

*4 October 2000*

# **THE FUTURE OF CHILDREN AND YOUTH OF THE ARCTIC**

## **REPORT AND WORK PLAN FOR 2000 - 2002**

### **INTRODUCTION**

*The Future of Children and Youth of the Arctic*, an initiative of the Arctic Council, was developed to contribute to sustainable development in the Arctic. Ministers of the eight Arctic Council States endorsed this initiative in September 1998 and the Senior Arctic Officials endorsed a revised work plan in May 1999. The current goals are:

- § to improve the health and well-being of children and youth of the Arctic;
- § to improve the basis for sound decision-making by increasing the knowledge and understanding of sustainable development among Arctic youth and children.

Sustainable development in the circumpolar North is only achievable if sustainable development knowledge and information, both traditional knowledge and western science, is promoted and made accessible to the people of this region on an on-going basis. The next generation must be prepared to deal with issues such as those presented by environmental health risks and dangers to health brought about by socio-economic and other factors.

Plans for the first 18 months of the initiative were developed in March 1999 by representatives of Arctic Council member states and Permanent Participants. These plans were followed and the results are described below, along with plans for the next biennium.

## HEALTH PROGRAMME

**Goal** To improve the health and well being of children and youth of the Arctic

### **Background**

The health and welfare of children and youth are the result of many inter-related factors that include socio-economic-cultural conditions, access to health services, nutrition, bio-physical health, reproductive health, psycho-social well-being and environmental contamination. For example, links between socio-economic conditions and environmental contamination are often reflected in housing conditions, indoor air quality and exposure to contaminants in food and other materials, lack of clean water and sewage.

The objectives of the goal to improve the health and well being of children in the first two years of this programme were adopted at a meeting of international experts in Toronto in March 1999. The objectives were identified as:

1. examination of existing baseline data and studies in key areas that are related to the health of children and youth in the circumpolar region and identification of gaps therein;
2. assessment of processes and approaches used at international, national, regional and community levels that might provide models for actions in Arctic regions; and
3. an action plan that takes into account the results of objectives 1 and 2, the nature of specific issues, scientific and traditional knowledge as appropriate that will lead to the elimination or mitigation of problems associated with health.

### Structure of the Health Component

In addition to overall considerations of ethnicity, age groups, and comparative data, five areas of work were identified:

- A Socio-economic-cultural (taking into account education, rapid cultural change, protective legislation, family structure, others);
- B Health Services (link with the telemedicine initiative undertaken by USA, access to health care, others);
- C Psycho-social Well-being (taking into account substance abuse, suicides, mental health, family violence, others. Injury (was included in order to facilitate the process);
- D Bio-physical Health (led by AMAP, this element covered environmental contamination, nutrition, reproductive health, infectious diseases, and others);
- E Assessment of approaches and processes with models for actions to improve the well-being of youth in Arctic regions.

Indicators of the health of young people were developed and reviewed for topics A to D. There is agreement that young people are entitled to a healthy and protective life in harmony with nature. Indicators are needed to measure the health of children and youth in the Arctic. Some of the data available is disturbing, e.g. in northern Canada, the suicide rate is six times the national average, and mostly under 21 years of age; suicide rates are increasing among young people in Greenland; in Alaska, twenty per cent of young women have disclosed that they drink during pregnancy; and perinatal mortality in Russia is about 18 per 1000, compared with between 40 and 50 in the indigenous territories.

Available data does not necessarily allow comparison among various Arctic States. There is a considerable amount of data available by age group and gender, but national data is not often available for different ethnic groups.

### **ACTION PLAN 2000 - 2002**

- |   |                                                                                                                                                                                                                                       |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| § | Enhance communication and coordination.                                                                                                                                                                                               |
| § | Examine existing baseline data and studies in key areas that are related to the health of children and youth in the circumpolar regions to determine comparability of data between countries and translate findings into information. |
| § | Assessment of processes and approaches used at international, national, regional and community levels that might provide models for action in Arctic regions.                                                                         |
| § | Provide program support and support for communication and information dissemination.                                                                                                                                                  |

Humans are the centre of concern for sustainable development. They are entitled to a healthy and protective life in harmony with nature.

The Action Plan on the Future of Children and Youth of the Arctic acknowledges the health of children and youth as a major element of sustainable development. Only children and youth with a hope for their future life will pay attention to sustainability. Only parents and grandparents whose children and grandchildren can anticipate a healthy life will handle the environment with the necessary care.

The Action Plan, although aiming at promoting the health of children and youth around the Arctic, will pay special attention to a healthy development of children and youth of

underprivileged regions, populations and groups of the Arctic. Such development could be achieved by capacity building and by means of exchange of experiences.

This Plan provides a framework and details recommended actions for implementing the health of children and youth of the Arctic strategies, as outlined in the Expert Group Meeting in Copenhagen, 13-15 June 2000. The Plan takes the next step towards taking the work of the Expert Group and organizing it into a coordinated and integrated design which will provide direction for action over the next two years.

The Action Plan acknowledges the importance of strong project support over the next two years, promotes the importance of evidence-based decision making, promotes the identification of Best Practices Models and encourages collaborative approaches between Member States and with other organizations with similar interests and complementary programs.

This Plan has identified the following key elements gleaned from the discussions of the Expert Group on the Health of Children and Youth of the Arctic:

1. **Leadership and Coordination**

Experience over the past two years indicate that the pressure of getting the work done can be such that it eclipses all other considerations. There is a need for an overall co-ordinator to focus attention on the process to provide clarity, structure of communication, realism and consistency of policy and direction. An individual situated within the lead organization with the responsibility, authority, and ability to support the Child and Youth initiative is crucial and fundamental to the success of the initiative. Greater coordination between Member States and greater coordination with activities offered by other government and non-government groups would be positive associated with successful program implementation, where success is defined in terms of program activities/performance.

2. **Data Gathering and Assessment: Creating a Culture of Evidence-based Decision making**

A number of factors and emerging trends that have an impact on the health care system are placing more emphasis on the need for evidence in making decisions. The Expert Group emphasized the value of the evidence-based approach as the conscientious, explicit and judicious use of current best evidence in making decisions about the health and well-being of children and youth in the Arctic. Evidence-based decision making should form the foundation for an effective and efficient program. The health indicators provide a departure point for problem identification and evidence-based decision making.

Data collection and analysis will be carried out. Children and youth health indicators (see Annex 1) grouped into four major categories form the foundation for evidence-based decision making about the health and well-being of children and youth in the Arctic.

Definition of data catchment areas and data characteristics are as follows:

- < Data should be collected for different ethnic groups, if this is possible and ethically acceptable.
- < National and regional (Arctic areas) and municipal data should be collected, if the latter is feasible. The definition of Arctic areas will be the one established by AMAP for its geographical coverage (see Annex 2).
- < Data should be delivered by gender and age groups, the latter up to but not exceeding age 25 if not otherwise stated.
- < Annual data from 1992 to date should be provided. If this is not possible data during the period from 1992 should be provided.

