Prison Health Expert Group
Third Meeting
Paris, France
18-19 June 2007

Reference	PH 3/Info 5
Title	PH 2 Meeting minutes
Submitted by	Lead Partner Norway
Summary / Note	
Requested action	For reference

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

Title	Meeting minutes
List of annexes	Annex 1 – List of participants Annex 2 – List of documents submitted to the meeting Annex 3 – Revised draft Terms of Reference for the Expert Group for submission to the NDPHS CSR
Submitted by	Secretariat
Summary / Note	This document recalls the main discussion points and decisions made during the 2nd Prison Health Expert Group Meeting.

1.Opening of the meeting and welcome

The Host (the Norwegian Ministry of Health and Care Services) welcomed the participants, and the outgoing Chair, Mr. Anders Nystedt of Sweden, opened the Meeting. The participants introduced themselves.

2.Adoption of the Agenda

The Meeting **adopted** the agenda (submitted as document PH 2/2/1).

3. Election of Chair and Vice-Chair of the Prison Health Expert Group

Norway introduced Ms. Ingrid Lycke Ellingsen as their candidate for chairing the PH EG. The Meeting **elected** Ms. Lycke Ellingsen as Chair of the PH EG. As no nominations for the position of the Co-chair were received, the decision of electing a co-chair was postponed.

4. Information about the recent developments in the ND process and the NDPHS. NDPHS Project Database and Project Pipeline

With reference to the Declaration on the establishment of the Partnership, the recently adopted Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document (submitted as documents PH 2/4/Info 1 and PH 2/4/Info 2), the Secretariat provided a brief overview of the recent developments in the ND process. It also informed the Meeting about the recently adopted NDPHS work plan for 2007 (submitted as document PH 2/4/Info 3) and on other outcomes of the 3rd Partnership Annual Conference held on 12 December 2006 in Oslo, Norway, which are of relevance to the PH EG.

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

Further, the Secretariat informed about the NDPHS project proposal entitled *Database on Public Health Projects in North Eastern Europe and its neighbouring countries*, including Draft Annex I to the grant agreement with the EC regarding the NDPHS Database Project (submitted as document PH 2/4/Info 4), and an updated list of issues for the successful

launching of the NDPHS Project Database (submitted as document PH 2/4/Info 5). Finally, the Secretariat introduced brief description of the NDPHS Project Pipeline (cf. document PH 2/4/Info 6) and informed the participants about most recent developments regarding it.

The Meeting **agreed** that the Expert Group will provide comments and input to the database and pipeline. Dr. Karsten Kronholm will act as a focal point for the NDPHS pipeline on behalf of the PH EG and provide comments about the pipeline to the Secretariat.

5. Information about the Prison Health EG history and the progress made thus far

Mr. Anders Nystedt provided a brief outlook on the history of the PH EG and its achievements so far.

- Following the 4th Baltic Sea States summit in St Petersburg June 2002,a new **Prison Health Programme Group** (TF/PG) was formed under the Task Force on Communicable Disease Control in Oslo 8-9th of January 2003. In total 38 project suggestions were processed by the TF/PG and 35 were approved in June 2004. 16 projects became fully funded, 11 were partly funded.

- The total financial contribution from the donor countries had exceeded 1.500.000 Euro. This did not include the considerable sums invested in the projects by the receiving authorities and money from NGO; s.

- Task Force projects had **contributed to a general improvement of health and health care in the prison systems** in the involved countries and had an impact on the whole public health situation in the Baltic Sea area.

- As the connections between social disparity, mental disorders, drug use, infectious diseases, crime and imprisonment are obvious, the group considered it of importance to extending the scope of the joint work being carried out from focusing exclusively on communicable diseases, to include endeavors striving towards better treatment and prevention of psychiatric diseases in the prisons, rehabilitation and treatment of iv drug abusers, improved custodial conditions for inmates and staff, strengthened co-operation between the prison system and the civil and social services.

The first PH EG meeting in Tallinn in 2004, defined the role of the newly funded PH EG:

- 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 endeavors 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.

Mr. Nystedt concluded by informing that the Expert Group had identified its priority areas, which are described in the PH EG Mandate (submitted as document PH 2/5/Info1).

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

6. Prison health challenges and ongoing activities in the region. Defining the group's role and future actions

The participants of the meeting presented their national and international view on the situation in the area of prison health.

Estonia (Ms. Elo Kocys) reported that a prison health reform, was started in 2000 which will come to a closure in 2007. The reform was needed as prison health, an in particular the primary health care units had no legal basis and did lack the necessary equipment in Estonia before 2000.

