

**Expert Group on Prison Health (PH EG)
2nd Meeting
Berlin
20. – 21. September, 2016**

Reference	
Title	Minutes from the 2 nd meeting of the NDPHS PH EG
Submitted by	PH EG ITA
Summary / Note	This document recalls the most important information and statements presented, as well as, where available, the conclusions and decisions made during the meeting.

20st of September, Tuesday

1. Opening of the Meeting and welcome

The meeting was opened at 12 p.m. by Dr. Marc Lehmann, the Medical Director of the Berlin State Prison Hospital (and Chair of the PH EG), who chaired the meeting.

He welcomed all the participants and thanked the German Ministry of Health who was the host of the meeting (represented through Mr. Thomas Ifland).

Dr. Marc Lehmann, introduced himself. He is a chief medical officer, at the Department of Prison Health in the Ministry of Justice, Federal State of Berlin.

Further he gave the information that the International Organization for Migration (IOM) is unable to cover all Expert Groups and withdrew therefore the nomination of the PHEG member. Moreover he informed the group that Lars Möller (from the WHO) and the Finnish and Russian colleagues were not able to attend the meeting.

2. Adoption of the Agenda

The meeting adopted the provisional agenda at 12:04 p.m. (submitted as document PH_2-2-2).

3. Election of the PH EG Vice-Chair

Ms. Jana Feldmane - Head of Division of Environmental Health, Department of Public Health, Ministry of Health of the Republic of Latvia is proposed to be elected as Vice-Chair. Dr. Lehmann asked the participants if there were any remarks or comments regarding the election of the Vice-Chair and proposed Mrs. Jana Feldmane as a candidate. There were none. There were 6 countries that voted in favor of Mrs. Feldmane, no abstention and no opposition. Dr. Lehmann congratulated Mrs. Feldmane on the vote to the Vice-Chair.

Mrs. Feldmane thanked the participants for the vote and stated that the subject of Prison Health was an important subject to her due to the special vulnerability of prisoners. She sees her role as Vice-Chair as a great opportunity to deepen her knowledge in the field and mentioned that in Latvia Prison Health is under the Ministry of Justice (which cooperates with the Ministry of Health).

4. Introduction of the new ITA

The new ITA Elisabeth Schulte was nominated by Germany and presented herself.

5. Introduction of the Participants

Short presentation by the present participants:

Title	First Name	Last Name	Job Title	Affiliation
Mrs	Bente	Moe	Director of Department	Norwegian Directorate of Health
Ms	Jana	Feldmane	Co-Chair of the PH EG	Public Health Department
Mrs	Kristel	Ojala	Advisor	Ministry of Justice
Dr	Marc	Lehmann	Chair of the PH EG	Berlin State Prison Hospital
Mr	Marek	Maciejowski	Director	NDPHS Secretariat
Mr	Thomas	ifland	Senior Advisor	Ministry of Health Germany
Dr	Zaza	Tsereteli	Senior Advisor	Royal Norwegian Ministry of Health and Care Services/ASA EG
Ms	Elisabeth	Schulte	International Technical Advisor (ITA)	Ministry of Health Germany
Mrs	Birutė	Semėnaitė		Prison Department under the Ministry of Justice Lithuania
Mr	Visvaldas	Dailyda		Kauna Remand Prison Lithuania
Mr	Lars Håkan	Nilsson	Senior Medical Advisor	Swedish Prison and Probation Services
Ms	Maija	Paunina		Ministry of Health Latvia

6. Information by the NDPHS Secretariat

Mr. Thomas Ifland gave a short introduction on the history of the Expert Group on Prison Health and mentioned the high interest of all countries of the partnership in the subject (except Poland).

After that, the Director of the NDPHS Secretariat, Mr. Marek Maciejowski gave a brief overview on the recent developments and formulated an outlook for the upcoming months with regard to the planned meetings and to the development of the Work Plan. Additionally, the participants could ask questions around the Expert Group/ the NDPHS as such.

Further, he stated that the focus of the Partnership is the implementation of the Strategy 2020 and 1 Action Plan. The Committee of Senior Representatives (CSR) have mentioned that

tangible outcomes are needed and that they want to see progress be made through achievement of concrete results included in the Action Plan with clear indicators, tasks and timelines. It is important to leave a footprint, to have activities which have an impact which is measurable (“meeting and talking only is not enough anymore”). Whereas projects have their own value, for activities to have a regional impact they need to be policy-related. There is a need to reach-out to other stakeholder, work with them and encourage to contribute efforts contributing to the achievement of the agreed objectives. The Partnership cannot reach results alone.

