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Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region 2004-2007

**The Barents Euro-Arctic Council
- ad hoc Working Group on Health and related Social Issues**

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I INTRODUCTION

After prolongation the first Health Programme for the Barents Region will have lasted for five years (1999 – 2003). During this period, health co-operation within the region has continued to develop. Contacts between health institutions and their personnel have become closer and networks have developed in the field of health. This has contributed to the growth of a common understanding among partners from different countries in the Region.

Positive results have been achieved such as development of personnel, professional knowledge, networks, and co-operation between institutions. When it comes to combating diseases, there is a tendency of tuberculosis (TB) morbidity decreasing. The programme has supported a development of primary health care. Furthermore, since 1998-1999 budget resources for health purposes have increased markedly in the Russian Barents Region.

At the same time a number of serious health threats remain or have become even more acute. The Prime Ministers in the Kirkenes Declaration of 11 January 2003 urged health and social authorities to gain full control of TB within 10 years. In its report of 5 November 2002 the Reference Group stated that still the demographic development is negative due to low birth rate and rising mortality rate. TB continues to be a serious challenge – especially in prisons – and multiresistent tuberculosis is an increasing problem. The number of HIV infections combined with drug abuse increases sharply. Also sexually transmissible infections (STIs) are on the increase. Lifestyle related diseases, caused by e.g. tobacco and alcohol, are of increasing concern. Furthermore, alcohol and narcotic drugs and other toxic substances are closely linked with social and family problems, risks of social exclusion and homelessness.

These problems illustrate that most health problems are complex and require co-ordinated solutions. This is especially evident as regards communicable diseases, substance misuse and the health of indigenous people. Health problems are often associated with economic problems, family violence and stigmatisation of the whole family. Children and young people are the first victims in these situations. To prevent and limit the consequences is a responsibility for both health and social decision makers.

The Barents Co-operation Programme on Health and Related Social Issues for the period 2004 – 2007 should have as an overall objective to deepen and strengthen multilateral co-operation in order to meet the most important health and related social needs in the Barents Region. A key challenge will be to maximise the effectiveness of co-operative action, through the structure as well as by the financing.

When planning actions under the Programme, consideration must be given to other international initiatives in the health field in the Barents Region. In the Kirkenes Declaration the Prime Ministers stated that they supported the work initiated regarding the preparation of a Northern Dimension Partnership on Health and Social Well-being.

An International Temporary Working Group is preparing options for a Northern Dimension Partnership. In the same way as the Barents co-operation plays an important role in the implementation of the Northern Dimension Action Plan, the new Programme could undertake its actions under the umbrella of a Partnership and contribute to its implementation. The links between the new Barents Health programme and a Northern Dimension Partnership should be considered after the establishment of the Partnership. The Task Force on Communicable Disease Control in the Baltic Sea Region and its possible successor, the Nordic Council of Ministers (NCM), the EU Commission and WHO are important actors in the Barents region with which co-ordination and co-operation should also be intensified.

II PRESENT AND FUTURE HEALTH CO-OPERATION WITHIN IN THE BARENTS EURO-ARCTIC REGION

1. Present programme

The first health co-operation programme was adopted by the 6th Barents Euro-Arctic Council at its meeting in Bodø 4-5 March 1999. The priority areas of the Programme has been:

- Combating new and re-emerging infectious diseases
- Supporting reproductive health care and child health care
- Counteracting lifestyle related health problems
- Improving services for indigenous people
- Quality improvement of medical services

Within all priority areas, special attention has been paid to projects focussing on children.

The co-ordination of the projects has been organised through the International Reference Group and the Barents Secretariat in Kirkenes through its database, the Barents Information Service.

2. The range of actions

In all more than 100 different projects have been carried out since the initiation of the Barents Arctic Health Programme in 1999.

The number of projects in the different regions varies, but in the Republic of Karelia for instance, about 30 health projects have been introduced since 1999. Two or more project partners have supported half of these projects and several of them are still going on in 2003. Multilateral financing is, however, still rare.

A total of 14,5 million Euros have been allocated to the BEAC activities (1999-2002) from Norway, Sweden and Finland. In addition to this, the Nordic Council of Ministers, the World Health Organisation, the Tacis Programme etc have granted substantial contributions, either to support BEAC activities or bilaterally between the funding organisation and the target region.

The methods used in the projects have ranged from improving medical and technical knowledge, vocational training, introduction of new techniques, exchange of experiences, preventive measures, development of primary Health care, organisational advice, development of control strategies and treatment services etc.

3. Evaluation of actions taken

No complete evaluation or written description of experiences has been made of the Programme so far. Nevertheless, Norway has performed a far-reaching evaluation concerning the Norwegian projects. This evaluation can partly be used for general purposes. Many of the opinions given are shared by national or regional more limited reports concerning the implementation of the Programme. The Norwegian evaluation¹ considered the Programme to have been successful. At the same time it included the following remarks or recommendations for improvements.

