



Minutes of the 22nd meeting of the Joint Working Group for Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council, Rovaniemi, 14-15 of April 2016

*= please consult website for documents and pdf versions of power point presentations:
http://www.barentsinfo.fi/beac/document_database/wg_documents.aspx?ID=7

Venue: Regional State Administrative Agency for Lapland, Rovaniemi, Finland

Chairs: Ministry of Health of the Arkhangelsk Region (Anton A. Karpunov) and Ministry of Social Affairs and Health of Finland (Pasi Korhonen)

Introduction of the participants

The 27 participants introduced themselves.

Welcome greetings by *Ms. Kaisa Ainasoja*, Director General of the Regional State Administrative Agency (AVI) for Lapland. Ms. Ainasoja warmly welcomed the participants to Lapland, the northernmost county in Finland and in the European Union. This biggest county in Finland covering about one third of the country's total area with a population of only about 181 000 inhabitants has many challenges which are to be tackled by means of the ongoing healthcare and social welfare reform package. The Government has just recently outlined that from the beginning of 2019 Finland will have at the regional level 18 autonomous counties with a wide range of duties including organization of the social welfare and healthcare services. According to Ms. Ainasoja the state functions, which cannot be transferred to the counties, will be gathered to a new state agency. Time will show what does this all mean in practice.

Ms. Ainasoja also emphasized that the county of Lapland is international because of its location in the Arctic region and in the middle of the Barents Region where long common borders with Russia, Norway and Sweden create a natural environment for cross-border co-operation. Another reason for Lapland's international image is tourism, which is an important and constantly growing industry in the county. In the conclusion Ms. Ainasoja stated that people have much in common in the Barents region – the areas of operation are quite similar and they also share many challenges. We have same values and common goals. It's a really good base for the co-operation in promoting our inhabitants health and wellbeing.

Opening of the meeting

Mr. Pasi Korhonen, Director of International Affairs of the Finnish Ministry of Social Affairs and Health, acting as a co-chair of the meeting, opened the meeting and thanked Ms. Ainasoja and the Regional State Administrative Agency for Lapland for hosting the meeting. Mr. Korhonen then gave the floor to *Mr. Anton Karpunov*, Minister of Health of the Arkhangelsk Region, co-chair of the meeting. Mr. Karpunov thanked Mr. Korhonen for the good start in the JWGHS chairmanship cooperation between Finland and Arkhangelsk Region. He also gave his thanks to Ms. Ainasoja and other hosts for their hospitality and efforts in organizing the meeting.

Adoption of the agenda and adoption of minutes from 21st meeting in Luleå 2015

Co-chair Mr. Korhonen shortly went through the agenda of the meeting. Co-chair Mr. Karpunov briefly informed the participants about plans for the next meeting which is proposed to take place in the Solovki Archipelago in the Onega Bay near Arkhangelsk. It was agreed that this item will be discussed in more detail at end of the meeting. As final version of minutes from Luleå meeting still needed some revision, it was agreed to adopt the minutes after lunch.

With these comments the agenda was adopted.

Next the floor was given to *Ms. Rebecka Snefugli Sondell*, Project Coordinator of the International Barents Secretariat (IBS). Ms. Sondell made a short presentation (*pdf-slides**) on the **Communication Development Project run by the IBS** (brief information about the project with preparatory questions for discussion were annexed to the meeting agenda and sent to the participants in advance). The project is aimed at strengthening the communication and cooperation among the BEAC working groups and at enhancing participation of their work. The project was regarded as a good initiative from the IBS.

The presentation was followed by long and lively discussion. The participants were invited to give their comments and ideas regarding challenges in current communication/cooperation within the JWGHS and with other working groups. Comments were given and questions asked also concerning the level of and obstacles to participation in the working group as well as the current mandate of the JWGHS. There are many challenges in current cooperation arising from lack of resources, namely the JWGHS has no secretariat of its own and also rotating chairmanship of the BEAC working groups creates some difficulties. In addition to that there is a clear need for improvement of information exchange and placing. This feedback will be used in the study conducted by the IBS as a part of the Communication project. The findings of the study will be summarized and presented in two seminars in Kirkenes and in Arkhangelsk this June.