Partnerships will be established with other organizations (e.g., World Health Organization) already collecting data to develop a circumpolar data set.

A mechanism will be developed to ensure and maintain longitudinal monitoring of data on health indicators. This information is required to detect changes over time and as evidence of program effectiveness.

### 3. **Capacity Building: Well Documented, Effective Interventions**

The intent of capacity building is to work in collaboration with member states, permanent participants, observers, partners and others to provide a process for community members to acquire the skills and resources to support local work.

The activity will develop a taxonomy or framework to identify, collect, describe and profile well documented, low-tech best practices and performance in the four areas of priority interest of children and youth of the Arctic.

Four areas of priority interest in the health of children and youth of the Arctic are:

- < psycho-social health/suicide prevention
- < maternal and infant health
- < alcohol and substances
- < respiratory and other common infectious diseases including tuberculosis and prevention of tobacco use.

A symposium will be held in the fall of 2001 at the World Health Organization European Regional Office conference centre in Copenhagen to communicate and validate the findings, conclusions and recommendations from the data analysis. The symposium will also show case best practice models, particularly as they relate to findings from the data analysis. There will also be technical sessions of submitted papers, workshops and tutorials where ideas can be shared and participants can learn from each other's experiences.

4. **Communication, Information Dissemination and Support**

An internet searchable data base of Best Practice Models, collected papers and other materials that may be of interest to communities ; and some other links to other sites will be set up on the Arctic Council web site.

Encouragement and support will be given to member states to promote pilot projects in each of the four broad areas of concern or the extension of existing projects to other locations within the country.

5. **Linkages with other groups and organizations**

An important key to capacity building is the development of more effective partnerships. Children and Youth initiative will develop and catalyze partnerships with groups and organizations having complementary programs, preoccupations, common positions and common interest in the health of children and youth of the Arctic. Linkages will be established with the following:

Arctic Council projects

Infectious disease projects  
US Telemedicine Project  
Russian Global Environmental Facility (GEF) Project  
Survey of Living Conditions in the Arctic

Agencies

European Union  
World Health Organization  
Barents Council  
Nordic Council of Ministers  
Northern Forum  
Other Arctic Council observers  
Other UN Agencies: UNICEF, ILO, UNESCO

Member States of the Arctic Council are also Member States of the World Health Organization. Through this membership there exists an organizational, administrative and operational Aframework@ for action to facilitate the work of the Arctic Council in the area of sustainable health development for children and youth of the Arctic. Priority will be given to the development of partnership with the World Health Organization in the development of an Arctic Health for All (HFA) database, support the implementation of programs and capacity building, facilitate inter-country, cross-border activities and networks in the Arctic, and the development of

targeted programs for and with the indigenous populations of the Arctic.



### ACTION PLAN FRAMEWORK

<b>Time Line</b>	<b>Strategies</b>	<b>Actions</b>	<b>Budget</b>
September 2000 to June 2002	<b>Leadership and Coordination</b>  Improve operational effectiveness by the appointment of a temporary full-time, part-time or full-time/part-time contract employee to oversee project management.	Facilitate the work of the initiative to assure project sustainability:  1. Coordinate data gathering and assessment  2. Creating a wider dialogue via the internet.  3. Arrange for the identification and collection of information on Best Practice Models  4. Provide leadership in the planning and organization of the Symposium	Project Manager and data collection and analysis: \$80,000 US*  Longitudinal monitoring \$50,000 US*

Time Line	Strategies	Actions	Budget
September 2000 to May 2001	<p><b>Data Gathering and Assessment</b></p> <p>Coordinated data collection and analysis</p>	<ol style="list-style-type: none"> <li>1. Identify relevant health indicators</li> <li>2. Form partnership with other organizations already collecting data to develop an circumpolar data set.</li> <li>3. Data acquisition from Member states and from WHO databases.</li> <li>4. Contract with institutional body to transform the information into knowledge.</li> <li>5. Develop a mechanism to ensure and maintain systematic and up-to-date annual review of data (longitudinal monitoring).</li> </ol>	
September 2000 to October 2001	<p><b>Capacity Building</b></p> <p>Well documented, effective low-tech interventions as Best Practice Models to enhance and support communities= capacity to deliver effective programmes.</p>	<ol style="list-style-type: none"> <li>1. Define criteria for best practice models (a taxonomy or framework for the collection and dissemination of best practices and performance measures).</li> <li>2. Develop an inventory best practice models currently available from all sources.</li> <li>3. Leverage of resources in support of the children and youth initiative.</li> <li>4. Increase network and communication between and Member States and Permanent Participants.</li> <li>5. Symposium fall 2001</li> </ol>	<p>Inventory of best practices model \$10, 000 US*</p> <p>Symposium (travel, translation, support) \$500,000 US**</p>
September 2000 to June 2002	<p><b>Communication, Information and Support</b></p>	<p>An internet clearinghouse of Best Practice Models set up on the Arctic Council website.</p>	<p>Internet clearinghouse \$2,000 US</p>

<b>Time Line</b>	<b>Strategies</b>	<b>Actions</b>	<b>Budget</b>
2002	Extend the communications and networking	Member states encouraged to support pilot projects in one of the four priority areas, or extend existing pilot projects to other locations in the country.	
On-going	<b>Linkages</b>	1. Form partnership with other organizations and groups having similar interests.	
<b>TOTAL</b>			<b>\$642,000 US</b>

\*Canada=s contribution as lead organization.

\*\*In kind facilities of the World Health Organization Regional Office in Copenhagen have been offered. WHO is ready to cooperate in other activities related to organizing the symposium, some of which may have a cost. Each country will be responsible for travel, meals, accommodation, etc. of participants.

