

## Meeting of Senior Arctic Officials 12-13 November 2009

### Agenda Item 4

#### Human Development

##### Sub Item 4.1 Arctic Human Health Expert Group and activities

The Sustainable Development Working Group was established with the task to carry out work in the area of human development. The results of this work feed into the ongoing comprehensive work of the AC. The focus of the SDWG on Human Development and the wellbeing of the indigenous peoples and other Arctic residents have been reflected in all ministerial mandates to date including the current mandate of the Arctic Council.

Focus on human health and human development is overall an important component of various policy documents including chairmanship programmes, conference statements and declarations:

The Common objectives and priorities for the Norwegian, Danish and Swedish chairmanships of the Arctic Council (2006-2012) states that: “The work that the AC has done on health issues thus far has been useful. The newly created health cluster needs to be further strengthened to increase knowledge about the connections between specific diseases and social, cultural and environmental parameters, and about the relationships between conditions during childhood and health patterns and wellbeing, with a view to developing methods of intervention. The use of distance-spanning technologies and renewable energy sources in the Arctic to counteract the difficulties caused by sparse populations should be further explored.”

Elected representatives of Canada, Denmark/Greenland, the European Parliament, Finland, Iceland, Norway, Russia, Sweden, and the United States of America, in collaboration with indigenous peoples of the Arctic at their Eighth Conference of Parliamentarians of the Arctic Region in Fairbanks, Alaska August 12-14, 2008 in their conference statement asked governments in the Arctic Region, the Arctic Council and the institutions of the European Union, among other things, to:

- Form a strategic plan on human health policy in the Arctic Council where the synergies from existing work on this issue are utilized to provide for better human health in the Arctic in harmony with cultural values.

- Provide an assessment of the positive and negative effects of a changing climate on human health in the Arctic.
- Continue to support exchange programmes for young people in the Arctic Region.
- Urge the Arctic Council to give priority to the prevention of alcohol and drug abuse and suicide, and to exchange best practices on how to deal with these problems, with the participation of states, regions and indigenous peoples.
- Commission the University of the Arctic to provide specialized training for health care personnel, with special focus on Arctic conditions.
- Place the issue of alcohol and drug abuse, and best practices from efforts to reduce this problem, on the agenda of the UN Permanent Forum on Indigenous Issues and the World Health Organisation.
- Further engage relevant NGOs in the Arctic Region in the work of human development, risk reduction, access to health care, preventive health care and disaster preparedness in the sparsely populated areas in the Arctic.

In the Tromsø Declaration of 29 April 2009, ministers representing the eight Arctic States, convening in Tromsø, Norway for the Sixth Ministerial meeting of the Arctic Council, joined by the representatives of the six Permanent Participant organizations of the Arctic Council recognised the rights of indigenous peoples and the interests of all Arctic residents and emphasized the engagement of indigenous peoples as being fundamental to addressing circumpolar challenges and opportunities. The ministers also acknowledged the increased focus on human health in the work of the Arctic Council, including the establishment of the new Arctic Human Health Experts Group under the Sustainable Development program, and welcome the continuation of activities into the Danish Chairmanship of the Arctic Council.

The Chairmanship program of the Kingdom of Denmark states that “Greenland – as co-host and chair of the Sustainable Development Working Group – intends during the chairmanship to strengthen the focus on the various cooperative efforts in the area of Arctic human health with a view to obtain an indication of the overall direction of the health situation in the Arctic, inter alia by assisting the newly established Arctic Human Health Expert Group in highlighting research, monitoring, and capacity building activities in Arctic human health.”

New development in this area include the increased focus on human health and with that the establishment of an Arctic Human Health Expert Group (AHHEG). The establishment of AHHEG was initiated and skilfully negotiated by Canada and the US and has been

acknowledged by the Ministers in the Tromsø Declaration. The expert group, consisting of health experts from most Arctic states and Permanent Participants, was inaugurated at a meeting in Ottawa in February of this year and has been endorsed by all Arctic states at the first SDWG meeting during this chairmanship held in Nuuk last June.

