

**Primary Health & Prison Health Systems Expert Group
Second Meeting
Oslo, Norway
March 17-18, 2011**

Reference	PPHS 2/2/1
Title	Minutes from the 2 nd Meeting of the PPHS EG
Submitted by	ITAs in coordination with EG Chair
Summary / Note	This document recalls the main discussion points and decisions made during the 2 nd meeting of the PPHS EG
Requested action	No action

1. Opening of the meeting and welcome

The meeting was opened by Dr Göran Carlsson, representative of the Primary Health and Prison Health Systems Expert Group (PPHSEG) Lead Country, who chaired the meeting. In his opening remarks, he, *inter alia*, welcomed the participants, and thanked Norway for hosting the meeting.

On behalf of hosts of the Meeting Mr Andreas Skulberg, EG Member Norway, welcomed the participants of the Meeting and introduced Mr. Arne Kvernvik Nilsen, governor of the Bastoy prison. Mr Kvernvik Nilsen made a comprehensive presentation on the organisation of Bastoy prison. Particular attention was made to present the human ecology model and different approaches used towards prisoners. He informed the participants that Bastoy Prison is a minimum security prison located on Bastøy Island, Norway, about 75 kilometers south of Oslo. The facility is located on a 2.6 square kilometer island and hosts 115 inmates. Once a prison colony for young boys, the facility now is the first ecological prison in the world. Inmates are housed in wooden cottages and work the prison farm. Prisoners have to apply for a place at Bastoy and applicants are vetted to filter out those who could cause the most trouble. The main philosophy of the Prison is to develop the sense of responsibility among the inmates.

The Chair of PPHS EG thanked prison governor Mr Kvernvik Nilsen for his very impressive presentation. A short Q&A session took place..

2. Adoption of the agenda

Chair of PPHS introduced the draft agenda of the meeting for adoption. He informed that item 7.1, on cooperation with European Forum on Primary Health Care (EFPC), could be cancelled, because a few weeks before the Meeting PPHS EG Chair have received information from coordinator of EFPC that due to other duties he would not be able to participate in the meeting and asked to postpone discussions on cooperation issue till the next Meeting. Instead of EFPC, under item 7.1 the Chair proposed to give space for presentation of Ms Maria-Jose Peiro, Project Coordinator, Migration Health, International Organisation of Migration (IOM). The Chair also informed the Meeting that under item of agenda 8.1. Ms Christine von Hielmcrone, co-worker eHealth for Regions Network was invited to present the project proposal PrimCare IT. Finally the Chair proposed to postpone agenda item 11 on modalities of work for the PPHS EG till the next meeting.

The Meeting adopted the provisional agenda with the proposed amendments.

3. Introduction of a proposed new chair of the PPHS EG

PPHS EG Chair Mr Goran Carlsson informed that Sweden, being the Lead Partner of the PPHS EG, has proposed a new chair, since the position of the Ministry of Health and Social Affairs is that groups of experts should not be chaired by MoH officials but by representatives of Government agencies. The National Board of Health and Social Welfare has proposed as candidate for PPHS EG Chairmanship Dr Helena Silfverhielm, from the Swedish National Board. PPHS Chair informed that Dr Silfverhielm would be ready to start as a Chair of PPHS at the next Meeting, Autumn 2011. PPHS EG Chair also informed that additional information related her election will be sent out before the next EG Meeting and invited Dr Silfverhielm to make a short introduction.

Dr Helena Silfverhielm expressed her satisfaction with being invited in this meeting and to be proposed as the successor of Dr Carlsson, if this was acceptable to the EG.

Working in NBH as medical adviser for more than 20 year, Dr Silfverhielm possesses a master of law degree and, as a medical doctor she is double specialist in neurology and psychiatry. But being interested in law, she started to work in NHB and has been involved in various WHO and other agencies working groups.

After the presentation it was proposed that Dr **Silfverhielm** will distribute her CV in order to facilitate the election process, which is foreseen for the next PPHS EG meeting in Autumn.

