Programme for health cooperation in the Arctic 2023-2025[1]

Norway will chair the Arctic Council in May 2023. Health cooperation will be an important topic under the Norwegian chairship. The purpose of this programme is to set the main direction for how we can strengthen international health cooperation in the Arctic Council and support the Norwegian chairship in the period 2023-2025. The programme is in line with the Arctic Council's Strategic Plan 2021–2030.

The High North is Norway's most important strategic area of interest.[2] Global climate change has the greatest impact in the Arctic region, where it may affect industrial activity and structures, settlement patterns, living conditions and health. Indigenous peoples are particularly vulnerable.[3] Norway shall be a pioneer for the rights of indigenous peoples.[4] It is important to ensure good framework conditions for the health and living conditions of indigenous peoples and at the same time ensure increased involvement of indigenous peoples in decisions affecting them and these areas. Knowledge about how human health is affected by climate change in the Arctic will provide early indications that may be valuable in the work on addressing health challenges in areas outside the Arctic.

Human health in the Arctic is closely intertwined with animals, the environment and climate. Climate change can awaken 'dormant' infectious agents and environmental contaminants, such as anthrax and radon, and new diseases transmitted between animals and humans can have societal consequences, of which COVID-19 is an example. A One Health perspective offers a better understanding of the connections between human health, animal health and environmental health – which is important for the Norwegian Government's goal of ensuring sustainable management of natural resources, animal welfare, food safety/security and better preparedness – including in the Arctic.[5]

International cooperation in the High North has become more difficult following Russia's invasion of Ukraine in 2022. Health challenges that cannot be solved within individual countries' borders have long been a pioneering area for global cooperation,[6] and can contribute to strengthening cooperation and dialogue between countries and populations, including in the Arctic. Norway has a long tradition of involving academic institutions, civil society, the public administration and users in such cooperation. In the Arctic, security and health are also closely linked to climate change, settlement and infrastructure. Roads, railways, ports, aircraft, broadband and mobile networks connect populationsto health and care services across vast areas and contribute to security of electricity supply and energy preparedness. It is important to ensure safe and equitable access to health and care services, for example through enhanced preparedness for climate and anthropogenic disasters, and through digitalisation of health and care services in line with ethical and rights-based principles such as equality

[1] The first draft of this document was prepared by the Norwegian Institute of Public Health on behalf of the Ministry of Health and Care Services based on a workshop in Tromsø on 9 and 10 February, where key Norwegian expert communities were invited to provide input. The document has subsequently been revised by the specialist departments at the Ministry of Health and Care Services and additional written input has been obtained. The document was approved on 23 August 2023.

[2] The Hurdal Platform, page 77. https://www.regjeringen.no/contentassets/cb0adb6c6fee428caa81bd5b339501b0/no/pdfs/hurdalsplattformen.pdf

[3] Young, T.K. et al. (2020). Disparities amidst plenty: a health portrait of Indigenous peoples in circumpolar regions. *International journal of circumpolar health*, 79(1).

[4] The Hurdal Platform, page 39.

[5] The Hurdal Platform, page 19.

[6] Sandberg et al. 2011. https://tidsskriftet.no/2011/09/kronikk/helse-som-utenrikspolitikk

and privacy. Digitalisation and e-health services offer considerable opportunities to develop the health and care services for the benefit of patients, healthcare personnel and inhabitants in the Arctic.[7]

Overall, the need for preventive health measures, health and care services, preparedness and international health cooperation will increase over the coming decades[8]. This entails a growing need for health cooperation in Arctic regions, and for closer cooperation with other sectors of society. The need for expertise on health challenges resulting from climate change and weakened biodiversity, and in particular how this affects already vulnerable population groups in the Arctic, will be key[9]. This knowledge is not only relevant for Arctic communities, but also for Norway and the rest of the world, since the Arctic is a laboratory for how climate change will affect human health and living conditions globally, over time.

1. Themes and cross-cutting considerations

The Programme for Health Cooperation in the Arctic 2023-2025 is an overarching framework during the Norwegian leadership.

