Welcome to the third ImPrim newsletter

Being a high-profile collaboration project for countries in the Baltic Sea region, ImPrim sees this newsletter as one of the key information tools to update you about activities and progress. The ambition with the newsletter is to provide regular updates about the project itself and serve as a general deposit of information about Primary Health Care in the region.

The main focus of the third newsletter is the Second Transnational Project Meeting, which took place in Gomel, Belarus (25-28 October). Special attention is also paid to the closing down of the Swedish Committee for International Health Care Collaboration, the Lead Partner, and what this means for the ImPrim project.

This issue also includes an article about the Nurses’ Development Workshop held in Turku, Finland in October 2010.

Lithuania and Sweden are represented in the section on PHC developments in selected ImPrim countries.

Finally, in this issue’s Insider’s City Guide, Anna Verashak answers a few questions about Minsk.

Visit the ImPrim website at www.oek.se/imprim.
WHAT IS IMPRIM

ImPrim - Improvement of public health by promotion of equitably distributed high quality primary health care systems.

In the Baltic Sea Region large health inequalities exist among population groups. These inequalities have a relationship to social problems. Adding to health inequality is the spread of communicable diseases such as tuberculosis and HIV/AIDS.

Primary Health Care is the level of care nearest to the community and therefore an efficient tool for health promotion & disease prevention. It coordinates care with other community stakeholders and manages the contact with other health services and thus also helps to control the costs of the public health systems. Hence Primary Health Care is an efficient tool for health promotion and disease prevention, and contributes to increasing the attractiveness of regions.

The ImPrim project aims at promoting equitably distributed high quality Primary Health Care services in the Baltic Sea Region in order to increase the cost-efficiency of the public health system and more efficiently counteract communicable diseases as well as health problems related to social factors.

While the importance of Primary Health Care is without controversy, the equitable availability of high quality Primary Health Care personnel and resources is a big challenge for all countries around the Baltic Sea and Belarus.

The project tackles three core areas:
- Access to Primary Health Care;
- Financial resources for Primary Health Care;
- Professional development of Primary Health Care staff.

The Ministries of Health of Belarus, Latvia, Lithuania, Estonia, Finland, and Sweden are strongly supporting ImPrim. The project’s importance is stressed by their involvement as (associated) partners, which will secure the political impact of the outcomes of ImPrim.

The goal of fighting health inequalities through improvement of primary health care and reducing inequalities in access to qualified primary health care has been included in the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Strategy. Consistent with it, the NDPHS has facilitated the development of the ImPrim project.

Following the NDPHS proposal, the European Commission has included the same objective in the EU Strategy for the Baltic Sea Region (EUSBSR) Action Plan and, finally, added the ImPrim project as one of the health-related flagship projects in the revised version of the plan.

Read more: http://www.ndphs.org

The Second Transnational Partner Meeting

The Second Transnational Partner Meeting was held in Gomel, Belarus, 25-28 October, 2010. On the first day, presentations were made by Mr Pristupin, Head of Gomel Regional Health Care Authorities, Jens Wilkens, representing the Lead Partner, the Swedish Committee for International Health Care Collaboration (SEEC) and Ludmila Zhilevich, Head of PHC Dept, MoH Belarus. In these presentations, the focus was on Primary Health Care in general and on the situation in Gomel in particular.
On the second day, presentations were given by: Ingvar Ovhed (PP2) - Presenting and discussing the existing remuneration/incentive payment schemes in the BSR, Arnoldas Jurgutis (PP14) - Elaboration of a system of evidence-based quality indicators for PHC performance, Aigars Miezitis (PP6) - Set-up of a pilot project on incentive payment schemes in Latvia and Maika Kummel and Paula Vainiomäki (PP3) - Training course as a tool to improve nurses' competence and strengthen their position. The presentations were followed by active discussions. Note that the presentations in their entirety can be found on the ImPrim website: www.oek.se/imprim.

On the third day, participants travelled by bus to the Bragin district to visit one of the clinics, which will benefit from the ImPrim project. Bragin was severely affected by the Chernobyl disaster. Of the 38000 inhabitants living in the region before the April 26 1986 catastrophe, 10000 remain.