¹ Evaluation of the Barents Health Programme – Project selection and implementation. A report prepared for the Norwegian Ministry of Health by the Fridtjof Nansen Institute. Geir Hönneland and Arild Moe, September 2002.

- An inherent weakness was created by the formulation of the programme, containing too many priorities and sub-goals. Instead the priorities should be fewer and wider.
- Co-ordination between projects should be secured in order to gain effectiveness, including greater openness between actors.
- The projects should have a simple administration and clear-cut objectives. To support this intermediate milestones could be established for the projects.
- Priority should be given to the transfer of competence rather than the purchase of commodities in order to avoid the risk of colliding with the responsibilities of the Russian authorities.
- The financial situation surrounding new projects should be studied in order to ensure sustainability without creating dependency on external financing after expiry of the project.
- Projects should be action-oriented and not research oriented.
- The usefulness of engaging NGO: s was emphasized in the recommendations.
- There is a need for close integration between health and social perspectives.
- There has been a very small amount of projects concerning indigenous people.

4. Future actions

As mentioned above, the other participating countries and regions have given their experiences in their national final reports concerning the implementation of the programme. The Russian regions also emphasize the positive results from the co-operation, such as development of professional knowledge, new ways of working, the creation of new networks with other regions in Europe, establishing of immunisation programmes, introduction of new equipment and techniques etc.

In order to prepare the new Health Programme, a substantial number of new projects have been proposed by the partners. These projects are to some extent built on the ongoing process in improving the Health situation in the Region, but also emphasising the need to integrate Health and Social aspects to ameliorate the over all Health situation in the Barents region.

III NEW HEALTH AND SOCIAL PROGRAMME FOR THE PERIOD 2004-2007

1. Scope and priorities

The new programme should continue on the basis of the previous programme. The experiences gained in the first programme should be used. Priority areas should be applicable to multilateral co-operation and serve as guidance for bilateral co-operation. The actions of the programme should meet the special needs of the Barents region and be carried out under the lead of the region/s where a project is implemented.

With reference to the situation in the Russian Barents regions the priority areas should be the following:

- Prevention and combat of communicable diseases
- Prevention of lifestyle related health and social problems and promotion of healthy lifestyles
- Development and integration of primary health care and social services.

In all the priority areas special attention should be paid to

- Gender mainstreaming
- The Convention on the Rights of the Child and improvement of the health of children and young people

The target groups should be the vulnerable groups in the population. Furthermore, the special problems of indigenous people as well as the special problems of sparsely populated areas should be part of the planning whenever relevant.

Within the priority areas special attention should be paid to co-operation within the areas mentioned below.

1.1. Prevention and combat of communicable diseases

In order to reinforce efforts in the field of communicable diseases the Working Group (see subchapter 3.2 below) should co-operate closely with the Task Force on Communicable Disease Control in the Baltic Sea Region and its possible successor when its mandate expires in June 2004.

- The Prime Ministers have urged health and social authorities to gain full control of TB within 10 years. The programme should contribute to reaching this goal as soon as possible.
- Preventing and combating HIV, STDs and other significant communicable diseases
- Prevention of antibiotic resistance and hospital infections
- Continued co-operation between epidemiologists on surveillance and early warning.

1.2. Prevention of lifestyle related health and social problems and promotion of healthy lifestyles

- Increase the knowledge of and support the prevention of life-style related diseases and social problems, as regards e.g. smoking, nutrition, alcohol abuse, the use of illicit drugs and toxic substances and violence.
- Promotion of healthy life-styles, especially among young people.
- Development of rehabilitation programmes for alcohol and drug addicts and to support follow-up services, including for young people and families.

1.3. Development and integration of primary health care and social services

- Support reform of primary health care and of social services through a systematic approach.
- Develop reproductive health care and child health care
- Support the use of new technologies and new methods at all levels of health and social care, taking cost effectiveness and advantages for the patient into account.

2. General guidelines for the co-operation

- The co-operation should build on the experiences of the first programme as well as experiences from programmes/reports/instruments of other organisations, such as Tacis, WHO etc.
- The Working Group should promote broad exchange of information of activities in the concerned areas of the Barents Euro-Arctic Region in order to facilitate the identification of possible overlapping projects and of areas insufficiently covered. Better information should also stimulate dialogue and co-operation between the different bilateral and multilateral actors.
- Competence building should be promoted through extensive mutual exchange of information, specialists and delegations, participation of experts in seminars, congresses and scientific conferences organised in the respective countries.
- Co-operation should be promoted between international, national, regional and local authorities for the planning and implementing of joint projects.
- Efforts should be made to develop projects promoting co-operation between health, social and other relevant authorities and organisations

3. Structure and administration of the co-operation

3.1 Aim

The main aim of the Programme on Health and Social Co-operation 2004-2007 is to stimulate and strengthen multilateral co-operation in the Barents Region. Bilateral co-

operation should continue and also be encouraged as well as co-operation that is already going on within the framework of the present Programme.