Mr. Maciejowski spoke in high terms of the committed and active leadership of the group and suggested to look at cross-cutting activities with the other expert groups. Under Objective 1 he mentioned common work with the expert group on HIV, TB and AI and under Objective 5 a link with the Expert Group on Primary Healthcare.

The new **Work Plan 2017** should be based on the Strategy 2020 and the Action Plan and has to be submitted until **06 October 2016**.

The activities of the Work Plan 2016 reach until 2017 and soon work will need to start to revise the Action Plan so that its focus would move 2020.

Mr. Maciejowski reported that many Expert Groups had concerns concerning the funding of their activities. The NDPHS Secretariat employed a new person which may, within time available, help them in fundraising job. The NDPHS can provide funding (for example to invite outside people to the meetings).

Moreover Mr. Maciejowski announced that Belarus now has an observation status as has been confirmed by the Steering Group in January 2016. Expert Groups are supposed to engage Belarusian experts in their work, if the latter express such an interest. However, Belarusian experts need to finance their participation from their own resources.

The next **Partnership Annual Conference (PAC)** will take place on the **28th of October** in Sopot (Poland). It will be a non-ministerial PAC, i.e. held on a senior representatives level, which will focus on the implementation of the Strategy and the Action Plan. The Secretariat encourages the Expert Groups to bring forward and discuss with the senior representative the issues/ things which are hindering the progress in EGs’ work.

The **NDPHS is the Coordinator for the Policy Area Health** in the European Union Strategy for the Baltic Sea Region (EUSBSR). The Partnership will participate at the EUSBSR Annual Forum and will hold its seminar during the Forum (7th/ 8th of November in Stockholm). Health Economy will be the major subject of this seminar. A consultant is currently preparing a report (a draft is supposed to be submitted to the NDPHS Secretariat on the 23rd September and will immediately be forwarded to the Expert Groups for comments) looking, *inter alia*, at the cost-effectiveness of health interventions. The Expert Groups are invited to interact with the consultant and contribute comments to the report.

After the information by Mr. Maciejowski, **Mr. Ifland** (MoH, Germany) gave a short overview of the structures, governing bodies and recurrent meetings of the NDPHS.

Dr. Zaza Tsereteli, the ITA of the ASA EG, noted that currently Estonia is chairing and Latvia is co-chairing the NDPHS. Since there is a rotation every 2 years, Latvia takes the lead in 2017 and Co-Chair country needs to be nominated.

7. Cooperation of Expert Groups/ other Actors

Dr. Lehmann, the Chair of the EG PH, mentioned infectious diseases as one main problem for Prison Health. Especially co-infections (HIV/TB Infections combined with substance abuse). Therefore there are many cross-cutting issues between the EG PH and the EG ASA. The early detection of those at risk is a cross-cutting issue for both Expert Groups.

7a) NDPHS Expert Group on Alcohol and Substance Abuse (EG ASA)

Dr. Zaza Tsereteli (ITA) introduced the work of the ASA EG. Norway is chairing the EG and Russia is Co-Chair. All countries, except Germany are presented in the EG. In addition, the representatives from the NCM and WHO are the members of the ASA EG.

In general, the EG ASA concentrates its work on objective 4 of the NDPHS strategy and so-called Horizontal results, and puts policy development in the center of its function. The work of the ASA EG based on the principle that every country brings forward country specific issues, in order to identify and work together on common problems. Dr. Tsereteli, briefly presented all activities carried out by the ASA EG in 2016.

Dr. Tsereteli reported from his experiences that while working on the development of the NDPHS strategy, the idea was that all Expert Groups would meet together, in order to draft the strategy. However, that did not work well. Therefore, he suggested that more needs to be done in order to strengthen the collaboration between the EGs. Dr. Tsereteli pointed out that ASA EG is open for a collaboration with all EGs of the NDPHS and mentioned that EG is already planning to have a join meeting with the NCD EG. As for the next meeting of the EG ASA, it will be in Tallinn in the beginning of November.

Dr. Lehmann thanked Mr. Tsereteli for his presentation and the willingness to cooperate. The Chair pointed out that it is in the interest of all to avoid the duplication of work (on data collection for example).

Mr. Nilsson asked if the EG ASA also looked at substance-abuse related death. Dr. Tsereteli showed willingness to pick it up in case one of the countries would bring it up.

Generally all the participants agreed that the goal should be to reintegrate the person into the society once they leave the prison settings. Therefore prisons needs to care about resocialization and not about punishment (the only punishment being the imprisonment). Also the problem of the follow-up of people who leave prison settings was mentioned. The culturally different approaches to drug addiction and substitution treatments should be taken into account.

