



2010-09-22

Minutes of the 11th meeting of the Joint Working Group on Health and Related Social Issues (JWGHS) in Syktyvkar, 22 September 2010

1. Opening of the meeting

The Co-Chairs of the JWGHS Mr. Olli Kuukasjärvi, ministerial advisor of the Finnish Ministry of Social Affairs and Health, and Mr. Mikhail Murashko, Minister of Health and Social Development of Komi Republic, declared the meeting open. Introduction of the participants of the JWGHS meeting followed (List of participants is attached).

2. Adoption of the agenda

The drafted agenda was distributed to all members of the JWGHS beforehand, no proposals or comments arrived. The agenda was adopted.

3. Adoption of the report from the JWGHS meeting in Archangelsk on 12.11.2009

The report was beforehand distributed to all members of the JWGHS, no comments arose. The report of the previous meeting was adopted.

4. Information about the latest developments of the Barents co-operation. Work programme for 2010-2011

Information was reported by Mr. Olli Kuukasjärvi, the Chairperson of the meeting. He told the audience that an idea had been discussed in the recent years in Finland about including more local representatives into the JWGHS because they know better the problems of their regions, but remarked that the process does not go easily. In Finland, northern regions have less opportunities for participation in international cooperation. Mr. Kuukasjärvi mentioned that the next co-chairs of the JWGHS will be Norway and one of the Russian Barents Regions. He reinforced that the key goal is to contribute to better public health and better coordination of international cooperation. Currently, the cooperation is laid down on the Cooperation Programme, which is valid till the end of 2011. Mr. Kuukasjärvi said that one of the major tasks of the meeting is to discuss the development process of the new Cooperation Programme for years 2012-2015. He proposed that the current meeting will be followed by correspondence by email about the new Cooperation Programme, and in spring 2011 concrete proposals for the new Programme will be gathered. The drafted Cooperation Programme 2012-2015 will be offered for comments in autumn 2011. Mr. Kuukasjärvi remarked that the next Cooperation Programme will be based on the same subprogrammes: HIV, Children and Youth at Risk, plus a new Barents Tuberculosis Programme. The priorities will be communicable disease control, prevention of social problems, development of primary healthcare. Mr. Kuukasjärvi mentioned that the latest meeting of the Children and Youth at Risk Programme's Steering Committee took place in April 2010. Besides, the Steering Committee of the Barents HIV Programme gathered in March 2010 in Finland, and its second meeting is planned for November 2010 in Murmansk.

5. TB situation in Komi Republic

Dr. Igor Trekin, chief doctor of the Komi Republican TB Clinic reported about the TB situation. The TB figures have improved in the last years, and some of the causes for this improve were re-

forming of the TB care service and international projects. The TB services had been replenished with costly medical equipment, new diagnosis methods had been introduced, more surgery is practiced. Infection control measures had been intensified, personnel trained. A comprehensive plan of cooperation between Komi civilian institutions and prison authorities had been drafted to implement TB measures. Yet, the share of TB/HIV dual infection cases was on increase. Dr. Trekin pointed at one of the problematic areas - development and optimization of the bacteriological service.

6. Results of planning of the Barents Tuberculosis Programme

The report was made by Professor Andrei Maryandyshev from the Northern State Medical University (Archangelsk). Prof. Maryandyshev stressed that TB mortality and morbidity in the Archangelsk Region are lower than in many other Russian regions. And the activity of the Barents Secretariat contributed a lot into the disease drop. The goal for the Barents Region is to achieve complete control over TB mortality and morbidity in the region by 2013. In Russia, in 2009, reduction in TB mortality and morbidity was recorded for the first time in the last many years, but differences in TB figures among regions are big. Prof. Maryandyshev mentioned that a traditional problem is bad TB situation in the prison system, where MDR TB is widely spread. Afterwards, he presented the results of the logframe workshop on development of a new **Barents TB Programme**, which was conducted in June 2010 in Repino (Leningrad Region). The main contents of the Programme were defined to be:

Overall Objectives

- The economic burden on the society is decreased
- Improved demographic situation
- Reduced amount of preventable deaths
- The burden of TB/HIV reduced
- Tolerant relationship to people with TB and HIV+TB
- Spread of MDR /XDR TB stopped

PURPOSE

**Strengthening the fight against TB and TB+HIV
in the Barents Region through Barents Cooperation**

Results (of the Working Areas/Components)

1. Increased exchange of experiences and collaboration between the countries of Barents Region
2. Strengthened prevention of TB and TB/HIV / co-infection cases
3. Effective Infection control measures up to the minimum acceptable level
4. Early / timely and accurate diagnosis of TB and MDR-TB
5. Effectiveness of TB and TB/HIV treatment
6. Improved capacity of service providers
7. Active involvement of the society and governments in stopping TB
8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

The JWGHS meeting agreed on the following:

1. The new TB Programme will be working under the Barents JWGHS. The Programme will have tight connections to the NDPHS activities through the expert groups, namely a newly established Expert Group on Primary Health and Prison Health Systems and Expert Group on HIV/AIDS and Associated Infections.
2. It will be a framework programme which would have several projects under its umbrella. One project could cover one or several objectives of the programme. Projects could be Norwegian-Russian, Finnish-Russian, Swedish-Russian, purely Russian and also multilateral, if financing allows.
3. The participants decided to create a steering committee for the new Barents TB Programme. It would have a Russian chairman with two Co-Chairs/coordinators. The chairperson is proposed to be Dr. Alevtina Grishko from the Federal Research Institute for Tuberculosis and Lung diseases, St. Petersburg. Prof. Andrey Maryandyshev from Northern State Medical University, Archangelsk, is proposed to be the Coordinator of the Russian side and executive secretary of the steering committee. Dr. Zaza Tsereteli, International Technical Advisor of the Expert Group on Primary Health and Prison Health Systems, is proposed to be the other Coordinator. Andrei Maryandyshev in coordination with the Tuberculosis Institute will propose the first meeting date for the Steering Committee. The first meeting will finally decide on coordinators and chairperson. Each region should send their representatives (one for each) for the problem areas: TB – civilian sector and prison sector, as well as HIV (but not from each region).

The JWGHS decided to forward concrete proposals of the regions about TB to prof. Maryandyshev for summing them up in the Programme.

7. HIV and AIDS

7.1. HIV situation in Komi Republic

Dr. Vitali Chzhao, chief doctor of the Komi Republican AIDS Centre reported about TB among HIV patients in the Komi Republic.

The speaker described the HIV situation in Komi Republic and pointed out the growth of HIV incidence in Komi, reported statistics for HIV/TB co-infection and frequency of smear-positive cases among dual infection patients in Komi Republic. Dr. Chzhao said it was necessary to make up an algorithm for confirmation diagnosis at death of HIV/TB patients.

7.2. Report from the Barents HIV/AIDS Programme steering committee.

The report was made by the Programme's coordinator Ms Outi Karvonen. She told about new projects, e.g. HIV prevention among fertile-aged women in Karelia (together with Finland). Ms Karvonen reported that the situation with project activity as of September 2010 looked as follows: 12 projects are running, of which 5 between Finland and Russia, and 7 between Norway and Russia. Besides, 3 project proposals are under consideration, 19 more projects had been completed. Ms Karvonen advised that the next meeting of the NDPHS Expert Group on HIV/AIDS and Associated Infections will be in October 2010 in Kaliningrad, and the next meeting of the Barents HIV/AIDS Programme's Steering Committee will be in November 2010 in Murmansk. Two concluding seminars will be organised in the near future: Concluding seminar of the Murmansk Low Threshold Support Centre project in 9 November in Murmansk, and Concluding seminar of the Norwegian-Russian research project on HIV prevention - on 2 December 2010 in Archangelsk. She underlined that one of the biggest tasks is situation assessment in HIV prevention, which will be done in spring 2011. On basis of that, suggestions about including HIV into the new

Cooperation Programme for 2012-2015 will be prepared. Ms Karvonen mentioned also that it is planned to make a book about the history of HIV cooperation in the Barents Region.

8. Report from the framework programme “Children and Youth at Risk”, CYAR.

Pål Christian Bergström, Chair of the Barents Programme on Children and Youth at Risk first thanked the local organizers of the Steering Committee's meeting in April 2010. Mr. Bergström informed that since 2009 the Programme includes four key activity areas:

1. Situation review in the Barents Region - through annual regional reports and Barents meetings
2. Annual conference of experts on issues related to children and youth at risk
3. Dissemination of knowledge about methods of working with children and youth at risk.

Dissemination of 4 selected programme methods targeted at children and youth at risk:

- Incredible Years
- Family Group Conferences
- Aggression Replacement Trainings (ARTs) and Family ART
- Restorative justice - mediation boards

4. Informational activity and design of a web-site for the CYAR and International Barents Secretariat.

All these programmes had been approved by the CYAR Steering Committee. The sum at about 1 million Euros had been allocated through the NDPHS for years 2008-2012. Mr. Bergström informed about a big number of adjacent projects in Norway, Sweden and Russia, and therefore a coordinating structure (a steering committee is needed). Besides, Mr. Bergström told about the CYAR Programme forthcoming events.