As this item of the agenda took longer than originally planned, all the following presentations had to be postponed and rescheduled.

Next *Mr. Dmitry Titkov*, International Technical Advisor for the NDPHS Expert Group on HIV, TB and Associated Infections (AI), was asked to provide short information about the **latest developments of the Northern Dimension Partnership in Public Health and Social Well-Being**.

The year 2015 was crucial time for the NDPHS as a new NDPHS strategy 2020 and Action Plan for 2015 – 2017 were adopted. Mr. Titkov reminded the participants of the six priority areas and the seven expert groups (EG) of the NDPHS. He briefly described the structural changes resulting from the new developments, such as the change of the EG's title from HIV/AIDS&AI EG to HIV/TB&AI EG and the establishment of a new Expert Group on Prison Healthcare.

At the moment EGs have their round of spring meetings. Biannual (2016–2017) Work Plans are to be prepared and submitted to the meeting of the NDPHS Committee of Senior Representatives (CSR, 29.4.2016) for approval. Meeting of the CSR in combination with the NDPHS Secretariat-organised workshop “Policy-to-Project-to-Policy” conference will take place on 28 April 2016 in WHO EURO premises in Copenhagen.

Mr. Zaza Tsereteli, the Norwegian Ministry of Health and Care Services, added that Russian Federation is presently chairing two EGs, namely EG on Non-communicable diseases and EG on Primary healthcare, and acting as a co-chair in EG on Alcohol and substance abuse.

Further information is available from the presentation (*pdf-slides**) and the *NDPHS website*: <http://www.ndphs.org/>

Ms. Marina Zyryanova, Project manager of the Regional office for children, youth and family affairs (Bufetat), Northern Norway, provided updated information on the **Barents Programme for Children and Youth at Risk (CYAR)**. The final draft of the new CYAR programme for 2016–2019 was sent to the members and the co-chairs of the JWGHS in February with a view to completing the process of its adoption initiated by co-chair Ms. Karin Berlin in the previous JWGHS chairmanship period.

Ms. Zyryanova provided a brief overview of the main results from CYAR I&II and explained the success criteria of the previous programmes. She also highlighted the main challenges which have impact on the programme like 1) lack of predictable funding, 2) integration in ordinary services, grant time and resources for utilizing new competence, 3) turnover in the social and educational sectors.

The CYAR III activity plan for 2016 was presented and priorities of the new programme introduced to the participants. Ms. Zyryanova accentuated the relevance of the CYAR III and told about potential outcomes of this new programme. Further information is available from the presentation (*pdf-slides **).

After the presentation, a discussion followed. The work done in frame of the CYAR I&II was highly valued by all the participants who also supported the adoption of the CYAR III.

Norway commented that, though the Ministry of Health and Care Services had no further comments to the text, the decision that Norway should adopt the programme should be taken by the Ministry of Children and Equality who are responsible for children and youth issues, and was not present. Their representative had contacted Ms. Gundersen yesterday and informed that they would need some more time to consider the programme.

The CYAR III programme was adopted on the condition that Norway will give their final approval of the programme later, when the Ministry of Children and Equality has approved it. It was suggested that the Steering Group of the CYAR programme should be in direct contact with the Ministry of Children and Equality in Norway regarding this.

According to Ms. Berlin, the CYAR activities have been a flagship of the JWGHS. Co-chair Mr. Karpunov also thanked the whole CYAR team for good and productive cooperation so far and pointed out that a down-to-earth approach to problem solving and an intersectoral co-operation is very important if we want to achieve savings in health and social sector resources.

After lunch *Mr. Zaza Tsereteli*, Coordinator of the Barents Tuberculosis Programme acting also as an International Technical Advisor (ITA) for the NDPHS Expert Group on Alcohol and Substance Abuse, was asked to report about recent activities of the **Barents Tuberculosis Programme**. Mr. Tsereteli reminded the JWGHS members that the current Barents TB Programme adopted in 2013 covers the same regions as the Barents HIV/AIDS Programme.

