

**Jørn Holm-Hansen, Aadne Aasland  
and Larisa S. Malik**

# **Health and Social affairs in Norway and Russia**

**The cooperation evaluated**

# Health and Social Affairs in Norway and Russia

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Jørn Holm-Hansen, Aadne Aasland  
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NIBR Report 2007:20

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**Author:** Jørn Holm-Hansen, Aadne Aasland  
and Larisa S. Malik

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# Preface

This report evaluates the cooperation between Norway and Russia on health and social affairs, more precisely the Cooperation Programme on Health and Related Social Issues in the Barents Region and the Northern Dimension Partnership in Public Health and Social Wellbeing.

The evaluation was commissioned by the Norwegian Ministry for Health and Care Services, and was carried out within a framework of seven man-weeks. Field visits were made to Northern Norway, Murmansk, Arkhangelsk, Petrozavodsk and Petersburg.

The research was done by a team of researchers, two of them from the Norwegian Institute for Urban and Regional Research (Oslo), and one from the Pomor State University (Arkhangelsk). The team was headed by Jørn Holm-Hansen.

Jørn Holm-Hansen wrote chapters 1, 3, 4, 5, 6.5, 6.6, 7 and the appendices of the report. Aadne Aasland was in charge of the electronic survey and wrote chapter 2. Larisa S. Malik wrote most of chapter 6. The project team was assisted by Aleksandra Wacko, Renate Schau Holm-Hansen and Marina Nore.

The team would like to thank all interviewees for sharing their time, information and insights. Also the respondents of the electronic survey deserve thanks. Thanks to Inger Balberg, who has contributed to the technical editing of this report.

Oslo, December 2007

Arne Tesli,  
Research Director

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# Summary

*Jørn Holm-Hansen, Aadne Aasland and Larisa S. Malik*

## **Health and Social Affairs in Norway and Russia:**

The cooperation evaluated.

NIBR Report 2007:20

This report is an analysis of the Cooperation Programme on Health and Related Social Issues in the Barents Region and under the Northern Dimension Partnership in Public Health and Social Wellbeing. The period covered is 2002 – 2006. The grant scheme funding the projects under the programme has funded a wide variety within the fields of:

- prevention and combat of communicable diseases
- prevention of life-style related health and social problems and promotion of healthy lifestyles
- development and integration of primary health care and social services

Most of the projects cover more than one of the three priority areas. A total of 13 percent of the projects did not include any of the listed priorities ‘to a large extent’, while 6 percent did not include any of the priorities at least ‘to some extent’ according to the survey respondents.

Co-operation has involved the policy fields of health and social protection in both countries, including hospitals, social care institutions, research and educational institutions, consultancy firms, NGO’s and small activist and citizen groups.

The overall picture of the programme operation is positive. In general, the projects are being carried out in an orderly and well-planned way. Project management is good, and often excellent in its clearness and systematic approach. The quality of the project reports is generally

good. The Ministry of Health and Care Services has provided a well-thought-out template for applications, reports and evaluations, which is of help for project applicants and leaders.

Much of the efficiency is attributable to the enthusiasm of the project participants, who apparently spend much unpaid time on the projects. Project leaders are enthusiastic because their project very often consists in promoting, teaching and introducing their own favourite method, tool, approach or attitude.

The project activities are clearly linked to an overall aim of making an impact on health and/or social conditions. The type and scope of the activities included in the projects are realistic and are being implemented. When they are not, the reasons are external to the projects themselves. Project leaders are faithful to their mission and do not easily give up when external hindrances (like long time between application submission and announcement of outcome, or delayed signatures from Russian authorities) impede project implementation.

Nevertheless, efficiency could have been improved if the external problems had been reduced, or coped with at a programme level. Several projects have been hindered by, e.g. problems in establishing a transparent system of transferring money, acceptable to the accountants. Also, there is a clear tendency that almost all projects run into more or less the same or at least same type of problems related to misunderstanding the Russian context. Each project deals with the problems on their own, learning how to cope individually and the hard way.

The results of the activities under the Grant scheme can be grouped in four:

*1. Interface established.* One major achievement of the programme is to have enabled a gradual development of a Russian-Norwegian professional interface in the field of health and related social issues. The interfaces are vulnerable to poor communication. In the survey carried out as a part of the evaluation, however, only 25 percent mention communication problems among the obstacles to project implementation. But in-depth interviews with the project leaders show that communication stands out as a problem in the sense that the confidentiality needed to discuss problems openly between Norwegian as well as Russian project participants seems to be insufficient in most cases. Therefore, the Russian-Norwegian interfaces resulting from the projects are vulnerable.

2. *New methods introduced.* The programme has made it possible for project participants to make themselves acquainted with each others' methods, programmes, professional values (attitudes) and ways of defining problems. Altogether 45 percent of the respondents in the electronic survey answered that their project consisted in transfer of knowledge from Norway to Russia to a large extent (37.5 percent to some extent). Transfer in the opposite direction, from Russia to Norway, was an element to a large extent, according to 8 percent of the respondents (33 percent to some extent).

3. *New types of education offered.* Several projects have resulted in the establishment of educational alternatives. These alternatives include a full Master programme on Public Health, a study programme for psychiatric health care, and other.

4. *Improved health achieved.* Measuring the results of the programme in terms of improvements in health and social conditions are in most of the cases premature. In the field of infectious diseases, however, results were achieved relatively fast in particular regarding tuberculosis. There has been a considerable reduction of hepatitis B and rubella in the groups of the population vaccinated through the projects carried out by the Norwegian Institute for Public Health.

The ongoing modernisation of the Russian system of health and social development makes the Grant scheme relevant. Federal authorities are requiring modernisation at local and regional levels, and a number of Russian project leaders and representatives from the regional authorities told that thanks to the programme they are closer to the objectives of the National Priority Project "Health" than many other regions outside the Barents Region.

The evaluation concludes with a set of recommendations aiming at improving a future Grant scheme. It is argued that a key factor for future success lies in emphasising the partnership aspects and doing away with the remnants of the aid approach of the 1990's.

# 1 Introduction

## **Background**

Since the mid-1990's Russia and Norway have co-operated in solving specific problems within the fields of health and social protection. The Norwegian Ministry of Health and Care Services is in charge of a grant scheme for projects that fall within the objectives of the Cooperation Programme on Health and Related Social Issues in the Barents Region and under the Northern Dimension Partnership in Public Health and Social Wellbeing (since 2007 the latter is a four party co-operation between the EU, Russia, Iceland and Norway called "The Northern Dimension"). In 2003, the Partnership for public health and social wellbeing under the Northern Dimension was established in Oslo. Today 13 countries, the EU Commission and 8 international organisations are partners. In other words, the grant scheme is embedded in multilateral co-operative structures.

The project cooperation between Russia and Norway within the fields of health and social protections includes projects focusing on:

- prevention and combat of communicable diseases
- prevention of life-style related health and social problems and promotion of healthy lifestyles
- development and integration of primary health care and social services

Professional contacts and exchange of competence are central elements of the co-operation. The situation of children, indigenous people and vulnerable groups are given priority.

The bilateral project activities form an important part of the co-operation. On an annual basis, Norway grants approximately 17 million NOK (2.1 million euro). In addition, Finland and Sweden are involved in project co-operation with Russia in the fields of health

services and social protection. The Russian authorities are actively involved.

Originally the cooperation was confined to the Russian parts of the Barents Euro-Arctic Region, but the geographical scope has been widened to include other federation subjects of Northwest Russia, such as the city of Petersburg, and the Leningrad, Pskov and Kaliningrad regions.

The co-operation has also been evaluated at earlier stages (Cooperation Programme on Health and Related Social Issues in the Barents Region in 2002 and the Baltic Sea Task Force against infectious diseases in 2004). The co-operation gains further importance as it fits well into Norway's High North Policy.

In October 2007, the Working Group on Health and Related Social Issues approved a proposition for a new programme for 2008 – 2011. A new programme will later be approved by the Barents Council and the bodies of the Regional Council.

### **The structure of the report**

Chapter 2 presents the programme portfolio and the results of a web-based survey. The chapter gives an overview of the project in quantitative terms. Both factual aspects and the participants' personal opinions about the programme are covered.

Chapter 3 addresses the core question about the actual results of the programme activities. A short discussion of various categories of results is given. The chapter refers to Appendix I, which gives a detailed overview of the results of the projects under the programme.

Chapter 4 is based on case studies going in detail on the activities of four recipients of funds from the programme.

Chapter 5 presents the project leaders' suggestions for programme improvement, some of which are included in the list of recommendations.

Chapter 6 gives an overview of recent developments in the Russian sectors of health care and social development. The aim of this chapter is to identify ways of cooperating adapted to the new contexts.

Chapter 7 combines conclusions and recommendations.

Appendix I documents the programme in detail. It includes an overview of the objectives, intervention logic and results of all



projects under the programme with the exception of those finalised in 2002 or initiated in 2006.

Appendix II lists all interviewees whereas Appendix III is an address list of the project leaders.

## 2 Programme portfolio and a web-based survey

In this chapter we analyse and systematise quantitative data on the projects under the Cooperation Programme on Health and Related Social Issues in the Barents Region and under the Northern Dimension Partnership in Public Health and Social Wellbeing. For the sake of simplicity it will be referred to as “the programme” throughout the report. There are two major sources of information on the programme. The first is a project data base containing some key information about all the 145 projects that have received financial support from the programme – [www.barentshealth.org](http://www.barentshealth.org), which is administered by the Barents Secretariat.

The second source is a web-based survey sent as a part of this evaluation to project leaders and others involved in direct project implementation. For some items we rely solely on the project data base. Most of the information in this chapter, however, is based on feedback received via the web-based survey, which also complements the data base on certain items. Some of the results of the survey have been compared to the information from the project data base in order to check that the survey findings are representative of the whole portfolio of projects.

### Box 2.1 About the web-based survey

A web-link to the survey questionnaire was distributed to 175 unique e-mail addresses. Of these 25 bounced, indicating that these addresses are no longer in use. We were able to obtain e-mail addresses for 113 of the 145 projects listed in the project data base. For most of these projects we had addresses both in Russia and in Norway, and for some we had multiple addresses, mostly in Russia. These were often a joint e-mail address to the institution as well as an address to a concrete person (project leader or contact person). At the same time, many of

the same institutions were involved in several projects, thereby reducing the number of potential respondents for the survey. Respondents who had been involved in more than one project were asked to fill out project information for the project that they had last been involved in. Respondents were furthermore asked to forward the questionnaire to colleagues who had been key actors in the projects (for some projects the person who was recorded as the project leader had either been substituted or another person had the day-to-day responsibility and more information about the project). Three quarters of the respondents had filled out the survey based on the link provided directly from the organisers of the survey, 21 percent had received the link to the survey from a colleague, whereas 4 percent had obtained information about the survey from other sources.

Since we out of reasons of securing anonymity of the respondents do not have any ways of linking the responses to a questionnaire with a specific respondent or project, it is not possible to provide an exact response rate. Our estimations, however, suggest that respondents from about 40-50 percent of the projects have responded. This is a satisfactory result taking into account the typical response rates of web-based surveys. Moreover, as will be shown below, we have a high number of respondents from both Russia and Norway, and from different categories of respondents.

A total of 57 respondents answered more or less all the questions and fully completed the questionnaire. In addition, we included in the analysis 7 respondents who answered more than 75 percent of the questions in the questionnaire but did not, for various reasons, complete it until the end. Those who filled out less than three quarters of the questionnaire have been excluded from the analysis. The total number of respondents is therefore 64. However, the exact number of respondents will vary from one question to another. Not all questions were asked of all respondents. Some were asked only of project leaders, others were asked only of Russian partners in the projects. In such cases, this is reported in the text or survey tables (see n for number of respondents in each table/figure).

One could speculate if only the most positive respondents or those with the greatest commitment to their projects have answered, or that the respondents in other ways differ markedly from those not responding to the survey. It cannot be excluded that there are certain patterns of this kind. Nevertheless, there are no indications that this is the case. We deliberately asked for critical comments to the programme and stressed the anonymity of the survey response.

Therefore, there should be no reason for the respondents not to give their true opinion about the projects and the programme. Some may have a personal or professional interest in preserving the programme and would therefore give more positive responses when they evaluate their own projects or the programme than their true assessments would suggest. This is a risk with all survey data, but should be kept in mind when results are analysed.

Since the number of respondents in the survey is relatively low, one should look at the survey results with a certain amount of caution. Although we have no indication that they are not representative of the survey population, we have too few cases to apply reliable in-depth bivariate or multivariate analyses in order to find out more about the relationships between the variables (what is the impact of country, role in the project, different types of projects) for the various survey items. Therefore, we have limited such analyses and for the most part show frequency tables and figures for the surveyed population as a whole. For a few variables where we have had strong reason to believe that there could be some differences, for example between countries, we have performed bivariate analyses.

### 2.1.1 Distribution of respondents

The survey was sent out to both Norwegian and Russian project leaders. There was a better coverage of e-mail addresses from Russia than from Norway. This is also reflected in responses to the survey. Of the 64 respondents who filled out most items of the questionnaire, 37 came from Russia and 27 from Norway (Table 2.1). This mix gives a certain possibility to check for country differences in responses to the survey question. Moreover, a few of the questions were only asked of Russian respondents.

Table 2.1 *Survey respondents by country*

Country	N	%
Russia	37	58
Norway	27	42
Total	64	100

There are slightly more women than men in the survey (53 vs. 47 percent), and most of the survey respondents fall in the age categories between 30 and 59 years of age (see Table 2.2). In Russia the average

age of the respondents was lower than in Norway (42 vs. 49 years). This is probably due to the fact that the majority of project leaders were from Norway, among whom levels of age and seniority are likely to be higher.

Table 2.2 *Survey respondents by age group*

Age group	n	%
- 29 yrs	2	4
30-44 yrs	25	45
45-59 yrs	25	45
60 yrs +	4	7
Total	56	100

Not only project leaders were asked to fill out the questionnaire, and survey respondents could, as mentioned above, be recruited among ordinary project participants as well. This gave the following distribution of roles in the survey (Table 2.3):

Table 2.3 *Survey respondents by role in the project*

Role	n	%
Project leader / main coordinator	34	55
National / local project leader	7	11
Project participant	15	24
External advisor / specialist	4	6
Other	2	3
Total	62	100

On the Norwegian side, three quarters of the respondents had been project leaders, whereas the same was the case of 40 percent of the Russian respondents. Half the Russian respondents were either national/local project leaders or ordinary project participants. The professional levels of the respondents was distributed as follows: 72 percent of the respondents defined themselves as having a senior professional level, 19 percent an intermediate, while none thought of themselves as juniors. An additional 9 percent found it hard to define their professional level.

The survey furthermore contains information about the year of start-up of the projects. Projects throughout the whole programme period are included, as illustrated in Table 2.4. The first project started up as early as in 1993 (although it must have received funding from the

programme's grant scheme at a later stage). A large number of projects started up in the 1999-2001 period, while 22 percent of the projects have started up in 2005 or later. (Until 1999 grants were given to health projects directly from the Norwegian Ministry of Foreign Affairs. Since 1999 the Ministry of Health and Care Services has been in charge of the granting.)

Table 2.4 *Year of start-up of projects*

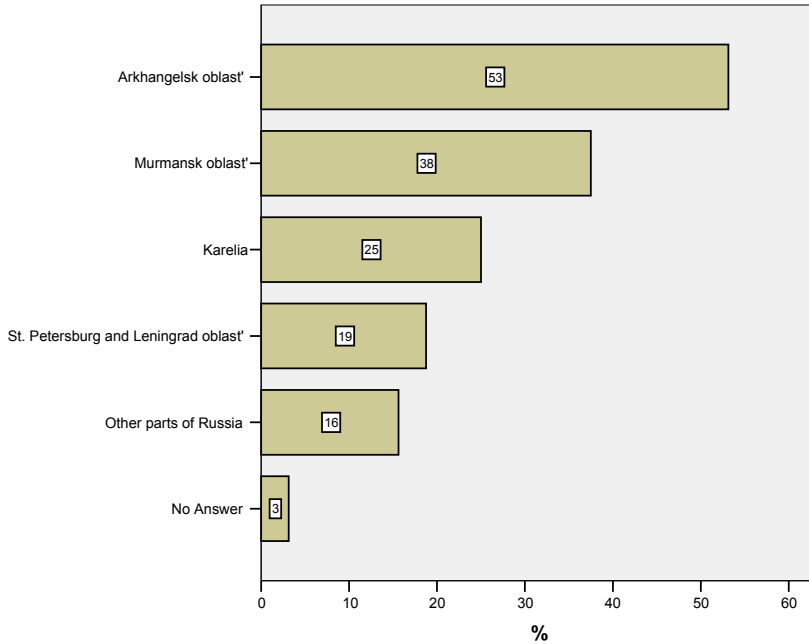
Year	n	%
1998 or earlier	8	16
1999-2001	21	41
2002-2004	11	22
2005 or later	11	22
Total	51	100

## 2.1.2 Programme portfolio

### *Geographic distribution*

Survey respondents were asked about the regional setting of their projects. Arkhangelsk *oblast'* has obtained a larger share of the resources in collaboration on health and social issues between Russia and Norway than its size and geographic proximity would normally suggest. This is reflected in the regional distribution of projects. Figure 1 shows that more than half the projects included Arkhangelsk, followed by Murmansk, the Republic of Karelia and St. Petersburg/Leningrad *oblast'*. Just above three quarters of the projects included only one region of Russia, 16 percent included two or three regions, while the remaining 8 percent included four or more regions.

Figure 2.1 *Geographic distribution of projects under the programme scheme (survey data), in percent (n=62). Several federal districts may be included in one project*



This pattern is naturally reflected in the project database. However, the database is not systematic in the way geographic region has been coded. For some projects there is no information about geographic region at all, for others only the 'Barents region' is registered. Out of the 122 projects for which information was registered, 26 were coded 'The Barents region', indicating that they cover several federal districts. Of the remaining 96 projects, 44 were located in Arkhangelsk, 33 in Murmansk, 12 in Karelia, 6 in Leningrad *oblast'*/St. Petersburg, and 4 in other Russian federal districts (Nenets, Komi, Kaliningrad). Three of these projects covered more than one federal district. It is likely that several of the projects taking place in St. Petersburg/Leningrad and Karelia involved also other regions, and that these have been coded under the 'Barents' heading. Thus, there are no indications that the projects that were covered in the survey are not representative of the full portfolio of projects.

#### *Types of partners*

Many different types of institutions are involved in the collaboration projects, as is shown in Table 2.5. Russian respondents were most

frequently found in public health organisations (30 percent) and local NGOs (24 percent), while the Norwegian respondents most often represented municipal or regional public institutions (26 percent) and universities/research institutes (22 percent).

Table 2.5 *What kind of organisation do/did you represent in the collaboration project?*

	n	percent
Municipal / regional public organisation / institution	15	23
Public health organisation	14	22
Local non-governmental organisation (NGO)	9	14
Educational institution / university / research institute	9	14
National / international non-governmental organisation (NGO)	8	13
Hospital	7	11
Private institution / foundation	2	3
Total	64	100

#### *Priority areas*

The collaboration on health and social issues between Norway and North-West Russia is organised around three main priorities:

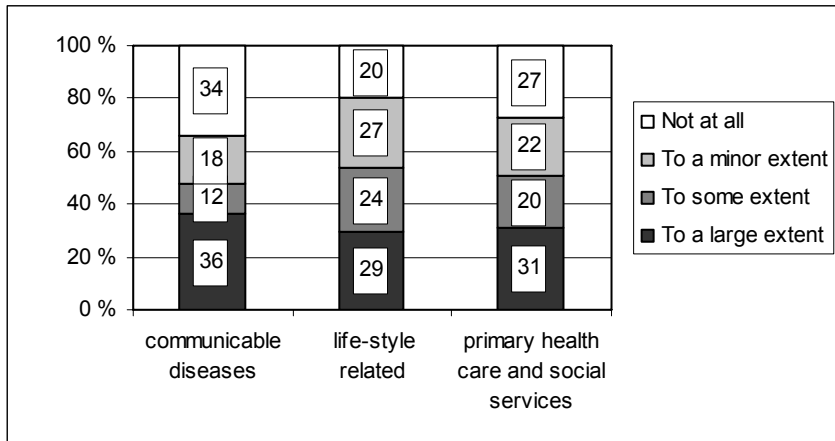
- Prevention and combat of communicable diseases
- Prevention of life-style related health and social problems and promotion of healthy lifestyles
- Development and integration of primary health care and social services

Projects are not, however, necessarily confined to one of the priorities, and may include elements of several or all of these priorities. In fact, as Figure 2.2 (based on survey data) shows, most projects include elements of all the three priorities, and at the most one third of the projects do not include a given priority at all. Prevention and combat of communicable diseases is the priority which most projects include to a large extent (36 percent), but at the same time being the priority with the largest share of the response 'not at all' (34 percent). Further analysis shows that a total of 13 percent of the projects did not include any of the listed priorities 'to a large extent', while 6 percent did not include any of the priorities at least 'to some extent' according to the survey respondents.



The project database contains information about the main priority areas of only 59 of the 145 listed projects. The distribution is very similar to the distribution found in the survey (from 27 to 34 percent defined within each of all the three main priority areas, and 6 per not fitting into any of the three), once again indicating a high degree of representativeness of the survey data.

Figure 2.2 *Distribution of the extent to which the three priorities of the programme are included in projects (n=62).*



### *Partners in the projects*

The projects in the programme normally have at least one Russian and one Norwegian partner. Close to four in ten (39 percent) of the projects have one Russian and one Norwegian partner only. More than half the projects include more than one Norwegian partner (53 percent), and more than one Russian partner (51 percent). More than one third of the projects (36 percent) had two or more partners in both Russia and Norway. Inclusion of several partners in the projects was most common for projects involving Arkhangelsk *oblast'* and other parts of Russia. In addition, there were projects that included partners from other countries as well: 17 percent of the respondents reported such international partners in their project.

### *Duration of the projects*

The projects differ substantially in terms of the number of months they have been planned to last for. The shortest time period was less than one month, the longest 10 years. The mean amount of time that a project is planned to last for is 3 years and 4 months, and the median 3 years, indicating a rather long-term perspective for most of the

projects. Table 2.6 shows the distribution of the projects according to their planned duration. It is noteworthy that as many as one quarter of the projects have been planned to last for five years or more.

Table 2.6 *Planned duration of projects*

	n	percent
Less than a year	6	11
1-2 years	13	25
3-4 years	21	40
5 years and above	13	25
Total	53	100

### *Project financing*

The database of all the projects shows that there is a great variety in terms of the amount of funding received from the programme's grant scheme. Some projects are very large (the largest project has received a total of 11,950,000 NOK), and six projects have received more than 3 million NOK. Therefore there is a big difference between the mean and the median amount of funding (641,000 and 280,000 NOK respectively). Table 2.7 gives an overview of the distribution of project funds:

Table 2.7 *Amount of funding received from the programme*

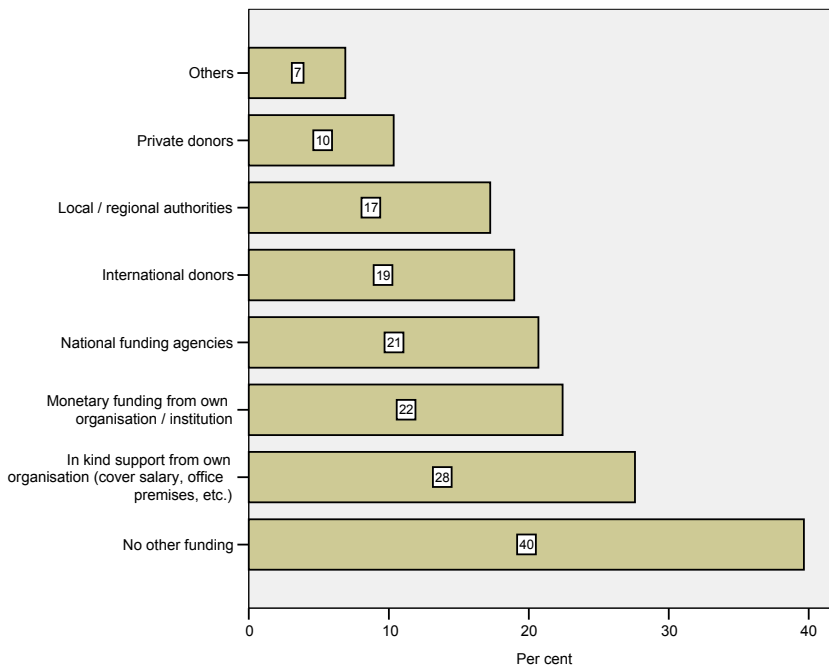
	N	percent
Up to 100,000 NOK	26	19.1
100,000 - 299,999 NOK	41	30.1
300,000 – 999,000 NOK	47	34.6
1 million and above	22	16.2
Total	136	100.0
Missing / no information	9	

To what extent have the project partners managed to mobilise financial support from donors outside of the programme's grant scheme? Apparently, it has to a considerable extent according to our survey data. The respondents were asked what share (in percent) of the total funding of their project they had received from the grant scheme. This question was only asked of project leaders. Moreover, not all respondents were sure of the answer. Thus, only 36 respondents replied. Still, the results give at least an indication of the patterns of additional funding obtained. Three quarters of the

respondents had received 50 percent or more of their funding from the programme. Half the respondents had received 75 percent or above. The mean and median shares of the funding that had been obtained from the programme were 72 percent and 77 percent respectively. This indicates that the programme's grant scheme represents the main source of funding for the vast majority of projects, but also that additional funding is an important complement to Grant scheme funding for a majority of the projects.

According to our survey data, 40 percent of the projects had received funding solely from the grant scheme. The sources of additional funding are mixed, as illustrated in Figure 2.3. In-kind and monetary support from own organisation are the most typical additional sources of funding for projects in the programme. One in five projects had received funding from national funding agencies, followed by international donors. Financial support from local or regional authorities was slightly less common (17 percent), whereas private donors had supported only 10 percent of the surveyed projects.

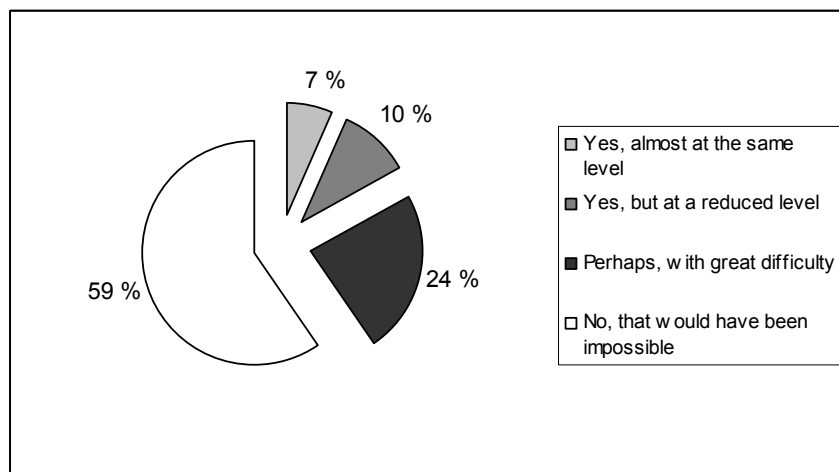
Figure 2.3 *Percentage of respondents reporting additional project funding from a variety of sources (n=57).*



Surprisingly, when asked about specific international donors, the percentage indicating support from one or several of such organisations increased. According to the survey data, 33 percent had received support from the Nordic Council of Ministers, 19 percent from the Task Force on Communicable Disease Control in the Barents Sea Region, 8 percent from EU/Interreg programmes, 3 percent from WHO, and organisations such as the Barents Secretariat, *Helse Nord*, the Norwegian Medical Association and the University of the Arctic were also mentioned as international donors supporting individual projects. One interpretation is that such support was not necessarily directed towards the concrete project in question, but rather to activities associated with it.

Only few of the projects would have materialised without support from the programme's grant scheme according to the survey respondents. None of the respondents gave the reply 'yes, fully' when asked whether they would have been able to carry out their project without the financial support from the grant scheme. The distribution of the other responses is shown in Figure 2.4. Sixty percent of the projects would have been impossible to carry out without the programme financing, according to the survey respondents. One quarter would perhaps have managed to do so, but with great difficulty. Only 17 percent gave an affirmative answer, either almost at the same or at a reduced level.

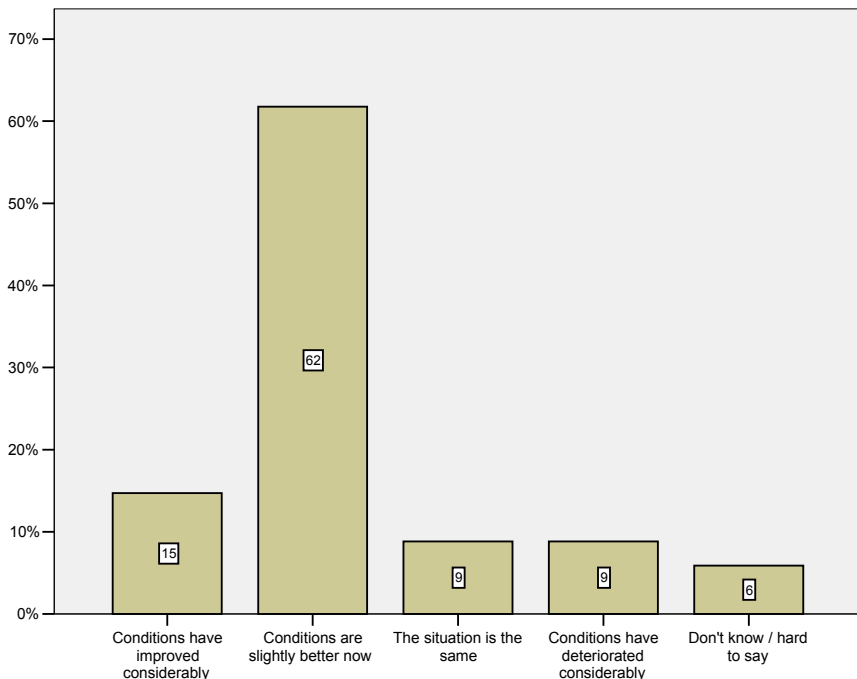
Figure 2.4 *Ability to carry out the activity without support from the programme (n=59).*



### *Socio-economic context*

The programme activities take place within a larger context of social and economic developments in Russia. There is much evidence that the Russian economy has improved considerably over the last years, and the Russian state has access to revenues which are likely to have benefited also the public sector. The survey gave us an opportunity to ask the respondents to what extent the economic developments in Russia had affected their work on health and social issues. Figure 2.5 shows that the vast majority considers that conditions have improved, but relatively few maintain that they have improved considerably, while the majority speaks about a slight improvement. Some respondents, approximately one in ten, have the complete opposite experience and think that conditions for work on health and social issues have deteriorated considerably. None of the respondents, however, held the view that conditions are now slightly worse.

Figure 2.5 *Opinions on to what extent the economic developments in Russia have affected the work on health and social issues. Percentage of respondents from Russia (n=34).*

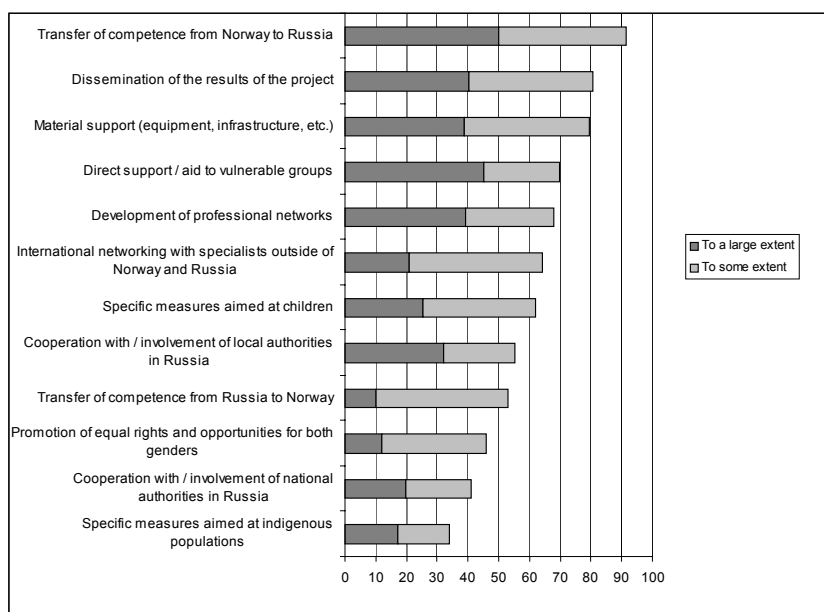


### *Content of the activities*

Projects that put emphasis on competence transfer between the

partners and that contribute to mutual benefits are given priority in the programme according to the calls for project funding. Health and social conditions of children have also been emphasised in the programme documents, and actions towards indigenous people have been highlighted. Figure 2.6 shows to what extent the projects have involved these and other components, according to the survey respondents.

Figure 2.6 *The extent to which different components have been included in the projects under the programme.*



Transfer of competence from Norway to Russia is mentioned by almost all (91 percent) of the respondents. Transfer of competence from Russia to Norway is less common, however. Only 10 percent claim that this has taken place to a large extent, but an additional 43 percent say that it takes place to some extent. Survey data furthermore indicate that project participants put an effort into disseminating the results of their projects. Four in five say that this takes place at least to some extent. Perhaps surprisingly, quite a lot of the projects involve material support and direct support to vulnerable groups, as shown in the figure. Networking is also a component in most projects, both in terms of development of professional networks, and in terms of networking with external international specialists.

A considerable share of the projects deals with target groups that have been singled out for special concern in the programme. Approximately one quarter of the projects include specific measures aimed at children 'to a large extent', and just over 60 percent at least to some extent. Correspondingly, indigenous populations are targeted at least to some extent in one third of the projects.

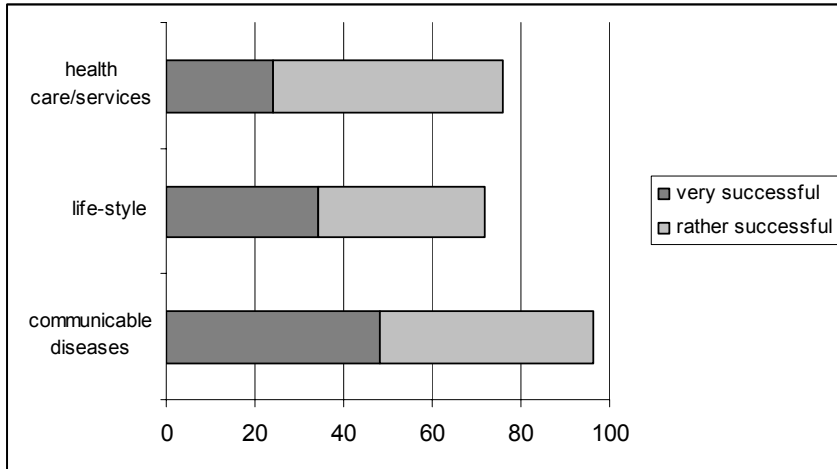
Collaboration with local and national authorities is, perhaps, less widespread than could have been expected. Only one third and one fifth of the respondents respectively claim that their projects involve collaboration with such authorities 'to a large extent'. Promotion of equal rights between the genders is obviously not a major component of most projects, but it is noteworthy that such gender aspects are highlighted at least 'to some extent' by close to half the respondents.

#### *Self-evaluation of projects*

Even if project leaders might be inclined to exaggerate the positive and downplay the negative aspects of their projects, the survey contains information about the opinions of project leaders as to the level of success of various aspects in relation to their projects. By comparing the responses to each of the items, one may at least discern if there are specific aspects that are considered by the respondents to have been more successful than others.

Respondents representing projects that have focused on prevention and combating of communicable diseases at least to some extent were asked how successful they had been in terms of such prevention. Correspondingly, the level of success in terms of preventing life-style related health and social problems and promoting healthy lifestyles was asked only of those whose project included such a component 'to some extent', as was the case with the item on developing and integrating primary health care and social services. Results are presented in Figure 2.7.

Figure 2.7 *Level of success of priority areas. Percentage of respondents involved in projects focusing on three priority areas, who consider the projects to have been successful in this respect. (n=23 to 31).*



The figure shows that virtually all projects that have focused on prevention and combating of communicable diseases regard their project to have been success in this respect. The success rates are somewhat lower for projects focusing on development and integration of primary health care and social services, as well as prevention of life-style related health and social problems and promotion of healthy lifestyles. This is likely to be explained by the differences in character in the different types of projects, where concrete, measurable outcomes are easier discernable for the projects focusing on communicable diseases. We will come back to this issue in the chapter of the report dealing with the programme results.

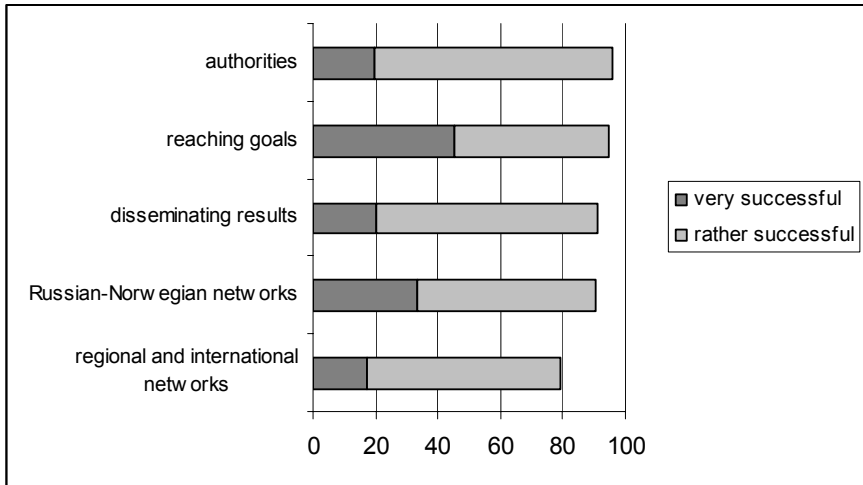
Other aspects of the projects were asked of all respondents:

- Reaching the goals stipulated in the original project application
- Disseminating results of the project
- Establishing lasting Russian-Norwegian contacts and networks
- Linking up with relevant local and national authorities
- Linking up with relevant regional and international networks

Level of perceived success is presented in Figure 2.8.



Figure 2.8 *Level of perceived success of the project. Percentage indicating that their project has been very or rather successful in terms of a number of aspects (n=58).*

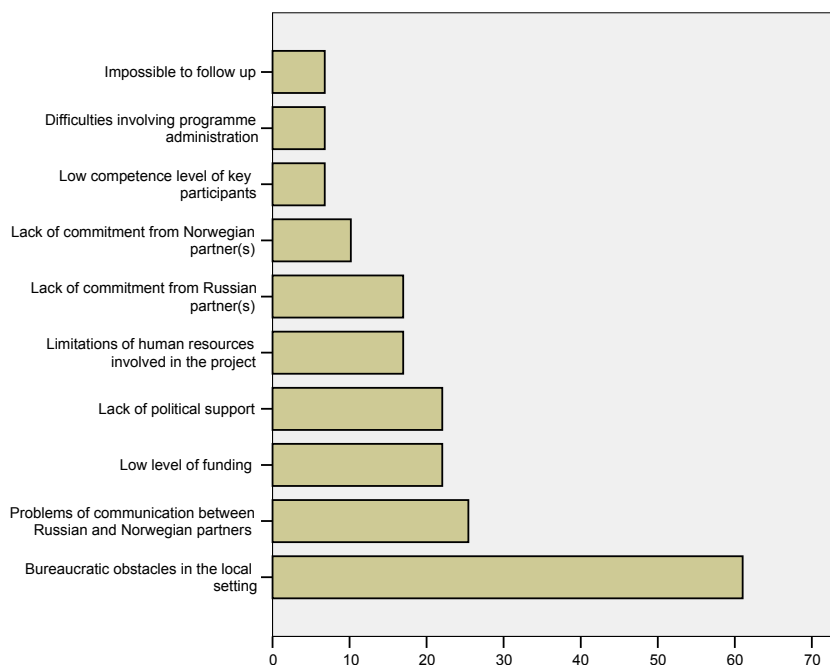


As can be seen from the figure there is no systematic correspondence between those answering 'very' and 'rather' successful. Combining the two, the aspect which most project participants agree has been the source of greatest success is 'linking up with relevant local and national authorities'. However, the item having the highest score for 'very successful' concerns the ability to reach the goals stipulated in the original project application. The establishment of regional and international networks is the item where the lowest number of respondents report success. For many projects there also appears to be a greater potential for disseminating results of their projects, although the percentage indicating at least a certain level of success in this respect is high.

### *Project obstacles*

Later in this report we discuss some of the obstacles that may be present in collaboration projects on health and social issues between Russian and Norwegian partners. In the survey we presented a list of such obstacles that we believed could affect such projects to a certain or substantial degree and asked the respondents to cross for the obstacle(s) that had most seriously affected their own project. They were allowed to mark as many obstacles as they would like.

Figure 2.9 *Obstacles in project implementation. Percentage indicating each obstacle as being among the most important. (n = 59).*



The figure shows that there is one obstacle that stands out as the most serious for project implementation: Bureaucratic obstacles in the local setting were mentioned by more than sixty percent of the respondents. Other obstacles were seen to occur much more rarely. About one quarter of the respondents thought problems of communication between Russian and Norwegian partners was among the most serious obstacles, and low level of funding and lack of political support were also mentioned by more than 20 percent of the respondents. It is noteworthy that relatively few complained about lack of commitment from their partners, low competence or scarce human resources. Moreover, there appears to be a general satisfaction with programme administration, something we will return to below. A promising indication of the sustainability of the projects is the fact that so few believe possibilities to follow up rank among the most serious obstacles for project implementation.

More than 12 percent of the respondents indicated obstacles other than those listed in the survey. These included differences in “project

administration culture”; problems with formalities, such as customs; the gap between the Norwegian and the Russian health systems; language problems; and long time between application submission and when the outcome is announced.

When looking separately at responses made by Russian and Norwegian respondents, some important differences can be observed. Respondents in both countries rate bureaucratic obstacles in the local setting to be the major obstacle, but Russians tend to stress this aspect slightly more often than Norwegians (64 vs. 58 percent). While virtually no Russians complain about lack of competence of key partners, 15 percent of the Norwegian respondents consider this to be a major obstacle. Norwegians more often complain about problems of communication (34 percent vs. 17 percent), and limitations of human resources (27 percent vs. 9 percent).

On the other hand, it is noteworthy that Russian respondents have a much greater likelihood than their Norwegian counterparts of listing lack of commitment from Russian partners to be a major obstacle, with 24 percent and 8 percent respectively. The evaluations of potential lack of commitment from Norwegian partners are much more uniform (9-11 percent). Finally, the Norwegian side is considerably more prone to complain about a low level of funding than Russian respondents (31 percent as opposed to 15 percent), while the Russian side more often complains about lack of political support (30 percent vs. 8 percent among Norwegians).

#### *Programme administration*

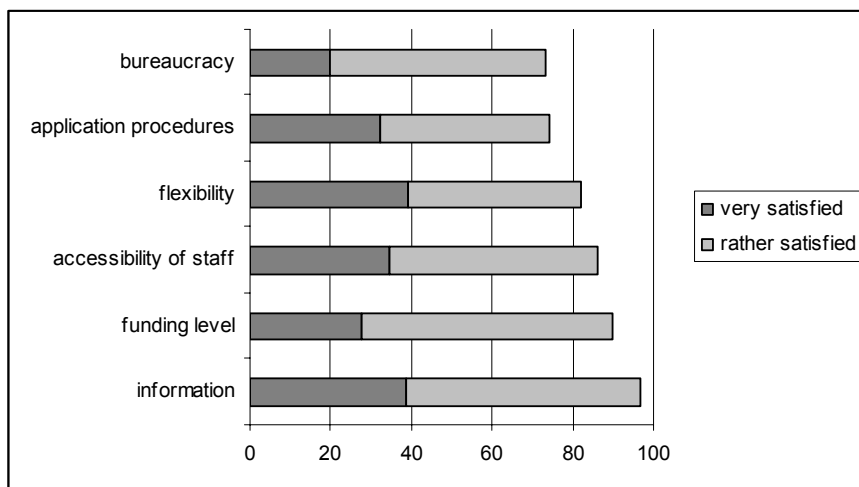
The programme administration was evaluated by the survey respondents, in terms of the following aspects:

- Information about the programme
- Accessibility of programme staff
- Application procedures
- Level of funding
- Level of bureaucracy
- Flexibility of programme staff

Only project leaders, who were thought to be the ones who were mostly in contact with the programme staff, were asked these questions. Those who were not sure (3-4 percent for each item) are excluded from the analysis. Figure 2.10 shows that the general impression of the administration of the programme and its grant

scheme is very good. Virtually all respondents are at least 'rather satisfied' with the level of information about the programme. Although the proportion indicating 'very satisfied' is lower than for some of the other items, it is also worth noting that satisfaction with the funding level is number two if adding those who are *very* and those who are *rather* satisfied. Accessibility and flexibility of the programme staff are also perceived to be positive, while there is slightly less satisfaction with the level of bureaucracy and application procedures. The vast majority of the remaining respondents who are not shown here answered 'rather dissatisfied' instead of 'very dissatisfied' (there was no neutral category); the latter category received at the most 2 responses, and for several items no one opted for this alternative.

