



4.3.2011

## **Minutes of the 12<sup>th</sup> meeting of the Joint Working Group on Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council in St-Petersburg 3.3.2011**

### ***1. Opening of the meeting***

The Co-Chair of the JWGHS Mr. Olli Kuukasjärvi, ministerial advisor of the Finnish Ministry of Social Affairs and Health declared the meeting open. Ms. Eeva-Liisa Haapaniemi, consul on social affairs and health of the General Consulate of Finland to St-Petersburg and host of the meeting welcomed the participants.

### ***2. Presentation of the participants***

The participants of the meeting introduced themselves.

### ***3. Adoption of the agenda***

The agenda of the meeting was adopted with minor remarks due to late arrival of one of the speakers.

### ***4. Adoption of the report from the 11<sup>th</sup> meeting of the JWGHS in Syktyvkar in September 2010***

The report had been distributed to the participants beforehand. The report was adopted.

### ***5. Information about the latest developments of the Barents cooperation***

Mr. Olli Kuukasjärvi reminded about the history of the chairmanship in the BEAC JWGHS where the current co-chairs are Finland and Republic of Komi (Russia). Based on the rotation rule, Norway and Republic of Karelia will come in as co-chairs in 2012-2013. The representatives of Norway and Karelia Republic will hold practical negotiations about their respective roles in the chairmanship.

The platform for the work of the BEAC JWGHS is the Cooperation Programme. The current Cooperation Programme is valid for years 2008-2011. The Cooperation Programme consists of three sub-programmes: Children and Youth at Risk (CYAR), Barents HIV Programme, and new Barents TB Programme. The Barents TB Programme originated from the Swedish-Archangelsk chairmanship, was planned in 2010, and effected in 2011. Afterwards, Mr. Olli Kuukasjärvi told about the held activities of the JWGHS in 2010 and plans for 2011. The JWGHS had one meeting in 2010, and in

early February the activity of the JWGHS was reported at the meeting of the Committee of Senior Officials in Jokkmokk (Northern Sweden).

#### **6. Report on situation of the Barents Tuberculosis Programme**

In the beginning of his presentation prof. Andrey Maryandyshev referred to the problematic terminology peculiar of the prepared Barents TB Programme. In the first place, the Barents TB Programme is different from any standard Russian programme, where activities are detailed with responsible actors and funding, for instance Russian regions have "socially related disease programmes" where TB is included. Therefore, the Barents TB Programme is a framework programme, or "a declaration of our intentions". The second question referred to statement "full control of TB situation" taken from the 2003 Kirkenes Declaration. Prof. Maryandyshev presumed that this means "a TB situation similar to the TB situation in the Nordic Countries". The third question referred to the Russian translation of the 2003 Kirkenes Declaration of Prime-Ministers, which he had failed to find. Mr. Alexander Ignatiev, Head of the International Barents Secretariat (IBS), remarked that the Russian translation is available at the website of the IBS at [www.beac.st](http://www.beac.st). Afterwards, prof. Maryandyshev presented the Barents TB Programme to the audience, its overall objectives and components. Prof. Maryandyshev underlined that the TB incidence in the Northwest Russia is lower than in Russia on average. Russian northwestern regions have gained certain experiences in TB response, for example trainings for TB doctors in Murmansk and Archangelsk Regions together with Filha ry (Finland). Yet, the TB figures are 6-8 times higher than in the Nordic Countries. Besides, the situation among Russian regions is different, which should be taken into account in the Programme implementation. But if funding is found for any of the Barents TB Programme's components, this will definitely contribute to better epidemiological situation. Prof. Maryandyshev concluded that the first meeting of the Programme's Steering Committee is planned for 13 May 2011 in St-Petersburg, following a major Russian TB conference in St-Petersburg on 11-12 May.