Adopted activity plan 2010:

- 2 SC meetings, April and November. 1st meeting Syktyvkar
- Operationalization of the CYAR project; contracts

Information relevant organizations – applications 1. February – detailed plan next SC meeting in April

- Activities according to CYAR project, part I-IV
- Meeting with CBSS WGCC , NDPHS EG Prison Health
- Report to the JWGHS
- The SC shall continue to explore possibilities for funding of new initiatives according to the CYAR programme

Activity report 2010

- SC meeting in Syktyvkar, April. 2nd meeting November 18th
- CYAR Project running. Detailed dissemination plan
- Apprx 30 CYAR seminars/work-shops/meetings 2010
- Meeting with NDPHS EG Prison Health – a decision about regular participation at the EG Prison Health's meetings for sharing knowledge and information on related issues was taken.
- No WGCC meeting yet
- Reporting to JWGHS
- Continue elaborate additional funding ◊ NDPHS, Norwegian Ministry of Justice, EU Ko-larctic ENPI Programme

Ms Nadezhda Kuznetsova, chief of international projects management at the Archangelsk Regional Health Information Centre thanked Mr Pål Bergström for the conducted trainings in Archangelsk and highly assessed the results of the trainings.

9. Information from regional and national representatives on current and future co-operation concerning health and social issues.

Ms Nadezhda Kuznetsova, chief of the international projects management department at the Archangelsk Regional Healthcare Ministry's Health Information Centre, informed the audience that the Archangelsk Region together with Norway co-operate in early and late rehabilitation programmes for persons who had acute disorders of brain blood circulation. Besides, long-term project "Development of quality diagnostics in the Northwest Russia" continues running: diagnosis of malign neoplasms had been introduced, habilitation of children with muscular-nervous diseases improved. Ms Kuznetsova told about project "Leadership and management in nursing care": a certified nurse training programme had been developed, and chief and senior nurses had been trained. Another project is "Pomor programme of primary healthcare development", which is targeted at improving the primary healthcare, development of standards for family doctors and family doctor training. Project "Birth register" is just starting in Archangelsk (a similar project exists in Murmansk but is different from Archangelsk one). She also told about other on-going projects: "Research on co-morbidity in psychotic disorders", "Better diagnosis of patients with first psychotic episodes in the primary healthcare, their treatment and social care", "Reforming of the healthcare system in Archangelsk Region with shift towards primary healthcare" - a multi-faceted project being run together with Norway starting from 2005, "Prevention of suicides in Archangelsk Region" - family doctors, nurses and feldshers learn methods of identifying depression symptoms, "Higher role of the nurse in STI prevention and health promotion", "Decrease of TB prevalence in Archangelsk Region", "Patients with inborn heart deficiencies", "Face the problem": peer-to-peer training for adolescents on STI prevention, "Social partnership against drug abuse and HIV/AIDS in the Northwest Russia" - proposals of experts who had learnt European experiences had then been given to the Anti-Drug Commission for developing a regional anti-drug programme.

Ms Galina Arteeva, a representative of the BEAR Working Group on Indigenous People, said that there are no international projects in the Nenets Autonomous District, reported about HIV- and TB-related activities in the Nenets District. She asked Mr. Bergström to organize a training (seminar) for professionals of Nenets District in Narjan Mar City. In response, Mr. Bergström said that the request would be taken into consideration and added that the CYAR Programme had one project in Lovozero and hoped that something similar might be established for the indigenous people in Narjan Mar. He asked to contact him later on this question.

Ms Svetlana Presnova, chief doctor of the Murmansk Regional TB Dispensary, said that a project supporting low-threshold services for groups at risk in Murmansk was going on. Social risk factors of drug users were being assessed. Russian-Finnish project "Prevention of chronic obstructive disease of the lungs" was going on: the project is currently studying tobacco smoking spread in the society. International cooperation is also going in HIV/TB dual infection in 2010-2012, and in development of primary healthcare. Ms. Presnova remarked that it was important to train trainers for programmes. The Murmansk Region has recently signed agreements on collaboration with Northern Norway and County of Finnmark.

Ms Evgenia Kotova, vice Minister of Health of the Komi Republic thanked for assistance in the implementation of the HIV/AIDS programme in the Komi Republic and hoped that new projects will come to Komi, including projects on TB.

Mr. Göran Carlsson, senior advisor of the Swedish Ministry of Health and Social Welfare, informed that cooperation had been in progress for several years with the Russian Ministry of Foreign Affairs on reforming the healthcare system, and in March 2010 an agreement had been signed between the Russian Ministry of Health and Social Development and Swedish Ministry of Health and Social Affairs on establishment of a joint working group; a joint plan of actions had been prepared. Mr. Carlsson informed about the priorities of the cooperation, which include developing of health systems, infection control, antimicrobial resistance, tuberculosis control. He underlined that this Agreement could be a good reference for the Komi Republic and a starting point for international development projects in Komi. Russia is now the Chair of the NDPHS and, therefore, there are certain opportunities for development. Mr. Carlsson reminded about the existence of the EU's Baltic Sea Region Strategy. Organisational cooperation also has an important role. He stressed that doubling of functions and tasks should be avoided. The new TB Programme is in a way an indicator of countries' cooperation. Representatives of the regions will submit their candidatures to the Working Group for joint tackling of problems. He pointed out that Sweden is concerned about the TB problem and expressed readiness in providing cooperation in dealing with the problem.