Figure 2.10 *Level of satisfaction with various aspects of the programme administration. Percentage of project leaders indicating 'very satisfied' or 'rather satisfied' to each item (n=59).*



### *Perspectives on the collaboration*

Collaboration between partners from different countries, with differences in culture, language, political and administrative systems and economic levels, to mention some of the most obvious, may be enriching but may also entail some difficulties. In the survey we wanted to find out to which extent the collaboration between Russian and Norwegian partners had been characterised by positive as well as negative features. Thus, we presented a battery of questions regarding

collaboration (every other item a possible obstacle and every other a possible asset), and asked the respondents to what extent each of them had been characteristic of their own project.

The following were the potentially *negative* aspects:

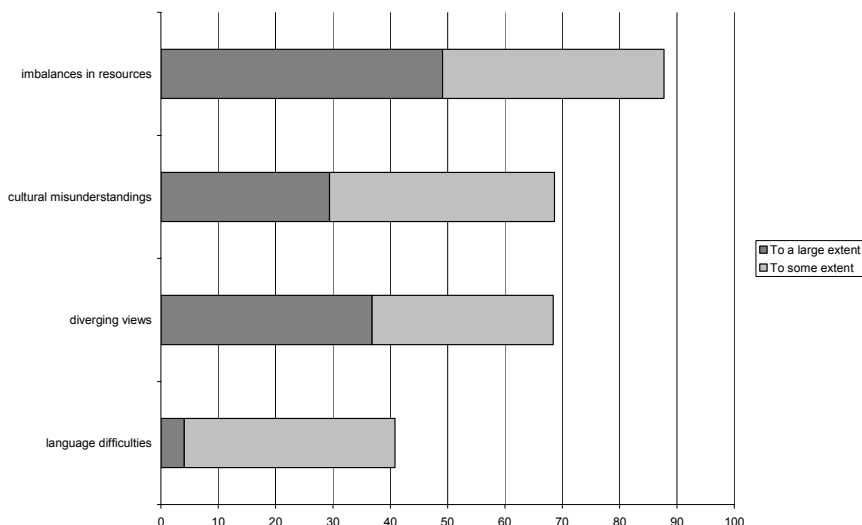
- Imbalances in resources
- Misunderstandings due to cultural differences
- Language difficulties
- Professional differences, diverging views on project implementation

The potentially *positive* aspects listed were the following:

- Shared understanding of problems and challenges
- Openness and transparency between the partners
- A good balance between the different partners in the project
- Development of closer relations throughout the project period

First we look at the potentially negative aspects, where the results are presented in Figure 2.11. Imbalances in resources are perceived as the most critical obstacle to the collaboration. The fact that almost nine in ten respondents see this as a problem for their collaboration in the project is a clear indication that such imbalances represent some important challenges. Furthermore, more than two thirds of the respondents perceive misunderstandings due to cultural differences and professional differences to be characteristic of their own project implementation. More than one third of the respondents see such diverging views on project implementation to be taking place ‘to a large extent’. Language problems seem to be less of a problem, although a fair share of the respondents indicates that it has created at least some problems in the collaboration between the partners.

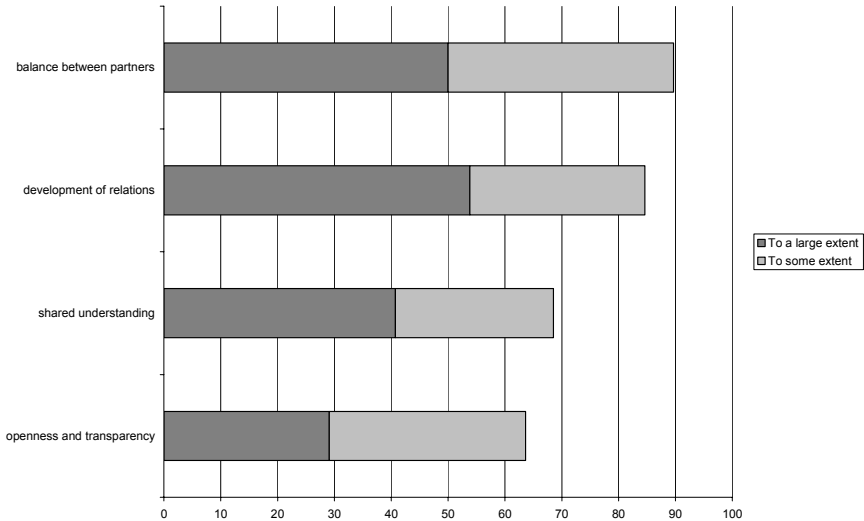
Figure 2.11 *Perception of potentially negative aspects of the collaboration between Norwegian and Russian partners. Percentage of respondents indicating that different aspects are characteristic of such collaboration, to a large extent or to some extent.<sup>1</sup> (n=58)*



Positive impacts of the project collaboration are also easy to discern (Figure 2.12). Ninety percent tend to think that there has been a good balance between the project partners. It seems that relations between the project partners have been strengthened for a majority of respondents in the project period. More than half the respondents claim that this has taken place 'to a large extent'. It is noteworthy that while approximately two thirds of the respondents think that the collaboration has been characterised by openness and transparency between the project partners, there is also a substantial part (24 percent) who think that this has happened only to 'a minor extent', while another 14 percent do not think it has happened at all. Corresponding figures for whether there has been a shared understanding between project partners are 'to a minor extent' – 17 percent, and 'not at all' – 14 percent. Thus, despite an overweight in the positive direction, there is also a certain level of discontent which is registered in relation to these two latter issues.

<sup>1</sup> The two other categories that are not reported here are 'to a minor extent', or 'not at all'.

Figure 2.12 *Perception of potentially positive aspects of the collaboration between Norwegian and Russian partners. Percentage of respondents indicating that different aspects are characteristic of such collaboration, to a large extent or to some extent.<sup>2</sup> (n=58)*



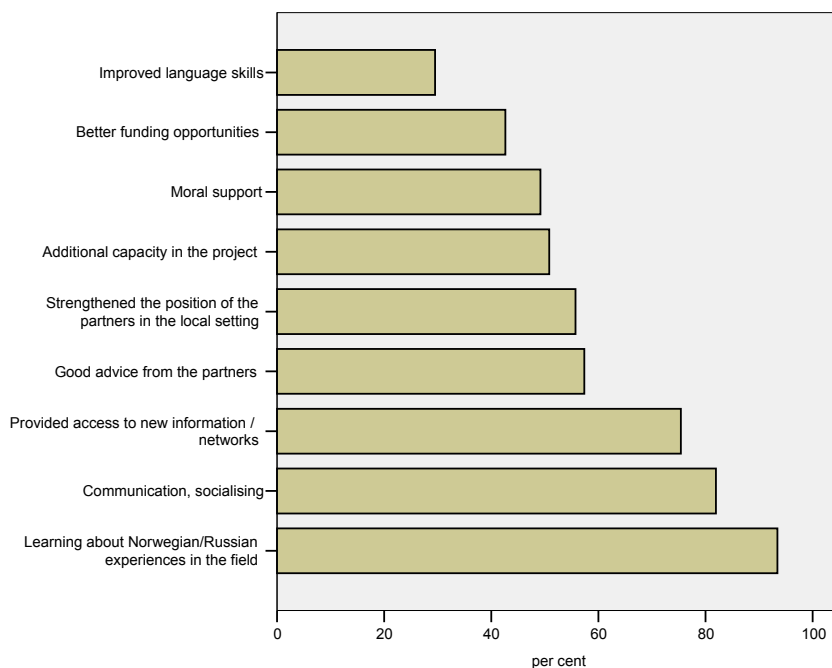
### *Positive impact*

In order to evaluate the impact of the programme as a whole, it is useful to find out what the project participants themselves consider to be the most positive impact of their own projects. The respondents were presented with a list of potential factors and were asked to select the most important (one or several). The results (presented in Figure 2.13) show that the opportunities to learn from experiences in Norway and Russia is the highest rated impact of the project, and virtually all respondents selected this item. Interestingly, as many as 80 percent of the respondents considered social aspects to be among the most important impacts. Access to information and networks; advice from the partners; and a strengthening of the position of the partners in a local setting were also aspects that were mentioned by a very large share of the respondents. Only a few of the listed aspects obtained less than 50 percent support; improved language skills was the item that was selected by the smallest number. While improvement of funding opportunities was second lowest among the priorities, it was still

<sup>2</sup> The two other categories that are not reported here are 'to a minor extent', or 'not at all'.

selected by a fair share (43 percent) as one of the most important types of impact of their project.

Figure 2.13 *Percentage indicating that different types of impact have been among the most important for their own project (n= 58).*

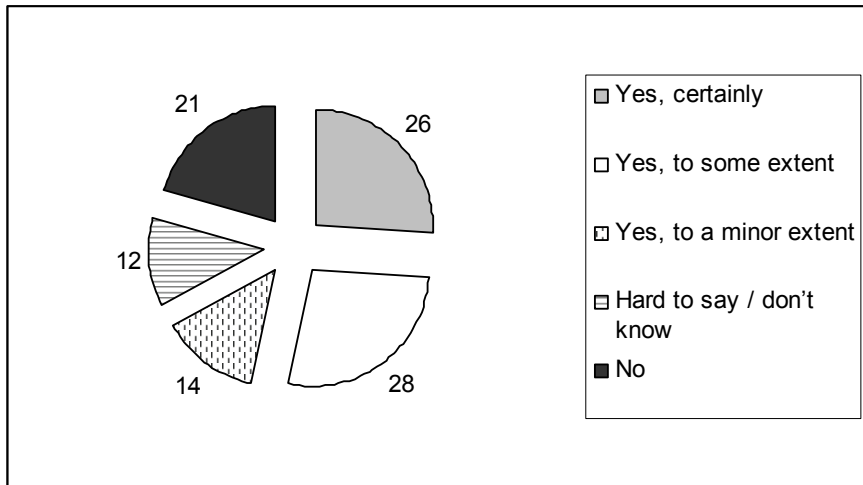


### *The future*

Several of the questions in the questionnaire had a forward-looking perspective. One question relates to the sustainability of the projects, which the programme documents underline as one of the key elements for selection of projects. When asked about whether they are or will be able to follow up the project activities without the further support of the programme, a majority of the respondents believed this to be the case. However, there is a great variation in responses to this question, as shown in Figure 2.14.

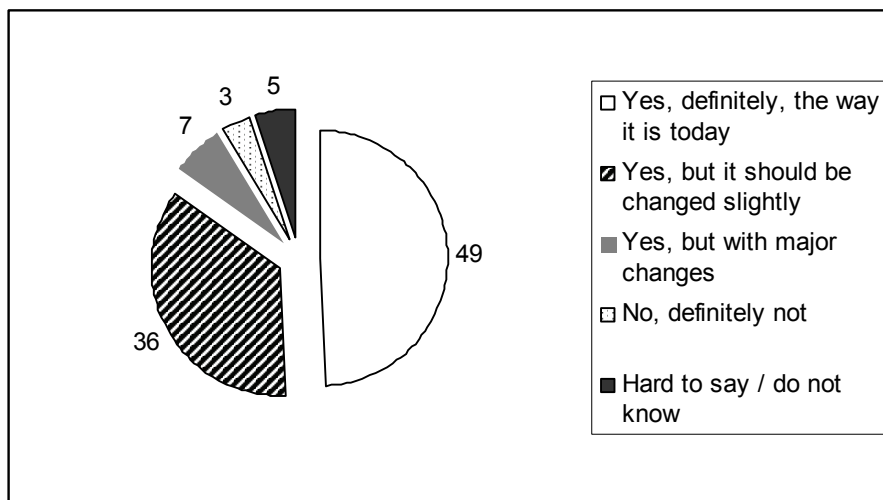


Figure 2.14 *Ability to follow up activities without further support of the programme. Percent (n=58).*



Respondents were also positive to a continuation of the programme, as could have been expected (Figure 2.15). Close to half the respondents believe that it should be continued exactly the way it is today. Russian respondents are more inclined than Norwegians to opt for this response. A considerable share (36 percent) would like to see some slight changes to the programme (and they had a chance to substantiate their views in an open question). Only 3 percent hold the opinion that the programme should be discontinued.

Figure 2.15 *Opinions on a possible continuation of the programme.*  
Percent (n=59).



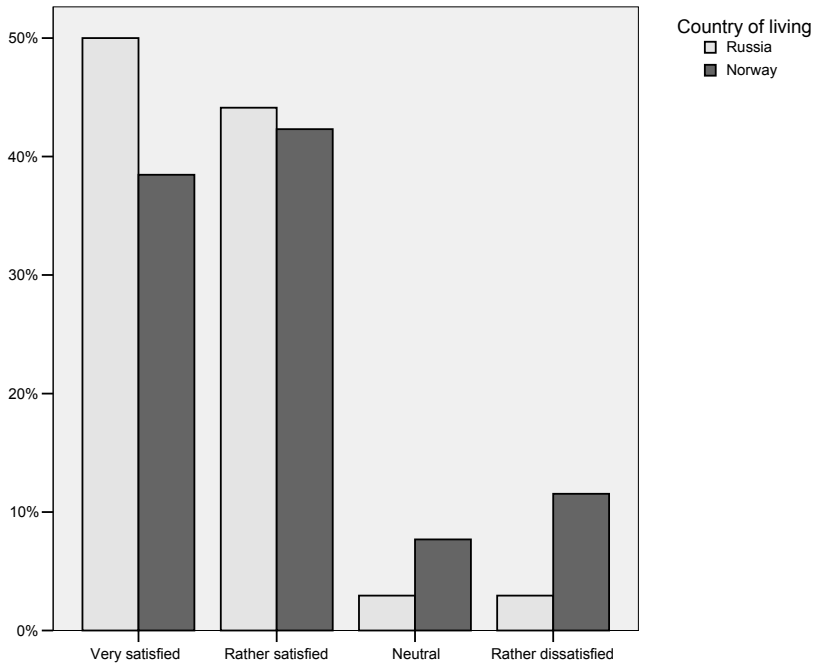
Finally, respondents were also asked how likely it is that they will apply for funding from the programme in the future. This is a very likely option for 63 percent of the respondents, while another 27 percent believe it to be 'quite likely'. Only respectively 2 percent thought it was 'not so likely' or 'very unlikely', while 7 percent of the respondents found it hard to answer. The general mood, therefore, is that the programme continues to be a feasible and popular source of obtaining project funding to those who have been involved in the programme already.

#### *General satisfaction*

Taking all these findings into account, one would expect a rather high level of satisfaction with the programme. This impression is confirmed in the responses to the following question: "In general, how satisfied are you with the Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region?" The distribution of responses by country of living is illustrated in Figure 2.16. Respondents in both Norway and Russia tend to lean towards a high level of satisfaction, although in Russia the most frequent option is 'very satisfied', while respondents in Norway more often opted for 'rather satisfied'. No respondents opted for 'very dissatisfied', but Norwegian respondents also had a slightly higher share than Russians who opted for 'rather dissatisfied'. Whether this is due to politeness or reflects objective differences is hard to say. However, differences are

relatively small, and it is more important to note the general picture than the country differences for this item.

Figure 2.16 *General satisfaction with the programme by country of living. Percent. (n=60).*



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## 3 Results achieved

This chapter refers to Appendix 1, which presents all projects under the Cooperation Programme on Health and Related Social Issues in the Barents Region in the period from 2002 until now. The results for projects finalised in 2002, and projects initiated in 2006 are not presented.

### 3.1 What is a result?

Reading through the project documentation of all projects leaves the reader with an impression that not all project leaders distinguish clearly between *activities performed* on the one side and *results* on the other. In such cases, the number of seminars may be listed as a result whereas nothing is told about the effect or impact of the seminars.

It may be useful to recall, and stress, the distinction between output, results and impacts. The *output* indicators reflect what is realised on project or activity level, like the number of arranged seminars and the number of organisations and regions from each country involved in the projects

*Outcomes* are the immediate results of carrying out these activities. *Impacts* are the long-term results and effects of the activities funded under the programme. The forms to be filled in by project leaders for application and reporting are well-structured and of help to distinguish between output, outcome and impact.

There are several methodological challenges inherent in evaluating a relatively recent undertaking, which is the case for most of the projects under the programme. Outcomes are probably manifest only after some time.

Most of the projects aim at innovation, in the sense that they seek to change deep-seated institutional practices, including attitudes. Implementation therefore necessarily will take time, most likely no les

than eight to ten years. “Measuring” success therefore, at this stage, will have to consist in analysing the work done. Is the project in question preparing the ground for the changes it states as its objectives?

## 3.2 What is the intervention logic?

Appendix 1 presents the *intervention logic* behind each of the projects. What are the presumed mechanisms that link the intervention (activities or input) and outcomes and impacts? In other words, what is it that makes the projects conducive to improved health and better social conditions?

Direct material support is not considered a type of intervention that leads to sustainable outcomes. The interventions that seem to be preferred consist in strengthening certain skills, techniques and attitudes. A rough estimate based on the projects described in Appendix 1 shows that *seminars and trainings* constitute the preferred intervention. Somewhere between 50 and 60 percent of the projects under the programme involve seminars and trainings as a major type of intervention. Even though it is relatively costly, visits to Norway by Russian professionals seem to be widely used (somewhere between 30 and 35). Around 20 percent of the projects include significant elements of direct support to target groups in the population.

Six percent of the projects include the establishment of education facilities or activities (e.g. a course or a degree). A very small number of projects focus on research (eight percent). Also eight percent of the projects consist in introducing one of the standardised programmes within social care. Somewhere between 25 and 30 percent of the projects involve material support of some significance.

## 3.3 What are the results?

As seen from the survey (see chapter 2), most respondents perceive their projects as having been very or somewhat successful. Between 70 and 80 percent of those involved in projects on health care/services and life-style see their projects as being successful, whereas almost 100 percent of those focusing on communicable diseases answer in a similarly positive way. The difference may have to do with the fact that results from successful projects on communicable diseases are

more easily measured after a relatively short time than, e.g. successful life-style projects.

As documented in detail in Appendix 1, most projects have brought about concrete results in line with their objectives. In most cases, the results consist in having prepared the ground for future outcomes to be realised. For instance, curricula in some educational institutions have been revised to include new methods or approaches that will be made use of in the everyday practice of future medical or social workers. In other cases, like the projects in infectious diseases, direct results have been measurable after a relatively short period of time.

### *1. Interface established.*

One major achievement of the programme is to have enabled a gradual development of a Russian-Norwegian professional interface in the field of health and related social issues. The large number of projects within the field of epidemiology and communicable disease control has resulted in a network for professional and administrative contact. Also in other fields of work within the programme's scope, strong interfaces have emerged. Most of them are bilateral, but some are multilateral like the one provided by the *Epinorth* magazine. Interfaces are dynamic and vulnerable. They may collapse, and need follow up. The interfaces are vulnerable to poor communication. In the survey, only 25 percent mention communication problems among the obstacles to project implementation. But the in-depth interviews with the project leaders show that communication stands out as a problem in the sense that the confidentiality needed to discuss problems openly between Norwegian as well as Russian project participants seems to be insufficient in most cases. Therefore, the Russian-Norwegian interfaces resulting from the projects are vulnerable.

### *2. New methods introduced.*

The programme has made it possible for project participants to make themselves acquainted with each others' methods, programmes, professional values (attitudes) and ways of defining problems. About 95 percent of all respondents in the survey mentioned "learning about Norwegian/Russian experiences" as one of the most important impacts of their project. In the in-depth interviews several Norwegian project leaders mention "getting to know a foreign culture" as the main outcome of the project for themselves personally. Russian project leaders, on their hand, more often specify what exactly they have learned – like primary health care, DOTS, PRIDE, rehabilitation and others. They get to know these methods and approaches from Norwegian counterparts, who are strong exponents of the same methods and approaches. Interestingly, 45 percent of the respondents

in the electronic survey answered that their project consisted in transfer of knowledge from Norway to Russia to a large extent (37.5 percent to some extent). Transfer in the opposite direction, from Russia to Norway, was an element to a large extent, according to 8 percent of the respondents (33 percent to some extent).

### *3. New educational alternatives offered.*

Several projects have resulted in the establishment of educational alternatives. These alternatives include a full Master programme on Public Health, a study programme for psychiatric health care, and other.

### *4. Improved health achieved.*

As mentioned above, measuring the results of the programme in terms of improvements in health and social conditions are in most of the cases premature at this stage. In the field of infectious diseases, however, results were achieved relatively fast, in particular regarding tuberculosis. There has been a considerable reduction of hepatitis B and rubella in the groups of the population vaccinated through the projects carried out by the Norwegian Institute for Public Health.

## 3.4 Conclusion

In all, in the period from 2002 until now, the Cooperation Programme on Health and Related Social Issues in the Barents Region has mobilised considerable energy and initiative on both Norwegian and Russian side in project implementation. In general, project funds from the programme have enabled the “right” people to carry out projects in the fields where they possess specific capacities and enthusiasm.

The fact that the project cooperation in the field of health and related social issues have been going on for more than 15 years has secured a relatively good matching of Russian to Norwegian professional milieux.

With the ongoing modernisation of the Russian system of health and social development, such as what is being done through the National Priority Project “Health”, the activities under the Russian-Norwegian programme have become more relevant. Several Russian project leaders and representatives from the regional authorities told that thanks to the project cooperation with Norway, they find themselves one step ahead of similarly peripheral regions in Russia when it comes to implementing the requirements from the federal authorities.

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## 4 Four case studies

This chapter describes the activities of four organisations that carry out activities and projects financed by the Cooperation Programme on Health and Related Social Issues in the Barents Region. The four cases illustrate four different “models” for project co-operation:

- large scale operation carried out by a public administrative body on the Norwegian side with equivalent bodies on the Russian side
- academic institutions co-operating strengthening certain approaches, attitudes or methods
- authority-to-authority co-operation through an NGO facilitator
- NGO-to-NGO co-operation with a gradual exit strategy

These are four among several “models” applied under the programme.

The purpose of this chapter is to go somewhat in-depth to take a look at the project activities. The chapter identifies the “intervention logic” behind the projects, i.e. the presumed mechanisms that link activities to output and finally to outcomes. Moreover, the chapter identifies results, or outputs.

### 4.1 Case: The Norwegian Institute of Public Health (NIPH)

The project activities being carried out by the Norwegian Institute of Public Health (NIPH) and its partners in Northwest Russia and Norway constitute an illustrative case of large-scale operation run by a public administrative authority. NIPH is a major actor within the Cooperation Programme on Health and Related Social Issues in the Barents Region. Considered as a whole, NIPH’s project portfolio under the programme constitutes one, concentrated effort aiming at



achieving one of the priority goals, that of combating infectious diseases.

NIPH is a public administrative body under the Ministry of Health and Care Services, and is a national centre of excellence in the fields of epidemiology, mental health, control of infectious diseases, environmental medicine, forensic toxicology and drug abuse. This makes NIPH a heavy actor in the Norwegian health sector employing no less than 800 people with a broad and deep professional and technical competence.

NIPH is not only a central actor in the health sector of Norway, but also plays a major role in the Cooperation Programme on Health and Related Social Issues in the Barents Region. NIPH has entered into close cooperation with the sanitary-epidemiological authorities (being the surveillance authorities of infectious diseases) in the regions and republics of Northwest Russia. This has constituted an extensive authority-to-authority co-operation.

NIPH has many counterparts on the Russian side. One of the most important counterparts is the epidemiological authorities at regional level. In 2006, the State Sanitary-Epidemiological Surveillance was reorganised into one state control branch and one executing branch. The latter mainly identifies the problems, but leaves the decisions to the state control branch. Several of the closest counterparts now work in the state control organs and have less leeway for taking part in international projects, which was a serious blow to the network that had been built up.

Epinorth is one major achievement from the NIPH activities. Epinorth aims explicitly at promoting publication by Russian medical doctors.

In addition to the authority-to-authority activities, NIPH co-operates with hospitals and universities in Northwest Russia. Moreover, NIPH co-operates with Norwegian counterparts in its Russian activities. These counterparts are the Heart and Lung Association (LHL), and the Universities of Oslo and Tromsø.

The Department of Infectious Disease Epidemiology is the NIPH department that is most extensively involved in activities under the programme, but also other departments take part.

### **The situation**

In the early 1990's reports came from Russia and the Baltic states about an increasing danger from infectious diseases, some of them already combated in Norway, like diphtheria or tuberculosis. The

seriousness of the situation made a key public institution, like NIPH, welcome on the arena.

Russia is among the countries of the world with the biggest TB problem. TB is the main death cause among infectious diseases in Russia. To illustrate the case, in 2005 there were more than 500 new cases of tuberculosis in Arkhangelsk region, 580 in Murmansk, and 434 in Karelia. The incidence rate, however, has stabilised. Multi resistant tuberculosis, resulting among others from inadequate or lacking treatment in the past, is a significant problem, particularly in Arkhangelsk.

Other prevalent problems were those of HIV/AIDS, other sexually transmitted diseases, hepatitis B, and rubella. Within the hospitals a lot remained to be done on improving hygiene in order to prevent infections) and to reduce the use of antibiotics.

### **The intervention/activities**

During the last ten years, approximately 50 – 100 NIPH specialists have been involved in co-operation with Russia, most of them having visited the country. The Department of Infectious Disease Epidemiology has three Russian-speaking employees, one of them a native speaker of Norwegian, whereas the other two are native speakers of Russian (one philologist and one medical doctor).

In the period covered by this evaluation report, NIPH has carried out a large number of projects, some of them small, some very big.

NIPH has been working with partners in Arkhangelsk since 1994, and has widened its activities to cover Murmansk region, the Republic of Karelia, the autonomous district of the Nenets Leningrad oblast, St.Petersburg city and Kaliningrad oblast. The projects have been funded by the Ministry of Foreign Affairs, the Nordic Council of Ministers and the Ministry of Health and Care Services with reference to the Cooperation Programme on Health and Related Social Issues in the Barents Region.

In the first years of NIPH involvement in Northwest Russia, the institute's approach was broad and including. Quite a lot of seminars were arranged. Some of them lasted for two weeks. Through annual visits and seminars, a network was established. The network has been maintained carefully and forms a robust platform for the activities initiated and coordinated by NIPH. The activities in the period covered by this evaluation has benefited from this network, which has enabled a more direct approach.

The network is equipped with a web site and by the quarterly magazine, *Epinorth* (web and paper). *Epinorth* is an important framework for communicable disease surveillance, communication and training in Northern Europe. The *Epinorth* cooperation has also included training programmes in advanced infectious disease epidemiology. In the period 2004-2006, it was financed by the European Commission's Public Health programme.

Apart from building up a network, the first phase of cooperation consisted in vaccination against hepatitis B and rubella. The cooperation consisted very concretely in material support, like vaccination doses, some computers and hardware to the computers. The efforts were combined with support granted by the Vishnevskiaia-Rostropovich foundation.

NIPH, the regional health authorities of Arkhangelsk and the North-western State Medical University have cooperated on reducing tuberculosis in the region, in particular multi resistant tuberculosis, against which ordinary medicines have little effect. In its anti-tuberculosis activities in Arkhangelsk NIPH has cooperated closely with the LHL (the Norwegian Heart and Lung Association), and the University of Oslo.

*Material support.* The material support was never a major component of the cooperation except in the early vaccination projects, and material support has always been followed up by competence development. For instance, laboratory workers were targeted (project Y9711) for training to reduce infections in the laboratories, and on the use of molecular biological examinations of the tuberculosis stock.

Gradually the material support has been reduced, and the present focus is on exchange of competence. Seminars and exchange visits have been carried out all through the project period. However, representatives of NIPH go less frequently to Russia now than before, whereas the Russian counterparts more often visit Norway.

Since 2005 NIPH has received a framework grant from the Ministry of Health and Care Services, which means that much time that used to be spent on writing applications and reports for each activity now can be used directly on the activities themselves. NIPH spends between 30 and 35 percent of its grants on administration, which is lower than most other recipients of funds spend.

*Research and knowledge.* Research is not among the activities financed by the programme. Nevertheless, NIPH considers fact-finding and production of knowledge necessary to reach the objectives

in Northwest Russia. In order to provide the knowledge needed, NIPH has supported PhD students. Another example is the cooperation with one of Arkhangelsk's hospitals on penicillin and antibiotics. One article has been written on how medical doctors prescribe antibiotics. NIPH considers research and research-like activities to be an increasingly necessary component in the cooperation. There are more reasons for this. First of all, often more knowledge is needed to take action in an efficient way. Secondly, research and the pursuit of evidence forms an intrinsic part of the health sector. This means that in order to attract the most competent professionals to take part in the projects, research has proved to be necessary.

*Language.* NIPH pays much attention to communication. In order to run the activities with the Russian counterparts on an everyday basis, NIPH has assigned the coordinating tasks to one of its Russian-speaking employees. Also on the Russian side, NIPH has had a project coordinator, remunerated by the hour.

NIPH's policy is to make sure that at least one of its employees is Russian speaking. A group of people competent in public health terms as well as the Russian language harmonise and standardise all major terms and concepts used in the cooperation in order to make them conform to realities. Two seminars (2006 and 2007) have been arranged in order to prepare a preliminary dictionary on medical terms and terms needed to work with methodology and statistics (see more on this in the chapter on Conclusions and recommendations).

## **Results**

Northwest Russia has seen a significant reduction in infectious diseases over the last few years, apart from multi resistant tuberculosis. As it will be shown below, the NIPH activities under the Cooperation Programme on Health and Related Social Issues in the Barents Region have contributed positively to the good results.

Attitudinal aspects are important in combating certain infectious diseases, where "moralism" and condemnation have counterproductive effects. This is the case for HIV/AIDS work. Throughout the years of co-operation, NIPH reports that attitudes have changed among health and social workers. Also in this field, NIPH has contributed.

Methods used in infectious diseases epidemiology in Northwest Russia have to a large extent changed, for instance regarding the practice of comparing those suffering from a disease in an outbreak with those who are not ill. Earlier, only the patients were interviewed.

NIPH's activities and projects are well harmonised with the local and central Russian priorities, and are continued after the finalisation of the project.

The cooperation has resulted in, among others, a well functioning tuberculosis laboratory in Arkhangelsk city. It serves as a national reference laboratory. NIPH provides quality assurance of the diagnostic laboratory methods being applied in the laboratory.

*The views of the Russian counterparts.* In the interviews with the Evaluator, NIPH's counterparts on the Russian side told the cooperation had been of great value. The projects and activities on immunisation that were finalised in 2003 were emphasised most frequently. The material assistance was appreciated, although the representatives of the regional surveillance did not see the need for external help to finance vaccines any more.

Although the cooperation was highly welcomed, several representatives of the surveillance authorities (Rosпотребнадзор) emphasised the strong sides of the Russian system. One of the assets mentioned was the broad approach applied by the Russian specialists. The Norwegian approach is narrower. Moreover, the Russian system of surveillance of infectious diseases is concentrated in one public administrative body that also covers non-infectious diseases. Another asset mentioned is the Russian system of registering infectious diseases. As one of the interviewees put it, "Russia and Norway have two well-functioning systems." Interestingly, this self-consciousness on behalf of one's own system was more clearly expressed in interviews with representatives of the surveillance authorities than other categories of interviewees.

#### 4.1.1 Presentation of individual projects and project packages

##### **Project B511 Surveillance of hospital-acquired infections and hand hygiene (project leader Stein Andresen)**

*Duration.* 2005

*Background.* In hospitals, infections may be transmitted between patients via the hands of health care workers. Hand hygiene is regarded as the most important measure to reduce rates of hospital acquired infections. Hand washing is inferior to hand disinfection in reducing bacterial count on the hands. In many Russian hospitals, the effect of hand washing is further reduced through the multiple-person

use of soap bars and cloth towels and sometimes lack of hot water. Thus, hand disinfection would be a major improvement for these hospitals.

*Project partners.* a) Arkhangelsk Regional Children's Hospital, b) Northern State Medical University, Arkhangelsk, c) Federal State Health Institution "Centre for Hygiene and Epidemiology", and d) Arkhangelsk Rospotrebnadzor.

*Objectives.* To develop a basis for targeting preventive measures

*Intervention logic.* a) to measure prevalence of most frequently noted nosocomial (hospital acquired) infections, determine distribution by type of infection, ward, age, sex, and identify antibiotic use pattern in Arkhangelsk Regional Children's Hospital, b) to measure the association between some patient-related or treatment-related factors and nosocomial infections, c) translation of the Norwegian manual (80 pages and recently issued) and adjusting it to the Russian setting, d) a seminar with key personnel to teach the methodology that has been successfully applied in Norway for many years, e) investigate the possibility of local production of hand disinfectant (alcohol).

### **Project package: projects on general co-operation**

B102 Collaboration with Nenets SEC (109.000 NOK 14.12; 150.000 NOK 22.12)

- B204 Seminar on infectious diseases III, Murmansk (126.000 NOK)
- B414 Collaboration with the Republic of Komi (69.000 NOK)
- B415 Support to Russian participation at epidemiological meeting in Kaliningrad (53.000 NOK)
- B502 Collaboration with Arkhangelsk SEC (49.000 NOK)

These activities aim at keeping up and developing the good contacts between NIPH and the sanitary-epidemiological surveillance authorities of infectious diseases in the regions of Northwest Russia.

### **Project Y9711 – TB control in Arkhangelsk region improved diagnostics and epidemiology (project leader: Turid Mannsåker)**

*Duration.* From 1999 until 2005.

*Background.* The cooperation between the regional health authorities in Arkhangelsk and the Norwegian Institute for Public Health (NIPH)

(Division of Infectious Disease Control) started up in 1995 with the aim to enhance knowledge on the epidemiological spread and of the antibiotic susceptibility of Multiresistent tuberculosis in the region. Later the cooperation was expanded as a result of the introduction of DOTS in the region with the LHL. The project cooperates closely with LHL's project.

Much of the project has concentrated on the mycobacterial laboratory at the Arkhangelsk Regional Tuberculosis Dispensary. The tuberculosis dispensaries are the main public bodies responsible for tuberculosis control in Russia's 89 regions and republics.

Since 1995, the project has been supported by the Research Council of Norway (Central and Eastern European Programme) in 1998 it was supported by the Norwegian Ministry of Foreign Affairs, and since 1999 by the Barents Health Programme.

*Project partners.* a) Arkhangelsk Regional Tuberculosis Dispensary (ARTD), b) the Northern State Medical University (Phthisiopulmonology Department), in cooperation with c) the Norwegian Lung and Heart Association.

*Objectives.* The main objective has been to reduce tuberculosis in Arkhangelsk region, in particular multi resistant tuberculosis.

*Intervention logic.* The intervention logic consists in two main elements, a) more precise microbiological tuberculosis diagnostics at the laboratory of the ARTD, and b) better surveillance of tuberculosis in the region. Good laboratory diagnostics are indispensable for purposeful and quality assured tuberculosis treatment, and one major precondition is that the control programme is accepted by the WHO.

- a) quality assurance of resistance identification of *M. tuberculosis* at the laboratories in Arkhangelsk
- b) competence building among laboratory workers in Arkhangelsk
- c) protection of the laboratory workers against infection
- d) knowledge about spread of diseases in the population, using molecular biological examinations of the *M. tuberculosis* stock in Arkhangelsk.

In terms of concrete actions, the intervention logic consists in two elements, a) visits and exchange of knowledge and skills, and b) supply of equipment. The reports from the visits give a detailed overview of the project development. The equipment supplied

includes both basic items, like sterile pipettes, and advanced equipment.

The involved partners in Oslo and Arkhangelsk have exchanged bacterial strains. This needs permit from the Russian Ministry of Economic Development and Trade. The NIPH Reference Tuberculosis Laboratory examined the bacterial strains. Project participants have taken part at the annual meetings at the IUATLD congresses in Paris.

*Results.* More reliable investigations have been made thanks to external quality assurance of the testing for antibiotic resistance. New machinery gives faster results of investigations.

The rebuilding of the ARTD laboratory in 2002 and improved protection against infections have reduced risk of infection among employees. Throughout several years, there have been no cases of infection among laboratory workers.

Valuable research has been made on epidemiology on a molecular level. Several international publications and one PhD at the University of Oslo have resulted from the cooperation. (Having written the major parts of her PhD at NIPH, Olga Toungousova from Arkhangelsk, presented it in 2004: "Community and Biological Aspects of Tuberculosis Drug Resistance in the Archangel Oblast, Russia - Significance of the W-Beijing Mycobacterium tuberculosis Family").

Some results have been below expectations. Some resistance identification at the ARTD laboratory has been suboptimal, due to changes in personnel. Few laboratories in Russia are relevant for special training and follow-up studies, which hamper the competence building also at the ARTD. The establishment of external quality assurance suffers from difficulties bringing bacterial stocks across state borders.

*Continuation of the project activities.* The laboratory services in Arkhangelsk are in a situation of consolidation, but are still quite fragile. The laboratory at the ARTD has few employees, and still lack experience with internationally updated methods and modern technology. It has taken longer time than expected for the regional health authorities to establish cooperation with a relevant laboratory in St.Petersburg for quality control. The NIPH aims at reducing its contribution to external quality assurance and counselling *plus* research cooperation.



**Project package on immunisation (project leaders Stein Andresen and Preben Aavitsland)**

- Y9720 Immunisation in Arkhangelsk
- Y9726 Hepatitis B in the Republic of Karelia
- B103 Rubella prevention in the Republic of Karelia
- B115 Rubella prevention in the Murmansk region
- B204 Seminar on infectious diseases in Apatity
- B212 Support for the regional programme "Vaccine prophylactics in 2002-2003 for immunisation of teen-agers against hepatitis B in Murmansk Oblast
- B213 Surveillance of Rubella and Congenital Rubella Syndrome in Arkhangelsk
- B214 Organisation of epidemic Control and Immunisation in Arkhangelsk Region - Hepatitis B

*Duration:* Activities up to and including 2003.

*Background.* The applicant has several other projects, Y9726 (Karelia); B115 (Murmansk); Y9711; B204) as well as other project in the Barents region (B103 Karelia).

*Project partners.* Health Care Department Arkhangelsk region; State Sanitary Surveillance Centre Arkhangelsk region; (Health Care committee Murmansk region; State Sanitary Surveillance Centre Murmansk region; State Sanitary Surveillance Centre Republic of Karelia.)

*Objectives.* To reduce morbidity due to hepatitis B and rubella.

*Intervention logic.* Purchase of vaccines and scientific cooperation (seminars, reports, meetings). The vaccinations formed part of a "project package" including seminars on adverse effects, how to run a vaccination programme (tenders, contracts, storage, information to the public etc.).

*Results.* Since 2002, the immunisation projects provided the following number of vaccines.

Table 4.1 *Funded vaccines 2002 and 2003*

Project nr.	Region	Hepatitis B vaccine	Rubella vaccine
Y9720	Arkhangelsk	17.250 doses (2002) 20.000 doses (2003)	
Y9726 and B103	Karelia	3.000 doses for medical students (2002) 7000 doses (2003)	22.000 doses (2002)
B115	Murmansk	7.500 doses (2002) 13.000 doses (2003)	29.116 doses (2003)

*The doses in 2003 were co-financed with the Vishnevskaja-Rostropovich Foundation*

(Source: Stein Andresen, NIPH, Report 14 October 2003)

There has been a considerable reduction of hepatitis B and rubella in the groups of the population vaccinated. The projects have been quite visible in the North-western regions. The health authorities plus the sanitary-epidemiological services in each of the regions carried out the project with the NIPH and the US Vishnevskaja-Rostropovich Foundation contributes significantly.

*Continuation of the project activities.* It was agreed with the regional authorities that after three years they take over the vaccination programmes. The federal programme for increasing the accessibility and quality of medical aid in Russia, the National Priority Programme (NPP) "Health" has made this a reality. Vaccination is a core activity within the NPP, and vaccinations continue on a large scale, not only in Northwest Russia, but also in the whole country.

In an interview with the evaluation team, the head of Rospotrebnadzor (before 2005 Gossanepidnadzor) in Arkhangelsk reported the co-operation with the NIPH on immunisation has been of great use in the implementation of the National Priority Project.

**Project Y9714 Safe Motherhood/Family friendly Maternity Care in the Barents Region (project leader Eli Heiberg)**

*Duration:* 2003 (1999-2001).

*Sum:* 350.000 NOK

*Background.* The activities in 2003 consisted in finalising the project. The project was a follow-up of a previous breastfeeding project “Baby Friendly Hospital Initiative” (1994-1999). This latter project continued within the framework of Y9714, that mainly focus antenatal and obstetric common practice.

*Project partner.* The health care department in Arkhangelsk, the City Hospital No. 7, and the Maternity Hospital no. 3 in Murmansk.

*Objectives.* The aim has been to strengthen antenatal and obstetric common practices, i.e. focusing maternity care during pregnancy and delivery. This includes the promotion of breastfeeding by updating breastfeeding routines in maternity hospitals in Northwest Russia).

*Intervention logic.* Establish two small training centres within the two hospitals taking part in the project. Brochures on breastfeeding. Handbook in perinatal care. Exchange of knowledge between Arkhangelsk and Northern Norway with the help of telemedicine. Conferences. Russian training material.

*Results.* Both training centres have been integrated in the everyday activities of the two hospitals. Around 600 health care professionals (mainly midwives, doctors and nurses) have attended seminars and trainings in Russia and abroad. A report has been issued (Norwegian Institute of Public Health, Rapport 2005:4).

*Continuation of the project activities.* Both training centres have been integrated in the everyday activities of the two hospitals.

#### 4.1.2 Summing up

NIPH is one of the major actors under the programme, and has been responsible for a larger number of activities and projects than any other applicant for funds from the programme.

In the field of prevention and combat of communicable diseases, the institute has created and maintained an operative interface with surveillance authorities in the regions of Northwest Russia. Reorganisation of the surveillance authorities on the Russian side has made it necessary to adjust the cooperation. Being a co-operation between public administrative bodies in two states, it is necessary to find ways within the formal frameworks to let specialists on both sides co-operate. Pragmatic solutions should be sought. Since most of the formal restrictions are on the Russian side, the initiative lies primarily with the Russian side.

The dimension of NIPH's activities under the programme is demanding on the institute and the involved specialists. The potentials of drawing on an even wider group of environments could be investigated.

The fact that NIPH since 2005 operates with a frame grant relieves the institute of much paper work related to application and reports from smaller activities.

## 4.2 Case: Psychiatry Tromsø

### **Background**

Since 1996 there have been contacts between the psychiatric services of Arkhangelsk Regional Hospital and the Department of Psychiatric Research and Development in Tromsø. The Department is engaged in education and quality improvement of psychiatric services in Troms and the Finnmark region in Northern Norway.

Two projects managed by the Department of Psychiatric Research and Development have been carried out in the period covered by this Evaluation:

- Project B111 Quality improvement in the psychiatric services in the Regional Mental Hospital of Arkhangelsk
- Project B112 Suicide intervention training programme in Arkhangelsk

The two projects stand out as cases of academic institutions co-operating. Moreover, they are clear examples of co-operation on strengthening certain approaches, attitudes or methods (“milieu”/ “environmental therapy” and a training programme for suicide prevention).

### **The situation**

Russian psychiatry tends to rely heavily on a biological understanding of psychiatric disorders with a strong emphasis upon psychopharmacological approaches. As compared with Norwegian and Western psychiatry, psychological, social and cultural perspectives are less emphasised. Treatment approaches are mainly individual. A systematic milieu therapy and group therapy where the interaction between patients and staff and patients is a main focus, have to a minimal degree been developed. The importance of the co-operation between the patient and the staff has traditionally not been

emphasised and multidisciplinary approaches are rare. However, interdisciplinary team work (or “*brigadnye metody*”) is singled out as one of the priorities in the federal National Priority Project on Health.

The concept of environmental therapy does exist in Russia as labour therapy, rehabilitation, interpersonal therapy, and therapy with the help of the environment (“*terapiia sredoi*”). The novelty brought in through the project was not the “environmental” part as such, but the focus on the interaction among the patients and the staff-patient relationship, and here for clarity named “milieu therapy”, which has been the expression used in the project.

#### 4.2.1 Presentation of the single projects

##### **Project B111 Quality improvement in the psychiatric services in the Regional Mental Hospital of Arkhangelsk (project leader: Tore Sørli/Tordis Sørensen Høifødt)**

*Duration.* 2002 – 2006. A pilot project was carried out in 2002, and in 2003 the main project started.

*Project partners* are the Regional Mental Hospital in Arkhangelsk and the Northern State Medical University. Also several Norwegian institutions are involved: Nordland Hospital (Department of Psychiatry); Psychiatric Research Centre of Northern Norway; at the University Hospital of Northern Norway, Psychiatric Department, Institute of Clinical Medicine, University of Tromsø.

*Objectives.* One major focus has been to target the weakest among the patients, patients with serious mental illness. The operational aims have been:

- a) to improve the quality of the psychiatric health care in the Regional Mental Hospital of Arkhangelsk through introducing milieu therapy (psychodynamic approaches) in addition to the existing biological one
- b) to lay the groundwork for future quality improvement projects in the hospital and more decentralised psychiatric practice.