The presentation of the Barents TB Programme was followed by a discussion. Mr. Kuukasjärvi expressed his satisfaction that practical steps will be taken soon. Ms. Outi Karvonen, ITA for NDPHS EG on HIV/AIDS and Associated Infections and Coordinator for Barents HIV Programme, informed that an international seminar is planned for autumn 2011 on MDR TB and HIV-TB dual infection. An application for funding was sent to the Nordic Council of Ministers, but no positive decision has been made yet. Mr. Göran Carlsson, Senior Advisor for the Swedish Ministry of Health and Social Affairs, commented that TB is an important theme for cooperation from the Swedish side and expressed his surprise that the NCM has not yet made a decision about funding of the seminar because in 2010 Sweden advocated TB as a priority for the NCM. Mr. Kuukasjärvi reminded that Finland was the chair of the NCM in 2011 and last week he received a message from Copenhagen that the application is still under consideration, and the funding allocated by the NCM has been reduced. Mr. Arnt Uchermann, Special Advisor for Health Authority of Northern Norway, added that TB is not a problem of just the healthcare system, and it is important to stress other politicians as this is a problem of wider layers of the society. Ms. Vibeke Gundersen, Senior Advisor from the Norwegian Ministry of Health and Care Services, informed the audience that Mr. Zaza Tsereteli was officially appointed by the Norwegian Ministry as the coordinator of the Barents TB Programme from the European side, and reiterated importance of TB

prevention for Norway. Besides, Mr. Zaza Tsereteli acts as international technical advisor for NDPHS EG on Prison and Primary Health Systems and EG on Alcohol and Substance Abuse.

Mr. Kuukasjärvi reminded that the 2003 Kirkenes Declaration will require a report about how its TB objectives have been achieved by 2013. Mr. Carlsson proposed an outline for the report. The report may include a situation analysis for the period from 2003 to 2013; achievements; and outstanding problems. Mr. Carlsson presumed that it was good time to start thinking about the response, which would not be just a passive response but a powerful tool for further financing. He suggested the draft report be ready by autumn 2012 meeting of the JWGHS, and Sweden could volunteer for outlining the report if necessary. Prof. Maryandyshev added that it is obvious that the goals of the 2003 Kirkenes Declaration in terms of TB situation control will not be achieved by 2013, and new realistic indicators will be needed for the following Barents Declaration of Prime Ministers, which will likely be accepted in 2013.

#### ***7. Report from the Barents HIV/AIDS Programme's Steering Committee***

Ms. Outi Karvonen, Coordinator for the Barents HIV/AIDS Programme, reported about the activities of the Programme in 2010. First, she presented figures about HIV situation in the Russian Barents regions, and then described the events held in 2010. The Barents HIV/AIDS Programme had two meetings in 2010 - in Ivalo (Finland) in spring and in Murmansk (Russia) in autumn. The chairperson changed in the Programme - starting from 2011 the chair is Ms. Evgenia Kotova, Vice Minister of Health and Social Development of Komi Republic. One of the major events of 2010 was the completion of the project on development of low threshold services in the Murmansk Region, which lasted for 6 years. Ms. Karvonen introduced the key results of the Murmansk project and described the success factors and sustainability factors. The nearest events under the Barents HIV/AIDS Programme are evaluation of the Programme, which should be done in 2011 and lay a basis for proposals into a new Cooperation Programme for 2012-2015. The next meeting of the Programme's Steering Committee is planned for 31 March in Petrozavodsk.

#### ***9. Information from regional and national representatives on current and future cooperation concerning health and social issues***

Due to technical reasons item 8 of the agenda was moved to after-lunch time, and the floor was given to Ms. Irina Nazarova, Senior Advisor on Project Funding from the International Barents Secretariat, whose presentation belonged to item 9 of the agenda "Information from regional and national representatives on current and future cooperation concerning health and social issues".

Presentation of Ms. Nazarova dealt with project funding possibilities in the Barents Region. The speaker briefly told about the programmes and initiatives currently in force in the Barents Region: European External Territorial Cooperation 2007-2013 (eg. ENPI CBC, BSR Programme), European Internal Territorial Cooperation 2007-2013 (eg. Interreg), Nordic Council of Ministers, Norwegian Barents Secretariat, Swedish International Development Agency, and other instruments. Ms. Nazarova also told about the recommended stages of project development, structure of project description, and tips for a good project application. Detailed information can be found

at the website of the Barents International Secretariat at [www.beac.st](http://www.beac.st). It was agreed with Mr. Alexander Ignatiev, Head of the Barents International Secretariat, that the materials of the 12<sup>th</sup> Meeting of the JWGHS will be posted at their website. In his remark, Mr. Ignatiev concisely described the activity of the IBS and reminded about the Ministerial meeting to be held in 2011 where Sweden officially hands over presidency in the BEAC to Norway for years 2011-2013. A **communiqué**, will be adopted at the meeting, and for this end the International Barents Secretariat is tasked to collect reflections from all BEAC Working Groups by mid-**March**.