3.2 Establishment of a Working Group

3.2.1 Tasks

A Working Group on Health and Related Social Issues (WG Health/ Social issues, WGHS) should be established. It should:

- Prepare and monitor multilateral actions in each of the three priority areas
- Encourage the transfer of knowledge and competence within the Barents Region and among participating actors,
- Support the development of concrete project proposals,
- Keep contact with international financial institutions and responsible authorities in order to seek funding possibilities and gain better understanding of combined funding from multiple sources,
- Encourage and stimulate multilateral (and bilateral) projects within the Programme,
- Report to the BEAC and the Barents Regional Council and other relevant bodies,
- Ensure that the co-operation actively contributes to the implementation of the EU Northern Dimension Partnership in Public Health and Social Well-being. Necessary modifications to the model of cooperation and co-ordination between the Barents Programme and the Northern Dimension Partnership should be done after the setting up of the Partnership,
- Ensure co-ordination with other international initiatives in the Region,
- Ensure proper evaluation of the co-operation by external experts when suitable.

The process should be carried out in close co-operation with the responsible regional authorities in Russia. It should be supported by data from Russian institutions and relevant international organisations.

3.2.2 Working Methods

The Working Group should choose its own working methods, which are the most appropriate for a particular project and which are in line with financing possibilities. This could include a number of different actions such as appointing consultative experts groups, using external evaluation experts, organising conferences or seminars and involving universities and other research institutions etc.

The Working Group should ensure that projects are co-ordinated with activities in other international organizations in order to avoid duplication and to strengthen the impact of actions taken.

The Working Group should meet at least once a year. If necessary, it should be possible to form a smaller group with one participating person from each country and region to manage urgent tasks between the meetings of the Working Group.

3.2.3 Membership

The Working Group should be rather limited in size and include as permanent members representatives from regional and national (federal) competent authorities in each participating country, one representative of indigenous peoples and representatives of the WHO, the Nordic Council of Ministers (NCM), the European Commission and regional international bodies such as the Task Force on Communicable Disease Control and, if suitable, other international initiatives.

Permanent members could invite specialists to take part in the meetings whenever necessary.

3.3 Database

A database with project information is needed to support the co-operation and co-ordination. In order to avoid duplication and to encourage co-operation, project owners and other interested actors need to be well informed before they plan new activities in the region. In order to ensure this co-ordination, the database must be continuously supplied with up to date information from new and ongoing projects. Financing institutions would consider requiring registration of projects in the database before making last instalment of grants.

The existing database, currently operated by the Norwegian Barents Secretariat in Kirkenes, should be continued. The WGHS should consider merging this database with the present database of the CBSS Task Force on Communicable Disease Control in the Baltic Sea Region and/or with a possible new database developed as part of a Northern Dimension Partnership.

It should also be considered to develop the database into a tool in the development of projects and funding process.

3.4 Chairmanship, administration and financing of the WGHS activities

In order to enhance an active participation on equal terms between the different actors in the new programme, a shared chairmanship should be practised. The chairmanship should be circulating within intervals of two years with a Nordic country and a Russian region working together.

The chairing country/region should supply the necessary secretariat support.

As is the case in certain other BEAC working groups, a financial mechanism for the running costs of the Working Group, including administration and participating in the working group meetings, should be established. The Working Group should prepare and monitor the use of an annual budget, which should be jointly financed on a cost-sharing basis by the participating countries.

4. Financing of projects

There is a wide variety of ways to finance co-operation in the Barents Region. The Working Group should keep in contact and promote financing of co-operation with the authorities responsible for funding in each participating country, financial organisations, and international actors such as the EU, WHO and Nordic Council of Ministers (NCM) in order to identify funding sources.

As regards project financing the EU INTERREG Programmes could be an instrument for expanding and deepening co-operation in the Barents Region as well as the Tacis Programme. A new Neighbourhood Financial Instrument has been proposed to be devised by the European Commission within the context of the Wider European concept. This proposal is still under discussion and no decisions have been made so far.

Especially as regards communicable diseases such as tuberculosis and HIV/AIDS the international Community has created financing possibilities that should be explored. In some cases WHO financial support under the agreement of the WHO and the Russian Federation/Ministry of Health could be used.

Financing should be co-ordinated with the long-term programmes of the Russian regions.

