



**6th Framework Programme for Cooperation on Health and
Related Social Issues in the Barents Euro-Arctic Region**

2020-2023

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

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1 INTRODUCTION

The Joint Working Group on Health and Related Social Issues (JWGHS) was established by the Barents Euro-Arctic Council (BEAC) in 2002. As a joint working group, it reports to both BEAC and the Barents Regional Council (BRC).

The two-level structure of the Barents collaboration is reflected in the JWGHS membership, where representatives of the national/federal and regional health authorities in the Barents Region meet twice a year to discuss relevant issues.

The JWGHS adopts the framework Programmes on Health and Related Social Issues in the Barents Region for four years. The program for 2020-2023 succeeds in the previous fifth program for the period of 2016-2019.

The JWGHS oversees three expert programs under the Sixth Co-operation Programme: the Barents HIV/TB Programme, the Programme on Children and Youth at Risk (CYAR) and the Programme on New Technology and methods for Health Care in sparsely populated areas.

In addition to the topics dealt with in the three expert programs, the JWGHS discusses a wide range of issues relevant to the Barents region in the field of health and related social issues.

2 SCOPE AND PRIORITIES 2020 - 2023

The present Programme is regarded as a framework for the cooperation in health and related social issues and is developed by the JWGHS based on the health and social situation in the Barents region

The main priority areas identified by the partner countries and regions are as follows:

1. Prevention and control of communicable diseases
2. Improved health and increased access to health care in sparsely populated areas
3. Improved environment for growth and development of children and youth
4. Prevention and control of non-communicable diseases

In the four priority areas attention should be paid to:

- Respect for human rights and gender equality
- Sustainable development through an Agenda 2030 perspective
- The ‘Health and Well-being in All Policies’ approach
- Inclusion and involvement of vulnerable groups in all actions of relevance and acknowledgment of the Special needs of indigenous people whenever relevant.
- Effective coordination and public health aspects
- Interdisciplinary methods and participatory approaches
- Promotion of innovative approaches and technologies

3. PRIORITY AREAS

Priority areas 1, 2 and 3, are at present followed up by expert programs, the Barents HIV/TB Programme, the Barents Programme on New technologies and methods for health care in sparsely populated areas and the Barents Programme for Children and Youth at Risk.

3.1 Prevention and control of communicable diseases

JWGHS recognizes the importance of prevention of and combat against HIV/AIDS and tuberculosis as critical areas, which are addressed by a particular programme – Barents HIV/TB Programme. The situation with HIV and tuberculosis in the Barents Region is diverse. Despite the differences in the epidemiological patterns, some features are valid for all the territories of the Barents Region.

The goal of the Barents HIV/TB Programme is an intensification of measures taken against HIV, tuberculosis, and associated infections in the Barents region based on international cooperation.

The objectives of the Barents HIV/TB Programme are:

- To implement patient-oriented approaches aimed at ensuring adherence to therapy
- To promote competence building and education for healthcare and social workers on topics related to prevention, diagnosis, treatment, and care
- To ensure a forum for discussions of best practices and new approaches in the HIV and TB sectors.

Tuberculosis (TB) and HIV co-infections place a heavy burden on health care systems and pose particular diagnostic and therapeutic challenges. Infection with HIV is the most potent known risk factor, predisposing for *Mycobacterium tuberculosis* infection and progression to active disease, which increases the risk of latent TB reactivation 20-fold. TB is also the most common cause of death among people with HIV. A person who has both HIV infection and TB disease has an AIDS-defining condition.

There is a need for a more buoyant, comprehensive, and better-coordinated effort for the Barents Euro-Arctic Region (BEAR) to meet the target of WHO End TB Strategy by 2035. Last but not least, while the Russian part of the BEAR demonstrates certain positive tendencies in tuberculosis rates, the HIV rates remain high or even grow.

The similar epidemiological and social conditions for the spread of HIV infection and tuberculosis require similar preventive measures and coordination of the activities of various services. In order to rationalize and relocate the resources, support the integration of HIV/TB activities, increase the impact of the programme and to tackle the increase of HIV/TB co-infection increase, the JWGHS commissioned the development of a new combined HIV/TB programme for the Barents Region, adopted by the JWGHS in 2019.