In January 2016 Ms. Elmira Zilber (St. Petersburg) became a new Chairman of the Steering Committee. Today Steering Committee of Barents TB Program consists of representatives of all participating regions, except Sweden. The date of the next SC meeting is under discussion.

In his presentation Mr. Tsereteli displayed the basic tendencies of the TB situation in the Russian Federation. In this connection he remarked that TB incidence is decreasing in the country, with 5,5% fewer new cases in 2014 compared to 2013. Mr. Tsereteli also stressed that more close cooperation between the Barents TB and HIV Programmes is needed to better combat the problem in the region. He also informed the participants about implementation of the project "Stop TB in North West Russia in our lifetime". Comments and questions were regarding health checks of refugees/asylum seekers and differences in rules regulating health check procedures in different countries.

Further information is available from the presentation (*pdf-slides**).

The next speaker *Mr. Dmitry Titkov* reminded that a new **Barents HIV/AIDS Program 2015 – 2019** is in place

https://www.barentsinfo.fi/beac/document_database/Sub-group-docs.aspx?id=HIV-AIDSProgramme

On November 23, 2015 a joint meeting for the members of the Steering Committees of Barents HIV/AIDS Programme and Barents Tuberculosis Programme was held in Consulate General of Finland, St. Petersburg, in order to exchange experiences of best practices in the work against HIV and TB: https://www.barentsinfo.fi/beac/document_database/Sub-group-docs.aspx?id=HIV-AIDSProgramme

Prof. Nikolai Belyakov, Director of the Russian Northwest AIDS Centre, has become a new Chairman of the SC of Barents HIV/AIDS Programme. For the time being coordination of the Barents HIV Programme is included into the tasks of the ITAs of the NDPHS Expert Group on HIV, TB&AI – Ms. Paula Tanhuanpää and Mr. Dmitry Titkov from the National Institute for Health and Welfare (THL), Finland. During the transition period (until the end of 2016) the ITAs are ready to provide their assistance in the organization of the next meeting of the Steering Committee of the Barents HIV/AIDS Programme. Preliminary the next meeting is scheduled for the autumn of 2016 and most likely it will be held in Russia. Preferably the meeting should be combined with any major event on HIV, to ensure the widest possible presence of representatives of the North-West of Russia. Ms. Elena Popova, Director of the Archangelsk AIDS Centre, was appointed a deputy chairman of the SC of the Barents HIV / AIDS Programme. As for the co-ordination of the programme, it is expected that after a transition period, Russia will take over this responsibility.

Mr. Titkov gave information about the situation with HIV/AIDS in the Barents region, ongoing and recent projects in the field of HIV/AIDS and the programme activities planned for 2016 (*pdf-slides**).

The presentation was followed by lively discussion regarding health checks of refugees/asylum seekers and differences in rules regulating health check procedures in different countries.

After the discussion *Ms. Irina Gvozdeva*, Manager of the Easy Breathing Charity Fund, Arkhangelsk Region, was invited to present some more information (*pdf-slides* *) about the Norwegian-Russian programme "Stop TB in North West Russia in our lifetime". *Ms. Gvozdeva* mentioned that the Norwegian-Russian cooperation on TB control in the Arkhangelsk Region has been going on since 1997 and the Charity Fund has been actively involved in the cooperation since its establishment in 2005. The report on 15-year collaboration in TB control was published in 2014. In the current programme lot of effort is being projected to advancement of health communication and development of patient friendly information materials on TB for people living with HIV.

Before having the coffee break co-chair *Mr. Korhonen* informed the participants that the final version of minutes from Luleå meeting is still under way and therefore it was agreed to approve the minutes through silent procedure via email by 25 April, 2016.

