



*Northern Dimension*  
Partnership in Public Health  
and Social Well-being

# **NDPHS EXPERT GROUP ON PRIMARY HEALTH AND PRISON HEALTH CARE SYSTEMS**

**Activities to implement goal 4&5&6**

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## Goal 4: Resistance to antibiotics is mitigated in the ND area

**OT 1:** By 2012, the existing networks working on the above-mentioned goal are strengthened (steps are also taken to encourage the creation of the efficient surveillance of antimicrobial resistance and antibiotic consumption, with comparability between countries).

**I:** Number of new members added to the existing networks.

**I:** Increase in activity of the existing networks measured by conferences and trainings implemented.

**OT 2:** Series of trainings for professionals are organized, aimed to strengthen their capacity to help mitigate antibiotic resistance.

**I:** Number of trainings successfully implemented, including all of their components.



## Thematic area 2: Accessibility and quality of primary health care

- 🔧 **Goal 5:** Inequality in access to qualified primary health care in the ND area is reduced.

## Thematic area 3: Prison health care policy and services

- 🔧 **Goal 6:** Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed.

# Goal 5: Inequality in access to qualified primary health care in the ND area is reduced



**OT 1:** Differences in the accessibility of qualified primary healthcare in countries of the ND region are assessed

**I 1:** A report outlining the differences in the accessibility and quality of primary healthcare in partner countries and recommending further actions is developed.

**OT 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.

**I 1:** A jointly developed paper presenting the population health care needs and deployment and mobility of primary health care professionals in the ND region is in place.

**I 2:** A position paper on tomorrow's role of primary health care professionals in the context of changing society needs is in place.

**I 3:** Jointly developed conclusions for education and professional development of primary health care teams with particular attention to PHC nurses and patient empowerment are in place.

**I 4:** Models of good practices in different countries are demonstrated and policy conclusions for dissemination are in place.

**OT 3:** Regarding the 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.

**I 1:** Both the symposium and the conference are organized.

**OT 4:** By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.

**I 1:** Result of survey implemented among those from the target groups.



## Goal 5: Inequality in access to qualified primary health care in the ND area is reduced

**OT 1:** Differences in the accessibility assessed

**I 1:** A report on the differences in the accessibility

Imprim:

- Transnational Synthesis report on financing of health care system in BSR Countries (Blekinge Competence Centre (Sweden))
- Proposal of operational system of evidence based and recognised indicators (result of Klaipeda university activity: Arnoldas Jurgutis (ITA), & Ms Paula Vainomaki (Finland))
- In year 2012 selected indicators will be set to monitor differences in the accessibility of qualified primary health care in Estonia, Latvia, Lithuania and Belarus

## Goal 5: Inequality in access to qualified primary health care in the ND area is reduced

**OT 2:** Mechanisms for promoting primary care, which corresponds to changing society health needs

**I 1:** Report on population health care needs in the ND region is in place.

**I 2:** Policy document on tomorrow's role of primary health care professionals in the context of changing society needs.

**I 3:** Jointly developed conclusions for education and professional development of primary health care teams with particular attention to PHC nurses and patient empowerment are in place.

**I 4:** Models of good practices in different countries are demonstrated and policy conclusions for dissemination are in place.

- Materials for policy document on Tomorrow's Role of Primary Health Care Professionals have been collected since 2009
- Resources should be found for further development of the report, Paula Vainiomaki (Finland) agreed to lead process in 2012

## Goal 5: Inequality in access to qualified primary health care in the ND area is reduced

**OT 2:** Mechanisms for promoting primary care, which corresponds to changing society health needs

I 1: A jointly developed paper presenting population health care needs in the ND region is in place.

I 2: A position paper on tomorrow's role of primary health care professionals in the context of changing society needs is in place.

**I 3:** Conclusions for education and professional development of primary health care teams with particular attention to PHC nurses and patient empowerment are in place.

I 4: Models of good practices in different countries are demonstrated and policy conclusions for dissemination are in place.

**Imprim:**

- The outline for the policy document conclusions for education and professional development of primary health care teams which include recommendations for education and professional development of primary health care doctors and nurses have been developed presented during PPHS EG meeting in Moscow, Sept 2011
- Document will be developed by the end of 2012 in the frame of Imprim project.

## Goal 5: Inequality in access to qualified primary health care in the ND area is reduced

**OT 2:** Mechanisms for promoting primary care, which corresponds to changing society health needs

I 1: A jointly developed paper presenting population health care needs in the ND region is in place.

I 2: A position paper on tomorrow's role of primary health care professionals in the context of changing society needs is in place.

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**I 4:** Models of good practices in different countries are demonstrated and policy conclusions for dissemination are in place.

NDPHS project proposal to the DG REGIO:

- Subproject: Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region
  - Activities of this subproject will start in December 2011.
  - Until Dec 2012 background material for a future project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care.
  - Latvia, Lithuania, Finland, Russia, Belarus expressed their interest in future project
- New project proposals to involve Kaliningrad and Poland
- 4 B for Health "Building bridges braking borders (Klaipeda-Kaliningrad- Byalystok)



## Goal 5: Inequality in access to qualified primary health care in the ND area is reduced

**OT 4:** By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.

**I 1:** Pilot project on tele-mentoring for career development of health professionals in remote primary health care.

**I 2:** Pilot Project on tele-consultation for improved Professional cooperation and quality in remote primary health care.

- Project PrimCare IT has been approved for funding and project activities planned to be started in the very end of 2011.
- Planned project results during 2012-2013 will contribute to OT 5.3.



**Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed**

- NDPHS EG is presented at WHO Expert Group, which works to provide Member States with unbiased and evidence based information on experiences and best practices regarding the stewardship for prison health throughout the European Region.**
- The draft Framework for the guidance document (working title - Prison Health Services: standards, stewardship and assessment is under development**
- PPHS EG continue its close collaboration with ACCESS project, where previous Prison Health EG was presented as an associated partner. As a result of this collaboration, representatives from Estonia were chosen for training. ACCESS project is a European initiative aimed at bringing together organisations from different EU member states to contribute to the knowledge base and practical implementation of harm reduction services**



**Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed**

- 🔗 The special session on Prison Health was organized during the the European Conference "HIV in European Region - Unity and Diversity"**
- 🔗 The PPHS EG facilitated WHO HIPP and UNODC, in piloting of the "Gender in the criminal justice assessment tool", in some of the partner countries. This Tool was prepared by WHO and UNODC, and helps guide the assessment of gender in the criminal justice system**
- 🔗 PPHS EG facilitated the development of a project proposal "Delivering health and social services to inmates in prison and upon their release into the community" for the Kaliningrad Region – submitted to the Norwegian Government for the possible financing**
- 🔗 PPHS EG is continuing its close collaboration with WHO HIPP, EU HIV/AIDS Think Tank, UNODC and all other major players in the field of Prison Health**