



## **27th Meeting of The Joint Working Group for Health and Related Social Issues (JWGHS)**

- Date:** 12 - 13 November 2018
- Venue:** Administration of the Head of the Komi Republic, Syktyvkar, Komi Republic, Russia.
- Chairs:** Ministry of Health of the Republic of Komi (Mr. Dmitry Berezin) and Ministry of Health and Care Services of Norway (Ms. Vibeke Gundersen)

### **Monday 12<sup>th</sup> of November 2018**

The meeting was jointly chaired by Norway and the Republic of Komi.

#### **Opening of the meeting**

The opening speech was held by *Ms. Natalia Mikhailchenkova, Deputy Chairperson of the Republic of Komi Government*. In her speech she talked about the background of the history of the Barents collaboration, and the Republic of Komi's participation. The Republic of Komi became a member of the Barents region in 2002, and the work has high priority for its Government. Being a part of the chairmanship of the JWGHS is a good starting point for making a difference and for formulating common policies in the field of health and social issues.

**Komi Republic showed a presentation video about the unique identity of its beautiful area, its industrial and resource potential.**

#### **Adoption of the agenda**

The meeting agenda was adopted with two amendments. The Joint Working Group on Youth (JWGY) which had asked to give a presentation at the meeting would do so in the afternoon. Norway would add an item regarding adoption of the next framework programme during Any Other Business.

#### **Info on the Swedish Chairmanship of the Barents Euro Arctic Council (BEAC)**

Mr. Goran Carlsson, Senior advisor of the Swedish Ministry of Health and Social Affairs, reported the most recent updates. The Joint Working Group on Health and Social Issues reports to both the Barents Euro-Arctic Council and to the Barents Regional Council. Sweden currently holds the chairmanship of the BEAC.

In December 2018 there will be a common meeting in Stockholm for BEAC, Arctic Council, Council of the Baltic Sea States, and Nordic Council of Ministers. The next Barents foreign ministers' meeting will take place in Umeå, Sweden in 2019. A new communication strategy which the parties have agreed upon has been developed. In June, the annual Barents day was arranged in Brussels.

Above all, youth is a main priority of the Swedish chairmanship and the Barents Youth Council will receive financial support. Another priority is easier border crossing, and working for the Barents region as a visa free region.

The chairs of the working groups under the BEAC is often from the same country as the BEAC presidency. This is not the case for the JWGHS where the rotation system is different. The Swedish presidency is planning to meet all the working and joint working groups during the chairmanship. Sweden suggested that they be invited to the 28<sup>th</sup> JWGHS meeting in spring 2019.

The meeting thanked Sweden for the provided information and asked to convey to the BEAC presidency that they are very welcome to the next JWGHS meeting.

### **Infectious Diseases in the Barents Region. Conclusion and proposal from the joint meeting of the Barents HIV and the Barents TB Steering Committees**

Following the discussion on the future organization of collaboration on infectious diseases in the Barents region, the 26<sup>th</sup> JWGHS meeting in Kirkenes proposed the steering committee of the Barents HIV/AIDS programme and the steering committee of the Barents TB programme to hold a joint meeting to discuss the merger of the two groups. The Republic of Komi offered to provide the venue.

The meeting of the two steering groups took place in Syktyvkar in September, and a joint resolution recommending the merger of the two groups was prepared. (The resolution is attached to the draft minutes.)

*Mr. Anton Karpunov, health minister from Arkhangelsk, made an offer to chair the new programme and Finland would still have the coordinator role. The new group will hold its first meeting early in 2019.*

*The coordinator (Mr. Titkov, Finland) presented the outcome of the meeting and the resolution. He underlined that the situation when it comes to HIV/AIDS is different now than 20 years ago when the collaboration started. In the Nordic countries, HIV is considered a chronic disease, and new cases of AIDS are now rare. More emphasis is now on co-morbidity of HIV and TB. Under the Northern Dimension Partnership in Health and Social Well-being (NDPHS), there is now one working group including both diseases. This way of organizing it seems to work well. He underlined that there are possibilities for synergies with the NDPHS.*

*Arkhangelsk* underlined that we should focus on our collaboration in the Barents region. We see a need for continued effort.

*Finland (Mr. Titkov)* suggested that the meeting for the new steering group could be held back-to-back with the meeting of the NDPHS Expert Group in Finland in spring. *Arkhangelsk* offered to host a meeting in Arkhangelsk in 2019.

It was suggested that organizing and management of the programme will be the main topic of the first meeting. There is a need to set realistic goals for the new programme. A new programme will request resources from all countries and regions. A question was raised if the terms of reference of the new programme could include the mandate.

*Sweden* pointed out the Swedish support for the merging of the programmes, but also underlined the scarcity of experts in the two Swedish regions and cannot promise expert participation.

