

**Committee of Senior Representatives (CSR)
 Twenty First Meeting
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Reference	CSR 21/6.4/1
Title	NDPHS' Arctic approach: current state of affairs
Submitted by	Secretariat
Summary / Note	<p>The Northern Dimension Steering Group on several occasions has emphasized the need to strengthen the Arctic Window of the Northern Dimension. The 3rd Ministerial Meeting of the Renewed Northern Dimension held on 18 February 2013 requested to develop the Northern Dimension's Arctic approach.</p> <p>The upcoming Northern Dimension Steering Group will discuss how to take the issue forward. To facilitate the discussion, the European External Action Service (EEAS) will draft a discussion paper. To that end, the EEAS has approached the Secretariats of the ND Partnerships and other structures with a request to provide inputs to the discussion paper.</p> <p>This document contains answers to the EEAS' questions on the current state of affairs regarding the Arctic approach in the NDPHS. It has been developed by the NDPHS Secretariat in consultation with the NDPHS Expert and Task Groups.</p>
Requested action	For discussion and approval for submission to the EEAS

DEVELOPING THE ARCTIC APPROACH OF THE NORTHERN DIMENSION

NDPHS' Arctic approach: current state of affairs

I. Background

Public health is an important factor in economic and demographic stability and sustainable development in the Northern Dimension area. Consequently, social welfare and health care have been included as a priority sector in the renewed Northern Dimension policy jointly adopted by the EU, Iceland, Norway and the Russian Federation.

The NDPHS, which operates within the framework of the Northern Dimension policy, provides a platform for advancing work in this sector through a range of activities, including policy development, stimulating and initiating project-based activities, networking, etc. The Partnership involves ten governments, the European Commission and eight international organizations.

Several NDPHS Partner and Participant Countries have a long experience in cooperation in the Arctic and Barents regions in different fields. This cooperation ranges from informal and *ad hoc* contacts to a well-established cooperation through forums such as the Arctic Council (AC) and the Barents Euro-Arctic Council (BEAC)¹.

II. Answers to questions posed by the EEAS

1. What your Partnership/Structure is currently doing vis-à-vis the Barents and Arctic regions?

Health and social well-being of indigenous people has been recognized, at the political level, as part of the NDPHS agenda. The Declaration concerning the establishment of the NDPHS (the Oslo Declaration) calls upon the Partners to take into account cross-cutting themes, including indigenous people. Further, Goal 11 in the NDPHS Strategy calls for improvement of public health and social well-being among indigenous peoples in the Northern Dimension area.

The following activities have been undertaken:

- **Establishment of the NDPHS Task Group on Indigenous Mental Health, Addiction and Parenting (IMHAP TG)**

The IMHAP TG, led by Canada and co-led by the Nordic Council of Ministers (NCM), was established in June 2010 to work towards achievement of the above named Goal 11. However, Canada's withdrawal from the NDPHS in late 2011 was followed by withdrawal from chairing the IMHAP TG. As both Canada and the co-lead Partner, the NCM, were unable to continue leading the IMHAP TG, they presented the remaining IMHAP TG members with the opportunity to assume the leadership of the group. Regrettably, no other IMHAP TG member expressed interest in carrying this work forward.

The NDPHS Committee of Senior Representatives (CSR) decided in April 2012 not to abolish the IMHAP TG, but to examine different solutions, allowing the group to continue its work, including: (i) finding a new leadership of the group (in this context, Denmark was mentioned as having a large

¹ BEAC is a Partner Organization in the NDPHS. Denmark, Finland, Iceland, Norway and Sweden are members of the AC. Denmark, Finland, Iceland, Norway, the Russian Federation and Sweden are members of the BEAC.

indigenous population); (ii) streamlining the indigenous peoples issues into Partnership's and its groups' activities; (iii) merging the IMHAP TG with another NDPHS group; (iv) merging the IMHAP TG with other regional structure(s). It was noted that proposals regarding the streamlining and/or merging would not work unless issues such as involving indigenous people's representatives in the work and financing their trips would be resolved. The issue was also examined in relation to cooperation with the Arctic Council and with participation of Canada, Denmark and Russia.

Having thoroughly examined the issue, the **NDPHS Partnership Annual Conference (PAC) decided in October 2012 to leave the IMHAP TG dormant for the time being and address the issue during the Partnership's five-year evaluation** (the evaluation is currently ongoing).

- **Channeling funding for projects through the NDPHS Project Pipeline**

The Norwegian Ministry of Health and Care Services continues channeling funding through the NDPHS Project Pipeline² for Norwegian - Russian cooperation in the area of public health. **Target groups are vulnerable groups in the population, and, where appropriate, priority is given to the particular challenges of indigenous peoples and sparsely populated areas.**

- **Exchange of information and cooperation between the NDPHS and BEAC**

The NDPHS (both at the CSR and expert level) has established exchange of information and, in some cases, cooperation with the Joint Working Group on Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council. The JWGHS is represented at the NDPHS PAC and CSR meetings by its co-Chair countries (Finland in 2010-2011 and Norway in 2012-2013) who inform about the most important developments of relevance for the NDPHS. It is evident from these exchanges of information that the Barents and NDPHS structures work in cooperation and the priorities of these structures are in line and go into the same direction.

For example, the new Barents Tuberculosis programme was developed in close cooperation with the respective NDPHS Expert Groups and professional contacts are being maintained through the International Technical Advisors, as well as Scandinavian and Russian members of these Expert Groups. Furthermore, there is a close link between activities of the NDPHS HIV/AIDS and Associated Infections Expert Group and the Barents HIV/AIDS programme Steering Committee. A large number of HIV-related projects have been and are being implemented in the Barents Sea Region (covering such areas as Murmansk region, Archangelsk region, Karelia and Komi) in collaboration with this NDPHS Expert Group.

2. Does your Partnership/Structure have plans to make new openings vis-à-vis the Barents and Arctic regions?

The NDPHS' current priority is to find a sustainable solution to the problems related to the IMHAP TG (cf. answer to the first question above). Regarding new activities, possible NDPHS involvement in the development of **future ENI CBC Karelia Programme for the period 2014-2020** is being discussed. Some projects financed from the current Karelia ENPI CBC Programme are consistent with the NDPHS priorities and already include some NDPHS members. It is proposed that the NDPHS Secretariat would take part in upcoming discussions on building up future programme (the NDPHS is already engaged in the 2014-2020 programming period dialogue and it welcomes the opportunity to extend the NDPHS focus to the northern area).

² Cf. <http://ndphs.org/?pipeline>.

3. How could your Partnership's/Structure's activities be further developed with a view to the Barents and Arctic regions?

In 2010 the IMHAP TG expressed a strong interest in **cooperating with the Arctic Council** on issues of common interest. It was concluded that the Arctic Council should be invited to the IMHAP TG meetings in order to coordinate activities and avoid duplication. If the IMHAP TG is re-established, the possibilities of cooperation with the Arctic Council shall be explored. In this context, it should be noted that from May 2013 the chairmanship of the Arctic Council will be assumed by Canada. It is expected that in the resolution to be adopted by the Arctic Council in May or June 2013 there would be an emphasis on stronger human and health dimension. Therefore, positive preconditions will be in place in 2013 for possible establishment of a closer cooperation with the Arctic Council on indigenous people's issues.