Several prison health care projects were carried out and are still ongoing in Estonia. In most of the cases NGOs are involved in the cooperation. Furthermore, the funding of a major health care project[1], will come to an end in 2007 and Estonia will have more responsibility to continue the financing of the ongoing activities.

The general medical support for TB patients had increased, as now, most the doctors and nurses were trained. However, the biggest problem was still the spread of infectious diseases. The HIV prevention in society has not been as successful as predicted and therefore the number of infections was still growing. Young women were identified as the most vulnerable group and most affected by HIV/AIDS.

She concluded by announcing the 2nd International Prisoner Health Conference which will take place on the 24th and 25th September 2007 in Varna on the Black Sea Coast in Bulgaria. (http://www.uce.ac.uk/crq/conference)

Lithuania (Ms. Birute Semenaite) added that there were several joint Baltic projects being carried out, dealing with HIV/AIDS infections.

Sweden (Mr. Anders Nystedt) pointed out that the drug use was rather low in Finland, Norway and Sweden and that the work in prisons helped the prevention of new HIV/AIDS infections, as the prisoners learned about the risks of infections and learned how to avoid them or, if infected, how not to spread the disease. Prisoners had stated that they knew "how to take drugs and not take HIV/AIDS infection".

Russia (Ms. Olga Grigoryeva) stated that the total number of inmates in Russia was 867864, out of which 6.7% were women and 2.5% under the age of 18. In 2006, there were 1045 correctional institutions in Russia.

During the last 6 years, the numbers of inmates in Russian prisons had been reduced by 230,000 while – at the same time the budget for prisons has increased by twenty times, resulting in better possibilities for the condemned to be imprisoned in their regions of origin.

[1] Funded by the Global Fund.

The number of people with tuberculosis had decreased from 100,000 to 48,000 during the last five years because of better medical treatment and the situation for women had improved: Now, prisoners with children can have their children with them up to the age of three and there were 10 correctional institutions which have houses where the children can stay inside the prison.

It was noted that Russia had a very big prison system, providing an excellent opportunity to reach out to the prisoners and have an impact in conducting preventative measures. Their highly qualified staff was mostly concerned about the inmates' rehabilitation. Further, Russian prisons were also strongly interested in cooperation with foreign research institutes.

It was suggested Norway (Mr. Erik Såheim) for the Expert Group to create a stronger link to at least one of the seven Russian institutes on prison matters as the sharing of experiences could be an added advantage for the work carried out by the PH EG

Norway (Assistant Director, Ms. Torunn Højdahl from the Correctional Service of Norway Staff Academy) informed that:

1) Close to 5% of the inmate population in Norway were women. Relatively few served long-time sentences. The majority was convicted or charged with drug-related crimes (46%).
2) Theft and other profit of crimes represented the second largest group, approximately 23%.
3) The third largest group was imprisoned mainly for crimes of violence, approximately 18%.
4) Among the community sentenced, 12% were women[1].

An inquiry on the life-conditions of the inmates in Norwegian prisons showed that many of the women had different problems growing up:

1) 40% of the women in the inquiry had not grown up with both their parents.
2) Almost as many had experienced grave conflicts in their childhood home, and had parents or guardians with drug-problems.
3) Close to one third of the women had experienced battering and been in touch with the child-care service.

The Norwegian funded WINNING women programme in Russia conducted a situational analysis which revealed that:

1) Women in prison often had a problematic relationship to alcohol and drugs. They had a limited network and few close confidants. Many of the women had experienced violence and abuse. Having a close person and a confidant in one's surroundings was of great importance when it came to mastering difficulties in life, and especially for women trying to get out of crime and violent relationships.
2) Some women had male partners with violent behavior. They struggled with anxiety, depression and other forms of psychosocial problems. It was common with several relational break-ups and loss or reduction of being together with their children. A general lack of knowledge and reduced skills of mastering different aspects of life were common features resulting in limited options of choice. Many of the women, both in Russia and Norway, had the need of housing, economy, work, education and security to be able to live a full life without fear and anxiety of being threatened, battered or abused.

Norway further explained that the WINNING project was based on the concept that Women can "win over their alcohol and drug abuse, see alternatives in their lives and win over crime.

[1] (Source: Department-register of the prison service august 2004 and Højdahl & Kristoffersen 2004).

A handbook, written for facilitators identified issues like self-esteem, communication, substance abuse and identity, children, grief and loss, anger and violence, etc. as themes to be addressed while working with women in prison and preparing them for release. The Norwegian/Russian cooperation also brought to life a twin prison project with the women prison in Bredtveit in Norway and Mozhaisk in Russia.

