



**7th Framework Programme for Cooperation on Health and Related Social Issues in
the Barents Region**

2024–2027

Working Group on Health and Related Social Issues, WGHS

The Barents Euro-Arctic Council

7th Framework Programme for Cooperation on Health and Related Social Issues in the Barents Region

2024–2027

Working Group on Health and Related Social Issues, WGHS

13/12/2023

CONTENTS

ABBREVIATIONS

1. INTRODUCTION
2. SCOPE AND PRIORITIES 2024–2027
3. PRIORITY AREAS
 - 3.1. Programme on Children and Youth at Risk (CYAR)
 - 3.2. Programme on Developing Preparedness through Building Health Competences and Implementation of New Technologies and Modern Methods for Health Care (PNT)
 - 3.3. Programme on Developing New Approaches for Prevention and Health Promotion in Collaboration Across Borders (PHP)
4. WORKING GROUP ON HEALTH AND RELATED SOCIAL ISSUES
5. COOPERATION WITH OTHER ORGANISATIONS
6. FINANCIAL RESOURCES

ABBREVIATIONS

AC	Arctic Council
AHHEG	Arctic Human Health Expert Group of the AC
BEAC	Barents Euro-Arctic Council
BRC	Barents Regional Council
BRYC	Barents Regional Youth Council
CBSS	Council of the Baltic Sea States
CYAR	Children and Youth at Risk
EPPR	Emergency Prevention, Preparedness and Response Working Group of the AC
IBS	International Barents Secretariat
NCM	Nordic Council of Ministers
NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
NGO	non-governmental organisation
NHAB	Nordic Health Across Borders
PA	Priority Area
PHP	Developing New Approaches for Prevention and Health Promotion in Collaboration Across Borders
PNT	Developing Preparedness through Building Health Competences and Implementation of New Technologies and Modern Methods for Health Care
SDWG	Sustainable Development Working Group of the AC
WGHS	Working Group on Health and Related Social Issues
WGIP	Working Group for Indigenous Peoples

1. INTRODUCTION

The Working Group on Health and Related Social Issues (WGHS) was established by the Barents Euro-Arctic Council (BEAC) in 2002. As a working group, it reports to the BEAC and the International Barents Secretariat (IBS).

The structure of the Barents collaboration is reflected in the membership of the WGHS, in which representatives of the national and regional health and social authorities in the Barents Region meet twice a year to discuss relevant issues.

Russia announced its decision to withdraw from the Barents Euro-Arctic Council on 18 September 2023. The Barents cooperation will now continue between Finland, Norway, Sweden, Denmark, Iceland and the European Union, as it has done since the Barents partners condemned Russia's illegal war of aggression against Ukraine in March 2022. The WGHS cooperation area presently consists of the Barents Region between Finland, Sweden and Norway.

The Barents Region as a whole recognises many features and challenges that all inhabitants have in common, regardless of the borders between countries. Planning new collaboration and identifying new approaches and working methods will produce added value for the whole region. Through the experiences thereby gained, the WGHS collaboration enables genuine achievements that have not been possible in the past.

The WGHS adopts the Framework Programmes on Health and Related Social Issues in the Barents Region for a period of four years. The 7th Programme for 2024–2027 continues the previous 6th Programme, which spanned the period 2020–2023.

The WGHS oversees three Priority Areas (PA) under the 7th Framework Programme: Continuation of the programme on Children and Youth at Risk (CYAR); Developing Preparedness through Building Health Competences and Implementation of New Technologies and Modern Methods for Health Care (PNT); and Developing New Approaches for Prevention and Health Promotion in Collaboration Across Borders (PHP).

The Priority Areas of the 7th Framework Programme cover activities from building the capacity of individuals and communities, to producing and exchanging information, to strengthening service provision at local and regional levels through, for example, regular meetings, study visits and pilot projects. Special attention will be paid to the functions of primary-level services and preventive and promotive activities, also involving non-governmental organisations (NGOs).

