

Evaluation Report

Evaluation of the Grant Scheme for Norwegian-Russian Collaboration Projects in Health and Related Social Issues 2009-2011

THE NORWEGIAN MINISTRY OF HEALTH AND CARE SERVICES



Evaluation of the grant scheme for Norwegian – Russian collaboration projects in health and related social issues 2009-2011

Evaluation Report

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrom
ASPHER	Association of Schools of Public Health in the European Region
BEAC	Barents Euro-Arctic Council
BSR	Baltic Sea Region
CYAR	Children and Youth at Risk
DAC	Development Assistance Committee
EC	European Commission
ENPI	European Neighbourhood Partnership Instrument
EU	European Union
FZ	Federal Law (Federalnyi zakon) of the RF
GDP	Gross domestic product
Grant Scheme	Grant scheme for Russian-Norwegian collaboration in health and related social issues
GSR	Global Statistical Report
HIV	Human Immunodeficiency Virus
HP & DP	Health Promotion and Disease Prevention
ICD	International Classification of Diseases
IDU	Injecting Drug Users
ISPH	International School of Public Health
ISPHA	International School of Public Health in Archangelsk
JWGHS	Joint Working Group on Health and Related Social Issues in Barents Collaboration programme
KO	Kaliningrad Oblast
LHL	Lung and heart Association
MDR tb	Multidrug-resistant tuberculosis
MOHCS	Royal Norwegian Ministry of Health and Care Services
MOHSD	Ministry of Health and Social Development of the Russian Federation
MSM	Men having sex with men
NDPHS	Northern Dimension Partnership in Health and Related Social Well-being
NCD	Non-communicable diseases
NGO	Non-governmental organization
NIPH	National Institute of Public Health
NSMU	Northern State Medical University
Oblast	Administrative region of the Russian Federation
OECD	Organization for Economic Co-operation and Development
PHC	Primary Health Care
RF	Russian Federation
RGAE	Report on the Global AIDS Epidemic
Rosstat	Russian Federal Statistical Service
SCN	Save the Children Norway
SCNiR	Save the Children Norway in Russia
SDR	Age-standardized Death Rate
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
tb	Tuberculosis
WHO	World Health Organization

SUMMARY

The Royal Norwegian Ministry of Health and Care Services (MOHCS) has administered a grant scheme for Russian-Norwegian collaboration in health and related social issues (Grant Scheme) with approximately 15 million NOK (2, 2 million Euros) annually since the late 1990's. The main priorities of the Grant Scheme collaboration are to prevent and combat communicable diseases; to prevent life-style related social and health problems and promote healthy lifestyles; to develop and integrate primary and specialist health services and social services. The main target groups of the Grant Scheme are vulnerable groups of the population, and, where appropriate, indigenous people and residents of sparsely populated areas. The Grant Scheme covers the area of the Barents region, particularly in the Russian Federation (RF) – North-West region and Kaliningrad Oblast.

The purpose of the evaluation was to obtain information about the ability of the Grant Scheme for the period 2009-2011 to contribute to the aims outlined in the collaboration programme (Samarbeidsprogram 2009), in the 3rd Barents Collaboration Programme in Health and Related Social Issues 2008 - 2011 and in The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) strategy. Specific objectives of the evaluation were to provide conclusions and recommendations and draw lessons for future policies through assessment of the Grant Scheme in relation to relevance, effectiveness, efficiency, impact, sustainability and coherence of the projects financed by the scheme.

Materials. The evaluation involved different stakeholders such as authorities, civil society, project partners and international players. The evaluation data included project reports, evaluation reports, policy documents, scientific and other printed and internet publications and 90 semi-structured interviews.

Ten example projects/programmes were selected for the evaluation to represent the entire Grant Scheme in health and related social issues. The selection was done using the MOHCS project data base, that includes information of all 60 Grant Scheme projects ongoing in 2009-2011. The following criteria were used: project theme according to the priorities of the Grant Scheme, geographical area, single-regional and multi-regional projects, duration (long term and short term projects), scope (big and small projects) and logistics (two oblasts to be visited).

Projects. During the period covered by the evaluation MOHCS allocated around 44 million NOK for 60 health and social sector projects. Most of them were financed in a long term basis while one or two-year-projects were the rare exceptions. The funds were distributed to 32 Norwegian institutions, organizations or individual people. Most of the Grant Scheme projects represented multi-regional type of collaboration. Such projects received 38 % of all Grant Scheme funds in 2009-2011. Around one third of the Grant Scheme resources were used for the activities in Archangelsk Oblast. St Petersburg and Komi region received the minor share of the resources. Child care projects received the biggest share of funding (32%). Also, prevention of infectious diseases, primary health care and health promotion were the key themes of the Grant Scheme projects.

The evaluation results showed that the main challenges for health and social development in the North-West Russia were addressed by the projects, i.e. the need for the improvement of health and social welfare of the population; the pressure on health care and social services produced by huge socio-economic stratification of the population, poverty in the marginal groups of population, such as social orphans, migrants, prisoners, homeless alcoholics, high burden of tuberculosis, HIV infection, non-communicable diseases (NCD) as well as traumas and accidents.

In all collaboration areas the key objectives of the Grant Scheme for Russian-Norwegian collaboration in health and related social issues in 2009-2011 has been achieved. The collaboration has been in strict line with the policy of the of the government of Norway and health and social policy of RF.

Along with the Grant Scheme projects the collaboration programmes of Barents Euro-Arctic Council (BEAC) and NDPHS served as the framework for strengthening the professional contacts of the Russian and the Norwegian partners. The objective of developing cooperation on the basis of equal partnership between Norway and RF has materialized in many projects, the most evident success was demonstrated in long term collaborative programmes which have considerably strengthened the institutional links. The Russian partners have gained information, experiences and new international approaches to be used in developing policies and practices for more efficient models of health promotion and disease prevention (HP & DP), health and social services and work with vulnerable groups. The long Norwegian experience showed the importance of not only direct contacts with different oblasts of the North-western Russia, but the necessity to involve and inform federal health authorities to facilitate the coordination of the projects and to help Russian partners to receive permission for activities from the centre.

In many sectors the projects have been largely successful. However, usually the project plans did not include the public health or social targets to be measured by the numeric indicators defined in advance. The change of the project personnel in particular those in the responsible positions may cause delay and poor performance in case the relevant introduction and guidance have not been given to the newcomers. This concerns both Russian and Norwegian partners.

Recommendations. The evaluation showed the necessity of new innovative solutions to sustain international collaboration with NGOs taking into account changes in funding and legislative context in RF. Better coordination between different project actors, such as social and education systems, primary health care, police, NGO, private sector etc. is recommended. The continuation of the Norwegian bilateral financing of health and social development projects in the North-West Russia is necessary, but there might be the place for the reassessment of the financing techniques and the links between the multilateral collaboration.