The AHHEG is co-chaired by Canada and Greenland. Following its inauguration, the AHHEG met during the 14<sup>th</sup> International Congress of Circumpolar Health in Yellowknife this summer to decide on a preliminary workplan. The workplan lists the “Hope and Resilience Suicide Prevention Seminar” (to be) held in Nuuk on November 7-8, 2009 as one of its first activities and youth suicide as one of its five areas of priority. Members of the expert group, together with Inuit Circumpolar Council and Youth Council and the Department of Foreign Affairs and PAARISA of the Government of Greenland, organized the Seminar in partnership.

Enclosed is the preliminary - Workplan 2009-2010 - of the Arctic Human Health Expert Group, developed by the AHHEG under the guidance of the Co-Chairs: Professor Kue Young (Canada) and Professor Peter Bjerregaard (Denmark/Greenland) for presentation to the SDWG.

### **Arctic Human Health Expert Group**

#### **Workplan 2009-2010**

Co-Chairs:

Prof. Peter Bjerregaard (Denmark/Greenland)  
Prof. Kue Young (Canada)

<i>Activity</i>	<i>Status/Outcome</i>	<i>Next Steps</i>
Formation of Expert Group	Inaugural meetings in Ottawa (16-17, Feb 2009) and Yellowknife (11 July 2009): co-chairs elected for 3-year term; priorities discussed and agreed	Prepare workplan and present by co-chairs to SDWG meeting in Copenhagen in Nov 2009

International Circumpolar Surveillance of Infectious Diseases	Report covering 1999-2008 period published as <i>Circumpolar Health Supplement</i> No.4 in 2009	Ongoing: under continued leadership of Alan Parkinson, CDC, Anchorage, Alaska
Seminar on Suicide Prevention	Planned and implemented in collaboration with ICC and Government of Greenland; held in Nuuk 7-8, Nov 2009	Publish recommendations in future issue of <i>International Journal of Circumpolar Health</i> ["Circumpolar Voices" section]; disseminate to key stakeholders
Review of Nutritional Guidelines in Circumpolar Countries	Underway: doctoral student of Peter Bjerregaard to review and compare official national nutritional guidelines and adaptations for northern/ indigenous populations; discuss scientific rationale and basis for differences	Expected completion by May 2010; publish chart and accompanying article; use as teaching tool in summer school in Copenhagen in May 2010
*Comparative Health Systems Study	Circumpolar experts identified and contacted; funding proposal submitted in Sept 2009 to Nordic Council of Ministers by Tiina Mäkinen, Editor of <i>IJCH</i> with support of AHHEG; "catalyst grant" submitted in Oct 2009 by Kue Young to Canadian Institutes of Health Research	Await outcomes of funding proposals by NCM and CIHR; seek alternative or additional funding; organize workshop of experts, compile statistical data and narrative profiles of northern health care and health system performance; publish as <i>Circumpolar Health Supplement</i> in 2010 or 2011
*Circumpolar Health Observatory	Underway: Extend and update previous work published as <i>Circumpolar Health Indicators</i>	Convene working group; liaise with NOMESCO and national statistical agencies; seek financial support from governments and/or funding agencies
Summer Institute in Circumpolar Health Research	Planned for May 2010; in partnership with other circumpolar organizations, research centres and graduate programs; two courses offered on nutritional assessment and health disparities [both AHHEG priorities]	Confirm lecturers, finalize program, publicize event; 30 students expected to enrol; will be an annual event, in different locations

**Comments:**

1. Activities marked by \* may be separately submitted for formal approval by SDWG as “authorized”, “endorsed” or “designated” projects
2. All 5 priority areas identified by AHHEG in Yellowknife in July have events/projects planned or underway within the first 12 months
3. All activities listed above involve co-sponsorship and partnership with other circumpolar health organizations with one or more AHHEG members/co-chairs playing a key role in planning and implementation