The WGHS and Priority Area programmes seek to cooperate with other organisations, especially the Nordic Council of Ministers (NCM) and the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS), which work partly on similar issues but at different levels. The work of the WGHS also has links with the Arctic Council (AC). It is also important to seek cooperation with the Sámi Parliaments in all the Priority Areas.

2. SCOPE AND PRIORITIES 2024–2027

The Programme for the years 2024–2027 is regarded as a framework for cooperation in health and related social issues.

The purpose of the WGHS cooperation is to strengthen resilience and to increase the ability to adapt and respond to changes and challenges at all levels in the Barents Region. This includes strengthening local and regional work as well as promoting activities and the cooperation of civil society. **The WGHS provides an international forum for actors in the health and social sector, especially at the regional and local levels, for exchange of information and experiences regarding challenges, best practices and new approaches.**

The objectives of the main priority areas identified by the partner countries and regions are as follows:

1. Improved wellbeing and development of children and youth
2. Improved preparedness of individuals and of communities at the local and regional levels to respond to exceptional events and conditions
3. Strengthened primary health and social services as well as prevention and health promotion in the Barents Region

The following general principles require attention in the Barents collaboration:

- Respect for human rights and gender equality
- Sustainable development through an Agenda 2030 perspective
- The 'Health and Wellbeing in All Policies' approach
- Inclusion and involvement of vulnerable groups in all relevant action
- Acknowledgment of the special needs of the Sámi people whenever relevant
- The green transition and climate change

The Priority Areas will focus especially on:

- Building the health competence and resilience of individuals and communities
- Primary health and social care, prevention and health promotion
- Aiming at concrete and sustainable achievements

The WGHS emphasises the importance of communications in making the aims and work of the WGHS better known.

3. PRIORITY AREAS

The three Priority Areas are defined as follows:

- The Barents Programme on Children and Youth at Risk (CYAR)
- The Barents Programme on Developing Preparedness through Building Health Competences and Implementation of New Technologies and Modern Methods for Health Care (PNT)
- The Barents Programme on Developing New Approaches for Prevention and Health Promotion in Collaboration Across Borders (PHP)

Priority areas will use the following approaches in the development and implementation of their activities:

- Promotion of innovative approaches and technologies
- Organising e.g. pilot projects, study visits and meetings to exchange information and experiences across borders
- Effective coordination between the public health and social welfare dimensions
- Building collaboration and synergies with universities and other relevant research institutions, as well as with civil society organisations

All programmes within the Priority Areas should execute a planning process to set a meeting interval and to give an indication of possible concrete projects and activities. The latter may include general analysis of relevant stakeholders

and the main focus groups, as well as describing objectives and the main indicators. These would follow the general principles of the WGHS collaboration and lead towards the intended objectives.

3.1. The Barents Programme on Children and Youth at Risk (CYAR)

Vulnerable groups of children and youth have poorer health and living conditions. Support and protection needs to be strengthened for these children and youth. The provision of health and social care, especially mental health services, is often insufficient. Preventive and promotional work needs to be carried out continuously in order for the rights of children and youth to be realised.

The Barents CYAR programme continues to implement a sustainable and comprehensive approach to support children, youth and families at risk in the Barents Region. The overall aim is to promote access to and confidence in social and health services, especially mental health services.

The definition of children and youth at risk in the Barents Region will be revisited and the action plans will be refocused, if necessary, according to the findings.

The CYAR programme has the following priorities:

1. Preventing discrimination and social exclusion
2. Promoting access to and trust in social and health services, in particular mental health services
3. Increasing and improving youth participation in the Barents collaboration
4. Strengthening children's rights in accordance with the Convention on the Rights of the Child and other international treaties, including the United Nations Convention on the Rights of Persons with Disabilities, and their operationalisation in policies and cross-sectoral service provision.

The CYAR Coordination Group coordinates and develops the programme under the guidance of the WGHS.

Cooperation with the Working Group for Indigenous Peoples (WGIP) as well as the Barents Regional Youth Council (BRYC) should be encouraged.