As preparatory work for a proposed Northern Dimension Partnership in Public Health and Social Well-being is still in the process it is not possible to make more concrete proposals concerning on how to obtain binding commitments for the Barents co-operation. The Barents Programme could be seen as a means of implementing a Partnership and should be co-ordinated with the Partnership in this respect.

5. Co-operation within the Northern dimension and other international bodies

The Programme stresses the importance of co-operation and co-ordination within the proposed Northern Dimension Partnership in Health and Social Well-being as well as with international actors in the Barents region. There will be different actors, fulfilling diverse tasks, whose actions and plans have to be considered in the realisation of the BEAC Programme on Health and Related Social Issues during the programme period.

5.1. The Northern Dimension Partnership in Public Health and Social Well-being

The Prime Ministers at the 10th Anniversary in Kirkenes on 10-11 January expressed their support to the work initiated regarding the preparation of a Northern Dimension Partnership in Public Health and Social Well-being. Preliminarily, the overall objective of such a Partnership will be to intensify co-operation in social and health development, including through stronger co-ordination. An international temporary Working Group is working on options for a Partnership. A final decision will be taken at a high-level conference in Oslo in October.

The Barents co-operation on Health and Related Social Issues will play an important role in contributing to the implementation of a Partnership. Subject to the final adoption at the high-level conference the priorities of the Northern Dimension Partnership are similar to the Barents programme: reduction of major communicable diseases and prevention of life-style related non-communicable diseases as well as enhancement and promotion of healthy and socially rewarding lifestyles. Collaboration between different interests in the Barents Euro-Arctic region will be crucial as well as a division of work.

5.2 The Task Force on Communicable Disease Control in the Baltic Sea Region

The Prime Ministers of the Members of the Council of Baltic Sea States (CBSS) established in 2000 a Task Force on Communicable Disease Control in the Baltic Sea Region. Since June 2002 priority is given to HIV, prison health, health reforms and education in public health.

The mandate of the Task Force expires in June 2004. A discussion has started concerning the possibility of continuing the actions of the Task Force.

5.3 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 WHO globally and in Europe. In all areas of work covered by the new Barents Health Programme², WHO has provided normative guidelines and recommendations, of which many also exist in Russian language.

WHO is expected to become more active in the Barents Health Programme collaboration and co-ordination. A "coordination office" is planned to be established in St. Petersburg for the whole North-Western Federal Okrug. The whole Barents Euro-Arctic Region is within the Okrug. More WHO attention could then be allocated to the northern regions, as part of the upcoming Northern Dimension health and social sector activities.

5.4 The Nordic Council of Ministers

The Nordic Council of Ministers has been a member of the international Reference Group of the previous Health Co-operation Programme in the Barents region. It will continue its participation also in the new WGHS, as the priorities and activities proposed in the programme on health and related social issues correspond well with NCM priorities.

Apart from financing projects by its own means, the NCM has local representatives in the region through information offices in Murmansk, Arkhangelsk and Petrozavodsk. Partly, these information offices are located together with the Barents Information Centers supported by the Barents Secretariat in Kirkenes. This local presence, together with a strong emphasis on local participation and responsibility in project implementation and an increased focus on activities in North-western Russia, constitutes the background for the continued participation.

Co-ordination and co-operation issues are regarded as essential for future co-operation in the area, in particular with respect to the future activities of a EU ND Partnership on Public Health and Social Well-being. The NCM is especially interested in supporting projects dealing with the living conditions of children and youth.

5.5 The European Union

The EU support in the Barents region is provided through the Interreg and Tacis programmes, Tacis being currently the key financial instrument for the EU cooperation with Russia in health and social sector. Tacis provides grant financing for the transfer of know-

² Communicable diseases ("DOTS"/TB, Immunization, HIV prevention, etc), Non-communicable diseases (tobacco and alcohol control, drugs-narcotics, nutrition, etc.), Health systems (PHC, general practice, clinical guidelines, rational use of medicine, etc)

how to support the process of transition towards democratic societies and market economies, one of priorities being "Support in addressing the social consequences of transition".

Programming is "dialogue-driven", i.e. is elaborated in close dialogue and communications with the respective federal ministries and/or regional executive bodies. The EC Delegation to Russia manages the projects. Also a small number of small-scale facilities exist. In 2002 was opened the St. Petersburg Liaison office with the aim to foster cooperation within the frame of the Northern Dimension, to elaborate programming under the Baltic Line programme and to support programming under the Cross Border Corporation programme.

The INTERREG Community Initiative is part of the European Union's regional policy. INTERREG III is split into three strands, namely cross-border (A), trans-national (B) and interregional cooperation (C).

Tacis and Interreg coordination is one of the priorities for further development of both programmes.

Cooperation and coordination with other donors, participation in the regional networks is essential part of the EU cooperation programmes.