



**5th Framework Programme for Cooperation on Health and
Related Social Issues in the Barents Euro-Arctic Region**

2016-2019

**The Barents Euro-Arctic Council, BEAC
Joint Working Group on Health and Related Social Issues, JWGHS**

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1. INTRODUCTION

The cooperation in the Barents Euro-Arctic Region (BEAR) was launched in 1993 when Sweden, Finland, Norway, Denmark, Iceland, the Russian Federation, and the EU Commission signed the *Kirkenes Declaration* establishing the Barents Euro-Arctic Council (BEAC) at a Foreign Minister's Conference in Kirkenes, Norway. At the same time, the Barents regions' county governors and representatives of indigenous peoples signed a cooperation protocol establishing the Barents Regional Council (BRC). The Barents cooperation was thus launched at two levels: BEAC is a forum for intergovernmental cooperation while the BRC is aimed at cooperation between the 13 regions of the Member States.

The Joint Working Group on Health and Related Social Issues (JWGHS) was established by the Barents Euro-Arctic Council (BEAC) in 2002 to develop and oversee the cooperation on health and related social issues in the Barents Euro-Arctic Region.

The tasks of the Working Group on Health and Related Social Issues include:

- prepare and monitor multilateral actions in each of the priority areas,
- ensure coordination with other international initiatives in the region,
- support the development of targeted programmes on prioritised issues and concrete project proposals,
- contribute to the formulation and follow up of joint initiatives initiated by the BEAC or other working groups, such as the Barents Action Plan for Climate Change (2013),
- keep contact with national and international development partners in order to obtain funding and possibly combined funding from multiple sources.

The Cooperation Programme on Health and Related Social Issues in the Barents Region is prepared by the JWGHS and adopted for a period of four years. The Programme identifies common priorities of the Barents countries and regions for cooperation in the field of health and related social issues.

The Programme for 2016-2019 succeeds the previous programmes (1999-2003, 2004-2007, 2008-2011, and 2012-2015).

The JWGHS may commission the development of expert programmes on prioritized topics. The expert programmes are managed by Steering Committees (SC) with representatives nominated by the countries and regions.

Currently the JWGHS oversees three expert programmes. These are:

- Barents HIV/AIDS Programme, adopted in 2015
- Barents Programme on Children and Youth at Risk (CYAR), adopted in 2012
- Barents Programme on Tuberculosis, adopted in 2012

2. THEMATIC PRIORITIES AND PERSPECTIVES

With reference to the public health and related social situation in the Barents region, the JWGHS has identified the following main priority areas for cooperation:

- Prevention of non-communicable diseases, including reduction of lifestyle-related risk factors, environmental factors and new emerging risks;
- Prevention and control of communicable diseases;
- Strengthening of health systems and social services with relevance for health.

The Programme 2016-2019 is regarded as a framework for the cooperation in health and related social issues and will guide the current and future international projects implemented within the Barents regional cooperation.

The following perspectives shall serve as guidance in implementing the Programme:

- ✓ Health equity and social cohesion in all actions, including gender equality,
- ✓ Active involvement of the patient and users,
- ✓ A patient and user oriented approach and active involvement of those when applicable,
- ✓ Interdisciplinary methods and participatory approaches,
- ✓ Promotion of innovative approaches and technologies,
- ✓ The 'Health and Well-being in All Policies' approach,
- ✓ Inclusion and involvement of vulnerable groups in all actions of relevance.

Vulnerable groups in the population, such as children and youth, elderly people, prisoners, key populations at higher risk for HIV and sexually transmitted diseases, and migrants are the main targets of the Programme. Furthermore, the needs of indigenous people as well as the challenges typical for sparsely populated areas should be part of the planning.

The Joint Working Group cooperates in its activities with international organizations, in particular with those mentioned in Chapter 5.

2.1. Prevention of non-communicable diseases, including reduction of lifestyle-related risk factors

Non-communicable diseases (NCDs: cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) currently account for over 80 % of all deaths and over 70 % of disease burden in the European region (WHO estimates). NCDs are mainly caused by modifiable behavioural risk factors: harmful use of alcohol, use of tobacco products, unhealthy nutrition, and physical inactivity. In addition, various environmental factors contribute to morbidity and mortality of these diseases. NCDs are largely preventable by addressing life-style related risk factors and environmental factors in individuals and in society at large, influencing public policies in sectors outside health that tackle risk factors, and enabling health systems to respond more effectively and equitably to the health-care needs of people with NCDs.

Member States of the World Health Organization (WHO) have adopted a global goal of reducing premature deaths caused by NCDs by 25% by 2025. The Global Monitoring Framework, consisting of 9 targets and 25 indicators, address the main risk factors as well as treatment for

NCDs. To effectively tackle NCDs, there is need for measures both at population and individual level.