<b>CHILD HEALTH INDICATORS - Group A By Gender and Age Group National vs. Arctic*</b>		
<b>Socio-Economic-Cultural Indicators</b>	<b>Psycho-Social Indicators</b>	<b>Health Services Indicators</b>
<b>1. Childhood Poverty</b>  <b>Proportion of children under ages 15 living in families at or below poverty level. (Use national guideline for poverty)</b>	<b>1. Child Abuse/Child Neglect</b>  <b>Prevalence of child abuse/neglect confirmed by child protection agencies.</b>  <b>Rates per 1,000 children under age 18</b>	<b>1. Unintentional Injuries*</b>  <b>Age-specific Injury fatality rates death rates by cause (ICD-10)</b>  <b>Types:</b> <b>Skidoos</b> <b>All Terrain Vehicles</b> <b>Other motor vehicle</b> <b>Drowning/Boating related fatalities</b> <b>Fires</b>  <b>*Also Bio-Physical Indicator, (4) Mortality, (bii) other causes</b>

<b>CHILD HEALTH INDICATORS - Group A</b> <b>By Gender and Age Group</b> <b>National vs. Arctic*</b>		
<b>Socio-Economic-Cultural Indicators</b>	<b>Psycho-Social Indicators</b>	<b>Health Services Indicators</b>
<p><b>2. Single Parent Families</b></p> <p>Proportion of single parent families with children under 18.</p>	<p><b>2. Intentional Injuries</b></p> <p>a) Suicides*</p> <p>Age-specific suicide rates among youth age below age 25 within a defined population. (ICD-9 nos. E950-E959).</p> <p>B) Homicide rates</p> <p>Age-specific homicide rates among youth &lt; 25 within a defined population (victims of homicide and perpetrators).</p> <p>Age-specific crime rates with homicide as the crime among youth &lt; 25 within a defined population (perpetrators).</p> <p>*Also Bio-Physical Indicator, (4) Mortality, (bii) other causes.</p>	<p><b>2. Hospital Beds</b></p> <p>Number of hospitals and their approved bed complement per population.</p>
<p><b>3. Education</b></p> <p>Proportion of population 18 to 25 with less than the country=s compulsory years of schooling.</p>		<p><b>3. Proximity to Primary Care</b></p> <p>Proportion of the population within 5 km or an hours walk to a primary care facility.</p> <p>Access to health care regardless of income?</p> <p>Are services available in the tongue of the client?</p>
<p><b>4. Indigenous Cultural Indicators of Well-Being</b></p>		

<b>CHILD HEALTH INDICATORS - Group A</b> <b>By Gender and Age Group</b> <b>National vs. Arctic*</b>		
<b>Socio-Economic-Cultural Indicators</b>	<b>Psycho-Social Indicators</b>	<b>Health Services Indicators</b>
<b>Indigenous languages taught in schools.</b>  <b>Percentage of Radio and TV programs available in indigenous languages.</b>  <b>Is indigenous culture used in radio and TV programming.</b>		

\*Arctic Regions are identified as the AMAP boundaries within countries

<b>CHILD HEALTH INDICATORS - Group B</b> <b>By Gender and Age Group</b> <b>National vs. Arctic*</b>		
<b>Socio-Economic-Cultural Indicators</b>	<b>Psycho-Social Indicators</b>	<b>Health Services Indicators</b>
<b>1. Drinking Water Supply</b>  <b>Percentage of community water systems with source water protection programs in place by type of system.</b>		<b>1. Supply of Providers</b>  <b>Provider to population ratios:</b> <b>Physicians</b> <b>Nurses</b> <b>Midwives</b> <b>Dentists</b> <b>Clinical Psychologists</b>

<b>CHILD HEALTH INDICATORS - Group B</b> <b>By Gender and Age Group</b> <b>National vs. Arctic*</b>		
<b>Socio-Economic-Cultural Indicators</b>	<b>Psycho-Social Indicators</b>	<b>Health Services Indicators</b>
		<b>Traditional Healers</b>
<b>2. Waste Disposal: Sewage and Excreta Disposal, Garbage and Refuse Disposal</b>  <b>Percentage of communities with systems of sewage and excreta disposal.</b>  <b>Percentage of communities with systems of garbage and refuse disposal.</b>		