**Slettet:** communication

**Slettet:** April

Item 9 was then continued by presentations from representatives of Russian Barents Regions. Ms. Klara Shevchenko, Vice Minister of Health and Social Development of the Republic of Karelia, first commented the structural changes in the Russian healthcare and social welfare authorities, which may seem to happen too often, but they respond to changing requirements and environment. She did not deny the possibility of the Karelian Ministry of Healthcare and Social Development's restructuring into two respective ministries, like it happened a week ago in the Murmansk Region. Ms. Shevchenko remarked that the major Russian-wide development in the healthcare sector is the healthcare modernization programme launched by the Russian federal government for years 2011-2012. Russian regions prepared their own healthcare modernization programmes based on their needs and resources. The healthcare modernization programmes are funded largely from the federal budget with local co-financing. The aim is to have by 2013 the healthcare systems that answer quality, quantity and demography needs. Socially-related diseases remain as a priority, but quality requires improvements in: 1) physical infrastructure, 2) federal standards of care, 3) ICT introduction, 4) capacity building. Speaking about the situation in the Republic of Karelia and her vision of the development needs, Ms. Shevchenko stressed the need to strengthen interaction between primary healthcare and special health services. Besides, taking into account big distances in Karelia, mobile services are demanded, as they can assure equitable access to healthcare services to all people. These two needs, among other things, also concern HIV and TB. Telemedicine is available in Karelia, but is still under-developed.

Ms. Evgenia Kotova, Vice Minister of Health and Social Development of Komi Republic, added that the TB situation in Komi Republic is worse than in the Northwest Russia on average, basically due to a lot of prisons located in Komi. In 2011, Komi Republic started a regional TB Prevention Programme funded both from federal and regional budgets. The key accent of the Programme is made on: 1) repairs, 3) equipment supply, 3) diagnosis improvements, 4) development of surgery with TB patients, 5) waste management. The situation with HIV is the same as in previous years, and the emphasis in HIV response is made on prevention among at-risk groups and interaction with the prison system.

Mr. Arkady Rubin, Minister of Health of the Murmansk Region, remarked that the Murmansk Region has special programmes for TB and oncology, which are estimated at 5,5 billion rubles. Due to all efforts made so far the mortality in the Murmansk Region fell back and birth rate rose. The regional modernization programmes have become a logical continuation of National Priority Project "Zdorovje" (Health) with focus on local needs. The Murmansk Regional Ministry of Health and Social Development has recently been restructured into two ministries - one for healthcare and the other is for social

care. No political changes took place. International cooperation in the healthcare and social sector continues in the Murmansk Region together with partners from Norway and Finland in such areas as maternity and childhood, HIV and TB, pulmonology, primary healthcare, rehabilitation and emergency care.

Ms. Galina Arteeva, member of the BEAC Working Group on Indigenous Peoples, reported about the current healthcare infrastructure in the Nenets Okrug and remarked that no shutdowns of healthcare institutions are planned. The HIV and TB situation is the same as in previous years. The Governor of Nenets Okrug declared the year 2011 as the Year of the Disabled, and special events have been designed.

Ms. Else Andersen, Assistant Director General from the Norwegian Ministry of Health and Care Services, informed that emphasis is being made now in Norway on development of primary healthcare at municipal level and enhancement of collaboration between municipal primary healthcare and special services. To this end, two legal acts have been accepted in the public healthcare sector. The Norwegian Ministry of Health and Care Services keeps a grant scheme for international development work, with focus mainly made on such areas as children and youth at risk, primary healthcare and HIV prevention. The new call for proposals will be from mid-March until mid-April, and official information will be posted on the NDPHS website. Mr. Andersen reminded that Norway will host the next NDPHS CSR meeting on 14-15 April 2011 in Oslo.

Mr. Arnt Uchermann added that Norway supports dualism in international cooperation, i.e. cooperation at national and regional levels. Internally, Norway has a special governmental programme for Norwegian north territories. In addition, Mr. Uchermann told about a possible visa-free travel experiment between Norway and Murmansk Region, but the practical implementation of the trial may face a lot of problems. Another latest development was a two-week old decision about construction of a new hospital in Kirkenes (Norway), which may trigger traffic of patients from the Russian side.

Mr. Olli Kuukasjärvi commented that Finland does not strictly follow regionality in its policy, but regional representatives are present at some sub-programmes of the JWGHS, e.g. CYAR.