Following a tour of the clinic, Igor Kirenya, Head of the Polyclinic in Bragin, gave a comprehensive presentation about the demographic and health care situation in the region, of work that is being done in the sector and of challenges and means by which these are being met. This was followed by a brief explanation of the situation in Korma, the other polyclinic/area involved the ImPrim project, by Tamara Bisjukova, Deputy head, Korma. The role of the nurse in PHC was then elaborated by Tatjana Kotlabay, who described work in a feltschere clinic. She then went on to speak of her own experience at the recent nurse training in Turku, Finland and of the high quality and practical value of the training provided. Nina Tumilevich closed the meeting after speaking briefly about the work that will be done in Bragin and Korma within the framework of the ImPrim project and of her hopes for good results.

Before returning to Gomel, project participants went on a study visit to the Zone. It was an interesting and moving experience.

Two steering committee meetings were held during the course of the three day event. The focus of these was the imminent closure of the Swedish Committee for International Health Care Collaboration (SEEC), lead partner for the ImPrim project.

Abandoned building in the village of Pirki, 10 kms from the Chernobyl reactor (Photo: Wenche Stribolt)

The Swedish Committee for International Health Care Collaboration (SEEC) Closes Down

At the Third Transnational Partner Meeting, Jens Wilkens officially informed project participants that the Swedish Committee for International Health Care Collaboration’s (SEEC) Board of Directors had made the decision to close down the association.

Without a new lead partner, the ImPrim project will cease to exist. Therefore, during the transnational partner meeting much of the discussion was devoted to this issue.

Currently, Blekinge County Council is exploring the possibility of assuming the role of lead partner. SEEC will continue to carry out its duties as lead partner until the organization closes down in January 2011.

Nurses’ Development Workshop

Two Nurses’ Development Workshops have now been held, the first in Turku, Finland (October 2010) and the second in Blekinge, Sweden (November 2010).

At the Third Transnational Partner Meeting in Gomel, Maika Kummel from TUAS (PP3) informed participants about the nurses training that had recently been held in Turku.

17 family nurses from the five countries participated in the intensive course which was comprised of lectures, discussions, study visits and evening tasks. The main
theme of all the lectures and visits was always connected to the position, competence and tasks of the nurses.

Maika Kummel said that the course had been very successful. Participants, who were active and enthusiastic, were open to new experiences and willing to learn. The atmosphere during the course was excellent and participants have said that they were very satisfied with the week as a whole.

More detailed results from the course will be made available in the ImPrim website at a later date.

PHC Developments in Selected ImPrim Countries

Lithuania

Family physician in Lithuania

Monday, June 29, 2009

Family physician position in Lithuania has been introduced taking into account the experience of other countries. It is an institution, which acts as a counsellor or a coordinator guiding through the health system, consulting on elementary health issues, observing the development of chronic diseases and helping to find a necessary specialist.

Family physician, possessing an appropriate license, takes care of health of the inhabitants registered at the primary health care institutions (out-patient clinics, family doctor centers). They are in charge not only of treatment but also of health preservation and improvement, disease prevention. General practitioner who decides what kind of aid the patient needs, in the first reference point to the patient. They also decide when the patient should go to see a specialist. Their services are paid by the State Patients’ Fund. Recently a number of private primary health care institutions has increased, with one or several general practice physicians working there. If such an institution signs an agreement with the State Patients’ Fund, services to the patients are rendered free of charge. Current legislation provides that each person can freely choose the most convenient to access or the closest primary health care institution or a general practice physician.

Family medicine education in the Program of Medicine of Vilnius University and Kaunas University of Medicine encompasses three phases: undergraduate education, graduate medical education (3 years GP residency), continuing medical education, which includes the courses provided by the lecturers of Vilnius University and Kaunas University of Medicine.

At the moment primary healthcare centres, belonging to municipalities, dispensaries, polyclinics, separate general practitioners’ offices, primary centres of mental health provide services of the primary healthcare. According to the ministry of health, in 2010 primary healthcare will be provided only by family physicians teams with assistance of dentists and psychiatrists. At the moment, rather hard process of adaptation and recognition of a new speciality of family physician takes place.