*Intervention logic.* The project bases itself on:

- a) exchange of knowledge, approaches and ideas (description of diagnostic practice; workshops ) of Russian and Norwegian colleagues
- b) teaching programme in milieu therapy for multidisciplinary staff groups at the acute wards at the mental hospital in

- Arkhangelsk using Lithuanian group therapists (lectures and supervision on practice and group discussions), two weeks courses three times a year
- c) multidisciplinary Russian groups having teaching practices at the Psychiatric Department, University Hospital of Northern Norway (UNN), one or two groups one week a year
  - d) improvement of the physical living conditions of the patients (the first three years of the project period).

The Department of Psychiatric Research and Development could be seen as a motor in this, having the responsibility for quality development in Northern Norway in collaboration with the Psychiatric Department at Nordlandssykehuset, through supplements (multidisciplinary patient centred milieu therapeutic approaches) to the strictly biological tradition in Russian psychiatry. All programme planning and activities have been approved by the Director of the hospital and mainly clinical leaders, trainers and multidisciplinary staff members have been involved in the activities. This has facilitated fast dissemination of ideas, into clinical practice and education. Issues pertaining to the physical infrastructure have been included, such as dividing dormitories into smaller sleeping rooms (measures aiming at esteeming the patients as individuals).

*Results.* The following results could be emphasised:

- a) Exchange of knowledge has taken place, especially during exchange visits at each others' hospitals.
- b) Life conditions, including self-respect and dignity among the patients have improved due to new approaches from the staff and improvements of their physical living conditions (no less than 60 patients used to live on two dormitories with one toilet, now they live in rooms for six people and have their own night tables).
- c) Russian colleagues report that they are satisfied with the interdisciplinary approach, which they tell make the work more meaningful (in fact they tend to call it "democratisation").
- d) Inter-disciplinary team work is being used in everyday work in the hospital (and very soon patient groups and conversation groups were set up).
- e) research-based publications about the experiences are being published internationally (see Rezvyy, Øiesvold, Parniakov, Ponomarëv, Lazurko et Olstad. The Barents project in psychiatry: a

systematic comparative mental health services study between Norway and Arkhangelsk Region. Soc Psychiatry Epidemiol, 2006)

*Continuation of the project activities.* The approaches focused upon in B111 are being taken over and developed further by the Russian colleagues at the Regional Mental Hospital in Arkhangelsk. Among others, they continue the group activities for the patients that were established as a prerequisite for the teaching programme in milieu therapy which took place between 2003 and 2006. A couple of Russians have started to get a more thorough education in group therapy to become teachers in their own system, which will make the processes more self-sustaining. However, still some time with external support and supervision seems to be needed to get lasting results.

**Project B112 Suicide intervention training programme in Arkhangelsk (project leaders Tore Sørli, Kirsti Silvola)**

*Duration.* 2002 – 2003.

*Project partner.* Arkhangelsk regional psychiatric Hospital no. 1.

*Objectives.* Reduce suicides.

*Intervention logic.* In order to reach its objectives the project:

- a) introduced the multi-disciplinary Vivat programme (First Aid in cases of suicide danger)
- b) trained trainers in the programme
- c) targeted 100 multidisciplinary caregivers for participation in the ASIST workshop (Applied Suicide Intervention Training) and afterwards evaluate it.

One of the projects leaders is project manager for the Vivat programme at the University Hospital in Tromsø.

*Results.* The project has trained two trainers to teach in workshops for suicide intervention. Five workshops were arranged.

*Continuation of the project activities.* The programme as such was not continued. The project contributed to the fact that today suicide prevention is on the health agenda in Arkhangelsk.

## 4.2.2 Summing up

The two projects could be classified as policy transfer. They both consist of approaches that are being considered to be weakly

developed in Russia, but with a strong potential for developing competence and a more effective utilisation of the available staff resources and reducing suffering among the patients. Inter-disciplinary team work is the core idea that has been conveyed through the projects. Although the projects may be seen as consisting of policy transfer, inter-disciplinary team work within the health and social sectors is given priority by federal level authorities. Therefore, the two projects presented in this sub-chapter, fit harmoniously in with ongoing activities. The focus on the therapist-patient interaction is the specific novelty presented by the projects.

The project clearly has reached its main objectives of strengthening capacities for inter-disciplinary team work, although the concept of milieu/environmental therapy apparently still lack contours. Probably the project on milieu therapy would have gained on clarifying how this type of therapy is generically related to already existing Russian varieties of environmental therapy. In general, it seems that the project could have operated with more precise objectives, i.e. more clear definitions of milieu therapy and how to do it.

As for the project on suicide intervention, it has contributed to putting the issue on the agenda in Arkhangelsk.

The fact that project B111 included Russian-speaking trainers from another former Soviet republic (Lithuania) is worth noticing as one reason why communication has been smooth. Project B111 also illustrates effective use of material support. By refurbishing and restructuring the rooms where the patients live, patients have gained self-respect and dignity, and the staffs treat them better. This is an important achievement since the actual group of patients is among the weakest and less prioritised groups. Here, *input* (project funds) led to *results* (refurbished and restructured rooms), and from there to *outcomes* very fast (dignity and better treatment). Other departments have followed suit restructuring the physical living conditions of the patients. Moreover, reform willingness does not seem to be confined to the refurbished departments.

Another significant finding is that inter-disciplinary team work tends to be associated with democratisation. The Russian project participants found the team-work approach to contribute to democracy by putting people from different professions on equal footing with each others and through its strong emphasis on discussion.



## 4.3 Case: Bergen municipality – Public Health Authority

### **Background**

The Public Health Authority of Bergen municipality is responsible at local level for among others public health, infectious diseases and environmental health, primary health care, planning and quality assurance of child health care centres, the school health care as well as habilitation and rehabilitation of children.

In Northwest Russia Bergen municipality co-operates with the St. Petersburg-based NGO “Stellit”, which is partly doing research, partly doing commissioned work for federal ministries and agencies or regional and municipal authorities as well as commercial firms. Among others, Stellit covers the fields of public health care development, creating a network of social monitoring in Russia as well as research on alcohol and drug behaviour, sexual exploitation, and HIV/AIDS. The NGO has no less than 30 full-time workers, but can invite 200 more for assigned tasks.

Project B509 “Children are the basis for a healthy society” constitutes an illustrative case of authority-to-authority co-operation *through a facilitator* (Stellit).

### **The situation**

Prior to the project in St. Petersburg Bergen municipality’s Public Health Authority had been cooperating with the town of Liepaja in Latvia, where the local authorities revealed a need for improvements of the capacities to enter into cross-sectoral collaboration.

In Russia, inter-ministerial and inter-institutional co-operation and co-ordination has been put high on the reform agenda, not least regarding prevention of child and youth problems. The new Ministry of Health and Social Development is one indication of the inter-sectoral approach. In the field of minors’ affairs, the government has established inter-sectoral commissions on all levels of government, from federal level down to city district. Thus, project B509 connects with ongoing processes.

### **Objectives**

The objective is to contribute to the development of health promotion systems in order to make it more capable of helping children at risk. The geographical area targeted is Northwest Russia in large.

More precisely, the project aims at improving the *methodological tools* used by the health care system, and in particular, it recommends developing *network interaction* as a tool to support children at risk. Bergen municipality wants to share its experiences with network interaction and cross-sector approaches in general.

### **The intervention/activities**

The project is envisaged as a step-by-step process. Meetings and seminars are the main instruments used. One of the first steps to be undertaken in the project was to identify the strategic groups of professionals working with children. Strategic professionals are those working within the sectors of health care and social protection in the field of childcare and child protection. These are nurses, medical doctors, social workers, and health administrators. The group includes representatives from governmental organisations as well as specialists in public administrative bodies, NGOs and private organisations working with risk group children. Risk groups children are those growing up in unfavourable families, or without parental care (orphans). The result of the initial phase of the project is a list of representatives of organizations that deal with target groups in cities of the Northwest Russia (20-25 people in average).

The next step is to make the representatives of the public health care system from Bergen and social sphere workers from the Northwestern regions of Russia get to know each other and each other's work. This forms the basis for exchange of experiences and the development of network interaction. Bergen's Health Authority wants to present its experiences with the Child Health Care Centre at home. Finally, the project is going to conclude with a set of recommendations on improving the methodological tools of organisations taking part in the project and on primary preventive programme implementation within regions.

The project aims at gradual diffusion of its activities to finally covering all of Northwest Russia. The relevant authorities in Murmansk, Arkhangelsk and Kaliningrad have been contacted. However, the project will begin in St. Petersburg and Kaliningrad. The very first steps were taken with representatives of the Pushkin city district of St. Petersburg. In this city district, Stellit has established close connections with the local authorities. In Nevsky city district the model on social exclusion prevention was developed, and it was here that the visitors from Bergen gave presentations of their experiences with primary prevention among children.

*Division of tasks.* Bergen municipality and Stellit have divided tasks in between themselves. Bergen will provide competence in primary health care methodology related to the work done by the Child Health Care Centres at municipal level. Likewise, the health care authority of Bergen will provide competence on general medical practice and family medicine, including the functions of health nurses within primary health care and infection control of vulnerable groups. Also work with issues related to cross-sectoral approaches and environmental social care for HIV positives will be presented by the Norwegian side.

Stellit will contribute with its competence in creating networks on social monitoring in Russia (among others interaction between governmental agencies and No's). Moreover, Stellit will share their methodological skills in working with risk groups and communicable diseases. Also in the fields of cross-sectoral work and exchange of experience, Stellit will contribute.

*Language.* Just like the Norwegian Institute of Public Health and its counterparts, the Bergen Public Health Authority and Stellit take language seriously, and are paying special attention to the meaning of words and concepts. Among others, a training seminar has been devoted to this issue.

*Ethical guidelines.* The two parties, NGO Stellit and the Public Health Authority of Bergen, have signed a document on ethical guidelines for the joint activities, among others establishing bi-linguism (Russian/Norwegian) in the project. In other words, poor command of foreign languages should not lead to exclusion from project activities. The guidelines state that the cooperation is to build on mutuality and exchange, not transmission from Norway to Russia. Interestingly, dissemination of the project results is the property of Stellit according to the guidelines.

## **Results**

The project is mid-term, and it is too early to look for outcomes. It is, however, possible to look into the activities that have taken place to see whether they point in the direction indicated at the outset of the project, i.e. to a stronger capacity at local level for cross-sectoral practices.

The visits, meetings and seminars have included relevant personnel from Norwegian as well as Russian sides. The focus has been concentrated on health services for school children and control of communicable diseases. An undated and anonymous, but well-written

document called “prevention of social exclusion of children and adolescents in St. Petersburg – Nevsky district” describes the system of preventing social exclusion through the schools in Russia through the example of one of St. Petersburg’s city districts.

To a large degree, the project has achieved its goal of being a true co-operative project between equal partners. The working style is set up to maintain equality. “Bergen gives us a choice. Therefore the co-operation is harmonious,” one representative of Stellit told the Evaluator. Budgets are concrete and detailed, and based on agreement between the two sides.

There is a coordination team on the Russian side that works fast, writes fast and sticks to all deadlines. The Russian side drives up the pace of the project activities. One leader of a project carried out by another Norwegian organisation in another region of Russia described his situation like this: “They struggle to make it our project, and we to make it theirs.” This does not seem to be the situation between the Public Health Authority in Bergen and Stellit in St. Petersburg.

In addition, the representatives of relevant authorities in St. Petersburg interviewed by the Evaluator give the project the best references.

As for child and youth problems, there is an inter-ministerial, inter-institutional Commission on Minor Affairs on federal level. Its chair is the Minister of Internal Affairs, and the members come from a wide range of ministries. Similar, inter-institutional commissions on minor affairs exist at regional, municipal and city district levels as well. In December 2006, the project was presented in the federal level commission. This is an important recognition of the project, and it offered an opportunity to disseminate the project’s approach to all other regions of Russia since they are all represented in the commission. Most regional authorities are working on methods to strengthen cross-sectoral practices, and are looking for input. Stellit works closely with the inter-institutional commission in Pushkin city district, and formulates methodological recommendations to the district authorities after each meeting in the commission.

Stellit combines analytical capacity with targeted action, and is respected as a serious partner by local and regional authorities. Unlike many other NGO’s, Stellit is fully capable of explaining the project and gaining support for it with the authorities. Moreover, Stellit makes sure Bergen Public Health Authority operates according to Russian usage, for instance by making sure that top level municipal representatives on the Norwegian side take part in some of the visits, which makes similar level Russian municipal leaders interested.

Without the consent of the higher level municipal representatives, lower-level municipal specialists cannot go on a business trip or a seminar. In several other projects under the programme aspect pertaining to Russian administrative customs have been under-focused or neglected to the detriment of project implementation as well as prospects of letting the project's "message" travel beyond the project's own circles.

### 4.3.1 Summing up

In its core activities, "Children as a basis for healthy grown-ups" is an *authority-to-authority* project. Representatives of relevant authorities from Bergen and the Northwest Russian homologues meet during visits and seminars to develop methods and interaction networks in work with children at risk. Organisationally, however, the project structure is *authority-to-NGO-to-authority*. Stellit's role could be compared to that of a "mediator", "broker", or "linkworker" enabling Norwegian and Russian public administrative officers work smoothly together. This way some of the relatively common obstacles to project implementation are avoided, and the Norwegian project partner is relieved of much of the challenges common in other projects.

On the other hand, the model deprives the representatives of the relevant authorities on each side from gaining useful experiences gained from *direct* project co-operation. They merely meet at seminars. Stellit is placed in a very central position within the actual model, but this fact does not seem to have hampered the development of a direct authority-to-authority interface.

The project is well planned, and consists in a logical sequence of phases. The geographical scope of the activities is going to be widened gradually to encompass most regions of Northwest Russia. The two partners have the necessary competence to fulfil the tasks they have assigned themselves.

The project is characterised by its high level of reflection, among others resulting in ethical guidelines and attention paid to language. Preparing and discussing ethical guidelines at the outset of a project may serve as an occasion to ask difficult questions without feeling too embarrassed. Moreover, drafting ethical guidelines may help creating a common platform regarding expectations.

The project is well linked up with ongoing processes in Norway as well as in Russia (cross-sectoral approaches in childcare, child health, child and family social problems)

## 4.4 Case: New Beginning and the Norwegian Saami Mission

The projects run by the Norwegian Saami Mission and "Novoe Nachalo" constitute a case of NGO-to-NGO co-operation, in which the Russian NGO takes over the project from the Norwegian counterpart. This makes the projects an illustrative case of a gradual exit strategy.

### **Background**

The Saami Mission has been involved on the Kola Peninsula since 1995. In 1999, the organisation established a permanent office in Lovozero, headed by a Norwegian representative of the Saami Mission and several local employees. In addition, the Revda settlement is targeted. The activities have been divided into evangelical work, social work and cultural activities. The social projects have aimed at preventing alcoholism and rehabilitating those affected. This means that not only the alcoholics, but also their relatives and other affected were included. Also, drug addicts, homeless people and victims of family violence were targeted.

In 2002 the Russian NGO "Novoe Nachalo"/"New Beginning" was established. Its office is located in Murmansk city. The Saami Mission supported the organisation economically and administratively in the period of building it up. This included assistance in getting more Norwegian contact points and partners. Moreover, the Saami Mission "handed over" its project on handicraft workshops in Lovozero and Revda to Novoe Nachalo. Lovozero and Revda are small settlements with a large percentage of Saami inhabitants. In addition, other Norwegian actors, like the Norwegian People's Aid and the Norwegian Red Cross, are involved in these communities.

Novoe Nachalo has 25 employees (not all of them full time). Novoe Nachalo has projects with several Norwegian counterparts, like the Norwegian Church Aid, and Save the Children Norway in addition to the Saami Mission.

Together with the Norwegian Church Aid, Novoe Nachalo is carrying out a project on prevention measures against HIV/AIDS and drug addiction. The programme, called "Skills of Life", is based on the series of working programmes developed by the Vygotsky scientific-methodical centre "Diagnostics – Adaptation – Development" under the federal Ministry of Education. In other words, the activities are

well rooted in the Russian scientific, administrative and political realities.

Together with Save the Children Norway Novoe Nachalo has carried out a project to assist children involved in the sex industry in Murmansk. The activities have consisted in assistance to rehabilitation after violence; psychological aid; legal aid; social support; HIV/AIDS and venereal diseases prevention; development of life skills and awareness raising. The project is carried out in close co-operation with public administrative bodies, municipal authorities and non-profit organisations.

This subchapter, however, focuses on the projects financed by the Cooperation Programme on Health and Related Social Issues in the Barents Region (i.e. projects B

## 4.5 Presentation of single projects

### **B405 project “Novoe Nachalo”/”New Beginning” (project leaders Sigfred Giskegjerde, Natalia Vetsko)**

*Duration.* 2003 – 2006

*Project partner.* The project partner organisation “Novoe Nachalo” is an intended result of the project.

*Objectives.* To establish organised care for alcoholics in a vulnerable area (Lovozero and Revda).

*Intervention logic.* The main intervention was *to set up a permanent youth organisation* to work with issues pertaining to a healthy life style and prevention of the use of intoxicating drugs. The organisation took over the interventions earlier run by the Saami Mission:

- a) To establish and carry out treatment programmes for alcoholics, the programme chosen is the "12 steps" rehabilitation programme in Anonymous Alcoholics, Alanon, Alatin groups; formation of AA, Alatin, and Alanon support groups for alcoholics and their family members.
- b) To establish and run workshop for Saami craft and needlework in Lovozero, called "Laplander needlework". The target groups is alcoholics and relatives who attend the "12 step" course. The aim is to provide income-generating opportunities for the target group. The workshops are classified as “sheltered workshops”.

*Results.* Novoe Nachalo has been established, and has entered into cooperation with several relevant public bodies, voluntary organisation and foreign NGO's. A Saami workshop has been set up (employing 12 people in the villages of Revda and Lovozero).

The local representative of the Saami Mission estimates that eight to ten families have been able to establish stability (e.g. children not running away) in Lovozero. In all, 40 people are taking part in the activities offered by Novoe Nachalo and the Saami Mission in Lovozero. More people than expected take part in the activities and there are a number of people who wish to join. Novoe Nachalo reports that the Alanon and Alatin support groups have contributed to reducing stigmatisation of alcoholics.

The Russian *Skills of Life* programme (approved by the Ministry of Education) has been carried out in 16 schools with altogether 500 young participants. The Russian schools are very restrictive in matters including external training programmes. Therefore, being allowed in is an indicator of success. The programme Skills of Life aims at preventing HIV/AIDS and drug addiction.

*Continuation of the project activities.* Novoe Nachalo is already a continuation of the project run by the Saami Mission. Novoe Nachalo is well linked up with public authorities, like the police, the director of public prosecution, and the regional Committee on Labour and Social Development. However, Novoe Nachalo is still dependent upon foreign funding. Based on the experiences from Skills of Life, Novoe Nachalo has started a new project with the Norwegian Church Aid, "Education programme for pedagogical personal and health specialists in the field of healthy lifestyle and prevention of HIV/AIDS and drug addiction".

**Project B617 Youth prophylactic newspaper  
"Iskra"/"Antiglamour" (project leader Svetlana Pogrebniak)**

*Duration.* 2006 –

*Background.* Part of New Beginning's work. New Beginning was not allowed to register their paper under the name of "Iskra", being the name of one of Russia's most famous papers historically, and chose instead to call it "Antiglamour".

*Project partner.* Norwegian Church Aid (co-financing). (On a project level, Novoe Nachalo cooperates with the regional AIDS clinic, and has its own premises within the clinic. Furthermore Novoe Nachalo co-operates with Save the Children Norway in a project against sexual exploitation of children.)



*Objectives.* To promote healthy lifestyles and prevent alcohol and drug abuse among young people.

*Intervention logic.* Information through a newspaper.

*Results.* Three people work for the paper, which is issued on a regular basis.

*Continuation of the project activities.* To be considered.

## 4.6 Summing up

The Norwegian Saami Mission was instrumental in helping Novoe Nachalo come into existence. Novoe Nachalo has established itself as a robust organisation and has entered into co-operation with several Norwegian organisations. The two projects financed by the Cooperation Programme on Health and Related Social Issues in the Barents Region are related in the sense that they focus on alcohol and drug abuse.

Although having a youth profile based on idealism, Novoe Nachalo seems to have established itself as a very professional organisation, able to work well with local and regional authorities. The fact that they were allowed into the schools with Skills of Life is one example. The organisation operates with a leader, middle managers, clients, strategies and reports. The local representative of the Saami Mission assists Novoe Nachalo as an advisor, and sits on the organisation's board.

The activities in the workshops in Lovozero and Revda clearly have led to a certain empowerment of many individuals. People who used to have a very low self-esteem, now take initiative, some even seek education. The work among young people also functions well and the fact that the activists and professionals in Novoe Nachalo are young themselves, makes communication easier.

The Norwegian Saami Mission gradually makes itself superfluous when it comes to the activities carried out. Nevertheless, Novoe Nachalo still needs the link to Norway for financial reasons. The organisation is dependent upon sources like the Cooperation Programme on Health and Related Social Issues in the Barents Region, and upon money collected by the Saami Mission among mission supporters in Norway. Nevertheless, the Norwegian Saami Mission and Novoe Nachalo constitute a case of *gradual exit*. The Saami Mission helped establish Novoe Nachalo to take over project

activities. In the period of transition to locally implemented and nationally financed projects, the Norwegian organisation sits on the board and gives advice, and it helps diversifying sponsors and contacts. This model may be efficient, but to be successful, it is important that the new, local organisation makes itself capable of setting the agenda and that it has its attention directed towards needs at home and not towards signals from sponsors or potential sponsors.

## 4.7 Conclusion

The four case studies illustrate different aspects of the activities under the Cooperation Programme on Health and Related Social Issues in the Barents Region. The programme has encouraged different actors to cooperate in different constellations. The four “models” presented here do not constitute an exhaustive list of possible models or constellations of cooperation partners.

The activities carried out by the **Norwegian Institute for Public Health** illustrate the merits of authority-to-authority cooperation. When the direct “project doers” on both sides are public administrative bodies, the capacity for implementation is strong. Moreover, the authority-to-authority constellation is potentially strong on dissemination of new insights and methods into everyday practices. At times, dissemination has been problematic in NGO run projects and activities.

Whereas the overall picture of authority-to-authority cooperation is that it is strong and efficient, it is vulnerable to unintended side effects of, for instance, reforms. The recent restructuring of the Russian sanitary-epidemiological services is one example of this.

NIPH is a big and resourceful actor, that has taken its role very seriously, and its achievements together with the Russian counterparts form an important component of European public health and communicable disease control. NIPH cooperates with academic and non-governmental actors in Norway as well as Russia.

The projects carried out by the **Department of Psychiatric Research and Development in Tromsø** constitute a typical example of cooperation around one specific approach or way of thinking. Almost each and all of the projects financed by the programme have a core element of transfer or strengthening specific methods or approaches. Here, the basic idea was that psychiatric patients should be treated as

being part of a social context, among others with a focus on their relations with their therapists.

The co-operation involved academic institutions and hospitals, on the Russian side first of all Arkhangelsk Regional Hospital. The project on environmental therapy clearly illustrates the importance of clarifying the “new” concept’s relation to already existing practices and professions. Elements of environmental therapy existed in Russia under various names. The novelty of the variety brought in by the Tromsø psychiatrists was the focus on the relationship between patient and therapist.

The project on environmental therapy shows how the use of material support, if carefully linked to professional or scientific objectives may be useful to illustrate the potentials of a certain method or approach. In this case, refurbishing and restructuring the patients’ sleeping rooms yielded results in line with the overall objectives of the project.

**Bergen municipality’s public health authority** is involved in projects in St. Petersburg. Their model of work is an interesting one, and not often applied for activities under the Cooperation Programme on Health and Related Social Issues in the Barents Region. Bergen works with municipal authorities in St. Petersburg, but they do it through a professional NGO (Stellit). The project participants from Stellit function as intermediaries. This relieves Bergen municipality of much of the difficulties and frustrations experienced by project partners entering into direct relations with their counterparts.

Despite its capacity of reducing communicative noise, the model may create the adverse effects of not letting the immediate project participants on each side get in touch with each other except for seminars. Probably, a lot of capacity-building and exchange of competence result from having to carry out difficult projects together without too many intermediaries. In the Bergen – St. Petersburg case, however, nothing indicates that the model has any adverse effect. The reason is most likely that Bergen applies a very reflective approach to its activities, among others making use of ethical guidelines and special attention to language issues and interpretation.

Bergen’s experiences in drawing up ethical guidelines, touching upon difficult and potentially controversial issues, with its counterparts may be worth considering as one way to achieve common platform for all project partners at the outset of the project.

The **Norwegian Saami Mission** and its “offspring”, Novoe Nachalo, illustrate NGO cooperation and gradual transfer of project

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responsibilities to a local actor. In fact, Novoe Nachalo was established in close cooperation with the Saami Mission. The NGO has a youth oriented profile, and has become gradually more professional. Now the challenging project among alcoholics and their relatives in the settlements of Lovozero and Revda is being carried out by Novoe Nachalo and local counterparts.

Novoe Nachalo has proved capable, with some assistance from the Saami Mission, to get new projects financed with Norwegian counterparts. As an exercise in smooth project exit leaving activities to capable locals, the Norwegian Saami Mission provides a good example. The only danger is that Novoe Nachalo gets so “professional” that it turns its attention more to the issues that generate foreign funding than to issues that are raised locally, or could have been raised by themselves as an NGO. So far, however, there is no sign that such a danger is imminent.

## 5 Project leaders' suggestions for programme improvement

As shown in chapter 2, the projects under the programme are seen as being successful by those involved. Nevertheless, there are some problematic aspects mentioned in the survey as well as in the interviews. This chapter presents some suggestions for improving the programme and its individual projects. The chapter is based on input from the interviews and the electronic survey. In other words, they come from project leaders and participants as well as authorities involved. As such the suggestions do not necessarily reflect the conclusions drawn by the evaluation team, whose recommendations are presented in chapter 8.

### 5.1 Experiences with the system of project grants

*Keep up the unbureaucratic style.* Several project leaders interviewed praised the un-bureaucratic and flexible style of the international department of the Norwegian Ministry of Health and Care Services. Norwegian project leaders report that they have to change plans and amend their project plans relatively often due to unexpected circumstances on the Russian side. As long as they have stuck to the overall objectives of their projects, changes in plans have not required too much paper work.

*Size of project.* Some interviewees would like fewer and bigger projects in order to be able to put more efforts into reaching the goals. Others argued that scarcity of time calls for the opportunity of having smaller projects. Otherwise, they told, they would not have been able to contribute to the programme. They are busy, and can afford to set aside time only for smaller projects.

*Faster processing of submitted applications.* Quite a large number of project leaders complained that it has taken too long time between the dead-line for submitting a proposal until the final decision was announced. This makes planning the year's activities difficult, and sometimes results in project activities taking place during non-optimal parts of the year. The relatively long time between submission and acceptance of application results in project discontinuity. Moreover, late proceeding of application give an impression that "Norway does not deliver", which may be embarrassing for the Norwegian partner and lead to a strained relation with the Russian counterparts, beneficiaries and authorities.

*Clearer definition of programme priorities.* Programme priorities are unclear, according to some project leaders, who complain that applicants waste time on writing project proposals on issues and activities that are not given priority. Therefore, the programme should narrow its scope and be more specific.

*Build capacity in the programme administration.* Some project leaders complained that apparently the fate of the applications depends on external reviews to a very large degree. To provide a better balance between peer reviews and considerations based on the overall objectives of the programme, the core group working with the programme should raise their competence in the fields covered by the programme as well as in Russian public administration.

*Improve co-ordination.* Several project leaders complained that they knew little about other activities under the programme and about relevant projects in Northwest Russia in general, including those financed by the Nordic Council of Ministers and the Barents Secretariat. A database would have been useful, they suggested. Several project leaders would have liked regular gatherings of representatives of all projects. Some even suggested a coordinating office to be located in Russia.

*A database of all other project and activities supported by the programme.* Many project leaders suggest that a project overview or database should be established, in which more detailed information than what has been included in the data base under [barentshealth.org](http://barentshealth.org). Exchange of experiences and knowledge between project on similar or adjacent issues as well as between projects being implemented in the same geographical area would have been useful for professional as well as practical reasons. Some co-ordination of efforts on project level might be facilitated by a database. (From 20 March 2007, all projects under the programme are included in the database under

barentshealth.org, and all project applications and reports are included in the data base, which is open.)

*One system of payments.* Some Norwegian project leaders report that they have experienced practical problems related to the transfer of money to Russian counterparts, e.g. requests from the Russian side to have the original vouchers. Other Norwegian project leaders report that their own institution's accountants require documentation from the Russian side that simply does not exist in Russia. These and similar matters are to be solved at project level, which is cost inefficient. Therefore, some project leaders suggest that the Russian and Norwegian authorities prepare a standardised system of payments that comply with both countries' legal requirements and banking systems. One requirement for recipients of grants would then be that they oblige themselves to follow the joint system of payment.

*Improved involvement of key actors on the Russian side.* Bureaucratic obstacles in the local setting have been identified as the most important hindrance to project implementation. This is mentioned and described by many of those interviewed, and singled out as the by far most problematic aspect in the cooperation by survey respondents. An information meeting was suggested by one project leader as a contribution to reducing this problem. When the new programme has been started up, an information meeting with key actors on the Russian side should be arranged. An inception meeting would contribute to harmonise the understanding of the programme objectives.

*Emphasise authority-to-authority cooperation.* The local and regional authorities are crucial. Project participants representing public authorities suggested more projects directly engaging authorities on both sides of the border in cooperation with each other.

*Information about the programme in Russian.* In order to enhance programme transparency among participants and also to reach out to a wider audience, programme information should also be made available in Russian, not only Norwegian and English.

*Russian coordination centre.* Coordination on the Russian side is needed many project leaders claim. A small centre (similar to the Tromsø-based Centre for International Health) could provide coordination and facilitate a better flow of information.

*Use scientific work as an incentive.* Project leaders representing the medical scientific community told some funding of scientific cooperation would be useful. Acknowledging the fact that the

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programme is not a source of scientific funding, they nevertheless suggested that some funds should be used to finance co-writing of scientific articles. This would serve as an incentive to take part in the projects.

## 5.2 Russian and Norwegian project leaders on the potential improvement of their own activities

In what ways can activities at project level be improved? Some of the Russian project leaders would have preferred a more precise and concrete approach from their Norwegian counterparts. Some of them told that at times the Norwegian counterparts operated on rather general level when presenting their methods and tools. Russian counterparts found the ideas valuable, but would have liked more detailed guidance and instruction on how to apply the ideas.

Some Russian project leaders told they could improve their own presentation of good practices within Russian health care to the Norwegian counterparts. One example mentioned was the availability of medical specialists to the general public in urban areas. Another example was the Russian system of registering occurrences of diseases, which is an integrated system covering all infectious diseases.

Many Norwegian project leaders would have appreciated more openness and explanatory attitudes from their Russian counterparts in the cases when projects have stagnated, or the signatures on the agreement have dragged on.

## 5.3 The view of Russian regional authorities

The representatives of Russian authorities spoken with by the evaluator, all appreciated the cooperation, which they told was useful. They clearly underlined that there was no longer a need for substantial material support. The National Priority Projects and the funds following them, makes it possible to focus on professional and scientific exchange. Nonetheless, some interviewees called the attention to the fact that Northwest Russian federation subjects are deficitary, which makes them less able to finance health, social care and other policy fields.



Among the representatives for Russian regional authorities in the field of health care and social protection there was a wish to see fewer, bigger and more long-term projects. They would prefer to see projects that link up with ongoing priority fields in Russia, like the ones defined by the National Priority Programmes. The present programme's profile was fully compatible with Russian priorities, they told.

One representative of the health and social authorities would like to improve monitoring of the efficiency of the methods and measures undertaken.

## 6 Developments in Russia and future priorities

The co-operation between Russian and Norwegian actors in the fields of health and social protection take place in a period of rapid development and large-scale reform. This chapter gives a short overview of the situation in Russia regarding health and social issues with an emphasis on the measures taken to improve the population's health and social conditions. The chapter concludes with a discussion on possible ways of adapting a future programme to current challenges.

### 6.1 The state of Russian health

The state of the Russian health is not good. The birth rate is low and the mortality high. Migration is decreasing.

By 2004 infant mortality accounted for 11.5 deaths for 1000 children born alive. This is the lowest indicator ever in Russia. The surplus of deaths over births makes 790,000 in 2004. The highest number (959,000) was noted in 2000.

Among the main reasons of death are cardio-vascular diseases (55.8 percent), traumatism and poisoning (13.8 percent) and cancer (12.6 percent). Among the infectious diseases, tuberculosis is at the first place (89 percent). The deaths caused by poisoning or trauma increased by 40.8 during the last 20 years. Here, the first place is for suicides (34.4 percent cases per 100,000), then comes traffic accidents (almost 100 people die every day), poisoning caused by counterfeit alcohol (40,000 per year) and murders (0.2 per 1000 people, in comparison to Colombia's 0.6 and Norway's 0.01).

Alcohol stands out as a major source of health and social problems in Russia. The Russian drinking pattern is characterised by consumption

of hard liquor in large quantities, which leads to heart attacks, strokes and high blood pressure. One out of three deaths is directly or indirectly caused by alcohol consumption. Three of four murders are committed by people under the influence of alcohol. More than 40.000 people die from drinking bootleg and toxic alcoholic substances a year.

In 2004, life expectancy was 59.1 years for men and 72.5 for women. For this integrated indicator Russia remains behind other countries. Russia takes 100<sup>th</sup> place among women and 134<sup>th</sup> place among men.

## 6.2 The quality of life

Altogether, 29 million of children live in Russia today. No less than 731.000 of them are orphans, 587.000 are disabled, and 676.000 belong to vulnerable groups. Only 30 percent of new born children are classified as healthy, more than every second child has functional deviations which demand correction/habilitation and rehabilitation programs. According to the population census in 2002 there are 10 million disabled people in Russia.

Statistics show that 15 percent of children do not complete secondary school education. Hundreds of thousands children do not attend school at all. Between 700 and one thousand village schools are being closed every year, which further reduced the viability of the villages. This makes villages themselves close down slowly. The deterioration of school buildings is a serious problem. The state expenditures for education amount to 4 percent of GDP in 2005. In other European countries this percentage is between 5.3 and 5.5.

Secondary professional schools are now financed from the regional budgets and are underfinanced. The government decided to reduce the opportunity to get a free higher education (for 4.3 percent in 2005 and for 10.2 percent in 2006). If this tendency continues, 500.000 young people will not be able to enter a university education. In Russia there is still no special law concerning the education for adults and for disabled people. About 200.000 disabled children in school age cannot make use of their constitutional right for education.

Various surveys show that there are 2 -3 million homeless children. More than 50 percent of crimes in Russia are committed by young people. The number of alcohol and drug addicted young people is on the rise. According to statistics there are more than 1000 socially dangerous youth gangs.

In January 2005 the federal law “About reforming of social benefits” adopted in August 2004 began to function. Benefit recipients (*l’gotniki*) had to spend their money for the services that used to be free, like public transport. However, the compensations did not correspond to real expenses and varied from region to region. This monetisation of social benefits provoked mass protests in Russia. Regional and federal government had to reconsider the welfare reform, and some benefits were retained at regional level, like transport and firewood.

S. A. Aivazyan is a professor and doctor of physics and mathematics who has studied the Russian realities of today. His conclusion is that in spite of apparent economic growth in Russia there is no positive tendency in the dynamics of population life quality (Aivazyan S.A. The Russian Economical Growth is without improving life quality. Why? //The living standard of population in Russian regions, 2005, No. 11-12, p. 47). Doctor of economics V.N. Bobkov insists that the current system of tax collection causes the reinforcement of inequality between Russian people according to the expenses level. According to him, every percent of GDP growth increases the difference almost 20 percent (Bobkov V.N. Tax load of family income on the base of consumer budget. //The living standard of population in Russian regions, 2005, No. 11-12, p. 27).

36 million of retired persons will obtain 3 100 RUR (89 euro) every month by the end of 2007. This sum corresponds to 24 percent of the average salary and is below the required 40 percent according to international standards.

The average income per person in Russia is 7,267 RUR (208 euro) per month, but its level varies from region to region. According to The All-Russian Centre Living Standards a 10 year quarter monitoring showed that only in 19 regions the level of per capita income was higher than the indicator throughout Russia (88 regions) and in 49 regions it was lower than 75 percent of the per capita expenses. The coefficient of differentiation among the federal districts is now 13 to one, and tends to augment. The coefficient of differentiation for the purchasing power was 18 to one in the third quarter of 2005.

When respondents were asked to give their own opinion on their family’s financial position, 40 percent of them consider it to be bad or very bad, 48 percent - satisfactory, 9 percent - good or very good. Almost one fifth of the Russians assert that they have to save money by limiting their consumption. They economise on medical care and medicaments, on food, on transport, on newspapers, and almost 49

percent economize on their rest. Only one fifth of respondents are optimistic and believe that their financial position will improve in the future. 60 percent of the Russians are not satisfied with the life level (*Argumenty i Fakty*, 2007, no.14).

## 6.3 National priority programmes

In 2005, Russia's president Vladimir V. Putin met with the legislators and the regional authorities to announce that the budgetary fund would be concentrated in specific National Priority Programmes "to invest in human resources". National Priority Programmes were established for health, education and housing.

**The National Priority Programme Health** (Prioritetnyi Natsional'nyi Proekt "*Zdorov'e*") aims to increase the accessibility and quality of medical aid in Russia. A considerable amount of money follows the Programme, an equivalent of 3.7 billion euro each year for two years. The Programme has three main fields of priority:

- Primary health care
- Prevention (including vaccination)
- High tech medicine

In order to strengthen primary health care, the job descriptions of public medical doctors and nurses were amended (with the National Health Insurance Agency), and salaries tripled. This has stopped the brain drain of medical personnel from public primary health care. (In 2004 the average salary in the health sector was 58 percent of the average salary of people working in industry.)

In the field of vaccination and immunisation, a federal programme on additional immunisation of the population is being implemented. Several vaccination campaigns were carried out in 2006. Vaccine against influenza is offered for free.

*"Dispensarizatsiia"* – compulsory health control (screening) – of the population has been reintroduced for public employees, and is being financed over the state budget. Private companies may introduce it in co-operation with the National Health Insurance Agency.

So far the priority, has been given to primary health care, but the aim of strengthening high tech medical services will consist in setting up high tech diagnostic centres all over Russia.

What are the expected results of the National Priority Programme? First of all, it is expected that the social status of medical staff will be enhanced. About 14.000 medical staff will improve their skills. Secondly, medical aid will be more accessible and of better quality. Thirdly, the polyclinics will be supplied with the necessary diagnostic equipment. Fourthly, 12 120 new ambulance cars will be put at the disposal of regional authorities. Fifthly, additional immunisation of the population and mass examination, including examination of hereditary diseases of newborn children, will be carried out. Sixthly, the establishment of new medical centres will provide the accessibility of high-tech treatment at [www.rost.ru](http://www.rost.ru).

The aim is to increase life expectancy up to 67 years by 2008, to reduce the mortality caused by accidents, poisoning and trauma to 180 cases per 100.000 people (220.5 cases in 2004), to decrease the mortality caused by blood pressure diseases down to 750 cases per 100.000 people (892 cases today), to increase the satisfaction of the population requirements in the high-tech medical care up to 22 percent (today it is 7 percent), to reduce the duration of stays in hospitals to 7 – 8 days (today it equals 14 days), to increase the health care funding through the system of the state medical insurance to 70 percent (V.K. Levashov. Civil Society and the Democratic State in Russia. //Sotsiologicheskie issledovaniia, 2006, no., pp. 18-20.)

## 6.4 Demographical policy and child welfare

Large-scale reforms have been introduced to improve the demographical situation, mainly by improving the living conditions of households with children.

It is planned that the Birth Certificate programme will be extended in 2007 (the government regulation of the Russian Federation from 30.12.2005 “About financial support for state and municipal institutions of Health Care, rendered for women in the period of their pregnancy and child birth”). The sum of the pregnancy and birth benefit will be increased from 7 000 RUR to 10 000 RUR. It means that each woman will get health care services for 3 000 RUR during the period of pregnancy, 6 000 RUR – in the period of giving the birth and 1 000 RUR – for the regular medical check-up of the baby in the course of the first year.

In 2007 the government prepared regulative acts for realisation of the Federal Law number 256, adopted 29.12.2006 “About additional measures of state support for families having children”, i.e. the so-

called maternity (family) capital. *This law provides for a 250 000 RUR capital, which can be spent for dwelling acquisition, the child's education or for storage part of mother's pension in the future.* The sum is adjusted according to a price index. The money is available three years after the baby was born. The programme period is ten years from 01.01.2007. Altogether 14.5 billion RUR will be transferred to the maternity welfare centres, maternity hospitals and children polyclinics in 2007.

According to government regulations children's benefits have increased from 500 to 700 RUB monthly. In 2006 each family will get 1 500 RUR for the first born child and 3000 RUR for the second one. This payment will be paid until the child reaches one and a half year. Moreover, the state will compensate the kindergarten expenses – 20 percent for the first child, 50 percent for the second child and 70 percent for the third child.

There are laws and regulations that allow for various forms of placement of children in families for upbringing. The family will get about 4000 RUR for a child. The salary for a foster parent amounts to reach 2500 RUR per month. In addition, the foster family will get about 8 000 RUR as a lump sum. Furthermore, the Russian government intends to develop a new programme for orphans and children without parental care. Also, concepts of demographical policy for the period up to 2025 are being prepared. It is proposed that those measures will help to increase birth rate by 26 percent from 1.35 million in 2007 to 1, 7 million in 2009.

In March 2006, the governmental regulation number 172 “About the Federal target programme “Children of Russia” for 2007 - 2010” was adopted to replace “Children of Russia 2003 – 2006”. During 2003 – 2006 infant mortality decreased by 22 percent and maternal mortality – by 27 percent. The amount of rehabilitation centres for children with limited possibilities increased from 292 in 2002 up to 324 in 2005. Disabled children made use of special services in larger numbers – 22 percent in 2002 and 32 percent in 2006. The number of orphans placed in families for upbringing increased by 2.2 times. In general, the number of children who made use of help in social institutions increased by 35.5 percent.

This programme includes such sub-programmes, like “The Healthy Generation”, “The Gifted Children”, “The Children and Family”. The coordinator of the programme is the Russian Ministry for Health Care and Social Development. The cost of the programme amounts 47 846

million RUR, including 10 102 million RUR covered by the Federal budget.

The expected results are:

- improvement on indicators of health and social status of 4 million children annually
- decrease of infant mortality to 9.3 per 1000 alive-born children, maternity mortality to 21 per 100<sup>th</sup>, mortality rate of children from 0 to 4 years to 10.9 per 1000 newborn
- increase of provision of services for families having disabled children up to 25.2 of general amount of needy families
- reduction of the amount of street children to 2.17 percent of general amount of children population
- increase of the amount of children getting support in social institutions up to 83.3 percent of all street and homeless children.
- decrease in the number of institutionalised orphans, by placing them in families up to 72 percent of all amount of orphans.

The economic effect of the implementation of this programme in 2011 will amount 19 billion RUR, and 29 billion RUR in 2020. The number of individuals reintroduced into the labour force will amount to 230.000 (Source: the official web site of the Russian government).

## 6.5 Other relevant developments

*New rules for civil servants and international activities.* Some developments in the public services may have practical consequences for co-operation in the future. Government employees (at central, regional, and local level) taking part in a project will be able to participate only if there is an agreement between the Russian and the Norwegian partners, e.g. between regions in the two countries. And the Russian civil servant will only be able to take part for money provided by his/her own institution.

Save the Children Norway in Murmansk has established a close relationship with the regional department of internal affairs, but new rules on the physical access of foreigners to the department's premises has made it difficult to arrange seminars there, or to visit an interrogation room that has been refurbished through project co-operation.



*Reorganisations.* The State Sanitary Epidemiological Services (Gossanepidnadzor) has been an important partner in several projects under the programme, notably the ones on vaccination with the NIPH. The services were reorganised in 2005, into the Russian Surveillance Service for the Protection of Consumer Rights and Wellbeing of People (Rospotrebnadzor). The employees became civil servants with the exception of the department responsible for revealing violation of regulations. This made most of the close partners on Russian side into civil servants under the Ministry of Health and Social Development, and co-operation will have to go through the ministry (at the level of federation subject, i.e. region or republic). In other words, projects with this service will have to involve the committees or ministries of health. One representative of a regional branch of the Rospotrebnadzor told this was not very different from how it used to be. The ministry was involved already. The problem, of course, is that communication processes may become more elaborate.

*NGO's and voluntary organisations.* SOS Children's Villages Norway and the Saami Mission, both Murmansk-based, report that their working conditions as foreign NGOs have not changed. There is, however, a lot of paper work related to their local presence, but as long as the rules are followed according to the standards in the host country, the two organisations report that there is no problem.

Russian NGO's, like the Red Cross in Karelia, tell that the authorities welcome their participation when they see that the Red Cross continue to solving problems that are on the agenda. The chairperson of the Red Cross in Karelia sits on several commissions related to health and social care. Stellit in St. Petersburg is another example in the same vein.