Brief information on recent developments from regional and national representatives:

Mr. Anton Karpunov, Minister of Health of the **Arkhangelsk Region**

In his presentation (*pdf-slides**) *Mr. Karpunov* gave an overview of the ongoing international projects which are implemented by the Arkhangelsk region Health Ministry. Priorities for cooperation are as follows: 1) reduction the spread of socially dangerous infectious diseases (HIV/AIDS, tuberculosis, STIs); 2) prevention of non-communicable diseases related to individual lifestyle (cardiovascular diseases, diabetes, respiratory diseases, cancer); 3) formation of public commitment to a healthy lifestyle; 4) prevention and elimination of the negative impact on the public health of environmental factors (the study of climate change impacts on human health and the assessment of the possibilities of adaptation in the North); 5) exchange of experience in specific areas of health: rehabilitation; 6) telemedicine technologies; 7) collection, storage and disposal of medical waste; 8) development of primary health care, the interaction of specialists on mental health services and general practitioners; 9) prevention of suicide among children and adolescents; 10) implementation of rehabilitation programs for patients with drug addiction.

Minister *Karpunov* underlined the importance of projects implemented in the frames of the JWGHS sub-programmes – Barents Tuberculosis Program, Barents HIV/AIDS Programme and Barents Programme for Children and Youth at Risk.

Mr. Ervand Khidishyan, Minister of Health of the **Republic of Karelia**

In 2015 health care of the Republic of Karelia followed the priorities declared by the Russian Ministry of Health:

- improvement of mother and child healthcare
- provide the population of the Russian Federation with medical drugs and devices
- implementing activities to combat cardiovascular diseases (year 2015 was declared as the Year of fight against cardiovascular diseases in the Russian Federation)

Mr. Khidishyan noted that the situation with the incidence of HIV infection and tuberculosis in Karelia remains tense. International cooperation contributes to the reduction of the prevalence of

infectious diseases and improvement of provision of services to families and children at risk. The following international projects were mentioned:

- "Health care, education and arts for the sake of health free from HIV and TB" (the project to raise awareness about HIV and tuberculosis)
- "Prevention of PAS abuse – the work with a family in the interest of a child"
- "Support for the development of the system of early prevention for children and adolescents in the city of St. Petersburg, the Leningrad Region and the Republic of Karelia" (objective of the project is to provide psychological assistance to children and adolescents 7-15 years old affected by their parents' divorce, through training of social workers, teachers, psychologists how to work with a family in crisis situations using the Norwegian method «Even and Divorce»).

Mr. Khidishyan remarked that a long-term experience of the program "Children and Youth at Risk in the Barents Region" has shown its relevance and effectiveness. In this regard the Republic of Karelia is extremely interested and supports the development and adoption of a new program "Children and young people at risk in the Barents region for 2016-2019". Important areas of work are: prevention of HIV infection among women of fertile age, prevention of children mortality from external causes, including suicide.

*Mr. Valery Peretrukhin, Minister of Health of the **Murmansk Region***

Mr. Peretrukhin informed that since the last JWGH meeting the international cooperation in the field of healthcare was carried out under the previously existing agreements and arrangements. Projects in the following priority areas are being implemented:

(I) Preventive measures to combat drug abuse and HIV infection

"Prevention on guard of health - mobile unit for prevention of HIV / AIDS";
"HIV and co-infection (tuberculosis, hepatitis, etc.)" aims to create a regional model to counter the spread of HIV / AIDS and TB among vulnerable populations.

(II) Provision of emergency care in the border areas of Russia and Norway

Cooperation under the Agreement on emergency medical care and planned transportation is effected by holding joint conferences, seminars on medical care delivered in the event of cases of disease or injury and the need to solve these problems with the involvement of neighboring countries, medical evacuation is carried out as well. Joint Russian-Norwegian exercises are conducted concerning traffic accidents in the border area, drilling practical skills to help road accidents victims in the border area and transportation of foreign citizens by a special medical transport across the border.

(III) Cooperation in the field of research

"Registration of road traffic injuries associated with alcohol and narcotic consumption in the Murmansk region and Finnmark, development of proposals for risk reduction"

(IV) Development and improvement of medical care

The first steps are taken for the resumption of cooperation with Sweden, for instance, a memorandum of cooperation with the County Council of Norrbotten was signed.

