasvold discussions on Tomorrow's role of Family Doctor and Nurse, planned for today's afternoon seminar could serve as a good example of such policy discussions. During seminar elaborated ideas could be further developed and also could be as a ground for further ideas – what topics could be discussed in the next meetings?

Chair of PHC EG following presentation of ITA raised questions for discussions on future role of PHC EG – should group be targeted only on health issues or also to social problems, which particularly are important in the financial crisis situation. Also he mentioned that SWG stress the importance of medium term goals of the NDPHS and having in mind that EG EGs are like tools to reach the goals of the Partnership. It could be that when medium term goals will be set it could be decided what EGs are necessary and what could be their role. Another important question should be clarified for the future role – should EGs implement projects by themselves or should they only facilitate projects. Chair of PHC EG also raised questions who will decide which Expert Group is needed in the NDPHS and who should formulate ToR of the EG, EG members themselves or CSR. The issue on who would decide on mandate terms - how long EG should exist – was also discussed.

The Secretariat ensured that SWG will take into consideration all these questions addressed here and asked PHC EG members actively contribute to SWG by answering to the questionnaire which will be sent in the mean time. EG could have some time to discuss questions and if possible address answers as position paper on behalf of your EG.

Ms. Beate Lupton, Norway. Nowadays very often is discussed – should we have separate health care services for children, adolescents, for elderly, separate for other community vulnerable groups. Primary health care is the method how to reach all these groups, as the gate for all these groups to other levels of care. Other specialists important for these population groups are available in secondary health care. But it is important that special comprehensive methods should be applied in primary health care to reach all these population groups and appropriately address their problems. Primary health care often is as the gate for the patients to social care. If PHC should have the obligation to tackle social wellbeing issues, it should have special power to solve it. At the moment PHC does not have such power, or at least it is very limited. Social wellbeing is a basis for good health and 90% contribution to it coming from other sectors, not health care. But cooperation between PHC and social services is very important.

Mr. Simo Kokko, Finland, reflected some ideas on the Partnership issues. The main issues for SWG should be put on what is the main idea of the Partnership. Often during the EG meetings it was difficult to understand the roles of EGs and not equal commitment to the tasks of EGs among different members. Very important is to harmonize work of EGs so that every member would come with the same approach and the same commitment. That is particularly important when we have such strong partners like WHO and EU. It is difficult to specify where boundaries between social care and health care are. For instance in Finland there is a common approach that social services locally should be responsible for comprehensive social care including primary health care. Two areas – elderly care and psychosocial problems (pure resources, social problems related to mental health, unemployment, low pensions etc.) – are seen as priorities in Finland. Elderly care in Scandinavian countries is more on community responsibility, which is different from other countries, e.g. Baltic Countries - where they want to keep families responsible for elderly care and do not want to move responsibility to society. But maybe so call psychosocial problems could be more similar for all countries and could be an issue for discussions on how primary health care could better address them in ND countries. That would be proposed as a possible extension of the focus of PHC EG towards social problems and social wellbeing.

Prof. Toralf Hasvold, Norway: Public health and social wellbeing is very attractive idea, but in practical terms is very difficult. There were some pilots in Tromsø Norway in 1975, to integrate social care and primary health care making so call health and social centers. There was full integration – including check-in desk, management, accounting, and common record. But that was frustrating and they stopped with this pilot. Still those are good ideas and more cooperation between social care and health care is needed.

ITA of PHC EG presented Lithuanian experience of improved cooperation between PHC and social workers through multiprofessional teamwork training. After such training there were good initiatives of working together among PHC professionals, social workers, community members in solving priority social and health problems in the community, which often are much interconnected.

Mr. Zbigniew Krol, In Poland there was splitting of primary health care and social care in Poland, which was not a very good experience. Contact between these professionals was lost and boundaries between social care needs and health care needs are not so clear. Input of health care to social wellbeing is very limited, so it would be recommended to focus on specific topics where PHC EG role could be more focused to social wellbeing.

Ms. Paula Vainiomäki. In Finland most of social care issues are very connected to primary health care - social care and primary health care is quite near. At least half of the patients coming to FD have social problems without a few or any health problems behind them. Some research studies made in Britain and Sweden indicate that half of the PHC patients have problems which are not possible to be treated by any medical tools, so the problems have social or psychological or existential problems behind them. Social problems and health problems are much combined in our patients. There were some examples of integration in Finland, but that often happens in administrative level. The proposal for PHC EG was to give some extra value for social wellbeing through better understanding of how we could work together with social workers, and to define what is the role of education and of social workers. And discussions on the topics e.g. on community vulnerable groups, which are important targets of PHC, but also of social workers could be very actual. Also it was proposed that it would be good if social worker could join our expert group.

Mr. Boris Sergeev – there is a great need in Russian society of the projects which improve health and social wellbeing and good expertise on „know how“ is very actual. Nowadays not so many projects are in this field and there are very limited opportunities to improve the situation. NDPHS Partnership could be very powerful in addressing these needs. Moreover it is one of very few existing mechanisms how to improve management of social and health problems in the community.