## AHHEG priorities

Mental health and suicides	Diet and nutrition	Health care	Inequalities in health	Other
<ul style="list-style-type: none"> <li>• marginalization</li> <li>• depression</li> <li>• youth suicides</li> <li>• substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>• food security</li> <li>• obesity</li> <li>• safe water</li> <li>• fluoridation</li> <li>• cardiovascular disease and diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• health care to indigenous populations</li> <li>• culturally appropriate health care to the elderly</li> <li>• rapid turn-over of staff</li> <li>• cultural education of health staff</li> </ul>	<ul style="list-style-type: none"> <li>• reduce circumpolar inequalities</li> <li>• create documentation for inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• monitoring health effects of climate change</li> <li>• infectious diseases (STD, tuberculosis)</li> <li>• expand ICS</li> <li>• violence</li> <li>• child and youth health and wellbeing</li> <li>• tobacco</li> <li>• unintentional injuries</li> <li>• better health for the money allocated</li> <li>• cancer</li> </ul>

The initial task of HHEG will be to identify knowledge gaps. Subgroups have been formed on the following topics:

- Climate change and infections (Birgitta Evengård, Alan Parkinson)
- Saami health and health care (Ann Ragnhild Broderstad, Arja Rautio)
- Education of health staff (Arja Rautio)
- Maternal and child health (Jon Øyvind Odland)
- Suicide prevention seminar (Gert Mulvad)
- Documentation of inequalities (Kue Young)
- Dietary recommendations (Peter Bjerregaard)

## Attachment 1:

### Proposal for a Circumpolar Health Observatory [CircHOB]

CircHOB will be an international collaborative health information system, involved in systematic, standardized, and consistent data collection and analysis. It is population-based, and produces data for all northern regions in all circumpolar countries

CircHOB's purpose is to monitor trends and patterns in health status, health determinants, and health care, provides quantitative evidence for planning and evaluation of health programs and services. It will be on-going and sustainable with periodic updates.

CircHOB will extract relevant data from existing data sources managed by different groups and agencies, such as:

- National population registries, censuses and intercensal estimates
- Vital statistics
- Mortality/morbidity/health care utilization databases
- National/regional health surveys
- Statistical reports

#### Examples

- NOMESCO – Nordic Medical Statistical Committee – [www.nom-nos.dk](http://www.nom-nos.dk)
- European Observatory on Health Systems and Policies [www.euro.who.int/observatory](http://www.euro.who.int/observatory)
- EUROSTAT <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home>

#### Method

- CircHOB will NOT involve access to individual-level health records nor will any such records cross national borders. It will involve the preparation of tables of aggregate data only
- Most data available from websites of national statistical agencies, health ministries, etc – many but not all sites available in English - language proficiency in all circumpolar languages [eg. Russian, Finnish, Icelandic] essential
- Some data require special tabulations produced by host agencies – some cost required – access facilitated by direct personal contact through committee membership

#### Output

- Print/electronic publication. A prototype is the Circumpolar Health Supplement 2008(3): *Circumpolar Health Indicators: Sources, Data, and Maps*
- Tables, charts and maps posted on web – searchable? “make-your-own-table”?
- Periodic [eg. annual] updates and revisions

#### Next Steps

- Convene international working group, spearheaded by AHHEG, consisting of regional/national representatives and subject matter advisors
- Establish liaison with international/national agencies/organizations that generate health data
- Seek funding

## HiT Summary

## Canada

Each Summary/Profile contains:

**Introduction**

- Government and recent political history
- Population
- Average life expectancy
- Leading causes of death
- Recent history of the health care system
- Health expenditure and GDP

**Overview**

- Organizational structure and management
- Planning, regulation and management
- Decentralization of the health care system

**Health care financing and expenditure**

- Health care financing and coverage
- Health care benefits and rationing
- Complementary sources of financing
- Out-of-pocket payments
- Voluntary health insurance
- Health care expenditure