## 6.6 Conclusions – current challenges

Whereas Norwegians going to Russia with project proposals in the 1990's were met with an overwhelming willingness to join on the Russian part, they now more often get to know that "the project is not needed, we have introduced its core elements already". In one sense this is true. In the 1990's Russian counterparts tended to under-communicate what they already had. On the other hand, in some cases, the claim that methods, approaches and professions already are introduced, could be discussed. In some cases, the Russian system of health care and social protection have them, but without the core

elements of e.g. multi-disciplinary team-work that the Norwegians have in mind when they suggest co-operation.

It should, however, be noticed that in some cases the Russian practices are more multi-disciplinary than the Norwegian ones (e.g. the commissions that classify a person as disabled or the surveillance of infectious diseases). Among others for these reasons, it is important that the Russian and Norwegian partners sit down to study and discuss each others' systems, methods and approaches, and not least what needs they have and how project co-operation could contribute practically to improvements. Russia changes fast and Russian-Norwegian programmes and project co-operation have to adapt quickly in order not to fall behind.

*The role of material support.* In large, still motivations to join the programme differ between Russian and Norwegian participants. Russian project leaders and authorities tend to see the programme as an opportunity to achieve immediate results on urgent issues. Often this wish has expressed itself in suggesting material support (equipment) to meet the needs within the fields of health care and social development where this kind of support would yield results. However, as a result of the improvement of Russia's economy and administrative efficiency, the requests for material support have decreased. Nevertheless, the Russian approach to the programme has been short-term, practical, and concrete. The aim has been to solve problems fast.

*Two types of motivation.* Motivational factors should be taken seriously. The enthusiasm put into the projects contributes to the cost-efficiency of the programme. Project participants' enthusiasm often makes the Norwegian project participants (and Russian too) work long hours for free, arranging seminars in the weekends and the like. The problem is that motivations differ quite systematically between Norwegian and Russian project leaders and participants.

Norwegian project leaders and authorities tend to see the programme as an opportunity to carry out projects and activities with a long-term, systemic impact. Therefore, they have been reluctant to include material support in the projects. Their intervention logic has been based on seminars, training, i.e. professional and scientific exchange. Practically all Norwegian project leaders spoken with by the evaluation team, share a wish to introduce or strengthen a particular method, approach or attitude in Russia. They have a strong understanding that the methods, approaches and attitudes they represent, is lacking in Russia. One could say their motivation is based

on epistemic beliefs, or in simpler words, scientific-professional “ideology”. This feature is striking, and clearly the basic motivator behind the Norwegian project participants’ efforts within the programme. The Norwegian approach has been long-term, and based on developing methods, approaches and attitudes.

Of course, this picture of two clearly different motivations ought to be nuanced. Russian authorities and project participants clearly want to draw on experience from other countries e.g. in how to treat HIV positives, patients suffering from tuberculosis, or children whose parents can no longer take care of them. Likewise, Norwegians see the need for more updated equipment in many Russian institutions of health and social care.

The difference between the Norwegian and the Russian approaches consists in the *emphasis* that is put on material support versus professional-scientific exchanges. More precisely, the two sides differ somewhat in what they would like to use the Barents Health Programme to achieve.

A future programme should bring the two main motivational forces together, which is easier now than before thanks to the reduced need on the Russian for immediate material assistance. One key to bringing the two together lies in linking the methods, approaches and attitudes promoted by the Norwegians with the ongoing reforms at federal, regional and local levels in Russia. This, however, requires more knowledge about each other on both sides. Among others, there is a need for a better understanding of the contents and dynamics of the on-going reforms in the Russian sectors of health and social protection.

*Links to ongoing reforms.* The Russian sectors of health care and social protection are undergoing reform and modernisation. In future programmes efforts should be made to make projects and activities interact more efficiently with the ongoing processes. This way the programme will be able to satisfy Russian counterparts’ immediate needs. This seems to be the case already. Many Russian project partners told the evaluator that their co-operation with Norwegian counterparts made them well prepared for the reforms under the National Priority Programme.

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# 7 Conclusions and recommendations

## 7.1 Conclusions

During the period covered by this evaluation (2000-2006) the Barents Health Programme has facilitated a wide range of activities involving Russian and Norwegian authorities, institutions, organisations and individuals in the field of health care and social development.

### **Profile of the programme portfolio**

The programme has funded a wide variety of activities with the aim of

- a) preventing and combating communicable diseases,
- b) preventing life-style related health and social problems and promoting healthy lifestyles, as well as
- c) developing and integrating primary health care and social services.

Most of the projects address more than one of the three priority areas. A total of 13 percent of the projects did not include any of the listed priorities 'to a large extent', while 6 percent did not include any of the priorities at least 'to some extent' according to the survey respondents.

Co-operation has involved health and social protection in both countries, hospitals, social care institutions, research and educational institutions, consultancy firms, NGO's and small activist and citizen groups.

The electronic survey shows that projects in the programme normally have at least one Russian and one Norwegian partner. Close to four in ten (39 percent) of the projects have one Russian and one Norwegian partner only. More than half the projects include more than one Norwegian partner (53 percent), and more than one Russian partner

(51 percent). More than one third of the projects (36 percent) had two or more partners in both Russia and Norway.

More than half the projects included Arkhangelsk, followed by Murmansk (36 percent), the Republic of Karelia (25 percent), St. Petersburg/Leningrad oblast' (19 percent), and other parts of Russia (16 percent). Just above three quarters of the projects included only one region of Russia, 16 percent included two or three regions, while the remaining 8 percent included four or more regions.

### **Operational matters**

The overall picture of the programme operation is positive. In general, the projects are being carried out in an orderly and well-planned way. Project management is good, and often excellent in its clearness and systematic approach. The quality of the project reports is generally good. The Ministry of Health and Care Services has provided a well-thought-out template for applications, reports and evaluations, which is of help for project applicants and leaders. In some cases, however, reports confuse activities with produced results. Also produced results (output) are at times being confused with outcome (impact).

### **Efficiency**

The general picture of the period covered by this evaluation (2002-2006), is that of a programme consisting of very efficient projects. Much of the efficiency is attributable to the enthusiasm of the project participants, who apparently spend much unpaid time on the projects. Project leaders are enthusiastic because their project very often consists in promoting, teaching and introducing their own favourite method, tool, approach or attitude.

The project activities are clearly linked to an overall aim of making an impact on health and/or social conditions. The type and scope of the activities included in the projects are realistic and are being implemented. When they are not, the reasons are external to the projects themselves. Project leaders are faithful to their mission and do not easily give up when external hindrances (like long time between application submission and announcement of outcome, or delayed signatures from Russian authorities) impede project implementation.

Nevertheless, efficiency could have been improved if the external problems had been reduced, or coped with at a programme level. Several projects have been hindered by, e.g. problems in establishing a transparent system of transferring money, acceptable to the accountants. Also, there is a clear tendency that almost all projects run

into more or less the same or at least same type of problems related to misunderstanding the Russian context. Each project deals with the problems on their own, learning how to cope individually and the hard way.

A future programme will benefit from the fact that quite a large number of project leaders and project participants have gained experience from and insight into Russian-Norwegian cooperation. Some of the obstacles to smooth project implementation may therefore be avoided.

## **Results**

Several projects have resulted in the establishment of new educational alternatives at medical schools and other educational institutions training health and social workers.

Measuring the results of the programme in terms of improvements in health and social conditions are in most of the cases premature. In the field of infectious diseases results were achieved fast.

In most cases, however, the results consist in having prepared the ground for future outcomes to be realised.

The ongoing modernisation of the Russian system of health and social development makes the Cooperation Programme on Health and Related Social Issues in the Barents Region relevant. Federal authorities are requiring modernisation at local and regional levels, and a number of Russian project leaders and representatives from the regional authorities told that thanks to the programme they are closer to the objectives of the National Priority Project “Health” than many other regions outside the Barents Region.

## **Two somewhat diverging approaches to the programme**

If there are “professional ideologies” within health care and social protection, most Norwegian project leaders are spokespersons of an ideology. The Norwegian approach tends to be long-term, based on “ideologies” within health care and social protection. The Russian approach tends to be more directed at solving problems immediately. One could say that the Norwegian side tends to focus on methods to solve problems, whereas the Russians tend to focus on solving the concrete problems. In fact, this is a gap that could be bridged, and Russia’s National Priority Project “Health” clearly facilitates this operation. The National Priority programme aims at modernisation of methods and approaches.

After having spoken with a relatively large number of enthusiastic Norwegian project leaders and participants the evaluation team finds one major motivation that explains their commitment. They tend to share a wish to present the basic attitudes and approaches applied in their daily work. The transfer of attitudes is clearly more important to them than the transfer of specific knowledge, skills or techniques. This has proved not to be without complications since the traditional way of thinking on the Russian side has been not to focus on attitudes, but on factual knowledge, biology and technical equipment. When there have been diverging expectations and problems in communication, much can be ascribed to the two different approaches.

### **Different understanding of some concepts**

Another reason for communication problem is different understanding of the meaning of several concepts. When Norwegian project leaders present a method to Russian authorities or colleagues with a suggestion that they should take a closer look at it, the Russian counterparts often have replied that they already have this method, or profession.

One example is offered by the Norwegian projects aiming to introduce rehabilitation to Russia. One Russian project leader told the evaluator: “We were all the time working with rehabilitation only we did not call it that.” Neurologists and orthopaedic surgeons covered this field, and now they receive ergonomics and rehabilitation with big interest, among others thanks to the Norwegian projects.

Another example: Russia has got a medical discipline of public health, but it has covered only the hygienic control part of the discipline which could be defined much more widely, as it is being done in the projects on public health under the programme.

### **Transfer of methods and approaches**

The survey indicates that those involved in the projects see them as consisting in transfer of competence from Norway to Russia (50 percent tell this is the case “to a large extent”), whereas only ten percent find that the project to a large extent has consisted in transferring competence the opposite way.

Transfer of new approaches is a common theme in an overwhelming majority of the projects. Often these approaches consist in looking at problem solution in a broader, cross-disciplinary perspective. Often they consist in attitudinal factors, which is frequently emphasised by the Norwegian project leaders. Some Russian professionals and civil

servants would like to introduce the international methods, and side with the Norwegians.

What are the attitudes the Norwegian side would like to present? Physiotherapists tell that the traditional Russian approach is to treat the problematic body part in isolation whereas a Norwegian physiotherapist would see that body part as a component of the whole body. In addition, the Norwegian professional would look at the patient in a wider context of his/her everyday life (housing, work place). Similarly, psychiatrists tell that the Norwegian approach e.g. with environmental therapy is more inclusive than the traditional Russian approach.

What does the difference between the Russian and the Norwegian sides consist in? In a schematic and exaggerated way, the table below illustrates the differences.

Table 7.1 *Russian and Norwegian approaches to health care and social protection*

<b>Russian approach</b>	<b>Norwegian approach</b>
Biology	Social aspects
Treatment	Communication
Technical equipment	Interpersonal contact
Isolating the problem	Seeing the problem in a wider context
Specific, mono-disciplinary approach	Compound/pluri-disciplinary team work

As mentioned above, this picture is not without exceptions. For instance, the Russian procedure of classifying a person as disabled, involves a pluri-disciplinary commission, whereas the Norwegian procedure is more purely medical. Likewise, for infectious diseases, in Russia one body (the Rospotrebnadzor) registers all types of diseases, whereas the Norwegian practice is more split up.

From the side of the Norwegian project leaders the methods and approaches they want to present to the Russians are uncontroversial. They are simply state-of-the-art, and when introduced in Norway they simply meant progress (more efficiency, more humanism). It is somehow strange to the Norwegian project leaders that the ideas they bring with them are not simply endorsed. It is not understandable to them that the Russian side does not take the opportunity to get the new



methods and approaches introduced as fast as possible through the support offered by Norway.

On the Russian side, however, the new methods and approaches stir some controversy. The general tendency is that professionals with contacts abroad, especially those with project responsibilities are receptive. Administrative structures are less enthusiastic. In general, the new methods and approaches lack sturdy “advocacy coalitions”.

## 7.2 Recommendations

### **Reality orientation in the legal and political surroundings**

*Situation.* Quite a large share of total number the projects and activities consists in providing training in new methods of work within health care and social protection with the aim of introducing them into Russian practice. Many Norwegian project leaders have experienced unexpected obstacles in project implementation on the Russian side. The obstacles are due to factors external to the projects themselves.

Sometimes the problems experienced by the project leaders are the result of insufficient adaptation to (or knowledge about) factors that are important in any modern well-kept state, like Russia. Such factors are administrative practices (among them the need to have an authorisation from a higher level before measures are taken), the legal framework (the “zakonodatel’naia baza” often referred to by representatives of Russian authorities at all levels), and financing mechanisms.

Norwegian project leaders have developed considerable experience in having problems with the legal and political surroundings. Much of this consists in lessons learned the hard way. Adjustments are made. The question here is whether the analysis and adjustments could have been made at an earlier stage.

Recommendation: a) at the outset of the new programme/grant scheme an introductory, comparative seminar on legal and political surroundings, as well as prevailing traditions with theory of science, should be arranged by the institution in charge of the scheme (the Norwegian Ministry of Health and Care Services) and b) project application forms should include an item on how the project corresponds to Russian legislation, policies and institutional set-up in the field of health care and social protection.

## **Dictionary of comparative overview of Russian and Norwegian health and social protection system.**

*Situation.* Often Russian and Norwegian project participants as well as representatives of the authorities get confused while talking about each others' systems of health care and social protection. Sometimes concepts that apparently are homonymous turn out to be very different. Sometimes, a profession or method seems not to exist in the other country, but in fact it does but under a quite different appellation. In other cases the limits between professions may run differently from country to country. In Russia there is demarcation line between "fizioterapevt" and "metodist lechebnoi fizkul'tury" (practitioner of restorative sport/physical training), which might make a direct juxtaposition of the Norwegian "fysioterapeut" with the Russian "fizioterapevt" imprecise.

Some of the "heavyweights" among the project holders, like the Norwegian Institute of Public Health and the municipality of Bergen have taken this problem seriously and carried out thorough discussions involving among others bi-lingual professional and philologists.

Recommendation: A practically oriented overview of, among others, professions, professional terms, and institutions within the health care and social protection sectors should be made at an early stage of the next programme period.

## **Reality orientation in the professional-institutional surroundings**

*Situation.* A widespread experience when trying to introduce new methods in Russian health care and social protection is that a similar (but very seldom identical) method is already in use. At times there might be reason to ask whether some of the projects under the programme evaluated here, try to introduce something that is already in place. And under any circumstance, this is a theme that ought to be subject of a thorough discussion at the outset of the project. The Norwegian project leaders and their Russian counterparts tend to assume that there is little in common between the Norwegian and the Russian method. In cases where this leads to projects not linking up with the ongoing similar/equivalent practices, this may cause dislike to the projects by people and agencies that could have been "allies".

The existing professions and the balance between them is an important factor.

In conversations with the Norwegian and Russian project leaders some impatience in getting started with the projects is discernible. The

institutional underpinning of the project may suffer from this, and subsequently the impacts of the project may be suboptimal.

Recommendations: a) At the outset of the project an introductory seminar on the professional and institutional context should be carried out, and b) the project application form should include an item on the institutional surroundings in which the project is going to operate. Project applicants with an aim of teaching and introducing new methods and approaches should be asked to clarify what similar or equivalent practices that already exist in Russia, including practices that do not fulfil the criteria set by the project applicants. They should indicate in what institutions of health care and social protection these methods are being developed and applied.

### **Encourage trust and openness**

*Situation.* Even in projects marked by enthusiasm on both sides and close relations between Russian and Norwegian project participants, there does not seem to be enough trust between the partners to enable open communication in periods of trouble. Many projects have experienced sudden disinterest on the Russian side, delayed signatures, and other problems that apparently come out of the blue, as far as the Norwegians understand the situation. Moreover, very few projects have established close enough relations to enable open communication between Norwegian and Russian participants about the problems, and Norwegians are left in confusion.

Recommendation: More emphasis should be put on developing trust and openness in the projects. Long-term projects and follow-up projects should be encouraged since trust and openness are more likely to develop over time.

### **Reduce and focus material support**

*Situation.* The elements of material support within the programme have been gradually reduced as Russia has recovered after the 1990's. Russia is now characterised by significant economic improvements, also to the benefit of sectors of health care and social protection. Moreover, the capacity for policy implementation has been restored. Therefore, there is no longer an urgent need for projects under the programme to be of direct and immediate benefit to the users of health and social services.

The time is ripe for concentrating on professional and scientific cooperation to mutual benefit. If material support is still given, it should be directly related to the realisation of core project objectives, like the Department for Public Health at the University of Tromsø did

when providing their partners in Arkhangelsk with equipment to enable systematic comparison of data, or the interrogation room offered through the project run by Save the Children Norway in Murmansk. The room enabled the police to work in more child-friendly ways with victims of abuse.

Recommendation: Material support should be restricted to purposes clearly related to practical project implementation.

### **Establish a unified system of money transfer**

*Situation.* As reported in chapter 4, in several cases money transfer to Russia has been problematic. Divergent systems of documentation of expenses are one reason for this. These are complicated matters, and for reasons of programme efficiency, they should not be solved at project level.

Recommendation: The Russian and Norwegian authorities prepare a standardised system of payments that comply with both countries' legal requirements and banking systems. One requirement for recipients of grants would then be that they oblige themselves to follow the joint system of payment.

### **Reporting results**

*Situation.* The application forms and not least the evaluation schemes are of excellent quality as management tools. To a very large degree, they are meticulously filled in as well. However, in some cases activities are confused with results, and outputs with outcomes.

Recommendation: Although not being a very big problem in this programme, reporting of results could improve. The programme managers should make sure all project leaders clarify what results and what types of results they achieve.

### **Shorter time between application and announcement of results**

*Situation.* When asked about possible improvements of the programme management, almost all project leaders mention pending applications as one of the major problems. They find the time from project application to the final announcement of the results to be too long. They say continuity is important because project leaders and participants invest in the activities, in terms of time and commitment. Disruptions that are not clearly justified lead to fatigue and weakened commitment. At least in one case, activities had to be postponed one year because the funds arrived too late to be of use. Discontinuation creates lack of trust on the Russian side, and may have negative effects on other projects. Moreover, generally project participants are

busy, and need to be able to plan the year in order to fit project activities into their everyday responsibilities.

Recommendation. The period between the submission of the application and the final announcement of the results should be shortened.

### **Keep scientific cooperation among the priorities**

*Situation.* In the short term, scientific cooperation is not always very tangible, and the programme on health and social problems in Russia has so far justified a focus on projects and activities leading to tangible results. Nevertheless, several of those interviewed by the evaluation team, especially those within the medical sciences, reported that they had seen a need and wish to include more scientific activities in the cooperation. Among others, research methodology has been an issue, and how to publish in well renowned journals has been given priority by several medical institutions. Writing publishable articles is a process that involves identifying and practicing state-of-the-arts. Moreover, it requires sensitivity to the use of words and concepts to make findings comparable. These are issues that go to the core of a great number of projects financed by the programme.

Many of the objectives stated by the projects depend upon “epistemic communities”, or “advocacy coalitions”, to succeed, i.e. a sufficiently big and influential groups of people from various walks of life (public administration, politics, voluntary sector, and science). The scientific element is important for such coalitions to become a success. Scientists and researchers may loose interest in project activities if they do not consist in at least some research that lead to publishable results.

Recommendation: Taking the fact that the programme is not a research programme into due consideration, some funds should be granted to enable some, limited research activities.

### **“Exit strategy” from Day 1**

*Situation:* Activities and projects that are based on external financing are vulnerable. If external project financing allows activities to take place that otherwise would not have been given priority in the host country, external financing may lead to unsustainable activities.

*Recommendations:* a) in the next stage of the programme, all projects should include an exit plan involving the counterpart and/or the relevant authorities, and b) for projects or activities that aim at becoming permanent a gradual, annual reduction of the Norwegian

funding and a corresponding increase in the funding by the counterpart, authorities or other sources should be a requirement.

### **Russian co-financing should increase**

*Situation.* So far, the co-operation under the programme has been imbalanced in the sense that it has been driven by the Norwegian side. To a certain extent remnants of the aid approach have lingered on. That approach might have been relevant in the 1990's, but today Russia has recovered and cooperation should be based on the ideal of partnership more than aid. The last few years there have been clear tendencies that the Russian side co-finances the activities.

Recommendation. In order to strengthen the partnership aspect of the co-operation and do away with remnant of the aid approach, bilateral co-financing should be made a requirement.

### **Lingua franca or bi-linguism?**

*Situation.* According to the survey, language problems do not seem to be experienced widely among project participants. Several projects require that Russians know English to take part. For projects aiming at students and younger people this may be reasonable and rational. In such cases the requirement should be that they master English sufficiently to take part. Apart from that, criteria for selection should not be connected to knowledge of English, but to the student's achievements in his/her field of study.

As for project activities with more senior counterparts, requiring English-language skills may have negative side-effects because a large number of relevant, potential participants on high administrative levels and/or with excellent professional and scientific capacities might be alienated. Requiring foreign language skills may unintentionally create scepticism to the whole project cooperation on the part of those left out. Projects should be inclusive. Pushing the foreign language requirements in the projects may alienate highly skilled personnel and important, potential "allies".

Recommendations: Foreign language requirements should be harmonised with the need not to alienate relevant actors. In the future foreign language lessons should not be included among the fields of activities to be financed by the programme, but be treated as a suitable contribution from project participants and their employing institutions.

# Appendix 1

## Intervention logic and results of all projects under the programme

Many recipients have been in charge of several projects and activities, in most cases clusters of related activities, or sequential activities. Therefore, instead of organising the presentation project-wise this subchapter presents each recipient of programme funds. Four recipients are analysed in more detail as case studies in chapter 5.

This Appendix identifies the intervention logic as it has been conceived for each project and relates the planned intervention to the actual results. Furthermore, the presentation includes an item on continuation of the projects.

The presentation is based on:

- reading of the project documentation (applications, reports and evaluations) as presented in the electronic archive presented to the Evaluation Team by the Ministry of Health and Care Services
- the database at [www.barentshealth.org](http://www.barentshealth.org)
- in some cases information from interviews
- feedback from project leaders who have read the draft presentation of their projects

All project leaders (or other relevant representative of the project leader's organisation) have had the opportunity to check the information on their projects. The project descriptions have been sent (with reminders) to the project leader or other project responsible for comments. The overwhelming majority of them replied.

Two categories of projects are not covered by this Appendix. Projects that were finalised in 2002 are not included. Likewise, projects that started in 2006 are not covered since it would be premature to look for results. However, a list of projects under each of the two categories is given at the end of the Appendix.

## The Norwegian Heart and Lung Association (LHL)

### **Project Y9710 – TB control in Arkhangelsk (including the prisons) (project leader Torunn Hasler LHL, from NIPH : Per Sandven/ Turid Mannsåker )**

Project Y9710 is a continuation of earlier projects.

*Background.* According to the statistics at the time LHL stated its activities in Arkhangelsk, Russia was among the 22 countries of the world with the biggest TB problem. TB is the main death cause among infectious diseases in Russia. In 2005, for instance there were more than 500 new cases of tuberculosis in Arkhangelsk region, 580 in Murmansk, and 434 in Karelia. The incidence rate, however, has stabilised. In particular, the Arkhangelsk region has been stricken by high rates of multiresistant tuberculosis. Russian federal health authorities have made Arkhangelsk one of three pilot region for combating TB. Since 1997-98 the LHL and NIPH (Norwegian Institute of Public Health) have cooperated with Russian counterparts on reforming the TB control system according to the standards of the IUATLD/WHO. Since 1995 the NIPH has cooperated with the Medical University (NSMU) on strengthening the tuberculosis laboratory work. In 1997 the cooperation was widened to include the whole Tuberculosis Control Programme by implementing the IUATLD/WHO strategy for TB control with LHL as partner. From 1999 the cooperation included also the prison populations covering from then on the entire region of Arkhangelsk. The LHL and the NIPH cooperate on the provision of Norwegian expertise and management of quality control for TB diagnostics, TB treatment, infection control and organisation of health services for tuberculosis control in the Arkhangelsk region. LHL also cooperates with its Finnish homologue, the FILHA.

The NIPH has contributed the man hours 1/5 medical doctor and 1/2 bio engineer (the other 1/2 contributed by the project).

LHL has contributed with one 1/2 consultant international cooperation, accountancy and two international TB consultants



*Project partner.*

- Arkhangelsk Regional Clinical Anti-Tuberculosis Dispensary (ARTD)
- Northern State Medical University (NSMU)
- Ministry of Justice, Arkhangelsk region, department of implementation of penalties

*Objectives.* The project aims at improving public health by increasing the efficiency of TB control. More specifically, the project aims at reaching the goals set by the IUATLD/WHO: At least 70 percent of those being carriers of TB should be diagnosed and 85 percent of these should be cured.

*Intervention logic.* The project is long-term, which is a requirement for all LHL TB projects. Due to the development in the field, some of the interventions (sub-goals) are phrased somewhat differently from year to year, but core elements remain.

To improve the information system: Quarterly reports on case findings and treatment outcome according to uniform criteria and with the help of state-of-the-art software.

To reduce the default rate: Increase the kinds of treatment by offering services closer to the patient, case at home, family doctors. Apply User-friendly Directly Observed Treatment. Provide social support to the patient as incentives to receive treatment.

Treatment of Multidrug Resistant Tuberculosis (MDR-TB): Licence from federal health authorities for DOTS and DOTS + (WHO's basic principles for TB control) in Arkhangelsk. Licence from WHO's to take part in the procurement mechanism for cheap medicines. Establish contacts with the International Dispensary Association for procurement of medicines.

Measures to control infections: a) competence building in infections control measures for tuberculosis control, as well as administrative, engineering and individual measures of infection control, b) early diagnosis of infectious cases, c) to separate none-infectious cases from infectious cases of tuberculosis, and d) provide 3M masks and rebuilding to introduce infection zones with airlock and ventilation.

Improvement of diagnostics: Quality assurance of DST (in cooperation with NIPH). Providing export licence for Mycobacterium

tuberculosis from Arkhangelsk to FHI. Automated system of resistance testing. Sentralisation of the laboratoty services.

Competence building: Training health workers for DOTS and DOTS +. Training of patients.

*Results*. LHL suggested result indicators in its application for year 2003:

- number of courses arranged
- number of supervision visits to the health institutions
- number of TB patients diagnosed with microscopy
- number of health institutions included in the programme
- number of TB patients treated with DOTS
- submission of quarterly statistics and reports
- results after two month treatment and after completion of treatment
- number if controls
- degree of storage capacity of medicines

In the application for 2006, among other these success indicators were added:

- TB mortality rate
- Drugs coverage
- Number of fund-raising activities and money raised
- Lower default rate
- Number of article published in international peer reviewed journals
- Number of health personnel using M3 masks.

The aim of curing 85 percent of diagnosed patients has not been reached, much due the high percentage of multiresistant TB in Arkhangelsk (one third of those diagnosed have MDR-TB) and lack of drugs to treat the cases of MDR-TB.

The Arkhangelsk model: There have been some extended effects, among others thanks to one of the Russian counterpart's teaching of medical students and doctors, not only from Arkhangelsk, but from other Northern regions as well. Moreover, the Russian counterpart works with the Red Cross in other Russian regions on DOTS

implementation and is able to draw on the experience from Arkhangelsk. They are now extending the competence and experience through B523 and B615 Komi project.

Thanks to the co-operation with Norway through the Barents Helath programme, Arkhangelsk is among the 4-5 first Russian regions to benefit from the GLC approval, securing provision of cheap medicine.

The project reporting from LHL is well written. The project has a clear goal. It is well planned, even in details, and distinguishes itself by having a very well thought out intervention logic. The sub-goals and success indicators are all well linked to factors that realistically can be influenced by project activities.

*Continuation of the project activities.* Operationally the project activities seem to be safe. The Arkhangelsk authorities endorse them and the Arkhangelsk project teams are fully capable of running the projects. Only the financial situation is fragile, and external support seems to be necessary. Despite the fact that Russia's economy has been straightened out and funds are being used on the health sector, the LHL argues that is still required to provide support to strengthen the capacity building, secure the information system, strengthen Arkhangelsk as a model for tuberculosis control in Northwest Russia, to improve treatment outcomes, strengthen effective health communication, and lastly to buy medicines.

## University Hospital of Northern Norway

### MEDICAL DEPARTMENT, LUNG SECTION

#### **Project B302 Lung rehabilitation in Karelia (project leader Audhild Hjalmarsen)**

*Duration.* 2003 – 2004

*Background.* The lung rehabilitation team at the University Hospital of Northern Norway is an ambulatory team working with chronic lung patients in Northern Norway. It has contributed to the establishment of similar teams in other hospitals of Northern Norway. The project leader is dr. med, and associate professor.

*Project partner.* The department of Lung Diseases at the republican Hospital in Petrozavodsk.

*Objectives.* a) consciousness raising, b) competence raising, and c) internationalisation.

*Intervention logic.* Professional exchange, meetings, courses, exchange visits at each others hospitals.

*Results.* Several results at the hospital in Petrozavodsk: a) establishment of a Respiratory Centre, b) long term oxygen treatment, c) ventilator treatment at home, d) research scholarship in lung medicine, e) information to chronic bronchitis patients.

## **DEPARTMENT OF PAEDIATRICS**

### **Project B110 Competence building of paediatric nurses (Trine Utkilen Sørensen)**

*Duration.* 2002 – 2004.

*Background.* Contacts were established in 1994, lectures via still photographs and phone. Project B110 builds on B205 Competence building of nurses in emergency specialist care.

*Project partners.* a) Arkhangelsk regional Department of Health, b) the Northern State Medical University, Arkhangelsk, and the Severodvinsk Hospital.

*Objectives.* Improve the capacities of nurses working with mothers and newborn children and those working at the intensive care units.

*Intervention logic.* a) training nurses in developing and applying a comprehensive view on working with the patients, b) exchange visits on a regular basis, and c) develop education on hygiene and protection against infections.

*Results.* a) The Medical College in Arkhangelsk has offered education in nursing since 2004, and is preparing a master programme in nursing which is going to comply with joint European standards. The project has been contributing to this. As a result of the preparations, in 2005 a decentralised course (two semesters) education was tried out as a pilot project (six students), and in the autumn of 2006 another 16 students (medical doctors and nurses) were admitted, b) the Handbook of Hygiene of the University Hospital of Northern Norway has been translated into Russian and is being used by the Russian partner hospitals, c) attitudinal changes have taken place, e.g. in the Severodvinsk Hospital the practices on how to treat orphans has changed considerably. Now they are treated more or less like any other child.

*Continuation of the project activities.* See above. The Medical College is going to take over the education from September 2007. The education will be adapted to Russian official standards. The Russian

partners will work for a revision of official standards of hygiene and protection against infections.

**B407 Training programme for hospital personnel within hygiene and infection protection (Trine Utkilen Sørensen)**

*Duration.* 2004 – 2005.

*Project partners.* a) Arkhangelsk regional Department of Health, b) the Northern State Medical University, Arkhangelsk (NSMU), c) the Medical College, d) the AIDS office, e) the Rospotrebnadzor and f) the Severodvinsk Hospital.

*Objectives.* Improve the hygienic standards at the hospitals.

*Intervention logic.* a) encouraging pluri-disciplinary approaches and cooperation across the professions (medical doctors and nurses), b) increasing the respect for the hospital cleaners among the other professions, c) develop self-control mechanisms in the field of hygiene.

*Results.* Training is taking place.

**DEPARTMENT FOR PHYSICAL MEDICINE AND REHABILITATION**

**Project B206 Bridges of charity and rehabilitation of people with multiple sclerosis (project leader Geir Nilsen)**

*Duration.* 2002, 2004.

*Background.* A follow up of pre-feasibility study in 2001. The project leader is head of section at the University of Northern Norway. Project B206 cooperates with B408 “Rehabilitation – development of qualifications in an interdisciplinary cooperation”.

*Project partner.* The Arkhangelsk Centre for Patients with Multiple Sclerosis, and the Mellomveien Treatment Centre in Tromsø.

*Objectives.* Contribute to the establishment of permanent treatment of MS patients in the Arkhangelsk region.

*Intervention logic.* Exchange of knowledge on MS and skills in treating patients with the disease through a) visits, b) video conferences, c) establishment of a website and d) exchange of literature.

*Results.* Participants have got acquainted with each others methods and working conditions. Exchange visits have been carried out. A

website has been set up ([www.arkhangelsk-ms.narod.ru/](http://www.arkhangelsk-ms.narod.ru/)). The objective of establishing rehabilitation in separate premises has not been reached, but two professionals, both employed half time, have offered ambulant physiotherapy.

*Continuation of the project activities.* A new project (since 2005) follows up B206 aiming at gradually establishing a rehabilitation unit for various diagnostic groups.

## The Norwegian Directorate for Health and Social Services

### **B548 The Clinton HIV/AIDS initiative and Russia (project leader Janicke Fischer)**

*Duration.* 2005 – 2007

*Background.* Former US president Bill Clinton visited Norway in 2005 among others resulting in a three party cooperation of combating HIV/AIDS between the Clinton Foundation, Russian and Norwegian authorities. The Clinton Foundation gradually withdrew as a result of reduced need for assistance in acquiring cheap medicines on the Russian side.

*Project partners.* a) Ullevål University Hospital, Department of Infectious Diseases, b) Kristiansand Hospital, c) Haukeland University Hospital, d) North West Regional AIDS Centre, St. Petersburg, e) Murmansk AIDS Centre, f) Arkhangelsk AIDS Centre, and g) Karelia AIDS Centre

*Objectives.* To increase the number of people with HIV/AIDS receiving high-quality care and treatment, through a) ensuring updates of treatment in diagnostic methods, b) establishing and adjusting confidentiality/voluntary counselling and testing/dedicated personnel, and c) enabling clinicians to establish mutual trust between the patients and themselves.

*Intervention logic.* To raise capacities of Russian clinicians in treating HIV/AIDS. Also prevention, microscopy and making diagnoses are in focus.

The project provided training of Russian medical doctors, nurses and laboratory staff working in the field of HIV/AIDS, mainly in Murmansk, but also St. Petersburg. Ullevål University Hospital is responsible for offering the training. Among Norway's specialist

environments for HIV/AIDS, Ullevål University Hospital has the longest experience and the largest number of patients.

*Results.* Two training courses have been arranged in Norway for medical doctors from Murmansk and St. Petersburg respectively. Three visits to Murmansk have been made by Norwegian specialists in HIV/AIDS to work together with and offer training to Russian colleagues. A one-week course has been arranged in Murmansk for 25-35 medical doctors from all over the Murmansk region. Medical doctors who have attended the training courses and visits report that they have learnt how to treat and make diagnoses of HIV/AIDS. They consider the skills in how to recognise symptoms through secondary diseases as particularly useful. Also information on how to use new medicines has been appreciated.

*Continuation of the project activities.* The project is on-going, but no local take-over of the training has been planned.

## University of Oslo

### Department of Special Needs Education

**Project B207 Implementing decentralised community based services for families with special needs. An innovation and competence building program in the Arkhangelsk Region (project leader Steinar Theie)**

*Duration.* 2002 – 2005.

*Background.* The project was co-financed between Norwegian Barents Programme, the Norwegian Barents Health Program NOK, the Nordic Council of Ministers and the Department of Special Needs Education, University of Oslo.

*Project partners.* a) Contact point: The social protection department. Also involved: b) Committee of health and c) Committee of education, d) Novodvinsk municipality, Pomor State University, e) Northwestern State Medical University, and f) Institute of early intervention (St. Petersburg). The large number of partners is explained by the project's pluri-disciplinary approach and objectives.

*Objectives.* Support decentralised, participatory and user-focused measures for children with special needs and their parents.

*Intervention logic.* Competence building and implementation of new methods and services.

*Results.* a) 25 children have been integrated in schools and kindergartens, b) voluntary organisation of parents of disabled children, c) centre for coordination of services, d) pluri-disciplinary approaches have been introduced, e) seminars, courses, consultations and guidance activities take place between the universities and practitioners.

## The Norwegian Red Cross

### **Project B006 Russian Red Cross Against Tuberculosis in Norwegian Russia (project leader Karsten Solheim)**

*Duration.* 2005 - 2006.

*Background.* In addition to its humanitarian actions in Northwest Russia through the Russian Red Cross (RRC), which started in the early 1990's, the Norwegian Red Cross (NRC) has since 2001 supported RRC projects on tuberculosis in Arkhangelsk and Murmansk as well as a HIV/AIDS youth peer-to-peer education project in Arkhangelsk, Murmansk and Karelia.

The tuberculosis project with the Karelian Red Cross started in August 2005 with funds from B006. This project in Karelia was an integrated part TB programme that continued in Murmansk and Arkhangelsk, funded by NRC's own collected funds. In agreement with the Norwegian Ministry, minor funds from B006 have been used for TB activities also in the two latter Russian regions.

The tuberculosis dispensary registered altogether 434 new cases of tuberculosis in 2005 all over the Karelia republic, out of them 90 cases in Petrozavodsk.

*Project partner.* The Murmansk, Karelian and Arkhangelsk branches of the Russian Red Cross

*Objectives.* To assist the regional health authorities in fighting tuberculosis.

*Intervention logic.* Help activate the volunteers in local Red Cross branches of Karelia, Murmansk and Arkhangelsk as well as their visiting nurses and organizational capacities.

Karelia: The "Countering of TB spread" project is implemented in 5 districts of Karelia (Pryazhsky, Prionezhsky, Medvezhegorsk, Segezha and Petrozavodsk). The objectives of the activities have been operationalised into reducing the default rate.

The intervention logic consists in three elements:



- a) for the patients who want treatment a basket of food is given at the end of each week on condition that amount of taken anti TB medicines was not less than 5 per week.
- b) for patients who live far away from a so-called medical room, help to finance the bus ticket. Up to 500 RUR are covered per month. In Onega district, the patient are taken to the RC medical room by bus free of charge,
- c) patients who cannot leave their homes for various reasons, a nurse visits them at home.

Visiting nurses take sanitary and hygienic care of the persons benefiting from the project. They ensure that the beneficiaries are following the local physician prescriptions. In some cases they also act as a social worker, completing activities like shopping, cooking food, cleaning the apartments. Visiting nurses in medical-social rooms assist not only TB patients but any person requiring RRC help.

Social support to TB patients is also provided in the form of hygienic kits. In Severodvinsk (Arkhangelsk region) such kits are financed by sponsors. Social support treatment remains to be an important stimulus for keeping TB-patients under treatment. Health Departments in all three regions mentioned the fact that since the RC nurses started working in the program the number of patients who interrupted the treatment has reduced.

*Results.* Karelia: After one and a half year the number of patients who are disrupting the treatment has been reduced from 47 percent to 8 percent. The overall objective of mobilizing joint resources between the authorities and the Red Cross is being implemented through an arrangement where the Red Cross (through funds from B006) covers the food baskets, the bus tickets, and petrol for the car that drives the nurse. The health authorities contribute with the nurse. ( in Arkhangelsk the Health department covers 6 more nurses), the car and driver plus the locations where treatment is given (the medico-social rooms). Moreover, the offices of the Karelian branch of the Russian Red Cross are rented by the authorities at a low rate. A new medical-social room for RC nurses is planning to open in Kluchevaia district (Petrozavodsk)

In the period from August, 2005 to February, 2007 the number of patients who got treatment and social support under the program is 1104 (Karelia - 209, Arkhangelsk - 517, Murmansk - 378). Number of visits to the patients by nurses is 6 183 (the same period) and number of patients who interrupted the treatment 59.

During the period of implementation the program, the number of patients under nurses patronage in Arkhangelsk region was 1812 and out of them 1563 completed the treatment. The number of patients who interrupted the treatment was 16 (1.3 percent). In Murmansk region the total number of patients - 1 628, completed the treatment 945 and 106 (6.5 percent) interrupted the treatment.

The program TB coordinators of RC in all three regions are invited to the meetings of the regional Health Care committees.

Psychological assistance to TB patients was rendered in Arkhangelsk and Murmansk. Mainly TB patients with often defaults were in the center of psychologist's attention. Example -in the period January-February, 2007 in 2 regions 179 persons received psychological support, out of the 151 TB patients and 28 non-TB patients.

Informational and educational activities with population and TB patients were conducted by RRC visiting nurses, volunteers from medical educational institutions in Murmansk and Arkhangelsk, by psychologists.

Volunteers and nurses of MRC take part at the movement "Bus of mercy". This action aims to provide homeless people with food, hygienic kits and informational material regarding TB prevention.

On the eve of the World TB Day in all three regions actions were held to raise public awareness of the problem of TB. Post competitions were held among schoolchildren. This event was broadcast in local mass media (Murmansk)

Regarding the project achievements Northwest Russia as a whole, 350 patients in average each month receive treatment and food parcels for controlled treatment (treatment cycles six months in average). The default rate has been lowered considerably (to seven percent). Information has reached at least 2000 people from the general public by visiting nurses and other Red Cross personnel. Bacillary positive tuberculosis patients tell their reason for entering the treatment process is the RC programme. Cost-sharing with health authorities has been established.

*Continuation of the project activities.* Letters have been sent to the Governors of Murmansk, Arkhangelsk and Karelia informing them that the financing of the "Countering of TB spread" program may be stopped in July due to lack of funding. The Norwegian Red Cross, hopefully with renewed Norwegian governmental support, may however continue to sponsor parts of the programme costs, in

particular if the regional Russian authorities will find an opportunity to support this program and make it more sustainable.

**Project YO379/B105 Organising technical rehabilitation aids centre/ workshop in Kirovsk for the Southern part of Kola peninsula (Gregus J. Stornes og Britt Gunnberg)**

*Duration.* 2001 – 2003.

*Background.* Red Cross Troms has carried out several humanitarian actions and trainings in Russia since the early 1990's.

*Project partner* Kirovsk psycho-neurological internat.

*Objectives.* Support the implementation of new Russian legislation that requires de-clientification of the institution's residents.

*Intervention logic.* Establish and run an activity and training workshop for physically and mentally disabled people over 18 years old. (Also other Red Cross skills, like organisation work and first aid, have been shared with the internat.) Set up a technical aid central for repair of equipment needed by the residents of the internat.

*Results.* More than half of the one hundred residents in the internat are now activated in their own daily life (washing, tidying up their rooms etc).

*Continuation of the project activities.* The training centre supported by Red Cross Troms is adjacent to the buildings of the psycho-neurological internat, but independent from it.

**Project B506 "Parkveien 12 – Bofellesskap" (Forbedre bo- og levestandardene for 20 ungdommer, opplæring, aktivisering) (project leader Britt Gunnberg).**

*Duration:* 2004 – 2006

*Objectives.* a) to improve the living conditions for 20 of the handicapped youth staying today at Kirovsk Psycho-neurological internat and that the youth themselves get bigger responsibility for their own lives and b) to give the youth education in nutrition, health and hygiene so they will be able to take care of themselves in daily life.

*Intervention logic.* In the renovating period of Park road 12, the youth will take part in the work as much as they are able to. In this way they will feel an ownership to the project.

When 20 of the youth move to Park road 12, there will be more space for the rest of the handicapped staying at the internat.

Move the offices which now are occupying rooms at the activity centre to Park road 12. This will give more rooms for activities at the centre. The project will bring increased status to disabled people in the Russian society.

## The Norwegian Institute of Public Health (NIPH)

For more projects run by the Norwegian Institute for Public Health, please see chapter 4.

### Helse Nord

#### **B526 Workshop on HIV/AIDS in the Barents region, Tromsø 8/9.6.2005 (project leader Arnt Uchermann)**

*Duration.* 2005

*Background.* The Health Group within the Barents cooperation took the initiative.

*Project partner.* The workshop was arranged by the Ministry of Health and care Services, the Norwegian Institute of Public Health, the Norwegian Barents Secretariat, and the Finnmark Health Authority.

*Objectives.* Address HIV/AIDS problems in the Barents Region.

*Intervention logic.* Workshop in relation to the Mandela Concert in Tromsø June 2005 for specialists (among them leaders of AIDS centres) and decision-makers. Launching, presentation and discussion of the "Barents HIV/AIDS programme", promoted by the Working Group on Health and Social issues of the Barents Region.

*Results.* The Barents HIV/AIDS programme was made familiar to key specialists and decision-makers, including those in the Russian regions of the BEAR. Networking.

### Health Authority of Finnmark Region

#### **Project B304 Telemedicine in Finnmark (project leader Morten Dahl)**

*Duration.* 2003 – 2004

*Background.* Telemedicine was introduced in Finnmark in 1994 after five years of project organisation. The B304 project leader was co-

ordinator of telemedicine in the Health Authority of Finnmark Region. The project is co-financed with Helse Nord and the Murmansk Regional Department of Health.

*Project partner.* Murmansk Regional Department of Health.

*Objectives.* To improve the possibilities of communication between hospitals in the Murmansk region as well as between Murmansk and Finnmark.

*Intervention logic.* To deploy two second hand video conference studios to the regional hospitals in Murmansk and Pechenga (including necessary infrastructure and training of the personnel).

**Project 410 Co-operation focusing on maternity ward (project leaders Erik Fjeldstad/Else Gregersen/Eija Hansen)**

*Duration.* 2004 – 2005

*Background.* The project leader Hansen had 14 years' experience as a midwife at the time of submitting the application.

*Project partner.* Kola Maternity Hospital.

*Objectives.* Improve information to pregnant women about the importance of nutrition during pregnancy.

