

**EG on Prison Health
Second Meeting
Oslo, Norway
13-14 February 2007**

Reference	PH 2/5/Info 1
Title	Mandate of the PH EG as adopted by the CSR
Submitted by	Secretariat
Summary / Note	<p>The following text was extracted from the combined Mandate Proposals for the NDPHS Expert Groups that was adopted during the CSR in Vilnius, Lithuania, April 14 -15, 2005.</p> <p>It should be also noted that the Secretariat submits to this meeting draft PH EG Terms of Reference, which will embed the above mentioned mandate and, additionally, include several important issues, which are not covered by the present PH EG's mandate paper. It is proposed that the ToR will be considered by this meeting so that the Secretariat can take into account the meeting's comments when developing the final version for submission to the forthcoming CSR Meeting for adoption.</p>
Requested action	For reference

Background and Objectives

In Oslo, the 27th of October 2003, a declaration concerning the establishment of a Northern Dimension Partnership in Public Health and Social Well-being was agreed on by the Ministers of Health and Social Affairs and representatives of other founding partners from the Northern Dimension area. The objective of the Partnership is to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing. The Partnership aims at contributing to intensified co-operation in social and health development and assist Partners and Participants in improving their capacity to set priorities in health and social wellbeing, as well as to enhance co-ordination of international activities within the Northern Dimension countries. In a side event to the constituting meeting an Expert Workshop on Prison Health was held and this meeting decided to recommend the Northern Dimension Partnership to support activities within its scope towards the penal system. Initiatives were taken to appoint a Programme Group on Prison Health.

The Northern Dimension Partnership shall focus on two priority areas for improved co-operation and co-ordination.

The first area considers prevention of major public health problems such as communicable diseases, use of illicit drugs and health consequences of socially distressing conditions. The penal system presents a section of the society where major health problems are concentrated. We know that spread of communicable diseases occurs predominantly within the marginalised groups that lives under harsh socio-economic circumstances, of which many members may subsequently proceed into the penal system. There are also obvious connections between 'social disparity, mental disorders, drug use, infectious diseases, crime and imprisonment'. Because of this it is adequate to have an extended scope of the joint work being carried out in the penal systems in the Nordic Dimension area to include work not only dealing with communicable diseases but also include endeavours striving towards better treatment and prevention of psychiatric diseases, rehabilitation and treatment of drug abusers, improved custodial conditions for inmates and staff and strengthened co-operation between the prison system and the civil and social services.

The second prioritised area in the partnership is stated to be enhancement and promotion of healthy and socially rewarding lifestyles. The milieu and way of life in many of the prisons and custodies in the Nordic Dimension area does not offer a healthy environment. Much needs to be done about the living conditions in the prisons and also, of no less importance, the working conditions of the staff. Possibility to offer proper education or work to the prisoners is needed. Certainly most important with education for the many young people and children enrolled in the prison system. Measures to assist the different penal institutions to attain a higher degree of self-sufficiency should be made. Projects that promote co-operation between the prison system and organisations and authorities in the civil society as well as the social services should be supported.

In connection to the Northern Dimension Partnership in Public Health and Social well-being (ND) Annual Conference in Tallinn 2004 a group of experts has been called together to a workshop to discuss the possibilities to develop a Prison Health Expert Group that can work with these questions. The work shops ambition has been to discuss the current status of the prison system in the ND region. We have talked about needs for reforms and development, quality control studies, epidemiological and sociological base line studies. We have discussed what prioritized areas that should be dealt with by the group. And also about practical arrangements. How such a group should be put together. What competence is needed. Resources, e.g. time and funding, necessary for the work. And what mandate the group should have.

This is a short report from that workshop.

Prioritized areas identified

The workshop has during its discussions identified the following areas within the scope of prison health and social wellbeing.

