



## **Minutes of the 15th meeting of the Joint Working Group for Health and Related Social Issue (JWGHS) of the Barents Euro-Arctic Council, Petrozavodsk, 6. November 2012**

**Venue:** Ministry of Health and Social Development, Republic of Karelia

**Chair:** Norway on behalf of the Norwegian – Karelian chairmanship

### **1. Opening of the meeting**

The meeting was opened by Minister of Health of Karelia, Ms. Valentina Ulich who emphasized that the many years of cooperation have been very fruitful. Joint efforts from the different countries have resulted in improvements when it comes to prevention of STI, support to children and youth at risk, reforms in the health care system and the development of social services.

### **2. Presentation of the participants/Adoption of the agenda**

The Chair thanked the minister for the welcoming words and for hosting the meeting in the Ministry of Health and Social Development of Karelia. The participants of the meeting introduced themselves.

### **3. Adoption of the agenda**

The International Barents secretariat was not able to attend the meeting, but a brief update was given by the Chair. She also informed that the Annual report of the joint working group would be discussed under the last item of the agenda; Any other business.

Thereafter the agenda of the meeting was adopted with no comments.

### **4. Information about the latest developments of the Barents Euro Arctic Council (BEAC) including information on the development of the Action Plan on Climate Change.**

The Chair informed about the priorities of the BEAC chairmanship and the latest developments. She gave highlights from the meeting of the reference group of the Norwegian chairmanship of BEAC in Oslo, which the chair had attended on behalf of the JWGHS, and also informed about the seminar in mining industry and indigenous people in the Barents region had been successfully carried out in Tromsø.

Comments to the JWGHS' input to the Barents Action Plan on climate change had been received from Finland and Sweden and been worked into the document. The Ministry of Environment of Norway is coordinating the work with the action plan. They had received input from 6 of 8 joint working groups. The chair expected the JWGHS to receive an overall draft later in November.

The meeting approved the JWGHS input to the Barents Action Plan on Climate Change with the suggested changes to be submitted to the Ministry of Environment. The meeting also approved that the draft could be included as an appendix to the Action Plan itself.

#### **5. NDPHS Expert Group (ASA EG) on alcohol and substance abuse**

Chair of the Expert Group on Alcohol and Substance abuse (ASA EG) under the Northern Dimension Partnership in Health and Social Well-being (NDPHS) had been invited to the meeting. He informed about possible meeting points for the Barents Council, the Arctic Council, Northern Dimension. As there are many parallel activities dealing with the same issues it is important to avoid duplication and see how one can work together. Common problems are alcohol consumption and illicit production. The goals put up by WHO for reduction of non communicable disease are very ambitious and difficult to achieve. Alcohol is one of 4 risk factors that are now measured globally for non communicable diseases.

The international technical adviser (ITA) of the ASA EG, Mr. Zaza Tsereteli, informed about their work to find useful links between alcohol and tobacco, and that they are planning an international conference on this issue. He is also the personal link between Barents and the NDPHS groups as he is also one of two co-ordinators of the Barents TB Programme Steering Committee. He informed that a project proposal has been developed by Russian colleagues concerning Fetal Alcohol Syndrome. The ASA EG meets twice a year in the alcohol and drug abuse research centre in Moscow. The centre is very happy to learn more about what is happening in the northern regions of Russia. The Baltic States are more interested in these issues than before and also to cooperate with Russia. All these perspectives are useful for our work.

#### **6. Report from the Barents HIV/AIDS Program Steering Committee.**

The International Technical Adviser (ITA) of the Barents HIV/AIDS Program Steering Committee reported on the work of the Steering committee.

The last Steering committee meeting was held in Oslo in May. The new NDPHS Action Plan for HIV/AIDS was presented as well as the Norwegian Strategy of HIV/AIDS. The result of EMIS in Norway and Russia were also presented and the most interesting results from Russia and Norway were highlighted.

