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Title	4th BEAC JWGHS Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region, 2012-2015
Submitted by	Finland (in its capacity as BEAC JWGHS Chair)
Summary / Note	This document sets out the cooperation programme for the BEAC Joint Working Group on Health and Related Social Issues (JWGHS) for the period 2012-2015. It outlines the main priorities and cooperative endeavours for this period. The attached annex provides recommendations and lessons learned from previous work.
Requested action	For information

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).

Annex

RECOMMENDATIONS AND LESSONS LEARNED FOR THE NEW BARENTS PROGRAMME PERIOD

The recommendations and lessons learned, composed from the feedback of the Barents HIV/ AIDS Programme and Children and Youth at Risk Programme, aim to increase the sustainability of the work planned for the future period of the Barents Cooperation Programme. General recommendations and lessons learned of the work done as well as programme-specific, more detailed comments are as follows.

General recommendations and lessons learnt

1. Stability of the Cooperation Programme structure as well as that of programme structures and a clear definition of the mandate support the sustainability of the work.
2. Capacity building is to be continued with an emphasis on prevention and management.
3. Adequate exchange of information and dissemination of good practices at national and international level on cross-administrative basis must be ensured.
4. User involvement is to be supported and a strategy how to promote it should be drafted.
5. Local or regional anchorage of programme activities should be ensured and in the Russian Federation regional activities need to be supported by federal contact points.
6. Representation of indigenous peoples in the programme work should be encouraged.
7. Monitoring and evaluation of programme activities must be strengthened by statistics and research results.
8. Visibility of work should be promoted both at local, regional and central government levels.
9. Coordination between national and international activities and accumulation of knowledge must be ensured.

HIV/ AIDS Programme

Programme-specific recommendations and lessons learned from the Barents HIV/ AIDS Programme below are based partly on the monitoring report prepared by Ali Arsalo in 2008, and they have been implemented since then. The evaluation of the Barents HIV/ AIDS Programme by Professor Pauli Leinikki was implemented in 2011 and the key messages of the evaluation are also included in the list of recommendations and lessons learnt.

1. Main focus on prevention.

Particular emphasis has been put into prevention of most vulnerable and hard-to-reach groups such as injecting drug users and people close to them. In addition to injecting drug users, prevention activities should be targeted to other vulnerable groups, such as sex workers, prisoners, migrants and youth.

There is an urgent need to organize systematic preventive work to reduce the risk in HIV infection transmitted due to injecting drug use among prisoners (e.g. in the Murmansk region).

2. Support to easy access low-threshold centres and outreach activities should be extended to meet the challenges that the widening epidemic will pose in the near future. Promotion of anonymous testing with easy access and quick results should be promoted. Linking such activities with research should be encouraged to find the optimal algorithms and best access to at-risk populations.

3. Clear need for capacity building in programme planning and management. Planning by Logical Framework Approach (LFA).
Capacity building has been supported by training and exchange visits. LFA increases the partners´ commitment.

4. Sustainability.
Political support is needed; a written agreement with local authorities in the beginning of the project; local authorities must be informed about progress of the project.
New activities are to be launched within existing institutions: ensures continuation of activities after completing the project.
Exit strategy should be there from the beginning of the project.

5. Coordination with other local and international actors. Inter-sectoral collaboration, also in the form of data exchange is needed.
Platform for international collaboration should be maintained and developed further. Here, coordination and regular meetings of the steering committee are the most important tools. Also the link with the Northern Dimension Partnership should be maintained. Activities should include high level training in the forms of seminars, exchange visits and collaboration in working with media and involving NGOs, AIDS centres and narcological dispensaries. Identification of other foreign organisations and projects working in the same field and their inclusion under the Barents umbrella is recommended.

6. Local ownership and enthusiasm. Support to peer training and voluntary work should be continued and promoted. Active involvement and participation of the local partner(s) in planning and implementation of the project are needed.

7. Best practices of the AIDS Centres as guidelines for further activities should be collected. Dissemination of the guidelines to other regions would be useful.

8. Projects supporting independent academic research and networking of academic institutions should be promoted. Support to local AIDS Centres in developing studies for continuous monitoring of the actual HIV-AIDS-TB-IDU situation.

9. Dialogue concerning legal and economic issues should be continued and promoted.

10. High confidentiality: the clients have to be able to fully trust the personnel.
Client survey at Murmansk Low Threshold Support Centre is to be utilized as an example.

11. Collaboration with mass media. It is also important to combat against discrimination and stigma of HIV-infected people. Permanent contacts with local journalists are productive to good results.

Children and Youth at Risk Programme (CYAR)

The recommendations and lessons learnt from the Children and Youth at Risk Programme are based on the discussion of the 6th Steering Committee Meeting, May 10th 2011 in Tromsö.

1. Increase the multilateral profile of the programme on project level, including representation from indigenous people.

2. The composition of the Steering Committee (SC) – its members, mandate and stability.
The SC experienced a high member turn-over rate for the first years, and is composed of members from very different organizational types and levels.
Regional SC member should have a clear mandate to act as coordinator and secure multi-agency involvement in CYAR activities, establish good contact with both local authorities and relevant local organizations and institutions. Should have experience from international cooperation.
Chair and Co-chair should consist of one Nordic and one Russian partner, with formalised mandate from the Barents partner.

3. Funding of activities. The CYAR programme did not receive any funding from the starting point. The Working group should assist the SC in fundraising for the program related activities. A minimum partner funding should be secured, to cover the costs of SC (member) activities (meetings of the SC).

4. Continuation of CYAR the Support Project – to maintain the knowledge-based profile of CYAR and the ongoing competence sharing. To build on existing structures, competence and network outcomes gained through the CYAR programme.
Continuous assessment is furthermore an important part of project management and is vital for long-term projects. Any long-term project would benefit from regular evaluation of project activities (seminars, conferences and courses).

5. Broaden the perspective of the program with special attention to a) prevention activities/programmes b) alternative family care and c) integration of ongoing cooperation projects/efforts on the topic of juvenile delinquents in the CYAR Programme

6. Improve local anchorage of CYAR related activities.
a) Systematic meetings of the SC with local and regional authorities are essential in order to coordinate CYAR plans with regional plans.
b) Use of cooperation agreements securing good exit project strategies. Project sustainability depends on political support. It is necessary to engage in cooperation agreements with local/regional authorities in the beginning of the project, to secure all-level-ownership to activities and results.

7. Consider use of LFA in planning activities: the SC should take LFA into use in future operations of the programme.

8. Systematic contact and cooperation with research units.
Projects will benefit from involving research organisations. Project owners need to know the results from new practice implementation and whether methods are effective and applicable in local environment. Scientific publications in a native (Russian) language are crucial for any involved in a project as well for other potential readers.

9. User involvement strategy, participation from youth organizations are needed.

10. Coordinating/contact point on Russian federal level is needed.
It is a good experience from the CYAR programme to have established contact with authorities at federal level on the subject of children and youth, for legitimacy and coordination of activities. This link should be strengthened.

11. Information strategy, more systematic use of local media and strengthened information flow within the programme.