



Meeting minutes

26th meeting of the Joint Working Group for Health and Related Social Issues (JWGHS)

Date: 22 – 23 March 2018
Venue: The Barents Secretariat, Kirkenes, Norway.
Chairs: Ministry of Health of the Republic of Komi (Dmitry Berezin) and Ministry of Health and Care Services of Norway (Vibeke Gundersen)

Thursday 22nd March 2018

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

Opening of the meeting

The opening speech was held by *Mr. Tarjei Bech*, Deputy Major of Finnmark County Council, Chair of the Barents Regional Council (BRC) for the period 2017-2019.

In his speech, the Deputy Major underlined the uniqueness of the Barents region. In the Arctic, the Barents region is by far the most populated area, with sustainable industry, and richness in natural resources. The Barents collaboration allows for regional development through regional interaction across our borders.

Adoption of the minutes of the 25th JWGHS meeting in Arkhangelsk 2017

The meeting agenda and the minutes from the 25th meeting in Arkhangelsk 2017 were adopted.

To avoid any confusion, since there were some mayor revisions made between the first and the second draft minutes that had been sent out, the chair proposed to send out the final and adopted version of the meeting minutes to all the participants after the meeting.

Presentations by the International Barents Secretariat

Mr. Tomas Hallberg, Head of the International Barents Secretariat (IBS), held a presentation about the Barents Cooperation 25 years anniversary. The Barents Euro Arctic Region was established by the signing of the Kirkenes declaration in 1993. The newest member of the Barents region is the Finnish region of North Karelia.

The Barents region is the region in the Arctic where infrastructure is sufficiently developed when it comes to infrastructure, to receive the rising amount of tourists who wish to experience the high north. The number of tourists in winter is now approaching the number of tourists in summertime. One reason is the well-developed infrastructure in the region.

Following the planned development of the regional railway network and other transport routes the activities in the region is expected to increase even more.

Mr. Hallberg then informed briefly about some key activities of other working groups and joint working groups under the BRC and BEAC. The IBS was formally established in 2007 to support the work under the BEAC and BRC, and marked its 10 year anniversary in 2017.

On a practical note, the IBS can offer assistance to the working groups and maintains a web-site with relevant information about the organisation and on-going activities.

Presentation by the Norwegian Barents Secretariat

Mr. Lars Fordal, Head of the Norwegian Barents Secretariat, presented Russian – Norwegian relations in the Barents Region. Approximately 200 projects are funded annually by the grant programmes of the Norwegian Barents Secretariat.

In addition to the head office in Kirkenes, the Norwegian Barents Secretariat has local offices in Murmansk and Naryan Mar. One of their main tasks is to assist in finding Russian collaboration partners for joint projects.

On the health side, he mentioned the long-term collaboration in e-health between the University of Tromsø and Naryan Mar.

Information from the Northern Dimension Partnership in Health and Social Well-being

Ms. Ulla-Karin Nurm, Director of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-Being (NDPHS), gave an update on current activities, ministerial meeting and future plans. 15 years ago NDPHS was established in Oslo. The NDPHS is one of four partnerships established within the Northern Dimension (ND). The Northern Dimension is a policy framework for cooperation involving the EU, its Member States and partner countries Iceland, Norway and Russia. Since late 2015, there are seven Expert Groups operating within the framework of the NDPHS (AMR, Alcohol abuse, HIV/TB, NCD, Occupational safety and health, Primary healthcare and prison health).

The NDPHS ministerial meeting in Tallinn in February 2018 underlined the importance of regional cooperation. Latvia was elected new chair, with Poland as co-chair. An evaluation is planned, and also a common umbrella project for all the expert groups.

The Barents Euro Arctic Council (BEAC) is one of the partner organisations of the NDPHS, and collaboration with the JWGHS is very welcome and should be promoted.

- The meeting thanked the director of the NDPHS secretariat for the presentation, and welcomed strengthening the cooperation between NDPHS and JWGHS in the future.

Plan for preparation of the 6th framework programme for health and related social issues in the Barents Euro Arctic Region 2020-2023

The chair introduced the plan for preparation of the 6th framework programme for health and related social issues in the Barents Euro-Arctic Region 2020-2023. The development of the current framework programme (2015-2019) was coordinated by Sweden during their chairmanship with the assistance of a consultant from Finland and a working group with representatives from national and regional level.