In the promotion of healthy life-style and prevention of NCDs it is critical to focus on the level of population, i.e. health promotion and social marketing, identifying social determinants in the community, and finding ways to address such determinants.

Prevention and health promotion must be based on local and regional public health systems and national policies in each country.

JWGHS recognizes the importance of:

- Encouraging responsible attitude of the population towards their health;
- Reducing tobacco use and harmful use of alcohol;
- Promoting healthy diets and increased physical activity;
- Ensuring conditions for a healthy way of life;
- Surveillance of risk factors and aiming at changing behavioural risk factors for NCDs;
- Reducing the impact of negative environmental factors on human health.

2.2. Prevention and control of communicable diseases

Socioeconomic, environmental and behavioural factors, as well as population mobility, foster and increase the spread of communicable diseases and a resistance to antibiotics. Vaccine-preventable, foodborne, zoonotic, health care-related and communicable diseases pose significant threats to human health and threaten health security. Climate change has introduced new challenges such as flooding, drinking water safety and increase in tick-borne diseases which may affect health.

Based on past experiences, it is clear that further collaboration between relevant actors at different levels find added value by collaborating. Concurrently, a continued exchange of practical tools for rational and effective actions to control the situation should be encouraged. This, in turn, will reduce threats and save harm of individuals and costs of health and social care systems in all countries and concerned regions.

The JWGHS recognizes the importance of:

- Preventing and combating HIV/AIDS, and associated infections;
- Decreasing the prevalence of tuberculosis (TB), especially multi-drug resistant (MDR) and extensively drug-resistant tuberculosis (XDR);
- Taking preventive measures against the spread of sexually transmitted infections among vulnerable groups of population;
- Combating healthcare-acquired infections and restraining the formation of antibiotic resistance;

In order to reinforce efforts in the field of communicable diseases the Working Group will cooperate closely with the Northern Dimension Partnership in Health and Social Wellbeing (NDPHS), WHO, ECDC and the national public health agencies in the respective countries.

2.2.1. HIV and AIDS

Due to continuing high number of newly diagnosed HIV-infections, the burden of HIV-infection is still increasing in all the Barents countries and regions. The JWGHS adopted a new expert programme on HIV/AIDS in 2015 (The Barents HIV/AIDS Programme). The Steering Committee of the HIV/AIDS Programme will coordinate its activities with the NDPHS Expert Group on HIV/AIDS, Tuberculosis and Associated infections.

The goal of the Barents HIV/AIDS Programme is to secure HIV prevention and care, reduce the morbidity and mortality caused by HIV and to minimize the impact of HIV and AIDS on individuals and society as a whole within the Barents Region.

JWGHS recognizes the importance of:

- Reducing HIV vulnerability and risk among key population groups with a special focus on people who inject drugs (PWID), men who have sex with men, migrants and prisoners, by scaling up coverage of high-quality, key HIV prevention programmes and services;
- Reducing HIV vulnerability among the general population, including at workplaces, by raising awareness and promoting prevention behaviours with a special focus on the risk behaviours including unsafe sex practices, harmful use of alcohol and drugs;
- Generating and using evidence for effective coordination of prevention and care strategies for alcohol-use disorders and HIV;
- Strengthening the institutional capacity of coordinating bodies and mechanisms to implement a well-coordinated multisectoral response at national and local levels.

2.2.2. Tuberculosis

The epidemiological situation regarding tuberculosis (TB) in the Barents region is still not under control. In the Nordic countries, tuberculosis rates are low. The situation has also improved in the Russian part of the Barents region, where stabilization in TB incidence, prevalence and mortality has been achieved in the last years. Nevertheless TB prevalence is still high, and its threat is increasing due to the growth of multi-drug resistant/extensively drug-resistant (MDR/XDR) TB as well as HIV/TB co-infection.

These challenges are addressed by the expert programme commissioned by the JWGHS and adopted in 2012 (the Barents Tuberculosis Programme or the Barents TB Programme). The goal of the Barents Tuberculosis Programme is to take more active measures to prevent the spread of Tuberculosis and HIV/TB co-infection in the Barents region, through intensive international collaboration.

JWGHS recognizes the importance of:

- Establishing and strengthening the mechanisms of collaboration and joint management between HIV programmes and TB-control programmes for delivering integrated TB and HIV services;
- Giving guidance in developing national guidelines and infectious control programmes for the Russian part of the Barents region in order to improve the implementation of infection control;
- Introducing earlier and more accurate diagnostics of TB and MDR TB;
- Improving capacities of facilities and institutions;

- Developing closer interaction between the civilian and penitentiary healthcare services;
- Developing further the cooperation between the Russian Federation and Nordic countries in prevention and treatment of tuberculosis.