**\* Arctic Regions are identified as the AMAP boundaries within countries**  
**CHILDREN AND YOUTH HEALTH INDICATORS**

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
1. Demographics		
<p>a. Population Demographics</p> <p>Ratio of the members of a given age group and gender to the total population and in ethnic/regional groups by year (preferred age groupings are those used by WHO: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-25).</p>	<p>Key variable in tracing the health portrait of a population.</p>	<p>Essential factor in health planning to properly target sub-populations and better determine services to offer them.</p>
<p>b. Life Expectancy</p> <p>Mean age (arithmetic and geometric) at birth for each year stratified by gender and ethnic/regional group if possible. Other stratification if available.</p>	<p>Higher expectancy is associated with better socioeconomic and health conditions.</p> <p>Life expectancy varies with marital status, gender, income and location.</p>	<p>Useful in planning and assessing the effectiveness of health care services.</p>
<p>c. Maternal Age at Birth of child.</p> <p>Mean maternal age (arithmetic and geometric means, range, standard deviation) for each year. Data should include mothers giving birth to a stillborn</p>	<p>Low maternal age may indicate high juvenile sexual activity and lack of understanding or availability of contraception. Low maternal age may indicate that the mothers may have less ability to complete secondary or post secondary</p>	<p>Maternal age at birth may indicate where education on contraception is needed and where social support for young mothers is needed.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
child.	education.	
<p>d. Birth Rates (per 1000)</p> <p>Number of live births per 1000 females (aged 15-44yrs) in the population for each year.</p>	<p>Many factors can influence the birth rate. Uncontrolled fertility influences adversely the economic, physical and psychological health of populations and families especially those at marginal or poverty levels.</p>	<p>Useful in developing family planning programs. Also a very significant factor in any community development program.</p>
<p>e. Age at Death</p> <p>Mean age at death for entire population and by gender and by ethnic/regional group (arithmetic and geometric means, range, standard deviation) for each year.</p> <p>f. Population Mortality Rate</p> <p>Mortality rate for the entire population and by gender and by ethnic/regional group for each year.</p>	<p>Key measure of longevity.</p> <p>Overall measure of mortality.</p>	<p>Useful in identifying populations at risk of early death.</p> <p>Useful in identifying populations at risk of early death.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<b>2. Maternal/Neonatal Health</b>		
<p>a. Prenatal Care</p> <p>Proportions (by year) of birth mothers in the entire population and by ethnic/regional group who received:</p> <p>Xearly and complete prenatal care (<math>\geq 5</math> visits);</p> <p>Xdelayed prenatal care (starting only in 3<sup>rd</sup> trimester);</p> <p>Xno care at all.</p>	<p>Although prenatal care is a process indicator, it is used because of its strong association with pregnancy outcome, especially among poor and minority populations. Second only to socioeconomic status, the prenatal care a woman receives is the most important predictor of birth outcome.</p>	<p>Inadequate prenatal care is linked to specific diseases or disorders of newborns.</p> <p>The proportion of women failing to receive adequate prenatal care is an important indicator of society's commitment to provide the most basic preventive services aimed at improving pregnancy outcome.</p>
<p>b. Preterm birth (birth before 37 weeks gestation)</p> <p>Annual incidence of preterm births per 1000 total live births for the entire population and for ethnic/regional groups.</p>	<p>Preterm birth accounts for a very large percent of perinatal mortality.</p>	<p>The greatest improvement in pregnancy outcome (as measured by low birth weights) can be expected if programs are targeted to the most socially disadvantaged group.</p>
<p>c. Low Birth Weight (LBW)</p> <p>Annual incidence of LBW as measured by the number of live born infants weighing under 2,500 grams per 1000 live births for the entire population and for</p>	<p>LBW infants are at increased risk of suffering severe physical and development complications, and death.</p>	<p>Higher rates of LBW among sub-populations of society reflect disparities in socioeconomic and educational status, access to early and continuous maternity care and adequate prenatal nutrition.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<p>ethnic/regional groups.</p> <p>d. Birth Defects</p> <p>Annual prevalence (per 1000) of major defects in neonates (live and stillborn) and infants (up to 1 year of age) by gender for the entire national cohort and for ethnic/regional groups.</p> <ul style="list-style-type: none"> <li>§ Central nervous system defects (740.0-742.9) (Q00-07)</li> <li>§ Eye anomalies (743.0-743.9) (Q10-15)</li> <li>§ Congenital heart defects (745.0-746.9) (Q20-24)</li> <li>§ Circulatory system anomalies (747.1-747.9) (Q25-28)</li> <li>§ Respiratory system anomalies (748.0-748.9) (Q30-34)</li> <li>§ Cleft lip/palate (749.0-749.2) (Q35-37)</li> <li>§ Digestive system anomalies (750.1-751.9) (Q38-45)</li> <li>§ Hypospadias &amp; epispadias (752.6) (Q54, Q64)</li> <li>§ Urinary system anomalies (753.0-753.9) (Q60-64)</li> <li>§ Clubfoot (754.5-754.7) (Q66.0)</li> <li>§ Polydactyl &amp; syndactyl (755.0-755.1) (Q69-70)</li> <li>§ Limb reduction anomalies (755.2-755.3) (Q71-73)</li> <li>§ Down=s Synd (758.0) (Q90)</li> </ul>	<p>Birth defects can affect quality of life and can lead to significant economic implications for parents and the health care system. A full evaluation of birth defect rates should ideally include anomalies that are diagnosed prenatally and result in the termination of an affected pregnancy.</p>	<p>Identified risk factors for LBW include maternal behaviours such as smoking, diet and nutrition, and alcohol consumption.</p> <p>Some birth defects can be prevented by proper nutrition, reduced exposure to specific infectious (especially viruses) and environmental agents (including POPs, metals, and radiation).</p>
<b>3. Health Determinants</b>		
<p>a. Immunization Status</p> <p>Percentage of children in the whole population and in</p>	<p>Immunization status is not a health outcome, but it is</p>	<p>The immunization status of a population is a reflection of a</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<p>ethnic/regional groups who are fully immunized against each of the following preventable childhood diseases by year:</p> <p>X Diphtheria, Pertussis, Tetanus                      X Measles, Mumps, Rubella                      X Polio                      X Haemophilus influenza                      X Hepatitis B</p>	<p>indisputably linked to disease rates and is a good short-term predictor of long-term changes in disease incidence.</p> <p>Low and/or declining immunization rates can be expected to increase the rate of new outbreaks of these diseases, with an increase in unnecessary disability and death.</p>	<p>community's commitment to preventive public health efforts. A fall in immunization rates may reflect a change in policy or program priorities, or it may indicate a decreased capacity to meet stated objectives.</p>
<p>b. Fetal Alcohol Syndrome</p> <p>Prevalence (cases per 1000) of infants/children in the entire population and in ethnic/regional groups with clearly defined fetal alcohol syndrome by year.</p>	<p>The developing fetus is particularly sensitive to the neurotoxic effects of alcohol. Diagnosis is often difficult.</p>	<p>The number of clinical cases of fetal alcohol syndrome can reflect the ability of a community to educate all expecting mothers about the dangers of fetal alcohol exposure. Significant health care resources will need to be allocated to treat these children.</p>
<p>c. Blood Contaminant Levels</p> <p>Percentage and number of infants, children, or youth within a surveyed population with blood contaminant levels that exceed the following values:</p>	<p>Adverse developmental and neurobehavioural effects result from exposure to lead, mercury and PCB. Infants and children are at higher risk for such effects because their developing tissues and organs</p>	<p>The number of children within a defined population found to have elevated blood lead levels may reflect the extent of a community's effort to (1) regularly screen high risk populations and (s)</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<p>Xlead: 100 <i>ug</i>/L blood                      Xmercury: 20 <i>ug</i>/L blood                      Xpolychlorinated biphenyls (PCBs): 5 <i>ug</i>/L blood (based on aroclor 1260)</p>	<p>are particularly vulnerable. At even slightly elevated levels, excess blood lead can produce verbal, perceptual, motor and behavioral disabilities in children including irritability, delayed development, inattentiveness, inability to follow instructions and lower test scores for reading, spelling and I.Q. The dose-response data for PCB and mercury are not as well quantified as for lead.</p>	<p>reduce environmental sources of lead.</p> <p>The exposure to PCBs and mercury in the north is through the traditional diet of Inuit people which is high in marine mammals. This complicates the risk assessment of tissue contaminant levels as the significant nutritional, social and cultural benefits of these traditional foods must be considered in advice given to northern peoples.</p>
<p>d. Tobacco Use</p> <p>Survey data by year for the entire population of children and youth and those in ethnic/regional groups indicating:</p> <p>Xpercentage of children/youth smoking cigarettes regularly by age class (preferred age groupings are those used by WHO: 5-9, 10-14, 15-19, 20-25).</p> <p>Xpercentage of children/youth using</p>	<p>Regular use of tobacco presents a number of risks: higher relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and cancer.</p>	<p>Extensive population databases may not exist in all countries, however, most countries have conducted surveys of tobacco use among adults and youth. Tobacco use remains the most significant preventable health problem of youth and adults. Knowledge about smoking behaviour in youth and motivational methods to combat this behaviour is lacking.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<p>chewing tobacco (smokeless tobacco) regularly (preferred age groupings are those used by WHO: 5-9, 10-14, 15-19, 20-25).</p> <p>Xprevalence (%) of parental smoking.</p>	<p>Second-hand smoke is associated with higher rates of respiratory conditions, low birth weights.</p>	
<p>e. Alcohol Consumption, Solvent Abuse and Illicit Drug Use Among Children and Youth</p> <p>Survey data by year for the entire population of children and youth and those in ethnic/regional groups indicating:</p> <p>Xprevalence (%) of alcohol use among children/youth (preferred age groupings are those used by WHO: 5-9, 10-14, 15-19, 20-25).</p> <p>Xprevalence (%) of solvent (eg. gasoline, glue, aerosol propellants) use among children/youth (preferred age groupings are those used by WHO: 5-9, 10-14, 15-19, 20-25).</p>	<p>Alcohol consumption and solvent abuse have direct effects on the developing nervous system of young children. Both can lead to accidental mortality and markedly lower levels of academic performance.</p> <p>Illicit drug use can lead to addiction and to links with crime to support the drug</p>	<p>Alcohol, solvent and drug use may lead to lower levels of academic performance and behavioral problems. This may lead to socioeconomic dislocation as individuals will not be able to reach their full academic potential.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<p>Xprevalence (%) of drug use among children/youth (preferred age groupings are those used by WHO: 5-9, 10-14, 15-19, 20-25).</p>	<p>habit.</p>	
<p>f. Dental Caries</p> <p>Survey data indicating prevalence (%) of children and youth in the entire population and in ethnic/regional groups with dental caries (preferred age groupings are those used by WHO: 1-4, 5-9, 10-14, 15-19, 20-25).</p>	<p>Dental caries are an indicator of oral health, diet, parental support and availability of dental services. Prevalence data will be a crude measure as it does not take account of the number of caries per child or the rate of gum disease.</p>	<p>Not all countries routinely collect data on the incidence of dental caries. Dental problems can lead to lower self esteem and significant oral health problems later in life.</p>
<p>g. Breast Feeding</p> <p>Survey data for all women and for those in ethnic/regional groups indicating the prevalence (%) of:</p> <p>Xexclusive breast feeding for at least 4 months.</p> <p>Xbreast feeding (regardless of supplementary feeding) for at least 12 months.</p>	<p>Breast feeding is a known major benefit to infant development and well being.</p>	<p>Public health programs to support breast feeding mothers are essential for optimizing infant/child well being.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<b>4. Mortality/ Morbidity</b>		
<p>a. Infant Mortality Rate</p> <p>Rate expressed for the entire population and for ethnic/regional groups:</p> <p>X Overall infant mortality: incidence of infant deaths (under one year of age) per 1000 live births.</p> <p>X Perinatal mortality: Incidence of infants born dead or which die in the first week of life per 1,000 total births</p> <p>X Neo-natal mortality: Incidence of deaths of infants under 28 days per 1000 live births.</p> <p>X Post- neonatal mortality: Incidence of deaths of infants 28 days to one year old per 1000 live births.</p>	<p>Infant mortality rate is a quality of life indicator</p>	<p>Disparities among population groups reflect differences in access to adequate food, shelter, education, sanitation and health care.</p> <p>Perinatal and neonatal mortality tends to be closely associated with low birth weights and with influences occurring prenatally, during birth, and in the newborn period.</p> <p>Post-neonatal mortality generally tends to be associated with environmental circumstances for the infant usually linked to poverty.</p>
<p>b. Child and Youth Mortality</p> <p>Number of deaths annually</p>	<p>Mortality data provide an overall picture of the health</p>	<p>Data is useful in planning health services and programs,</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
<p>(per 1000) from all causes by gender and 5 year age classes (preferred age groupings are those used by WHO: 1-4, 5-9, 10-14, 15-19, 20-25). National data and ethnic/regional group data.</p>	<p>of the population.</p>	<p>determining priority of health problems, setting objectives and assessing achievement.</p>
<p>c. Cause-Specific Incidence and Mortality Rate</p> <p>Incidence (per 100,000) of the annual number of new cases (morbidity) and deaths (mortality) by gender and age (preferred WHO age categories: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-25) according to ICD-10 classification. National data and ethnic/regional group data.</p> <p>Cancers (incidence and mortality) Overall cancer Leukemia Brain Lymphoma Neuroblastoma Primary Hepatocellular Skin cancers</p> <p>Other Causes (incidence and mortality) Accidents Asthma</p>	<p>Morbidity and mortality data provide an overall picture of the health of the population. The diseases listed are those of most relevance to children.</p>	<p>Data is useful in planning health services and programs, determining priority of health problems, setting objectives and assessing achievement.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
Diabetes		
<p>d. Major Notifiable Diseases</p> <p>Incidence (per 100,000) of new annual major notifiable diseases by age (preferred WHO age categories: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-25) according to ICD-10 classification. National data and ethnic/regional group data.</p> <p>Tuberculosis HIV/AIDS Sexually transmitted diseases</p>	<p>Diseases which are most likely to cause epidemics, whether fatal or non-fatal.</p>	<p>Identification of risk groups, implementation of important community health interventions, detecting outbreaks.</p>
<p>e. Notifiable Diseases Requiring Vaccination</p> <p>Incidence (per 100,000) of new annual vaccine preventable diseases by age (preferred WHO age categories: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-25) according to ICD-10 classification. National data and ethnic/regional group data:</p> <p>Diphtheria Haemophilus influenza Hepatitis B Measles Mumps Pertussis</p>	<p>Incidence rates provide information on the effectiveness of vaccination coverage.</p>	<p>Monitoring trends of vaccine preventable diseases and evaluating immunization programs should lead to more targeted and effective vaccination programs.</p>