The chair proposed that a similar working group will be formed. There will be representatives from Norway and Russia (Republic of Komi). Sweden suggested a coordination function for the group held by one of the chairing countries. Norway offered to take this role. The republic of Komi will coordinate the Russian side.

The suggestion to form a drafting group and to start working with the programme was well received by the representatives.

- The meeting decided to form a drafting group to start working on the programme. The group will be chaired by Norway. The Republic of Komi will coordinate the Russian side. Norway, Sweden, Finland and Komi nominated representatives to the group.

Barents Programme for Children and Youth at Risk

The chair informed that the chair of the Barents CYAR Programme Steering Committee, had informed about the withdrawal from his position in a recent letter to the Ministry of Children and Equality of Norway. According to the Ministry of Children and Equality, no replacement has been found, and there are presently no activities in the CYAR steering committee.

The chair invited the meeting to discuss how to take this issue further, taking into consideration the present situation.

It was clear from the discussion that the partners have a strong interest in continuing the work with children and youth in the Barents region in some form, and were of the opinion that this field should be included also in the next framework programme. Most of the representatives expressed that this was a priority of their country/region under the Barents collaboration. It was suggested by Västerbotten to reduce the scope of the next programme to tailor it to the most important common issues. This was also well received.

Sweden proposed to carry out a needs assessment in order to look at the current situation. What work is being done when it comes to children and youth in the Barents region, and what are the main interests of the countries and regions in the field. Children and youth are a priority of the current Swedish chairmanship of BEAC, and it is therefore possible to get funding for such a needs assesment.

- The partners decided that a needs assesment should be carried out, and welcomed the Swedish offer to finance it.
- The meeting asked Sweden to send their preliminary ideas on how the needs assessment can be done to the meeting by e-mail after Easter, in order that the JWGHS will have some preliminary findings to discuss at its next meeting in Komi

Barents HIV Programme

Finland, on behalf of the Coordinator of the Barents HIV Programme, gave an update on the Barents HIV/AIDS programme. There will be a conference at the Pasteur Institute 23. May 2018. In Moscow the VI Eastern Europe and Central Asia Aids Conference will be arranged 18.-20. April 2018. Several actors need coordinating so we should consider our role looking forward to merge the HIV/AIDS and TB programmes. This would be an interesting discussion.

Finland also underlined that the different organisations that work with health and social issues in the Arctic have different membership and structures. The regional focus of the JWGHS is important, and appreciated by Finland.

The chair thanked Finland for mentioning the regional dimension and agreed that collaboration between the central and regional levels is an important aspect that we all appreciate with the Barents health collaboration.

Barents TB Programme, and general discussion on the merger of the Barents TB Programme- and the Barents HIV Programme Steering Committees.

The coordinator of Barents TB Programme gave an update on the current activities. He presented the implementation of the Project "Stop Tb in our Lifetime" under the Barents TB Programme, and showed the role co-infection HIV/TB plays.

The coordinator recalled the discussion in Arkhangelsk regarding the leadership of the TB Programme SC. Arkhangelsk confirmed its interest in leading the SC.

Regarding the merger of the TB and HIV Programme SCs, the coordinator pointed to the fact that TB and HIV coinfection is on rise in RF, it is somehow logical to think about the merging of two programmes under the JWGHS. He proposed as a first step to try to organize a joint meeting of the two SCs in order to discuss further this issue..

Finland supported the idea of organizing a joint meeting of two SCs in order to discuss how to merge the two groups.

Sweden supported the idea of merging the programmes, and mentioned a number of reasons. The representative underlined that the chair should be from one of the regions.

Norway recalled that it had also for some time been in favor of merger, and had already held an internal meeting with its representatives from the two steering committees and that they were in favor of merging the two programmes. A joint meeting as the first step was very welcome.

The Republic of Komi offered to hold the meeting of two SCs in Komi and proposed to have it in September, prior to the JWGHS meeting. That will allow the coordinators of these two programmes to present their decision at the JWGHS meeting.

- Arkhangelsk was unanimously approved as the new chair of the Barents TB Programme Steering Committee.
- The meeting agreed that the contact between the national and regional level of the Barents collaboration is unique and distinguishing it from other regional cooperations in the Arctic.
- The meeting decided that the Steering Committee of the Barents HIV Programme and the Steering Committee of the Barents TB Programme should be asked to hold a joint meeting well in advance of the next JWGHS meeting in order to provide a suggestion on how to merge the two groups.