Health

1. Communicable diseases

Prio 1;

- Tuberculosis
- HIV/AIDS

Prio 2;

- Blood bourne infections
- Other Sexually Transmitted Diseases
- Vaccine preventable diseases

Prio 3;

- Other infectious diseases

2. Rehabilitation of drug abusers

Prio 1;

- Intravenous drug abusers
- Alcohol abusers

Prio 2;

- Non injectable narcotics

Prio 3;

- Tobacco

3. Support and health care for prisoners with mental disorders

Social well-being

1. Social rehabilitation programmes
2. Educational programs, schooling and training in working skills
3. Information and education campaigns
4. Self support enhancement
5. Twinning projects
6. Education of staff
7. Prisoners with special needs

- Young inmates and children
- First time offenders
- Female prisoners
- “Real” lifetime sentenced

8. Living conditions – milieu, hygiene

9. Reforms dealing with overcrowding in prisons and custodies, probation reforms

10. Preparations before and follow up after release from prison

Other

1. Epidemiology studies

2. Sociology studies

3. Quality control and follow up studies

4. Human rights

Construction of the Expert Group

The Expert Group should consist of

- A chairman
- A co-chair
- An ITA that also can function as a secretary and co-ordinator for the group
- Delegates with an expertise and competence in the fields of health (communicable diseases such as TB and HIV and epidemiology, drug abuse and mental disorders) social welfare including prison experts. It would also be an advantage to include persons with expertise in project planning.

It might be advisable that, if the chairman was recruited from a country from the eastern part of the ND area – the co-chair was recruited from the western part, or the other way around. It might also be an advantage if the chairman has an expertise in healthcare, the co-chair should be a prison expert.

It would also be advantageous if the representatives in the group could represent as many of the ND partners as possible. Different countries and also different organisations. For instance participation from the WHO Health in Prison Project should be welcomed.

The members of the Expert group should be nominated by the different countries and organisations in the Partnership and their relevant authorities. The costs for their attendance in the groups work should in principle be covered by the Partner and their participation should be regarded as part of their normal work. The chairman, co-chair and ITA should be elected by the group if support for and intention to finance such a responsibility can be found with the nominator.

How should the Expert Group work?

The Prison Health expert group should be and communicate “the collective knowledge” within the field of prison health.

It is important that the experts taking part in the group can collaborate as equal partners.

A problem for the work shop was that no Russian member had the opportunity to attend the meeting. The group agreed that participation from Russia and the Russian prison system is vital for future co-operation in this Expert group. Without it the Expert Group loses part of its relevance. If Russia does not intend to participate in this work in the future we speculated that it might be more relevant to suggest that the Expert group should serve more as a forum for co-ordination of the efforts done in the prison services of the Northern Dimension area. And, if so, maybe meet for instance once a year for consultation and feedback. After the meeting though, we obtained information that the absence of Russian participation was due to other reasons and that there has been an intention to collaborate in the work of the group from Russia and the Prison authorities from the Northern Dimension area parts of Russia (which is said to be the North western okrug).

We suggest that the Prison Health Expert Group meets 3-4 times every year and between meetings keep in touch via e-mail. The responsibility to host the meetings could circulate between the members of the group. Costs, for instance for travels and hotels etc, in connection to participation in meetings organized by the expert group, should, if possible, be covered by the participating partner. Otherwise, external financing could be sought. It would be appropriate if the group could hold a constituting meeting during spring 2005. Preferably with attendance from the Partnerships secretariat to plan its work in the future more in detail.

The group's working language should be English.

Tasks of the Expert Group

The Prison Health Expert Group shall;

- Assist in initiating, catalyzing, and promoting relevant project initiatives, evaluate and discuss project proposals with project owners and also support ongoing projects in the field of prison health and social well-being in the ND area
- Advice and, if necessary, assist project groups in contacts with financiers to enable them to realise their initiatives. Also to recommend relevant project proposals to financial bodies in the ND area
- Assist project groups in co-ordination with other stakeholders. Promote networking. Also co-ordinate the work with the endeavours of the other ND expert groups such as the HIV/AIDS group, the Primary Health Care Group and the epidemiology training group
- Formulate criteria for future support of projects in the prison health area. We suggest that a Logical Framework Approach (LFA) method is used. The programme developed under the CBSS' Task Force Prison Health Group can be used as a basis for this but must be revised and updated according to the extended scope of the joint work being carried out in the penal sector, as described in this report.
- Provide the Partnership website/database with information concerning its work.
- In all, co-operate with the Partnership Secretariat.