7b) WHO EURO HIPP Group

Mr. Ifland pointed out that the commitment of the World Health Organization (WHO) is important as well as their contribution to the work on health and prison (through the HIPP project). **Dr. Lehmann** announced that the EG PH can send someone from the group to the **HIPP Meeting (07th November in Copenhagen)** and that the WHO published a new fact sheet on Health and Prison. **Mrs. Jana Feldmane** might go and **Mrs. Birtute Semenaite** will also be there as the Lithuanian Representative. Mr. Ifland urged that the EG PH needs to inform the HIPP about its participation and that the NDPHS would need a timeslot. Feedback on the

participation should be given within one week. The NDPHS attended the Steering Group Meeting in Lisbon in 2015. Germany does not take part in the HIPP.

7c) Networks like “Health without barriers”

Dr. Lehmann presented the network/ groups SPACE, CPT and HWB to the participants of the meetings and asked if a cooperation would make sense. He also invited the members of the PH EG to add other networks which might be relevant in the field.

- **SPACE** (Council of Europe Annual Penal Statistics) published the European Prison Rules and collects useful data. Mrs Seménaitè is working with those data.
- **CPT** (European Committee for the Prevention of Torture) names the actual standards in PH. Mrs Seménaitè mentioned that they have been interested in Hepatitis C and lifetime sentences of prisoners. Latvia has been visited last year and Sweden has been inspected as well. All the present members of the EG PH agreed that it would make sense to invite them to the next meeting.
- **HWB** (Health without barriers) is active in the south-western part of Europe. Even though it is another region, it can be relevant for NDPHS since France and Portugal have a pioneering role in the field of Hepatitis C treatment in prison. The PH EG can profit from the cooperation and the knowledge and data of the group.

All the present members of the 2nd meeting of the EG on PH agreed that it would make sense to invite experts from the three different groups to future meetings.

The Co-Chair **Mrs Feldmane** suggested that it would make sense to have common meetings with the other Expert Groups.

Finland and Russia which could not attend the meeting, will be asked if other groups/ networks have been missed which are considered to be important.

8. Information concerning the PH EG

General information on the EG PH activities were given by **Dr. Lehmann**. They included a request to all members of the group to check their contact details on the NDPHS Website and contact the ITA Ms Elisabeth Schulte in case any updates need to be done. Moreover **Dr. Lehmann** informed the group that an article on the PH EG was send to the Russian colleagues for their Internet Conference. Last but not least a short PPT Presentation on the PH EG was send as a contribution to the conference materials of the EG Chairs and ITAs meeting in Moscow.

8a) Information from the recent EG Chairs and ITAs Meeting

The EG Chairs and ITAs Meeting took place on the 25th of August in Moscow. Dr. Lehmann informed the group that the minutes from the meeting are already available on the NDPHS website. The Secretariat reminded the Expert Groups about their responsibility to update their own group’s sections on the NDPHS website, if and when necessary. Moreover, the Secretariat

informed the participants of the EG Chairs and ITAs meeting about the upcoming NDPHS e-Newsletter issue and invited them to discuss the focus of the next issue and encouraged to contribute to it with articles describing the Expert Groups' activities.

Mr. Maciejowski informed that during recent years the Partnership was annually receiving financial support from the EU, including through funding opportunities announced by DG NEAR. Money for to be contracted in 2016 has already been earmarked for the OSH Expert Group. The NDPHS Secretariat is in contact with DG NEAR regarding possible financial support to be contracted in 2017. It hopes to learn more in October and will inform the group accordingly. If this funding opportunity arises, the EGs will be invited to present concrete projects ideas (up to 2½ pages) and the EU will choose the best project idea(s) and invite the respective proponents to develop fully-fledged project description. Like this year, the funding would be offered for contracting of services to be delivered by an external company through a framework contract (not a direct monetary support to project proponent(s)).

8b) Information from the Vilnius Communicable Disease Week

Mr. Dara from the WHO kindly agreed that Dr. Lehmann shows their PPT presentation from the Vilnius Communicable Diseases Week to the participants of the EG PH meeting referring to the author. Dr. Lehmann also showed the presentation he did at the conference. Both PPT will be available in the meeting documents.

8c) Update of the EG's front page on the NDPHS website/ check of Russian translation

The deadline of the submission of the Work Plan 2017 is the **06th of October**. It will be adopted during the PAC.