The Steering Committee (SC) of the Barents HIV/TB Programme coordinates and develops the programme under the guidance of the JWGHS. To reinforce efforts in the field of communicable diseases, Barents HIV/TB Programme shall cooperate and coordinate its activities with the Northern Dimension Partnership in Health and Social Wellbeing (NDPHS), WHO, the Nordic Council of Ministers and with ECDC, and the national agencies in the respective countries.

3.2 New Technology and Methods for Health Care in Sparsely Populated Areas

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.

Health information technology (HIT), including Telehealth and E-health, can improve the quality, safety, effectiveness, and delivery of healthcare services in sparsely populated areas. HIT can connect patients

and providers in remote locations to specialists in health clinics. HIT can overcome the distance between physicians and patients, enable data about patients to be shared among health professionals on a timely basis, bring an early diagnosis of disease, and prevent hazardous health challenges that patients may develop. HIT can also reduce gender-based barriers to access healthcare.

The programme has the following initial priorities:

1. To Collect and exchange information and knowledge on best practices of cost-effective solutions to meet health care needs in sparsely populated areas
2. To share models for the introduction of HIT in different fields of the Health and Care systems, including training and education

The Steering Committee (SC) coordinates and develops the programme under the guidance of the JWGHS. To reinforce efforts, the Barents program on New Technologies and Methods for Health Care in Sparsely Populated Areas shall cooperate and coordinate its activities with the Nordic Council of Ministers, WHO and the national agencies working in this field in the respective countries.

3.3 Programme on Children and Youth at Risk (CYAR)

While many children and young people in the Barents Region grow up in a safe, healthy and positive environment, vulnerable groups of children and young people continue to lack adequate protection.

The Barents CYAR Programme prioritizes a sustainable and comprehensive approach to support children, young people, and families at risk in the Barents Region with the overall aim to promote the well-being of these groups.

The objectives of the programme are:

1. To strengthen the rights of the child in accordance with the Convention on the rights of the child and other international treaties, including the UN Convention on the Rights of Persons with Disabilities, and their operationalization in policies and cross-sectoral service provision.
2. To increase efficiency and quality of services towards target groups, for instance through emphasizing a cross-sectoral approach and use of knowledge-based methods promoting evidence-informed policies and/or other relevant measures

3. To increase information exchange between stakeholders and support effective collaboration in the realm of children and youth at risk in the Barents region

The Steering Committee (SC) coordinates and develops the programme under the guidance of the JWGHS. Cooperation with the Working Group for Indigenous Peoples (WGIP) as well as the Joint Working Group for Youth (JWGY) should be encouraged.

3.4 Non-communicable diseases

Non-communicable diseases (NCDs: cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) currently account for over 80 % of all deaths and over 70 % of disease burden in the WHO European region. NCDs are mainly caused by modifiable behavioural risk factors: harmful use of alcohol, use of tobacco products, unhealthy nutrition, and physical inactivity. Also, mental health conditions and air pollution contributes to this disease burden.

NCDs are, to a large extent, preventable by addressing lifestyle-related risk factors and environmental factors, both in individuals and through population-level measures, including regulatory measures, in society at large. It is also done by influencing public policies in sectors outside health that tackle risk factors and enabling health systems to respond more effectively and equitably to the health-care needs of people with NCDs.

Active international cooperation to reduce the burden of disease from NCDs is established (e.g. under the WHO). To ensure that measures are followed throughout the Barents region, the JWGHS discussed issues of relevance to the Barents Region regularly and may arrange separate meetings or collaboration with other regional structures (NCM, NDPHS) on the topic.

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

4.1 Tasks of the JWGHS

- Increase regional and cross border cooperation to improve public health and social well-being in all parts of the population.

- Increase awareness of and raise interest in the priorities of the Framework Collaboration Programme on Health and Related Social issues.
- Promote the Sustainable Development Goals (SDGs') and Agenda 2030 in the region.
- Prepare and monitor multilateral actions in each of the priority areas of the Framework Programme and improve coordination with other international initiatives in the region.
- Support the development of targeted programs on prioritized issues and concrete project proposals within the priority areas in the region.
- To decide on its Framework Programme or similar medium to long-term plans.
- Keep contact with national and international donors to obtain funding, possibly from multiple sources.
- Report to the Barents Euro-Arctic Council (BEAC) and the International Barents Secretariat.

JWGHS co-operates with international organizations, in particular with those listed in Chapter 5. JWGHS considers the priorities of the Barents Regional Council in the field of health and social affairs and the development of co-operation with the areas adjacent to the Barents Region.