- The meeting thanked the co-chair for offering to host the joint meeting in Komi in September – this will allow the two groups time to discuss and develop a written proposal for consideration at the next JWGHS-meeting (November).

A new Barents Programme – Rural health for Barents

The chair introduced the issue of a new Barents programme – Rural health for Barents. A draft outline with ideas of such a programme had been discussed by the co-chairs and with Sweden and Finland before the meeting.

The Coordinator of the Barents TB Programme was asked to introduce the paper, which was well received by the meeting.

Sweden noted that they are positive to development of a new programme, and will discuss this further. The health authorities in Wilhelmina, Sweden, are involved in a project financed by the Nordic Council of Minister along similar lines. Possible synergies with their work should be sought.

The Republic of Komi expressed that this topic is of current interest to them.

The Region of Norrbotten stated the importance to be aware of other similar initiatives, for example from the Arctic Council, and have synergies instead of parallel work. The representative also informed about the health network between the northern regions of Sweden, Norway and Finland, focusing e.g. on mutual assistance and patient transport across borders.

The Region of Lappland added that developing the programme will fit well in to the work with the new framework programme.

The Regional Health Authority of Northern Norway underlined that the role of telemedicine/eHealth as a part of long-term national projects and the opportunity we can have to learn from each other's experiences. The topic is of high interest and Norway is willing to start this work before the next meeting.

As a response to the comments, the TB SC Coordinator thanked Norrbotten for pointing out the importance of not duplicating other work, and find facts before we decide what to do should be taken into account. This approach had been used for the development of the Barents TB and HIV Programmes, and the same type of wide consultation with the stakeholders must take place, when developing a new Programme.

He also underlined that projects presented at the meeting were not implemented in the Barents Region of RF, therefore the new programme should be giving an opportunity to bring RF to this picture. He also underlined that while projects are in order to deliver specific outputs, the programmes include several projects and is for better coordination of the different projects in order to get a better result.

Norway suggested that a somewhat similar approach be taken with the Rural health for Barents programme as with the issue of children and youth at risk, that one should start by mapping current initiatives and then developing the programme itself. Norway was willing to start coordinating the work along these lines.

- The meeting concluded that the new Barents programme – Rural health for Barents should start with looking at ongoing initiatives and activities in this field. The development of the

programme should also be seen in connection with the development of the framework programme.

- The meeting welcomed the initiative to start the new programme along the lines of the discussion paper, and asked Norway to coordinate the work with establishing the programme and prepare the ground for a new steering committee at next JWGHS meeting in Komi.

Presentations by the Russian regions

Murmansk region gave a presentation of the primary health care of the Kola peninsula and the modernising over the latest years. He also gave an overview of the rise of use of telemedicine in the region. To develop better coverage of doctors a project called "Doctor of the Arctic" is launched to increase salaries.

The Republic of Komi presented the use of telemedicine and ehealth in the republic. The communication is organised between the different levels of health care to make more specialised knowledge more available also in rural areas. He also mentioned a number of challenges, such as slow internet, different platforms and insufficient knowledge and motivation to use the technology.

Development of telemedicine technologies is interesting for the Republic of Komi. A number of measures have been included into the priority project "Increasing the effectiveness of early diagnosis of malignant neoplasms and accessibility of specialized cancer care in Komi Republic in 2016 - 2018", in order to develop telemedicine consultations and efficient use of digital diagnostic medical equipment.

Arkhangelsk region expressed support for the statements of the other Russian regions, and said that there are many similarities between them, but also differences geographically and on the urban – rural dimension. E-health projects started in Arkhangelsk already in 1993, so by now the region is quite experienced and can share their competence with others. There are also several other relevant collaboration projects going on in Arkhangelsk, e.g. the collaboration with the Northern Norway University Hospital on psychiatric health care services.

Presentations by Swedish representatives

The Ministry of Health and Social Affairs of Sweden gave a brief update on the latest developments. There will be a parliamentary election in early September. Health is one of the key election issues. There is a political agreement on pension benefit age limits. The minimum age will gradually go up from 61 years now to 64 in 2026. There is also a general agreement that pension age should be raised from 67-69 years. The UN convention of children rights will come into force as Swedish law.

Norbotten county council presented the map of Norbotten, which constitutes 1/4 of the Swedish territory. The region itself is the largest employer. 90% of the annual budget is allocated for health and medical care.