Mr. Göran Carlsson underlined that Sweden is committed to the Barents cooperation, although not very much evident as back in the years when SIDA was actively present in practically all Russian Barents regions. Swedish representatives are present at all JWGHS sub-programmes. At the EU level, Sweden has promoted healthy and dignified ageing questions as well as alcohol prevention. Nationally, Karolinska Hospital in Stockholm has recently become a unique partnership of public-private partnership. Mr. Carlsson added that CYAR sub-programme evokes special interest due to overall dominance of health issues. Yet, TB is still a crucial theme for Sweden as well as antimicrobial resistance. In 2011, Sweden also takes up presidency in the Arctic Council.

Mr. Olli Kuukasjärvi added that Finland's funding possibilities for international cooperation in the health and welfare sector have diminished and become more complicated, and cooperation with the Murmansk Region and Karelia has recently

regionalized, with reporting to the Ministry of Social Affairs and Health. In terms of CYAR, Mr. Olli Kuukasjärvi reminded about a long-term project running between North Finland (Oulu) and northern parts of Karelia Republic about safe childhood and healthy lifestyles. He suggested the project contact CYAR Steering Committee in the near future.

Mr. Carlsson raised the question he had asked at the previous meeting in Syktyvkar about contacts between CYAR and Baltic Sea States Region's working group on children at risk to avoid duplications in activities. Mr. Olli Kuukasjärvi pointed out that the BSSR makes accent on trafficking, therefore there is no risk of duplication, otherwise Mr. Roman Koposov, Advisor to CYAR Steering Committee, will clarify the question about contacts taken in his presentation.

#### ***10. Discussion on preparation of the new Cooperation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region for 2012-2015***

Mr. Olli Kuukasjärvi reminded that in January 2011 the members of the JWGHS were asked to give their proposals for the new Programme, with resources to support proposed activities in mind. Proposals arrived from Komi Republic, Norway, Sweden and Finland. Norway's proposal was very detailed and Mr. Olli Kuukasjärvi marked that it could become a good basis for discussing the platform of the new Programme.

Ms. Evgenia Kotova explained that the Komi's proposal is aimed at prevention of socially related diseases with resources from regional and federal budgets. She also commented that measures of social support and working with groups at risk have no extra resources and should be financed within operational budgets of organizations and agencies.

Mr. Olli Kuukasjärvi remarked that the Komi's proposal can be easily mended into the new Programme. He also marked that Filha ry, for example, had successfully implemented training and infectious control activities through projects in Karelia, Leningrad Oblast, Murmansk, and Archangelsk.

*A lunch break was announced.*

The afternoon session started with item 8 of the agenda.

#### ***8. Report from framework programme "Children and Youth at Risk" (CYAR)***

Mr. Roman Koposov, Advisor to CYAR Steering Committee, presented the CYAR Programme 2008-2012 and its key objectives, followed by a short overview of the CYAR establishment and progress. According to Mr. Roman Koposov, project funding for 2010-2012 through NDPHS amounted to 1 million Euros. Afterwards, the speaker told about the CYAR activities in 2010 and plans for 2011. So far, no meeting with BSSR WGCC has been arranged but it is in the 2011 plans, as well as a meeting with NDPHS EG on Primary and Prison Health Systems. In January 2010 a new Cooperation Programme on minor offenders was signed between the Ministry of Justice of the Russian federation and the Ministry of Justice and Police of Norway for the period 2010 – 2012. Similar multi-agency partnership protocols were then signed at regional level with Murmansk and Archangelsk. Besides, cooperation agreements were concluded with Archangelsk and Karelia between the Norwegian Ministry of Children, Equality

and Social Inclusion and respective regional authorities. The next meeting of the CYAR Steering Committee will be in Tromsø on May 10.

Mr. Olli Kuukasjärvi expressed his hopes that Finnish experts will be able to attend the meeting of the Steering Committee in Tromsø.

Discussions under item 10 of the agenda were then continued.

***10. Discussion on preparation of the new Cooperation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region for 2012-2015 (cont.)***

Mr. Olli Kuukasjärvi suggested there be no need to change priorities as compared with the current Cooperation Programme. Speaking about the document format, he thought the introduction could be shortened to say that the current priorities are justified for the next programme period, the working environment has undergone certain changes. Mr. Olli Kuukasjärvi suggested the role of indigenous peoples should be more emphasized, like in CYAR.

Mr. Göran Carlsson added that new ways of cooperation and financing should be explored for the Programme's priorities that are not implemented.