4.2 Membership

The Joint 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 NDPHS, the European Commission, and other bodies upon invitation.

4.3 Working methods

The JWGHS decides its working methods. It might appoint consultative expert groups, steering committees of the programs, use external evaluation experts, organize conferences, and involve universities and other research institutions.

The JWGHS meets twice a year. If necessary, it establishes smaller groups to manage urgent tasks between the meetings of the JWGHS.

4.4 Expert programs under the JWGHS

The JWGHS may commission the development of expert programs on prioritized topics, and establish steering committees to manage or follow up the expert programs. The programs identify common challenges and suggest working methods to address these challenges. The JWGHS adopts expert programs. The Barents countries and regions nominate the members of the steering committees.

4.5 Chair, Co-Chair, and administration of the JWGHS activities

JWGHS practices shared chairpersonship (Chair and Co-chair) to promote active participation on equal terms between the different actors in the JWGHS. The chairpersonship is circulating with intervals of two years with a Nordic country and a Russian region working together.

The Chair takes the initiative and responsibility for the activities of JWGHS during each two-year term in close collaboration with the Co-chair.

The chairing country or region should be given the necessary secretarial support by the International Barents Secretariat (IBS) in Kirkenes. The Chair is responsible for submitting the annual report of the Working Group to the IBS by the end of December each year. The annual report should describe the activities which have been undertaken during the past calendar year.

5. GENERAL GUIDELINES FOR CO-OPERATION

- The cooperation shall build on the experiences of the previous co-operation as well as experiences from programs/reports/instruments of other organizations, such as NDPHS, NCM, WHO, CBSS, and the Arctic Council
- The JWGHS shall promote broad exchange of information of activities in the Barents Euro-Arctic Region to facilitate the identification of possible overlapping projects as well as geographical and thematic gaps
- Co-operation should be promoted between international, national, regional, and local authorities to enhance coherence and synergy of regional and cross-border cooperation.
- Competence building shall be a priority. Extensive mutual exchange of information, the participation of experts in seminars and scientific conferences is foreseen

- Efforts should be made to enhance and support people to people contacts in the region and support the active involvement of non-governmental organizations

Continuous improvement of the organizational and technical infrastructure at all levels in the region is of great importance to secure success.

6 CO-OPERATION WITH OTHER ORGANISATIONS

6.1 Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS)

The Programme underlines the importance of co-operation and co-ordination with the NDPHS. The Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region plays a vital role in contributing to the achievements of the goals of NDPHS. The priorities of NDPHS are similar to the Barents program: 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.

6.2 World Health Organization (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.

6.3 The Nordic Council of Ministers (NCM)

The Nordic Council of Ministers is a member of JWGHS. The priorities and activities proposed in the Framework Programme on Health and Related Social Issues in the Barents Euro-Arctic Region correspond with priorities of Nordic co-operation on social affairs and health that fall under the auspices of Nordic Council of Ministers on Health and Social Affairs (MR-S).

6.4 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 should be coordinated.

6.5 The Arctic Council (AC)

All members of the Barents co-operation are also members of the Arctic Council (AC). Efforts should be organized, especially regarding the activities of the Sustainable Development Working Group (SDWG)

and its subgroup the Arctic Human Health Expert Group (AHHEG).

6.6 The European Union (EU)

The importance of the EU in the region as reflected in the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document should be reflected in all work under the Barents Health and Social Co-operation.

6.7 Other working groups of the Barents Euro-Arctic Council and the Barents Regional Council

The Barents Euro-Arctic Council has established working groups and task forces, Committee of Senior Officials of the Barents Regional Council and Barents Regional Committee to deepen cooperation on issues relevant to the Barents Region. The thematic priorities of the Programme coincide with the working areas of several other working groups, e.g., Joint Working Group on Youth and Joint Committee on Rescue Cooperation.

7. FINANCIAL RESOURCES

There is a variety of ways to finance co-operation in the Barents Region. The JWGHS should keep in contact with and promote the financing of co-operation from authorities with access to funding in each participating country, financial organizations, and international actors such as the EU, WHO and Nordic Council of Ministers to identify funding sources.

Successful implementation of the Framework Programme requires the allocation of both financial and human resources necessary:

- for appointed JWGHS and Programme SC members to be able to actively participate in the work of the groups, including participation in the meetings
- to initiate and implement projects.
- to strengthen the mutual contact and cooperation in the Barents region
- to organize meetings of the Programme SCs