Prof. Toralf Hasvold - agreed that cooperation with social services is very important. A project to record how many social problems there were in their primary health care found a share of only 5%. But the feeling that it was so many was because they are very complex, very time-consuming. PHC EG should invite social wellbeing persons to this group, otherwise it is not a well balanced group to address these issues.

Ms. Liudmila Zhilevich – in Belarus very many social functions are devoted to health care. Still contact with social services is lacking, there are needs of better communication and understanding from their side that the health care system is making great input in addressing social problems.

The Meeting took **note** of the presented information and the discussion input.

5. Thematic Workshops on Experiences of Primary Health Care reform and on Tomorrow's role of Family Doctor and Nurse.

Workshops were opened by Ms. Elena A. Klyuykova, Minister of Health of Kaliningrad oblast. During thematic workshops it have been participated around 20 participants from Kaliningrad Region, representing Ministry of Health, Rayon health care administrations, health care institutions, Mandatory health insurance fund, private health care sector etc. A list of participants is attached. Detail programmed of the workshops is available as the document PHC EG 7/5/Info1. More detail report on the thematic workshop on Tomorrow's Role of Family Doctor and Nurse and the outline for proposed position paper will be submitted to the website until April 16th.

6. PHC EG contribution to the work of NDPHS ad hoc Strategy Working Group

Information about Strategy Working group and their planned activities, including a questionnaire planned to be sent to all EG members, has been presented and discussed following presentation of Chair of PHC EG and ITA of PHC EG in item 4 of the agenda. The Partnership Strategy Working Group (SWG) is addressing the analysis of and the recommendations made in the Partnership evaluation presented last September. The Chair of EG PHC during the 8th EG Chair and ITA Meeting has, without making reference to the Expert Group itself, submitted comments on:

- the Partnership task to address “Health and Social Well-Being”, where the PHC EG will need to consider its role for social well-being
- the observation that only a few EG or sub-EGs address the Partnership youth, gender and child perspectives
- the absence of the EGs addressing the needs of people with disabilities or indigenous peoples

The role of the Partnership as an implementing agency – for projects and similar operational issues – or as a facilitator of ideas and concepts should be a key issue for the SWG.

7. Presentation of the Project proposal to BSR Programme

ITA of the PHC EG informed EG members that after the Oslo meeting lead Partner East Europe Committee of Swedish Health Care Community continued to lead the process of the elaboration of the project proposal (“Improvement of public health by promotion of equitably distributed high quality primary health care systems” – acronym ImPrim) to the Baltic Sea Region (BSR) Programme. A Project Planning Workshop has been held January 20-21 in Riga, Latvia, where 11 partners have participated, representing 7 organizations from 6 countries. The project currently had 15 partners from 8 countries, plus 5 Ministries of Health acting as Associated Partners. Project proposal is on the final stage of elaboration.

A complicating factor was the inability of the European Commission and the Russian Federation to agree on the conditions for the signing of the European Neighborhood and Partnership Instrument (ENPI) Financial Agreement by Russia. The result of this non-agreement is that Russian partners will only be eligible as Associated Partners, and ENPI funding will not be available. SEEC as Lead Partner is sourcing for external funds for a Kaliningrad pilot project through the Ministries of Health of Germany, Norway and Finland, through the Ministry of Foreign Affairs in Sweden and through SEEC itself. Such external funding as may be approved up to 75 thousand Euros must be complemented with Russian funding.

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

8. EU Green Paper on the European Workforce for Health. Possible comments from PHC EG.

ITA of PHC EG informed that the European Commission has published a green paper on the EU workforce for health. There are many challenges facing the health workforce in all European countries. In an ageing Europe, with growing healthcare costs and rising expectations from both citizens and patients, a high quality health workforce is crucial for successful health systems. The health workforce accounts for about 10% of all jobs and some 70% of healthcare budgets are allocated to salaries and employment related issues. The Green Paper introduces an issue relevant for Partnership member countries and, additionally, addresses aspects already seen as concern in the PHC EG activities and in the BSR application.

The document is available as document PHC 7/8/Info 1.

9. PHC EG contribution to the side event of PAC 6th meeting, which will be devoted to the prison health issues

ITA of PHC EG informed that during next PAC meeting, at the end of November 2009, the side event is planned to be devoted to the prison health issues. Prison Health Expert Group invites all EGs to provide their input to this event with some presentations on topics related to the prison health issues. Arnoldas Jurgutis, ITA of the PHC EG, has participated in the Meeting of Prison Health EG in Vilnius, February 9th to get more information and input about what the Prison Health group thinks of the problems and opportunities in relation to primary health care for prisoners/exprisoners. ITA have

presented summary of the discussions, also available as document PHC 7/9/Info1. Also to the EG meeting was provided background information developed by ITA of PH EG about planned side event devoted to prison health issues, available as the document PHC 7/9/Info2. Participants were invited to discuss and present their ideas on what primary health care issues linked to prison health could be a topic for the presentation during the side event of PAC meeting.