**Provision of services**

- Public health services
- Primary/ambulatory care
- Secondary/inpatient and specialized ambulatory care
- Long-term care and home care
- Social and community care
- Human resources and training
- Pharmaceuticals and health care technology assessment

**Financial resource allocation**

- Payment of health care facilities
- Payment of health care professionals

**Health care reforms****Conclusions**

## Finland

## Iceland

## Norway

## Sweden

## Russia

[no Profile/Summary for United States, Faroes, or Greenland]

**Proposal:**

Prepare similar Profiles or Summaries for northern regions within these countries, following the format [with minor modifications]

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### Part A Population

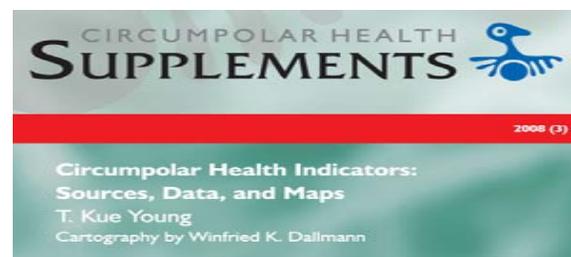
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## Sample Table and Map

Table C-5. Life Expectancy at Birth.

Country/Region	2000		2001		2002		2003		2004		2000-04	
	M	F	M	F	M	F	M	F	M	F	M	F
United States	74.3	79.7	74.4	79.8	74.5	79.9	74.8	80.1	75.2	80.4	74.6	80.0
Alaska	<	<	<	<	74.5	80.1	>	>	>	>	74.5	80.1
- Alaska Natives	<	<	<	<	68.1	75.4	>	>	>	>	68.1	75.4
Canada	76.7	81.9	77.0	82.1	77.2	82.1	77.4	82.4	77.8	82.6	77.2	82.2
Yukon	73.8	78.6	76.6	80.1	73.9	80.3	75.5	83.1	74.5	78.6	74.9	80.1
Northwest Territories	74.2	78.2	73.5	78.8	73.2	79.6	73.8	75.7	78.4	81.7	74.6	78.8
Nunavut	66.2	69.7	66.3	70.3	67.2	69.6	66.5	70.5	66.8	74.2	66.6	70.9
Denmark	74.3	79.0	74.7	79.3	74.8	79.5	75.2	79.9	75.6	80.2	74.9	79.6
Greenland	<	<	<	<	64.6	70.4	>	>	>	>	64.6	70.4
- Born in Greenland	<	<	<	<	63.7	70.0	>	>	>	>	63.7	70.0
Faroe Islands	<	<	<	<	77.0	81.3	>	>	>	>	77.0	81.3
Iceland	78.4	81.8	78.9	83.3	78.7	82.5	79.7	82.7	79.2	82.7	79.0	82.6
Norway	76.0	81.4	76.2	81.5	76.4	81.5	77.1	82.0	77.5	82.3	76.6	81.7
Nordland	<	<	<	<	76.7	82.0	>	>	>	>	76.7	82.0
Troms	<	<	<	<	76.5	81.5	>	>	>	>	76.5	81.5
Finmark	<	<	<	<	74.6	80.6	>	>	>	>	74.6	80.6
Sweden	77.4	82.0	77.6	82.1	77.7	82.1	77.9	82.5	78.4	82.7	77.8	82.3
Västerbotten	<	<	<	<	77.6	82.1	>	>	>	>	77.6	82.1
Norrbottnen	<	<	<	<	76.6	81.6	>	>	>	>	76.6	81.6
Finland	74.2	81.0	74.6	81.5	74.9	81.5	75.1	81.8	75.3	82.3	74.8	81.6
Oulu	<	<	<	<	74.3	81.6	>	>	>	>	74.3	81.6
Lappi	73.1	80.6	73.4	81.1	73.7	80.9	73.5	81.6	74.7	81.5	73.7	81.1
Russian Federation	59.0	72.3	58.9	72.2	58.7	71.9	58.6	71.8	58.9	72.3	58.8	72.1
Murmansk Oblast	58.5	71.0	58.0	70.5	57.4	70.2	56.8	70.0	57.1	70.7	57.6	70.5
Kareliya Republic	56.4	70.2	55.9	70.0	54.9	69.2	53.7	69.0	54.8	69.6	55.1	69.6
Arkhangelsk Oblast	56.3	70.6	56.4	71.1	55.7	70.2	55.4	69.9	55.6	70.5	55.9	70.5
- Nenets AO	54.0	68.3	52.4	68.5	55.5	69.2	52.0	68.1	55.4	70.9	53.8	69.0
Komi Republic	57.8	70.1	57.4	70.4	56.2	69.2	55.5	68.7	56.1	69.3	56.6	69.5
Yamalo-Nenets AO	61.6	72.3	60.6	71.8	62.3	71.7	61.6	72.3	63.0	73.2	61.8	72.2
Khanty-Mansi AO	59.9	72.6	60.5	72.4	61.6	72.8	62.0	73.1	62.6	74.0	61.3	73.0
Taymyr AO	51.4	66.7	52.6	65.4	55.1	66.9	54.9	68.2	57.1	70.3	54.2	67.5
Evenki AO	54.4	63.4	50.1	65.2	51.4	64.2	55.0	66.8	57.1	63.1	53.6	64.6
Sakha Republic	57.9	70.3	57.3	70.1	57.5	70.3	58.1	70.6	58.5	70.7	57.9	70.4
Magadan Oblast	55.7	70.0	56.1	68.8	56.7	68.9	57.4	70.0	56.8	69.1	56.6	69.4
Koryak AO	52.4	60.2	51.8	60.0	51.4	62.8	47.4	63.3	46.4	62.1	49.9	61.7
Chukotka AO	54.9	67.1	51.0	61.2	53.3	63.9	54.8	64.5	54.0	61.7	53.6	63.7