The meeting took note of presented information

4. Information from the NDPHS Secretariat on NDPHS progress and recent decisions of CSR and PAC

Ms Silvija Juscenko, Senior Advisor of the NDPHS Secretariat, reported to the EG on NDPHS issues. In her presentation she informed about the following:

- The NDPHS Seminar on project development and funding, held on 27 October 2010 in Copenhagen, Denmark, where it was agreed that there is a need to raise the profile of health and social well-being in the regional funding programmes. It was also decided that the NDPHS should, together with other stakeholders, take a role in pushing for change in the next EU financial programming period;
- The 7th Partnership Annual Conference, held on 28 October 2010 in Copenhagen, Denmark. The following was decided at this meeting: NDPHS will develop a position paper aimed to raise the profile of health and social well-being in the next EU financial period's EU funding programmes operating in the ND area; while taking note of the overall good progress of the Partnership, emphasized the need for all Expert Groups in putting more efforts on implementation of activities towards the achievement of goals and targets of the NDPHS strategy; and adopted the NDPHS Work Plan for 2011.
- The 2nd Northern Dimension Ministerial Meeting held on 2 November 2010, which, regarding the NDPHS, underlined the importance of continued efforts to deliver concrete results.

The latest meeting of the Chairs and ITAs of the NDPHS Expert Groups, held on 1 March 2011, **decided** that the Expert Groups would consider the revision of the OTs during their

forthcoming meetings and inform the Secretariat about the requested revisions in due time before the forthcoming CSR to be held on 14-15 April 2011.

The Meeting took note of the presented information

5. Summary of the activities of the PPHC EG since the first meeting in September 2010

The ITA of PPHS EG, Dr Zaza Tsereteli, briefed EG members on the activities carried out in the field of Prison Health, which inter alia included the following:

- a) presentation on Prison Health in Northern Dimension was made at EU HIV/AIDS Think Tank meeting, which took place in Luxemburg;
- b) participation in the WHO network meeting on prison Health, which took place in Copenhagen;
- c) ITA was nominated to the Steering Committee of the EU HIV Conference, which will take place in Tallinn, Estonia;
- d) Collaboration with UNODC office in Baltic Countries was continued in relation to the implementation of UNODC project in 3 Baltic Countries;
- e) Latvia was selected to pilot the checklists on women's health in prison, which was developed by WHO and UNODC. They are intended as practical tools to be used by Member States to assess their current situation regarding women's health care in prison by assessing practices and policies;
- f) development of Barents TB programme under the BEAC.

The ITA of the PPHS EG, Dr Arnoldas Jurgutis, summarized primary health care related activities carried out since September 2010. PPHS EG through contacts with project partners facilitated implementation and monitoring of activities of PPHS flagship project Imprim.

Main results since September 2011:

- a) Developed proposal of operational system of evidence-based and widely recognized quality indicators for PHC performance. This paper, prepared by ITA of PPHS Arnoldas Jurgutis and Finnish Expert Paula Vainiomäki, is ready as proposal document for discussions with National stakeholders.
- b) Arnoldas Jurgutis (ITA), Paula Vainiomäki (Finland), Jacek Putz (Poland) and Göran Carlsson (Sweden) submitted abstract to the WONCA conference (September 2011, Warsaw) for PPHS EG-labelled workshop "Experiences from the Baltic Sea Region - pay-for-performance indicators and quality of primary health care services"
- c) Quality indicators and new remuneration schemes planned to be further discussed and implemented to pilot in Latvia and Belarus. This is a high priority on the policy agenda of Latvian MoH to strengthen primary health care performance.
- d) PPHS EG Chair and co-chair did efforts to start, parallel to Imprim, project activities in the Russian Kaliningrad region. Two possibilities have been found: (1) Imprim Lead Partner Blekinge Competence Centre with Russia (Kaliningrad region) has received funding from SIDA for representatives from Russia (Kaliningrad region) to participate in Imprim activities (meetings, workshops, study tours, training activities). (2). Tromso university has received funding with NOK 280 000 from the Norwegian Ministry of Health for the Kaliningrad Primary Health Care (PHC) Project with overall objective to give advice on how to develop a well functioning integrated care (collaboration between the primary health care and the specialized care) and providing health care in rural and remote districts in Kaliningrad.