The future of the Barents HIV/AIDS program had been up for discussion. The interest among the participants in continuing the network had been overwhelming. The Russian delegates to the HIV/AIDS group had reported that they found the meetings supportive to their work, and underlined that this was a good platform for contact with the Nordic countries which are similar in many ways. It had been decided to seek continuation in some form also for the coming years. Finnish funding for 2013 has been secured, but what will happen in 2014 is uncertain, as all Finnish bilateral projects will be faced out during 2012/2013. Ongoing projects were reported.

The ITA informed of an EMIS study in 52 countries. NGOs working with MSM were supporting this study, and there was a big response, also from Eastern European countries and Russia. It is important to analyze these figures, and they are easy to compare.

## **7. Report from the Barents Tuberculosis Programme Steering Committee**

The Co-ordinator of the Barents TB Steering Committee reported on the work of the Steering Committee.

The TB cases among foreign born residents in Norway have increased approximately 50% during the last 10 years. When it comes to TB in prison, there are very few cases in Norway. In Finland the TB cases have increased, mostly among foreign born residents. In Russia the TB is decreasing slightly, but co-infection HIV/TB is a problem especially in the prison system, among drug users and homeless people. Some of these groups are difficult to reach with treatment, and the mortality is high.

### *Presentation of the Barents TB Programme*

The main goals in the TB program is to have a greater partnership and cooperation between Russia and the European countries in prevention and treatment of TB, more effective prevention, low threshold services for vulnerable people, improve the capacities of facilities and institutions, mobilize or invite civil society organizations to provide help, training and training seminars.

No further comments had been received to the latest draft sent to the countries and regions in advance of the meeting. The meeting adopted the Barents TB program.

A summary of the programme with recommendations will be submitted to the drafting group of the Kirkenes II declaration.

## **8. Report from the Barents Programme for Children and Youth at Risk (CYAR) Steering Committee**

The Chair of the Barents Children and Youth at Risk (CYAR) Program Steering Committee, reported on the work of the Steering Committee.

The CYAR conference in Petrozavodsk 8<sup>th</sup> November will be joined by approximately 100 persons.

The main objectives and agenda for the group is multi-agency approach, long term project partnerships, competence sharing on knowledge based interventions and increasing activities towards social assistance to children and youth at risk in the Barents region.

Altogether there have been 14 trainings during the last 3 years based on programs to support parents with handicapped children to get the father stay in the family and methods for aggression replacement. In Petrozavodsk there are 7 facilities participating in a training on aggression replacement ART. The Committee is now trying to assist Russia in including ART in the juvenile rehabilitation service.

The EU Kolarctic application has been approved and funds will be available for the CYAR programme for the next period. All partners have confirmed the co-funding.

The Activity plan CYAR II (2012-2015) was adopted.

### **9. Information from regional and national representatives on current and future co-operation concerning health and social issues.**

The national and regional representatives reported on their work and activities.

#### **Finland**

Finland currently holds the chairmanship of the NDPHS. Finland informed of the latest events. The week before, a meeting of the Committee of Senior Representatives was successfully held in Berlin.

The agreement on the establishment of the NDPHS Secretariat with its own legal capacity was signed by most of the partners in 2011. Now there are national procedures. 4 countries has noted a depositary that they have ratified the agreement, but 6 are needed before the agreement can enter into force.

The NDPHS task group on Indigenous mental health, addictions and parenting (IMHAP TG) has not been operative since Canada withdrew from the partnership. The NDPHS is discussing ways to continue the work.

The Expert Group on Public Health and Prison Health systems chaired by Sweden may possibly be divided into two groups.

The NDPHS will undergo an evaluation in 2013.

#### **Arkhangelsk**

The presentation focused on the TB-situation.

Arkhangelsk has a very good system with 33 laboratories attached to hospitals, and one central laboratory. From 2011 molecular genetic laboratory was started. This means that outbreaks can be quickly investigated.

TB is decreasing in Archangelsk region. The biggest share is in the prison system. When someone is released they are referred to the hospital. Through international cooperation they have also managed to handle the resistance TB situation. Money and possibilities to purchase what is needed is present. Psychosocial support also through the treatment through foreign partners.