3.2. The Barents Programme on Developing Preparedness through Building Health Competences and Implementation of New Technologies and Modern Methods for Health Care (PNT)

Functioning health and social care systems are connected with preparedness for exceptional situations in communities. As the number of points of care is reduced, the general feeling of security may suffer.

Affordability and accessibility to services as well as the development and implementation of modern methods are crucial elements of wellbeing.

Functioning nearby basic services, as well as first-aid services and rescue systems, are important for developing the resilience of communities. They play an essential role in maintaining a feeling of security, especially in remote areas.

The digitalisation of health and some social care services can improve the quality, safety, effectiveness and delivery of services in sparsely populated areas.

Using health information technologies, it is possible to connect patients and providers in remote locations to specialists in health clinics, regardless of the distances between the patients and care providers.

Supporting the development of health and social care contributes to the development of resilience. It also improves universal health coverage, making it possible for people in remote areas to live longer at home.

The PNT programme has the following priorities:

1. Building health competence as part of developing overall preparedness in the Barents Region
2. Strengthening the acute chain functions outside hospitals in sparsely populated areas
3. Promoting the use of new technologies and digital tools across borders in the Barents Region
4. Promoting digital inclusion so that all members of communities can profit from new innovations and technologies. This includes increasing the use of digital technologies in the development of remote services.

The PNT Coordination Group coordinates and develops the programme under the guidance of the WGHS.

3.3. The Barents Programme on Developing New Approaches for Prevention and Health Promotion in Collaboration Across Borders (PHP)

The PHP programme focuses especially on developing primary health and social care services as well as prevention and health promotion, which often have a lower priority than specialised care.

There are difficulties in the accessibility of primary health care and mental health services. Many health care units are suffering from an insufficient workforce, especially in the Barents Region. New ways of working together are being sought in collaboration between health and social care.

Pilot projects for developing services in remote villages in sparsely populated regions are important tools for developing and strengthening the commitment of local communities and municipalities.

The promotion of the active participation of civil society actors in planning, as well as the implementation of concrete preventive and promotive activities, strengthen social capital and hence the resilience of communities.

The PHP programme has the following priorities:

1. Promoting analyses of the weak points of, and the practices of, the primary care systems, and developing innovations that provide added value, especially to sparsely populated areas
2. Developing contacts and encouraging smooth cooperation across borders
3. Strengthening the effectiveness of the functions of care chains locally and across borders

The PHP programme aims to develop preventive and promotive health and social services as well as to improve synergies between primary health and social care services. It will work in collaboration with municipalities and counties/wellbeing service counties across regions and borders.

At the core of this programme is Nordic Health Across Borders (NHAB). The NHAB is a cross-border collaboration arrangement, with established relationships between health directors and a mechanism for the exchange of relevant information. It has a key role in the implementation of the Priority Area, about which it will receive the necessary guidance and the support of the WGHS.

The PHP Coordination Group coordinates and develops the programme under the guidance of the WGHS.

4. POSITION OF THE WORKING GROUP ON HEALTH AND RELATED SOCIAL ISSUES (WGHS)

Tasks of the WGHS

Increase regional and cross-border cooperation to improve public health and social wellbeing in the whole population. Special attention is given to children and youth, especially those who are vulnerable to social exclusion, the elderly who live in remote areas and the Sámi people.

Increase awareness of and raise interest in the priorities of the Framework Programme on Health and Related Social Issues.

Promote the Sustainable Development Goals and Agenda 2030 in the region.

Prepare and monitor multilateral actions in each of the priority areas of the Framework Programme and improve coordination with other international initiatives in the region.

Support the development of targeted programmes on prioritised issues and concrete project proposals within the priority areas in the region.

Decide on its Framework Programme or similar medium- to long-term plans.

Keep in touch with national and international donors to obtain funding, possibly from multiple sources.

Report to BEAC and the International Barents Secretariat (IBS).