6. Selected reports, including from WHO, on recent developments in the fields of Primary Health Care and Prison Health

Ms Brenda van den Bergh, Technical Officer Prison Health, Division of Non-communicable Diseases and Health Promotion, WHO Regional Office for Europe, briefed participants on the current activities carried out by WHO EURO Office. She mentioned that WHO is now working on strengthening of partnerships and development of priorities. One of the main priorities is development of a new action plan for the global strategy for the prevention and control of Noncommunicable diseases and a European Alcohol Action Plan for 2012-2020. WHO Regional Office for Europe and the International Network of Health Promoting Hospitals & Health Services (HPH) signed a Memorandum of Understanding for cooperation during the next four years. Evaluation of structure and provision of primary care in Ukraine and Serbia were carried out and reports were published. The Primary Care Evaluation Tool (PCET) was developed. The tool encompasses the four functions of a health care system (stewardship, financing, resource generation and service delivery).

As for Prison Health a two-day network meeting for Prison and Health will this year take place during 4-5 October 2011. The network meeting will be organized in connection to the International Conference 'Health in Prison and Throughcare: Provision and continuity of care for those in the Criminal Justice System', Abano Terme - Italy, 5-7 October 2011. "Throughcare" refers to arrangements for managing the continuity of care which started in the community or at an offender's first point of contact with the criminal justice system through custody, court, sentence, and beyond into resettlement. WHO Euro office is planning also to continue discussions concerning the Stewardship for Prison Health, which relates to much debated issue of integrating prison health services with public health services, and moving health care for prisoners out of the jurisdiction of the Ministry of Justice and into the Ministry of Health. An Expert Group will be established to develop guidelines on this issue. It was also mentioned that the WHO HIPP network has substantially grown over the last years, but not all countries (for example Russia and Germany) are represented yet (currently 44 out of 53 Member States within the WHO European Region are included). Efforts will continue to try to include all Member States.

The members of PPHS EG from Germany and Russia suggested that they would contact representatives from the Ministry of Justice in their respective countries, in order to clarify that issue.

7. Collaboration with International organizations

Ms Maria-Jose Peiro, Migration Health, IOM – International Organization for Migration - presented information on "Health and Public Health at the Border/ in Detention". The main goal of IOM in Migration Health addresses the physical, mental and social needs of migrants and public health aspects related to mobility. Migration Health is managed through the Health assessments coordination & technical support, Health promotion & capacity building to institutions and Health research & policy advice (including public health). She also briefed the EG members on the implementation of EU project "Increasing public health safety alongside the new Eastern European border line project (PHBLM)". One of the findings of this project was the fact of insufficient collaboration between detentions centres administration (interior) and health authorities, Discharge/transfer of responsibility (MoI/MoH).

Dr Knud Christensen, Denmark, underlined that the same problem of weak collaboration, while discussing the Prison health issues, can be seen between the MoJ and MoH.

Dr Marc Lehman, Germany, mentioned that detention centres for Migrants, can be seen as a similar facility as within penitentiary system. As a result it can be interesting for the PPHS EG to discuss further with IOM possible cooperation to analyse the migration-related public health hazards and the conditions and capacity of the border management and detention structures to respond to and control these challenges.

Ms Brenda Van den Bergh, WHO, also supported that idea, and expressed her willingness to participate in those discussions and bringing WHO HIPP attention to this issue.

The Chair of PPHS EG proposed to nominate Dr Knud Christensen from PPHS EG, explore the issue related to Migrant Health in more details, and based on his analyse to propose possible fields of collaboration of PPHS EG with IOM.