The open tendering of specific projects with the clearly stated selection criteria is not the common practice in MOHCS. It is recommended that MOHCS introduces the open.

competitive tendering scheme for the biggest projects. Also, at least the biggest projects require regular monitoring.

The bilateral cooperation projects have benefited both Norway and Russia. The open and transparent communication between partners have strengthened. The high prevalence of communicable and NCD, traffic and other accidents and the poor situation of the vulnerable groups in the regions of RF are the key reason for Norway to continue joint efforts to increase wellbeing of the population in North-West Russia. The experiences of Norway and other Nordic countries show that along with the decrease of infectious diseases it is possible to protect vulnerable groups and to prevent many of the most common killers, such as cardiovascular diseases and traffic accidents when using relevant society-level, multi-sectoral prevention methods.

Based on the evaluation results it is recommended that the resources for the ordinary exchange of information and experiences - also outside the project scheme - between Norwegian and North-West-Russian state and regional authorities should be ensured. This is important in developing information systems for exchanging international health, social and educational information, EpiNorth being a positive example.

The evaluation also recommends that the collaboration between NGOs, authorities, state, regional and municipal institutions should be strengthened, as NGOs may bring new approaches and fresh views as well as client-oriented opinions for the development of health and social services. Moreover, the work on prevention of communicable diseases, in particular HIV and tb should be continued in line with the recommendations of the evaluation on the Barents HIV/AIDS Programme. The improvement is recommended for the collaboration with tb- and prison systems and various actors working in health promotion and social rehabilitation.

The scope of the projects in the field of primary health care (PHC) and health promotion & disease prevention (HP & DP) should be broadened. It is recommended to support projects that strengthen the multisectoral approach in introducing best PHC and HP & DP practices for North-West Russia. Projects directed on the prevention of lifestyle-related NCD should be enhanced through the development of comprehensive policies and innovative activities. One of the priorities in this field is the negative consequences of alcohol use to the society, in particular the high mortality among the working age men.

The evaluation recommends to consider preparing and launching the regional long-term programme for decreasing road traffic accidents. Traffic safety is important not only for Russian citizens but also for international people travelling in North-West Russia. This concerns in particular Leningrad oblast, where the mortality for road traffic accidents is highest in the North-West Russia.

1. INTRODUCTION

1.1. Objectives of the evaluation

The Royal Norwegian Ministry of Health and Care Services (MOHSC) has since the late 1990's administered a grant scheme for Russian-Norwegian collaboration in health and related social issues (Grant Scheme) with approximately 15 million NOK (2, 2 million Euros) annually.

The MOHSC and the Ministry of Health and Social Development of the Russian Federation (MOHSD) have signed since 1990s the few year collaboration agreements; the latest was signed in May 2009. The four year agreement on the collaboration refers to two multilateral programmes active in the Northern part of Europe:

- The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS);
- The Barents Euro-Arctic Council (BEAC) collaboration in health and related social issues in the framework of The Joint Working Group on Health and Related Social Issues (JWGHS). (Samarbeidsprogram 2009).

The Grant Scheme is closely linked with these two major multilateral programmes. The Barents Programme focuses mainly on activities within the Barents region while the NDPHS activities are expected to have a wider geographical coverage. More in Sections 1.2.1 and 1.2.2.

The purpose of the evaluation was to obtain information about the ability of the Grant Scheme for the period 2009-2011 to contribute to the aims outlined in the collaboration programme (Samarbeidsprogram 2009), in the 3rd Barents Collaboration Programme in Health and Related Social Issues 2008 - 2011 (BEAC 2012) and in the NDPHS strategy (NDPHS 2009).

Specific objectives of the evaluation were to provide conclusions and recommendations and draw lessons for future policies through assessment of the Grant Scheme in relation to relevance, effectiveness, efficiency, impact, sustainability and coherence of the projects financed by the scheme.

1.2. Norwegian Grant Scheme and international collaboration in the North

The international cooperation of the government of Norway in health and social sector serves many purposes, such as: contributing to solving the health challenges that do not stop at borders, exchanging knowledge; developing nationwide schemes for effectively preventing and combating diseases, and, helping to improve the overall health situation in Norway's vicinity and in other parts of the world (MOHSC 2013a).

Norway participates in a number of international programmes and organizations active in the Northern areas of Europe, e.g. NDPHS and BEAC.

1.2.1. Northern Dimension – NDPHS

The NDPHS is a cooperative effort of ten governments, the European Commission (EC) and eight international organizations. It provides a forum for concerted action to tackle challenges to health and social well-being in the Northern Dimension Area (Annex 1).

The NDPHS goals and operational targets for thematic areas are closely aligned with the European Union (EU) Strategy for the Baltic Sea Region (BSR). The EC has named the NDPHS as the coordinator for the health and social well-being topics listed in one of the fifteen priority areas included in the EU BSR Strategy's Action Plan. (EP Baltic Sea Strategy 2006, EU BRS 2009, 2010, 2013).

The NDPHS Strategy (2009) emphasizes the need to address inequalities in health status and to face challenges of health and social protection in the NDPHS geographical area. The goals cover the following issues: (i) the role and working methods of the NDPHS, (ii) HIV/AIDS and related diseases, (iii) social and health care for HIV infected individuals, (iv) resistance to antibiotics, (v) access to primary health care, (vi) prison health policy, (vii) hazardous use of alcohol and illicit drugs, (viii) tobacco smoking, (ix) the NDPHS Strategy on Health at Work, and (x) improvement of public health and social well-being among indigenous peoples (NDPHS 2009).

The growing cross-border movement of people should be paralleled by actions of addressing these challenges through four thematic areas:

1. *Containing the spread of HIV/AIDS and tuberculosis* through partnerships and international collaboration in prompt and quality care for all, focusing on Tuberculosis/HIV co-infection and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc.
2. *Accessibility and quality of primary health care* by assessing differences in the accessibility and quality of primary health care in the region, by reviewing the situation of patients and health professionals including their deployment, mobility and training and by promoting e-health technology as a means for closing gaps in healthcare access and quality.
3. *Prison health care policy and services* by contributing to the improvement of inmate's health care, and condition of imprisonment and promotion of gender sensitive prison policy.
4. *Lifestyle-related non-communicable diseases and good social and work environments* by developing comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drugs use to individuals, families and society (especially young people). Actions will contribute to the implementation of the Framework Convention on Tobacco Control and the "Northern Dimension Partnership in Public Health and Social Well-being Strategy on Health at Work" ensuring good social and work environments and

preventing lifestyle-related NCD using the workplace as an effective arena for promoting a healthy lifestyle. (NDPHS 2009, EU BSR 2013)

The newly updated EU BSR Strategy (EU BRS 2013) takes a clear stand for emphasizing the need to address the disease burden caused by NCD. Healthy population is seen to be a critical factor behind sustainable economic development of enterprises and societies. Improving people’s health and social well-being is particularly important in the context of the ageing society and the growing threat posed by NCD, two of the greatest macro-regional challenges in the BSR in the 21st century.