*Intervention logic.* Exchange visits of midwives and maternity aides from the hospitals in Kola and Hammerfest.

*Results.* Exchange visits were impossible to implement due to Norwegian regulations (NIPH) requiring that visitors to Norwegian hospital have a negative MRSA test, which has to be made in Norway. It takes five days to get the results, which creates problems for Russian visitors during exchanges (project 410, evaluation scheme). In 2005 the project was granted 50.000 NOK to continue the project, but declined.

*Continuation of the project activities.* Contacts planned to be arranged through telematic transmits

**Project B508 Framework grant (project leaders Bjørn Engum/Rune Rafaelsen)**

*Duration.* 2005, 2006.

*Objectives and results.* Project number B508 refers to an application from the Norwegian Barents Secretariat and the Finnmark Health Authority for a "small pot fund". Later it was decided that the sum

should be handled by the Barents Secretariat that added own funds and established the Health Fund of the Barents Secretariat. The fund finances projects with a maximum amount of 50,000 NOK. So far, grants have been given to between 40 and 50 small projects to arrange meetings to prepare for larger projects.

## Kirkenes sykehus

### **Project B117 Pregnancy and Infectious diseases (project leaders Hilde Gade og Ioana Varna Florea)**

*Duration.* 2002 – 2003.

*Background.*

*Project partner.* Committee of Health in Murmansk region.

*Objectives.* a) improve women's health on both sides of the border, b) establish networks based on mutual trust, and c) as a result of be develop capacities in cooperating in situation when cooperation across the order will be required.

*Intervention logic.* Arrange a conference on an annual basis, including interactive seminars.

*Results.* Conferences arranged.

### **Project B401 Repeated abortions and their consequences for woman's health (project leader Ioana Varna Florea)**

*Duration.* 2005

*Background.* The project is co-financed with the Russian partner and Helse Finnmark.

*Project partner.* Doctors from the Murmansk, Arkhangelsk region, the Republic of Karelia and Finnmark region

*Objectives.* Improve medical knowledge in primary and secondary health care in order to be able to evaluate the advice and the consequences of medical decisions

*Intervention logic.* A 4 day conference (including seminars and case discussion) on repeated abortions and their consequences the topic that. To decrease the number of abortions in Norway and Russia and improve women's health as well as to increase natality. Implement the consciousness of medical/patient decisions and the collaboration between primary and secondary health care lines

## Norwegian People's Aid

### **Project B305 Pilot project: Contributing to reform of health- and social services in Northwest Russia - Alternatives to institutional placement (project leader Berit Ødegaard)**

*Duration.* 2003 – 2004.

*Background.* The project was based on ongoing cooperation between the Murmansk authorities on labour and social development, the Norwegian People's Aid (NPA) and other Norwegian organisations present in the region. The project was initiated by Murmansk regional Administration (the Committee of Labour and Social Development) and NPA as a result of positive co-operation between the regional administration, NPA and other Norwegian actors in the field of development social services and protection the rights of people with special need. New forms of co-operation between the Social committee and NPA in development of Monchegorsk institution for multi-handicapped children, Technical Rehabilitation Aids workshop, Community Centres in Umba, Revda and Nikel and partially volunteer centres for the elderly and handicapped resulted in the development of new ways of thinking and changing attitudes towards people with special needs.

*Project partner.* Murmansk regional Committee for Labour and Social Development.

*Objectives.* a) to disseminate the experiences from the Murmansk region in developing and using new methods and perspectives in services for children with special needs, a) to disseminate Norwegian experiences in developing out-of-institution care for disabled children.

*Intervention logic.* Conference for representatives of the ten regions of Northwest Russia. Study trip to Norway for leaders of the Murmansk committee.

*Results.* A conference was held with the participation of representatives from 10 regions constituting North West Russia and Norway. Presentations and discussions in groups were aimed at finding solutions for further development of social services for children and youth with special needs. Development of legislative basis, new models of social services, creating labour conditions, changing popular attitudes towards people with special needs were among discussed issues. Through participation of Norwegian experts, Russian participants received sufficient information on Norwegian services and models regarding work with the handicapped. Research

on existing services in Murmansk Region for children and youth with special needs was started. The study trip did not take place due to organisational changes in the committee.

*Continuation of the project activities.* The conferences forms part of ongoing activities.

**Project Y9715 development programme for Monchegorsk home for children with disabilities (project leader Marianne Øen)**

*Duration.* 1999-2003.

*Background.* The Monchegorsk institution for multi-handicapped children and youth has traditionally has a low priority. Being multi-handicapped, the children have been classified as “uneducable”. Monchegorsk is a home for disabled children and is the only regional institution for children with severe cognitive and physical disabilities. Aproximately 212 children at the age from 4 to 17 are presently in residence. The Monchegorsk institution is considered a low priority in the community and the Murmansk Region. Due to the dwindling economic basis for running the facility for the last few years the Director has been forced to make priority decisions that have directly affected the daily standard of living. This and the fact that they have been treated according to the diagnosis “un-educable”, children with the most severe cognitive and physical disabilities have received no training and education services. These factors have directly affected health and quality of living standards.

*Project partner.* Monchegorsk institution for multi-handicapped children and youth, and Murmansk Regional Committee on Social Protection of the Population (tripartite agreement).

*Objectives.* Referring to the UN standard rules for equal rights for disabled people, the overall aim of the project is to improve living conditions for mentally disabled and multi-handicapped children

*Intervention logic.* To develop the residents’ mental and physical abilities through adapted training and stimulation. To increase the physical standard of the institution. To increase the professional capacity of the staff through environmental therapy and nursing, among others through visits to Monchegorsk by Norwegian specialists in child physiotherapy. To train, educate and stimulate the children. To develop infrastructure, including professional infrastructure. To support local authorities. The Norwegian People’s Aid has based its work on respect for the knowledge and competence already present in the institution, and in the Russia health sector.



*Results.* As a result of project funding one of the institution's departments has been renovated, on-site training with a Norwegian physiotherapist has taken place, a ramp for wheelchairs has been built, altogether 21 children and eight teachers have visited the Haraldvollen summer camp (in cooperation with Red Cross Troms), a Norwegian landscape architect has made a draft for the institution's outdoor area, seven representatives from the institutions went to Norway for competence building, an external evaluation of the project has been carried out (2003).

A very concrete down-to-earth project with relatively weak elements of professional capacity building. Well-suited for the few years following the 1998 ruble crash. ("External Independent Impact Evaluation", by Solveig Bergstrøm, Norsk Folkehjelp 2004).

The project in Monchegorsk has shown that mentally handicapped persons have a considerable developmental potential, when necessary adjustments are made. This way, it can be used as a model for others to study. The trained staff will provide counselling and on-site training to the staff in Apatity, which will be the children's next home.

Pedagogical equipment and materials have been purchased and new technical equipment has been bought and installed. Technical aids, like wheelchairs, have been adapted for the children who needed them, and are now in use. Access has been built to serve residents in all three departments downstairs. Each Department now has its own ramp which provides access for technical rehabilitation aids such as wheelchairs. The outdoor area is equipped with a variety of playground constructions and equipment. Children who used to stay in bed are now moving around. Many children have been taught to eat and put on clothes without help. There has been a change in the staff's attitude to the children.

The on-site training has proved to be efficient because it has enabled professional discussions. The fact that the consultants actually worked with the children, giving lectures on themes chosen by the staff and also the role play are all mentioned with much satisfaction by the staff and the special pedagogue. The Norwegian external consultants have stayed in the institution for one to two weeks at time. In this way they can see the real daily life and work of the children and staff, and it is easier for them to see which problems and themes needed to be focused on. The other way round, it enables the staff and children to get to know the external consultants and feel safe and confident with them.

*Continuation of the project activities.* At a very early stage, plan for NPA withdrawal were presented in clear terms.

**Project Y9716 Breastfeeding groups in the Baltic Region (project leader Marianne Øen)**

*Duration:* 1999-2003

*Background:* The NPA is one of several actors promoting breastfeeding in the Murmansk region. The region is one of the first in Russia to emphasise the importance of breast feeding, among other because of exchange of information with Norwegian specialists.

*Project partner.* Maternity no 3 in Murmansk, and the Murmansk regional health Committee. Professional cooperation with the Norwegian breastfeeding NGO, Ammehjelpen.

*Objectives.* To raise awareness of the positive impacts of breast feeding on women's and children's health. This includes awareness on the correlation between breastfeeding and improved health among women and children.

*Intervention logic.* a) to establish active breast feeding support groups with registered members; b) to raise the level of knowledge among the members of the groups with the help of training provided by Russian and Norwegian specialists; c) disseminating information through written materials and visits by group members to local maternities; and d) to establish contacts between groups.

*Results.* "A number of breastfeeding groups", according to NPA's own reports were established during the three year project in many towns and municipalities of the region (Murmansk/Kola, Severomorsk, Monchegorsk, Apatity, Kirov, Apatity and also in Arkhangelsk. Seminars have been arranged, and information material (including a video) have been produced, and distributed to maternities. A hotline was established.

Overall figures show that the number of women that breastfeed when they leave the maternity is near 100 percent, and that 86 percent of the women breastfeed after three months, and 50 percent after half a year (official statistics from 2003). NPA, among other actors, contributed to these figures.

*Continuation of the project activities.* It was expected that the breastfeeding groups would receive status as an NGO in 2004. Today, the Breastfeeding Support Groups in Murmansk have been recognized, and have obtained status as NGO, but, the organisational structures are

uncertain, and it is difficult to find individuals who want to invest time and energy to run this breastfeeding groups. Most of the original enthusiasts have disappeared, as enthusiasts often do. The challenge will be to find methods and initiative for new recruitments and an organizational structure which do not become a copy of the breastfeeding groups in Norway, but Russian breastfeeding groups. (Evaluation report; 2006: Norwegian People's Aid, Signe Skare "The project Breastfeeding Support Groups in Murmansk, Chudo Materintsvo.," Exchange of competence between the Norwegian and the Russian side is still wanted from the Russian Breastfeeding Support groups.

**Project B510 Social Inclusion of Youth from Child Care Institutions in Lovozero (project leader Markus Karlsen)**

*Duration.* 2005.

*Background.* See above.

*Project partners.* a) Murmansk Regional Social and Labour Committee, b) Lovozero Municipal Education Committee, c) Lovozero Municipal administration, and d) Lovozero Community Centre.

*Objectives.* Improve quality of life among the youth in the village of Revda, and to improve their ability to integrate into society. The establishment of an effective center for integration of child care home youth.

- For youth to be better informed about consequences of current lifestyle
- Reduce misuse of alcohol
- Reduce misuse of drugs
- -Prevent the spread of HIV/AIDS

*Intervention logic.* a) kick off conference with mass media, b) refurbishment of premises (already identified), c) elaboration of education plan, identification of experts, d) six training courses for staff in community centre as well as child care institution, social committee and education committee, e) establishment of an education system for Child Care Institution children, f) opening of a department at the community centre to assist youth (pedagogical and psychological) in their last year in institutional care, g) six seminars organized for specialists working at the community centre, h) establishment of a database on youth in Lovozero region in need of

assistance, i) increased efficiency in realisation of their right to a dignified life, and j) establishment of cooperation between government institutions (police, education, social protection).

*Results.* a) a unit for training/education of youth has been established, b) all employees working with beneficiary groups have attended seminars/workshops/training, c) the process of implementing programs to give psycho-social, pedagogical support and training has started, d) the management group in the centres have in co-operation with NPA worked out a plan for evaluation and follow-up.

*Continuation of project activities.* An application to the Council of Ministers has been submitted with the objective of widening the activities to the Terskiy, Lovozero and Pechenga municipalities (inter-disciplinary centres and a long term professional competence development program for professional and semi-professional staff members.

### **Project B514 Volunteer Centre in Uмба**

*Duration.* 2005-2006

*Background.* In connection with UN's International year for the elderly in 1999, The Ministry of Social and health affairs decided to support the elderly in Russia. NPA suggested to start a Volunteer Centre in Murmansk. The Objectives were: 1) Develop both the civil society and organisations 2) Prevention of loneliness. NPA has established 3 volunteer centres in Murmansk. They became very popular among the population. Elderly went out in the streets to demonstrate against advertisement for alcohol and against reduction of their pensions. They invited themselves to schools and taught youngsters about human rights. The volunteers in the centres visited the elderly at home, and the centres were also open daily, so that elderly people could come and get advice for their problems, or just for talking and drinking tea. Several municipalities realized the value of this initiatives, and with Norwegian support, both Uмба and Arkhangelsk opened similar centres. Today all the centres are run by the Municipalities.

*Project partner.* Regional Social Committee Murmansk Region, Administration of the Tersky District and the NGO "Volunteer Centre" Murmansk

*Objectives.* To strengthen democratic development and political influence among the elderly population in Uмба by empowering these groups through reintegration into civil society

Where local authorities are co-responsible.

*Intervention logic.* a) establish a function volunteer centre in Umba Seminars and courses have been organized, b) establish a network, c) establish a hobby group, d) volunteers participating in NPA's competence- building program.

*Results.* a) identification and renovation of premises of the centre, b) registration of benefits, c) agreement with Tersky administration, d) seminar on voluntarily movement for local authorities and NGO with participation of representatives from Revda, Arkhangelsk and Karelia, e) survey of social conditions for the beneficiary group, and f) participation of representatives from all volunteer Centres received the opportunity to participate in the Norwegian Regional Volunteer Centre conference in Alta. Altogether 21 volunteers contributes to the activities of the centre

*Continuation of project activities.* Further strengthen organisational and network capabilities

**Project B518 Volunteer Centres Developing voluntary movement among the elderly people in Arkhangelsk city (project leader Markus Karlsen)**

*Duration.* 2005 – 2006

*Background.* In 2004 the Arkhangelsk-based NGO "Bridges of Mercy" put forward a request to the NPA to establish a volunteer centre in Arkhangelsk. In 2005 from the head of the regional social committee committed support to the project.

*Project partners.* The Committee of Social Development of the Arkhangelsk region and the NGO "Bridges of Mercy".

*Objectives.* Establish a volunteer centre in Arkhangelsk.

*Intervention logic.* a) training of volunteers from Arkhangelsk in Murmansk, b) refurbishing and equipping the centre.

*Results.* In December 2006 a volunteers centre was opened in Arkhangelsk.

*Continuation of the project activities.* The city council of Arkhangelsk pledged 1.5 million RUR for further refurbishment of the centre.

# University Hospital of Northern Norway

## INSTITUTE OF COMMUNITY MEDICINE

### **Project B403 Establishment of Public Health Education in Arkhangelsk (project leader prof. dr. med. Odd Nilsen)**

*Duration:* Since 2004.

*Background.* The project leader has done several research projects in Russia since the mid-1990's, and has arranged courses and medical seminars with the Northern State Medical University (NSMU). Representatives from the NSMU who visited the Institute of Public Health in Tromsø, told they would like to establish something similar. In early 2004 the University Hospital of Northern Norway (UNN) submitted an application for funds to develop the idea of establishing public health education in Arkhangelsk. At that time no less than eight ongoing projects were mentioned as being of relevance for the future study of public health. The idea of establishing education within public health was concretised to establishing a master study in public health.

*Project partner.* Northern State Medical University (NSMU).

*Objectives.* The overall objective is to strengthen modern public health in Arkhangelsk. Modern public health consists in a multidisciplinary approach, combining natural, social and humanitarian sciences, such as medicine, ecology, biology, sociology, economics, law and political science.

*Intervention logic.* The main measure has been to establish modern public health education within with the NSMU leading to the international level degree of Master of Public Health, has been to develop, formalise and institutionalise education in subjects like epidemiology, biomedicine, statistics, methodology, international health, article writing, prevention, drug and alcohol problems, communicable diseases and child health.

*Results.* The Arkhangelsk International School of Public Health within the NSMU has been established and started training its students 1 February 2007. 26 students take part in the first semester. The school leads to the international degree of Master of Public Health (a two-year study, but since not all students in Arkhangelsk are full-time, they are allowed to spend up to four years). The school operates under the support of the Department of Health Care of the Administration of Arkhangelsk region, but its "catchment area is bigger, covering the Komi Republic, the Nenets autonomous district, the two regions of

Murmansk and Vologda, and for certain medical disciplines also the Republic of Karelia. The vice-rector of the NSMU (Yuryi A. Sumarokov) is director of the School. One coordinator is employed by the project.

During the planning period, several Nordic medical university institutions were invited in, and finally the Tampere University, The Gothenburg-based Nordic School of Public Health, the University of Mid-Sweden in Sundsvall, and the Umeå University joined in. These universities have experience in offering modules of medical education in English. Also the Norwegian Institute of Public Health offers lectures. No less than 40 teachers at the NSMU are involved, ten of whom hold an international master's degree in public health.

The education is organised in intensive gatherings, lasting from one to three weeks. There are several gatherings per module depending on how many ECTS the module gives. In between sessions the students read their curriculum and do exercises. Communication with the lecturers is web based. Lessons are given in English (prior to admission intensive English courses are offered). One module abroad is envisaged for all students. The ECTS system of calculating points is applied.

The project has achieved concrete results very fast.

*Continuation of the project activities.* To prepare for a fast takeover of the education by NSMU teachers, one Russian teacher follows each module. The Nordic network "teach the teachers", among others in pedagogical methods (a course on teaching the teachers is offered at the University of Umeå). The regional Health Department as well as the NSMU has declared officially that the School of Public Health will be continued. Three boards have been set up, one each for finance and "educational policies"; the contents of the study, and daily coordination respectively. The Norwegian Institute of Public Health is member of the board on the contents of the study, called the "executive board". A similar school has been established in St. Petersburg in cooperation with several US universities. An official federal recognition of the modern public health education is not yet formally in place. A working group in Arkhangelsk has been established to work with the federal recognition of the master study in public health as well as "take over".

**Project B210 Disease and death register for the health study 2000 in Arkhangelsk (Project leader Maria Averina)**

*Duration.* 2003 – 2006

*Background.* The project leader was at the time of the project implementation scholarship holder at the Institute of Community Medicine.

*Project partner.* A group of the Arkhangelsk-based medical doctor/statisticians. Localities and technical equipment borrowed from the Semashko Polyclinic in Arkhangelsk. University Hospital of Northern Norway (clinical-chemical department)

*Objectives.* To develop and maintain a register of diseases and deaths on the basis of the Health Study 2000 for Arkhangelsk. Register of diseases and deaths. This will form the basis for a dynamic register that is updated regularly.

*Intervention logic.* a) to go through the journals of the 4089 individuals that formed part of the 2000 Health Study, b) to establish and to maintain reliable endpoints which enable us to estimate and to analyse the risk for diseases and death for subjects and groups with different lifestyles in a longitudinal design, c) to exchange knowledge and competence between Norwegian and Russian researchers, d) to achieve knowledge about life style risk factors that can be used for further preventive interventions and implemented in medical activities in Russian general medicine, and e) to analyse (Clinical-chemical department at the University Hospital of Northern Norway.

*Results.* Data collections were made in 2003 (has been analysed) and 2005-2006 (under evaluation). Data from the survival analysis have been published, among others in the PhD defended by the project leader in 2005.

*Continuation of the project activities.* The register is continuously being updated (a PhD scholarship holder at the Institute for Community Medicine in Tromsø is analysing the data together with the project leader). The population registered is going to be followed up.

**Project YO375 Primary Health Care Project in Arkhangelsk - Developing family medicine education at the Achangels Medical Academy (project leader Toralf Hasvold)**

*Duration.* 2000 - 2005.

*Background.* The project forms part of the agreement between Northern State Medical University, the Health Care Department of Arkhangelsk region, The University of Tromsø, and the University Hospital of Northern Norway. The project leader is prof. dr. med.



Toralf Hasvold, at the Institute of Community Medicine at the University of Tromsø.

*Project partners.* the Northern State Medical University and the Health Care Department of Arkhangelsk region.

*Objectives.* To provide modern primary health care to the population (with a focus on infectious diseases).

*Intervention logic.* a) to establish basic primary health care centres as pilots to be studied by other regions of Russia, and b) to develop educational material for future family doctors and primary health doctors, and c) professional and scientific exchange, among others twinning two Russian and two Norwegian health centres. Now three health centers from both sides are participating.

*Results.* The project has contributed to strengthening the idea of primary health care in Arkhangelsk region.

The project participants are now providing primary health care for their patient population. The collaboration with between the twins is well established. The focus of the collaboration is now in a new phase of professional exchange of knowledge and experience among equal participants. There are planned seminars of different themes in the future collaborating activities.

The project has had little activity the last year due to the project leader's health problems. This stand still is over, and there is planned in 2007 a seminar of rehabilitation in primary health care in Russia for all participants.

*Continuation of the project activities.* Professional networks will remain. The project has been one of several projects aiming at promoting primary health care, and is very much in line with later policies as implementer through the National Priority Programme on Health.

### **Project B003 Student exchange between Tromsø and Arkhangelsk (project leader Tormod Brenn)**

*Duration.* 2001 – 2007

*Background.* Part of the tight cooperation between the Northern State Medical University in Arkhangelsk and the University of Tromsø, and is based on the two institutions' mutual cooperation agreement.

*Project partner.* See above.

*Objectives.* Let medical students in Arkhangelsk visit Tromsø and vice versa as part of their study programme. During visits the students will be acquainted with methods that are not much in use and diseases that are rare where they come from.

*Intervention logic.* Well prepared visits adapted to the respective study programmes. Project work with tutorials (from 2004).

*Results.* Between 14 and 21 Norwegian students have visited Arkhangelsk and around ten students from Arkhangelsk have visited Tromsø for a one week stay.

*Continuation of the project activities.* The intention is that close professional and personal connections will develop and survive.

## **DEPARTMENT OF MICROBIOLOGY**

### **B301 Congenital Syphilis in Northwestern Russia (Project leader Vegard Skogen)**

*Duration.* 2003 (analysis of results in 2004)

*Background.* The project leader holds a PhD on diphtheria in the former Soviet Union.

*Project partner:* Northern State Medical University Arkhangelsk

*Objectives.* a) to validate the methods applied by Russian medical doctors in diagnosing congenital syphilis, b) if needed contribute to an improvement, c) assist in introducing serologic methods, and d) to introduce PCR in detecting *Treponema pallidum* (a method which is under introduction in Norway).

*Intervention logic.* a) evaluate existing serological tests and implement new tests to improve the quality of the diagnosis, b) validate the follow-up of pregnant women in Arkhangelsk (among others carrying out a survey)

*Results.* All activities under project B301 and B512 are designed in a way that enables publication. A scientific paper has been co-written in 2007 by the project leader and prof. A. Shiriaiev (main author). An additional study was carried out in which the Russian methods were checked on the basis of a standardised syphilis serology panel from the Norwegian Institute of Public Health. The findings were that the Russian methods functioned. What turned out to be the problem was the Russian method of *screening*. Since the study was made the Russian protocol for syphilis diagnostics has been changed.

**Project B512 Prevalence of Chlamydia trachomatis (project leader Vegard Skogen)**

*Duration.* 2005 – 2007

*Background.* The project is co-financed with between the University hospital of North Norway (UNN), the Olafia clinic, Helse Nord RHF and the Barents Sea Programme.

*Project partners.* Regional Hospital of Arkhangelsk

*Objectives.* a) to improve the awareness of Chlamydia trachomatis in North Western Russia (Arkhangelsk), b) to achieve figures indicating the prevalence for Chlamydia trachomatis among young people living in Russia (Arkhangelsk).

*Intervention logic.* To improve the awareness of Chlamydia trachomatis in North Western Russia (Arkhangelsk).

To achieve figures indicating the prevalence for Chlamydia trachomatis among young people living in Russia (Arkhangelsk).

*Results.* The project is to be finalised only in 2007. Chief medical doctor Natalia Firsova at the dermato-neurological hospital Arkhangelsk plan to take her PhD at the University of Tromsø. She has two scientific publications almost ready to be printed. Her work forms the basis of project B512. Veronika Vorobieva is a PhD student from Arkhangelsk studying at the University of Tromsø with the project leader as a subsidiary supervisor.

Scientific publications related to the projects B301 and B512 are:

- a) Unemo, M.; Vorobieva, V; Firsova, N.; Ababkova, T.; Lenev, T.; Haldorsen, BC; Skogen, V. The Neisseria gonorrhoeae population transmitted in Arkhangelsk, Russia in 2004 - phenotypic and genotypic heterogeneity. Clin Microbiol Infect 2007. In press.
- b) Vorobieva V, Firsova N, Ababkova T, Leniv I, Haldorsen BC, Unemo M, Skogen V. Antibiotic Susceptibility of Neisseria gonorrhoea in Arkhangelsk, Russia. Sex Transm Infect. 2007;83:133-135

*Continuation of project activities.* The project is to be finalised in 2007.

# University Hospital of Northern Norway

## MEDICAL FACULTY

### **YO372 Quality development of diagnostic methods in histopathology service in NW Russia (project leader Irene Lund)**

*Duration.* 2000 - 2007

*Background.* Through the project on telemedicine between Arkhangelsk and Tromsø a wish was expressed from the Russian side to cooperate on modernising methods within pathology. The project leader is head bio engineer.

*Project partners.* a) the Department of Health Arkhangelsk region; and b) Regional Hospital of Arkhangelsk, pathological anatomical department c) Regional Paediatric Hospital.

*Objectives.* Establishment of immunohistochemical methods in Arkhangelsk in order to improve diagnostics and treatment of a vulnerable group of patients.

*Intervention logic.* Support to the acquirement of modern equipment. Exchanges in multi-disciplinary competence building between professional teams on both sides. On the Russian side i.e. pathologists, who are medical doctors and histo-technicians with a middle level medical education.

*Results.* The immunohistochemistry method is well established and developed in Arkhangelsk Regional Hospital. Up till now (April 2007) 427 patients, from almost all hospitals in the region, has got their diagnosis by using this method in addition to ordinary histopathological methods. Oncological Centre in Arkhangelsk started their own practice of immunohistochemistry with theoretical advice from doctors and technicians from the Regional Hospital.

Since autumn 2003 they have also established method of muscle biopsies with special staining to reveal neuromuscular diseases in patients. They have performed a total number of 10 muscle biopsies (10 patients).

The project also has a clinical part in cooperation with both Regional Hospital (Neurological department and Neurosurgical department) and Regional Paediatric Hospital (Neurological department and Rehabilitation department). On the topic of neuromuscular diseases, the clinical competence development in the paediatric field has been of great importance. The Regional Paediatric Hospital of Arkhangelsk

is in close cooperation with Neuromuscular Centre in Tromsø in both the diagnostic field and the treatment and follow up of children with muscular dystrophies. Including histopathology, neurology, neurophysiology, rehabilitation and information. Procedures for muscle biopsy, procedure of testing of motorical functions and important prevention of scoliosis and other possible negative development.

*Continuation of the project activities.* In June 2007 a multi-professional delegation of pathologists, neurologists, biochemists, geneticians from both Regional Hospitals of Arkhangelsk will visit Tromsø. The purpose of this visit is planning of further development of project. The main topics will be: Quality development, modern molecular genetical methods, clinical procedures for rehabilitation and other treatment of children and adults with neuromuscular diseases.

**Project YO373 Intervention and improvement in the care of pregnant women and reduction of the perinatal mortality and morbidity in the industrially exposed population of Monchegorsk and the indigenous population of Lovozero (project leader Jan Ø. Odland)**

*Duration.* 2000 – 2003.

*Background.* This is one of several projects under the programme carried out by the Institute of Community Medicine in Tromsø. The project leader is a specialist in gynaecology and obstetrics.

*Project partner.* Main partner has been the hospital of Monchegorsk.

*Objectives.* Reduce perinatal mortality in Monchegorsk and Olenogorsk. Women from the Saami settlement of Lovozero give birth at the hospital in Olenogorsk

*Intervention logic.* Russian – Norwegian multidisciplinary team work (seminars, working groups) and some material support (local, Russian procurement). Establish birth register.

*Results.* a) the birth register in Monchegorsk and Lovozero includes 30.000 women/children and couples, all workers in the nickel industry, and Saami women who have given birth in the period 1973 – 2001, b) since 2002 all data are put into the register directly (not as earlier handwritten on a form), c) these data are linked to the mothers' journals and the child's polyclinic journal, d) screening of fertile women aged 16 – 25 in the two towns, e) altogether 99 percent of all women in the area are connected to the Unit for Women's Health through regular clinical contacts, and f) procedure book for health

workers (gynaecology and obstetrics) and hand book/calendar for pregnant women (medical, social, legal information) have been printed (resulting from Russian-Norwegian team work under the project and with Russian editors). The perinatal mortality in the areas of Murmansk region covered by the project has decreased to a Scandinavian level. Also two Russian and two Norwegian PhD theses emanate from the project.

*Continuation of the project activities.* The training function has been taken over by the Monchegorsk hospital, and midwives and medical doctors from the region will go there. The hospitals in Monchegorsk and Olenogorsk have established units for “Safe Maternity” with a staff of gynaecologists, midwives, paediatricians, nurses and children’s nurses. Local and regional authorities finance the “safe Maternity” units.

**Project B303 Intervention and improvement in the care of pregnant women and reduction of the perinatal mortality and morbidity in the Komi Republic with bases in Syktyvkar and Ukhta (project leader Jan Ø. Odland)**

*Duration.* 2003 – 2005.

*Background.* Replication of core elements of YO373 (see above).

*Project partner.*

*Objectives.* a) reduce perinatal mortality, b) establish birth register, and c) develop care for pregnant women, d) improve teenage health.

*Intervention logic.* Russian – Norwegian multidisciplinary team work (seminars, working groups) and some material support (local, Russian procurement).

*Results.* a) the birth register has been established, b) the screening of youth has been taken over by republican health authorities, c) training of the health personnel involved has been carried out, d) the calendar for pregnant women has been issued in a Komi version, e) a revised version of the hand book in gynaecology and obstetric has been issued. Unlike Murmansk (YO373), the project partner and authorities in Komi did not accept scientific use of data. (Good report written on project YO373.)

*Continuation of the project activities.* The birth register and youth screening are now under the republican health authorities.

## DEPARTMENT FOR MICROBIOLOGY

### **Project B501 Antimicrobial resistance in clinical important human pathogens (Arnfinn Sundsfjord)**

*Duration.* 2004- 2008

*Background.* It is of considerable importance to collect antimicrobial susceptibility data for human pathogenic bacteria as a basis for the empirical treatment and infection control measures. In Arkhangelsk there is little knowledge on the resistance among human pathogenic bacteria.

*Project partner.* Microbiology, Virology and Immunology Department, Northern State Medical University, Arkhangelsk.

*Objectives.* The project aims are to: (i) Examine the susceptibility to ordinary antibiotics among ordinary human pathogenic bacteria. (ii) Perform molecular epidemiological studies of defined resistant bacteria.

*Intervention logic.* Research with an annual focus on *Staphylococcus aureus* (2004-05), *Neisseria gonorrhoeae* (2005-06), Enterobacteriaceae (2005-07), *Streptococcus pneumoniae* (2006-08)

*Results.* Several publications (see below). The observation of multidrug- resistant pandemic lineages of MRSA (ST8 and ST239) in hospital patients in Arkhangelsk has led to a focus on enforced infection control measures and improved antimicrobial susceptibility testing in collaboration between local infection control personnel in Arkhangelsk and Tromsø. Also several scientific publications have resulted from the project:

1. Vorobieva V, Bazhukova T, Semenova N, Haldorsen B, Simonsen GS, Sundsfjord A. Clinical isolates of *Staphylococcus aureus* in the Arkhangelsk region, Russia: prevalence of antimicrobial resistance and molecular epidemiology of methicillin-resistant strains. Abstract P1002, 15<sup>th</sup> ECCMID, Copenhagen, april 2005. *Clin Microbiol Inf* 2005;11:S2:309.
2. Unemo, M; Vorobieva, V; Firsova, N.; Ababkova, T.; Lenev, T.; Haldorsen, BC; Skogen, V. A view of the *Neisseria gonorrhoeae* population transmitted in Arkhangelsk, Russia: phenotypic and genetic characteristics. 16th European Congress of Clinical Microbiology and Infectious Diseases; 01- 04.04.2006.
3. Vorobieva V, Firshova N; Abapkova T, Leniv I, Haldorsen BC, Unemo M.; Skogen V. 2006. Antibiotic Susceptibility of *Neisseria*

- gonorrhoeae in Arkhangelsk, Russia. *Sex Transm Infect.* 2006 Sep 13; [Epub ahead of print]
4. M. Unemo, V. Vorobieva, N. Firsova, T. Ababkova, I. Leniv, B.C. Haldorsen, H. Fredlund, V. Skogen. The *Neisseria gonorrhoeae* population transmitted in Arkhangelsk, Russia in 2004 - phenotypic and genotypic heterogeneity. Accepted *Clin Microbiol Infection*.
  5. V Vorobieva, T Bazhukova, A-M Hanssen, DA Caugant, N Semenova, BC Haldorsen, GS Simonsen, A Sundsfjord. *Staphylococcus aureus* isolates in the Arkhangelsk region, Russia: antimicrobial susceptibility, molecular epidemiology of methicillin-resistant *S. aureus*, and distribution of *Panton-Valentine leucocidin* genes. Submitted.
  6. Veronika Vorobieva, Tatiana Bazhukova, Nadezda Semenova, Bjorg C. Haldorsen, Aasnaes Bettina, Gunnar Simonsen, and Arnfinn Sundsfjord. Clinical urinary tract isolates of *Enterobacteriaceae* in the Arkhangelsk region, Russia: antimicrobial resistance profiles and characterization of ESBL-strains. Abstract, 17<sup>th</sup> ECCMID, Munchen, 1-4 april 2007.

*Continuation of the project activities.* It is being considered.

## Ullevål University Hospital

### DEPARTMENT FOR HEART, LUNG AND VASCULAR SURGERY

#### **Project YO376 Further development of heart surgery and circulatory laboratory (project leader Steinar Solberg)**

*Duration:* 2006.

*Background.* From 1994 to 2002 the project on cardiac surgery in Arkhangelsk received annual grants.

*Project partner.* Arkhangelsk City Hospital nr. 1.

*Objectives.* To improve the surgery in Arkhangelsk.

*Intervention logic.* To let anesthesiologists and heart surgeons from Arkhangelsk study Norwegian practices, in particular mitral valve repair, difficult technical aspects of paediatric cardiac surgery, and technical aspects of building up a homograft tissue bank. Exchange of competence and knowledge. Short stays for study purposes in Oslo and London.

*Results.* Gradual improvement of heart surgery in Arkhangelsk.

*Continuation of the project activities.* The project is ongoing.



## Directorate for Health and Social Affairs

### **Project B515 Reform of regional health care system in Arkhangelsk oblast with an emphasis on primary health care – a pilot project (project leader Odd Arild Haugen)**

*Duration.* 2005 – 2008

*Background.*

*Project partners.* a) the Regional Department of Health in Arkhangelsk, b) the Northern State Medical University, c) the Regional Hospital of Arkhangelsk, c) the Velskii, Shenkurskii, and Vinogradovskii municipalities.

*Objectives.* Improve the health care system's ability to respond to the health problems of the populations in the municipalities of Velsky, Shenkursky and Vinogradovsky.

*Intervention logic.* The strategy is to develop a better integrated system with a shift of balance between big regional institutions and local services with a basis in primary health care service. The project's intervention logic is to: a) motivate, recruit and educate primary care personnel, b) provide support to primary care physicians and nurses in acquiring a professional identity and role understanding, acceptance as well as integration in the system, c) develop local post graduate work and system coordination to combat targeted health problems, d) organise and develop new strategies to be able to meet patients' needs in process of reduction of hospital beds, e) assist hospitals to define and organize services needed to meet urgent health problems in process of redefining hospitals' role, f) establish processes to use existing statistics as basis for prioritising the medical focus, g) improve cooperation and coordination between regional and municipal units in health care and work for better cooperation between health care and social services, h) arrange exchange of health professionals across the borders to learn from different contexts and share experiences with different health policy initiatives, i) provide tutoring and supporting primary personnel and create meeting arenas for professional development in skills, knowledge and professional identity ("GP Academy"), j) encourage a special focus on targeted health problems in curative as well as prophylactic work, and k) expand the use of telemedicine, further development of e-health and system for exchange of information.

*Results.* a) ten medical doctors have been recruited to primary health care (combined effect of the project and the National Priority

programme “Health”), b) new types of clinical work have been introduced (treatment of traumas, strokes, hyper tension, and diabetes), c) improved treatment of cancer, d) guidance and tutorship (five tutors have been recruited and are remunerated), e) a General Practitioner Academy has been established (arranged by tutors, providing a meeting point of general practitioners), f) division of tasks between the three municipal hospitals and the regional hospital has been carried out.

*Continuation of the project activities.* It could be noticed that municipalities are in the process of building offices and housing facilities that are being equipped. There are plans to gather chief municipal medical officers and mayors to train them in developing municipal health policies.

## SOS Children Villages Norway

### **Project B516 The Barents Public Competence Centre for Family-Based Care (project leader Torbjørn Persen)**

*Duration.* 2005 - 2007.

*Background.* SOS Children's Villages Norway and the Murmansk regional administration have cooperated since 1998. In the first years of co-operation the activities mainly concentrated on training of foster parents and specialists working with orphans and abandoned children. The scope of work has widened, and in 2005 the Barents Region Public Competence Centre on Family-based Care was established. The centre has been co-financed by the Barents Health Programme project B516), the Nordic Council of Ministers and the SOS Children's Villages Norway.

*Project partners.* The main partner is the regional administration of Murmansk. Agreements with the committee of labour and social protection; and the committee of education have been signed, both in 2005. Agreements have been signed with the committee of social development in St.Petersburg, and the committee on general and special education in the Leningrad districts, also 2005. In 2006 an agreement on cooperation was signed with the Ministry of Education of the Republic of Karelia. An agreement with the regional branch of the Federal State Agency for Medical and Social Expertise is being prepared, as well as an agreement on cooperation between Arkhangelsk region, Statoil, the Barents Region Public Competence Center on Family-based Care and SOS Russian Committee. Agreements have been made with several other partners, like the Murmansk regional assembly, some municipalities (Kovdor and

Poliarnye Zori), a large private firm (SUAL Holding Company), Statoil, some NGO's and educational institutions, Like Murmansk State Pedagogical University.

*Objectives.* Transfer of competence within family-based child care to the sectors of education, health care and social protection, (also focus on vulnerable youth and disabled children, as well as prevention).

*Intervention logic.* The main intervention to reach the objectives has been the establishment of the Competence Centre, that works through the following programmes: a) Training in the PRIDE method (Parent Resources for Information, Development, and Education) for foster parents, and specialists within education, child care, and social protection; b) training in Family Group Conferences, c) establishment of two youth homes (in Monchegorsk and Poliarnye Zori) for youth aged 18- 23 years to prepare them for a life outside institutions (co-financed by the Barents Health Programme B614, see below) d) establishment of a youth home in Monchegorsk to demonstrate and develop work with disabled youth.

*Results.* The centre has been established with a national director and a staff (4 and a half man years), and is operating four programmes. Training courses have been carried out. Several interrelated programmes (mentioned above) run at the same time at the centre, which means that results too are interrelated.

Information about the work at the centre has been disseminated to other Russian regions, and seminars have been held in Ural as well as Siberia. Communication with relevant authorities.

*Continuation of the project activities.* The PRIDE training of municipal specialists in social protection has been included in the regional programme "Family Support in the Murmansk region 2006 - 2008". From May 2006 the two youth homes have been taken over by the regional administration as their property. In an official meeting with president Putin, the governor of Murmansk mentioned the foster family project and the youth homes. The president encouraged the governor to inform the Ministry of Education about the project in order to make it known all over Russia.

**Project B614 Resource and Competence Centre for Persons Working with Children and Youngsters with Disabilities in the Murmansk Region (project leader Liudmila A. Polozova, Torbjørn Persen)**

*Duration.* 2006 – 2008.

*Background.* B614 is a project under the Competence Centre described above (B516).

*Project partner.* Murmansk Regional Administration

*Objectives.* To integrate children into the society, helping them to obtain education.

*Intervention logic.* Helping children to get education. Involving civil society. To set up an educational institution to follow up the Russian federal Law on Education which states that all children shall have education. Engage an international network to ensure the transfer of competence. Integrate the work of several policy sectors relevant for the issue.

*Results.* The project started in 2006, and it will only be possible to register results at a later stage.

*Continuation of the project activities.* To be addressed at a stage closer to project finalisation.

## Northern State Medical University

**Project B522 The spread of knowledge and experience in introduction of the DOTS program in the Northwest of Russia (project leader Andrei O. Mariandyshev)**

*Duration.* 2005

*Background.* Since 2006 all territories of the Russian Federation are introducing the DOTS programme and submit reports based on Order no. 50, which corresponds to the international system of registering diseases. The project leader is vice-rector of treatment activities. Head of the phthisiopulmonary department of the NSMU.

*Project partner.* Reidar Heldal, until 2006 the main tuberculosis register in Norway, since that with the Stop tuberculosis department of the WHO.

*Objectives.* To disseminate knowledge and experience in introducing DOTS and the DOTS+ programme.

*Intervention logic.* Training courses for two representatives of the antitubercular service and penitentiary system from each of the eight regions of Northwest Russia plus St. Petersburg and Moscow.

*Results.* Course participants have become competent in introducing the DOTS programme, and in drawing up reports based on Order no. 50 of the Ministry of Health.

*Continuation of the project activities.* Plans to do similar training for the DOTS+ programme.

## Tromsø University College

### FACULTY OF HEALTH SCIENCES

#### **Project B118 Cross-cultural alcohol and drug prevention - family intervention initiatives (project leader Kalle Gjesvik)**

*Duration.* 2002 - 2005.

*Background.* Tromsø University College has had several projects with Northwest Russian counterparts. The project leader teaches at the Diploma course in substance-related problems.

*Project partner.* Northern State Medical University Arkhangelsk.

*Objectives.* To improve the ability of the target group in detecting and providing early intervention in cases of alcohol and drug dependence and abuse in families.

*Intervention logic.* To establish a three-year training project (training-of-trainers) for public health nurses and physicians who work with alcohol and drug dependence. Pilot village in a municipality in Primorsky District.

*Results.* Medical nurses and the new profession of district social workers were included in the project (pluri-disciplinary approach). The project has been one of several contributions to introducing the method of working in pluri-disciplinary teams. The Northern State Medical University has introduced substance-related problems in their curriculum (inspired by the curriculum used at the University College of Tromsø translated into Russian).

*Continuation of the project.* No formal follow-up of project activities – except for a planned journal article. Only occasional oral reporting from Russian partner.

## Finnmark University College

#### **B409 The psychosocial wellbeing of children and youth in the Arctic (project leader Harald Skogseid)**

*Duration.* 2004

*Background.* The University College of Finnmark has had several projects with Russian counterpart (altogether 10 at the time of application). The project leader was assistant professor during the project period.

*Project partners.* Murmansk State Pedagogical University and Murmansk Humanitarian Institute.

*Objectives.* Partial financing of project (Kolarctic) under the Nordic Council of Ministers to enable the Russian partners to take part in the project. The professional and scientific contribution on the Russian side was ahead of the Finnish and Norwegian partners, but they were underfinanced. The project aims at improving the psychosocial conditions of children in the region.

*Intervention logic.* Finance the Russian participation.

*Results.* Russian partners were enabled to take part.

## **FACULTY OF NURSING**

### **Project B411 Pomor psychiatric nurse – Developing an educational model that implements the special conditions of the Barents Region (project leader Ingrid Immonen)**

*Duration.* 2004 – 2005.

*Background.* The Northern State Medical University (NSMU) in Arkhangelsk identified a need for strengthening nurses working in psychiatric health care. Faculty of Health Sciences at Finnmark University College has started specialised courses some time before contact was established between NSMU and the College.

*Project partner.* NSMU.

*Objectives.* Increase capacities in psychiatric health care in the Barents Region. Increase knowledge on paradigms with psychical care in Russia and Norway.

*Intervention logic.* a) be a model project, b) develop a study programme for further education in the region c) prepare teaching materials, d) exchange of teachers and students, e) common lectures with the help of video conferences, and f) translate professional and scientific literature.

*Results.* Planned activities were carried out with the exception of the video conferences (due to practical problems). A study programme has been developed to be used at the NSMU and the Centre of

Advanced Training for Medical Nurses (CATMN). Common study material has been prepared and is available.

*Continuation of the project activities.* Some of the results have a potential of lasting, like the study programme and curriculum (see above).

## Centre for International Health, Tromsø

**Project B406 Tromsø-Arkhangelsk: International cooperation in the medico-social sphere, a practical conference (project leader Solveig Wiesener)**

*Duration.* 2004

*Background.* The Centre for International Health, established in 2003, is a joint centre for the Medical Faculty of the University of Tromsø and the University Hospital of Northern Norway. Solveig Wiesener is administrative head of the Centre.

*Project partners.* a) Northern State Medical University, b) Administration of the Arkhangelsk region, c) Department of Health in Arkhangelsk region, d) Northern Scientific Centre.

*Objectives.* a) provide updated information about the health situation in Northwest Russia, b) make sure that individual projects operate within the overall framework, c) prepare the ground for further cooperation.

*Intervention logic.* Conference.

*Results.* Conference arranged.

*Continuation of the project activities.* Not relevant for B406 (continuation through other projects).