The ITA of PPHS EG, Dr Zaza Tsereteli, briefed EG members on the collaborative activities of PPHS EG with EU Commission and UNODC. After the presentation of the situation by NDPHS at an EU HIV/AIDS Think Tank meeting it was suggested that the Commission in close collaboration with PPHS EG, should invite senior Government representatives from the Ministries of Health, Justice and Internal Affairs and from relevant Government agencies. The Commission has already supported several conferences on prison health, but these have so far focused on the Ministries of Health. It might be possible to get this issue on the agenda of the Committee of the Regions.

He mentioned that during this meeting it was also decided to invite for the next Think Tank Meeting the WHO HIPP representatives, in order to include them in discussions concerning the improvement of Prison Health situation.

Dr Tsereteli also updated EG members with the information on the European Conference "HIV in European Region - Unity and Diversity", which will take place in Estonia this summer. The EU Conference will cover the key issues related to HIV epidemic, prevention, and care in European Region, with a special focus on Eastern European countries. The PPHS EG and UNODC will organize and chair a special workshop related to the HIV in Prisons issues.

Finally he briefed PPHS EG members on the development of the Barents TB Programme, which was initiated by request of the Joint Working Group on Health and related Social issues (JWGHS) at the BEAC. A new Barents Health programme period will commence as of 2012, and preparations are now ongoing. The first meeting of the Steering Committee of the TB programme is scheduled for the May 13th, 2011, and it will take place in St. Petersburg, Russian Federation. It was underlined that the corner-stone of this programme was the fact that it was developed and lead by Russian Experts. As a result the Programme Coordinator and the Chairman of the Steering Committee was nominated from Russian Health authorities.

In relation to the Barents TB programme, the PPHS EG Chair reported from the Barents JWGHS Meeting in St Petersburg on March 3rd, 2011.

The PPHS EG Chair reported from the first Arctic Health Ministers' Meeting, which took place in Nuuk, Greenland, on February 16, 2011. An Arctic Health Declaration was also adopted by all participating Arctic countries.

8. Working toward the NDPHS goals and taking actions to implement mid-term operational targets

8.1 Progress in the implementation of the respective¹ NDPHS goals and operational targets

The ITA of PPHS EG, Dr Zaza Tsereteli, briefly introduced the project proposal, “Development of the effective model of preventive education and reintegration of young inmates in the Russian Federation”, which was developed by ILO office in Moscow and *AIDS Foundation East-West (AFEW)*. This proposal was distributed among the EG members prior to the meeting. The proposed twelve-month project seeks to develop and pilot a comprehensive and effective model of preventive education and reintegration of young offenders (18-25 years of age) in St. Petersburg city of the Russian Federation.

The **objectives** to reach this goal are to:

- (1) Strengthen capacity of local social service and penal service staff, state employment service employees in providing adequate and coordinated prevention and reintegration services for (former) young offenders;
- (2) Enhance access for young offenders to prevention and reintegration services;
- (3) Support institutionalization and further promotion of the developed model.

It was decided that EG members will comment on the proposal by end of the April. Those comments will be shared with the authors for further elaboration of the project proposal.

Prof. Mikhailova, Vice-Chair of PPHS EG, presented the project proposal “Improvement of therapeutic and preventive care for persons in prison and after release for the prevention of socially important diseases (TB, HIV) in the Kaliningrad region”. The overall objective of this project is to improve the system of therapeutic and preventive measures to limit the spread of socially important infectious diseases in the Federal Penitentiary Service of the Kaliningrad region. It also aims to establish a system of coordination of services for persons released from prison, between civil and prison sectors of health for socially significant infections, in order to ensure an adequate system of continuity between prison and civil health care for persons released from prison.

This proposal was developed two years ago and was submitted for comments to the Prison Health Expert Group. The project was revised by the PH EG members and comments were submitted to the Russian partners of the Project. Prof. Mikhailova expressed her concerns that the proposal has not got backing from the EG in order to get a financial support.