Three weeks ago Norwegian NGOs visited a prison in the region.

The rates of HIV are still low. In 1991. In august 2012 an agreement signed by MoH and MoJ. This will give a better overview of the situation with data from civil and prison sectors.

All kinds of support to the resistant TB persons and the coinfecting persons will be discussed between the sectors. Homeless people are a very high risk group.

Arkhangelsk region is also working with climate change issues. WHO has implemented an interesting pilot case in the region to learn about the arctic regions. The investigation tried to take a retrospective look on cardiovascular disease. Arkhangelsk also investigated the structural emergency to reach remote places. This was compared to the metrology data. A book was produced as result of the project: Strategies to of assimilation of the climate change. It is the first report of its kind in the world. The work in Archangelsk on climate change is written mostly by experts from Archangelsk who are attached to the School of Public Health in Archangelsk – one of the big projects of the Barents region collaboration.

Comment from audience: good that there is a cooperation on TB also between the MoH and MoJ departments.

### **Norway**

Norway informed that there is a new minister of health and care services. Mr Jonas Gahr Støre who used to be minister of foreign affairs. The new minister has a very good knowledge of the Barents cooperation and the Northern Dimension collaboration.

Norway and Russia are now developing a new health collaboration programme for the next 4-year period. The Barents cooperation will be mentioned in the programme as an important part of the two countries' collaboration.

The Norwegian Ministry of Health and Care Services has received 35 applications to its grant scheme for Russian – Norwegian health collaboration projects in October. First meeting of the Programme Committee will take place tomorrow.

Meeting of project managers that have been supported by the health program will be arranged in Lilleström, Norway in December.

### **Karelia**

Karelia informed about the HIV –situation. First case in 195 of HIV- 1164 cases currently in Prison. HIV prevalence 3 =% less than average in Russia. 2011 185 new infections registered. Almost double than year before. Now we have noted some more stability and a decrease. 33% are women. Agegroup 20-29. Increase over 35 years. Heterosexual transmission is increasing. However the figures are inaccurate because MSM tend to give other causes for the infection than MSM transmission. However we have good treatment also for late diagnosis.

In Karelia there has been improvement in the co-operation with the prison system. There is a special hospital within the prison system. The infected persons in prison are almost as many as in the rest of the population. The staff has gradually been trained within the prison system. they also provide treatment. They have their own lab etc. The prison system will inform 1 month before th prisoner is released. and transfer to us or other medical facility.

Nov 15 there will be a final conference in the project for “Fertile women”. This is a MTCT project that is beginning to bear fruit. We did have some MTCT every year but now we might be able to curb this.

Now they will focus on the co-infection issues.

## **Sweden**

Sweden informed that there is a slight positive development on HIV and STIs in Sweden but no conclusions to be drawn yet.

Sweden is not funding projects, but is positive to the Barents collaboration. They will appoint persons from relevant authorities to take part in steering groups and policy groups. The Swedish government is funding the northern most region extra for participation in arctic collaboration in general.

## **The Norwegian Barents Secretariat**

Ms. Laila Dalhaug informed that the grant scheme for smaller collaboration projects continues. Information is available at [www.barents.no](http://www.barents.no)

A conference on new ways of health collaboration will be organised next year together Northern Norway Health Authority.

## **10. Any other business**

Annual report of the joint working group was discussed. It was decided that the Chair would compile a draft annual report based on the inputs from the steering committees of the Barents TB Programme, The Barents HIV/AIDS Programme and the Barents CYAR Programme. The annual report would be sent to the representatives for comments.

## **11. Next meeting**

The next meeting will be hosted by Norway in Kirkenes during spring 2013. The choice of venue is related to the 20<sup>th</sup> anniversary of the signing of the Kirkenes declaration in 1993. The anniversary of the collaboration on health and related social issues under the Barents collaboration will be celebrated in connection with the next JWGHS meeting.

## **12. Closing of the meeting**

The Chair declared the meeting closed.