1.2.2. Barents Euro-Arctic Council

The cooperation in the Barents Region is set off on two levels: Barents Euro-Arctic Council (BEAC) is a forum for intergovernmental cooperation and the Barents Regional Council (BRC) is a forum for cooperation between the 13 regions of the Member States. (BEAC 2012) (Figure 1)



Figure 1. The 13 regions of Russia, Finland, Sweden and Norway comprise Barents Euro-Arctic region.

The collaboration in health and social field in 2009-2011 was framed by three specific programmes:

Co-operation Programme on Health and Related Social Issues in the Barents Euro-Arctic Region is organized in four-year-programmes and is managed by the JWGHS. The first programme

covered the period 1999-2004, the second 2004 – 2007 and the third 2008-2011. The other two important Barents programmes linked to JWGHS in 2009-2011 were the *Barents HIV/AIDS Programme* to coordinate strengthen the international efforts in the fight against HIV and AIDS in the region and *Children and Youth at Risk (CYAR)*.

During the third JWGHS programme period a large number of projects have been accomplished within a wide range of activities such as improving medical and technical knowledge and preventive measures and development of primary health care. The cooperation has been most successful within projects on the prevention of infectious diseases and education on modernization and improvement of methods in practical social and health work.

The JWGHS of the BEAC is responsible for the prioritizing and organizing the cooperation activities in health and social sector. The working group brings together governments, regions, organizations and experts in health and related social issues with the aim to improve public health and social well-being of the people in the Barents Region. The JWGHS works closely with organizations such as the World Health Organization (WHO), the NDPHS, the Nordic Council of Ministers, the Council of Baltic States and the European Commission (BEAC JWGHS 2013).

The general objective of Barents collaboration in social and health field is to improve public health and social security of the population in the Barents region through bilateral and multilateral collaboration. The priorities for the program period 2008-2011 were:

- Prevention of infectious diseases
- Prevention of medical and social problems caused by life style and support for vulnerable children and youth
- Development of primary health care, public health and social services.

According to the program special attention was decided to be given to

- Gender equality
- Children's rights and improvement of health and social situation of children and youth
- Effective coordination and focus on public health

The most *vulnerable groups* of the population were identified as the target groups. *Indigenous people* and *sparsely populated areas* were to be taking into consideration in project planning (JWGHS 2008).

The Grant Scheme is closely linked to the JWGHS and the NDPHS. In addition to the area of the Barents region it covers also the City of St Petersburg, the Oblasts of Kaliningrad, Leningrad and Pskov.

1.3. Objectives and administration of the Grant Scheme

The purpose of the Grant Scheme is to promote the objectives of

- strengthening Norwegian-Russian relations
- the Cooperation Programme for Health and Related Social Issues in the Barents Euro-Arctic Region
- The NDPHS.

Thus the project funding is *prioritized in line with the BEAC and the NDPHS priorities and target groups* as described above in Section 1.2.

The MOHSC administers the Grant Scheme projects in North-West Russia on behalf of the Norwegian Ministry of Foreign Affairs. The objectives of the Grants Scheme are reflected in the biannual call for project applications distributed by the MOHSC to the relevant Norwegian organizations. The funds are applied through the NDPHS web-site, which is used as a technical platform by the MOHCS. The case handling of the applications are done by the ministry.

The grants are allocated for the projects according to the criteria stated in the call for biannual application note of the MOHCS. Importance of joint planning of the Russian-Norwegian projects are emphasized and the MOHCS requires the formalized cooperation agreement. (MOHCS 2009, 2011).

1.4. Priorities of health and social policy in Norway and in the Russian Federation

In Norway many health and social indicators reflect rather good health and social situation compared to most of the countries in the world. Life expectancy is increasing, for women it is 83.5 years and for men 79.0 years (2011). Infant mortality is low; incidence of most infectious diseases, such as tuberculosis is low. Smoking rates are decreasing (19% of the population over age of 15 years in 2011), alcohol consumption is lower (6.8 liters of pure alcohol/person over age of 15 years) than the EU average (Health Statistics Norway 2013, WHO 2013a).

Public health spending per capita in Norway ranks among the highest of all OECD countries the total health expenditure being 9.48 % of the GDP. In the EU member states it is 8.97 and in RF 5.08 in 2010 (Figure 2).

The GDP per capita (98 202 UDS) in 2011 was in Norway seven times higher than in Russia, where the GDP was slightly slower than the average of the EU member states (WHO 2013a).

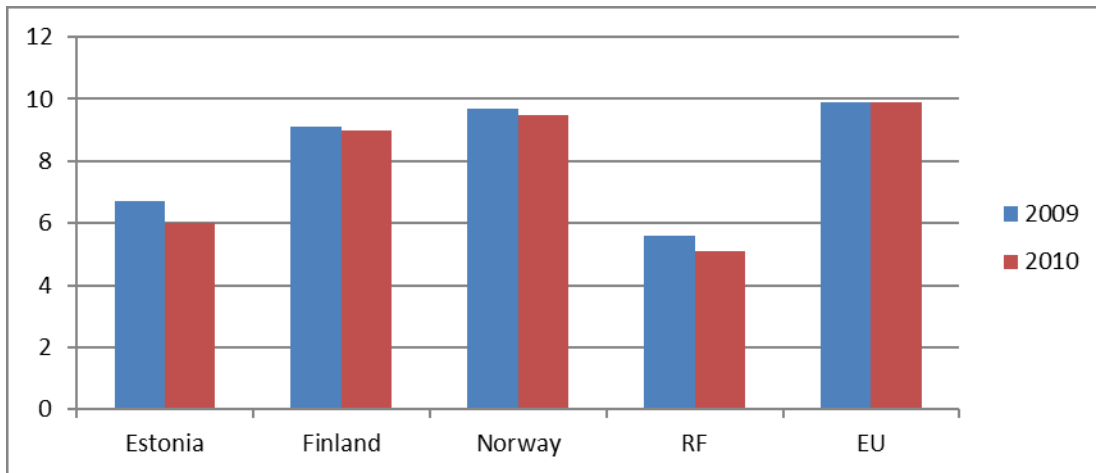


Figure 2. Total health spending in % of GDP in Estonia, Finland, Norway and RF 2009 and 2010.
Source: WHO 2013a

Despite of favorable developments and the high spending to the health care, Norway faces a number of challenges. Inequalities in health continue to increase.