The project uses role-plays, group exercises and plenary model learning to educate the prisoners on their development needs to be acquainted with life outside prison. Feed-back from the women in prison implied that that they had gained a better understanding of network and relationships, they also felt treated with more respect and dignity by their inmates. The Russian prison staff was not used to this approach, however after having seen the results, they stated that they wanted to continue with the WINNING project to prevent drug abuse and crime.

More information on the WINNING project can be found in the paper: "Women in prison- Methods and challenges in preparing for release", which was circulated by Jørgen Kaurin by mail on 09/02/2007 and which will be made available on the NDPHS website.

The WHO (Mr. Lars Møller) informed about the WHO Health in Prisons Project on Prison Health (HIPP). The purpose of the Project was to support Member States in improving public health by addressing health and health care in prisons, and to facilitate the links between prison health and public health systems both at national and international levels.

Five strategic objectives were developed to ensure that this purpose was being achieved, namely:

1. To establish integrated working between public health and prison health systems
2. To encourage prisons to operate within recognised codes of human rights and medical ethics
3. To assist the reduction of re-offending by contributing to prisoner's rehabilitation and resettlement
4. To reduce the exposure of prisoners to communicable diseases, preventing prisons becoming focal points of disease
5. To promote prison health services to reach standards equivalent to those in the wider community

The WHO pointed out that its prison project involved 34 WHO Member States[1]. It organized Best Practice awards, maintained a Prison Health Database, published a 200 pages compassing Guide on Prison Health, covering 40 areas of prison related issues (printed in March 2007); produced a Status Paper on Prisons and Tuberculosis, which will be launched in March 2007 in Romania and Latvia and which will be available in English, Latvian and Russian; addressed issues related to Prisons and Mental Health as well as Prisons and Women. The former will be discussed in Slovakia 18-19 October 2007 while the latter will be one of the topics of the 2008 WHO Conference. Mr Møller suggested that the NDPHS PH EG and the WHO could jointly organize the Prisons and Women Conference.

Furthermore, Mr. Møller gave a PowerPoint presentation which provided data on prisons, gathered by the project which will be made available on the NDPHS website. Further

[1] 14 from west Europe: Austria, Belgium, Finland, France, Greece, Iceland, Ireland, Malta, Netherlands, Norway, Portugal, Spain, Switzerland, United Kingdom (England, Wales and Scotland)
12 from central Europe: Albania, Croatia, Czech Republic, Estonia, Hungary, Lithuania, Latvia, Moldova, Poland, Romania, Slovakia, Slovenia
8 from east Europe: Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Ukraine, Uzbekistan

information on the WHO Health in Prisons Project can be found at http://www.euro.who.int/prisons.

Latvia (Ms. Silvija Pablaka) provided an overview of their prison health system, for which the Ministry of Justice had the overall responsibility, while the Ministry of Health was responsible for supervising the quality of health care services within the prisons and for providing treatments (eg. HIV/AIDS). She informed that all medical practitioners working in the prisons needed to be registered and certified and needed to participate in training courses and conferences on a regular basis in order to improve their knowledge and skills.

In the Latvian Prison health system, a health care quality control inspectorate ensured the quality of professional medical care provided and equipment used within the prisons and institutions. Furthermore it ensured that only equipment, registered in accordance with the law on medical treatment and medical technologies are used.

A new prison was being built near Riga and was planned to be operational in July 2007. The efforts on prison reform conducted by the Prison department of the Ministry of Health had recently ebbed down and were now conducted on a much slower pace then before.

Lithuania (Ms. Birute Semenaite) informed that it had conducted a major conference on Prison Health last year (2006) and reported that the numbers of prisoners in Lithuania had decreased from 14587 in 1999 to 8137 in 2006 whilst the number of drug users in Lithuanian Prisons had increased from 704 (in 1999) to 1476 in 2006, representing 18.1% of the current prison population. In order to decrease the drug use in prisons, the authorities set up drug rehabilitation and prevention centers in all correctional houses, reinforced cooperation with state institutions and NGOs, provide individual counseling for inmates and provided education on drugs and drug abuse for prison staff and inmates.

While the number of HIV/AIDS infections were rather low (32 in 2001), they reached its peek in 2002 with 375 infections. Currently the Prison system counts 229 infected prisoners. As response to the serious outbreak, an HIV/AIDS Prophylaxis and Treatment Center was established in May 2003 in the Central Prison Hospital, dealing with:

- Health care of persons with HIV/AIDS,
- Counselling before and after testing for HIV
- Educational activities
- Implementation of prevention measures in prison
- Follow-up care of HIV infected and persons with AIDS

A survey on Tuberculosis in Prisons revealed that incidence of TB was stabilized at approx. 90 cases per year with a tendency of decrease in the last year. The best prevention of TB was its early detection and a provision of proper treatment. In this regard, it was necessary to establish a closer relationship between prisons and the public health system in order to achieve better results in TB treatment and to decrease the incidence of TB as well as the secondary drug resistance in the cases of interrupted treatment.