*The Republic of Komi administration* suggested that advice from WHO priorities and system approaches, as well as the scientific potential in the partnership areas should be used for development of the group activities.

*The JWGHS* adopted the resolution to merge the two steering groups, and thanked the coordinators (Mr. Dmitry Titkov and Mr. Zaza Tsereteli) for the good work with preparing it.

*The chair* thanked Finland and Arkhangelsk for offering to host the meeting of the new steering group, and suggested that the parties agree to host one meeting each in 2019. The first meeting should preferably take place before the next JWGHS meeting in March.

*The JWGHS* agreed that the new group should start working on draft terms of reference at their first meeting in 2019 and present it to the JWGHS 28<sup>th</sup> meeting.

### **Update Regarding the Children and Youth at Risk Needs Assessment**

*Sweden* informed that financial support amounting to 250 000 SEK, from the Swedish Ministry of Foreign Affairs, has been confirmed for a children and youth at risk needs assessment. The working group on the 6<sup>th</sup> Barents framework programme on health and related social issues will serve as a steering committee for the needs assessment and find a competent body for performing the assessment, with help from the International Barents Secretariat.

*The JWGHS* thanked Sweden for the good news. The countries and regions were asked to identify suitable persons and/or institutions to conduct the needs assessment. The Chair (Norway) offered to prepare the list of candidates based on

the proposals. The steering group will then choose a candidate. Deadline for nomination of candidates was set to 30<sup>th</sup> of November.

### **A New Barents Programme – Rural Health for Barents**

After discussing the paper "Rural health for Barents", the 26<sup>th</sup> JWGHS meeting in Kirkenes tasked the chair (Norway) to start making contact with the other countries and regions on a possible new steering committee under the Joint Working Group dedicated to this topic. There are already nominated experts from Sweden and Finland. Norway and the Russian regions have not appointed contact persons yet, but are also highly supportive of the new programme.

*Norway (Mr. Tsereteli)* presented the first findings based on the discussions with the countries/regions. Three main areas of cooperation have been identified; (1) Training and education for health professionals, (2) Exchange of best practice and cost-effective solutions, (3) Develop models for medical aid quality in sparsely populated areas.

The meeting asked Norway and Russia to appoint contact persons for the work with the new programme. Norway was asked to present a draft version of the Rural health for Barents programme at the next JWGHS meeting in March 2019 based on the input.

### **National Projects in the Russian Health Care, Priorities of the Primary Care**

*Mr. Dmitry Berezin, Health minister of the Komi Republic (Chair)*, presented the national health care project. It is part of the national key development goals within different areas, ranging from demography, healthcare, education, housing and urban environment, ecology to labour productivity. Each region prepares a project that is included in the national project. A main goal is to increase the average life expectancy to 80 years by 2040. The measures include development of the health care system and quality of primary care in Komi, which matches the new Rural health program that the JWGHS is developing. Other measures are better access to medical services with more points for health care, prevention, introduction of the LEAN method in all clinics, having one more helicopter to ensure timely aid reaching 90 percent of the population and emphasize on a healthy lifestyle.

*Due to lack of time there were made small changes in the order of the agenda posts.*

### **Increased Access to Health Care in Sparsely Populated Areas - What have we done in Northern Health Across Borders Collaboration (NHAB)**

*Mr. Jukka Mattila, Lapland Hospital District / Medical Director*, gave a presentation of the Northern Health Across Borders Collaboration which includes the health authorities in the northernmost regions of Finland, Sweden and Norway. The work started because of a nurse strike 10 years ago, with the resulting need to have help from neighboring countries. The collaboration consists of different working groups. In 2015 an agreement was made about

the collaboration structure. The goal of the collaboration is to make patients able to use health care without thinking of borders.

The challenges in the area are shared, such as elderly, recruitment of health professionals, small hospitals. Common online support for interpreting for cross-border care has been established. For prehospital care there are cross border regulations for ambulances, but the regulations for helicopters and patient rights still have some uncertainties. He pointed out the need to cooperate with universities to educate and focus on sparsely populated areas.

### **Status of Preparation of the 6<sup>th</sup> Framework Programme for Health and Related Social Issues in the Barents Euro-Arctic Region 2020-2023 and discussion of the draft.**

According to the plan, a new programme will be adopted in the autumn of 2019. At the 26<sup>th</sup> JWGHS meeting in Kirkenes in March 2018, a working group was established for preparing the draft. The first meeting took place in Oslo in September, and a meeting with the Russian partners was planned for the day after the JWGHS meeting.

Some changes to the scope and priorities have been suggested. This is to reflect the changes in the structure of the Barents collaboration in health and social issues under the JWGHS. There will be a written procedure for comments to the draft framework program with a deadline of 15. January 2019.

