



**4th Co-operation Programme on
Health and Related Social Issues
in the Barents Euro-Arctic Region**

2012-2015

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

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1 INTRODUCTION

The Working Group on Health and Social Related Social Issues (JWGHS) was established by the Barents Euro-Arctic Council (BEAC) in 2002 to develop and oversee the co-operation 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 priority areas
- ensure coordination with other international initiatives in the region
- support the development of targeted 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 and
- report to the Barents Euro-Arctic Council (BEAC) and to the International Barents Secretariat.

The Co-operation Programme on Health and Related Social Issues in the Barents Region is adopted by the JWGHS for a period of four years. The present programme succeeds the previous programmes (1999-2003; 2004-2007 and 2008-2011).

The Working Group implements three programmes under the Co-operation Programme:

- Barents HIV/AIDS Programme, started in 2005
- Programme on Children and Youth at Risk (CYAR), started in 2008
- Programme on Tuberculosis, launched in 2010.

2 SCOPE AND PRIORITIES 2012 - 2015

The present Programme is developed by the JWGHS on the basis of the previous programme. With reference to the public health and social situation in the Barents region the main priority areas are as follows:

- Prevention and control of communicable and non-communicable diseases
- Reduction of lifestyle-related risk factors to improve health and the social situation of the population
- 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 such as children and youth at risk. Furthermore, the special needs of indigenous people as well as the special problems of sparsely populated areas should be part of the planning whenever relevant.

The Working Group co-operates in its activities with international organisations, in particular, with those mentioned in Chapter 5. The Working Group will also consider the priorities of the Barents Regional Council in the field of health and social affairs.

2.1 Prevention and control of communicable and non-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 in Health and Social Wellbeing (NDPHS) and with ECDC and the national agencies from non-EU countries. The Working Group recognizes here the importance of prevention and combat against HIV/AIDS and tuberculosis as key areas, which are addressed by special programmes. Additionally, from a public health perspective, the Working Group recognizes the importance of the prevention and combating STDs and other significant communicable diseases, continued co-operation between epidemiologists on surveillance and early warning and prevention of antibiotic resistance and health-care related infections.

2.1.1 Programme on HIV/AIDS

The Working Group shall continue the implementation of the Barents HIV/AIDS Programme and develop new co-operation 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 coordinate activities with the Expert Group on HIV/AIDS and Associated Infections of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS).

The HIV/AIDS Programme has among others the following priorities:

- Supporting comprehensive and realistic prevention and surveillance activities
- Improving technical, partner and response capacity for programme and project planning and implementation
- Improving coordination between HIV/AIDS services and primary health care, educational, penitentiary and social services; as well as between HIV/AIDS and tuberculosis services.

2.1.2 Programme on Tuberculosis

Efforts aiming to gain control of the tuberculosis situation in the region within 2013, as urged by the Prime Ministers in the Kirkenes Declaration of 11 January 2003, will be enhanced by the new Barents Tuberculosis Programme. This is particularly important because of increasing problems with multidrug- and extensively drug-resistant tuberculosis.

The TB Programme will have special focus on:

- Strengthening prevention of TB and TB/HIV co-infection (including penitentiary system)
- Improving infection control measures
- Enhancing early/timely and accurate diagnosis of TB and in particular resistant TB
- Evaluating the role of co-infection with other microorganisms (e.g. HCV).
- Improving the capacity of service providers
- Strengthening involvement of the society and governments in stopping TB.

2.2 Reduction of lifestyle related risk factors to improve health and the social situation of the population

The Working Group shall increase the knowledge of risk factors and support the prevention of lifestyle related diseases and social problems, as regards e.g. smoking, nutrition, violence, alcohol abuse, use of illicit drugs and toxic substances and strengthen the awareness of the effects these factors have on public health; promote healthy lifestyles, such as physical activity,

especially among young people, and support development of rehabilitation programmes for alcohol and drug addicts and follow-up services, including efforts for young people and families. The programme Children and Youth at Risk (CYAR, since 2008) has been launched to address this priority area of the Barents Coordination Programme.

2.2.1 Programme on Children and Youth at Risk

The Programme Children and Youth at Risk (CYAR, since 2008) supports projects in following key areas:

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

2.3 Development of primary health care, public health and social services

In this context, the Co-operation Programme on Health and Related Social Issues in the Barents Region may support:

- reforms of the health sector, in accordance with national priorities, emphasising development of primary health care and social services
- the development of management and education capacity for services important to public health and social wellbeing
- the development of reproductive health services and child health and social care
- 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.

3 GENERAL GUIDELINES FOR CO-OPERATION

- The co-operation shall build on the experiences of previous co-operation 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 implementation 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

4 JOINT WORKING GROUP ON HEALTH AND RELATED SOCIAL ISSUES (JWGHS)

4.1 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 representatives 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.

4.2 Working methods

The Working Group will decide its own working methods. It might appoint consultative expert groups, steering committees of the 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.

4.3 Chair and administration of the JWGHS 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 or region should be given the necessary secretarial support by the International Barents Secretariat (IBS) in Kirkenes.

4.4 Financing of projects

There is a variety of ways to finance co-operation in the Barents Region. The Working Group should keep in contact with and promote financing of co-operation from 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.

5 CO-OPERATION WITH OTHER ORGANISATIONS

5.1 Northern Dimension Partnership in Public Health and Social Wellbeing NDPHS

The Programme stresses the importance of co-operation and co-ordination with 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 plays 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 lifestyle related non-communicable diseases as well as enhancement and promotion of healthy and socially rewarding lifestyles.

5.2 World Health Organisation 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 health work covered by the Barents Co-operation Programme, WHO has provided normative guidelines and recommendations.

5.3 The Nordic Council of Ministers NCM

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.

5.4 The European Union EU

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 Co-operation.

5.5 The Council of the Baltic Sea States CBSS

All members of the Barents co-operation are also members of the Council of the Baltic Sea States (CBSS), and efforts must be co-ordinated.

5.6 The Arctic Council AC

All members of the Barents co-operation are also members of the Arctic Council (AC). Efforts must be co-ordinated, especially regarding the activities of the Sustainable Development Working Group (SDWG) and its subgroup the Arctic Human Health Expert Group (AHHEG).