Lithuania concluded that TB control in the face of the spreading of HIV Infections required an improved co-ordination and cooperation between TB and HIV/AIDS services and a stronger focus on the identification and cure of infectious TB patients.

Finland (Mr. Heikki Vartiainen) informed the Expert Group that the new independent health care systems organisation in prisons resulted in having a new organisation with 190 health care workers dealing with prison health. The latest A Finnish study on the health of prisoners revealed that in 2006, there were no new TB cases reported, and only 5 new HIV/AIDS infections occurred. In total, there are 30 HIV prisoners in treatment. The study pointed out

that the group of female prisoners had more drug dependencies then male prisoners while the group of male prisoners suffered from a higher number of alcohol dependencies.

Furthermore, a survey was conducted in Finish prisons to study the health, working capacity, and healthcare needs of the clients of criminal sanctions field. While the final results are expected to be publicised in 2009, the intermediary results revealed that 50% of all prisoners had hepatitis (C), 70% had personality disorders (80% of life sentence prisoners) and 15% of prisoners could be diagnosed as psychopaths. A similar study was conducted 20 years ago which led to the conclusion that psychiatric disorders were more common today as they were 20 years ago.

France (Ms. Hélène Morfini) underlined that there were 188 prisons with 60,000 prisoners and that the biggest health problem prisoners were faced with were their mental health and hepatitis. Progress was made in regard to HIV/AIDS; however drugs remained an issue to be addressed in the near future. France further remarked that it will send an overview of the general situation in French prisons to the EG in due time.

The Meeting **took note** of the presentations and **agreed** on the following activities and actions:

Dr. Karsten Kronholm will represent the NDPHS PH EG in the WHO drafting group on mental health.

Ms. Ingrid Lycke Ellingsen will represent the NDPHS PH EG in the WHO Woman in Prison Working Group

The PH EG will put more focus on vulnerable groups, taking a two–steps approach:
Step 1: What has already been done so far?
Step 2: Where do PH projects need to be implemented?

All PH EG participants will collect all ongoing projects, to be developed projects and cross border projects and draw conclusions on the feasibility of the projects and activities, currently conducted in the ND area of prison health by the 1st of April 2007.

The PH EG will invite members of other NDPHS Expert Groups to their forthcoming meetings, in order to facilitate exchange. It was envisaged that the members of other NDPHS Expert groups from the country, hosting the PH meetings should be invited.

The PH EG will involve the prison authorities at national and regional level

The Chair will draft the PH EG Action plan 2007-08/09 and present it to the group in due time.

Norway will take the lead in identifying and recruiting an International technical adviser, who is both English and Russian speaking, has good communication skills and experience in prison health, is skilled in IT to deal with database and other IT issues and can be a dynamic and driving force to the EG. It was further agreed that Norway will also clarify where the ITA will be located, taking into consideration that s/he should not be too far away from other key EG stakeholders (eg. the Chair, who is based in Norway)

A member of the PH EG should attend a WHO conference in Warsaw (Mid-may 2006)

The PH EG will discuss further how to involve Polish and Russian experts in the PH EG

The PH EG will also provide input to the NDPHS Partnership Annual Conference in Vilnius in November 2007, which could include an overview and assessment of the current situation in the area of prison health as well as policy recommendations for the PAC.

7. Terms of Reference for the EG

The Secretariat introduced the proposed Terms of Reference for the Expert Group (submitted as document PH 2/7/1). The Meeting **discussed and agreed** on the ToR with the following changes:

Chapter VI. (Composition of the Expert Groups), Para 3 (General Representation): It was agreed to change the sentence of the first bullet point into:

"The EG will include one to two representatives and not more than two alternates from each partner country and Organisation, …."

The revised draft ToR are attached as Annex 3 to these minutes.

8. Next meeting

The next PH EG Meeting will be held in Paris, France on the 18th-19th of June 2007.
Depending on the dates of the French parliamentary elections, an alternative meeting date was proposed by France, namely the 11th and 12th of June 2007.

France promised to communicate the exact dates to the Expert Group as soon as possible.

The Chair invited the group to already consider which country would like to host the 4th meeting in autumn 2007, preferably in October 2007 and preferably before the next CSR meeting.

9. Any other business

The Meeting might wish to discuss any other business not covered under other agenda items and **decide**, as appropriate.