## The sexual information organisation of the medical students

**Project B211 Milítsiia Liubví/ The love police – Sanitas (project leader Eivind Fosse)**

*Duration.* 2003

*Project partner.* International Student group at the Northern State Medical University.

*Objectives.* To establish an organisation among the medical students at the NSMU along the same lines as the one in Tromsø with the objective of voluntary work towards local youths to prevent the spreading of venereal diseases

*Intervention logic.* a) go to Arkhangelsk to look for and recruit potential founders of an Arkhangelsk-based sister organisation, b) meet with the Department of Health, the university leader.

*Results.* A detailed working programme for the rest of 2003 was set up.

## Save the Children Norway

### **Project B404 The Child Sexual Abuse and Exploitation (project co-ordinator Elena Kirillova)**

*Duration.* 2004 - 2006

*Background.* In 2002 Save the Children Norway (SCN) was asked by the municipal authorities of Murmansk and donors to become partners in developing measures in the work with street children. SCN set up a strategy for its work with street children in the region. Since October 2002 a SCN project has been based in Murmansk, working together with the municipality on developing a programme on mobile street work among children and young people. This project was completed by the end of 2006. Before project 404, three related projects have been funded by the Barents Secretariat and the Nordic Council of Ministers

*Project partners.* Main partners have been the police (regional department of internal affairs), the Court of Law, and the Prosecutor's Office. Lately, in 2006, agreements have been established with the regional Centre for psychological, medical and social follow-up of children; the Social Shelter for children and young people in Monchegorsk; the Crisis Centre for Women NGO "Priiut"; the Charitable Fund "Novoe Nachalo".

SCN also cooperates with the Regional Committee on Protection of the Rights of Minors, the Regional Committee on Labour and Social Development, the Regional Committee of Health, and the Regional Committee of Education.

*Objectives:* a) To develop a well coordinated multi-sectoral, multi-disciplinary approach that can prevent sexual violence and provide appropriate response to children's needs (child-friendly and non-stigmatising methods of support to children);



b) to establish an approach of prevention and response that includes all sectors, such as social protection, child protection, health care, education, the legal sector and the police.

*Intervention logic.* Consciousness training through study visits and seminars. Development of prevention and response measures based on children's rights.

*Results.* A child-friendly interview room under the structure of the Ministry of Internal Affairs (Leninskiy District) was opened in 2005 within the framework of the project. To the knowledge of SCN this is the only room of this kind within the police in Russia so far (although similar less well equipped rooms exist in the Office of the Public Prosecutor and in centres for child assistance). In addition, technical equipment to playback interviews with children was installed in one of the Leninskiy District Court rooms.

SCN brings together administrative organs, specialists and NGO actors in fields relevant for fighting child abuse and sexual exploitation. Lately, some developments indicate that the issue is put on the agenda to a larger degree, and there is reason to believe that SCN has contributed to this by pushing the issue. Mass media have paid more attention to issues pertaining to child sexual abuse and exploitation. The regional department of the Ministry of Internal Affairs established a special unit to work among others with child abuse, including revealing minors engaged in prostitution (the Unit for Public Morality under the Department for Fight Against Violations of the Law in the Consumer Market and Execution of the Administrative Legislation). Due to the character of its work the department of internal affairs is relatively restrictive when it comes to co-operation. In this light, the co-operation established between the department and SCN is significant.

*Continuation of the project activities.* As of letter 160606 no agreements were signed yet.

## The East Contact in Varanger deanery

### **B 416 "Alle Tidere Band" to Arkhangelsk (Band of mentally disabled people) (project leader Tor Kristian Benum)**

*Duration.* 2004

*Background.* The project organisation has been involved in various charitable actions in the Barents region.

*Project partner.* Rassvet, regional public charitable organisation in Arkhangelsk.

*Objectives.* Introduction of alternative activities to mentally disabled people.

*Intervention logic.* Use music in activation, socialising and integration by introducing one the Norwegian bands in the Dissimilis group, the “Alle tiders band” (“Band of all times”).

*Results.* The tour was carried out in May 2004. The band played at seven concerts with an audience varying from 35 (Musical School no. 1) to 580 (Northern State Medical University) listeners. Altogether 12 Norwegian speaking students from the Northern State Medical University and the Institute for the Child’s Development at the Pomor State University volunteered as assistants to the Norwegian musicians, and received guidance from the accompanying Norwegian professionals.

*Continuation of the project activities.* As a follow up The East Contact in Varanger deanery in co-operation with Rassvet invited Russian professionals to Vadsø. The programme presented a sheltered workshop (the “Tundra” enterprise) as well as practices of care for and activating of disabled people. Later two social workers from Arkhangelsk visited Vadsø for a two-week professional visit.

## The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) Region North

Bufetat region North is represented by three projects on a) alternatives to traditional orphanages, b) family-based prevention measures, and c) methods aimed at improving the results in child and youth care institutions.

### **B116 project Foster Homes (project leader Pål Christian Bergstrøm)**

*Duration.* 2001 - 2006

*Background.* An agreement of cooperation between the Republic of Karelia (Ministry of Labour and Social Affairs) and the Region of Troms (Department of Health and Social Care) was signed in 2000. The agreement covered exchange of methodology and experience. At the time, an increasing number of children in Karelia was left without parental care, and in line with federal policies Karelia had started the development of foster homes.

*Project partner.* Karelian Ministry of Labour and Social Affairs.

*Objectives.* a) Contribute to a better life for children, b) professional and administrative competence-building (based on the PRIDE method) in the field of placing children deprived of parental care out of institutionalised care, and c) developing foster homes in the Republic of Karelia.

*Intervention logic.* Training and development of educational material.

*Results.* By March 2007 altogether 88 foster parents (or potential foster parents) and 21 municipal specialists have passed the PRIDE training. Altogether 54 children are placed in 35 foster families as a result of the project. Twelve out of Karelia's 18 districts take part in the project. The Republic level Centre for assistance to children left without parental care "Vozrozhdenie" has set up a department that applies PRIDE. This department is a direct result of the project.

*Continuation of the project activities.* The Ministry has incorporated the new methods in their daily work. In close co-operation with the project, the Republic's authorities have developed a plan for development of foster homes. A programme for financing foster homes is included in the republic level plan "Karelia's children" (which forms part of the federal "Russia's Children".)

### **B402 Child and Youth Psychiatry (project leader Pål Christian Bergstrøm)**

*Duration.* 2004 - 2008.

*Background.* The cooperation agreement between Troms and Karelia from 2000 was renewed in 2002 with an emphasis on prevention.

Karelia and Norway follow similar principles in care for children: easily intervention; measures in the child's local environment; priority to evidence-based methods. After seminars and discussion the partner decided that Incredible Years would be suitable to try out in Karelia. Incredible Years is a method for family-based intervention for treatment of children behavioural problem (3 – 8 years old). The Regional Centre for Child and Adolescent Mental Health (RBUP) in Northern Norway is responsible for introducing the programme in Norway, and has got first hand knowledge on it. The psychiatrist who is Norwegian licence holder of the programme is involved, and so is the US American owner of the programme, who has visited Petrozavodsk as a part of the project.

*Project partner.* Ministry of Health, Social Issues and Sport in Karelia.

*Objectives.* Prevent serious behavioural problems by introducing Incredible Years if it proves to have effects.

*Intervention logic.* The project bases itself on a combination of implementation and research/evaluation. It will a) establish Incredible Years at the republican institution Sampo in Karelia, b) establish a system of evaluation of the method in cooperation between the universities of Petrozavodsk, Tromsø and Washington, c) introduce Incredible Years at more republican institutions of child care in Karelia, and d) disseminate Incredible Years in other federation subjects of Russia (so far the method is applied only in Karelia).

*Results.* Altogether eight to ten training groups of families (en to 15 in each group) have been established.

*Continuation of the project activities.* The Incredible Years programme was introduced among others because it is based on groups, and therefore more affordable (and sustainable). The project covers all basic introductory costs (translation and printing of educational material, competence-building, and follow-up, and evaluation). The method, if found efficient, is to be introduced in the ordinary system of child care.

**Project B604 project Co-operation in the field of institution-based methods (project leader Pål Christian Bergstrøm)**

*Duration.* 2006 – 2010)

*Background.* In September the Karelian-Norwegian cooperation in the fields of social protection and child care was renewed by an agreement between the Karelian Ministry for Labour and Social Affairs and the Norwegian Ministry for Children and Equality (BLD) for 2006 - 2007.

*Project partners.* Karelian Ministry of health and social development and Karelian Ministry of education.

*Objectives.* Professional development of institution-based methods in the work with youth having behavioural problems.

*Intervention logic.* To exchange experience and knowledge between administrative and professional leaders in four institutions for youth with behavioural problems (the youth institution "Nadezhda" and School no. 8 on the Russian side and the two institutions "Ytrebekken" and "Brinkveien" on the Norwegian side). Activities will consist in a) mapping of methods and programmes on both sides

with a proven impact, b) exchange of competence between selected institutions with similar target groups on both sides, and c) development of improved and cost-efficient professional methods.

*Results.* The project started up in 2006, and it is too early to register results.

*Continuation of the project activities.* The project will last until 2010 and the issue of continuation will be put on the agenda at a later stage if seen useful by the project holders.

## Petrozavodsk City Polyclinic no. 2 (NGO “Centre of Rehabilitation”)

The Petrozavodsk City Polyclinic no. 2/ NGO “Centre of Rehabilitation has had two projects under the programme. Both of them were interrelated, focusing on rehabilitation.

### **Project B001 Elaboration and introduction of the optimal system of medical consistent rehabilitation of children and young adults with disturbances of the locomotary apparatus (project leader Arkadii L. Rutgaiser)**

*Duration.* 2001 – 2002

*Background.* The project is a result of prior contacts between the Petrozavodsk City Polyclinic no. 2 and the Norwegian project partners. The contacts with Sunnaas Hospital were arranged with the technical help of the Barents Secretariat. The project leader is chief rehabilitator in the Ministry of Health and Social affairs in the Republic of Karelia and chief doctor of the Department of Rehabilitation at the Polyclinic.

*Project partner.* Sunnaas Hospital, Nesodden.

*Objectives.* a) to get acquainted with the complex system of rehabilitation used in Norway and the Republic of Karelia, b) dissemination of the positive experience and scientific knowledge within the medical institutions and specialists working on the rehabilitation issues, and c) introduction of effective, accessible model of medical rehabilitation adapted for children and adults with motor disturbances in the Republic of Karelia.

*Intervention logic.* A) exchange of delegations between Sunnaas Rehabilitation Hospital and Petrozavodsk City Polyclinic 2, and b) organisation of methodological–scientific seminars in medical institutions of the Republic of Karelia in order to introduce new

Norwegian technologies and competence in the sphere of rehabilitation.

*Results.* Very close and operative links between Norwegian and Karelian rehabilitation specialists resulted from the pilot project.

*Continuation of the project activities.* Have been continued in new projects.

**Project B306 project New Rehabilitation Practice: Ergonomics Technologies in the Republic of Karelia (project leader Arkadii L. Rutgaiser)**

*Duration.* 2003 – 2006

*Background.* The NGO “Centre of rehabilitation” was established within the municipal Polyclinic no. 2 in 2005 to provide the clinic with administrative, technical, financial, and informational support related to international co-operation.

*Project partner.* Sunnaas Hospital (Nesodden). Administrative support provided by the NGO “Centre for rehabilitation” at the Petrozavodsk Polyclinic no 2 and University of Oslo/ Centre for Medical Studies.

*Objectives.* To learn from modern ergonomics as applied in Scandinavia (focus on making patients capable of managing everyday life; multi-disciplinary teams) to Karelia in order to obtain a) reduction of average period of hospitalisation, b) early transfer to departments of rehabilitation, c) increase of patients’ life quality, and d) reintegration into society.

*Intervention logic.* Training health and social professionals (and sometimes people with disabilities and their relatives) in the most updated technologies of ergonomics. This is partly done “online” through visits, seminars, demonstration sessions, case studies and others, partly “offline”, through distance learning courses, web-portal (rehab. karelia.ru), internet forum, methodological support, educational brochures, and guidelines. Each year one special topic is addressed at the annual Norwegian-Karelian seminar in Petrozavodsk (stroke and brain injuries, hand dysfunction, gain function, spinal cord injury). Maintaining education-demonstration cabinets using the updated technologies. The project explicitly did not aim at replacing existing professional structures, but at adding new methods to them.

*Results.* The project has enabled Karelia to apply ergonomics, Karelia being the only federation subject that applies ergonomics. A cabinet for ergonomics has been furnished thanks to the project. A series of

exchange visits has taken place between relevant institutions in Karelia and Norway, among others one medical doctor from Karelia twice spent a month as a visiting doctor at Sunnaas Hospital. A seminar in Petrozavodsk was attended by Norwegian guests and 50 medical workers from Karelian district hospitals. Brochures with practical guidelines demonstrating best practices have been written and distributed. A web based rehabilitation portal has been created ([www.rehab.karelia.ru](http://www.rehab.karelia.ru)). The results referred to in the Final Report from the project are all activities, like seminars and study trips.

*Continuation of the project activities.* Being initiated and managed by the chief rehabilitator in the Republic the project has all the time been integrated in everyday practices. Four of Petrozavodsk's five polyclinics have centres for rehabilitation (*vosstanovitel'noe lechenie* in the narrower Russian sense of the word), but also include elements of ergonomics. A new hospital, which is being built outside Petrozavodsk, will probably have a department of rehabilitation, where new methods will be applied. Medical doctors from all over Karelia have attended training and seminars, and apply their knowledge at the local level. Ergonomics is included in the curriculum for the compulsory, supplementary training of nurses at the Medical College. In spring 2007 the first All-Russian congress of Rehabilitation Medicine was arranged. A decision (*prikaz*) on federal level is being prepared, which means the discipline will have a clearly defined role and resources. Karelia is in the front when it comes to rehabilitation, and Rutgaiser expects Karelia to become a pilot region, which will mean that project experiences will be disseminated to other parts of Russia. The Ministry of Health in Moscow finds the training programme very promising and has asked for the curriculum.

## University Hospital of Northern Norway,

### OCCUPATIONAL THERAPY DEPARTMENT

#### **Project B408 Rehabilitation – to develop competence in a multidisciplinary approach (project leader Torill Davida Nilsen)**

*Duration.* 2004 – 2006

*Background.* The project started because specialists at the Occupational Therapy Department were curious whether ergonomics did exist in Russia. The project leader is Head of the Occupational Therapy Department.

*Project partner.* Main coordinator on the Russian side, the international section of the Arkhangelsk Department of Health, main

counterpart has been the head of the section for treatment of adults in the Department of Health.

*Objectives.* To develop multidisciplinary and compound services in occupational therapy (ergotherapy in Russia) in Northwest Russia in order to make patients better prepared to manage everyday life on their terms.

*Intervention logic.* Seminars and exchange visits at working places.

*Results.* The projects have been defined as a pilot study, and has revealed differences in how rehabilitation is conceived between Russian and Norwegian professionals. Moreover, it has identified wishes on the Russian side to get knowledge of rehabilitation methods used in Tromsø.

*Continuation of the project activities.* An application for follow-up has been submitted.

### **DEPARTMENT OF UROLOGY (and Children's Clinic Haukeland Hospital, Bergen)**

#### **Project YO377 Treatment of children with intersex in Arkhangelsk (project leader Alf Frimann Rosenlund)**

*Project partner.* In Archangelsk: Chief Doctor Nikolay Markov, Regional Childrens' Hospital and Professor Nikolay Shirayev, Regional Childrens' Hospital. In Bergen: Paul Egil Gravem, Head of Dep. of Plastic Surgery, Haukeland sykehus. Robert Bjerknes, professor, Childrens Clinic, Haukeland sykehus/University of Bergen. Svein Haukaas, senior consultant, Surgical Department, Diakonissehjemets Sykehus Haraldsplass.

*Objectives.* To develop better treatment of children with inter-sexual conditions with an emphasis on multidisciplinary approaches. To give all children with intersex i Archangelsk region an opportunity of up to date treatment.

*Intervention logic.* Exchange visits and exchange of knowledge. Study visit to l'Hôpital Necker in Paris, a leading centre for treatment of inter-sex.

*Results.* Competence has been built locally. Arrangements with visiting doctors at each others' hospitals make it possible to offer better medical treatment to the target group. The cooperation has been widened to include other aspects of reconstructive surgery, like problems related to cleft-lift-palate problems.



## DEPARTMENT OF PLASTIC SURGERY

### **Project B412 Introduction of a multi-disciplinary team approach in the treatment of Cleft-Lip-Palate patients in the Barents region (project leader Paul Egil Gravem)**

*Duration.* 2004 - 2005

*Background.* The project leader is senior surgeon with subspeciality in reconstructive surgery. He took part in project YO377 Treatment of children with intersex in Arkhangelsk.

*Project partner.* Arkhangelsk Regional Children's Hospital (500 beds); Syktyvkar Children's Hospital(450 beds);

Murmansk General Hospital.

*Objectives.* a) Introduce modern methods in treatment of Cleft-Lip-Palate patients (among other early repair), b) strengthen multi-disciplinary approaches (i.e. including speech therapists and orthodontics).

*Intervention logic.* a) multi-disciplinary seminar in Arkhangelsk with participation of representatives of the health authorities, b) perform approximately ten to 15 surgical intersex and Cleft-Lip-Palate operations with participation of both Russian and Norwegian surgeons.

*Results.* CLP seminar in Arkhangelsk January/February 2005 with participants from Arkhangelsk, Komi, Murmansk and Bergen. Meetings and discussions held with local health authorities. 2 surgeons from the Children's Hospital in Arkhangelsk have visited Norway and attended 2 seminars in 2005. In April 2005 collaboration agreement was signed between Arkhangelsk Children's Hospital and Haukeland University Hospital.

Multidisciplinary teams have been established in all the involved hospitals and several new treatment principles have been introduced. In Arkhangelsk there were 6 new lip cases, 21 new palate cases as well as 21 secondary cases operated in 2005, and in 2006 there were 12, 15, and 14 cases respectively. The number of cases in Syktyvkar has been much the same as in Arkhangelsk during previous years, while the numbers in Murmansk have been slightly lower.

*Continuation of the project activities.* The activities should continue in order to improve the quality of life of children born with CLP in the Barents region. Syktyvkar Children's Hospital has expressed a wish to

sign a separate collaboration agreement with HUS and this will strengthen the project further.

## Diaconal Foundation of Northern Norway

### **Project Y9723 A Full and decent life (project leader Kjeld Ingebrigtsen)**

*Duration.* 2001 – 2004

*Background.* The Diaconal Foundation of Northern Norway is a humanitarian foundation established in the 1960's. The Foundation has cooperated with the Pomor State University since 1993 on methods and competence on care for physically and mentally disabled.

*Project partner.* Institute for Child Development at the Pomor State University.

*Objectives.* Improve the situation for physically and mentally disabled children, making use of family therapy.

*Intervention logic.* a) building of capacity in the Institute of Child Development, b) establishment of one Russian and one Norwegian group of specialists for exchange of knowledge, and c) training, seminars and study trips.

*Results.* 27 families at initial consultation, 34 group and 31 individual consultations. Consultations were transferred to/integrated into the Institute for Child Development in 2003, and the project diverted its attention in the direction of ADHD. Capacity building among the professionals at the Institute for Child Development (through tutorials, seminars and study trips) and later on training performed by the Institute professionals for others, mainly school psychiatrists. An ADHD Centre called "Sodeistvie" has been established.

*Continuation of the project activities.* Continuation through the work made by the Institute and at "Sodeistvie".

## The Finnmark Region Governor

### **Project B505 Joint postgraduate education as a means to support progress of Family Medicine in Murmansk (and Arkhangelsk) oblasts (project leader Karin Straume/Turid Mannverk)**

*Duration.* 2005 –

*Background.* The project leader Straume visited Murmansk in 2004 to study and establish contacts in the field of primary health care.

Straume was senior advisor at the office of the region governor of Finnmark, and after she was appointed Chief Region Medical Officer, Tyra Mannsverk tok over.

*Project partner.* Committee of Health in Murmansk region.

*Objectives.* a) strengthening primary health care in the Murmansk region, b) contribute to improved recruitment of medical doctors and nurses in sparsely populated areas of the Murmansk region.

*Intervention logic.* a) joint professional capacity-building, b) transfer of experiences from decentralised education of nurses and education of medical specialists in Finnmark region (study tour to Finnmark).

*Results.* The Russian counterparts (nurses and medical doctors from the primary health care from Murmansk as well as Arkhangelsk regions) have got to know the Norwegian way of doing primary health care. Very good report written.

*Continuation of the project activities.* The project is going to be continued. The top level meeting in connection to the annual seminar in March 2007 decided to establish a joint Russian-Norwegian programme for further education in primary health care for the two countries' Northern areas (The Tromsø-based Centre for International Health is responsible for setting up a working group).

## Rassvet

### **B507 Development of Palliative Aid System in Arkhangelsk Region (project leader Svetlana Popkova)**

*Duration.* 2005 - 2006

*Background.* Rassvet regional voluntary charitable organisation was established in 2000 by representatives of the Russian Orthodox Church. Rassvet has close cooperation with the Norwegian Church Aid. Executive director of Rassvet is Elena Ermolina.

*Project partner.* Østkontakten Varanger prosti /deanery/ (Steinar Refstie).

*Objectives.* a) introduce palliative aid medicine in the Arkhangelsk region, b) improve quality of life for terminally ill patients (including those suffering from HIV+), c) develop psychological help to medical staff, social workers and volunteers who are involved in palliative care

*Intervention logic.* a) making Scandinavian experiences known to Russian counterparts (seminars and study trip for medical doctors,

social workers and volunteers), b) develop a volunteer movement for palliative care, c) information and lectures for relatives of terminally ill patients, d) production of books and brochures.

*Results.* Activities have been carried out according to plans (see intervention logic). Formation and education of new and old groups of volunteers have taken place. Trained volunteers now carry out palliative care in Hospital no. 1 in Arkhangelsk and Hospitals no. 1 and 2 in Severodvinsk.

*Continuation of the project activities.* The activities were carried out in close cooperation with the Department of Health and Social Development under the mayoral office of Arkhangelsk city as well as the Department of health of Arkhangelsk region, which is a precondition for sustainability in the future.

**B519 Health improving course for teenagers with 1-diabetes  
(Project coordinator – Yurii Lunev, Executive director - Elena Ermolina)**

*Duration.* September 2005 to March 2006.

*Background.* Rassvet was involved in nine projects financed by the program prior to B519. Since 2000 AROBO “Rassvet” has carried out, and is carrying out, several projects in close cooperation with Arkhangelsk State Medical University and the regional Health Department. Teachers and students of the Medical University participate as lecturers and volunteers in projects like “Development of Palliative Aid System in Arkhangelsk region”, “Development of diaconal work in Arkhangelsk region”, “Prevention of spreading HIV infection in the territories of Arkhangelsk prisons”, “Alle Tidens Band”, and others. Representatives of city and regional health departments usually take part in Round Tables related to the project objectives and results, elaborating strategies for further development of the project and strengthening interaction and cooperation of all interested structures.

AROBO “Rassvet” has published several brochures with project materials including practical recommendations for target groups, and has cooperated with local mass media to attract public attention to the most crucial social problems, such as violence against children, rehabilitation of former prisoners and young convicts, social aid to street children etc.

*Project partners.* a) Health department of Arkhangelsk region, b) Health and social policy department of Arkhangelsk city, c) Regional children clinical hospital d) Hammerfest clinic.

*Objectives.* To improve the psychological, medical and social aid to teen-agers, living with SD, and their parents due to organisation of a health-improvement course on the base of local sanatorium.

*Intervention logic.* a) course in health improvement for 55 teenagers 12-16 years held at a sanatorium, b) transfer of positive experiences from Norwegian partners c) training of doctors, psychologists and social workers involved in work with young SD patients, d) Round Table to initiate interaction and coordination between different policy sectors.

*Results.* a) good cooperation between the regional administration and medical institutions in the field of SD has been established (among others resulting in a Round Table), b) the educational level of specialists, working with teen-agers with SD, and volunteers has been improved: doctors, psychologists, social workers and volunteers have attended educational seminars/trainings within the project. Now volunteer tutors assist the teen-agers during the course, c) a special psychological course for teen-agers with SD 12-16 years old has been established in a local sanatorium. 55 teen-agers have received treatment and psychological aid through this course in overcoming psychological problems, connected with their illness. They learnt how to use SD strips themselves (also 12 tutors were instructed how to use these strips).

*Continuation of the project activities.* To be continued a) training in Norway for three teenagers and one doctor, b) follow up the project as such, among others on developing psychological help to target.

## Olafia-klinikken

### **B504 Cross Actions between the STD Clinic in Arkhangelsk and the Olafia Clinic in Oslo (project leader Ingeborg Lyngstad Vik)**

*Duration.* 2005 – 2006.

*Background.* Olafiaklinikken is a clinic for sexually transmitted diseases (STI). Cooperation/coordinated activities with Arkhangelsk on STI since 2002. In Russia HIV and STI are dealt with separately. The project leader is senior consultant. The project is connected to a project run by the University Hospital of Northern Norway for microbiological diagnoses (“Sexually Transmitted Diseases in Arkhangelsk Region”).

*Project partners.* a) Arkhangelsk Regional Clinical Dermato-Venereal Disease Dispensary (main partner), and also b) the Arkhangelsk regional AIDS and infectious disease centre, c) the STI clinic at the Arkhangelsk Regional Hospital, and d) the Juventus2 centre for children and youth at the Dermato-Venereal Disease Dispensary.

*Objectives.* Strengthen prevention and control of STI’s (since other STI’s increase HIV infectiousness and susceptibility STI prevention can be a major HIV prevention strategy).

*Intervention logic.* a) improve diagnostising of STI/HIV (through training, exchange visits and provision of equipment/microscopes, and training in bedside microscopy), and b) training in English to make state-of-the art as published internationally accessible to the medical doctors in the partner centres.

*Results.* Juventus” now emphasises prevention more than before. New and more efficient methods are being applied thanks to the microscopes provided through the project. The Juventus 2 got a medical-diagnostic consulting room with microscopes through the project. An increasing number of young people seek treatment for STI in the clinic.

## Åna prison

### **Project B517 Pilot project, planning future project ”Åna – Kresty II” (project leader Karsten Kronholm)**

*Duration.* 2005 – 2006

*Background.* The project is a continuation of a project under the Task Force PHC. While the first project aimed at preventing infectious

diseases among prison inmates, B517 aims at improving their mental health.

*Project partner.* Medical department for prison services in St. Petersburg. The Kresty prison.

*Objectives.* Improve the mental health of inmates in Kresty prison.

*Intervention logic.* a) place two computers in the head office of the medical department for prison health in St. Petersburg, b) train ten prison doctors in using internet, c) improve the conditions in and around the prison for physical training, d) equip the prison library, e) one week course in Bergen for ten prison doctors three years, f) one medical course (on psychological stress and trauma; human rights) each year over three years) for 30 medical personnel, mainly nurses, g) inviting in enterprises (public as well as private) to creating better working opportunities for inmates when they are released from prisons.

*Results.* Activities (se intervention logic) have been carried out. Medical equipment has been bought for the project partner and is being used (equipment in the two rooms for *kirurgia minor*, two autoclaves, some laboratory equipment and two computers.

*Continuation of the project activities.* The project will not be continued, but social and professional contacts were good during the project period, which makes the survival of core ideas likely to happen.

## Parents in Partnership

### **Project B503 Preparing to support the organisation of self-help groups for parents and significant others of drug-dependent persons in St. Petersburg (project leader Arne Schanche Andresen)**

*Duration.* 2005.

*Background.* Parents in Partnership promotes the idea of mutual self-help groups. The organisation had meetings with representatives of Stelit during their visit to Oslo in 2004.

*Project partner.* The Salvation Army in St. Petersburg and Azaria, a well-established organisation of parents.

*Objectives.* Establish self-help groups in municipal and voluntary work with drug addicts in St. Petersburg.

*Intervention logic.* Assessment mission.

*Results.* Report from the assessment mission.

*Continuation of the project activities.* The project was not continued as a main project, but will be reformulated.

## Tvibit Youth House

### **B513 AIDS Alarm (project leader Christian Hyld)**

*Duration.* 2005

*Background.* The project related to the so-called Mandela concert that was arranged in Tromsø in 2005.

*Project partners.* TV studio SKY, Murmansk.

*Objectives.* The purpose of the project is to to inform young people in the respective Barents countries about the nature of HIV and AIDS and the situation in Russia today.

*Intervention logic.* To produce a short documentary and a campaign film about HIV and AIDS situation in Russia in general and in Murmansk in particular.

*Results.* A film (13 minutes 30 seconds) called “Butterflies” was produced in a Russian and a Norwegian version. The Russian version was distributed in Murmansk through the Barents Secretariat.

## Pertinax Group

### **Project B524 Youth peer education for youths at risk in St.Petersburg related to HIV/STI, narcomania and life style (project leader Ragnar Næss)**

*Duration.* 2005 – 2006

*Background.* Prior to B524 the Pertinax Group carried out four projects for the Task Force on Communicable Disease Control. Petinax was established in 1993 as a Norwegian consulting firm in the field of social research, multiculturalism, and dialogue oriented development work.

*Project partners.* Department for prophylaxis against lack of care for minors, Nevskii District. Childrens’ home no. 18 for orphans with deviant development. Lakeside summer youth camp “Prometei” for youth registered with the police for crimes of misdemeanour. School and Internat no 24 Nevskii District (which is a state educational



institutional of middle full education of orphans and children who have been left without parental care).

*Objectives.* To fight HIV/AIDS in one district (Nevskii District) St. Petersburg through youth peer education (primarily age 14 – 18).

*Intervention logic.* Pay four “peer natural leaders” 1000 RUR a month who communicate with youth at risk.

*Results.* Several hundred young people have been reached by the seminars and training, but nothing is reported on (possible) effects.

## Projects with grants starting 2006

### **Project B616 Youth peer education regarding HIV/STI and a health lifestyle in the youth prison at Kolpina, Leningrad region (project leader Ragnar Næss)**

*Duration.* 2006 –

*Background.* See project B524.

*Project partner.* A) Main Inspectorate of the Implementation of Sentences in St. Petersburg City and Leningrad region.

b) complex centre for the social defence of the population, Department for prophylaxis against lack of care for minors, Nevskii District, and  
c) Childrens Home no 18,

*Objectives.* Increased knowledge about HIV/AIDS and improved dialogue and communication skills among inmates in the Kolpino prison.

*Intervention logic.* Seminars and trainings. Training of trainers.

*Results.* The project just started.

*Continuation of the project activities.* No formal agreement on authorities taking over, but talks have begun with the project partner, which is the authority responsible.

## Christian Interchurch Diaconal Council, St. Petersburg

### **Project B525 Development of “risk” behaviour prevention program for “risk” groups families and their children (project leader Nikolai A. Nikitin)**

*Duration.* 2005-2006

*Background.* The Christian Interchurch Diaconal Council of St. Petersburg has cooperated for a while with Pro-senteret (Oslo) and the Norwegian Church Aid.

*Project partner.* St. Petersburg non-governmental regional youth organisation “Nadezhda”.

*Objectives.* To improve life standards of children and adolescents in a difficult life situations through developing and implementing a risk behaviour prevention programme for risk group families.

*Intervention logic.* a) select 20 highly vulnerable families to participate in a risk behaviour prevention programme, and form groups (on the basis of two questionnaires, one for adults, one for children), b) select a specialist to participate in the programme and set up an expert group to conduct lessons and seminars, c) conduct self-help groups with families and their children on harmonisation of inter-family and inter-social relations, on improving employment and social status, and on risk behaviour prevention, and d) prepare and publish a methodological manual. The project was carried out in one selected neighbourhood in the Nevskii District (municipality) of St. Petersburg.

*Results.* Children and adults from 25 risk group families received social, economical, psychological help as a result of the project (of these 25 families, five families joined self-help groups after the project had started). Fact and figures on risk behaviour were established through research carried out as a part of the project (a 22 page Report based on the initial survey was written, translated into English). Both facts and experiences are of use by the social protection bodies elsewhere in Russia.

*Continuation of the project activities.* The project was carried out in close co-operation with the local, municipal authorities of the St. Petersburg Nevskiy District, which makes it probable that elements from the project will be continued.

## HIV Norge

### **Project B527 Empowerment of self-help groups for HIV+ people in St.Petersburg (project leader Laila Thiis Stang and Per Miljeteig/ project manager Ragnar Næss)**

*Duration.* 2005 – 2006

*Background.* HIV Norway made an exploratory visit to St. Petersburg in 2003. Within HIV/AIDS Russia has a well developed system of testing and vaccination. The “role of those who have the problem”,

however, is less focused upon in the development of the treatment regime.

*Project partner.* a) host organisation (umbrella of the activities of each self-help group) a non-registered network of organisations that have been working with HIV/AIDS since 2004, main representative Nikolai Panchenko, chairman of the “Society for People Living with HIV”, and b) the self-help groups themselves.

*Objectives.* To support and develop small self-help groups of HIV positive people.

*Intervention logic.* Educational activities aiming at improving psychosocial capacities, communications skills in the self-help groups and with the authorities Increase the medical and nutritional knowledge among the members.

*Results.* (Very good report of 070706)

## Oslo Christian Centre

### **Project B209 Health Prevention Work in Pinega (project leader Hilde L. Grimstad)**

*Duration.* 2003

*Background.*

*Project partner.* Municipality of Pinega

*Objectives.* Nourishment and health, alcohol, tobacco and HIV/AIDS.

*Intervention logic.* Information campaign in schools. Seminar for teachers, health workers, medical doctors, nurses and leaders and specialists in the educational administration.

*Results.* Activities were carried out.

*Continuation of the project activities.* Continuation was not intended. The project was meant to give an impulse and contribution to health information in schools.

## Stellit – St. Petersburg/Prosenderet Oslo

The two projects were joined into one seminar.

### **Project B520 Development of network interaction between organisations of Norway, Finland and the North-Western region**

**of Russia, dealing with women involved in commercial sex business (project leader Maia Rusakova)**

**B307 Seminar on trafficking in women and health work (project leader Liv Jessen)**

## The Murmansk AIDS Centre

**Project B521 “The Territory of Life” – a mobile unit for prevention of HIV and drug-addiction in educational institutions in the city of Murmansk (project leader Fëdor N. Bailuk)**

*Duration.* 2005 – 2006

*Background.* The project leader has been working with HIV/AIDS since 1988. He used to be head physician at the Murmansk AIDS centre, but is now project coordinator. Until 2005 the AIDS centre used to be under the city authorities, but from January 2006 is under the regional health authorities.

*Project partner.* Norwegian Institute of Public Health.

*Objectives.* a) to form a knock-down effect among students in order to raise efficiency of the preventive measures, performed by the teachers, psychologists and social workers in different educational institutions, by the medical profession and representatives of the other state and public organisations, and b) to raise skills of the psychologists and social workers.

*Intervention logic.* The core element in the intervention is to establish a *connecting link* between the street, volunteers, the schools and the specialists in the AIDS Centre. The main activities consist in: a) training of the staff and the volunteers of different educational institutions in methods of work on the Bus of Trust, b) preparing booklets and leaflets for the students, and development of principles for the participants of the project and their publication, c) workshops and training for the staff and volunteers, psychologists, social workers and the other participants of the project at the Murmansk AIDS centre, d) presenting the work of the Bus of Trust in different educational institutions, e) attracting sponsors to finance work in the economically least favourable districts of the Kola Peninsula, f) training in infection prevention against HIV, g) carrying out a survey among students in an effort to identify risk factors in their behaviour and to compare the results with those of year 2005, h) arranging a conference for the specialists of Murmansk AIDS centre and educational institutions of the city of Murmansk, i) writing an article for the magazine "Epinorth" together with the Norwegian co-operation partner.

*Results.* The project has contributed to putting HIV/AIDS on the agenda in Murmansk. Moreover, the project has discovered a significant number of new HIV/AIDS cases.

*Continuation of the project activities.* The project formed part of the activities carried out by the Murmansk AIDS centre, and the competence and skills resulting from the project are being kept up by the centre.

## Karolinska University Hospital/University of Tromsø)

### **B208 Organisation and performance specifications of laboratory medicine services in Murmansk (project leaders Anders Kallner, Jan Brox)**

*Duration.* 2004-2006

*Background.* Co-financing with the Swedish Österuopeiska kommitéen. University of Tromsø is represneted by the department of medical biochemistry

*Project partner.* Pavlov State Medical University in St. Petersburg.

*Objectives.* Improve quality standards in the laboratory services (if possible by working towards ISO and CEN standards)

*Intervention logic.* a) aligning results from health care with those of hospital laboratories, b) equipping the laboratories at the Children's Hospital, the Central Hospital and the Diagnostic Centre in Murmansk with computers and programmes for internal control c) sending key personnel to conferences (in Moscow, St. Petersburg and abroad), and d) teaching and training (in quality improvement philosophy; in metrology and CEN and ISO standards; laboratory management; the use of computers; basic statistics; clinical topics, like diabetes care and kidney diseases).

*Results.* All interventions have taken place (staff has been trained, equipment provided), and relevant authorities have been acquainted with the activities and the approaches to improve laboratory services.

The project activities gave echo in St. Petersburg and in particular in the Federal North-Western Medical Centre. The project has contributed with practical training to support the ongoing modernisation of the Russian accreditation system aiming at EN/ISO 15189 as the accreditation standard.

*Continuation of the project activities.* The project is well connected to the federal North-Western health authorities.

## Projects finalised at the latest during the first half of 2002

Some projects were given funds up to 2002, and did not continue (mostly conferences and seminars). These projects are not included in the evaluation, which covers the period from 2002. The following projects are not included:

Y9712 Recent Advances in Ultrasound (Kirkenes Hospital)

Y9713 Tuberculosis in Murmansk prisons (The Finnish Lung and Health Association)

Y9717 Dental health cooperation between Apatity and Finnmark region (Finnmark region)

Y9718 Lifestyle and health in the Barents region (Fafø and NIBR)

Y9719 Medical development in Lovozero (Karasjok municipality)

Y9721 Various projects (Regional hospital of Tromsø)

Y9722 Process evaluation for assessing nutrition policy implementation in Northwest Russia (WHO)

Y9725 International Conferences on Combatting Infectious Diseases in NW-Russia (NIPH)

Y9727 Used medical equipment to Northwest Russia (University Hospital of Northern Norway).

Y9745 Database (the Barents Secretariat)

YO370 11th International Congress on Circumpolar Health (Hoar as)

YO371 Student exchange (University of Tromsø, Medical Faculty)

YO374 Co-operation within the nursery field in Arkhangelsk and Tromsø's regional hospitals (University Hospital of Northern Norway)

Project YO378 Youth Peer Education on HIV/AIDS and other sexually transmitted diseases prevention (Norwegian Red Cross)

YO382 Pulmonary diseases in the Republic of Karelia (Harstad Hospital)

- B005 Prophylaxis of HIV/AIDS and other sexually transmitted diseases (Rassvet)
- B101 Asthma problems under control (Karelias Association Lung and Health)
- B104 Workshop for technical rehabilitation aid in Murmansk (Norwegian People's Aid)
- B106 Competence network for fighting tuberculosis in Arkhangelsk oblast (Tromsø University Hospital)
- B107 Conference on Childrens' Health in the Barents Region (Regional Hospital of Troms)
- B108 Clinical cell culture laboratory in Arkhangelsk. Competence building and reproductive health. University of Tromsø, Institutt for Clinical Medicine)
- B109 Developing competence in electromyographics in NW Russia (University of Tromsø, Department of Neurology)
- B113 Protection of Pregnant Women and Foetal Health in the Republic of Karelia (Karelian Medical Centre of the Russian Academy of Medical Sciences)
- B114 Creation of electronic database for monitoring life-threatening complications of pregnancy and delivery (Republican Perinatal Centre, Petrozavodsk)
- B201 Russian participation at the 18th UICC Cancer Congress (The Norwegian Cancer Society)
- B202 Russian participation at the 18th European Congress of Perinatal Medicine (Rikshospitalet)
- B203 Russian participation at conference for clinical pedagogues (Sogn centre for child and youth psychiatry)
- B205 Competence building of nurses in emergency specialist care (University Hospital of Tromsø, Department of anaesthesia)
- YO380 International summer school "Current trends in ultrasonography diagnostics and diagnostics" (Petrozavodsk State University, Faculty of Medicine, Department of Radiology)
- YO383 Alcohol and drug abuse program for indigenous people (Saami Trade and Development Centre)

In addition, some project consisted in covering travel expenses to conferences:

B308 Conference on Rural Health, Scotland. Travel funds (Hilde Gade, Kirkenes Hospital). This grant covered travel expenses (10.000 NOK)

B413 Rehabilitation International World Congress; Rethinking Rehabilitation (Grete Hjermstad, Rehabilitation International) (20.134 NOK)

## Projects starting 2006

Most of the projects from 2006 have not been analysed with the aim of identifying results since it is still very early. Those projects from 2006 that are presented above are all connected to prior or ongoing activities, which makes it reasonable to look for results.

B601 Adaption of Norwegian Model for Training in Family Medicine in the Russian Federation (Betty Pedersen, University of Tromsø, Centre for International Health)

B602 Child oncology (Tore Stokland and Natalia Kuklina, University Hospital of Northern Norway)

B603 Nordic-Baltic Congress on Infectious Diseases (Svein Gunnar Gundersen, Sørlandet Hospital)

B604 Cooperation on development of residential treatment and family services for children and youth in Karelia (Pål Christian Bergstrøm, Bufetat Northern Norway)

B605 Development and implementation of rehabilitation program for children, trafficking victims (Marina Riabko, St Petersburg governmental social rehabilitation centre for minors Vospitatelny Dom, subsidiary of orphanage FĖDOR)

B606 Only for you – "The ConTact Bus" (FĖdor N. Bailuk, Murmansk AIDS Centre)

B607 Section for rehabilitation of multiple sclerosis and stroke at the Regional Hospital in Arkhangelsk (Audny Anke, University Hospital of Northern Norway, Department of Rehabilitation)

B608 Hospital and Home-based Palliative Care to People Living with Hiv/aids in St.Petersburg (Renata Marie Ellingsen and Nikolai Nikitin, Norwegian Church Aid and Christian Interchurch Diaconal Council, Saint-Petersburg)



B609 Reproductive Health, Reproductive Tract Infections and Birth Care in the St.Petersburg Area; Mapping of Status and Development of Guidelines (Babill Stray-Pedersen, University of Oslo – Faculty of Medicine)

B610 Transfer of Knowledge: Providing and managing evidence based health information (Elisabeth Husem, Norwegian Library Association, Section for Medicine and Health)

B611 Disaster and emergency medicine (Trine Utkilen Sørensen, University of Tromsø)

B612 Improvement of Womens Quality of Life through Conservative and Operative Treatment of Urinary Incontinence (Bjørn Engum and Ioana Varna Florea, Finnmark Health Authority – Kirkenes Hospital)

B613 Development of clinical competence in child psychiatry in Arkhangelsk oblast (Knut Sørgaard, Nordland Hospital)

B614 Resource and Competence Centre for Persons Working with children and Youngsters with disabilities in the Murmansk Region (Torbjørn Persen and Ludmila Polozova, SOS Children's Villages Norway)

B615 Strengthening TB control competence for the introduction of DOTS program in republic of Komi (Igor A. Trekin, NSMU)

B616 Youth Peer education regarding hiv/sti and a healthy lifestyle in the youth prison at Kolpino, Leningrad oblast (Nikolay V. Evsyutin, Pertinax Group)

B617 Murmansk region fund "Novoe Nachalo", Svetlana Pogrebniak, Norwegian Saami Mission

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## Appendix 2

### List of interviewees

Stein Andresen, Norwegian Institute for Public Health (phone)

Hans Blystad, Norwegian Institute for Public Health

Arne Randers-Pehrsson, Prosjenteret (phone)

Anne Brit Reigstad, Public Health Authority - Bergen municipality

Kalle Gjesvik, Tromsø University College

Tordis Sørensen Høifødt, Department of Psychiatric Research and Development in Tromsø – University Hospital of Northern Norway

Torill Davida Nilsen, Occupational Therapy Department – University Hospital of Northern Norway

Odd Nilsen, Institute of Community Medicine - University of Tromsø

Irene Lund, Medical Faculty - University Hospital of Northern Norway

Pål Christian Bergstrøm, The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) Region Nord

Pavel I. Sidorov, rector Northern State Medical University – Arkhangelsk

Mariandyshev, Andrei O., vice-rector Northern State Medical University – Arkhangelsk

Yuri A. Sumarokov, pro-rector Northern State Medical University – Arkhangelsk

Roman V. Buzinov, head of Arkhangelsk Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare (Rosspotrebnadzor)

Nina I. Nizovseva, Arkhangelsk Regional Phtysiatic Services

Aleksandr V. Parniakov, head of the Department of psychiatry and clinical psychology – Northern State Medical University

Elena L. Zadorina, Department of psychiatry and clinical psychology – Northern State Medical University (at the time of the project)

Oleg A. Ponomarëv, head doctor Regional Psychiatric Hospital

Raisa L. Grosheva, Regional Department of Health – Arkhangelsk

Tatiana I. Likhno, vice-head of the Regional Department of Health – Arkhangelsk

Nadezhda F. Kuznetsova, Head International Office of the Arkhangelsk Regional Health Care Department

Sergei Khalezov, Church of Murman/NGO Marita Murmansk

Andrei V. Chernev, head of Murmansk Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare (Rosspotrebnadzor)

Lena A. Lukicheva, Murmansk Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare (Rosspotrebnadzor)

Elizabetha Matseevskaiia, Murmansk Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare (Rosspotrebnadzor)

Markus Aksdal, country representative Save the Children, Norway

Lena A. Kirillova, Save the Children, Norway

Arkadii D. Rubin, head Murmansk Regional Department of Health

Olga N. Fedulova, head international section Murmansk Regional Department of Health

Fëdor N. Bailuk, Murmansk AIDS Centre

Elena E. Viktorova, vice-head, Murmansk Regional Committee on Labour and Social Development

Natalia Vetsko, Novoe Nachalo

Sigfred Giskegjerde, Norwegian Saami Mission

Svetlana V. Chobanu, SOS Children's Villages - Norway

Larisa M. Bobrova, SOS Children's Villages - Norway

Liudmila A. Polozova, SOS Children's Villages - Norway

Olga B. Ushakova, SOS Children's Villages - Norway

Torbjørn Perssen, SOS Children's Villages – Norway

Larisa Khazina, SOS Children's Villages - Norway

Valentina Ju. Polechuk, Red Cross Karelia

Galina E. Bondarenko, Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare - Karelia

Liudmila Kotovich, Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare - Karelia

Liudmila Skupinko, Territorial Directorate of the Federal Agency for Surveillance in the Field of Consumer Rights and Human Welfare - Karelia

Jelena Serba, Ministry of Health and Social Development - Karelia

Valentina Ulich, Ministry of Health and Social Development - Karelia

Klara I. Chernenko, head of social and economic development at the office of the Hwad of Government Karelia

Arkadii L. Rutgaizer, chief rehabilitator of the Ministry of Public Health of the Republic of Karelia/ City Polyclinic no. 2 Petrozavodsk

Mariia A. Panchenko, City Polyclinic no. 2 Petrozavodsk

Elena E. Maksimova, City Polyclinic no. 2 Petrozavodsk

Nelia Gedimina, Secretary of the Committee on Minors' Affairs and their Rights Protection under the St. Petersburg Government

Olga Levina, NGO Stellit

Elena Zabadnikina, head of St.Petesburg Department of Social Work

Nikolai A. Nikitin, Christian Interchurch Diaconal Council of St. Petersburg

Elena E. Rydalevskaia, Christian Interchurch Diaconal Council of St. Petersburg

Marina P. Riabko, Shelter “Fëdor”

Elena M. Kliman, internat school no. 18, St. Petersburg

Jørgen Kaurin, Norwegian Ministry of Health and Care Services

Arnt Ucherman, Finnmark Health Authority (phone)

Jan Arild Haugen, The Norwegian Directorate of Health and Social Services (phone)

Ragnar Næss, Pertimax (phone)

Torunn Hasler, Norwegian Heart and Lung Association (phone)

Vegard Skogen, University Hospital of Northern Norway (phone)

Sølvi Endresen, Norwegian Saami Mission (phone)

# Appendix 3

## Project address list

The list of addresses below is incomplete, but may be of use despite its shortcomings.