<b>Bio-Physical Indicators</b>		
<b>Bio-Physical Indicators 1992 to Present</b>	<b>Significance of the Indicator</b>	
	<b>Health Implications</b>	<b>Policy and Program Implications</b>
Polio Rubella Rubeola Tetanus		

## NETWORKING PROGRAMME

1998 - 2000

The long term objective of engaging and empowering youth was supported by the 1998 - 2000 objective to develop a plan for sharing information, knowledge and experiences relevant to sustainable development and health in the circumpolar North by elders with youth and children.

The initial work plan for the Networking Programme was prepared in Toronto at a meeting of international experts in March 1999. Each member state and Permanent Participant was invited to submit two names - one elder (wise, experienced person) and one youth - to form part of the international committee. *Learning for a Sustainable Future*, a Canadian non-governmental organization, was contracted to lead the Networking team.

The first step in its plan was to set a vision of the future that would lead to a consideration of what must be changed, what must be preserved and what must be done to achieve the vision. It was agreed that a network of young people working together would help move the Arctic towards a sustainable future. This network is expected to create a forum in which children and youth will:

- § build a sense of identity, solidarity and pride;
- § grow to understand the similarities among northern traditions and cultures and respect differences among them;
- § share ideas and hopes for the future;
- § identify activities which will contribute to the sustainability of the environment and the well-being of their local community, and support each other in creativity and working towards change;
- § participate in existing community and youth programmes and, where appropriate, create new groups focused on specific interests; and
- § learn and practise the skills of planning and decision-making and the values of commitment and co-operation.

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In order to prepare a Vision of young people, a guide was created to help team leaders in the consultative process. Initially, responses were slow. Permanent Participants showed much more interest in participation than member states. However, a draft vision document was prepared.

The design of a web site was also undertaken and distributed for comment. This was reviewed by youth and elders at a meeting in Copenhagen June 13-15, 2000 and will provide the basis of a virtual network. The primary means of communication among network members will be the Internet, although there is no intention to exclude young people who do not have access to the Internet. Communication will be by regular postal services where there is no more expedient alternative.