The ITA of PPHS EG explained that due to the absence of a representative from the Russian Penitentiary system within the PPHS EG, it was difficult to assess the submitted proposal, as the opinion of the main stakeholder was unknown. He recommended to contact Prison authorities both in Moscow and in Kaliningrad region, in order to get their support for the proposed activities.

¹ The PPHS EG has the overall objectives to: work towards the achievement of Goals 5 and 6 as specified in the NDPHS Strategy through the implementation of the Operational Targets 5.1, 5.2, 6.1, 6.2 and 6.3 included within these Goals but also contributing to targets 5.3 and 5.4. Finally, the Expert Group will contribute to the implementation of the Operational Targets specified within Goal 1 and other relevant thematic Goals.

Ms. Christine von Hielmcrone, eHealth for Regions Management Secretariat, Flensburg University of Applied Sciences, presented the project proposal "Counteracting brain drain and professional isolation of health professionals in remote primary health care through tele-consultation and tele-mentoring to strengthen social conditions in remote Baltic Sea Regions (PrimCare IT)". She mentioned that PrimCare IT is complementary to the ImPrim project. While ImPrim seeks to attract health professionals to primary health care (PHC) through financial incentive schemes, PrimCare IT complements this approach by elaborating on opportunities of tele-consultation and tele-mentoring to counteract brain drain and professional isolation in particular in remote primary care. The combination of both approaches is promising to contribute significantly to provide equitable PHC in the BSR.

The Chair of PPHS EG informed the group members that they were requested by the NDPHS Secretariat to consider whether it was feasible to support this project proposal.

The ITA of PPHS EG, Dr Zaza Tsereteli, mentioned that he had not seen the proposal and as a result was unable to give any comments on it. Similar concerns were expressed by other members of the EG, as the proposal was not distributed among them. Dr Lehman, Germany, mentioned that generally it would be good, if EG members were given such kind of requests much in advance so that they had an opportunity to have enough time for revision of submitted proposals

The Chair of PPHS EG suggested that the eHealth for Regions Management Secretariat will distribute the proposal for comments and will await comments till Wednesday March 23rd noon time. If no objections have been received till that time, a message to the NDPHS Secretariat to sign the support letter would be sent.

Dr Arnoldas Jurgutis, ITA of PPHS EG, informed about the work towards goal 5 of the NDPHS. Third Work Package (WP 3) of the PPHS EG flagship project *Imprim Instruments for improving the financial provisions for PHC* will contribute to the NDPHS **Operational target 5.2** (Mechanisms for promoting an equitably distributed and good quality primary care system, which corresponds to changing society health needs and increases the cost efficiency of the overall public health systems in the region, are defined). The project's WP 4 *Measures to enhance and harmonize professional development* in PHC will contribute to operational target 5.2. and will provide input to achieve **indicator 5.2C** (Jointly developed recommendations for education and professional development of primary health care teams with particular attention to PHC nurses, patient empowerment and tools to increase the role of patients).

PPHS EG has during 2009 – 2010 collected initial material and drafted the outline for the position paper on *Tomorrow role of primary health care professionals in the context of changing society health needs* (indicator 5.2B of the NDPHS operational target 5.2). **Still more** focus group interviews should be provided with nurses in different countries.

ITA of PPHS and Finnish EG member Paula Vainiomäki has planned a meeting with prof Toralf Hasvold in Tromso in June, during Nordic Conference of General Practice to discuss further steps needed for the development of the document.

8.2 Possible revision/update of the respective NDPHS Operational Targets

Ms Silviya Juscenko, NDPHS Secretariat, informed the PPHS EG members that during the last meeting of EG Chairs and ITAs, it was decided that the Expert Groups would consider the

revision of the OTs during their forthcoming meetings and inform the Secretariat about the requested revisions in due time before the forthcoming CSR to be held on 14-15 April 2011.

The Chair of PPHS EG invited the group members to discuss this issue.