10. Adoption of the PH 2 Meeting minutes

The meeting **decided** that the Secretariat would send out a draft PH 2 Meeting minutes to participants on 27 February 2007 and that comments on the draft would be due, at the latest, on 6 March 2007. A revised report would then be distributed on 8 March 2007 to be adopted, *per capsulam*, provided that no further comments are submitted within one week.

11. Closing of the meeting

The Meeting closed on Wednesday, 14 February 2007 at 12:30 hours, followed by a visit to the Bredtveit female prison.

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Reference	Annex 1
Title	List of participants
Summary / Note	This list includes participants who attended the meeting

PH EG Chairman / Sweden

Dr. Anders Nystedt
Dept. of Infectious Diseases
Sunderby Hospital
97780 Luleå
SWEDEN
Phone: +46 70 3176132
Fax: +46 920 283615
E-mail: anders.nystedt@nll.se

Estonia

Mrs. Elo Kocys
Adviser
The Ministry of Justice of Estonia
Kamomillgatan 3
65345 Karlstad
SWEDEN
Mobile: +46 762984311
E-mail: elo.kocys@just.ee

Finland

Mr. Heikki Vartiainen
Chief Physician of the Prison Service
The Criminal Sanctions Agency
P.O. Box 319
FI-00181 Helsinki, Finland
Phone: +358 10 36 88452
Mobile +358 50 325 0262
Fax :+358 10 36 88435
E-mail:heikki.vartiainen@om.fi

Dr. Rauni Ruohonen
Chief Physician
FILHA (Finnish Lung Health Association)
Sibeliuksenk. 11 A 1
FI-00250 Helsinki
FINLAND
Phone: +358 9 4542 1230
Mobile: +358 40 5588754
Fax: +358 9 4542 1210
E-mail: rauni.ruohonen@filha.fi

France

Ms. Hélène Morfini
General Directorate of Health
Ministry of Health
FRANCE
Phone: +33 1 40 56 46 63
Fax: +33 1 40 56 40 44
Mobile:+33 06 83 51 71 83
E-mail : helene.morfini@sante.gouv.fr

Latvia

Ms. Silvija Pablaka
Ministry of Health of the Republic of Latvia
Head of Division of Health Care
Organization
Department of Public Health
LATVIA
Phone: + 371 786078
E-mail: Silvija_Pablaka@vm.gov.lv

Lithuania

Dr. Birute Semenaite
Senior Inspector
Medical Division
Prisons Department at the Ministry of
Justice Republic of Lithuania
Sapiegos str. 1
LT-10312 Vilnius
LITHUANIA
Phone: +370 5 271 9085
Mobile: +370 610 34531
Fax: +370 5 271 9007
E-mail: b.semenaite@kaldep.lt

Norway

Mr. Jørgen Kaurin
Adviser
Ministry of Health and Care Services
P.O. Box 8011 Dep
NO-0030 Oslo
NORWAY
Phone: +47 22 248773
Mobile: +47 900 86479
Fax: +47 22 249577
E-mail: jfk@hod.dep.no

Ms. Ingrid Lycke Ellingsen
Styrmoes v 13
NO-3043 Drammen
NORWAY
Phone: +47 32 83 23 70
Mobile: +47 906 49 640
E-mail: lycke@c2i.net

Dr. Karsten Kronholm
Chief Psychiatrist
Henjahaugane 17
6863 Leikanger
NORWAY
Mobile: +47 41 19 15 14
E-mail: kk@bluezone.no

Mr. Erik Såheim
Deputy Director General
Norwegian Correctional Services Department
Bergstien 14
1555 Son
NORWAY
Phone: +47 64 95 78 47
Mobile: +47 901 06 654
Fax: +47 22 24 55 90
E-mail: erik.saheim@jd.dep.no

Torunn Højdahl
Senior Adviser / Assistant Director
Research and Development Department
Correctional Service of Norway Staff Academy
Postbox 6138 Etterstad
N- 0602 Oslo
NORWAY
Phone: +47 23 06 71 58
Mobile: +47 92035259
Fax: + 47 23 06 71 02
torunn@krus.no

Russian Federation

Dr. Olga Filipovna Grigoryeva
Federal Penitentiary Service (**FSIN**)
RUSSIA
Phone: +7 435 156 77 76
Phone: +7 459-32-75
Mobile: +7 909-692-52-17
Private: +7 976-42-59
e-mail: g0sst@mail.ru or gosst@mail.ru

WHO

Dr. Lars Moller, Ph.D.
Manager Health in Prisons Project and Illicit Drugs Alcohol and Drugs Unit World Health Organization Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø
DENMARK
Tel: +45 3917 1214
Fax: +45 3917 1818
Mobile: +45 2961 0109
E-mail: lmo@euro.who.int

