



The Barents Programme on New Technology and Methods in Health Care in Sparsely Populated Areas

The Barents Euro-Arctic Council

Joint Working Group on Health and Related Social Issues (JWGHS)

Introduction

Rural areas in the Barents region face specific challenges in the provision of high quality, coherent and comprehensive health services. Planning, organizing and delivering health care for remote, sparsely populated communities pose severe financial, logistical, technical, and human resource challenges. The challenges include geographic factors with isolation and small and dispersed populations, and limited public transport on, at times, a sub-standard road infrastructure, with resultant long transport times to health services. There are also significant difficulties in recruiting qualified and experienced personnel in rural health care services.

The development of the Barents Programme on *New Technology and Methods in Health Care in sparsely populated areas* was commissioned by the Joint Working Group on Health and Related Social Issues (JWGHS) and adopted in 2019 together with the 6th Framework Programme in Health and Related Social Issues in the Barents Euro-Arctic Region 2020-2023.

The initial aims of the programme are:

- a) Collecting and exchanging information and knowledge on best practices of cost-effective solutions to meet unmet health care needs in rural areas,
- b) Sharing of models (modules) for introduction of health information technology (HIT) in different fields of the health and care systems, including exchanging personnel training and education

Since the program has a framework nature, any of its expected results or activities can, be transformed into one or more international projects. The Barents Programme on New Technology and Methods in Health Care in sparsely populated areas must be seen in the context of the ongoing development work in the individual regions in the north.

General Information

The countries of the Barents region share a similar natural environment – a harsh climate, abundant natural resources, relative lack of agriculture in some of the regions, a strong potential for renewable energy, long distances from markets, and high cost of land transport

Despite individual differences, the key themes in health care in sparsely populated areas are more or less the same. Even in countries where the majority of the population lives in rural areas, the resources are concentrated in the cities. Difficulties connected to long distances, transport and communication, shortage of doctors and other health professionals in sparsely populated areas are shared experiences.

This is occurring against a background of changing practices in major rural industries such as agriculture, mining, fishing and forestry, combined with wider social and economic changes causing considerable upheaval often described as ‘the rural decline’.

Health services in these areas require sufficient numbers of doctors and other health care providers who have the necessary skills to work effectively and comfortably in these areas. Sustainability of these services is dependent on adequate health service infrastructure and availability of specialist support. A primary focus is to recruit and retain qualified health personnel and sufficient health care.

Drawing together the various aspects of morbidity and mortality patterns, and the rural context, it is clear that the development and delivery of health services in those areas must be specific to the local context and different from that in the cities, but within the national demands of quality. Sparse population together with limited resources of small municipalities create societal challenges. An accessible health care system contributes to citizens’ well-being, which in turn is an important factor impacting people’s decision to live in the region.

In the Barents Region we wish to take advantage of the new technologies and ongoing solutions that are made possible through digitalization and distributed provision of education.

The Programme on *New Technology and Methods for Health Care in sparsely populated areas* can help to exchange experiences between the participant countries and Regions and to identify best practice when it comes to working methods and processes that can be used to develop and stimulate ongoing local or regional initiatives regarding improved health care systems

Program Goals, Objectives and Indicators

Programme Goal

To exchange knowledge and best practice on enhancing the provision and accessibility of

health services in the sparsely populated regions of Barents Euro-Arctic area, by developing and implementing innovative solutions and promoting transfer of the best practices across the Barents Euro-Arctic Region.

Programme Objectives and Proposed Actions

Mapping and identification of best practices and innovative eHealth solutions which can be transferred, further developed and integrated into a health care system in the partner regions

- Increased cooperation between the countries of the Barents Region in the field of *New Technology and Methods in Health Care in sparsely populated areas*

Best practice are exemplary public health practices that have achieved results, and which need to be scaled up so as to benefit more people. Disseminating knowledge of such actions widely may prevent the repetition of mistakes and loss of valuable time. Thus, the main rationale for documenting and sharing “best practices” is to enable persons and organizations working in the health sector to learn from each other, to improve performance and avoid the mistakes of others. Spreading best practices is a means to support Barents Region policy makers, and other actors in the health care system in their efforts to address common challenges and create the right framework to accelerate eHealth implementation and diffusion for the benefit of all citizens

Health information technology (HIT) has the potential to enable better care for patients in sparsely populated areas, and to help clinicians achieve continual improvements in the quality of care in primary care settings. However, simply implementing current HIT tools alone will not bring about these results. To generate substantial and ongoing improvements in care, HIT adoption must go hand in hand with the implementation of robust care models and the routine use of solid improvement methods by clinicians and other staff.

The programme may contribute to development of models (modules) for introduction of HIT in different fields of the health care systems that could help health care clinicians and administrators, as well as policymakers and vendors, accelerate progress toward fulfilling the promise of HIT for health care quality.

The success of eHealth solutions depends on the skills of clinical and administrative staff. It is also important to include the patients in the process, using the e-services adapted to their

individual characteristics and preferences. As a result trainings both for health professionals and the public are needed to ensure that eHealth is successfully adopted and that health inequalities are reduced with the digitization of services. Experience shows that the international cooperation have turned out to be very effective and useful in many fields.

Examples of joint activities

- A. Training and education of health staff in the knowledge, use and application of digital health (including provider-patient relations), ethics, behavior and professional stance in digital communication
- B. Training for patients and next of kin
- C. Developing of models (modules) for introduction of HIT in different fields of the Health and Care systems
- D. Documenting and sharing best practices, via reports or seminars

Organization of the work of the programme

A steering committee (SC) consisting of representatives from the Barents countries and regions is established to ensure the necessary coordination and exchange of information. The SC reports to the JWGHS.