	<b>Project</b> <b>a) Number</b> <b>b) Title</b>	<b>a) Norwegian organisation</b> <b>b) Contact person</b> <b>c) Phone</b> <b>d) e-mail</b>	<b>a) Russian organisation</b> <b>b) Contact person</b> <b>c) Phone</b> <b>d) e-mail</b>
1	a) Y 9710 b) TB control in Arkhangelsk	a) Norwegian Heart and Lung Association b) Torunn Hasler c) +47 22 79 93 00 d) <a href="mailto:th@lhl.no">th@lhl.no</a>	1. a) Health Department of the Administration of the Arkhangelsk Region, Russia  b) Nizovtseva Nina Ivanovna, Chief Doctor of the Regional Clinical Tuberculosis Dispensary  c) +7 8182 243891, Fax: +7 8182 243891 d) <a href="mailto:ninan@atnet.ru">ninan@atnet.ru</a> , <a href="mailto:tub@arh.ru">tub@arh.ru</a>  2. a) The Arkhangelsk Regional Office of the Federal Prison Administration  b) General Sergei Bolotin, Director of Department of Execution of Sentences, TB coordinator Valeri Petrovich Panasiks  c) Tel/Fax: 007 818 2 65 15 60,

			<p>d) <a href="mailto:uin@arkhangelsk.ru">uin@arkhangelsk.ru</a></p> <p>3a) The Northern State Medical University b) Andrey Olegovich Maryandyshev, Professor and prorector</p> <p>c) 7 8182 432160, fax7 8182 263226 d) <a href="mailto:mao@arh.ru">mao@arh.ru</a></p>
2	<p>a) Y 9711 b) TB control in Archangel: Improved Diagnosis and Epidemiology</p>	<p>a) Norwegian Institute for Public Health b) Per Sandven and Dominique A. Cougant c) + 47 22 04 22 00 d) Dominique.cougant@shi.no <a href="mailto:turid.mannsaker@fhi.no">turid.mannsaker@fhi.no</a></p>	<p>a) Northern State Medical University Arkhangelsk Regional Tuberculosis Centre b) Dr. Nina Nisovtseva Dr. Andrey Mariandyshev c) +7 8182 432160, Fax: +7 8182 263226 d) <a href="mailto:mao@arh.ru">mao@arh.ru</a> <a href="mailto:ninan@atnet.ru">ninan@atnet.ru</a></p>
3	<p>a) Y 9714 b) Safe Motherhood</p>	<p>a) Norwegian Institute for Public Health b) Eli Heiberg (project leader no longer with NIPH) c) + 47 22 04 22 00 d) -</p>	<p>1. a) Health Department, Arkhangelsk b) Vyacheslav Kabakov, head of section c) +7 8182 647109), d) -</p> <p>2.a) Maternity Hospital no 3, Murmansk b) Tatyana Dinekina c) +7 8152 590659, +7 8152 26 48 23 d) <a href="mailto:tdin@murm.ru">tdin@murm.ru</a> Julia Lukoshkova, contact person <a href="mailto:julia@runa.info">julia@runa.info</a></p>
4	<p>a) Y 9715 b) Development programme for Monchegorsk home for children with disabilities</p>	<p>a) Hitt Norsk Folkehjelp b) Marianne Øen c) Storgata 33 A, 9. etage Postboks 8844, Youngstorget 0028 Oslo <a href="mailto:liv.torres@npaid.org">liv.torres@npaid.org</a></p>	<p>1. a) Monchegorsk Institution for multihandicapped children and youth b) Olga Pogarskaja, the director of the institution c) Ul. Geologov 24 184500 Monchegorsk Murmansk region d) Tel:+7 8236 51809</p>

		<p>d) +47 22037700 (Marianne Øen is longer with the NPA, Per Ranestad: <a href="mailto:per.ranestad@npaid.org">per.ranestad@npaid.org</a>, (ph 95268430)</p>	<p><a href="mailto:domint@monch.mels.ru">domint@monch.mels.ru</a></p> <p>2.a) Murmansk Regional Committee for Social Protection of Population b) Vladimir Ivanov-Afanasjev, the head of the committee c) Ul. Poliarnie Zori 46/1 183025 Murmansk d) Tel: +7 8152 447390 <a href="mailto:soczach@com.mels.ru">soczach@com.mels.ru</a></p>
5	<p>a) Y 9716 b) Breast feeding groups in the Barents Region</p>	<p>a) Norsk Folkehjelp b) Marianne Øen c) <a href="mailto:pera@naid.org">pera@naid.org</a>,</p>	<p>a) Styringsgruppa av amnehjelpere fra gruppene i Murmansk/Severomorsk/Kola</p> <p>b) Tatyana Dinekina, obstretiker/gynekolog, Fødehospital nr. 3, Murmansk (+7 8152 590659, +7 8152 26 48 23) <a href="mailto:tdin@murm.ru">tdin@murm.ru</a> Elena Fokina, prosjektansvarlig i UNICEF Moskva (Health and development in early childhood) Ljuba Aboyan, direktør i Det føderale ammesenteret i Moskva</p> <p>c) d) Samarbeidspartnerne nås best gjennom Norsk Folkehjelps kontor i Murmansk (NFs stedlige representant er hovedansvarlig for prosjektet), tlf +7 51295 10045, fax +7 8152 474477</p>
6	<p>a) Y 9718 b) Lifestyle and Health in the Barents Region</p>	<p>a) Fafo/Nibr b) Guri Tyldum c) d) 22088650 <a href="mailto:guri.tyldum@fafo.no">guri.tyldum@fafo.no</a></p>	<p>a) Kola Science Centre i Apatity, Murmansk fylke b) Larissa Riabova c) d) <a href="mailto:larissar@iep.kolasc.net.ru">larissar@iep.kolasc.net.ru</a></p>
7	<p>a) Y 9720 b) Immunsation in Archangel</p>	<p>a) Norwegian Institute for Public Health b) Preben Aavitsland and Stein Andresen c) Geitmyrsveien 75,</p>	<p>1.a) Health Care Department, Administration of the Arkhangelsk Region b) Tatiana Likhno, Head of Department c) Pr. Troitsky 49, Arkhangelsk</p>



		<p>Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo d) <a href="mailto:sean@fhi.no">sean@fhi.no</a> <a href="mailto:praa@fhi.no">praa@fhi.no</a></p>	<p>d)Tel: +7 8182 646601 Fax: +7 8182 646310 <a href="mailto:dep@msa.ru">dep@msa.ru</a></p> <p>2.a) State Sanitary and Epidemiological Surveillance Centre in Arkhangelsk region b) Roman Buzinov, Head doctor</p> <p>c) Ul. Gaidara 24 163061 Arkhangelsk d) Tel: +7 8182 640769 Fax: +7 8182 652783 <a href="mailto:arkhcgsn@msa.ru">arkhcgsn@msa.ru</a>  <a href="mailto:cgsn@cgsn.msa.ru">cgsn@cgsn.msa.ru</a></p> <p>3.a)Health Care Committee, Administration of the Murmansk Region b)Igor Kovalev, Chairman of Health Care Committee c) Ul. Profsojuzov 20 183038 Murmansk d)Tel:/Fax: +7 8152 456576 <a href="mailto:itt@medaid.murmansk.ru">itt@medaid.murmansk.ru</a></p> <p>4.a) State Sanitary and Epidemiological Surveillance Centre in Murmansk region b)Andrei Chernev, Head Doctor c) Ul. Kommuni 7 183038 Murmansk d)Tel: +7 8152 472672 <a href="mailto:ocgsen@com.mels.ru">ocgsen@com.mels.ru</a></p> <p>5.a) Ministry of Health, Republic of Karelia b) Clara Shevtsjenko, Deputy Minister of Health c) Ul. Lenina 22 185660 Petrozavodsk Karelia d) Tel: +7 8142 774164 Fax: +7 8142 765616 <a href="mailto:minzdrav@karelia.ru">minzdrav@karelia.ru</a></p> <p>6.a) State Sanitary and</p>
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			<p>Epidemiological Surveillance Centre in the Republic of Karelia  b) Anatoli Kovalenko, Head Doctor  c) Ul. Pirogova 12  185007 Petrozavodsk  Karelia  d)Tel:/Fax: +7 8142 763593  <a href="mailto:sanepid@karelia.ru">sanepid@karelia.ru</a></p>
8.	<p>a) Y 9722  b) Healthy nutrition for women and children in the Barentsregion</p>	<p>a) WHO  b) Aileen Robertson  c) Scherfigsvej 8  DK-2100 København  d) new contact adress of the project leader:  +45334450334  <a href="mailto:air@suas.dk">air@suas.dk</a></p>	<p>1. a) Arkhangelsk State Medical Academy  b)Ludmila Kudyra  c)  d)</p> <p>2.a)Maternity Hospital, Arkhangelsk  b) Nina Kondakova, Professor  c)  d)Tel: +7 8182 647410</p> <p>3.a)Centre of Sanitary Epidemiological Control, Arkhangelsk  b)Lubov Socolova, Head  c)  d)</p> <p>4.a) Centre of Sanitary Epidemiological Control, Murmansk  b) Lena Lukitcheva  c) Ul. Kommuny 7  183038 Murmansk  d)Tel: +7 8152 474050  Fax: +7 8152 472672  <a href="mailto:ocgsen@com.mels.ru">ocgsen@com.mels.ru</a></p> <p>5.a) Institute of Preventive Medicine, Moscow  b)Tatyana Kamardina  c) Per. Petroverigski 10  Tel: +7 095 924 89 88  <a href="mailto:tkamardina@mtu-net.ru">tkamardina@mtu-net.ru</a></p>
9	<p>a) Y 9723</p>	<p>a) Nord-Norsk Diakonistiftelse</p>	<p>a) PSU v. Institute for the Development of the Child</p>

	b) "...a full and decent life"	b) Kjeld Ingebrigtsen c) Pb. 314, 9483 Harstad d) 77 01 87 72 <a href="mailto:Kjeld.Ingebrigtsen@diakonistiftelsen.no">Kjeld.Ingebrigtsen@diakonistiftelsen.no</a>	b) Anatoly Gribanov c) Ul. Badigina 3 163045 Arkhangelsk d) Tel: +7 8182 240906 Fax: +7 8182 240070 <a href="mailto:i_child@pomorsu.ru">i_child@pomorsu.ru</a>
10	a) Y 9724 b) Translation of textbook on modern infectious diseases into Russian	a) WHO b) Tine Rikke Jørgensen c) Scherfigsvej 8 DK-2100 København d) Jørgensen was only part time employed for the translation	a) b) c) d)
11	a) Y 9727 b) Used medical equipment to Northwest Russia	a) University Hospital of Northern Norway b) Magne Johnsen c) Seljestadv. 78 A, 9407 Harstad d) 77622015, <a href="mailto:magne.johnsen@unn.no">magne.johnsen@unn.no</a>	a) Department of Health Murmansk city b) Telefon 0078152458225 c) Marina Schepenikova d) <a href="mailto:zdrav@bk.ru">zdrav@bk.ru</a>  a) Department of Health, Arkhangelsk b) 0078182276218 c) Leonid Osipov / Oga Viktor Zukov/ Nadezda Kuznestsova d) <a href="mailto:kuznetsova.nadezhda@miac.a.ru">kuznetsova.nadezhda@miac.a.ru</a>
12	a) Y 0372 b) Quality development of diagnostic methods in histopathology service in NW Russia	a) University of Tromsø, Det medisinske fakultet b) Irene Lund c) Har begynt på sykehuset nå. Universitetssykehuset Nord-Norge HF Sykehusvegen 38 9038 Tromsø d) 77644635 <a href="mailto:irene.lund@unn.no">irene.lund@unn.no</a>	1.a) Regional hospital Arkhangelsk, pathological-anatomical department b) Tatjana Poslavskaia, head of department Andrej Valkov, ass. professor c) Ul. Lomonosova 292 163045 Arkhangelsk d) Tel: +7 8182 475558 (Poslavskaia) Fax: +7 8182247905 (Poslavskaia) Tel: +79115523746 (Valkov) <a href="mailto:patolog@okb.msa.ru">patolog@okb.msa.ru</a> (Valkov) 2. a) Regional Children's Hospital

			<p>b) Nicolai Markov, director c) d)</p> <p>3.a) Department of Health, Arkhangelsk b) c) Pr. Troitsky 49 163061 Arkhangelsk d) Tel: +7 8182 646601 Fax: +7 8182 848310 <a href="mailto:dep@msa.ru">dep@msa.ru</a></p>
13	<p>a) Y 0324 b) Intervention and improvement in the care of pregnant women and reduction of the perinatal mortality and morbidity in the industrial exposed population of Monchegorsk and the indigenous population of Lovozero</p>	<p>a) University of Tromsø, Det medisinske fakultet  b) Jon Ø. Odland c) University of Tromsø. Medisinsk Fakultet, 9037 Tromsø d) 7764408 <a href="mailto:jon.ovvind.odland@ism.uit.no">jon.ovvind.odland@ism.uit.no</a></p>	<p>a) Monchegorsk shospital / department of health Murmansk b) Aleksandr Voitov c) d) <a href="mailto:VoitovAV@monch.mels.ru">VoitovAV@monch.mels.ru</a>, <a href="mailto:megbboss@monch.mels.ru">megbboss@monch.mels.ru</a></p>
14	<p>a) Y 0375 b) Primary Health Care Project in Archangel</p>	<p>a) University Hospital of Northern Norway  b) Tove Forsdahl (retired) <i>Marit Lind has taken over ph</i> 77626071 c) d)</p>	<p>a) b) c) d)</p>
15	<p>a) Y0375 b) Primary Health Care Project in Archangel</p>	<p>a) University of Tromsø, institute for community medicine b) Toralf Hasvold c) d) 77645309, 91620240 <a href="mailto:toralf.hasvold@ism.uit.no">toralf.hasvold@ism.uit.no</a></p>	<p>1.a) Health Department, Arkhangelsk b) c) d) <a href="mailto:koshov@msa.ru">koshov@msa.ru</a></p> <p>2.a) Northern State Medical University b) Pavel Sidorov Rector c) d) <a href="mailto:info@nsmu.ru">info@nsmu.ru</a></p>

16	<p>a) Y0376 b) Further development of heart surgery and circulatory lab</p>	<p>a) University Hospital of Northern Norway, avd. for hjerte/lunge/kar-kirurgi b) Steinar Solberg <a href="mailto:steinar.solberg@rikshospital.et.no">steinar.solberg@rikshospital.et.no</a>  d) 23070877 RING</p>	<p>a) City Hospital N1, Arkhangelsk b) Elikanida Volosevits, Hospiteal director Mikael Kirov, Igor Chernov, Aleksej Shonbin c) d) Tel: +79217215691 Fax: +7 8182 263226 <a href="mailto:kirm@arh.ru">kirm@arh.ru</a></p>
17	<p>a) Y0377 b) Treatment of children with intersex in Archangel</p>	<p>a) University Hospital of Northebern Norway b) Alf Frimann Rosenlund  c) Universitetssykehuset Nord-Norge HF Sykehusvegen 38 9038 Tromsø d) 77626028 <a href="mailto:alf.frimann.rosenlund@unn.no">alf.frimann.rosenlund@unn.no</a></p>	<p>a) Arkhangelsk Regional Children Clinic/Arkhangelsk University Hospital b) Nikolai Markov, doctor Nikolai Shirayayev c) d) Fax: +7 8182 273890 <a href="mailto:odkb@atnet.ru">odkb@atnet.ru</a> <a href="mailto:odkb@msa.ru">odkb@msa.ru</a> <a href="mailto:nas@arh.ru">nas@arh.ru</a></p>
18	<p>a) Y0379 b) Activity and training centre in Kirovsk</p>	<p>a) Troms Røde Kors b) Marie Saugestad and Gregus J. Stornes c) Haraldvollen, 9325 Bardufoss d) 77 06 33 84, 918 50 484 <a href="mailto:storn@online.no">storn@online.no</a>  <a href="mailto:dk.troms@redcross.no">dk.troms@redcross.no</a></p>	<p>1. a) Kirovsk Psykoneurological Internat b) Nina Mamayeva, head of the internat c) Parkveien 17, Kirovsk d)  2. a) Murmansk Røde Kors b) c) Kirova 62 A, Murmansk d)  3. a) Kirovsk Røde Kors b) Boris Kazak c) d)</p>
19	<p>a) Y0381 b) Preventative work against drug abuse and HIV- and Hepatitis infection in schools and military camps in</p>	<p>a) Maritastiftelsen b) Leiv O. Holstad c) Chr. Kroghsgate 34, 0186 Oslo d) 22045400, <a href="mailto:leiv@marita.no">leiv@marita.no</a></p>	<p>a) b) Sergei Halezov. c) d) Tlf privat 007852433834, <a href="mailto:halezof@inbox.ru">halezof@inbox.ru</a></p>

	Murmansk		
20	a) B001 b) Elaboration and introduction of the optimal system of medical consistent rehab. of children and young adults with the disturbances of the locomotary apparatus	a) Sunnaas Hospital, Nesodden b) c) 66 96 90 00 d)	a) Petrozavodsk city polyclinic no. 2 b) Arkadii Rutgaiser c) ul.Volodarskogo 14-211 185003 Petrozavodsk Karelen d) Tel:/Fax: +7 8142 561668 <a href="mailto:rehabilitation@karelia.ru">rehabilitation@karelia.ru</a>  <a href="mailto:esculap@onego.ru">esculap@onego.ru</a>
21	a) B003 b) Student exchange Tromsø-Archangel	a) University of Tromsø b) Stig Eide c) 9037 Tromsø d) 767646610 <a href="mailto:stigeide@fagmed.uit.no">stigeide@fagmed.uit.no</a>	a) Northern State Medical University, Arkhangelsk b) Pr. Troitsky 51, 163061 Arkhangelsk c) Pavel Sidorov, rector Yury Sumarokov, dean d) Tel: + 7 8182 285791 Fax: +7 8182 263226 <a href="mailto:info@nsmu.ru">info@nsmu.ru</a> <a href="mailto:sumja@nsmu.ru">sumja@nsmu.ru</a>
22	a) B006 b) Russian Red Cross against tuberculosis	a) Norges Røde Kors b) Karsten Solheim c) Hausmannsgt. 7, 0186 Oslo d) 22054174, <a href="mailto:karsten.solheim@redcross.no">karsten.solheim@redcross.no</a>  Helsefaglig rådgiver i Norges Røde Kors, Anne Merete Bull <a href="mailto:Anne.Bull@redcross.no">Anne.Bull@redcross.no</a>	a) Karelia Røde Kors b) Valentina Poletschuk c) d) 007 8142 78 31 52/89217262858 <a href="mailto:redcross@onego.ru">redcross@onego.ru</a>  a) Russisk Røde Kors b) Veronika Agapova c) d) <a href="mailto:tb@redcross.ru">tb@redcross.ru</a>  a) delegat i Russland for Norges Røde Kors b) Maria Dzanova c) d) <a href="mailto:mariadzan@yahoo.com">mariadzan@yahoo.com</a> + 359 887 402231  a) Ansvarlig i Arkhangelsk Røde Kors (leder) b) Tatyana Ankudinova c)

			<p>d) <a href="mailto:rokkptrs@arh.ru">rokkptrs@arh.ru</a></p> <p>a) Ansvarlig i Murmansk Røde Kors (leder)</p> <p>b) Galina Agapitova</p> <p>c)</p> <p>d) <a href="mailto:redcross@unis.ru">redcross@unis.ru</a></p>
23	<p>a) B102</p> <p>b) Collaboration with Nenets SEC – Regional State Surveillance and Epidemiological Centre</p>	<p>a) Norwegian Institute for Public Health</p> <p>b) Preben Aavitsland and Stein Andresen</p> <p>c) Geitmyrsveien 75, Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo</p> <p>d) <a href="mailto:sean@fhi.no">sean@fhi.no</a> <a href="mailto:praa@fhi.no">praa@fhi.no</a></p>	<p>a) Regional State Epidemiological and Sanitary Centre, Nenets autonomous okrug.</p> <p>b) Oleg Batmanov, Head doctor</p> <p>c) Ul. Aviatorov 7 166000 Naryan-mar Nenets autonomous okrug</p> <p>d) Tlf./Fax: +7 8185 343058 <a href="mailto:gossan@atnet.ru">gossan@atnet.ru</a></p>
24	<p>a) B 103</p> <p>b) Rubella prevention in the republic of Karelia</p>	<p>a) Norwegian Institute for Public Health</p> <p>b) Preben Aavitsland and Stein Andresen</p> <p>c) Geitmyrsveien 75, Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo</p> <p>d) <a href="mailto:sean@fhi.no">sean@fhi.no</a> <a href="mailto:praa@fhi.no">praa@fhi.no</a></p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
25	<p>a) B 104</p> <p>b) Workshop for technical rehabilitation aid in Murmansk</p>	<p>a) Norsk Folkehjelp</p> <p>b) Marianne Øen</p> <p>c)</p> <p>d) <a href="mailto:pera@naid.org">pera@naid.org</a></p>	<p>1.a) Murmansk Regional Committee of Labour and Social Development</p> <p>b) Valery Palkin, Head of Labour and Social Development Committee</p> <p>c) Ul. Polarnie Zori 46/1 283025 Murmansk</p> <p>d) Tel: +7 8152 447380 Fax: +7 8152 444553 <a href="mailto:soczach@com.mels.ru">soczach@com.mels.ru</a></p> <p>2.a) Murmansk Regional Institution of permanent stay for elderly and handicapped people</p> <p>b) Sergey Balunov, director</p> <p>c) Ul. Starostina 103 183036 Murmansk</p>

			<p>d) Tel:/Fax: +7 8152 264427</p> <p>3.a) Murmansk Regional Branch of All-Russia Organization for the Handicapped</p> <p>b) Larisa Rjabysheva, the chairperson of the regional organization</p> <p>c) Pr. Kirova 30 183002 Murmansk</p> <p>d) Tel: +7 8152 251304</p>
26	<p>a) B 105</p> <p>b) Organising technical rehabilitation aids centre/workshop in Kirovsk for the Southern part of Kola peninsula</p>	<p>a) Troms Røde Kors</p> <p>b) Gregus J. Stornes and Britt Gunnberg</p> <p>c)Haraldvollen, 9325 Bardufoss</p> <p>d) 77 06 33 84, 918 50 484 <a href="mailto:storn@online.no">storn@online.no</a></p> <p><a href="mailto:dk.troms@redcross.no">dk.troms@redcross.no</a></p>	<p>1. a) Kirovsk Psykonevrologiske Internat</p> <p>b)Nina Mamayeva, institusjonseder</p> <p>c)Parkvn, 17 Kirovsk</p> <p>d)</p> <p>2. a) Kirovsk Røde Kors</p> <p>b) Boris Kazak</p>
27	<p>a) B108</p> <p>b) Clinical cell culture laboratory in Archangelsk. Competence building and reproductive health.</p>	<p>a) University of Tromsø, institutt for klinisk medisin</p> <p>b) Kjell Bertheussen</p> <p>c) University of Tromsø. Medisinsk Fakultet, Kvinneklinikken, 9037 Tromsø</p> <p>d) 77626433 <a href="mailto:kjell.bertheussen@unn.no">kjell.bertheussen@unn.no</a></p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
28	<p>a) B109</p> <p>b) Developing competence in electromyographic s in NW Russia</p>	<p>a) University of Tromsø, neurological department</p> <p>b) c)</p> <p>d)</p>	<p>a)</p> <p>b)Maria Nebuchennykh</p> <p>c)103051 Arkhangelsk</p> <p>d) Tel: +7 8182 238626 <a href="mailto:mashaneb@atnet.ru">mashaneb@atnet.ru</a></p>
29	<p>a) B 110</p> <p>b) Competence building of pediatric nurses</p>	<p>a) University Hospital of Northern Norway, Barneavdelingen</p> <p>b) Trine Utkilen Sørensen (<i>ny stilling</i>)</p> <p>c) University of Tromsø, 9037 Tromsø</p> <p>d) 47857756, <a href="mailto:trutkso@sih.uit.no">trutkso@sih.uit.no</a></p>	<p>a) Northern State Medical University</p> <p>b) Yuri Sumarokov / Mikhail Kirov</p> <p>c)</p> <p>d) <a href="mailto:sumja@nsmu.ru">sumja@nsmu.ru</a> / <a href="mailto:mkirov@nsmu.ru">mkirov@nsmu.ru</a></p> <p>a) Helsedepartement i</p>



			Arkhangelsk b) c) Raisa Grosheva d) <a href="mailto:grosheva.raisa@msa.ru">grosheva.raisa@msa.ru</a>
30	a) B111 b) Quality improvement of the psychiatric services in Arkhangelsk Regional Hospital	a) Regionsykehuset i Tromsø, Psykiatrisk avd., Åsgård b) Tore Sørli c) d)  a) Department of Psychiatric Research and Development, University Hospital of Northern Norway b) Reidun Olstad c) N-9291 Tromsø d) Tel: 77 62 78 13/77 62 78 01 <a href="mailto:reidun.olstad@unn.no">reidun.olstad@unn.no</a>	a) Regional Mental Hospital in Arkhangelsk Northern State Medical University b) O. Panomarev, psychiatrist, head of Regional Mental Hospital in Arkhangelsk. Tel: +7 8182 275255 Fax: +7 8182 646310 <a href="mailto:docglav@atnet.ru">docglav@atnet.ru</a> A. Parniakov, Assoc. Professor, Medical Academy, Northern State Medical University c) d)
31	a) B112 b) Suicide intervention training program in Arkhangelsk	a) Regionsykehuset i Tromsø, Psykiatrisk avd., Åsgård b) <i>Tordis Sørensen Hoifødt?</i> c) d) 77627518, 95934119 <a href="mailto:Tordis.Sorensen.Hoifodt@unn.no">Tordis.Sorensen.Hoifodt@unn.no</a>	a) Regional Psychiatric Hospital N 1, Arkhangelsk b) Anatoly Bogdanov Igor Nazarine c) Lomonosova 271 163045 Arkhangelsk d) <a href="mailto:drb@atnet.ru">drb@atnet.ru</a>
32	a) B 113 b) Protection of pregnant women and fetal health in the Republic of Karelia	a) b) c) d)	a) Karelian Medical Centre of the Russian Academy of Medical Science b) Ivan Dudanov c) ul. Kirova 40, Petrozavodsk, 185003 d) <a href="mailto:dudanov@karelia.ru">dudanov@karelia.ru</a>
33	a) B114 b) Creation of an electronic database of monitoring of life-threatening complications of pregnancy and	a) b) c) d)	a) Republican Perinatal Centre, Petrozavodsk b) Efim M. Shifman and Anna S. Belozerova c) ul. L. Tolstogo 36, Petrozavodsk, 185003 d) <a href="mailto:shifman@karelia.ru">shifman@karelia.ru</a>

	delivery		
34	a) B 115 b) Rubella prevention in the Murmansk Region	a) Norwegian Institute for Public Health b) Preben Aavitsland and Stein Andresen  c) Geitmyrsveien 75, Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo d) <a href="mailto:sean@fhi.no">sean@fhi.no</a> <a href="mailto:praa@fhi.no">praa@fhi.no</a>	a) b) c) d)
35	a) B 116 b) Exchange of competence in child- and youth related social work in the Republic of Karelia and Troms Region	a) The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) Region North b) Pål Christian Bergstrøm Senior Adviser Regional Office for Children, Youth and Family affairs (Bufetat), Northern Norway  c) d) Tel: +47 78481124/ +47 91147848 e-mail: <a href="mailto:pal.christian.bergstrom@bufetat.nopal.christian.bergstrom@bufetat.no">mailto:pal.christian.bergstrom@bufetat.nopal.christian.bergstrom@bufetat.no</a>	a) Ministeriet for Arbeid og Sosial Utvikling i Karelen. b) Irina Bakunovitsj, viseminister c) Pr. Lenina 6 185660 Petrozavodsk d) Tel: + 7 8142 784935 <a href="mailto:mintrud@onego.ru">mintrud@onego.ru</a>
36	a) B117 b) Conference: Pregnancy and Infectious diseases	a) Kirkenes sykehus b) Hilde Gade and Ioana Varna Florea c) Sykehusv. 35, 9613 Hammerfest. Ranheimsvn. 10, 7004 Trondheim d) 78973020, <a href="mailto:ioan.florea@helse-finnmark.no">ioan.florea@helse-finnmark.no</a> 73559745, <a href="mailto:hilde.gade@hist.no">hilde.gade@hist.no</a>	1. a) Health Department, Murmansk b) Igor Kovalev, Chief of Health Department Arkadi Rubin, Deputy Chief of Health Department Ludmila Kovalenko, Deputy Chief of Health Department c) d) Fax: + 7 8152 456566 <a href="mailto:itt@medaid.murmansk.su">itt@medaid.murmansk.su</a>  2. a) Public and International Relations in Arkhangelsk Health Region

			<p>b) Marina Manukhina c) Pr. Troitsky 49 163061 Arkhangelsk d) <a href="mailto:KoshOV@msa.ru">KoshOV@msa.ru</a></p> <p>3.a) Ministry of Public Health of the Republic of Karelia b) Gennady Oglobin c) Ul. Lenina 22 185660 Petrozavodsk d) Tel : +7 8142 774164 Fax: +7 8142 775616</p>
37	<p>a) B118 b) Cross-cultural alcohol and drug prevention - family intervention initiatives</p>	<p>a) Høgskolen i Tromsø b) Kalle Gjersvik, Utdanningsleder for rusproblematikk c) 9293 Tromsø d) 77660629, 91329091 <a href="mailto:Kalle.Gjersvik@hitos.no">Kalle.Gjersvik@hitos.no</a></p>	<p>a) Northern State Medical University i Arkhangelsk.</p> <p>b) Andrey Soloviev D.Sci., Professor, Dep. Director</p> <p>c) Institute of Psychology and Psychiatry Northern State Medical University 51, Troitsky Ave, Arkhangelsk, 163061, Russia</p> <p>d) Tel/fax +7 8182 209284; Mobil: +7 9217203458, <a href="mailto:ASoloviev@nsmu.ru">ASoloviev@nsmu.ru</a></p>
38	<p>a) B201 b) Russian participation at the 18th UICC Cancer Congress (2002)</p>	<p>a) Den norske kreftforening b) Stener Kvinnsland (now director at <i>Haukeland Hospital, Bergen</i>) c) Jonas Liesvei 65, 5021 Bergen d) 55974714, <a href="mailto:stener.kvinnsland@helse-bergen.no">stener.kvinnsland@helse-bergen.no</a></p>	<p>a) b) c) d)</p>

39	a) B202 b) Russian participation at the 18th European Congress of Perinatal Medicine (2002)	a) Rikshospitalet b) Ola Didrik Saugstad c) Sognsvannsv. 20, 0027 Oslo d) 23072794, <a href="mailto:o.d.saugstad@klinmed.uio.no">o.d.saugstad@klinmed.uio.no</a>	a) b) c) d)
40	a) B203 b) Russian participation at conference for clinical pedagogs	a) Sogn senter for barne- og ungdomspsykiatri b) Anniken Marstrander c) SognsvannGeitmyrsveien 53-670319 Oslo d) <a href="mailto:anniken.marstrander@ulleva.no">anniken.marstrander@ulleva.no</a> 23493300	a) b) c) d)
41	a) B204 b) Seminar on infectious diseases, Apatity	a) Norwegian Institute for Public Health b) Stein Andresen c) Geitmyrsveien 75, Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo d) <a href="mailto:sean@fhi.no">sean@fhi.no</a>	a) Regional State Epidemiological and Sanitary Centre b) Andrei Chernev, head doctor, director c) Ul. Komunni 7 183038 Murmansk d) Tel:/ Fax: +7 8152 472672 <a href="mailto:ocgsen@com.mels.ru">ocgsen@com.mels.ru</a>
42	a) B205 b) Competence building of nurses in emergency specialist care	a) UNN, Anestesiavdelingen b) Trine Utkilen Sørensen c) University of Tromsø, d) 47857756, <a href="mailto:trutkso@sih.uit.no">trutkso@sih.uit.no</a>	a) Health Care Department b) Pr. Troitsky 49 163004 Arkhangelsk c) Raisa Grosheva d) <a href="mailto:grosheva.raisa@msa.ru">grosheva.raisa@msa.ru</a>
43	a) B206 b) Bridges of charity and rehabilitation of people with multiple sclerosis	a) UNN, Mellomveien Rehabiliteringssenter b) Geir Nilsen c) d) <a href="mailto:geir.nilsen@unn.no">geir.nilsen@unn.no</a> 77669700	a) multippel sklerose-forening i Arkhangelsk b) Alexey Novikov c) Timme 27 163071 Arkhangelsk d) Tel: +7 8182 239456 Fax: +7 8182 263226 <a href="mailto:novikov@atnet.ru">novikov@atnet.ru</a>
44	a) B207 b) Implementing decentralised community based services for families with	a) University of Oslo, Instiytute for Special needs Education b) Steinar Theie c) ISP	1. a) Social Welfare Department in Archangelsk oblast b) Andrey Kalashnikov, Head of Office c) Pr. Novgorodsky, 160364 Archangelsk

	<p>special needs. An innovation and competence building programme in the Arkhangelsk Region</p>	<p>Sem Sælands vei 7 0371 OSLO d) +47-22858058, +47-22850001, <a href="mailto:steinar.theie@isp.uio.no">steinar.theie@isp.uio.no</a></p>	<p>d) Tel: +7 8182 200277 Fax: +7 8182 215964 e-mail: <a href="mailto:office@uszn.atnet.ru">office@uszn.atnet.ru</a></p> <p>2.a) Pomor State University; Department of Psychology and Social Work b) Alexander Krylov, Vice rector on International relations Larissa S. Malik, Dean of Faculty of Psychology and Social work c) Ul. Vyucheiskogo, 163061 Archangelsk, d) Tel: +7 8182 619029 (Larissa Malik) or +7 51295 16133 (Alexander Krylov) Fax: +7 8182 619029 (Larissa Malik) <a href="mailto:f.social@pomorsu.ru">f.social@pomorsu.ru</a> or <a href="mailto:krylov@pomorsu.ru">krylov@pomorsu.ru</a></p> <p>3.a) Pomor State University; Institute of child's development b) Anatoly Griбанov, Director c) Ul.Badigina 3, 163045 Archangelsk d) Tel: +7 8182 240906 Fax: +7 8182 213871 e-mail: <a href="mailto:icd@arkhangelsk.ru">icd@arkhangelsk.ru</a></p> <p>4.a) Northern State Medical University b) Pavel I Sidorov, Rector Andrey Soloviev, Deputy Rector of the Institute of Psychology and Psychiatry c) <b>Pr.</b>Troitsky, 51, 163061 Archangelsk d) Tlf/ Fax: +7 8182 209284 e.mail: <a href="mailto:ASoloviev@nsmu.ru">ASoloviev@nsmu.ru</a> (A. Soloviev) or <a href="mailto:psidorov@nsmu.ru">psidorov@nsmu.ru</a> (P. Sidorov)</p> <p>5.a) Early Intervention Institute b) Elena Kozhevnikova, Director</p>
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			c) Ul. Serpukhovskaya 38, 191123 St. Petersburg d) Tel: +7 812 316 2103 Fax: +7 812 316 1892 e-mail: <a href="mailto:ekochev@eii.spb.ru">ekochev@eii.spb.ru</a>
45	a) B208 b) Organisation and performance specifications of laboratory medicine services in Murmansk	a) Karolinska Institutet, UiTø b) Anders Kallner, Jan Brox c) Nobels väg 5, Solna  Alfred Nobels Allé 8, Huddinge, 17177 Stockholm  9037 Tromsø d) 77626715, <a href="mailto:jan.brox@unn.no">jan.brox@unn.no</a> <a href="mailto:anders@kallner.net">anders@kallner.net</a>	a) Murmansk Region Hospital b) Dr. Jurij Vronskij, MD, Head of Centralized Laboratory c) Ul. Pavlova 6 183038 Murmansk d) Tel: +7 8152 560491 +7 8152 566364 Fax: +7 8152 566244
46	a) B209 b) Health Prevention Work in Pinega	a) Oslo Kristne Senter b) Hilde L. Grimstad c) Fetveien 1 2007 Kjeller d) 64 84 64 00, <i>post.oks.no</i>	a) Government of Pinega District, Head of Region b) Galina Ryakhova Ludmila Korneeva c) Karpagory, Pinega, Arkhangelsk d) <a href="mailto:mila@sanet.ru">mila@sanet.ru</a> (Ludmila Korneeva)
47	a) B210 b) Disease and death register for the health study 2000 in Arkhangelsk	a) Institute for Community Medicine, UiTø b) Maria Averina c) d)	1. a) Northern State Medical University, Arkhangelsk b) Alexei Kalinin, MD, PhD c) d) Tel: +7 8182 493451 <a href="mailto:Akalinin@arh.ru">Akalinin@arh.ru</a>  2. a) Semashko poliklinikk, Arkhangelsk b) Vadim Arkhipovsky, sjeflege, PhD c) Nab. Severnoi Dviny 66, rom 409 d) Tel: +7 8182 648039 <a href="mailto:daycare@atnet.ru">daycare@atnet.ru</a>
48	a) B211 b) Militsiia Liubvi (The love police)	a) Medisinerstudentenes seksualopplysning (MSO) Tromsø	1. a) Røde Kors b) Anatoly Mikhaylov c) Nab. Sev. Dviny 98

		<p>b) Eivind Fosse  c) MSO- Tromsø  Stud. Post MH- bygget  d) 77646688,  <a href="mailto:mso@fagmed.uit.no">mso@fagmed.uit.no</a></p>	<p>163069 Arkhangelsk  d) Mob: +7 921 240 9144  Tel:/Fax: +7 8182 210139  <a href="mailto:loki-pr@yandex.ru">loki-pr@yandex.ru</a></p> <p>2.a)Klinikk for  dermatovenerologi  b) Larissa Kontjajeva, dr. ved  klinikk  c)  d)Mob: +7 89 11 55 79 975  Tel: +7 8182 626128  Tel. Priv: +7 8182 614894  <a href="mailto:jvens@atnet.ru">jvens@atnet.ru</a>  <a href="mailto:juventus2@mail.ru">juventus2@mail.ru</a>  privat <a href="mailto:ksenya8@atnet.ru">ksenya8@atnet.ru</a></p> <p>3.a)Arkhangelsk Health Care  Department  b)Marina Manukhina, Chief of  International Affairs Unit  Veronika Vorobjova  c)  d)Tel: +7 8182 646285  <a href="mailto:manms@msa.ru">manms@msa.ru</a>  <a href="mailto:marimanse@rambler.ru">marimanse@rambler.ru</a>  <a href="mailto:vorvv@msa.ru">vorvv@msa.ru</a></p> <p>4.a) AIDS Centre  b) Vera Utygova, sjefslege på  Arkhangelsk regionale AIDS og  infeksjonssenter  c)Ch-Luchinskogo 20  163061 Arkhangelsk  d)Tel: +7 8182 654211  Tel. Priv.:+7 8182 230894  <a href="mailto:arhuids@atnet.ru">arhuids@atnet.ru</a></p>
49	<p>a) B212  b) Support for the  regional  programme  "Vaccine  prophylactics in  2002-2003 for  immunisation of  teen-agers against  hepatitis B in</p>	<p>a) Norwegian Institute for  Public Health  b) Preben Aavitsland and  Stein Andresen  c) Geitmyrsveien 75,  Lovisenbergsgata 6, Marcus  Thranesgate 6, Postboks  4404 Nydalen, 0403 Oslo  d) <a href="mailto:sean@fhi.no">sean@fhi.no</a>  <a href="mailto:praa@fhi.no">praa@fhi.no</a></p>	<p>a) Health Care Committee of  Administration of Murmansk  Region  b) Igor Kovalev, Chairman of  Health Care Committee  c) Ul. Profsojuzov 20  183038 Murmansk  d) Tel:/Fax: +7 8152 456576  <a href="mailto:itt@medaid.murmansk.su">itt@medaid.murmansk.su</a></p>

	Murmansk Oblast		<p>2.a) Regional State Epidemiological and Sanitary Centre</p> <p>b) Andrei Chernev, Head Doctor, Director</p> <p>c) Ul. Kommuni 7 183038 Murmansk</p> <p>d) Tel:/Fax: +7 8152 472672 <a href="mailto:ocgsen@com.mels.ru">ocgsen@com.mels.ru</a></p>
50	<p>a) B213</p> <p>b) Surveillance of Rubella and Congenital Rubella Syndrome in Arkhangelsk</p>	<p>a) Norwegian Institute for Public Health</p> <p>b) Preben Aavitsland and Stein Andresen</p> <p>c) Geitmyrsveien 75, Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo</p> <p>d) <a href="mailto:sean@fhi.no">sean@fhi.no</a> <a href="mailto:praa@fhi.no">praa@fhi.no</a></p>	<p>1.a) Regional State Sanitary and Epidemiological Surveillance Centre, Arkhanel'sk</p> <p>b) Andrei Tulisov, epidemiolog</p> <p>c)</p> <p>d) <a href="mailto:tandr@atnet.ru">tandr@atnet.ru</a></p>
51	<p>a) B214</p> <p>b) Organisation of epidemic Control and Immunisation in Arkhangelsk Region - Hepatitis B</p>	<p>a) Norwegian Institute for Public Health</p> <p>b) Preben Aavitsland and Stein Andresen</p> <p>c) Geitmyrsveien 75, Lovisenbergsgata 6, Marcus Thranesgate 6, Postboks 4404 Nydalen, 0403 Oslo</p> <p>d) <a href="mailto:sean@fhi.no">sean@fhi.no</a> <a href="mailto:praa@fhi.no">praa@fhi.no</a></p>	<p>a) Health Department, Administration of the Arkhangelsk Region</p> <p>b)</p> <p>c) Pr. Troitsky 49 163061 Arkhangelsk</p> <p>d) Tel: +7 8182 438101 Fax: +7 8182 439600 <a href="mailto:dep@msa.ru">dep@msa.ru</a></p> <p>2.a) Regional State Epidemiological and Sanitary Centre</p> <p>b)</p> <p>c) Ul. Gaidara 24 163061 Arkhangelsk</p> <p>d) Tel: +7 8182 640769 Fax: +7 8182 652783 <a href="mailto:arkhcgsn@msa.ru">arkhcgsn@msa.ru</a></p>
52	<p>a) B 301</p> <p>b) Congenital Syphilis in Northwestern Russia</p>	<p>a) UNN, Mikrobiologisk avd</p> <p>b) Vegard Skogen</p> <p>c)</p> <p>d) 77626000 <a href="mailto:vegard.skogen@unn.no">vegard.skogen@unn.no</a></p>	<p>a) Northern State Medical University</p> <p>b) Ass. Professor Tatyana Shiryayeva</p> <p>c) Pr. Troitsky 51 163061 Arkhangelsk</p> <p>d) Tel: +7 8182 647380</p>