NDPHS Secretariat

Mr. Marek Maciejowski
Head of Secretariat
P.O. Box 2010
103 11 Stockholm
SWEDEN
Phone: +46 8 440 1938
Fax: +46 8 440 1944
E-mail: marek.maciejowski@ndphs.org

Mr. Bernd Treichel
Senior Advisor
P.O. Box 2010
103 11 Stockholm
SWEDEN
Phone: +46 8 440 1946
Fax: +46 8 440 1944
E-mail: bernd.treichel@ndphs.org

EG on Prison Health
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Reference	Annex 2
Title	List of documents
Summary / Note	This list includes documents submitted to the meeting

Main documents

Code	Title	Submitted by	Date
• PH 2/2/1	Provisional agenda	Norway and Secretariat	12/01/07
• PH 2/4/Info 1	Political Declaration on the Northern Dimension Policy	*To be submitted*	
• PH 2/4/Info 2	Northern Dimension Policy Framework Document	*To be submitted*	
• PH 2/4/Info 3	Adopted NDPHS Work Plan for 2007	Secretariat	12/01/07
• PH 2/5/Info 1	Mandate of the PH EG as adopted by the CSR	Secretariat	12/01/07
• PH 2/7/1	Proposed Terms of Reference for the EG on Prison Health	Secretariat	12/01/07

Auxiliary documents

Code	Title	Submitted by	Date
• PH 2/Info 1	Practical information for participants and Registration form	Secretariat	12/01/07
• PH 2/Info 2	Preliminary timetable	Secretariat	12/01/07
• PH 2/Info 3	List of documents submitted to the meeting	Secretariat	12/01/07

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

Reference	Annex 3
Title	Revised draft Terms of Reference for the Expert Group for submission to the NDPHS CSR
Summary / Note	--

TERMS OF REFERENCE

NDPHS Expert Group on Prison Health

(Revised draft for submission to the NDPHS CSR)

I. Background and Rationale

Within the Northern Dimension area the penal system presents a section of the society where major health problems are concentrated. The spread of communicable diseases occurs predominantly within the marginalised groups that live under harsh socio-economic circumstances, of which many members may subsequently enter the penal system. There are also obvious connections between social disparities, mental disorders, drug use, infectious diseases, crime and imprisonment. Thus, it is necessary to extend the scope of joint work concerning penal systems in the Northern Dimension area to cover not only communicable diseases but also better treatment and prevention of psychiatric diseases, the 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.

In order to achieve these objectives, the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) recognises that improvements in the living conditions of prisons need to be made as well as the working conditions of prison staff. There is also need to offer proper education or work to prisoners, especially in the case of young prisoners. Measures to assist penal institutions in attaining a higher degree of self-sufficiency should be made, and projects that foster co-operative relations between the prison system and the social services system, as well as relevant organisations, local authorities and civil society as a whole.

Thus, pursuant to the following provision for the Committee of Senior Representatives (CSR) as spelled out in the "Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being," adopted by the Ministerial Meeting in Oslo, Norway, on 27 October 2003:

- "In order to carry out its tasks, the Committee of Senior Representatives may establish expert groups, consisting of experts from interested Partners and Participants and other international experts, as appropriate,"

the CSR decided at its 3rd meeting in Copenhagen on 20-21 September 2004 to establish the NDPHS Expert Group (EG) on Prison Health.

II. Objectives

According to the Mandate of the PHC Expert Group given by the Partnership, the main role of the EG on Prison Health is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the EG on Prison Health has the overall objective to work towards the improvement of prison systems and prison reforms, and to promote networking and partnership building among relevant stakeholders.

III. Scope of Responsibilities

According to the abovementioned Oslo Declaration, and the EG's Mandate, under the guidance of the CSR, an expert group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership. Also, the Declaration permits expert groups to "facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise."

Consistent with these provisions, the EG on Prison Health has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of prison health and develop strong partnerships with a wide variety of stakeholders to ensure that it achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate;
- Promote general awareness concerning prison health and work towards the development of positive attitudes towards this field;
- Communicate "collective knowledge" within the field on prison health;
- Contribute to the development of national policies that respond to the needs and requirements of the Partnership Countries;
- Map and identify Partner Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up prison health. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Other responsibilities, as approved by the CSR or Partnership Annual Conference (PAC).