The Steering Committee of the Barents TB Programme keeps close contact with the NDPHS Expert Group on HIV/AIDS, Tuberculosis and Associated infections.

2.3. Strengthening of health systems and social services with relevance to health

Healthy human capital is the very foundation for productivity and prosperity. Equitable distribution of health care and equity in the health status of populations is the foundation for social cohesion.

Strengthened health systems, ideally based on primary health care, and social services with relevance to health, are the route to greater efficiency and fairness in health care, and greater security in health sector and beyond.

All children have a right to grow in a secure and non-violent environment to ensure their well-being and health. Preventing violence, and neglect in general, and providing early and effective assistance to children and youth at risk – and their families – is a priority in all countries.

2.3.1. Strengthening of the health sector, in accordance with national priorities, emphasizing further development of primary health care and social services:

Primary health care is considered as the most efficient, fair, and cost effective way to organize healthcare services. Focus and efforts need to be put on an inclusive primary prevention system and universal access to quality health care.

Building up modern primary health care service system to the population should include both urban and rural settings. The services need to take into account the needs of all population groups from expecting mothers and small children to elderly people, cover early detection and treatment of diseases, and motivate and enable parents, children and all members of the community to lead a healthy lifestyle.

The JWGHS recognizes the importance of:

- Capacity and competence building for primary health care as well as overall health system development;
- Workplace health promotion (the combined efforts of employers, employees and society to improve the health and well-being of people at work);
- Health care development, especially telemedicine technologies and eHealth for strengthening of health and social service systems in rural areas and others sparsely populated areas;
- Advancing Family Medicine with a focus on quality and outcomes and using a patient-centered team approach;
- Maternity and child care development.

2.3.2. Cooperation on Emergency Preparedness

With the continuous increase in contacts across borders and more integrated labour markets, cooperation and coordination between health institutions and authorities need to be further strengthened. Special attention should be given to emergency preparedness to turn the Barents region into the place safe for life, movement and work. The cooperation can focus on provision of pre-hospital care aiming at preserving and maintaining vital functions, and delivering patients/injured to hospital for quality specialised medical care aiming to avoid delays in treatment.

The activities will align with the “*Agreement between the Governments in the Barents Euro-Arctic Region on Cooperation within the field of Emergency Prevention, Preparedness and Response*” and the “*Barents Joint Manual - Cooperation within the field of Emergency Prevention, Preparedness and Response in the Barents Euro-Arctic Region*”.

The JWGHS recognizes the importance of:

- Improving intra-Barents cooperation, coordination and integration of efforts on emergency preparedness and response;
- Building capacity in the region to mitigate, prepare for and respond appropriately to emergencies;
- Increasing the level of knowledge and experience in areas relevant to health in emergencies;
- Sharing of best practices in emergency medical care and medical evacuation and exchange of prehospital resources across borders;
- Joint training of health care providers, including emergency medical personnel, and using joint exercises to enhance mutual learning and networking.

2.3.3. Children and Youth at Risk

With the aim of working towards improving the life conditions of the most vulnerable groups of children and families in the Barents region, the JWGHS has adopted an expert programme (2011) on children and youth at risk (The Barents Children and Youth at Risk Programme or the Barents CYAR Programme) .

The Barents CYAR Programme prioritizes strengthening of parental resources and family intervention programmes; restorative justice such as mediation for juveniles, rehabilitation and reintegration of children in conflict of law; early recognition and prevention of violence in close relations; preventing sexual exploitation of children and ending trafficking of children and young people; enhancing gender equality in various contexts; and developing social skills training for rehabilitation of institutionalized children and youth. Good collaboration between justice and social sectors is essential.

The JWGHS recognizes the importance of:

- Securing the fulfillment of the rights of the individual child through the UN Convention on the Rights of the Child and its operationalization in the services provided by the institutions with the responsibility for the well-being of the child;
- Developing and increasing efficiency of services towards target groups through emphasizing a multisectoral approach and use of knowledge-based interventions/methods;

- Implementation and effective coordination of cooperation efforts towards CYAR in the Barents region by utilizing the existing network created under CYAR I and CYAR II and increased information exchange in the realm of children and youth at risk in the Barents region;
- Cooperation between the justice sector and social sector about mediation and alternative sanctions for children in conflict with the law;
- Protection of children and young people from the effects of alcohol and drugs, including those who live in families with problem alcohol or drug dependence: the exchange of information and knowledge about the problem, including the legal framework, activities and experiences in its decision.