Diseases of the heart and lungs create the largest differences in health, probably due to different smoking habits across socioeconomic groups. Obesity is increasing. Over half of adult men in Norway are overweight and 15-18 per cent is obese. The proportion of women who are overweight is somewhat lower. (Health Statistics Norway 2013)

HIV incidence 5.28/ 100 000 is higher than the EU average 2.62 (WHO 2013a).

People, in particular the aging population requires more and better coordinated social and health services.

To address the challenges Norway's ongoing Coordination Reform points out three primary challenges in the Norwegian health services. The goal is for the patient to receive the proper treatment – at the right place and right time. The major challenges are:

- Patients' needs for coordinated services are not being sufficiently met.
- In the services there is too little initiative aimed at limiting and preventing disease.
- Population development and the changing range of illnesses among the population.

(MOHCS 2013b)

In the Russian Federation life expectancy at birth is slowly increasing compared to the previous years, for women it is 75 years and for men only 63 years (2011). Being compared with Norway and other Northern European countries there is still 8-10 years difference (Table 1).

Table 1. Life expectancy at birth in RF, Norway, Finland and Estonia in 2011, years. Source WHO 2013a.

Country	Male, in years	Female, in years	Both sexes, in years
RF	63	75	69
Norway	79	83	81
Finland	78	84	81
Estonia	71	81	76

In RF there still exists the striking difference between men and women in life expectancy which is equal to 12 years. This phenomenon is also demonstrated in Norway (4 years difference) and other European countries but to smaller extend.

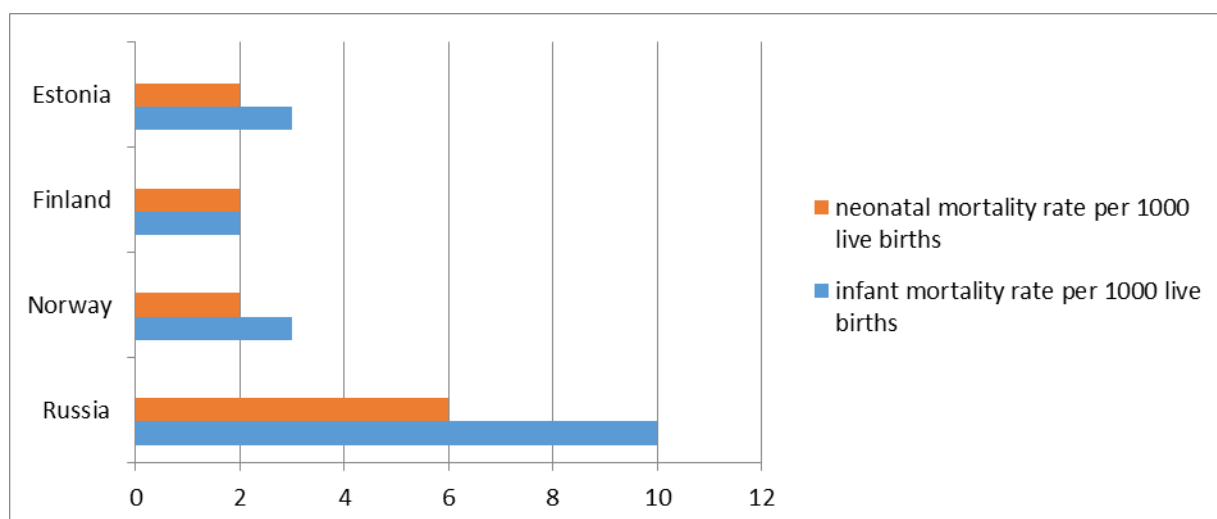


Figure 3. Infant and neonatal mortality in Estonia, Finland, Norway and RF in 2011 (per 1000 live births) Source: WHO 2013a.

Neonatal and infant mortality rates are constantly reduced from year to year but the rates in 2011 are 2-3 folds higher than in the EU countries (Figure 3).

The distribution of years of life lost by causes (2008) shows that the RF country health profile doesn't differ from the other EU countries: 64% of mortality is attributable to NCD, 25% to injuries and 11% to communicable diseases (WHO 2013a). Despite the fact that the share of communicable diseases in years of life lost is like in other EU countries, some of infections are of high priority in RF. According to the report on the Global AIDS epidemic the estimated percentage of adults living with HIV in 2011 is the highest in Estonia (1,1) and the RF (1,1), the lowest in Finland and Norway (0,1) (RGAE 2012).

Figure 4 presents the incidence of tuberculosis and HIV infection in RF and North-West regions of RF (EpiNorth 2013). Epidemiological situation is continuously difficult and HIV is still spreading. There are remarkable differences between Russia, Baltic Countries and Nordic

Countries showing the need to address the problems of in particular HIV-tb double infections and multi drug resistant tuberculosis (MDR tb) that are increasing.

HIV infections linked with injecting drug use seem to be the driving force to the epidemic in North-West Russia. According to HIV experts the spread of HIV among drug users and their “constituency” (steady and occasional sex- and drug-use contacts) needs to be the focus of all preventive activities at least for the next years. This group is very challenging in terms of preventive or treatment interventions. Often difficult to reach, with poor ability to adhere to any kind of treatment or rehabilitation schemes, experiencing discrimination by the society and by authorities, (medical, social and law enforcement), they are often not receiving the services usually available in health or social services for the general population. (Leinikki 2011)