Membership

By entering into a new period of Barents WGHS collaboration, the processes for nominating representatives of members will be revisited and clarified. The WGHS's refocus of actions more towards the regional and local levels will be taken into account.

The WGHS shall include, as its permanent members, representatives from national, regional and local competent authorities from each participating country. According to the Operating Guidelines of BEAC, the Working Group for Indigenous Peoples has the right to nominate a representative for the WGHS and other working groups. BEAC's recommendation is that the Barents Regional Youth Council would also have a representative in each of the working groups.

Upon invitation, the WGHS is open to representatives of the Sámi Parliaments as well as to representatives from the WHO, the Nordic Council of Ministers, the Northern Dimension Partnership in Public Health and Social Wellbeing, the European Commission, other Barents Working Groups and, subject to consideration by the WGHS, possible other bodies. The WGHS takes into account the intended refocussing of actions more towards regional and local level actors.

Working methods

The WGHS decides on its working methods. It can nominate a coordinator in collaboration with the IBS to promote the implementation of activities and to provide support to Priority Area programmes for local actions and to assist in seeking funding.

The WGHS meets two or three times a year. If necessary, it establishes smaller ad hoc groups to manage urgent tasks between WGHS meetings.

The Chair of WGHS and administration of its activities

The WGHS practises chairpersonship to promote active participation of the different actors in the WGHS on equal terms. Occupancy of the position of Chair circulates between the three Nordic countries with an interval of two years.

The Chair takes the initiative and responsibility for the activities of the WGHS during each two-year term.

The chairing country or region should be given the necessary secretarial support by the International Barents Secretariat (IBS).

The Chair is responsible for submitting the annual report of the Working Group to the IBS by the end of December each year. The annual report should describe the activities undertaken during the previous calendar year.

5. COOPERATION WITH OTHER ORGANISATIONS

The World Health Organization (WHO)

All participating Member States are also members of WHO-EURO, thus taking part in the technical and normative work that is the task of the WHO globally and in Europe. In all areas of health work covered by the Barents Cooperation Programme, the WHO has provided normative guidelines and recommendations.

The Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS)

The WGHS underlines the importance of cooperation and coordination with the NDPHS. The work of the WGHS in the Barents Region continuously plays an important role in contributing to the achievement of NDPHS goals.

The Nordic Council of Ministers (NCM)

The NCM is a member of WGHS. The priorities and activities proposed in the Framework Programme on Health and Related Social Issues in the Barents Euro-Arctic Region correspond with the priorities of Nordic cooperation on social affairs and health that fall under the auspices of the Nordic Council of Ministers for Health and Social Affairs.

The Sámi Parliaments

The Sámi have their own self-government bodies, Sámi Parliaments, in Finland, Sweden and Norway. Their main purpose is to plan and implement the cultural self-government guaranteed to the Sámi as an indigenous people. They have expertise in all matters concerning the Sámi. This expertise is needed when developing plans of action for the WGHS's Priority Areas.

The Council of the Baltic Sea States (CBSS)

All members of the Barents cooperation are also members of the Council of the Baltic Sea States (CBSS). In particular, efforts should be coordinated with the CBSS priorities of civil security and child protection.

The Arctic Council (AC)

All members of the Barents cooperation are also members of the AC. Norway, as Chair of the AC for the period 2023–2025, intends to further develop health preparedness in the Arctic cooperation. The efforts should be streamlined, especially with regard to the activities of the Sustainable Development Working Group (SDWG) and its subgroup, the Arctic Human Health Expert Group (AHHEG), and the Emergency Prevention, Preparedness and Response (EPPR) Working Group.

Other working groups of the Barents Euro-Arctic Council and the Barents Regional Council

The WGHS seeks, whenever relevant, cooperation with the Barents Regional Council and other working groups such as the Working Group on Culture and the Committee on Rescue Cooperation.

6. FINANCIAL RESOURCES

The WGHS follows development of funding instruments and keeps the Priority Area programmes informed about this. The WGHS also promotes access to various national and international funding sources of relevance to projects within the Priority Areas of the WGHS Cooperation.