Of considerable value and potential use was a Directory of Youth Programming prepared by Benoit Associates, a Canadian consultant on childhood development issues. It provides examples of networking that could be of value to the youth of the circumpolar North. The Directory covers programmes for mainstream youth as well as youth at risk. The examples include peer-based or peer helper programmes, intergenerational programmes, community-based programmes, new technology programmes, arts-based programming, adventure programming, mentorship programmes, internship programmes, micro finance, service programmes, social marketing programmes, and Aedutainment@.

Linkages between the Canadian Secretariat and RAIPON have been established to determine how RAIPON projects can take advantage of Arctic Council projects. Ambassador Mary Simon (SAO for Canada) has represented the Children and Youth of the Future at a number of circumpolar fora, including the Barents Council. Learning for a Sustainable Future has made contact with a number of other circumpolar groups.

### **2000 - 2002**

Elders and youth from each member State and Permanent Participant were invited to a Networking workshop in Copenhagen. Fifteen people attended the workshop. A review of work to date, consideration of work being done by other Arctic organizations (Nordic Council of Ministers, Barents Euro-Arctic Council and the Northern Forum) as well as by Arctic states and the Permanent Participants, resulted in the development of a programme for the next biennium.

The following actions will continue the process of the current biennium and will advance the understanding of sustainable development through a series of activities.

#### Process

1. Confirm membership of the international committee with one elder and one youth from each Arctic state and each Permanent Participant, no later than December 1, 2000.
2. Identify organizations with Arctic Council Observer Status that can contribute to the actions in this plan.
3. Establish a permanent communication link with other Arctic organizations, e.g. Barents Euro-Arctic Council and the Nordic Council of Ministers.
4. Involve other Arctic Council Working Groups and projects (e.g. University of the Arctic) in the activities of the initiative.

#### Communication

Communication with northern children and youth will be the responsibility of the members of the international committee, and will be conducted primarily by e-mail. List servers will be created to reach as many people as possible. Notification of upcoming activities will be through the

Networking web site, and by committee members through publications and local radio and e-mail.

Meetings of the committee will be conducted when required, with participation by organizations dealing with issues affecting children and youth, and other components of the initiative, as appropriate.

### Policy

The intention during the next biennium, is to focus on educational activities through sharing of ideas and experience pertaining to sustainable development; adapting best practices to different environments, strengthening northern cultures, and encouraging entrepreneurship among youth.

The initial projects have been identified by the International Networking Committee and reviewed by member states and Permanent Participants. It is expected that, from time to time, there will be proposals for additional projects from member States and Permanent Participants. Prior to including such projects in the biennial work plans, the proposals will be evaluated by the International Networking Committee according to the following criteria:

- § advancement of sustainable development in the Arctic;
- § involvement of at least three countries and/or Permanent Participants;
- § project falls within the parameters of the Networking component of the initiative on the Future of Children and Youth of the Arctic;
- § youth are involved in implementation of the project; and
- § source(s) of funding are identified by the proposer(s).

### Projects in 2000 - 2002

*Vision.* The draft Vision of the Future will be finalized at a virtual meeting of the committee in February 2001. Prior to that proposed Visions will be disseminated, for comment and/or revision by December 1, 2000. Committee members will share these statements with the youth of their country/organization. (Networking co-ordinator)

*Internet project.* This will build on the work done to date to develop a site called AOn Top of the World@. It will include an opportunity for children and youth of the Arctic to register themselves as part of the network, find out about the Arctic Council, discuss ideas and share opinions, exchange news, report on projects and activities, learn about Arctic cultures and traditions, find out more about sustainable development with particular reference to Agenda 21, discover how to plan community activities, and a special project to record traditional knowledge. A special focus on Rio +10 will allow association with other activities of the Arctic Council.

*Summer Camp.* The proposal is to hold a one-week summer camp in association with the Saami Council. The goal will be to share experience of living on the land and traditional knowledge of the Saami. It will provide the opportunity for as many as two people from each Arctic State and Permanent Participant to join the Saami youth. (This proposal has yet to be ratified by the Saami

Council.)

Video of the summer camp with sub-titles in other languages will allow others to learn about Saami traditions. The video could be broadcast on local or national television channels. It will be a way of sharing best practices and raise the profile of the Arctic Council.

Art Competition. This can be considered a winter initiative. It will be advertised through schools and colleges as well as on local radio and television stations. The theme for the art will be Rio+10. Judging will be in three groups: under 12 years; 12-17 years; and 18-30 years. Winning posters will be reproduced in an Arctic Council calendar, revenue to be derived from advertisements. The calendar will include vignettes about the Arctic Council, its Working Groups and the Rio+10 process.

Learning Materials Exchange. The goal of this project is to select best practices for teaching and learning about sustainable development and to develop a compendium, available on the Internet, that provides basic descriptions, costs of acquisition, and identification of project co-ordinators or locations where material might be obtained. Where needed, member states would be responsible for arranging for translation into other languages.

Other projects that were given serious consideration (e.g. training for peer counselling, activities that strengthen traditional cultures), have not been included in the work for this biennium. By employing interns through the Internship Programme, it is anticipated that young people will carry out a large proportion of the administration of several of the projects. Management and participation will involve young people.

Budget

*Internet Project* \$50,000

*Summer Camp*

Video (sub-titles to be paid for by individual countries and organizations) \$40,000

In addition, the cost to individual campers will include transportation and camp fee tbd. The camp fee will include the costs of food, accommodation, supervision, and activities.

*Art Competition and calendar*

Administration of the competition, design and initial publication of the calendar (cost of publication to be partly offset by sale of advertising space) \$50,000

*Learning Materials Exchange* \$60,000  
(Translation to be the responsibility of individual countries and organizations)

TOTAL US \$200,000

## **ARCTIC COUNCIL INTERNSHIP PROGRAMME**

### **1. Goal of the Internship Component**

To enhance awareness of sustainable development issues affecting the North among young future northern leaders and help them to acquire the knowledge, skills and attitude needed to address sustainable development issues in their community.

#### **Objectives:**

To provide northern youth with opportunities to gain practical work experience abroad in areas related to sustainable development in the circumpolar North.

To provide northern youth with the tools to play a leadership role in their community with respect to addressing sustainable development issues.

To provide youth with self-confidence, leadership and communication skills, and broaden their understanding of global issues.

To strengthen linkages among Arctic Council countries.

### **2. Background**

Key to achieving sustainable development in the circumpolar North, among others, are: 1) the promotion and accessibility in the North of sustainable development knowledge and information, including both traditional knowledge and western science; 2) awareness among people outside the North of the impact of development and other activities on the North; and 3) the capacity of the next generation of leaders to address sustainable development issues in their communities in order to make them more sustainable.