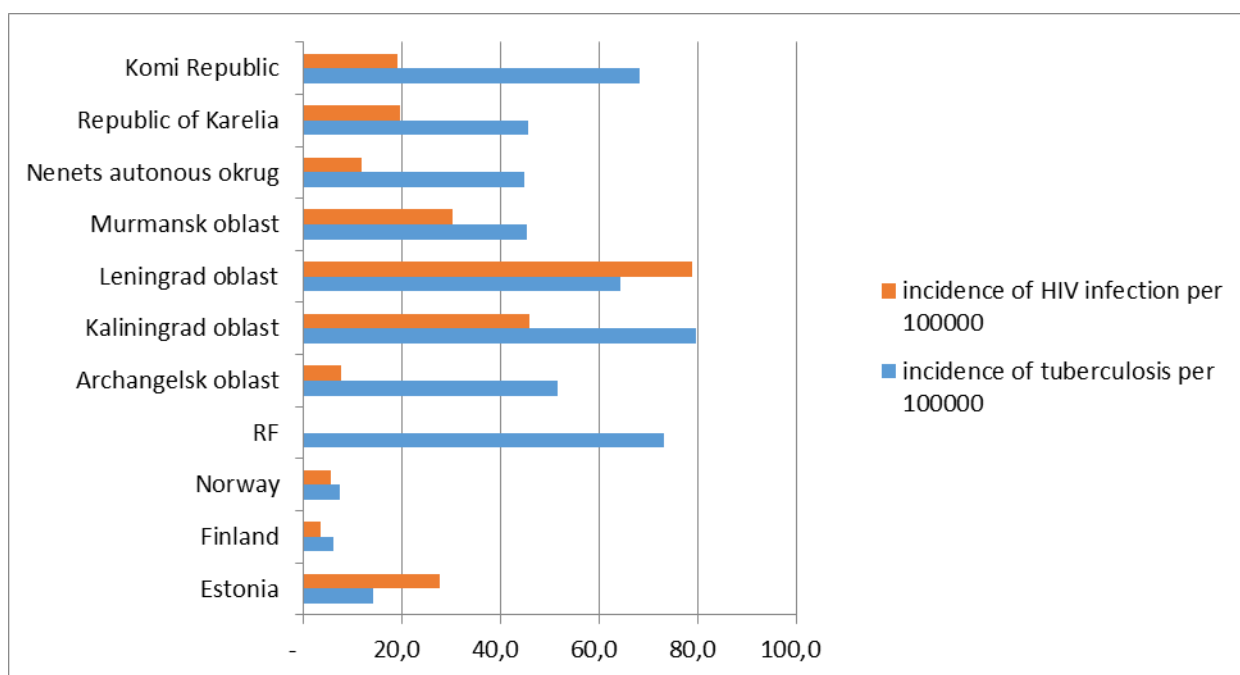


Figure 4. Incidence of tuberculosis and HIV infection in Estonia, Finland, Norway, Russia and North-West regions of RF in 2011 (per 100000 population) Source: EpiNorth 2013.

Furthermore, concomitant infections are becoming more and more common and underlying deterioration of immune defence due to HIV increases the risk of transmission of tb to the general population. Surveillance of tb among HIV-infected individuals and HIV among tb patients is an important priority area for actions during the next years. (Leinikki 2011)

There is a slight progress in the reduction of incidence rates of tuberculosis from 2009 to 2011, but in some North-western regions it is extremely high, particularly in Kaliningrad, Leningrad oblast and the Komi Republic. The incidence of HIV infection is the highest in Leningrad, Kaliningrad and Murmansk Oblasts, and the smallest in Finland and Norway. There is a good comparability of data on tuberculosis and HIV infection between EpiNorth data base and the Russian Mednet data base (Mednet 2010, Mednet 2011).

Non communicable diseases in the RF are estimated to account for 82% of all deaths in 2010, among which the share of cardiovascular diseases is the highest (62%), then follow cancers

(13%) (WHO GSR 2011c). The mortality rates of diseases of circulatory system are also the highest in RF compared with Estonia, Finland, and Norway (Figure 5).

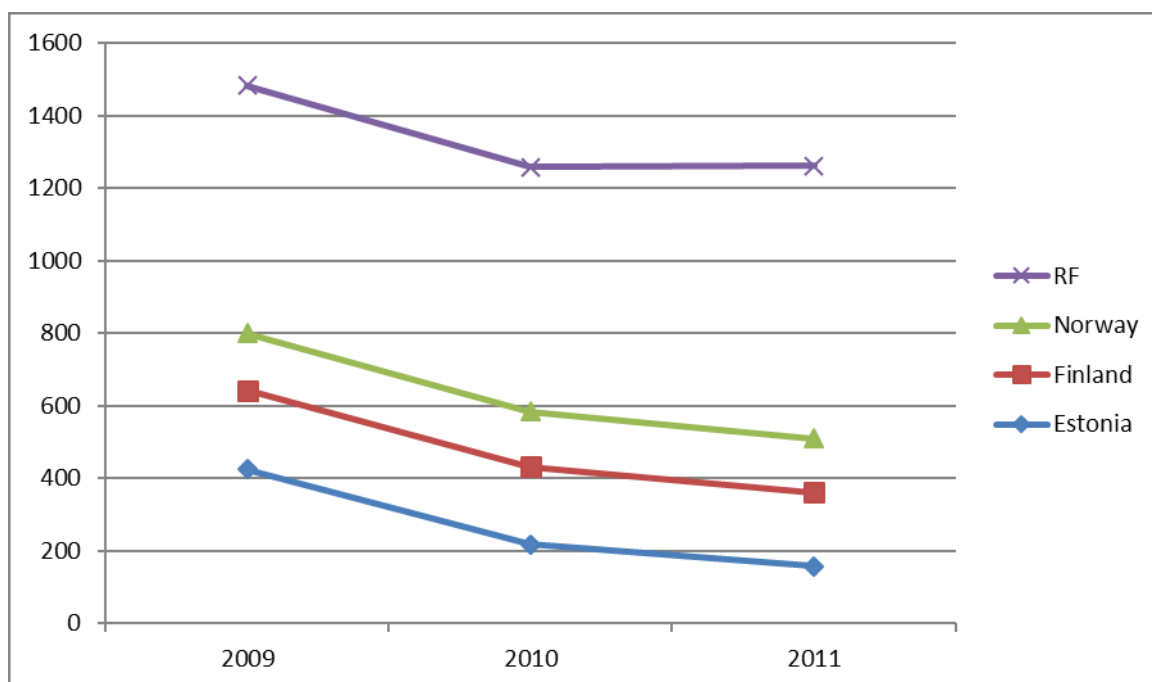


Figure 5. SDR (Age-standardized Death Rate) Mortality for Diseases of circulatory system in Estonia, Finland, Norway, and RF in 2009, 2010 and 2011 (per 100000 population). Source: WHO 2013b, Rosstat 2012.

The incidence of mental disorders which include psychotic and behavioral disorders of organic and functional origin (ICD-10, Codes F 00-99) in RF is high (335, 9 per 100000) being compared with Finland (83, 6 per 100000), but lower than in Estonia (2057, 3 per 100000) in 2011 (WHO 2013). Meanwhile, the mortality rates due to mental and behavioral disorders are not so alarming as in Norway and Finland. (Figure 6).