Mr Arnt Uchermann, special advisor for the Northern Norway Regional Healthcare Authority, informed that in 2009 a cooperation agreement was concluded between the Russian Ministry of Health and Social Development and Norwegian Ministry of Health and Care. He expressed a wish that at least once in 10 years the results in all areas of cooperation were discussed. It is important, according to Mr. Uchermann, that countries meet and contact, and discuss what they want to include in their cooperation programmes.

10. Information on recent developments of the Northern Dimension Partnership in Public Health and Social Well-Being (NDPHS).

A presentation was made by project manager Ms. Minna Sinkkonen from the Finnish National Institute for Health and Welfare. She described the new structure of the NDPHS:

Since mid-2010, there are four “core” Expert Groups operating within the framework of the NDPHS:

- Expert Group on HIV/AIDS and Associated Infections
- Expert Group on Primary Health and Prison Health Systems
- Expert Group on Alcohol and Substance Abuse
- Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments

and four Task Groups operating within the NDPHS framework:

- Task Group on Alcohol and Drug Prevention among Youth
- Task Group on Antimicrobial Resistance
- Task Group on Indigenous Mental Health, Addictions and Parenting
- Task Group on Occupational Safety and Health

11. Discussion on preparation of the new Co-operation Programme on Health and related Social Issues in the Barents Euro-Arctic Region for the years 2012-2015

Mr. Olli Kuukasjärvi reminded that the Cooperation Programme in Health and Related Social Issues in the BEAR comes to the end in late 2011, and it is necessary to start making the cooperation programme for the next programme period already at the meeting, although there is still a year ahead. The Barents HIV/AIDS Programme should be extended, as well as the CYAR Programme will continue. The new Barents Tuberculosis Programme will be included. Mr. Kuukasjärvi added that the Cooperation Programme is not a strategy, and project proposals to be included into the Programme should be very much concrete. When coming up with a project proposal, then question of resources (both financial and human) should also be clarified, at least at the level of proposals. The Finnish side will ask for project proposals in late 2010 or early 2011, and in spring 2011 the submitted proposals will be discussed.

Mr. Arnt Uchermann, special advisor for the Northern Norway Regional Healthcare Authority, commented that this will be a very difficult process. He supposed that a big document might be compiled, from which much should be deleted later.

Mr. Olli Kuukasjärvi reiterated that this should not be a strategic paper but concrete proposals with estimated resources. He said that the financial question is very hard nowadays but goals cannot be achieved without resources. And therefore financial matters should be considered right from the start of the new Programme's preparation.

Ms. Outi Karvonen, coordinator of the Barents HIV Programme, hoped for assistance in this question from the Norwegian side, which plans to continue ample project funding at the same time when Finland is gradually decreasing financing.

Ms. Faina Usova, an intern from the International Barents Secretariat, reported that Ms. Irina Nazarova from the International Barents Secretariat, is making trips across all regions to collect information about funding institutions, and will offer consulting in project funding. Her address is in@beac.st.

Mr. Alexei Severinov, chief doctor of the Komi Republican Skin and Venereal Disease Dispensary, asked the members of the JWGHS about the opportunity to get familiar with the projects on STI prevention and possibilities for the Komi Republic to come involved in such projects.

Ms Evgenia Kotova recommended Mr. Severinov to study experiences of the Archangelsk Region in successfully doing STI prevention projects.

Mr. Olli Kuukasjärvi assured that these expectations will be considered, if resources are found.

Dr. Vitali Chzhao, chief doctor of the Komi Republican AIDS Centre, expressed his opinion that due to a common transmission route for STIs and HIV it would be reasonable to establish health offices for HIV/STI prevention and train medical workers.

Ms. Outi Karvonen informed that there will be a possibility to discuss this question on 10 October 2010 in Murmansk and hoped that Dr. Chzhao will be able to attend the meeting of the Steering Committee.

Mr. Olli Kuukasjärvi summed up that for writing the new Cooperation Programme on Health and Related Social Issues in the BEAR in 2012-2015 the Finnish side will ask the partners to submit their proposals for the Programme in early 2011. To this end, the partners should once again study the existing Programme for 2008-2011.

12. Any other business

No other issues were discussed.

13 . Next meeting

The time and place for the next meeting - in spring 2011 (around April), probably in Finland.

14. Closing of the meeting

The Co-Chairs thanked the audience for the participation in the 11th meeting of the JWGHS and declared the meeting closed. Co-Chair of the JWGHS from Finland Mt. Kuukasjärvi thanked the colleagues from Komi Republic for the warm reception and good organization of the meeting.