There are four thematic priorities that form the basis for Norway's increased international involvement in health cooperation in the Arctic. Their significance for indigenous peoples is a recurring theme.

1. Climate and health
2. Health data and digitalisation
3. Health preparedness
4. Mental health

Under these four main thematic priorities, emphasis will be placed on the following:

- Inclusion and involvement of vulnerable groups in all relevant activities and recognition of special needs among indigenous peoples and working in line with the UN Declaration on the Rights of Indigenous Peoples.
- Respect for and promotion of human rights, especially the rights, equality and privacy of indigenous peoples.
- Sustainable development and equitable distribution based on the UN 2030 Agenda and the principle of "leave no one behind".
- A cross-sectoral and "health and well-being in all policies" approach. Strengthening prevention, quality of life and reducing social health inequalities are part of this effort.
- Interdisciplinary and complex methods (combining qualitative and quantitative methods).
- Promotion of innovative solutions and technology.

[7] See the Norwegian Government's priorities in the Hurdal Platform (page 59).

[8] The Northern Norway Regional Health Authority has, in close cooperation with the Sami Parliament and the three other regional health authorities, developed the strategy Specialist Healthcare Services for the Sami Population (2020). The purpose is to develop measures that promote equal specialist healthcare services for the Sami population, nationally. The work is followed up through four-year action plans aimed at contributing to Sami patients and their families encountering a health service that has knowledge of Sami languages, histories and cultures.

[9] Biodiversity and Health (cbd.int)

2. Prioritised thematic focus areas

2.1 Climate and health

The Arctic is particularly hard hit by climate change. In the Arctic, warming is occurring three times as fast as the global average. This leads to drastic changes in Arctic ecosystems and changes the livelihoods of all, with particular challenges for One Health issues. The One Health approach requires several sectors to communicate and work together to achieve better public health and is particularly relevant for food security, combating zoonoses and antibiotic resistance.[10] Arctic climate change impacts business activities and employment. There are major differences in the Arctic, both between countries and within individual countries. This involves climate, topography, settlement, population density, infrastructure and business activities. The measures will have to be adapted to these differences. But it is the Arctic areas that are now recording the biggest changes globally in terms of climate and the weakening of biodiversity.

These changes may be particularly challenging for traditional industries related to reindeer husbandry and coastal and fjord fishing, and may also have implications for both physical and mental health. A review article published in The Lancet in 2016 shows that indigenous peoples globally have poorer physical health than the majority population.[11] The traditional diet among indigenous peoples in the Arctic has many health benefits, at the same time as high concentrations of hazardous environmental contaminants have been detected in traditional foods. Unborn and newborn babies are most vulnerable to the influence of environmental contaminants. The transition to more industrialised and processed diets as a result of loss of traditional livelihoods and urbanisation may lead to an increased risk of cancer, obesity, diabetes and cardiovascular disease in the Arctic populations[12].

Environmental changes will also affect other industries in the Arctic in different ways. Many of the ensuing health challenges will apply to all persons living in the Arctic. It is important that health services adapt to the needs resulting from environmental changes.

Goals:

Strengthen Arctic cooperation on the following:

- Better health, quality of life and sustainable development for the population in the Arctic in general, and indigenous peoples in particular, during ongoing and future climate and industrial changes.[13]
- Development and dissemination of knowledge about climate impacts on diet in the Arctic, and related health implications.
- Better monitoring of environmental contaminants in humans in the Arctic, storage and sharing of data, and ethical issues related to this.

