

**Co-operation Programme on  
Health and Related Social Issues  
in the Barents Euro-Arctic Region 2008-2011**

**The Barents Euro-Arctic Council, BEAC  
Working Group on Health and Related Social Issues**

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# 1 INTRODUCTION

The Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region was initiated in 1999. From this time, health co-operation within the region has evolved at a steady pace. The Programme is overseen by the BEAC Working Group on Health and Related Social Issues (WGHS).

## 1.1 Past activities

The first health co-operation programme was adopted by the 6th Barents Euro-Arctic Council at its meeting in Bodø 4-5 March 1999. The priority areas of the Programme 1999-2004 were:

- Combating new and re-emerging infectious diseases
- Supporting reproductive health care and child health care
- Counteracting lifestyle related health problems
- Improving services for indigenous people
- Quality improvement of medical services

Within all priority areas, special attention should be paid to projects focussing on children.

In the programme 2004-2007 the priority areas have been:

- Prevention and combat of communicable diseases
- Prevention of lifestyle related health and social problems and promotion of healthy lifestyles
- Development and integration of primary health care and social services.

In all the priority areas special attention should be paid to

- Gender mainstreaming
- The Convention on the Rights of the Child and improvement of the health of children and young people

The priorities of the latter programme were developed parallel to the preparations for the Northern Dimension Partnership in Public Health and Social Wellbeing, ensuring cooperation and mutual support between the two structures.

In all, up to 2007, several hundred different projects have been carried out since the initiation of the first programme. In this period 30 million € have been allocated to programme-related activities from Russia, Finland, Sweden and Norway. [Figures to be checked]

In addition to this, the Nordic Council of Ministers, the World Health Organisation, and the EU Tacis Programme have contributed, either to support the Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region activities or directly in projects in the region.

The areas of activity in the projects have ranged from improving medical and technical knowledge, vocational training, and introduction of new techniques, exchange of experiences, development of expertise and transfer of competence, preventive measures, development of primary health care, organisational advice, and development of control strategies and of treatment services.

## **1.2 Evaluation**

No complete evaluation or written description of experiences has been made of the Programme as such. Nevertheless, Norway has performed two evaluations of the Norwegian projects implemented under the programme. The findings are generally positive, indicating that concrete results have been achieved, reaching the aims of the programme. Projects on infectious diseases report measurable results in reduced incidence, projects involving education has achieved revised and modernised curricula and new methods have been introduced in practical social and health work. The main suggestions for improvement from projects leaders interviewed are:

- More attention should be given to prepare the project participants to learn the legal, political and cultural context in the counterparts country
- A transparent system of transfer of money must be developed
- Material support should be restricted to purposes related to practical implementation
- To stimulate future participation one should in allow more projects witch next to the main content of the project also content elements of research that is publishable

## **2 CO-OPERATION PROGRAMME ON HEALTH AND RELATED SOCIAL ISSUES IN THE BARENTS REGION 2008-2011**

### **2.1 Aim**

The aim of the Programme for 2008-2011 is to improve the public health and social wellbeing in the Barents region, through stimulating and strengthening bi- and multilateral co-operation. Bilateral co-operation should continue and also be encouraged as well as co-operation already on-going within the framework of the previous Programme.

### **2.2 Scope and priorities**

The extension of the Programme should be based on the previous programmes. With reference to the public health and social situation in the Barents region the priority areas shall be the following:

- Prevention and combat of communicable diseases
- Prevention of lifestyle-related health and social problems, and support to children and youth at risk
- Development of primary health care, public health and social services.

In all the priority areas special attention should be paid to

- Gender mainstreaming
- The UN Convention on the Rights of the Child and improvement of the health and social wellbeing of children and young people
- Effective coordination and public health aspects

The target groups should be the vulnerable groups in the population. Furthermore, the special problems of indigenous people as well as the special problems of sparsely populated areas should be part of the planning whenever relevant.

### **2.3 Prevention and combat of communicable diseases**

In order to reinforce efforts in the field of communicable diseases the Working Group shall co-operate closely with the Northern Dimension Partnership on Health and Social Wellbeing.

The Working Group will continue the implementation of the Barents HIV/Aids Programme as adopted in 2005, and develop new cooperation projects based on the implementation and key results of the low threshold support centre pilot project and other projects under the Programme. The steering committee is asked to continue, and to seek affiliation with the Expert Group on HIV/AIDS of the Northern Dimension Partnership in Public Health and Social Wellbeing.

Maintaining a public health perspective, the priorities are:

- Efforts pursuant to gaining full control of the tuberculosis situation in the region within 2013, as urged by the Prime Ministers in the Kirkenes Declaration of 11 January 2003
- Preventing and combating HIV, STDs and other significant communicable diseases
- Prevention of antibiotic resistance and hospital infections
- Continued co-operation between epidemiologists on surveillance and early warning.

## **2.4 Prevention of lifestyle related health and social problems and support to children and youth at risk**

The Working Group shall establish and implement the sub-programme Children and Youth at Risk (CYAR), and support projects in accordance with the frame programme that has been developed in 2007 where the following areas have high priority:

- developing long-term family based forms of alternative care
- early intervention in risk families, strengthening of parental resources in the child's local environment
- rehabilitation of/social skills training for children and youth with behavioural problems (violence, drugs, crime), either in family-based or residential care

Furthermore, the Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region shall:

- Increase the knowledge of and support the prevention of life-style related diseases and social problems, as regards e.g. smoking, nutrition, alcohol abuse, use of illicit drugs and toxic substances and violence, and strengthen the awareness of the effect these factors have on public health
- Promote healthy life-styles, especially among young people.
- Support development of rehabilitation programmes for alcohol and drug addicts and follow-up services, including efforts for young people and families.