53	a) B302 b) Lung rehabilitation in Karelia	a) UNN, Medisinsk avd, lungeseksjonen b) Audhild Hjalmsen c) d) 77626823/824	a) Republican Hospital of Karelia, Department of Pulmonology b) Elmira Zilber, Chief Physician c) Ul. Pirogova 3 Petrozavodsk d) Tel: +7 8142 764440 Fax: +7 8142 761943 <a href="mailto:zilber@karelia.ru">zilber@karelia.ru</a>
54	a) B304 b) Intervention and improvement in the care of pregnant women and reduction of the perinatal mortality and morbidity in the Komi Republic, Arkhangelsk city and Naryan-Mar, Nenets Republic.	a) UiTromsø, Institute for Community Medicine b) Jon Ø. Odland c) University of Tromsø. Medisinsk Fakultet, 9037 Tromsø d) 7764408 <a href="mailto:jon.ovvind.odland@ism.uit.no">jon.ovvind.odland@ism.uit.no</a>	1. a) a) Monchegorsk sykehus / regional helseadministrasjon, Murmansk b) Alexander Vojtov c) d) <a href="mailto:VoitovAV@monch.mels.ru">VoitovAV@monch.mels.ru</a> , <a href="mailto:mecgbboss@monch.mels.ru">mecgbboss@monch.mels.ru</a> 2. a) Regionsykehuset i Syktyvkar b) Anna Kozlovskaya, overlege, fødeavdelingen c) d) <a href="mailto:kozlovskaya3@yandex.ru">kozlovskaya3@yandex.ru</a>
55	a) B304 b) Telemedicine in Murmansk	a) Helse Finnmark FFU, Telemedisin/Kirkenes Sykehus b) Morten Dahl c) Universitetssykehuset Nord-Norge HF Sykehusvegen 38 9038 Tromsø d) 78973048, <a href="mailto:morten.dahl@helse-finmark.no">morten.dahl@helse-finmark.no</a>	a) Murmansk Regional Health Care Department b) Olga Fedulova c) Ul. Profsoyuzov 20 183038 Murmansk d) Tel: +7 8152 451744 <a href="mailto:itt@medaid.murmansk.su">itt@medaid.murmansk.su</a>
56	a) B305 b) Pilot project: Contributing to reform of health- and social services in Northwest Russia - Alternatives to institutional	a) Norsk Folkehjelp b) Berit Ødegård c) d) <a href="mailto:pera@naid.org">pera@naid.org</a>	a) Murmansk administrasjon, komiteen for sosial beskyttelse av befolkningen b) Vladimir Ivanov-Afanasiev, leder for fylkeskomiteen for sosial beskyttelse av befolkningen c) Ul. Polarnie Zori 182530 Murmansk

	placement		d) Tel: +7 8152 474428 Fax: +7 8152 474447 <a href="mailto:soczach@com.mels.ru">soczach@com.mels.ru</a>
57	a) B306 b) New Rehabilitation Practice: Ergotherapy technologies in the Republic of Karelia	a) b) c) d)	a) Petrozavodsk city polyclinic no. 2 b) Arkadii Rutgaiser c) ul. Volodarskogo 14-211  d) <a href="mailto:rehabilitation@karelia.ru">rehabilitation@karelia.ru</a>
58	a) B307 b) Seminar on trafficking in women and health work	a) PRO-senteret b) Liv Jessen c) Tollbugt. 24,0157 Oslo,s d) 23 10 02 00 <a href="mailto:arne.randers-pehrson@sby.oslo.kommune.no">arne.randers-pehrson@sby.oslo.kommune.no</a>	a) NGO Stellit i Sankt Petersburg b) Maia Rusakova c) Bumazhnaya ul. 9, office 617 190020 Saint Petersburg Russia d) <a href="mailto:info@ngostellit.ru">info@ngostellit.ru</a> ; <a href="mailto:maia@ngostellit.ru">maia@ngostellit.ru</a>  a) AIDS klinikken/Murmansk center "Trust" b) Dr. Fedor Bailuk  c) Tralovaya 47 183001 Murmansk, Russia d) <a href="mailto:aidsmurm@online.ru">aidsmurm@online.ru</a> + 78152477770  a) b) c) d)
59	a) B308 b) Conference on Rural Health, Scotland. Travel funds	a) Helse Finnmark, Kirkenes sykehus b) Hilde Gade  c) Ranheimsvn. 10, 7004 Trondheim d) 73559745, <a href="mailto:hilde.gade@hist.no">hilde.gade@hist.no</a>	a) b) c) d)
60	a) B401 b) Repeated abortions and their consequences for the womans health	a) Helse Finnmark, Kirkenes sykehus  b) Ioanna Varna Florea c) Sykehusv. 35, 9613	1. a) Health Department Murmansk b) Igor Kovalev, Chief of Health Department Murmansk Arkadi Rubin, Deputy Chief of

		<p>Hammerfest. d) 78973020, <a href="mailto:ioan.florea@helse-finnmark.no">ioan.florea@helse-finnmark.no</a></p>	<p>Health Department Murmansk Ludmila Kovalenko, Deputy Chief of Health Department Murmansk Olga Fedulova, Public and International Relations in Murmansk Health Region c) d) Fax: +7 8152 456566 <a href="mailto:itt@medaid.murmansk.su">itt@medaid.murmansk.su</a> <a href="mailto:rubin@amo.murman.ru">rubin@amo.murman.ru</a> fedulova : <a href="mailto:mica@polarmed.murmansk.ru">mica@polarmed.murmansk.ru</a></p> <p>2.a) Health Department Arkhangelsk b) Mikhail Emmanuilov, Chief of Health Department Arkhangelsk Marina Zhestovsky, Public and International Relations in Arkhangelsk Health Region c) Pr. Troitsky 49 163061 Arkhangelsk d) <a href="mailto:zhestovsky.marina@miac.msa.ru">zhestovsky.marina@miac.msa.ru</a> <u>u</u></p> <p>3.a) Northern State Medical University (NSMU) b) Alexey Baranov, Prof. Of Obstetrics and Gynecology NSMU c) Pr. Troitsky 51 163061 Arkhangelsk d) <a href="mailto:anton@sanet.ru">anton@sanet.ru</a></p> <p>4.a) Research Center of Obstetrics, Gynecology and Perinatology, Russian Academy of Medical Sciences b) Irina Savelyeva, Forsker c) d) Tel: +7 095 438 2288 <a href="mailto:inerotdel@mai.ru">inerotdel@mai.ru</a></p> <p>5.a) Petrozavodsk University</p>
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61	<p>a) B402  b) New treatment methods for children and families</p>	<p>a) The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) Region North   Statens Barnevern og familievern, region Nord  b) Pål Christian Bergstrøm  c)  d) Tel: +47 78481124/ +47 91147848  <a href="mailto:pal.christian.bergstrom@bufetat.nopal.christian.bergstrom@bufetat.no">mailto:pal.christian.bergstrom@bufetat.nopal.christian.bergstrom@bufetat.no</a></p>	<p>a) Ministeriet for arbeid og sosial utvikling i Karelen  b) Irina Bakunovitsj, viseminister  c) Pr. Lenina 6  185660 Petrozavodsk  d) Tel: +7 8142 784935  <a href="mailto:mintrud@onego.ru">mintrud@onego.ru</a></p>
62	<p>a) B403  b) Development of institute of community medicine and study education in Public Health, Arkhangelsk</p>	<p>a) University of Tromsø, Institute for Community Medicine  b) Odd Nilsen  c) 9037 Tromsø  d) <a href="mailto:odd.nilssen@ism.uit.no">odd.nilssen@ism.uit.no</a></p>	<p>a) Northern State Medical University (NSMU)  b) Pavel Sidirov, Rector  Alexey Kalinin, Professor  c) Pr. Troitsky 51  163061 Arkhangelsk  d) Tel: +7 8182 647410  Fax: +7 8182 263226  <a href="mailto:alexeykalinin46@yahoo.com">alexeykalinin46@yahoo.com</a>  <a href="mailto:info@nsmu.ru">info@nsmu.ru</a></p>
63	<p>a) B404  b) Child sexual abuse and exploitation</p>	<p>a) Redd Barna  b) Bjørg Besteland (<i>Markus Aksland</i>),  c) 22 99 09 00  d) +78152406675,  <a href="mailto:markus.aksland@scnorway.ru">markus.aksland@scnorway.ru</a></p>	<p>1. a) Save the Children Norway in Russia  b) Elena Kirillova  c) Ul.Sverdlova 3  183034 Murmansk  d) Tel: +7 8152 400676  +7 8152 400670  <a href="mailto:elena.kirillova@scnorway.ru">elena.kirillova@scnorway.ru</a></p> <p>2.a) The Government of Murmansk Region  b) Elena Krasovskaya  c) Pr. Lenina 75  183006 Murmansk  d) Tel: +7 8152 486262</p>

			<p>Fax: +7 8152 458787</p> <p>3.a) The Department of Internal Affairs of the Murmansk Region (the Police)</p> <p>b) Victor Pesterev</p> <p>c) Pr. Lenina 64 183006 Murmansk</p> <p>d) Tel: +7 8152 487276 Fax: +7 8152 476026</p>
64	<p>a) B405</p> <p>b) "New Beginning"</p>	<p>a) Norwegian saami Mission</p> <p>b) Sigfred Palmar Giskegjerde</p> <p>c) Kongensgt. 14 b, 7011 Trondheim (</p> <p>d) 73 87 62 50</p> <p><a href="mailto:sigfred.giskegjerde@samemisjonen.no">sigfred.giskegjerde@samemisjonen.no</a>,</p> <p><a href="mailto:spgiskegjerde@yahoo.com">spgiskegjerde@yahoo.com</a></p> <p><a href="mailto:solvi.endresen@samemisjonen.no">solvi.endresen@samemisjonen.no</a></p>	<p>a) "Det veldedige fond New Beginning"</p> <p>b) Natalia Vetsko</p> <p>c) Ul. Volodarskogo 2a/21 183038 Murmansk</p> <p>d) Tel: +7 815 242 88 <a href="mailto:natavetsko@mail.ru">natavetsko@mail.ru</a></p>
65	<p>a) B406</p> <p>b) Strategy conference for health cooperation between Tromsø and Arkhangelsk</p>	<p>a) University of Tromsø, Senter for internasjonal helse</p> <p>b) Solveig Wiesener</p> <p>c) 9037 Tromsø</p> <p>d) 77644970, 90518648 <a href="mailto:solveig.wiesener@fagmed.uio.no">solveig.wiesener@fagmed.uio.no</a></p>	<p>a) Northern State Medical University, Arkhangelsk</p> <p>b) Yury Sumarokov, Vice-rector for International Relations and Innovation</p> <p>c) Pr. Troitsky 51 163061 Arkhangelsk</p> <p>d) Tel: +7 8182 263226 Fax: +7 8182 637480 <a href="mailto:sumja@nsmu.ru">sumja@nsmu.ru</a> <a href="mailto:sumja@msa.ru">sumja@msa.ru</a></p>
66	<p>a) B407</p> <p>b) Training programme for hospital personell within hygiene and infection protection</p>	<p>a) UNN, anesthesiavd.</p> <p>b) Trine Utkilen Sørensen</p> <p>c) University of Tromsø, 9037 Tromsø</p> <p>d) 47857756, <a href="mailto:trutkso@sih.uit.no">trutkso@sih.uit.no</a></p>	<p>a) Helsedepartement i Arkhangelsk</p> <p>b) Raisa Grosheva</p> <p>c)</p> <p>d) Tel: +7 8182 208399 <a href="mailto:grosheva.raisa@msa.ru">grosheva.raisa@msa.ru</a> <a href="mailto:groRL@msa.ru">groRL@msa.ru</a></p>
67	<p>a) B408</p> <p>b) Rehabilitation - to develop competence in a multidisciplinary</p>	<p>a) UNN, ergoterapiavd.</p> <p>b) Torill Davida Nilsen</p> <p>c) Boks 11, 9038 Tromsø</p> <p>d) <a href="mailto:torill.d.nilsen@unn.no">torill.d.nilsen@unn.no</a></p>	<p>a) Internasjonal avdeling i helsedep. i Arkhangelsk</p> <p>b) Marina Z</p> <p>c)</p> <p>d) <a href="mailto:marbor75@mail.ru">marbor75@mail.ru</a></p>

	approach		a) I ST.Petersburg b)Sergey Maltsev c) d) <a href="mailto:sergcapric@hotmail.com">sergcapric@hotmail.com</a> .
68	a) B409 b) The psychosocial wellbeing of children and youth in the Arctic	a) Høgskolen i Finnmark b) Harald Skogseid c) Follumsvei 31, Alta d) 78450145, <a href="mailto:Harald.Skogseid@hifm.no">Harald.Skogseid@hifm.no</a>	a)MSPU, Murmansk Statlige Pedagogiske Universitet b) prosjektleder og leder for internasjonalt avdeling, Inna Ryzhkova.  c) d) <a href="mailto:innaryzhkova@yandex.ru">innaryzhkova@yandex.ru</a>
69	a) B410 b) Co-operation focusing on maternity ward	a) Helse Finnmark/Hammerfest b) Erik Fjeldstad/Else Gregersen c) SykehuGeitmyrsveien 35, 9613 Hammerfest d) 78427845,	a) Kola Maternity Hospital b)Dr. Elena Tarasenko c) d)Tel: +7 095 784 64 84 <a href="mailto:111@e-mail.ru">111@e-mail.ru</a>
70	a) B411 b) Pomor psychiatric nurse. Developing educational model that implements the special conditions of Barents Region	a) Høgskolen i Finnmark, avd. for helsefag b) Ingrid Immonen c) d) <a href="mailto:Ingrid.Immonen@hifm.no">Ingrid.Immonen@hifm.no</a>	a) Northern State Medical University b) Andrey Soloviev c) Professor of Psychiatry Institute of Psychology and Psychiatry NSMU, 163061 Arkhangelsk d) tlf +7- 8182-209284 e-post: <a href="mailto:ASoloviev@nsmu.ru">ASoloviev@nsmu.ru</a>
71	a) B412 b) Introduction of a multi-disciplinary team approach in the treatment of Cleft-Lip-Palate patients in the Barents region	a) Haukeland universitetssykehus b) Paul Egil Gravem c) d) <a href="mailto:pgravem@online.no">pgravem@online.no</a>	a) Regional Children Hospital, Arkhangelsk / Arkhangelsk University Hospital b) Galina Uskov c) d) <a href="mailto:au@arh.ru">au@arh.ru</a>
72	a) B413 b) Rehabilitation International World Congress; Rethinking Rehabilitation	a) Verdenskongressen Rethinking Rehabilitation b) Grete Hjernstad, Arne Heimdal c) Postboks 9222 Grønland 0134 Oslo d) Tel: 22 05 00 47/ 90 10 69 22	a) b) c) d)

		<a href="mailto:ellen@ri-norway.no">ellen@ri-norway.no</a>	
73	a) B 414 b) Co-operation between Norwegian National Institute of Public Health and the health sector in Komi	a) Norwegian Institute for Public Health b) Stein Andresen c) d) <a href="mailto:sean@fhi.no">sean@fhi.no</a>	a) Komi Branch Kirov State Medical Academy b) Evgeny Bojko c) Ul. Babushkina 11 167000 Syktyvkar d)
74	a) B415 b) Support to Russian participants at regional meeting of State epidemiologists in Kaliningrad	a) Norwegian Institute for Public Health b) Stein Andresen c) d) <a href="mailto:sean@fhi.no">sean@fhi.no</a>	1. a) State Saniary and Epidemiological Surveillance Centre in Kaliningrad Region b) Tatiana Grunicheva, hovedlege, direktør c) d)  2. a) State Saniary and Epidemiological Surveillance Centre in Arkhangelsk Region b) Roman Buzinov, Head Doctor c) Ul. Gaidara 24 163061 Arkhangelsk d) Tel: +7 8182 640769 Fax: +7 8182 652783 <a href="mailto:arkhcgns@msa.ru">arkhcgns@msa.ru</a> <a href="mailto:cgsn@cgsn.msa.ru">cgsn@cgsn.msa.ru</a>  3. a) State Saniary and Epidemiological Surveillance Centre in Murmansk Region b) Andrei Chernev, Head Doctor c) Ul. Kommuni 7 183038 Murmansk d) Tel: +7 8152 472672 <a href="mailto:ocgsen@com.mels.ru">ocgsen@com.mels.ru</a>  4. a) State Saniary and Epidemiological Surveillance Centre in the Republic of Karelia b) Anatoli Kovalenko, Head Doctor c) Ul. Pirogova 12 185007 Petrozavodsk Karelia

			<p>d) Tel:/Fax: +7 8142 763593  <a href="mailto:sanepid@karelia.ru">sanepid@karelia.ru</a></p> <p>5.a) State Saniary and Epidemiological Surveillance Centre in Nenets Autonomous Okrug  b) Oleg Batmanov, Head Doctor  c) Ul. Aviatorov 7  166000 Naryan-mar  Nenets Autonomous Okrug  d) Tel:/Fax: +7 818 534 3058  <a href="mailto:gossan@atnet.ru">gossan@atnet.ru</a></p>
75	<p>a) B416  b) "Alle tiders band" to Arkhangelsk (Band of mentally disabled people)</p>	<p>a) Østkontakten i Varanger Prosti  b) Tor Kristian Benum  c) Amtmannstgt, 1, 9800, Vadsø  d) 78942980,  <a href="mailto:benumltd@online.no">benumltd@online.no</a>  <a href="mailto:steinar.refstie@vadsokommune.no">steinar.refstie@vadsokommune.no</a></p>	<p>a) Arkhangelsk Regional Public Charitable Organization "Rassvet"  b) Svetlana Popkova, executive director  c) Naberezhnaia Severnoi Dviny 84  163 000 Arkhangelsk  d) Tel: +7 8182 206747  Fax: +7 8182 206594  <a href="mailto:arassvet@atnet.ru">arassvet@atnet.ru</a></p>
76	<p>a) B501  b) Antibiotikaresistens hos viktige humanpatogene bakterier i Arkhangelsk</p>	<p>a) UNN, mikrobiologisk avd.  b) Arnfinn Sundsfjord  c) PB 56, 9038 Tromsø  d) <a href="mailto:arnfinns@fagmed.uit.no">arnfinns@fagmed.uit.no</a></p>	<p>a) Northern State Medical University, Arkhangelsk  b) Professor Tatiana Bazhukova, Microbiology, Virology and Immunology Department  c)  d) <a href="mailto:info@nsmu.ru">info@nsmu.ru</a></p>
77	<p>a) B502  b) Collaboration with Arkhangelsk SEC (Regional State Surveillance and Epidemiological Centre, Arkh. Region)</p>	<p>a) Norwegian Institute for Public Health  b) Stein Andresen  c)  d) <a href="mailto:sean@fhi.no">sean@fhi.no</a></p>	<p>a) State Saniary and Epidemiological Surveillance Centre in Arkhangelsk Region  b) Roman Buzinov, Head Doctor  c) Ul. Gaidara, 24  163061 Arkhangelsk  d) Tel: +7 8182 200569  Fax: +7 8182 652783  <a href="mailto:cgsn@msa.ru">cgsn@msa.ru</a></p>
78	<p>a) B503  b) Preparing to support the organisation of</p>	<p>a) Parents in Partnership Consultancy  b) Arne Schanke Andresen  c) <a href="mailto:pipcon@online.no">pipcon@online.no</a></p>	<p>a) Municipal Services Department of Institutional Medical Care at the St. Petersburg Committee on Public</p>



	self-help groups for parents and significant others of drug-dependent persons in St. Petersburg	d) 48131613 (privat)	Health Care under St. Petersburg Government b) Aleksandra Repina, chief specialist dept. of institutional medical care c) d) <a href="mailto:rav@kz.zdrav.spb.ru">rav@kz.zdrav.spb.ru</a>
79	a) B504 b) Cross Actions between the STD Clinic in Archangels and the Olafia Clinic in Oslo	a) Olafia-kliniken b) Ingeborg Lyngstad Vik c) d) 22082950 (Olafiaklinikken) <a href="mailto:Vik@ulleval.no">Vik@ulleval.no</a>	a) Dermato-venerologiske sykehus (DVS) i Arkhangelsk b) Tatjana Ababkova, sjefslege ved DVS c) Ul. Sibiryakovtsev 2/1 Arkhangelsk d) tel: +7 8182 248428 <a href="mailto:jvens@atnet.ru">jvens@atnet.ru</a> <a href="mailto:juvetus@mail.ru">juvetus@mail.ru</a>  a) Arkhangelsk Regional AIDS and Infection Diseases Centre b) Vera Utygova, Head Doctor c) Ch. Luchinskogo 20 163061 Arkhangelsk d) Tel: +7 8182 654211 <a href="mailto:arhuids@atnet.ru">arhuids@atnet.ru</a>
80	a) B505 b) Joint postgraduate education as a means to support progress of Family Medicine in Murmansk (and Arkhangelsk) oblasts	a) Fylkesmannen i Finnmark b) Karin Straume (fylkeslege) c) d) 78950394 <a href="mailto:karin.straume@fimfi.no">karin.straume@fimfi.no</a>	a) Committee of Health Care in Murmansk Region b) Dep. Chairman Arkadi Rubin c) Ul. Profsoyuzov 20 183038 Murmansk d) Fax: +7 8152 451427
81	a) B506 b) "Parkveien 12 – Bofellesskap" (Forbedre bo- og leveforholdene for 20 ungdommer, opplæring, aktivisering)	a) Troms Røde Kors b) Britt Gunnberg c) d) <a href="mailto:dk.troms@redcross.no">dk.troms@redcross.no</a>	1. a) Kirovsk Psykonevrologiske Internat Murmans Røde Kors- Kirovsk Røde Kors b) Nina Mamayeva, direktør c) Parkvn, 17 Kirovsk d)  2.a) Murmansk Røde Kors- Kirovsk Røde Kors b) Boris Kazak (Kirovsk Røde Kors)

			c) Murmansk Røde Kors Kirova 62 A, Murmansk Kirovsk Røde Kors, Kirovsk
82	a) B507 b) Development of Palliative Aid System in Arkhangelsk Region	a) b) c) d)	a) RASSVET, Arkhangelsk Regional Public Charitable Association b) Elena Ermolina, Executive Director c) Naberezhnaya Severnoj Dviny 84, 163000 Arkhangelsk  d) Tel: +7 8182 206747 Fax: +7 8182 206594 <a href="mailto:arassvet@atnet.ru">arassvet@atnet.ru</a>
83	a) B508 b) Søknad om rammebevilgning til Barentssamarbeid	a) Helse Finnmark/ Barentssamarbeidet i Kirkenes b) Bjørn Engum/Rune Rafaelsen c) d)	a) b) c) d)
84	a) B 509 b) Children as a basis for healthy grown-ups	a) Bergen Kommune, byrådsavdeling for helse og bydeler b) Ingar Tveit c) <a href="mailto:annebrit.reigstad@bergen.kommune.no">annebrit.reigstad@bergen.kommune.no</a> d) 05556 (Bergen kommune)	a) "Regiomonti", non profit organisation b) Maxim Savinov, president c) Ul. Gromowoj 1005-34 236011 Kaliningrad d) Tel: +7 9022 184778 Fax: +7 0112 715083 <a href="mailto:regiomonti@mail.ru">regiomonti@mail.ru</a>
85	a) B510 b) Social Inclusion of Youth from Child Care Institutions in Lovozero	a) Norsk Folkehjelp b) Markus Karlsen c) d) 22037700, <a href="mailto:pera@npaid.org">pera@npaid.org</a>	a) Murmansk Regional Social and Labor Committee b) Valery Palkin, Head of Committee c) d) Tel: +7 8152 447390 +7 8152444553 <a href="mailto:soczach@com.mels.ru">soczach@com.mels.ru</a>  2.a) Lovozero Municipal Administration b) Natalia Ryabshikova, Head of Administration c) Ul. Sovetskaja 10 Lovozero d) Tel: +7 238 33564 Fax: +7 238 31086

			<p>3.a) Lovozero Community Center  b) Marina Efimova, Head of Community Center  c) Kuzina 5, Revda  d)Tel: +7 238 34 797</p>
86	<p>a) B511  b) Surveillance of hospital acquired infections and hand hygiene</p>	<p>a) Folkehelseinstituttet  b) Stein Andresen  c)  d) <a href="mailto:sean@fhi.no">sean@fhi.no</a></p>	<p>1.a) The State Regional Sanitary and Epidemiological Control Centre in NW-Russia  b)  c)  d)</p> <p>2.a) The Regional Health Committees of Murmansk, Arkhangelsk, Nenets, Karelia and Komi</p>
87	<p>a) B512  b) Prevalence of Chlamydia trachomatis</p>	<p>a) UNN, infeksjonsmedisinsk seksjon, Med B  b) Vegard Skogen  c)  d) <a href="mailto:vegard.skogen@unn.no">vegard.skogen@unn.no</a></p>	<p>a) Dermato-venerologiske sykehus (DVS) i Arkhangelsk  b) Natalja Firsova, Seksjonsoverlege på mikrobiologisk avdeling,DVS  Tatjana Ababkova, sjefslege ved DVS  c)  d) tel: +7 8182 248428  <a href="mailto:Arh.okkvd@mail.ru">Arh.okkvd@mail.ru</a></p>
88	<p>a) B513  b) AIDS Alarm (ekstraordinært tilskudd)</p>	<p>a) TVIBIT  b) Magne Amundsen  c) Frederik Langesgate 29, 9008 Tromsø  d) 77697866  <a href="mailto:magne@tvibit.net">magne@tvibit.net</a>  <a href="mailto:christian@tvibit.net">christian@tvibit.net</a></p>	<p>a) TV Studio "Sky"  b)Viktoria Rasheva  c)Ul. Geroev Severomortsev 2 183000 Murmansk  d) Tel: +7 8152 318766  Mob: +7 911 3120651  <a href="mailto:a-elite@yandex.ru">a-elite@yandex.ru</a></p>
89	<p>a) B514  b) Barents Conference – health care among the Indigenous populations in the Barents region at the University of Tromsø October 25.-26. 2005</p>	<p>a) UiTr, Centre for Sámi research  b) Ragnhild Vassvik Kalstad  c)  d) 78466988 (privat)  <a href="mailto:ragnhild.kalstad@ism.uit.no">ragnhild.kalstad@ism.uit.no</a></p>	<p>a) RAIPON-Main Organisation for Indigenous People in Russia  b) Larissa Abrutina, Head of the Organisation RAIPON  c)  d) tel: +7 495 780 87 27  <a href="mailto:Labryut@yandex.ru">Labryut@yandex.ru</a>  <a href="mailto:raipon@raipon.ru">raipon@raipon.ru</a></p>
90	<p>a) B515</p>	<p>a) Sosial- og</p>	<p>a) The Health Care Department</p>

	b) Reform of regional health care system in Arkhangelsk oblast with an emphasis on primary health care.	helsedirektoratet b) Odd Arild Haugen c) d)	in Arkhangelsk Region b)Sergey Emmanuilov, minister c) d) Tel: +7 8182 215584 <a href="mailto:dep@msa.ru">dep@msa.ru</a>
91	a) B516 b) The Barents Region Public Competence Centre on Family Based Care in Murmansk	a) Sos-barnebyer b) Torbjørn Persen c) d) 22479280 (SOS Barnebyer)	a) Murmansk Region Administration b)Ludmila Chistova, Vice-governor c)Ul. Lenina 75 183006 Murmansk d) Tel: +7 8152 486228 Fax: +7 8152 45 10 54 <a href="mailto:pch@amo.murman.ru">pch@amo.murman.ru</a>
92	a) B517 b) Pilot project, planning future project "Åna – Kresty II"	a) Åna fengsel b) Karsten Kronholm c) Henjahaugane 17, 6863 Leikanger d) <a href="mailto:karsten.kronholm@isf.uib.no">karsten.kronholm@isf.uib.no</a>	a) Main Directorate of Implementation of Punishment St. Petersburg City and Leningrad region (GUIN) b)Dr. Igor Tamatorin, head of medical department in GUIN c) d) <a href="mailto:oltam@yandex.ru">oltam@yandex.ru</a>
93	a) B518 b) Volunteer Centres	a) Norsk Folkhjelp b) Markus Karlsen c) d) <a href="mailto:per@npaid.org">per@npaid.org</a>	a) b) c) d)
94	a) B 519 b) Health improving course for teenagers with 1-diabetes	a) b) c) d)	a) a) RASSVET, Arkhangelsk Regional Public Charitable Association b) Elena Ermolina, Executive Director c) Naberezhnaya Severnoj Dviny 84, 163000 Arkhangelsk d) Tel: +7 8182 206747 Fax: +7 8182 206594 <a href="mailto:arassvet@atnet.ru">arassvet@atnet.ru</a>
95	a) B520 b) Development of network interaction between organisations of Norway, Finland	a) Pro Sentret, Oslo Kommune b)Liv Jessen, Director Arne Randers-Pehrson, Consultant c) Tollbu gt.24 N-0157 Oslo	a) Stellit b) Maia Rusakova c) ul. Bumazhnaja 9, office 617, St. Petersburg d) Tel:/Fax: +7 812 445 2893 <a href="mailto:info@spbstellit.ru">info@spbstellit.ru</a>

	and the North-Western region of Russia, dealing with women involved in commercial sex business	d)Tel: +47 23 10 02 00 Fax: +47 22 41 05 44 <a href="mailto:prosentret@bgo.oslo.kommu.no">prosentret@bgo.oslo.kommu.no</a> <a href="mailto:liv.jessen@bgo.oslo.kommu.no">liv.jessen@bgo.oslo.kommu.no</a> <a href="mailto:arne.randers-pehrson@bgo.oslo.kommune.no">arne.randers-pehrson@bgo.oslo.kommune.no</a>	
96	a) B521 b) “The Territory of Life” It is the work of a mobile unit for prevention of HIV infecting and drug-addiction in different educational institutions in the city of Murmansk	a) The Norwegian Ministry of Health and Care Services Norwegian Institute of Public Health b)Preben Aavitslan, the State Epidemiologist of Norway c) PO Box 4404 Nydalen N-0403 Oslo d)Tel: +47 22 04 22 00 Fax: +47 22 35 36 05 <a href="mailto:Norwegian Institute for Public Health@fhi.no">Norwegian Institute for Public Health@fhi.no</a>	a) The Murmansk AIDS center b)Fedor N. Bailouk c) ul. 47, Tralovaja 47 Murmansk d) +7 8152 473661 <a href="mailto:aidsmurm@online.ru">aidsmurm@online.ru</a>
97	a) B 522 b) The spread of knowledge and experience in introduction of the DOTS program in the Northwest of Russia	a) National Institute of Public Health b)Einar Heldal c)PO Box 4404 Torshov N-0403 Oslo d) <a href="mailto:enar.heldal@c2i.net">enar.heldal@c2i.net</a>	a) Northern State Medical University, Arkhangelsk, Russia b) Andrey Maryandyshev c) Pr. Troitsky 51 163061 Arkhangelsk d) Tel:/Fax: +7 8182 660564 <a href="mailto:mao@arh.ru">mao@arh.ru</a> <a href="mailto:info@nsmu.ru">info@nsmu.ru</a>
98	a) B 523 b) Organisation of directly observed TB treatment in out-patient department of antituberculosis dispensary in Republic of Komi on a residence of a patient (hospital in-home).	a)The Norwegian Association of Heart- and Lung Patients (LHL) b)Torunn Hasler c) Sandakerveien 99 P.O.B. 4375 Torshov N-0402 Oslo d) Tel: +47 22 79 93 00 Fax: +47 22 22 38 33 <a href="mailto:th@lhl.no">th@lhl.no</a>	1. a) Komi republican institution of the public health services “The Republican antitubercular dispensary” b) Trekin Igor Alekseevich c) 167001, Rep. Of Komi Syktyokar, ul. Dimitrova 1 d) Tel: +7 8212 435456 +7 8212 43 34 54 Fax: +7 8212 435313 <a href="mailto:rptd@parma.ru">rptd@parma.ru</a>  2.a) Northern State Medical University, Arkhangelsk, Russia b) Andrey Maryandyshev c) Pr. Troitsky 51

			163061 Arkhangelsk d) Tel:/Fax: +7 8182 660564 <a href="mailto:mao@arh.ru">mao@arh.ru</a> <a href="mailto:info@nsmu.ru">info@nsmu.ru</a>
99	a) B 524 b) Youth peer education for youths at risk in St.Petersburg related to HIV/STI, narcomania and life style	a) Pertinax b) Ragnar Næss c) Sagvn. 10, 0454 Oslo d) <a href="mailto:rnpst@online.no">rnpst@online.no</a> telefon 905 83 342	a) "Prometei" b) Ravil Zaminov c) Priozersky lager "Prometei", poselok Bogatiry, Karelia d) Tel: +7 113 22 15 Mobile 8 911 913 63 54
100	a) B 525 b) Development of "risk" behaviour prevention program for "risk" groups families and their children	a) b) c) d)	a) Christian Interchurch Diaconal Council, Saint-Petersburg b) Nikolay Nikitin  c) Naberezhnaja Obvodnogo Kanala 13B 191167 St. Petersburg d) +7 812 7171491 <a href="mailto:dir@cidc.ru">dir@cidc.ru</a>
101	a) B 526 b) Workshop on HIV/AIDS in the Barents region, Tromsø 8/9.6.2006	a) Helse Nord b) Arnt Ucherman c) d)	a) b) c) d)
102	a) B 527 b) Empowerment of self-help groups for HIV+ people in St.Petersburg	a) Hiv Norge b) Laila Thiis Stang c) Hausmannsgt 7 0186 Oslo  d) 21314587 <a href="mailto:laila.stang@hivnorge.no">laila.stang@hivnorge.no</a>	Network of collaboration between self help groups and NGOs 1.a) Society for People Living with AIDS b) Nikolay Panchenko, main representative c) Office: Hospital in the name of Botkin, St. Petersburg d) Tel: +7 277 7098 Mobile: 8 904516 <a href="mailto:ngoforum@aidc.ru">ngoforum@aidc.ru</a>  2.a) IMENA+ b) Tatyana Bakulina c) d) Tel: 524 4290

			<p>3.a) Women self help group b)Ljudmila Romanovskaya c) d) Tel: 301 8063</p> <p>4.a) Peter Positive b) Konstantin Prolerarski c) d)Tel: 8 921 642 51 25</p> <p>5.a) Svecha b)Sasha Ivanova c) d)Tel: 301 07 36 Tel: 344 51 87 Mobile phone: 8 921 32 09025</p>
103	<p>a) B528 b) The Clinton HIV/AIDS initiative and Russia</p>	<p>a) Helse- og sosialdirektoratet b) Janicke Fischer c) PB 7000 St. Olavsplass/Universitetsgata 2, 0130 Oslo d) 24163334 <a href="mailto:jaf@shdir.no">jaf@shdir.no</a></p>	<p>a) b) c) d)</p>
104	<p>a) B 601 b) Adaption of Norwegian Model for Training in Family Medicine in the Russian Federation</p>	<p>a) University of Tromsø, Senter for internasjonal helse (jobber i Vestvågøy kommune) b) Betty Pettersen c) d) 7605600 <a href="mailto:betty.pettersen@vestvagoy.kommune.no">betty.pettersen@vestvagoy.kommune.no</a></p>	<p>a) St-Petersburg Medical Academy of Postgraduate Studies b)Olga Kuznetsova, Vice Rector of Residency Program and International Affairs of MAPS c) Ul. Kirochnaya 41 191015 St-Petersburg d)Tel:/Fax: +7 812 275 1556 <a href="mailto:oukuznetsova@mail.ru">oukuznetsova@mail.ru</a></p>
105	<p>a) B 602 b) Child oncology</p>	<p>a) Barne- og ungdomsklinikken, UNN b) Tore Stokland, Natalia Kuklina c) d) <a href="mailto:tore.stokland@unn.no">tore.stokland@unn.no</a> <a href="mailto:natalia.kuklina@unn.no">natalia.kuklina@unn.no</a></p>	<p>1.a) Helseadministrasjonen i Arkhangelsk regionen b) c) Pr. Troitsky 49 163061 Arkhangelsk d) Tel:+7 8182 285604 <a href="mailto:dep@msa.ru">dep@msa.ru</a></p> <p>2.a) Regionsykehuset for barn i Arkhangelsk, Kjemoterapi avdeling b) Dr. Ivan Turabov, professor,</p>

			<p>avdelingsleder, sjef for barneonkologi i Arkhangelsk region  c) Ul. Lomonosova 292  163045 Arkhangelsk  d) Tel: +7 8182 211473  +7 8182 661885  +7 9212414030  <a href="mailto:turaiivan@atnet.ru">turaiivan@atnet.ru</a></p>
106	<p>a) B 603  b) Nordic-Baltic Congress on Infectious Diseases</p>	<p>a) NBSID  b) Svein Gunnar Gundersen  c) Sørlandet Sykehus HF, PB 416,4604 Kristiansand  d)  <a href="mailto:s.g.gundersen@ioks.uio.no">s.g.gundersen@ioks.uio.no</a></p>	<p>a)  b)  c)  d)</p>
107	<p>a) B 604  b) Cooperation on development of residential treatment and family services for children and youth in Karelia</p>	<p>a) The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) Region North  b) Pål Christian Bergstrøm  c)  d) 24044000  pal.christian.bergstrom@bufetat.no</p>	<p>1. a) Ministeriet for helse og sosiale tjenester  b) Elena Serba  c) Pr. Lenina 6  185660 Petrozavodsk  d) Tel: +7 8142 78 51 98  <a href="mailto:mintrud@onego.ru">mintrud@onego.ru</a></p> <p>2. a) Ministeriet for Utdanning  b) Galina Gregorieva</p>
108	<p>a) B 605  b) Development and implementation of rehabilitation program for children, trafficking victims</p>	<p>a)  b)  c)  d)</p>	<p>a) St Petersburg governmental social rehabilitation center for minors Vospitatelny Dom, subsidiary of orphanage FEDOR</p> <p>b) Marina Ryabko</p> <p>c) Stachek 59/4, RU-198096 St.Petersburg, Russia  d) Tel: +7 812 7594328  <a href="mailto:vospdom@bk.ru">vospdom@bk.ru</a>  <a href="mailto:maria2305@yandex.ru">maria2305@yandex.ru</a></p>
109	<p>a) B 606  b) Only for you ("The ConTact Bus")</p>	<p>a)  b)  c)  d)</p>	<p>a) Murmansk center of preventive treatment and control of AIDS and STI  b) Fedor Bailuk  c) ul. 47, Tralovaja 47</p>



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110	a) B 607 b) Section for rehabilitation of multiple sclerosis and stroke at the Regional Hospital in Arkhangelsk	a) UNN, avd for fysikalsk medisin og rehabilitering. Mellomveien Bo- og rehabiliteringssenter b) Audny Anke c) Mellomveien 100, 9006 Tromsø d) <a href="mailto:audny.anke@unn.no">audny.anke@unn.no</a>	a) ARCH b) Prosjektleder ved ARCH, Nadezhda Kozhevnikova, direktør ved ARCH Konstantin Rogalev og kommunikasjonsansvarlig for prosjektgruppa Marina Zhestovskikh, tolk i Helsedepartementet i Arkhangelsk fylke c) d) <a href="mailto:marbor75@mail.ru">marbor75@mail.ru</a>
111	a) B 608 b) Hospital and Home-based Palliative Care to People Living with Hiv/aids in St.Petersburg	a) Kirkens Nødhjelp (Christian Interchurch Diaconal Council, Saint-Petersburg) b) Renata Marie Ellingsen (Nikolai Nikitin) c) d) 93242441 <a href="mailto:rme@nca.no">rme@nca.no</a>  <a href="mailto:Renata.marie.ellingsen@nca.no">Renata.marie.ellingsen@nca.no</a>	a) Association "Christian Interchurch Diaconal Council", St.Petersburg b) Elena Rydalevskaya, coordinator of anti-drug&AIDS programmes c) Obvodny Kanal 17 191167 St. Petersburg d) Tel:/Fax: +7 812 717 1491 Mob: +7 812 9703095 <a href="mailto:dir@cidc.ru">dir@cidc.ru</a>
112	a) B 609 b) Reproductive Health, Reproductive Tract Infections and Birth Care in the St.Petersburg Area; Mapping of Status and Development of Guidelines	a) Uio, medisinsk fakultet b) Babill Stray-Pedersen c) Kvinneklinikken RH. Rikshospitalet 0027 Oslo d) 23072651 <a href="mailto:babill.stray-pedersen@medisin.uio.no">babill.stray-pedersen@medisin.uio.no</a>	a) b) Irina Sergeeva, Central Hospital c) d) <a href="mailto:irina.sergeeva@hotmail.com">irina.sergeeva@hotmail.com</a>
113	a) B610 b) Transfer of Knowledge: Providing and managing evidence based	a) Norwegian Library Association, Section for Medicine and Health (SMH)  b) Elisabeth Husem	a) Medical Academy of Postgraduate Studies (MAPS): International Department and the Library, St. Petersburg b) Elena Shemborskaya, Head of the International Department,

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114	a) B611 b) Disaster and emergency medicine	a) U i Tromsø b) Trine Utkilen Sørensen c) d) Tel: +47 77 64 58 27 Fax: +47 77 64 59 90 <a href="mailto:trutkso@sih.uit.no">trutkso@sih.uit.no</a>	a) Northern State Medical University, Arkhangelsk b) Pr. Troitsky 51, 163000 Arkhangelsk c) Yury Sumarokov, dean d) Tel: + 7 8182 285802 Fax: +7 8182 263226 <a href="mailto:sumja@nsmu.ru">sumja@nsmu.ru</a>
115	a) B612 b) Improvement of Womens Quality of Life through Conservative and Operative Treatment of Urinary Incontinence	a) Helse Finnmark, Kirkenesklinikken b) Bjørn Engum, Ioana Varna Florea c) Kirkenes Hospital P.O.Box 410 N-9915 Kirkenes d) Tel: +47 789 73020 <a href="mailto:Ioana.Varna.Florea@helse-finnmark.no">Ioana.Varna.Florea@helse-finnmark.no</a>	a) Health Care Department, Administration of Arkhangelsk Region b) Sergej Emmanuilov, Chief of Health Care Department Nadezhda Kuznetsova, Head of International Affairs Unit, Health Dep. c) Pr. Troitsky 49 163061 Arkhangelsk d) Tel:/Fax: +7 8182 208399 kuznetsova. <a href="mailto:nadezhda@miac.msa.ru">nadezhda@miac.msa.ru</a>
116	a) B 613 b) Development of clinical competence in child psychiatry in Arkhangelsk oblast	a) Nordlandshospitalet (jobber nå på UITv klinisk psykiatri) b) Knut Sørgeard c) d) 75501120 <a href="mailto:Knut.Soergaard@nps.nl.no">Knut.Soergaard@nps.nl.no</a>	a) Arkhangelsk Oblast Clinical Psychiatric Hospital b) Oleg Ponomarev, Head Doctor c) Primorski Rayon 163530 Arkhangelsk d) Tel: +7 8182 251466 <a href="mailto:docglav@atnet.ru">docglav@atnet.ru</a> 97
117	a) B 614 b) Resource and	a) SOS Barnbeyer b) Torbjørn Persen, Ludmila	a) Murmansk Region Administration

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118	a) B 615 b) Strengthening TB control competence for the introduction of DOTS program in republic of Komi	a) b) c) d)	a) LHL, NSMU b) Trekin Igor Alekseevich c) d) <a href="mailto:rptd@parma.ru">rptd@parma.ru</a>
119	a) B 616 b) Youth Peer education regarding hiv/sti and a healthy lifestyle in the youth prison at Kolpino, Leningrad oblast	a) b) c) d)	a) Main Directorate of Implementation of Punishment (GUIN), Educational Department b) Nikolay Vasilyevich Evsyutin, director of Educational Department in GUIN c) d) Tel:/Fax: +7 812 273 20 92 <a href="mailto:kim@guin.spb.ru">kim@guin.spb.ru</a>  a) Shkola-Internat no. 18, rector Elena M. Kliman phone +7 812 362 06 87
120	a) B617 b) Youth Prophylactic Newspaper "ISKRA"	a) b) c) d)	a) Murmansk region fund "New beginning", Norges samemisjon b) Pogrebniak Svetlana, project coordinator c) Pr. Kirova 47 – 66 183010 Murmansk d) Tel:/Fax: +7 8152 270055 <a href="mailto:nbsveta@hotmail.com">nbsveta@hotmail.com</a>  <a href="mailto:nata.vetsko@mail.ru">nata.vetsko@mail.ru</a>