2.2 Health data and digitalisation

[10] See https://www.fhi.no/sv/smittsomme-sykdommer/smitte-fra-mat-vann-dyr/flere-artikler/en-helse/
[11] Anderson, I et al. (2016). Indigenous and tribal peoples' health (The Lancet-Lowitja Institute Global Collaboration): a population study. *The Lancet* Vol. 388, Issue 10040, p. 131-157.
[12] Kuhnlein, H.V. et al. (2004). Arctic indigenous peoples experience the nutrition transition with changing dietary patterns and obesity. *The Journal of Nutrition*, 134(6), 1447 – 1453.
[13] Cf. Goal 4.1 under the Arctic Council's Strategic Plan 2021–2030

The population in parts of the Arctic is scattered, in hard-to-reach areas with considerable distances to health services that are often not adapted to their language, culture and needs. E-health solutions and digital services can make health and care services more accessible, prevent depopulation and at the same time ease work and free up travel time for healthcare personnel. Recruiting and retaining competent healthcare personnel is a challenge that the services in the Arctic are now also increasingly sharing with others. Less travel can also have positive climate implications and environmental benefits. To ensure equal and rights-based services, these must be adapted to the language and specific needs of indigenous peoples.[14] The outbreak of the COVID-19 pandemic in 2020 has contributed to an acceleration in the use of digital tools for both communication and patient treatment. The use of digital tools also provides new opportunities for interaction between the specialist healthcare services and the municipal health and care services, within the services and between the health and care services and other sectors of society. The use of new technology is an important priority in the Barents Health Programme.[15]

Goals:

Strengthen Arctic cooperation on the following:

- Better knowledge about innovative digital/e-health services and tools that can ensure more equal access to health and care services in the Arctic, including how these can be adapted to the needs and rights of indigenous peoples.
- Facilitate better use of health data in health research and strengthen the basis for knowledge-based digital health and care services for the population in the Arctic.
- Ensure a better overview of health challenges among indigenous peoples in the Arctic by using digital tools/aids.
- More knowledge about challenges and opportunities related to ethics and use of digital health data about indigenous peoples. Digital services must also take into account the needs of an ageing population and non-digital citizens.

2.3 Health preparedness

Physical and digital connectivity is a prerequisite for sustainable socio-economic development, transport, search and rescue and other activities related to health and life in the Arctic.[16] The weather in the Arctic is demanding, and becomes even more demanding in step with climate change, with increased risk of crises related to wind, floods, avalanches, landslides, coastal erosion and forest fires. The Arctic Ocean is becoming increasingly ice-free, and the expansion of ocean-based activities in the North increases the risk of accidents that can have consequences for life, health and the environment. The remote area and harsh weather conditions increase the challenges both for search and rescue and for health preparedness. Infrastructure, such as roads, airports, ports, electricity and water/sewerage are already under pressure. Scattered settlements, long journeys and poorly developed public transport mean that these changes also have an impact on access to health and care services, healthcare personnel, medicines, materials and equipment. It is important that traffic arteries on land, sea and air are secured in order to provide access to healthcare and other assistance in both normal and crisis situations, and to equip the population to manage during periods in which they are isolated.

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[15] Report to the Storting 9 2020-2021 *Mennesker, muligheter og norske interesser i nord* [People, opportunities and Norwegian interests in the North].

[16] Cf. Goal 5.7 in the Arctic Council's Strategic Plan 2021-2030: https://oaarchive.arctic-council.org/bitstream/handle/11374/2601/MMIS12_2021_REYKJAVIK_Strategic-Plan_2021-2030.pdf

People living with noncommunicable diseases are particularly vulnerable to being cut off from health and care services and should be taken into account in health crisis preparedness and response planning.[17] Furthermore, it is important that measures and strategies to handle disease outbreaks, such as the COVID-19 pandemic, strike a balance between effective public health measures, individual rights and considerations for ethnically and geographically equal treatment.[18]

Goals:

Strengthen Arctic cooperation on the following:

- Seek closer Arctic cooperation by developing robust solutions for emergency medical preparedness in the event of major accidents in the region, including seeking cooperation on mobile health resources that can enhance response and treatment capacity when needed.
- Enhance preparedness and response systems for all types of emergency situations in Arctic communities through projects that include local and traditional knowledge.
- Further develop health preparedness through specific initiatives and exercises.
- Gain experience from handling challenges related to the COVID-19 pandemic and climate change across Arctic countries.
- Increased knowledge in the population about preparedness challenges that may have an impact on health and mitigating measures, and ensure that communication is a key component of health preparedness.
- Development of innovative solutions for enhanced health preparedness in the Arctic, particularly related to digitalisation and technological development.
- Cooperation with civil society and other occupational groups to solve tasks related to the health services (cf. the Health Personnel Commission's message about building from the bottom up).
- Strengthen health competence/self-preparedness in the population through blood preparedness and first aid, and find good models for this.
- Promote psychosocial preparedness as part of health preparedness and strengthen mental health competence in crises and disasters.