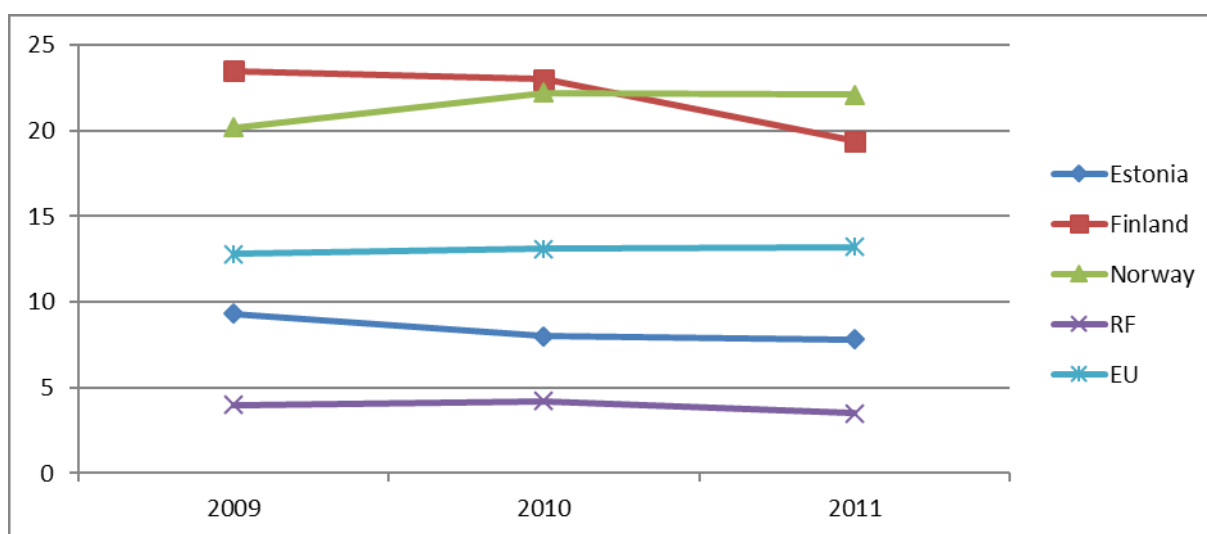


Figure 6. Mortality for Mental and Behavioral disorders in Estonia, Finland, Norway, RF and EU in 2009, 2010 and 2011 (per 100000 population). Source: WHO 2013b, Rosstat 2012.

Smoking rates are high in Russia: the adult prevalence of current smoking of any tobacco in 2010 is equal to 60% in males and 22% in women, which is higher than EU average (WHO GSR 2011b). Alcohol consumption in RF is traditionally high (15, 7 liters of pure alcohol over age of 15 years), more than for the WHO European region (12, 2) (WHO GSR 2011a). The most prevalent type of alcoholic beverage (in % of pure alcohol) in RF is spirits (63%); beer (33%), the consumption of wine is only 1%. High alcohol consumption is followed by alcoholic disorders which are more prevalent among the Russian adult males (16, 29%) than among the Russian women (2, 58%) (WHO GSR 2011a).

The same tendency is observed in death rates due to road traffic accidents, which are associated with excess alcohol consumption: mortality rates for men (50,3 per 100000) is higher than for women (14,8 per 100000) (WHO 2013b). There is a slight tendency towards the reduction in the incidence rates of psychotic and behavioral disorders associated with alcohol abuse in the RF in the period 2008-2010. In the North-West regions (except the Republic of Karelia) is observed the same tendency. The highest incidence rates of psychotic and behavioral disorders associated with alcohol use are observed in the Nenets Autonomous District (245, 9 per 100000), the Republic of Karelia (200, 7 per 100000) and the Republic of Komi (172, 7 per 100000) in 2010 (Mednet 2012).

External causes of death due to injuries and traumas are prevalent. Mortality rates from transport accidents in RF (20, 7 per 100000) are higher than in Norway (4, 3 per 100000), Finland (5, 7 per 100000) and Estonia (8, 5 per 100000) in 2011 (Figure 7) (WHO 2013a, Rosstat 2012).

Russia has the second highest traffic mortality in the WHO European region. Compared to the Northern neighbours Russia's traffic mortality is more than triple (Kurdyavtsev 2013). In the North-western region the mortality is highest in Leningrad oblast (Figure 8).

The same tendency is observed for the mortality rates attributable to external causes of injury and poisoning. (Figure 9). RF demonstrates the 4-fold higher mortality rates than Norway, 2 fold times higher than in Estonia and Finland.

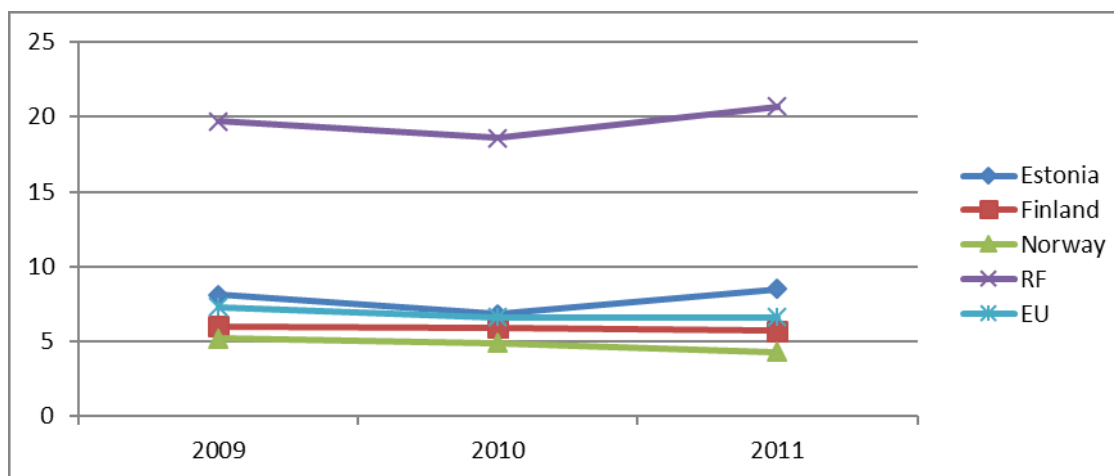


Figure 7. Mortality for transport accidents in Estonia, Finland, Norway, RF and EU in 2009, 2010 and 2011 (per 100000 population). Source: WHO 2013a, Rosstat 2012.