Norway Ms. *Elma Turkovic* from the Norwegian Ministry of Health and Care Services gave a brief update on the status of the application process for the grant scheme for Russian-Norwegian collaboration in health and related issues (*pdf-slides**). All in all, in 2015 the Ministry received 35 project applications with a sum of 22.3 mill NOK (2.5 mill EUR) to be financed, from which projects with a total sum of 6 mill NOK (700 000 EUR) were supported. The approved projects all address the objectives of the current JWGHS Cooperation Programme, or prevention and control of non-communicable and communicable diseases and the strengthening of health systems and social services with relevance for health. Ms. Turkovic emphasized that the grant scheme for Norwegian-Russian collaboration projects is considered as an important and valuable contribution to achieving the goals of the JWGHS Programme and Norway's High North Policy.

Ms. Turkovic also gave some highlights on migration situation in Norway, as this topic was not presented in the previous meeting in Luleå. In 2015, 31 145 persons applied for asylum in Norway which is almost 20 000 more than in 2014 (11 480). In 2016 the number of refugees has been reduced drastically. She also pointed out that in Norway it is the Ministry of Justice that is responsible for the asylum seekers policy, and the Ministry of Health has delegated the responsibility to the Directorate of Health to coordinate the health sector on subordinate level. All asylum seekers are screened for tuberculosis within 14 days of arrival in Norway which is done in collaboration between municipal and specialized health services. There are also national guidelines advising municipalities to offer all asylum seekers a GP health examination within 3 months. Special attention is also given to the vulnerable asylum seekers with mental disturbances and torture experiences to prevent harming themselves or others.

Northern Norway Health Authority Mr. *Oddvar Larsen* from the Regional Health Authority of Northern Norway informed the participants about current and future activities of Nordland, Troms and Finnmark counties. He mentioned about a new National plan for hospitals enacted by the Norwegian Government. The plan is focused on such areas as quality of health services, patient safety, mental health and drug abuse, strengthening prehospital services, personnel capacity and competence building. Mr. Larsen also underlined that the Helse Nord is the first region in Norway where patients have online access to their own medical records. This system was pressed into service in 2015.

Sweden Information was firstly shared by Ms. *Karin Berlin* from the Ministry of Health and Social Affairs. Ms. Berlin told about the current initiative in the area of vulnerable children. She pointed out that Sweden strongly commits to the UNCRC and the Government intends to make the Convention on the Rights of Child part of Swedish law. Ms. Berlin also outlined some other health sector initiatives recently launched in the country including areas, such as, avoidable health inequalities, equitable and high-quality health and medical care, capacity of health professionals, women's health and maternal health. Mr. *Göran Carlsson*, Ms. Berlin's colleague from the Ministry, highlighted some other initiatives related to the following areas: cancer care, mental health, antibiotic resistance, improvement of care for people with chronic illnesses, E-Vision (digitalization of health care). Further information is available from the presentation (*pdf-slides**).

Norrbottnen and Västerbottnen (Sweden) Ms. *Ulla Isaksson* from the County Council of Norrbotten gave an update on recent developments in the County. Ms. Isaksson reminded the

participants about the bilateral agreement on collaboration with the Ministry of Health of the Murmansk Region signed in September 2015. Three main areas of cooperation outlined in the document are 1) professional collaboration; 2) E-health and telemedicine; 3) prevention and combat of communicable diseases. It is planned that in June 2016 the County Commissioner of Norrbotten Mr. Glenn Berggård will participate in the Kolarctic meeting in Murmansk and meet representatives from the local MoH in order to discuss how to proceed with the collaboration. In addition to that, Ms. Isaksson informed that Head of Department at Norrbotten County Council, Mr. Anders Nystedt who is acting also as a consultant in communicable disease control, is willing to join the SC of the Barents TB Programme as the representative of Swedish regions.

As Ms. Anita Helgesson from the County Council of Västerbotten was not able to attend the meeting, Ms. Isaksson briefly informed about recent and future activities in Västerbotten including a new programme on psychiatric health which is planned to kick off in May 2016. In the area of rural medicine several projects on virtual health have been started. Ms. Isaksson also mentioned about the OECD delegation's visit to Västerbotten County in February 2016. In spring 2016, OECD will publish a stand-alone report from four case studies as a part of the Territorial review of the Northern Sparsely Populated Areas. More information on activities concerning health and social issues going on in Västerbotten can be found in handouts prepared by Ms. Helgesson (*pdf-documents* *).