## **2.5 Development of primary health care, public health and social services**

Main priorities are:

- Support reform of the health sector, in accordance with national priorities, emphasising development of primary health care and social services.
- Develop management and education capacity for services important to public health and social wellbeing.
- Develop reproductive health services and child health and social care
- Support the use of relevant technologies and methods in the field of health and social services, taking effectiveness and quality gains into account, and also improving the health services in hospitals, all while maintaining public health perspectives.

## **2.6 General guidelines for the co-operation**

- The co-operation shall build on the experiences of previous cooperation as well as experiences from programmes/reports/instruments of other organisations, such as EU, WHO and NDPHS
- The Working Group shall promote broad exchange of information of activities in the concerned areas of the Barents Euro-Arctic Region in order to facilitate the identification of possible overlapping projects as well as geographical and thematic gaps.
- Competence building shall be a priority. Extensive mutual exchange of information, participation of experts in seminars and scientific conferences is foreseen
- Co-operation should be promoted between international, national, regional and local authorities for the planning and implementing of projects
- Efforts should be made to develop collaboration between sectors, in particular promoting co-operation between health and social authorities and organisations
- A continuous improvement of the infrastructure on all levels in the region will be of great importance to secure success
- A database with project information is needed to support the co-operation and co-ordination.

## **2.7 BEAC Working Group on Health and Related Social Issues (WGHS).**

### **2.7.1 Membership**

The Working Group shall include as permanent members representatives from regional and national (federal) competent authorities in each participating country, and be open to one representative of indigenous peoples and representatives of the WHO, the Nordic Council of Ministers and the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), the European Commission, and other bodies upon invitation.

### **2.7.2 Mandate**

The Working Group on Health and Related Social Issues has been established by the Barents Euro-Arctic Council (BEAC) to develop and oversee the Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region.

The tasks of the Working Group on Health and Related Social Issues are:

- Prepare and monitor multilateral actions in each of the three priority areas (see below)
- Ensure co-ordination with other international initiatives in the Region
- Support the development of targeted sub-programmes on prioritised issues and concrete project proposals
- Keep contact with national and international donors in order to obtain funding and possibly combined funding from multiple sources
- Organize evaluation of the co-operation by competent and suitable external institution
- Report to the Barents Euro-Arctic Council, BEAC

### **2.7.3 Working Methods**

The Working Group will decide its own working methods. It might appoint consultative experts groups, steering committees of sub-programmes, use external evaluation experts, organise conferences and involve universities and other research institutions.

The Working Group shall meet at least once a year. If necessary, it will establish a smaller group with one participant from each member country and region to manage urgent tasks between the meetings of the Working Group.

## **2.8 Chair and administration of the WGHS activities**

In order to promote an active participation on equal terms between the different actors in the programme, a shared chairmanship is practised. The chairmanship is circulating with intervals of two years with a Nordic country and a Russian region working together.

The chairing country/region should be given the necessary secretariat support by the International Barents Secretariat (IBS) in Kirkenes.

## **2.9 Financing of projects**

There is a wide variety of ways to finance co-operation in the Barents Region. The Working Group should keep in contact and promote financing of co-operation with the authorities responsible for funding in each participating country, financial organisations, and international actors such as the EU, WHO and Nordic Council of Ministers in order to identify funding sources.

### **2.10 Cooperation with other organisations**

#### **2.10.1 Northern Dimension Partnership in Public Health and Social Well-being**

The Programme stresses the importance of co-operation and co-ordination within the Northern Dimension Partnership in Public Health and Social Wellbeing. The Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region. play an important role in contributing to the achievements of the goals of the Partnership. The priorities of the Northern Dimension Partnership are similar to the Barents programme: reduction of major communicable diseases and prevention of life-style related non-communicable diseases as well as enhancement and promotion of healthy and socially rewarding lifestyles.

#### **2.10.2 WHO**

All participating Member States are also members of WHO-EURO, thus taking part in the technical and normative work that is the task of WHO globally and in Europe. In all areas of work covered by the Barents Health Programme, WHO has provided normative guidelines and recommendations, of which many also exist in Russian language.

#### **2.10.3 The Nordic Council of Ministers**

The Nordic Council of Ministers is a member of the Working Group. The priorities and activities proposed in the Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region correspond well with NCM priorities.

Apart from financing projects, the Nordic Council of Ministers has offices in Kaliningrad and St.Petersburg, and information points in Murmansk, Arkhangelsk and Petrozavodsk. This local presence constitutes the background for the continued participation.

#### **2.10.4 The European Union**

The importance of EU in the region as reflected in the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document, its Neighbourhood Policy, its activities, programs and financing mechanisms should be reflected in all work under the Barents health and Social Cooperation.

#### **2.10.5 The Council of the Baltic Sea States**

All members of the Barents cooperation are also members of the Council of the Baltic Sea States (CBSS), and efforts must be coordinated.