Read more: http://lithuanianfamilymedicine.blogspot.com/search/label/Family%20physician%20in%20Lithuania

Sweden

Neoliberal Reforms in Swedish Primary Health Care: For Whom and for What Purpose

International Journal of Health Services, 2008 by Göran Dahlgren

Summary:
The conservative government that came to power in Sweden in 2006 has initiated major market-oriented reforms in the health sector. Its first health care policy bill changed the health legislation to make it possible to sell/transfer public hospitals to commercial providers while maintaining public funding. Far-reaching market-oriented primary health care reforms are also initiated, for example in Stockholm County. They are typically presented as "free choice models" in which "the money follows the patient." The actual and likely effects of these reforms in terms of access and quality of care are discussed in this article. One main finding is that existing social inequities in geographic access to care not only are reinforced but also become very difficult to change by democratic political decisions. Furthermore, dynamic market forces will gradually reduce the quality of care in low-income areas while both access and quality of care will be even better in high-income areas. Public funds are thus transferred from people living in low-income areas to people living in high-income areas, even though the need for good health services is much greater in the low-income areas. Certain policy options for reversing the inverse law of care are also presented.

Insider’s City Guide

In this issue’s Insider’s City Guide, Anna Verashak at BelMAPO (PP12) tells us about Minsk.

Q. From the perspective of a person living in Minsk, please describe Minsk in one sentence.
A. For me and also for most of the visitors who come to Minsk it is an open and very clean city with broad streets and friendly people all around.

Q. Can you list five sights that you would recommend seeing when visiting Minsk?

A.
1. Karl Marx street, which is planned to be a walking street and even now you’ll find many people there strolling or having coffee in the many cafés.
2. Troitski Suburb, a small part of the old town that remained in the city with a M. Bogdanovich museum, nice shops and restaurants.
3. Almost all of the Independence Avenue (former Francisk Skoryna Avenue) stretching through most of the city. In most of the European cities you won’t find such wide streets!
4. Gorky Park and its surroundings near Victory Square. The fact is that I spent my university years there and it became my second home.
5. Internaciolnaya street and the City Hall which is also a part of the Old Town being rebuilt now. When you find yourself there you can get a picturesque view of the city and most of the other sights worth seeing will be at hand.

Q. Please could you share five words or phrases that would be useful during a visit to Minsk.
A.
1. Zdravstvujte! (Hello!)
2. Kak prozit k... (How can I get to ...?)
3. Spasibo! (Thank you!)
4. Skol’ko stoit? (How much does it cost?)
5. Gde metro? (Where’s the metro station?)

Q. Can you recommend some restaurants in Minsk and do you have any suggestions for a visitor interested in eating a typically Belarusian meal?
A.
1. If you want to try Belarusian cuisine you can go to Bulbyanaya on Yakuba Kolasa where both the meals and the interior as well as the staff will give you a nice and warm impression.
2. Rather a small café called Stary Mensk (Old Minsk) situated on the Independence Avenue in front of KGB. A cozy place where you will find a wide variety of tea and coffee and other warm drinks and you’re also supposed to try Krambambulya, an old Belarusian strong alcoholic drink which will warm you up on a chilly autumn evening.
3. If you want to listen to Belarusian music bands of different styles you should visit the bar called Graffiti, a place where live concerts are held almost every evening.
4. A restaurant in the Palace of Republic where you can have a decent lunch for a reasonable price and, as a bonus, nice staff smiling and always ready to give advice.
5. The art gallery “U Karotkaye” where you always find some interesting exhibitions of Belarusian artists. In the same building bar “Malako” (Milk) is situated, but don’t try it if you are hungry; you can only have drinks there, accompanied by nice music.
Project Partners

Belarus:
BelMapo – Belarusian Medical Academy for post-graduate education
http://www.belmapo.by/en/
Gomel Regional Health Care Authority

Estonia:
University of Tartu, Medical Faculty
http://www.med.ut.ee/index.aw/set_lang_id=2
Tallinn Health College
http://www.ttk.ee/?lang=en
Ministry of Social Affairs, Department of Statistics and Analysis
http://www.sm.ee/eng.html

Finland:
Turku University of Applied Sciences

Latvia:
Centre of Health Economics of Latvia
Association of the Family doctors
http://www.lgaa.lv/

Lithuania:
Institute of Hygiene
http://www.hi.lt/content/departments.html
State Patient Fund of Lithuania
http://www.vlk.lt/vlk/en/?l=welcome
Klaipeda University
http://www.ku.lt/eng/

Sweden:
Swedish Committee for International Health Care Collaboration (Lead Partner)
www.oek.se
Blekinge Centre of Competence
http://www.lbblekinge.se/aktuellt/english.4.9c16a31109e04a3e880005296.html