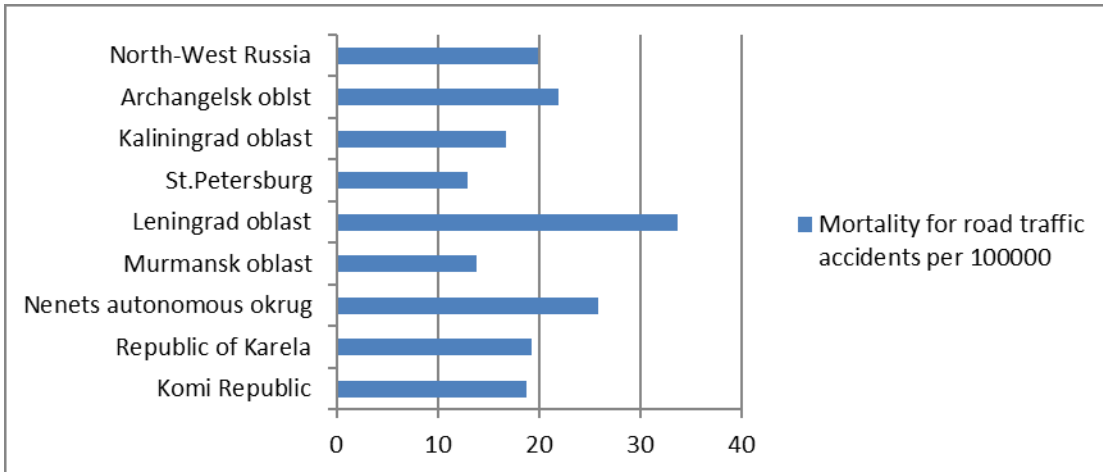


Figure 8. Mortality for road traffic accidents in the selected regions of North-West Russia in 2012 (per 100 000 population). Source: Rosstat 2012.

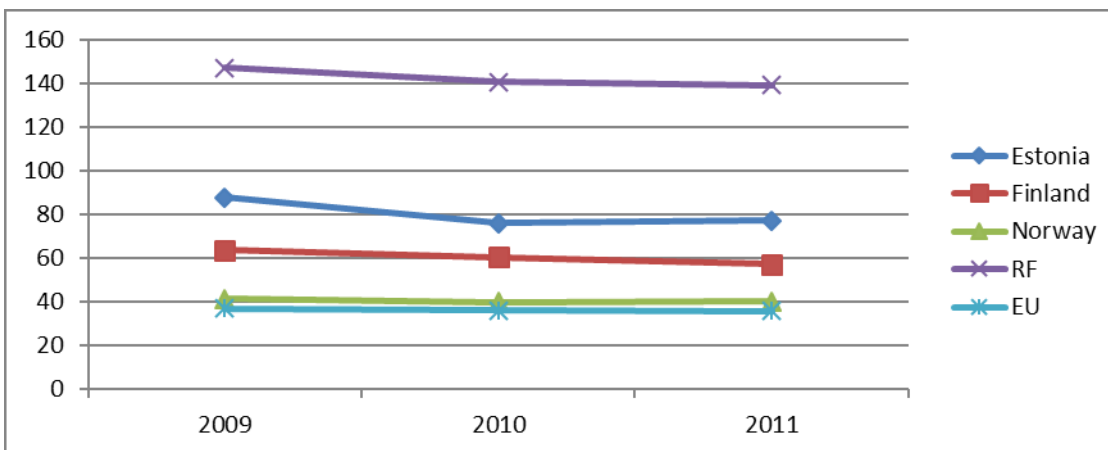


Figure 9. Mortality for External causes and poisoning in Estonia, Finland, Norway, Russia and EU in 2009, 2010 and 2011 (per 100000 population) Source: WHO 2013a, Rosstat 2012.

Russia is also facing the social problems. 11% of the population had the income below living wages minimum in 2012 (Rosstat 2013). RF is at the top in the countries which are at the boom in the rate of divorces in 2012. The unemployment rate in the country declined from 6.0 percent early in 2012 to 5.4 percent in January 2013, a record lowest for the last two decades (Rosstat 2013).

Russia leads the world in the number of abandoned children. At the end of 2011, there were 654 355 orphaned children and children without parental custody. And that is only according to official statistics, which does not include homeless children, whose number is estimated to be a million – more than in the USSR after the end of the Second World War.

Ill health caused by child abuse forms a significant portion of the global burden of diseases. While some of the health consequences have been researched, others have only recently been given attention to, including psychiatric disorders and behavioral problems. The physical,

behavioral and emotional manifestations of abuse vary between children, depending on the child's stage of development, the severity of the abuse, the length of time over which the abuse continues and other factors in the child's environment. Furthermore, behavioral risk factors such as smoking, alcohol abuse, poor diet and lack of exercise cumulate in vulnerable families with social problems.

Current health and Social Policy in RF since 2009 and up to now is oriented towards health promotion and disease prevention, although the federal policy has not been yet fully implemented into regional programs and action, and thus may remain declarative. However, the National Project "Health" 2006-2008 as well as the State National program and regional programs of Health Care System Development up to 2020 do reflect the intention towards the modernization of preventive and health promotion services in Russia (National Project 2006, State National Program 2012, Decree KO 2007, 2011, 2012).

The State National program of Health Care system development presents the goals for the reduction of all causes of mortality, mortality from cardiovascular diseases, cancer, tuberculosis mortality (from 14.2 per 100 000 in 2011 to 9.51 in 2018), transport accidents mortality (to 10 cases per 100000), tobacco consumption among adults (to 25% prevalence) and among children and adolescents (up to 15%), alcohol consumption (to 10 liters per capita per year) (State National program 2012).

During the last decade a number of legislative documents were adopted, which made the structural reforms in the national health care system visible. Among them are the Federal Laws №323 "On the basis of health protection in RF", №326 "On the Compulsory Medical Insurance in RF", №51 "On the accession of RF to the WHO Framework convention on tobacco control", №15 "On health protection from exposure to environmental tobacco smoke and the consequences of tobacco consumption", the Presidential Decree №1351 "Demographic Policy concept of RF for the period up to 2025" and Order of the government № 2128-p "Concept of State Policy to reduce the abuse of alcohol and alcohol abuse prevention among the population of RF up to 2020" (FZ 2008, FZ 2010, FZ2011, FZ 2013, Presidential Decree 2007, Governmental Order 2009).

Being a public health concern in Russia, the problem of traffic accidents was addressed by the nationwide Road Safety Improvement Federal Target Programme 2006-2012. The goal was a considerable (1.5-fold) reduction in number of traffic deaths in Russia by 2012, compared to 2004. Several traffic safety measures were implemented, such as stricter vehicle safety standards, strengthening of traffic law enforcement and media & educational campaigns (Kuryavstev 2013).

Since 2008 the Ministry of Health of the RF has introduced new administrative structures to strengthen primary health care and preventive work, such as Health Centers for Adults and Children. The main goal of such Centers is detection and primary prevention of behavioral risk factors (first of all, alcohol and smoking) at the individual and group level. Since 2009 Health Centers have been established in many regions (Prikaz MZ RF 2009). For example in Kaliningrad there are six Health Centers for adults and children and one Center for children and Youth.