The ITA of PPHS EG, Dr Arnoldas Jurgutis, informed that during earlier meetings Experts of former PHC EG considered that **operational target 5.3:** health of parents and their children, a symposium on babies with extremely low body weight is organized in 2010 and a conference on prenatal diagnostics in 2011, needs to be revised.

Dr Marc Lehman, Germany, underlined, that due to the fact that possible changes or suggestions need to be discussed and agreed with the officials in both the Ministry of Justice and Ministry of Health, he was unable to give any official comment. He also requested to have more time, in order to discuss those issues officially.

The ITA of PPHS EG, Dr Zaza Tsereteli, mentioned that the changes of OTs for the Prison Health field were evident, as they were developed when the Prison Health EG was existing separately. He also supported the idea that EG will need more time, and it is not possible to draft such a proposition within the next two weeks.

The Chair of PPHS EG suggested that EG will continue discussions around this issue and that he will update the NDPHS Secretariat on the developments.

The second day of the meeting started with the visit to Halden Prison. This High Security Prison was opened on April 1, 2010. Halden Prison will hold 252 inmates, making it the second-largest prison in Norway. It's a ultra-modern structure right near the Swedish border, comprised of cells that are arranged in units of 10 to 12. The main idea used in this prison is treating prisoners humanely, which improves their chances of rehabilitation. Barred windows are nonexistent – even elsewhere in the prison. Security is guaranteed by the use of safety glass, surveillance of outdoor areas and the 1.5 km long in-situ cast concrete walls. The break room in the Activities House offers access to individually styled exercise yards, all different. The facility has more than 20 different yard space designs. In the kitchens the inmates cook their own food, clear and wash up – often in teamwork with the staff. The emphasis is on interaction between staff and inmates, making the staff natural role models who can support and motivate the inmates to develop daily routines and rhythms reminiscent of day-to-day life outside of prison walls. Presentation was given also by the medical staff of the Prison. The main peculiarity of this service is that all medical staff is hired by the Municipality Health authorities, as the Prison health system in Norway is under the Ministry of Health and is the responsibility of local municipalities.

At the end of the presentation the PPHS EG members were taken for a guided tour around the different facilities of the Prison.

9. Report from the Task Group on Antibiotics Resistance

The PPHS Chair informed about the upcoming first meeting in Berlin on March 30-31st 2011 and possible activities to be expected of the Antimicrobial Resistance Task Group.

10. Leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan

Ms Silviya Juscenko from the NDPHS Secretariat, briefed the EG members on the progress in discharging of the Partnership's responsibilities, as the Lead Partner for the Health priority sub-area in the EUSBSR Action Plan. She once again underlined that the NDPHS Strategy correlates with the EUSBSR, to ensure that the health and social well-being related activities in the Northern Dimension area be implemented in a coordinated and efficient way and involve all relevant actors. NDPHS was able to successfully pursue the implementation of the planned goals, although limited financial resources continue to postpone the achievement of more ambitious plans. Examples of the recent achievements towards the implementation of the health area of the EUSBSR were also brought to the attention of the PPHS EG members.

At the same time an issue of project financing availability remains a critical issue in the implementation process. As to the immediate future steps, these include, but are not limited to, the following: (i) further efforts will be taken to involve other relevant regional stakeholders in the implementation of the EUSBSR and (ii) flagship project applications will be finalized and submitted to financing institutions and programmes.

The meeting took note of the information presented.

11. Visibility of the PPHS EG: planning of publications, contributions to thematic issues of the NDPHS e-Newsletter, presentations in conferences, etc.

The PPHS EG members are invited to discuss visibility issues under the guidance of the ITAs and with contributions from the Secretariat.

12. PAC 8 side-event and PPHS EG's possible contribution to it

Prof Mikhailova, Co-Chair of PPHS EG, briefed on the developments regarding the PAC 8 side-event and its thematic focus. She informed that the Ministry of Health and Social Development was finalizing the proposal for the PAC side event, which then would be shared with all parties within the NDPHS. Taking into account the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease (NCD) Control that will be held in Moscow on 28-29 April, 2011, jointly organized by the Russian Federation and the WHO, it is foreseen that the main topic of PAC Side event could be the NCD issue with a focus on alcohol abuse.