Finland Owing to lack of time, *Mr. Pasi Korhonen* from the Ministry of Social Affairs and Health only very briefly mentioned about a significant breakthrough in the present Health and social service reform by highlighting the new solutions just approved by the Government. According to Mr. Korhonen responsibility for organisation and funding public health care and social services will be assigned to 18 autonomous regions/counties which will be governed by elected councils. In addition there will be 5 collaborating areas based on the existing catchment areas (university hospitals). Specialised operations and emergency services will be centralized. The resources for financing the services will be covered through central government taxation. A model that would be partly based on the counties' right to levy income taxes has been considered but will not be introduced during current regime. Feasibility study will be done first. Legislation is expected in summer 2017 and new system to start as of 2019. Further information is available from the presentation (*pdf-slides**) and *the website*: <http://alueuudistus.fi/en>

As there were two speakers still waiting for the floor, Mr. Korhonen proposed to proceed with the items on the agenda and gave the floor to *Ms. Margit Päätaalo* representing the Regional State Administrative Agency (AVI) for Northern Finland. Ms. Päätaalo shortly described (*pdf-slides* *) the main changes in functions of AVIs which will take place after the new legislation has come into effect on 1.1.2019. She pointed out that in the future there will be only one Regional State Administrative Agency (instead of six operating presently), and some of the AVI's functions will be transferred to the newly established 18 autonomous regions (counties). Ms. Päätaalo also informed about the new legislation (as of 1.1.2016) concerning the Prisoners' health care and the health care in the Finnish Defence Forces. The aim of this reformation is to strengthen the status of the health care in prisons and in the defence forces as part of the health care system in Finland. The goal is also to unify the supervision and the guidance of these health care sectors according to the basic rights and equality of whole population in Finland.

Ms. *Kristiina Poikajärvi* from the Regional State Administrative Agency (AVI) for Lapland agreed with the previous colleague speakers and just noted that the new system will create a big challenge for sparsely populated Lapland with long distances, e.g. when speaking about wider freedom of choice for patients/customers. In this connection, Ms. Poikajärvi welcomed the participants to join the study visits next day to get acquainted with some good examples of E-health solutions and simulation teaching in social and health care. Further information is available from the presentation (*pdf-slides**).

Co-chair Mr. Karpunov thanked the presenters and noted that all JWGHS partner countries are presently experiencing historical changes and reforms in their social and health care systems.

Any other business

Ms. Karin Berlin suggested that the JWGHS chairpersons could present the work of the JWGHS in the next meeting of the NDPHS Committee of Senior Representatives (CSR). In addition Ms. Berlin drew the participants' attention to the continuous absence of the indigenous peoples representatives from the JWGHS meetings.

Next meeting

The next meeting will be hosted by the Arkhangelsk Region. The dates proposed by co-chair Mr. Karpunov, 14-15.9.2016 need to be discussed further with the Finnish side and the actual dates will be confirmed later.

Closing the meeting

Co-chair Mr. Karpunov thanked the hosts for the wonderful organization and very productive meeting despite challenging schedule of the programme. Co-chair Mr. Korhonen thanked the participants for their active and good work. Special thanks were given to Ms. Irina Kopteva for her excellent interpretation during the meeting. The first day of the meeting was declared closed.

During the **dinner on the 14th of April** the JWGHS was joined by Ms. Kaisa Ainasoja, Director General of the Regional State Administrative Agency (AVI) for Lapland.

Next day, **15th of April** two study visits were organised. The first visit (at 8.30-10.30) was made to the Lapland University of Applied Sciences, and offered the participants opportunity to learn some best practices on E-health and simulation teaching methods. The second visit (at 10.30-12.00) familiarized the participants with activity of the Arctic Centre in connection with the Barents cooperation and immigration issues.