Within this scope of responsibilities, the EG on Primary Health Care will undertake the following specific activities:

- Establish connections and co-operation with other Partnership Expert Groups;
- Support initiatives for reorienting prison systems to improve the implementation and status of health care;
- Collaborate with other relevant organisations with compatible objectives, especially those working towards healthy life styles and disease prevention and including those from other sectors which have an impact on prison health;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;
- Propose topics and issues for new project proposals on prison health;
- In selected cases, act as a technical referee for new project proposals, project identification, planning, implementation and monitoring. This includes making recommendations on project proposals and implementation, as well as assisting in planning, as requested, including in the development of terms of reference for such reviews;
- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results;
- 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 Northern Dimension area;
- Advise and, if necessary, assist project groups in contacting financiers and recommend relevant project proposals to financial bodies within the Northern Dimension area;
- Formulate criteria for future support for projects in the field of Prison. This should include the application of the Logical Framework Approach (LFA);
- Provide the Partnership website/database with information concerning the Expert Group's work;
- When relevant, review the Expert Group's Terms of Reference and advise on any necessary amendments;

The official language of the Expert Group is English. However, where possible, efforts should be made to provide English/Russian interpretation and translation.

IV. Outputs and Results

The general scope of outputs and results from the work of the Expert Group shall be as follows:

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- To advise the Partnership through the NDPHS Secretariat on related Partnership activities and proposals for various forms of support;
- To facilitate the exchange of information on programmes and projects;
- To provide expert contributions to policy evaluation;
- To promote partnership-building and activities relevant to achieving the goals of the Partnership;
- To promote regional synergies and synergies with other international organisations;
- Monitoring and peer evaluation of ongoing activities;
- Short progress reviews/reports submitted to CSR meetings and annual PAC meetings.

V.

Lead Partner

The CSR decides upon the Lead Partner for the EG on Prison Health. The role of the Lead Partner is to initiate and lead the Expert Group's activities. The Lead Partner also provides financial support to the Group to prompt its activities.

In the case that a Lead Partner decides to step down, prior to its resignation, it should inform the CSR of its intentions and propose a replacement. Accordingly, the CSR will decide whether to approve the proposed replacement, as appropriate.

VI. Composition of the Expert Group

1. Chair and Vice Chair

The Expert Group appoints its Chair and Vice Chair from the individuals nominated. In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision.

The Chair is responsible for providing effective leadership concerning the Group's overall scope of responsibilities spelled out above. In addition, the Chair is responsible for:

- Ensuring that the EG meets at appropriate intervals, and that the minutes of meetings and any reports to the Partnership bodies accurately record the decisions taken and, where appropriate, the views of individual EG representatives;
- Ensuring that the EG reaches clear conclusions on the matters it discusses;
- Ensuring that the views of the EG are passed to the CSR, PAC and the Secretariat;
- Communicating the EG's views to the media, health care professionals and the public, as requested;
- Briefing new members on appointment, as appropriate.

2. International Technical Advisor

The Lead Partner shall appoint the Expert Group's International Technical Advisor (ITA), subject to the approval of the Group. The ITA is responsible for keeping the CSR and the NDPHS Secretariat informed of the Expert Group's decision.

The ITA's main function is to provide uniformity, support and advice to projects through site visits and collaboration with relevant external bodies in the Programme field. The ITA shall also be actively involved in all of the activities described in the Expert Group's mandate, where appropriate and reasonable. In addition, he or she is responsible for:

- Preparing, in co-operation with the EG Chair and in contact with the Secretariat, provisional meeting agendas, meeting documents, and preparing the minutes from the EG meetings;
- Keeping the representatives of the EG informed on a regular about the progress of projects;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Contacting the NDPHS Secretariat regarding the input of the EG to relevant Partnership projects and activities, such as the Project Database and Project Pipeline;
- Developing partnerships with other individuals and organisations to ensure wide participation in development issues that the Partnership is addressing.

In appointing the Chair, Vice Chair and ITA, it is advisable that they represent different countries from the Northern Dimension area.

3. General Representation

General representation within the EG on Prison Health shall consist of high-level experts in the fields of health (communicable diseases such as TB and HIV and epidemiology, drug abuse and mental disorders), social welfare and prison experts. These high-level experts shall be appointed to the Expert Group by the Partner Countries and Partner Organisations. In appointing representatives to the Group, Partner Countries and Organisations will be guided by the following considerations:

- The EG will include one to two representatives and not more than two alternates from each Partner Country and Organisation, who has an interest and sufficient expertise in the field of Prison Health;
- EG representatives and alternates will normally serve in the Expert Group for a period prescribed by their respective countries or organisations, preferably for a period of at least two years.

If a representative is unable to attend an Expert Group meeting, he or she shall ensure that an alternate is sent.

If a Partner Country or Partner Organisation changes their appointed representative, it should inform the EG Chair, ITA and the NDPHS Secretariat immediately.