IOM representative raised the question, if it is possible to suggest any other topic for the PAC side event, if the theme is not decided yet.

WHO representative mentioned that they would support the idea of organizing a side event on the Stewardship for prison health.

The PPHS EG Chair suggested to wait for more information from the Russian side, but in the meantime to keep in mind topics suggested by the members of PPHS EG.

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

13. Development of PPHS EG thematic reports

The Chair, the Vice-Chair and the ITA have during the last EG Chairs and ITAs meeting in Kaliningrad on March 1 discussed three possible thematic reports, the first having been discussed in the EG before:

- Tomorrow's role of Family Doctors and Nurses
 - Initial work has been started through workshops in Kaliningrad and Pärnau
- The future role of local (district, rayon) hospitals as a structure covering the interface between PHC and specialist care
 - A project concept has been drafted but not yet implemented
- Improvement of continuity of care of ex-prisoners
 - This issue is considered to benefit from the expertise available in the new EG

The proposals mentioned and other possible project concepts will be discussed.

14. Next meeting of the PPHS EG

The Chair of PPHS EG informed that the NDPHS Chair Country, Russia, has made known that it will invite EGs and Task Groups to hold their meetings in Russia. It is proposed to hold the meeting on September 23-24 in Moscow.

The Meeting **appreciated** the offer presented by Russia and gratefully accepted it.

15. Any other business

Dr Simo Kokko, Finland, presented information on possible activities related to the Hospital systems. During the Northern Dimension expert group work it has turned out that many of the participating countries are analyzing and planning what the role of local hospitals should be on the future maps of health services. In general, hospitals tend to follow the logic and developmental imperatives of aiming at high technology and increasingly narrow specialized implementation of medical science and skills.

Experiences from Finland have shown that in spite of the tendency to centralize acute care to high tech hospitals, there are large numbers of patients, whose acute hospital services can be adequately provided in the local hospitals, which are usually run by the general practitioners. The role of these hospitals, which account for about 25 % of the total of acute care and a large share of chronic stay nursing home type care, is now being revised in Finland. In future it is planned to have 5-6 high tech hospitals in Finland. Primary health care and its key professionals are ready to meet the challenges. However, besides good primary health care and its outpatient-based services, there will be an increase in hospital services. During previous EG meetings several other Northern Dimension Countries have expressed interest in the same question, because in many ND countries on-going hospital reforms rise a lot of discussions on what should be future of these small municipal hospitals.

Dr Kokko proposed to have a meeting for these experts who are interested in the same question. Interest to participate in such meeting, to develop joint interests and to develop further plans of possible joint project, was expressed by PPHS EG Chair Mr Goran Carlsson (Sweden), co-chair Prof. Yulia Mikhailova (Russia), Jacek Putz (Poland), Aigars Miežitis (Latvia). Arnoldas Jurgutis, ITA PPHS EG informed that intensive reform of hospital sector is ongoing in Lithuania and there are high interests to join such discussions. It was agreed that ITA will discuss availability of experts interested to participate in such meeting and set a date for the meeting by the end of May or beginning of June.

16. Adoption of the PPHS 2 Meeting minutes

The PPHS EG Chair proposes that it would send out draft Second Meeting minutes to the participants on April 22, 2011 and that comments on the draft would be due, at the latest, on May 6, 2011. The revised minutes would be distributed on May 9th 2011 to be adopted *per capsulam* provided that no further comments are submitted within one week.

The Meeting will be invited to **decide**, as appropriate

17. Closing of the meeting

The PPHS EG Chair thanked the participants for the very good meeting, and expressed once more deep appreciation to Norway for excellently hosting the meeting. The meeting closed on March 18th at 13:00 hours