The EG PH decided to have a visibility in the **NDPHS Newsletter**. Mrs Feldmane and Mrs Schulte will prepare a short information about themselves for the next Newsletter. Moreover a short contribution about the activities PH EG and the state of rules (2.000 – 3.000 characters) should be ready for the **2nd week of November**. Mrs Ojala and Mrs Semenaite volunteered for this article. Mr. Nilsson is providing a small article about Hepatitis C.

Mr. Maciejowski suggested to include a topic of the economic aspects linked with prison health in the article for the newsletter, since health economy will be a major subject of the NDPHS Seminar at the EUSBSR Annual Forum.

9. **Tour-de-Table**

9a) Country Reports

Following participants gave a report about the current state of Prison Health in their country (in order):

- Norway
- Sweden
- Estonia
- Latvia
- Lithuania

- Germany

The PowerPoints will be available in the meeting documents.

9b) Project Proposals

There were no project proposals from the participants of the meeting. Mr. Ifland will clarify if there are any projects from the Russian or Finnish side during the PAC.

The meeting ended at 5 p.m.

21st of September, Wednesday

The meeting started at 09 a.m.

10. **PH EG Work Plan Development**

Mr. Lehmann welcomed the participants again and informed the group that for the Work Plan 2017 there are 4 main topics to cover. He proposed that since the group consists of 8 countries, each topic should further developed by two countries. The participants agreed to this idea.

1.5. Better Knowledge on how to improve control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infections

Latvia takes the lead on the objective “1.5. Better Knowledge on how to improve control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infections”. Russia is going to be asked if they are willing to work as a partner on the subject.

A short questionnaire should be prepared and distributed in 2016 in order to be able to create a report in 2017. Quality assurance of the data need to be done in order to protect the credibility of the NDPHS. Mr. Lehmann is getting in touch with Mr. Arsallo (chair of the EG on HIV, TB and Associated Infections) in order to encourage cooperation between the groups on the subject. The goal of the report coming from the questionnaire is to look at current trends (ex. Infection rates) and to see which actions brought changes. The ultimate goal would be to show that the health status of inmates can get better during imprisonment (→ resocialisation) and not necessarily worse (→ new infections).

1.6. Raised awareness of harm on health from imprisonment, in accordance with WHO Europe/ HIPP and CPT standards, especially regarding HIV and TB

Estonia and **Germany** take the lead on the objective 1.6. “Raised awareness of harm on health from imprisonment, in accordance with WHO Europe/ HIPP and CPT standards, especially regarding HIV and TB”. The focus of the work will be on factors other than infectious diseases such as the lack of vitamin D, nutrition, isolation, overcrowding etc. The group will contact the EG on NCDs for cooperation.

1.7. Improved linkages between medical care in prisons and community public health services

Sweden was interested in 1.7. The ambition of the work in the Swedish P&P services is to improve the linkage to the general health care. **Sweden** and **Norway** are taking the lead on the objective 1.7. “Improved linkages between medical care in prisons and community public health services”. Mr. Ifland added that Health Insurance should be mentioned and the group wanted to ask Finland about the role of “occupational medicine”. There should be a cooperation with the EG on Primary Healthcare.

5.5. Improved Knowledge on and application of international standards on prison health and building more healthy conditions in prison

Lithuania is taking the lead on objective 5.5. “Improved Knowledge on and application of international standards on prison health and building more healthy conditions in prison”. Finland is going to be asked if they are willing to work as a partner on the subject.

Dr. Lehmann will contact Finland and Russia (which could not be present at the meeting) and give them a summary of the meeting as well as invite them to participate in the Work Plan.

The changes of the Work Plan have been send to all participants on Friday, 23 of September for comments and additions, which are due until the **29th of September**.

11) Any other business

The **next meeting of the PH EG** will be in the beginning of March. The Chair asked the member countries, to find a possibility to host the next meeting of the PH EG, which will take place in spring. Latvia expressed their willingness to host the meeting, but still need to wait for the definitive “ok” from the ministry.

Mrs Feldmane will give a feedback if it is possible to have the meeting in Riga on the 7./8. of March 2017. The meeting after (in autumn) might be in Russia.

The ITA will then communicate the exact place and date of the next meeting to the members of the EG.

12. Adoption of the Meeting minutes

The ITA proposed that she would send out the draft PH EG meeting minutes to the participants during the week following the 2nd meeting of the EG PH, and that comments on the draft would be appreciated. Revised minutes will then be distributed, to be adopted on silent procedure if no further comments are submitted.

13. Closing of the Meeting

The Chair thanked the participants for the very efficient meeting, and expressed once more deep appreciation to the German Ministry of Health for hosting the meeting. The meeting closed on 12:30 p.m.