Hence, an initiative that engages and empowers youth will contribute to sustainable development now and in the future. The proposed International Circumpolar Internship Programme addresses these issues by providing practical international work experiences to northern youth which will expose them to new ideas and different cultures, and allow them to develop the knowledge, skills and attitude that will help them to play an effective role in fostering sustainable development in their communities.

While numerous international opportunities are available to young people in general (e.g. work exchanges, internships, university exchanges such as AIESEC which runs an international Programme for student work exchanges and the American Field Service Intercultural Programme), few of the existing programmes target the specific needs and capacity building of northern youth and few concentrate on sustainable development or on youth who are out of

school and/or unemployed. For example, the Northern Forum internships focus on international relations and are restricted to graduate students. Moreover, the funding structures of most internship programmes tend to favour people living in larger, more populous centres. The advantage of the proposed Programme is its focus on the specific needs of northern youth and the account taken of the realities faced by these youth.

In 1999-2000, a pilot internship project was successfully undertaken by the International Institute of Sustainable Development (IISD), a non-governmental organization that advances policy recommendations to achieve sustainable development. IISD in co-operation with the secretariat for the Future of Children and Youth of the Arctic, conducted the project with four youth from northern Canada. The project was funded by Canada and provided graduates between the ages of 21 and 30 from diverse backgrounds with international work experience and training. The Programme began with a two-week training session at IISD in Winnipeg, Canada. The session focused on global sustainable development issues and policies, leadership building, cross cultural issues, Internet tools, communication skills and country specific briefings. Following the training, participants were placed with host organizations in both the North and the South (Stockholm Environment Institute, the World Wildlife Fund in Norway and the International Red Cross in Zimbabwe and Swaziland) for six-month work terms. The Programme concluded with a one-week debriefing session at IISD. The debriefing allowed participants to reflect upon their experiences and work together to identify and develop means of transferring new ideas and knowledge towards their future work in this field.

The interns made a strong contribution to their host organizations. At the same time, participants gained or enhanced the following skills:

- § Awareness of global issues and exposure to new cultures, values and attitudes were increased;
- § Leadership, problem solving, communication and teamwork skills;
- § Organizational, time management and logistical skills were enhanced, including the development and execution of work plans and reports;
- § Internet skills were strengthened through the development of web products;
- § Understanding of ways in which communities become involved in sustainable development issues was expanded;
- § Language skills were improved;
- § Adaptability and flexibility were improved.

These new skills are being applied in their home communities. These former interns are now employed by the Northwest Territories Community Mobilization Partnership and Job Development Strategy, the Nunavut Legislative Assembly and the Northern Manufacturers= Association.

Based on the successful results of the pilot programme, the Programme proposed for the future has an expanded scope that includes young people from other Member Countries and Permanent Participants in an Arctic Council Internship Programme.

### **3. Expected Results**

- § Core of young people able to contribute to sustainable development in their own communities;
- § Increased knowledge of global environmental and development issues and exposure to new cultures, values and attitudes, thus enabling them to work more effectively at the local, regional or national level;
- § Strengthened leadership, decision-making, problem-solving, organizational, project management and communication skills;
- § Personal development through living and working abroad and an enhanced understanding of different cultures, languages and circumstances;
- § Application of what has been learned to future professional activities;
- § Host organizations that are exposed to new ideas and approaches provided by young dynamic northerners;
- § Host organizations that benefit from the services of a qualified inexpensive human resource;
- § Greater capacity in the North to participate in the new political and economic structures;
- § Directory of Programmes and opportunities available in Arctic Council countries to Northern youth for the purpose of international internships, exchanges, and research projects related to the field of sustainable development (e.g. via the Internet).

### **4. Programme Description**

- § 6 to 12 month placements in a country other than the participant=s country of origin (all or a portion of the internship must be spent abroad);
- § Internships can take place in any type of organization (e.g. private sector, NGO, international organization, educational institution, band council, etc.) that deals with issues pertaining to sustainable development;
- § The annual target is a minimum of two participants per Arctic Council member country and Permanent Participant - Total: 24 participants annually.

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### **5. Eligibility Criteria**

- § Participants will be citizens or permanent residents of Arctic Council member countries (in the

case of Canada, Russia, and the USA, interns must be from the region defined by the country as the North);

§ Participants will normally be 30 years of age and under. (Exceptions to this guideline may be authorized by a member country);

§ Educational level required will depend upon the work assignment and will take into account differing national and regional member country circumstances.

## **6. Programme Partners**

The following Arctic Council member countries and Permanent Participants will be involved in the project: Canada, Denmark/Greenland, Finland, Iceland, Norway, Russia, Sweden, United States of America, and the Permanent Participants which are currently the International Aleut Association, the Inuit Circumpolar Conference, the Saami Council, the Russian Association of Indigenous Peoples of the North. New Permanent Participants would be welcomed as participants in the project.

Host organizations can be non-governmental organizations, private sector companies, business associations, indigenous organizations, educational institutions, research organizations, public health institutions, national governments, or international organizations. They are required to work in areas that contribute to sustainable development.

A co-ordinator will administer the Internship Programme.

### **Linkages**

Linkages of the Programme with other organizations has already been proven. Following are some potential links in the future:

a) The Health and the Networking components of the initiative on the Future of Children and Youth of the Arctic have identified the Internship Programme as an important aspect of their work.

b) It is expected that other Arctic Council Working Groups will identify potential internship opportunities in their projects.

c) Possible partnership arrangements or possible internships in other organizations (e.g. Barents Euro-Arctic Council, Nordic Council of Ministers) are foreseen.

d) Internationally, the World Health Organization (WHO) has already offered a placement for an intern. The plan is to extend this kind of cooperation to UN agencies and international organizations such as the World Conservation Union (IUCN), World Wildlife Fund, etc.

## **Proposed Associate Programmes**

Agencies and organizations that already have internship programmes will be invited to be associated with the Arctic Council Internship Programme. Criteria for associate membership will include having a northern focus and relevance to sustainable development. Potential candidates are the following existing Programmes:

Finnish Career Development Programme  
Youth International - Human Resources Development Canada  
Youth International Internship Programme - Foreign Affairs and International Trade Canada  
Nunavut Youth Abroad Programme (Canada)  
AIESEC

Association with other organizations will enhance awareness of related activities and approaches, and provide an opportunity to complement other programmes.

## **7. Programme Management Structure**

The Chair and Co-ordinator will be initially in Canada. An international Co-ordinating Committee will be formed with representation from the Arctic Council member countries and Permanent Participants.

Each participating country will be responsible for funding its participation in the Co-ordinating Committee and its own internship participants.

Permanent Participants will endeavour to access relevant funding Programmes in the countries where their members reside.