2.4 Mental health

An important goal of the Arctic Council's strategy is to strengthen preventive public health measures and health services adapted to the cultures and demographic conditions of the region, with a particular focus on how to address mental health challenges and elevated suicide risk in many Arctic communities.[19] Climate change, loss of traditional living conditions, culture, knowledge and diet can be linked to mental health problems and increased suicide risk, especially among indigenous peoples

[17] See the WHO recommendations (2022) on how to facilitate the treatment, control and prevention of noncommunicable diseases in humanitarian crises.

[18] Centre for Sami Health Research's project (SAMICOV) on how the Sami populations in Norway have experienced and coped with the COVID-19 pandemic and how the infection control measures contribute important knowledge on this issue.

[19] Goal 4.3 of the Arctic Council's Strategic Plan 2021-2030 2021–2030: https://oaarchive.arctic-council.org/bitstream/handle/11374/2601/MMIS12_2021_REYKJAVIK_Strategic-Plan_2021-2030.pdf

in the Arctic.[20],[21]Mental health and suicide prevention among indigenous peoples in the Arctic have also been topics for various projects under the Arctic Human Health Expert Group (AHHEG) under the Arctic Council.[22] The historical backdrop and the current challenge of marginalisation, discrimination, forced assimilation and forced displacement of indigenous peoples in the Arctic are important for understanding the mental health of indigenous peoples. Mental health is also closely linked to the status and rights of indigenous peoples, for example to equal health services.[23] At the same time, better preparedness and culturally adapted digital health services, including for mental health, can help create safe and predictable living conditions in Arctic regions.

Goals:

Strengthen Arctic cooperation on the following:

- Improve access to mental healthcare in the Arctic, for the general population and indigenous peoples in particular, and especially through digital services and services that safeguard linguistic and cultural differences.
- Increase knowledge about the relationship between drug use and mental health in the Arctic, both among the general population and indigenous peoples in particular.
- Increase knowledge about the causes and prevention of violence and suicide in the Arctic.
- Further develop existing cooperation related to living conditions, digital health solutions, mental health and health preparedness in the Arctic, including strengthening existing networks and increasing knowledge sharing in areas related to health and preventive measures in the Arctic.

[20] Madden, C. (2021). Climate change and mental health: A snapshot of Arctic Indigenous People's Resiliency and Suffering as the World Transforms. *Nordicum-Mediterraneum*, 16(3). https://nome.unak.is/wordpress/volume-16-no-3-2021/climate-change-and-mental-health-a-snapshot-of-arctic-indigenous-peoples-resiliency-and-suffering-as-the-world-transforms/

[21] SAMINOR 1 and 2 show that a large proportion of Sami peoples are subjected to discrimination and bullying, emotional, physical and sexual violence, which increases the risk of mental health problems and chronic pain in adulthood. Anxiety and depression are also slightly more common among Sami peoples than others living in the same areas. SAMINOR3 will provide better knowledge about the causes of mental health problems among the Sami peoples and a comparison with the rest of the population in the region.

[22] The projects *Circumpolar resilience, engagement & action through story* (2019) and *Local2Global* (ongoing) focus on suicide prevention and mental health in the Arctic, especially among young people in Arctic indigenous groups.

[23] Zadorin, M. et al. (2019). Protecting the health of indigenous peoples of the Arctic: the experience of the regions of the Russian Arctic, IOP Conf. Look.: Earth Environ. Sci., 263. https://iopscience.iop.org/article/10.1088/1755-1315/263/1/012067/pdf