Chair of PHC EG commented that antibiotic resistance is one of recent top priorities in Swedish health policy and would be proposed to focus on appropriate management of infectious diseases within prisons and brought into society by ex-convicts HIV/AIDS, TB, in particular MDR TB.

Mr. Simo Kokko, Finland, commented that a lot of problems are brought into society due to not right treatments. Also one of crucial issues is continuity between prison health and primary health care and appropriate management of AIDS/HIV tuberculosis, mental health problems.

The Meeting took **note** of the presented information. It was agreed that final decision on possible PHC EG input in the side event of PAC Meeting should be made after further communication with PH EG.

10. Discussion on possible primary health care thematic issues for the NDPHS e-Newsletter and on possible other informational material aimed to increase visibility of recent PHC EG activities

The Secretariat informed that during the last two years, the NDPHS e-Newsletters (4 issues) were financed by the NDPHS Database Project and focused on the latter and its outcomes. Information about key developments in the NDPHS was also included. The NDPHS e-Newsletter, reached almost 15.000 people. As the Database project had come to an end, the e-Newsletter's concept/profile needed to be revised. During EG Chairs and ITAs Meeting, March 3rd, 2009 the Secretariat presented its proposal for a new concept/profile of the NDPHS e-Newsletter. It was proposed to focus more on Expert Group related health-themes and general NDPHS information for the next issues of the NDPHS e-Newsletter. It further suggested to continue production of two issues per year, with 4-6 pages of content. Each issue could primarily focus on one EG health-topic and could have the following structure:

- a. Introductory article by the Chair and/or ITA of the EG (Introduction to the topic, explaining why the NDPHS has set this topic as a priority and what the EG does about it).
- b. An article from a (prominent) guest writer.
- c. Contributions from the Expert Group Members (To cover policy and project issues, to possibly demonstrate the diversity of actions being taken by the EG).
- d. Pictures and/or graphs to be added on each page of the Newsletter.
- e. Information about other NDPHS activities.

The first topic to be addressed could be communicable diseases, for which the HIV/AIDS EG has been asked to take the lead. This issue of the e-Newsletter would need to be finalized in late May 2009/beginning of June, so that it could be sent out before the start of the summer holidays. The next issue, which would be released towards the end of the year, would focus on Prison Health as the NDPHS was planning a major PAC event on Prison Health.

Based on this information PHC EG members were invited to discuss possible PHC EG input in this regard. PHC EG members also have been asked to present their ideas concerning information material PHC EG would prefer to receive and be willing to disseminate.

Chair of PHC EG proposed that for the next PHC EG meeting the communication and information issue could be a specific item in the agenda.

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

11. Next PHC EG meeting

Chair of the PHC EG announced that it was discussed with Belarus Member of PHC EG that next EG Meeting could be hosted by Belarus MoH.

Ms. Liudmila Zhilevich, Belarus, confirmed that Belarus is ready to host the Meeting of PHC EG in autumn 2009 and it could serve as a good opportunity to promote the importance of PHC for the Belarus health care system. After the discussions it was agreed on the dates of the next PHC EG meeting.

12. PHC EG contribution to the conference on Alcohol and Health, Stockholm, Sweden, on 21-22 September 2009.

Chair of PHC EG informed that the theme of alcohol and health was one of the highest priorities of the Swedish EU Presidency in the field of Public Health. Sweden, therefore, offered to host an Expert Conference on Alcohol and Health in Stockholm on 21 and 22 September, followed by a WHO Global Expert Meeting on Alcohol, Health and Social Development on 23 September. The NDPHS would have the possibility to participate in this event and also contribute to the planned conference exhibition. The Swedish Ministry of Health and Social Affairs was prepared to cover the basic costs for the poster presentation(s). PHC EG members are welcome to present ideas on possible presentations in the Conference. In about one week more detail information about this event will be sent by Ms. Kerstin Odman, Swedish Senior Representative to the NDPHS.

Ms. Liudmila Zhilevich, Belarus, preliminarily agreed that it would be possible to make a poster presentation on the experience of PHC work with alcohol related problems in Belarus. It was agreed that ITA will keep further contacts with Liudmila Zhilevich to facilitate preparation of the presentation. Other EG members willing to make presentation also are invited to contact ITA.

13. Adoption of the PHC 7 Meeting minutes

ITA of PHC EG proposed that the draft minutes be sent to the participants no later than March 18th and that comments on the draft would be due, at the latest, on March 31th, 2009.

14. Closing of the meeting

The Chair of PHC EG expressed the gratitude of the Expert Group to Kaliningrad Ministry of Health for hosting the Meeting. The Chair also thanked the participants for their commitment and contributions.