In addition to the appointed Partner Country and Partner Organisation representatives, the Expert Group is entitled to invite other “eligible participants” and “interested parties” as defined in the Oslo Declaration. The Chair/ITA of a given Expert Group meeting will inform the appropriate representatives in the Group about any additional invitees prior to the meeting, if possible.

4. Sub-groups

The EG on Prison Health has the right to establish sub-groups to achieve the objectives of the Group, as appropriate. The establishment of a sub-group is subject to the approval of the CSR.

VII. Meetings

The EG on Prison Health shall hold three to four meetings per year. The location of meetings will rotate based on the interest expressed by the Partners.

The Expert Group can organise additional meetings, as considered necessary and appropriate, given the extent of available funding and other relevant resources.

The NDPHS Secretariat has the right to attend, and submit documents to the Expert Group’s meetings as well as intervene during these meetings.

Should the Expert Group not be in a position to decide upon additional invitees to its meetings, the Chair may invite persons from international or regional organisations who have an interest in the field of prison health to the EG’s meetings or to particular sessions during such meetings.

Except as otherwise herein stated, the Expert Group will determine its own methods of work, including the preparation of agendas, the keeping of records and other procedures. The work of the Expert Group between periodic meetings shall be carried out through correspondence via e-mail and telephone.

VIII. Coordination, supervision and financial aspects

The CSR is responsible for supervising the work of the Expert Group. As to guidance, PAC is responsible for deciding on the political direction of the Group.

For co-ordination purposes, the Chair, Vice Chair and ITA should hold co-ordination meetings with the Secretariat and other Expert Groups' Chairs and ITAs. Such meetings may be organised, if necessary, by the Secretariat when preparing for CSR meetings, and in these cases, would be held back-to-back with the CSR meetings, or as deemed necessary.

As the Partnership cannot bear the travel and other costs related to Expert Group representatives' participation in EG meetings, all expenses incurred by the representatives to attend EG meetings will be covered by their respective countries or organisations.

Notwithstanding the above, individual Partner Countries or organisations may provide voluntary support for the attendance of a participant at Expert Group meetings, if sufficient funds are available.

If other sources are interested in supporting the work of the Group, communication and follow-up will be facilitated by the NDPHS Secretariat.

The Lead Partner shall provide financial support to the Expert Group to aid its activities.

IX. Reporting and Decision Making

The EG on Prison Health is answerable to the CSR and PAC. To this end, it will provide feedback and report to the CSR, as well as PAC, as necessary.

The Expert Group, supported by the Chair and the ITA, will prepare an annual Progress Report and a proposed Activity Plan for the following year, both to be submitted to the Autumn CSR meeting.

In order to ensure proper co-ordination and transparency, all reports and plans will be shared with all Expert Group representatives, the Group's Lead Partner, and the NDPHS Secretariat, which can in turn share the reports with other Partner countries and Partner Organisations.

Decisions within the Expert Group on Prison Health shall be reached by consensus.

Only appointed representatives to the Expert Group take part in decision making.

The outcomes of each Expert Group meeting shall be documented in the meeting minutes and published on the NDPHS website. The Expert Group will ensure that all decisions are communicated to the NDPHS Secretariat and other Partnership bodies, as appropriate, and that the Secretariat will be included as a recipient of all meeting documents and other relevant documents that are circulated to its representatives.

In addition to the existing Terms of Reference, the Expert Group on Prison Health can elaborate more precise strategies and actions plans, which highlight the methods by which the goals and objectives will be reached. These strategies and action plans canbe updated at Expert Group meetings, and any changes will be communicated to the NDPHS Secretariat.

X. Relationship with other Expert Groups

The EG on Prison Health shall seek, when appropriate, to establish and maintain collaborative relationships with other Expert Groups on cross-cutting issues.

Additionally, the EG on Prison Health shall seek, when appropriate, to establish and maintain working relations with other relevant groups in the Northern Dimension area in a manner that promotes synergies and avoids the duplication of efforts. To this end, and when appropriate, the Expert Group may represent the Partnership in different forums to promote its objectives and develop support and commitment from potential external partners.

Examples of cross-cutting issues that the Expert Group may wish to work with other Expert Groups on include, but are not limited to the following:

- Communicable diseases and disease prevention;
- The improvement of health care and social work in prisons;
- Rehabilitation of drug and alcohol abusers;
- Social inclusion and mental health.

XI. Amendments to the Terms of Reference

The Terms of Reference will be reviewed every two years, coinciding with Chairmanship rotation, or on an ad hoc basis, when deemed necessary by the Expert Group.

Proposed amendments to the Terms of Reference shall be co-ordinated with the NDPHS Secretariat and approved through consensus in the Group before being submitted to the CSR for adoption.