Mr. Olli Kuukasjärvi suggested the JWGHS proceed on the basis of the Norway's proposal as it is very logical and presents a structural analysis of the current Cooperation Programme. And while all the other proposals are almost the same, this would be a good starting point.

Mr. Göran Carlsson expressed two concerns. The Norway's proposal looked to him like an increase of activities, and Sweden had no resources to participate in all activities. And secondly, Mr. Carlsson was worried about duplication of activities with other working or expert groups, where he referred to alcohol-related activities, which are present in the Norway's proposal but at the same time are a priority area for NDPHS EG ASA.

Ms. Vibeke Gundersen, Senior Advisor for Norwegian Ministry of Health and Care Services, responded that the only reason for including alcohol theme into the proposal was that this theme is present in the current Cooperation Programme, and therefore can be easily deleted.

Mr. Arnt Uchermann made a remark that he noticed no growth in activities. He found it more like "legalizing of today's practice". From his side, he proposed to include activities targeted at the disabled people into the new Programme more clearly. His formulation was "Supporting all kinds of efforts of habilitation and rehabilitation to improve the life situation of chronically ill and disabled people".

Mr. Carlsson emphasized that any expansion of activities in the new Cooperation Programme should be thoroughly thought of as Sweden may not have enough resources to participate in all activities. Sweden's position was that no additional priorities should be placed. As for alcohol, which is a big problem, it should nevertheless be excluded, as this may pose risk of duplication of activities with NDPHS.

This remark was seconded by Mr. Olli Kuukasjärvi who said that the Norway's proposal had some proposals where Finland could not be involved, which, according to him, was not a obstacle, as it is not a must for each partner to participate in all the activities. Besides, the Cooperation Programme is estimated from 2012 till 2015, and some of the activities could be started later than 2012, i.e. the Programme should have a broad range of possibilities for cooperation.

Ms. Else Andersen asked whether a summary of experiences (what functioned well and badly) could be included into the new Cooperation Programme.

Mr. Olli Kuukasjärvi replied that implementing parties should be asked about successful and unsuccessful experiences. Besides, this can be seen from reporting. Aside from this, Mr. Olli Kuukasjärvi suggested the new Cooperation Programme bear a sentence that the priorities included do not make up a binding condition for all partner regions.

Mr. Arnt Uchermann expressed his pity that the Northern Dimension narrows Barents project opportunities.

Ms. Outi Karvonen and Mr. Olli Kuukasjärvi disputed the statement and mentioned that the NDPHS is more a political structure and runs bigger projects, as there are 11 countries involved in the Northern Dimension. While the Barents cooperation is in many ways concrete and has longer history than the Northern Dimension.

Then, Mr. Olli Kuukasjärvi proposed the following steps concerning the preparation of the new Cooperation Programme. Finland will prepare a draft text of the shortened introduction based on the Norway's proposal and existing Cooperation Programme. As for specific textual inclusions into the Cooperation Programme, the sub-programmes are asked to prepare them and forward to Finland. The texts should be very concise, 2-4 sentences maximum. The deadline for the texts will be specified separately, but tentatively in late April. Afterwards, Finland and Komi Republic will make a draft text of the Programme by late May and circulate it to the JWGHS members for comments. Comments will be gathered by late August so that the Programme could be revised in September and be ready by the next CSR meeting, which is due in October.

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

Mr. Olli Kuukasjärvi reminded the audience about the structural changes in the NDPHS that took place in 2010. As the result of the renewal, four expert groups have been established - HIV/AIDS and Associated Infections; Primary Health and Prison Health Systems; Alcohol and Substance Abuse; Non-Communicable Diseases Related to Lifestyles and Social and Work Environments - with task groups under several of them. Afterwards, Mr. Olli Kuukasjärvi gave a brief description of the Expert Groups' tasks.

### ***12 and 13. Any other business and Next meeting***

No other issues have been raised. The next meeting will be in Syktyvkar City/Komi Republic in autumn. The exact date will be fixed later. Ms. Vibeke Gundersen proposed there may be an extra small working meeting in Oslo in connection with next CSR



meeting on 14-15 April, if such is deemed necessary to ensure smooth planning of the BEAR JWGHS Cooperation programme 2012-2015.

***14. Closing of the meeting***

Chairperson of the meeting Mr. Olli Kuukasjärvi thanked the participants for active work and declared the meeting closed.