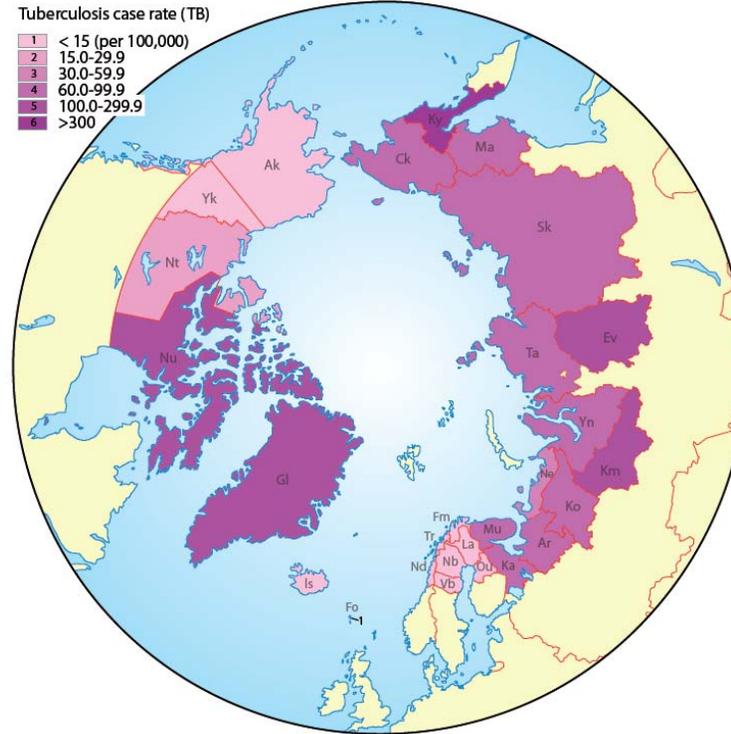


Fig. 8. Variation in tuberculosis incidence rate among northern regions.  
Note: See list of country and regional codes on page 11.