This topic is still considered highly important by the partner countries and regions. The working group has been discussing the CYAR assessment, and needs suggestions for persons or organizations who can perform the assessment before 30 November 2018. The suggestion from the working group is to end the assessment with a workshop.

*Sweden* made a comment on the general guidelines in the framework program and the need to change these. The Norwegian co-chair pointed out the need for these guidelines, and asked the working group to take in these notes.

### **Presentations from countries and regions**

#### **Update from Finland, including the Arctic Council and the NDPHS**

*Mr. Veli-Mikko Niemi from The Ministry of Social Affairs and Health of Finland* gave an update about the Finish health reform reaching a decision in the parliament. There will be an election in Finland in April and the timeframe is short. According to plan, the new system will start operating from 2021. The responsibility for health care and social services will be transferred from 190 municipal institutions to 18 counties. That will mean that there will be a three-level public administration in the future. Municipalities will also continue working, for instance, with regard to educational services. The higher level would be counties which will control health care and social services, and the third level would be the central government. Finland is currently the chair country of the Arctic Council, and the Committee of Senior Officials will meet in Rovanjemi in November.

## **Russia**

### **On Cooperation under the *Children and Youth at Risk* International Program**

*The Ministry of Labour, Occupation and Social Protection of the Komi Republic* presented the ongoing work and priorities regarding children and youth at risk. Within this area there have been family programs such as "What about us" for parents with kids with special needs, and 53 specialists have undergone training in this field. They have been actively cooperating with the steering group and successfully implemented projects with visible results.

Important factors have been continuous cycle of training and follow-up for specialists (more than 200 specialists have participated), master coaches (7 all in all) in every region, awareness and information on tv/radio/internet. The suspension of the training due to uncertainty in the organisation of the CYAR has resulted in a decreasing number of children taking part in the project. Also many trainers have left, and only 1 remains.

*The Chair* thanked for the presentation. It was underlined that the CYAR collaboration has given results and that there is a need for the work to continue.

### **Pomor Model for Improvement of Psychiatric Aid Quality through Development of General Practitioners' Competence**

*Arkhangelsk region*, presented the new model for psychiatric care created as part of the Russian-Norwegian project "Improvement of Mental Health Care in Arkhangelsk Region by Integration of Primary and Specialized Mental Health Care Services - Model Development, Introduction and Assessment". A detailed patient registry has been established, and the patients have been separated into 3 groups; (1) mild, (2) chronic, (3) heavy/acute/chronic for monitoring. For treatment of stage 2 patients a psychiatrist helps with the patients. It has been complicated to find and include GPs to the project, but the timeliness and quality of the health service is improved, and it is now easier for the GPs to diagnose mild or middle diagnoses. Before the patients only got help when their situation was worse. The education for GPs under the programme is 36 hours, and consists of information about depression, suicide, alcohol and cognitive disorders.

## **Sweden**

### **Update from Sweden (Region Västerbotten)**

At present there are several major national and regional processes ongoing in Sweden, which involves the entire population. One process concerns a strategy for Health. Main focus are children and youths, adults and elderly collaboration within and between school, hospital and primary healthcare, social service, health and social care.

In January 2019, a new regional council will be formed in Västerbotten. The present regional council and the county council will merge into a common organization.

As part of the reform, there will be a new structure for cooperation between the new regional council and the county's municipalities regarding health- and social care.

## **Norway**

### **Update from Norway**

A shortened presentation was given from the *Ministry of Health and Care Services* on the Norwegian public health law and the proposal of changes in the law of infectious diseases. The public health law was adopted in 2012 and places responsibility on local and regional level with support from central authorities. Every four years, a white paper on public health is presented, the next will be ready during spring 2019. The white paper will describe the development, current situation and goals within the public health area.

### **Next meeting**

Norway informed that the next meeting will be held in Tromsø spring 2019. Tentative time is late March 2019.

### **Barents Working Group on Youth**

A representative from the *Joint Working Group on Youth (JWGY)* presented their work. JWGY establishes new connections with other working groups. A field of corporation for JWGHS and JWGY is a conference which will take place in Norrbotten, Sweden, in June 2019. The topics will be, among other things, sexual health and sexually transmitted diseases, and JWGY wants to see concrete changes in these areas.

### **Any other business – Barents health and social ministers' meeting in 2019**

The Chair (Norway) informed that the Minister of Health of Norway is interested in hosting a meeting of the ministers of health and social services in the Barents region in 2019. Proposed date is **12. November 2019**. This will be the first health and social minister's meeting in the Barents region. The representatives of the JWGHS were invited to inform about the meeting at home and mark the date in the calendar of their minister.

### **Tuesday 13<sup>th</sup> of November**

Study visits were arranged to social institutions. First the Komi Republic Social and Health Improvement Center 'Maksakovka' and nursing home 'Zabota' were visited.