3. GENERAL GUIDELINES FOR COOPERATION

- ✓ The cooperation shall build on the experiences of previous cooperation as well as experiences from programmes/reports/instruments of other organizations, such as the EU, WHO and NDPHS.
- ✓ The Working Group shall 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 as well as geographical and thematic gaps.
- ✓ Competence building shall be a priority. Extensive mutual exchange of information, participation of experts in seminars and scientific conferences is foreseen.
- ✓ Cooperation should be promoted between international, national, regional and local authorities for the planning and implementation of projects.
- ✓ Efforts should be made to develop collaboration between sectors, in particular promoting co-operation between health and social authorities and organizations.
- ✓ A continuous improvement of the organizational and technical infrastructure at all levels in the region will be of great importance to secure success; priority should be given to the implementation of telemedicine and e-health services.

4. MEMBERSHIP, WORKING METHODS AND MANAGEMENT OF THE JWGHs

4.1. Membership

The Joint Working Group shall include as permanent members representatives from regional and national (federal) competent authorities in each participating country, and be open to representatives of indigenous peoples and representatives of the WHO, the Nordic Council of Ministers and the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), the European Commission, and other bodies upon invitation.

4.2. Working methods

The Joint Working Group will decide its own working methods. It might appoint consultative expert groups, steering committees of the programmes, use external evaluation experts, organize conferences and involve universities and other research institutions.

The Working Group shall meet at least once a year. If necessary, it will establish a smaller group

with one participant from each member country and region to manage urgent tasks between the meetings of the Working Group.

4.3. Expert programmes under the JWGHS

The JWGHS may commission the development of expert programmes on prioritized topics, and establish steering committees to follow up the expert programmes. The programmes identify common challenges and suggest working methods to address these challenges. The JWGHS adopts the expert programmes. The members of the steering committees are experts nominated by the Barents countries and regions.

4.4. Chair and administration of the JWGHS activities

In order to promote an active participation on equal terms between the different actors in the programme, a shared chairmanship is practiced. The chairmanship is circulating with intervals of two years with a Nordic country and a Russian region working together.

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

4.5. Financing of projects

There is a variety of ways to finance cooperation in the Barents Region. The Joint Working Group should keep in contact with and promote financing of cooperation from the authorities responsible for funding in each participating country, financial organizations, and international actors such as the EU, WHO and Nordic Council of Ministers in order to identify funding sources.

5. COOPERATION WITH OTHER INTERNATIONAL ORGANIZATIONS

5.1. Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)

The Joint Working Group stresses the importance of cooperation and coordination with the Northern Dimension Partnership in Public Health and Social Well-being. The Framework Programme for Cooperation on Health and Related Social Issues in the Barents Euro-Arctic Region plays an important role in contributing to the achievements of the goals of the Northern Dimension Partnership. The priorities of the Northern Dimension Partnership are similar to the Barents Programme: reduction of major communicable diseases and prevention of lifestyle related non-communicable diseases as well as enhancement and promotion of healthy and socially rewarding lifestyles.

5.2. World Health Organization (WHO)

All participating Member States are also members of the WHO, thus taking part in the technical and normative work that is the task of the WHO globally and the WHO Regional Office in Europe. In all areas of health work covered by the Barents Framework Programme, WHO

normative guidelines and recommendations are applied when relevant.

5.3. The Nordic Council of Ministers (NCM)

The Nordic Council of Ministers is a member of the Joint Working Group. The priorities and activities proposed in the Framework Programme for Cooperation on Health and Related Social Issues in the Barents Euro-Arctic Region correspond well with some of NCM related priorities.

5.4. The European Union (EU)

The importance of the EU in the region as reflected in the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document, its Neighbourhood Policy, its activities, programmes and financing mechanisms should be reflected in all work under the Barents Health and Social Co-operation. EU's normative guidelines and recommendations related to health and social services could be applied when relevant.

5.5. 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), and efforts must be coordinated, which foremost applies to activities related to children and youth and social issues.

5.6. The Arctic Council (AC)

All members of the Barents cooperation are also members of the Arctic Council (AC). Efforts must be coordinated, especially regarding the activities of the subgroup Arctic Human Health Expert Group (AHHEG).

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

Working groups and task forces have been established by both the Barents Euro-Arctic Council / Committee of Senior Officials and the Barents Regional Council / Barents Regional Committee to deepen cooperation on issues relevant to the Barents Region. The thematic priorities of the JWGHS Framework Programme for Co-operation coincide with the working areas of several other working groups, e.g. Joint Working Group on Youth and Joint Committee on Rescue Cooperation.