### **Responsibilities of the Co-ordinator**

- § Coordinate overall activities of the Programme;
- § Organize international committee meetings and events;
- § Act as primary contact for Arctic Council member and Permanent Participant representatives;
- § Gather and disseminate information on Internship Programme progress and activities;
- § Identify and evaluate potential candidates for internships;
- § Report to chairman of the initiative on the Future of Children and Youth of the Arctic in readiness for reports to the Sustainable Development Working Group;
- § Prepare a directory of Programmes and opportunities available to northern youth;
- § Collect information on potential host organizations and distribute to Co-ordinating Committee members;
- § Enrol associate Programmes and serve as a clearinghouse for information through website containing internship information; and
- § Conduct an evaluation of the Programme every two years.

### **Responsibilities of Sponsoring Organizations**

- § Find host organizations interested in participating in the project and submit their names to the Co-ordinator;
- § Submit names of domestic potential host organizations to the Secretariat;
- § Recruit interns according to eligibility criteria established for the Programme;
- § Ensure interns= visas, accommodations and personal support needs are met;
- § Develop agreements with interns to ensure funds are used appropriately and that employers hosting interns obtain the expected results from the internship;
- § Provide interns with adequate pre-departure briefing and orientation;
- § Ensure internships involve full-time work for a minimum of 6 months and a maximum of 12 months;
- § Coordinate activities with host organizations;
- § Ensure objectives of the Programme are met;
- § Take reasonable precautions to ensure interns have a safe and secure workplace free from harassment;
- § Provide in-kind contributions of office space, administrative support, etc;
- § Provide the Secretariat with contact information for intern and host organization, along with a description of the work plan, as well as a final report upon completion of the internship; and
- § Ensure appropriate follow up upon completion of project, as deemed advisable by the funder.

### **Responsibilities of Host Organizations**

- § Participate in the selection of the intern;
- § Provide full-time work experience for 6-12 months;
- § Provide the necessary office space and equipment (e.g. telephone, computer);
- § Provide cash and/or in-kind contribution toward the internship;
- § Assist intern in locating appropriate, low-cost accommodations;
- § Develop a work plan in conjunction with the sponsoring organization and/or the intern;
- § Help the sponsoring organization obtain a visa for the intern, if needed;
- § Orientate the participant on organizational policies, administration, Programmes and the scope of the work placement including assignments, responsibilities and schedules;
- § Provide opportunities for the intern to attend staff and/or community meetings or workshops to promote their personal and professional development;
- § Ensure the intern is provided with adequate supervision and guidance throughout the internship; and
- § Submit progress reports during and after the internship, and respond to surveys, if applicable.

Host organizations will fill in an application form before they are accepted. The review of applications will be based on the terms of reference, support for the intern in their placement, and the stability of the host organization.

**Responsibilities of Interns**

- § Contribute towards the cost of the internship; the Sponsoring Organizations will determine the extent to which the interns may need to raise funds for their participation in the project;
- § Participate in a pre-departure briefing;
- § Carry out the tasks outlined for their internship;
- § Respect the duration of the internship;
- § Fulfil the terms of their internship agreement; and
- § Submit progress reports during and after the internship to the Sponsoring Organization.

**8. Evaluation**

§ A strong emphasis will be placed on monitoring and evaluation in order to ensure that difficulties can be addressed in a timely way and that all parties involved in the Programme are satisfied with the outcome. The evaluation process will include an annual review to determine what improvements or changes are needed for the following year. In addition to the attention that must be paid to costs, evaluations will include:

- SPersonal assessments of new or enhanced skills / knowledge gained through the experience
- SAssessment from the host organizations of the benefits derived from the internship
- SSurveys of former participants concerning their post-internship volunteer and professional activities related to sustainable development

**9. Timeline**

Ratification of Action Plan by Ministers .....	October 2000
Meeting of Arctic Council Member States and Permanent Participant representatives .....	November 2000
Countries and Permanent Participants provide Co-ordinator with details of Programmemes and funding sources to be used to fund internships as part of the International Circumpolar Internship Programmeme .....	February, 15, 2001
Arctic Council Member States and Permanent Participants provide Co-ordinator with contact information for participants, host organizations, as well as work plans by .....	February 15, 2001
1 <sup>st</sup> Progress Report of activity by Co-ordinating Committee members to Secretariat .....	February 15, 2001
Presentation of 1 <sup>st</sup> Progress Report to SAOs .....	March 2001
2 <sup>nd</sup> Progress Report from Co-ordinating Committee members .....	August 15, 2001
Presentation of 2 <sup>nd</sup> Progress Report to SAOs .....	September 2001
3 <sup>rd</sup> Progress Report from Co-ordinating Committee members .....	March 2002
Meeting for review of progress and preparation of work plan for 2002-2004 .....	June 2002
Report to SAOs and Ministers .....	October 2002

**10. Budget (annual)**

Co-ordinator

Salary	\$30,000
Overhead	\$ 8,000
Travel	\$ 6,000
Communications	<u>\$ 6,000</u>
<b>TOTAL</b>	<b>US \$50,000</b>

Internships

Based on the Canadian experience, the Programme costs approximately **\$15,000 US** (20% for administration, 80% for participant-related costs) per internship. :

Budget items:

<i>Administration</i>	<i>Participant-related costs</i>
Coordination	Travel
Communications	Visas, insurance
Supplies	Pre-departure orientation
Office space	Accommodation
Equipment usage	Living Allowance
Staff travel	Language training
Recruitment	Debriefing

Note: Each member state and Permanent Participant is responsible for obtaining funding necessary for the implementation and administration of its internships.

**BUDGET SUMMARY FOR *The Future of Children and Youth of the Arctic***  
(U.S. \$)

**HEALTH PROGRAMME**

Project manager and data collection and analysis	\$ 80,000*	
Longitudinal monitoring	\$ 50,000*	
Inventory of best practices	\$ 10,000*	
Symposium (Facilities of the WHO Regional Office in Copenhagen have been offered. WHO is ready to co-operate in other activities related to organizing the symposium, some of which may have a cost. Each country will be responsible for travel, meals, accommodation, etc. of participants.)	\$ 500,000	
Internet clearing house	\$ 2,000	\$ 642,000
Canada=s contribution as lead organization		

**NETWORKING PROGRAMME**

Internet project	\$ 50,000	
Summer camp (Cost to campers will be for transportation and camp fee to cover food, accommodation, supervision and activities.)	\$ 40,000	
Art competition and calendar (Costs of publication may be partly offset by sale of advertising space.)	\$ 50,000	
Learning materials exchange (Translation to be the responsibility of individual states and organizations.)	\$ 200,000	\$ 340,000

**INTERNSHIP PROGRAMME**

Co-ordination Canada=s experience has shown a cost of \$15,000 per intern. Each member state and Permanent Participant would be responsible for obtaining funding for	\$ 50,000	\$ 50,000
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implementation and administrate of its internships.