Current priorities are development of e-health solutions, increase of competence, rural medicine, transborder collaboration and public health. E-health shall be used as an integrated tool for moving care closer to the patient. From the hospital to local healthcare centres, and from the hospital/health care centres to the patients in their home. This will reduce travel and patient transportation and can increase patient participation. Also goals are to ensure high patient safety and to increase competence.

Västerbotten County Council informed that Västerbotten is the second largest region of Sweden, and it consists of 15 municipalities. Currently there are administrative reforms ongoing which will come into action in 2019, when Västerbotten county council will be merged with Västerbotten region into a new region also called Västerbotten. The 15 municipalities have their autonomy with own politicians that prioritize and make decisions. For social services elderly persons with multiple needs, children in need of support and the mental health – from prevention to treatment are especially in focus.

Presentations by the *Finnish representatives*

The National Institute of Health and Welfare (on behalf of the *Ministry of Social Affairs and Health*) presented the ODA project on Digitalization in Healthcare Primary care services. The purposes of the new eSocial and eHealth strategy are to empower citizens, have national personal health records, new types of eServices provided by social and healthcare providers and by companies, have a better system for professionals and better co-operation between service providers. Municipalities' joint Self-care and Digital Value Service (ODA) project has had a piloting phase and the large scale usage will start in 2018. It is a new platform for information between social services and primary health care and communication to the customer.

Regional State Administrative Agency for Eastern Finland presented challenges and changes. The challenges are mainly the ageing population, long distances and an overall lack of feeling safe and change in social and health care to achieve more security in remote areas. Siun Sote is the joint municipal authority in North Karelia Region to change the structure of care, have multiprofessional teams in hospitals, joint emergency care (primary and specialized care in the same unit), digital communication with patients, Ambulances are located covering whole remote area (periphery). This has resulted in better patient-oriented logistic, better logistic for material in hospital. They also use "LEAN" – methods and Kanban logistic-method.

Regional State Administrative Agency for Northern Finland talked about the G5 network opportunities in sparsely populated areas. OuluHealth, is a research, development and innovation center, in Oulu. The center develops new solutions for e-health and wellness technology. A delegation is coming to Kirkenes to present their innovations in the near future. This hospital's local G5 network is a protected information and communication channel which is separate from the backbone network. The network can be used in the future, for example, in the operating room, in monitoring remote patients, in real-time image and data transmission in case of accidents and ambulance transport as well as in intensive care. In the future, more and more health services are available online, robots will help us and artificial intelligence will support the diagnosis. By means of modern genomics and personalized medicine, it is also possible to determine more precisely what kind of drug a certain person will need.

Regional State Administrative Agency for Lapland informed that there are only 190 000 inhabitants in Lapland. The area is large and sparsely populated. One useful invention is the Virtu-service points that can be found throughout the region. The service points are helpful in reaching the population with health services.

Presentations by representatives from Norway

Ministry of Health and Care Services presented the new coalition government and the new minister for the Elderly and Public Health, in addition to the minister of health and care services. The municipal health and care services, are based on the coordination reform for a new organisation and

distribution of tasks between the municipalities and the specialized care and states that the municipalities must assume a greater responsibility for treatment and follow-up of patients. The local government reforms will result in larger municipalities and will generate new opportunities for the health and care services. The yearly public health profiles for each municipality was mentioned. The profiles are made to give sufficient overview over health conditions and influencing factors in order to, among other things, contribute to societal development that promotes public health and reduces social inequalities in health.

Northern Norway Regional Health Authority gave a presentation on the strategies to achieve equal access to health services in northern Norway. The health services are decentralised. There is a network of hospitals which constitutes a total system. They are connected with the same patient report system and other clinical systems, on-line medical support. The education of doctors, nurses and other health care professionals are decentralised and there are regional education programs for specialists with major recruitment challenges in geriatrics, psychiatry, gynecology. There are collaboration agreements between hospitals and municipalities required by law.

Next meeting

The republic of Komi informed that the next meeting will be held in Komi autumn 2018. Tentative time is late November.

Friday 23rd March

Two study visits were arranged. First a tour of the new Kirkenes Hospital and second, an introduction and tour of the Salvation Army Social Services' centre and second-hand store in Kirkenes. The Russian–Norwegian collaboration project Novoe Nachalo (New beginning) was presented.