Also, since 1999 till 2007 there were considerable legislative changes in all spheres including health care and social development. The Duma approved the Federal law, according to which the power and resources were removed from State Authorities to the Regional Authorities (and municipalities – to smaller extend). (FZ 1999, FZ 2003a, FZ 2003b, FZ 2006, FZ 2007). This will have an influence in the regional health and social service provision.

1.5. Challenges for health and social development in North-West Russia and Kaliningrad

The North-West Russia faces a number of challenges for the improvement of health and social welfare of the population. Huge socio-economic stratification of the population is further increasing. Poverty especially in the marginal groups of population., such as social orphans, migrants, prisoners, homeless alcoholics, produce additional pressure on health care services.

The burden of infectious diseases is high. Prevalence of tuberculosis, and in particular prevalence of MDR tb, is quite high and is rapidly accumulating in the same risk groups as HIV. Concomitant infections are becoming more and more common and underlying deterioration of immune defense due to HIV increases the risk of transmission of tb to the general population. (Leinikki 2011)

The burden of NCD as well as traumas and accidents including road-traffic accidents is also high. The present health care system can hardly cope with these challenges. No one doubts that health care system should be reformed, the question is – how? Another big challenge is primary health care – its quality and accessibility. The satisfaction of the population with it functioning is still low.

“Less declarations – more practice!”

People in North-West Russia as in the whole RF die prematurely due to the diseases and traumas that are largely preventable. The policy, oriented on the reduction of behavioral risks, traumas and accidents might bring good results in the future. Urgent needs are associated with the changes in the organization of preventive work – the need to be less declarative and more practical.

During the last years a good infrastructure of health promoting and preventive work was established, but their work is still mostly uncoordinated and unbalanced in relation to curative services. Fortunately, the regional and the municipal authorities have more power than before and legislative possibilities, too, to improve this situation.

Involvement of media professionals in the process of providing information on health issues is insufficient. Currently the media publicity is not oriented on real increase of knowledge and skills related to health and social issues among the population. Media, however, might be a big

resource which might lead to success e.g. on behavioral changes, if used properly and together with policy instrument and improved service delivery.

Strengthening health education in schools is also necessary. For example there are some worrying observations and comments, that awareness among the general population and also among the young people about the public health aspects of HIV are deteriorating. A need to better integrate HIV and sex education to the school curricula is obvious. (Leinikki 2011)

2. MATERIALS AND METHODS

2.1. Approach

The evaluation involved different stakeholders such as authorities, civil society, project partners and international players.

The work was guided by the invitation to tender for this evaluation by MoHSC (MoHSC 2013c). Moreover, the work was framed by the recent changes in the health and social policies of RF, the multi-country programmes in the Northern regions of Europe, such as EU programmes, NDPHS, Barents collaboration, and the policies of international organizations. These were taken into consideration while assessing the specific input of the government of Norway in the development of the health care and social welfare system in the North-West Russia during the years 2009-2011.

To evaluate the Grant Scheme for Russian-Norwegian collaboration the work was carried out at two levels:

1. *Comprehensive evaluation of the grant scheme* in relation to other players active in the Barents-region, Leningrad, St Petersburg and Kaliningrad.
2. *Specific evaluation of the selected projects* implemented within the Grant Scheme. The selection was done among all projects financed by the Norwegian Grant Scheme in 2009-2011 (in more details see Section 2.2. below).

This evaluation was not focused on individual projects but rather on an analysis of the entire Grant Scheme and its performance. The individual example projects were used to illustrate the variety of activities, approaches and achievements of the Grant Scheme programme.

2.2. Data collection

The evaluation data included printed and interview materials and notes on observations during the evaluation missions.

The printed evaluation materials comprise of policy, strategy and programme papers, project plans, project implementation reports, financial reports, evaluation reports, research papers, statistical material and other publications. The printed material was gathered from MOHCS, the project partners and the internet.

The interview materials were gathered in Kaliningrad Oblast, Archangelsk Oblast and Nenets Autonomous District, Russia, and in Kirkenes and Oslo, Norway. The Norwegian and Russian stakeholders, such as representatives of the financing organization and project partners were interviewed.

The face to face interview data were collected in

- Kirkenes, March 19-20, 2013. Discussions were conducted with the participants of the 16th Meeting of the JWGHS of the BEAC.
- Oslo, April 9-11, 2013. Project reports were collected from the MOHCS archives with the assistance of the ministry staff. Interviews were conducted with the selected Norwegian project partners (12 interviews).
- Kaliningrad, April 28-30, 2013. Interviews were conducted with the selected project partners in Kaliningrad and with the representatives of the regional authorities.
- Archangelsk, May 13-15 and May 17, 2013. Interviews were conducted with the selected project partners in Archangelsk and the representatives of the regional authorities.
- Narjan-Mar, May 16, 2013. Interviews were conducted with the representatives of the regional authorities of the Nenets Autonomous District.

In addition to the face-to-face interviews and group discussions, the data was gathered by telephone interviews and by an e-mail survey for those selected Norwegian and Russian project partners that were not accessible for face-to-face interviews. These were conducted in May-June 2013. The thematic questionnaire was used for the interviews. (Annex 2 and Annex 3). Altogether 90 semi-structured interviews were conducted.

The example projects/programmes were selected for the evaluation to represent the entire Grant Scheme in health and related social issues. The evaluator had access to all the reports and the full database in MOHCS. In the selection of the projects the following criteria were used:

- the main priorities of the Grant Scheme (communicable diseases; health promotion and primary health care) and the target group of vulnerable children & families
- geographical area: those Russian regions for which the biggest share of the Grant Scheme funding was allocated, i.e. Archangelsk Oblast, Murmansk Oblast, Kaliningrad Oblast and the Republic of Karelia, and one region, the Nenets Autonomous District, that did not implement any separate, individual one-region Grant Scheme projects.
- single-regional and multi-regional projects
- duration: long term (5 years or more) and short term projects (4 years or less)
- scope: both big and small projects
- logistics: two oblasts, Archangelsk and Kaliningrad were visited; in addition Nenets Autonomous District was visited during the evaluator's visit in Archangelsk.

Altogether 10 example projects/programmes were selected from those 60 projects that were ongoing in 2009-2011 and that received financial support from the Norwegian Grant Scheme. (Table 2).

Table 2. Projects selected for the evaluation of the Grant Scheme for Norwegian – Russian collaboration projects in health and related social issues 2009-2011.

	Project	Region in Russia	Duration	Norwegian institution	Budget appr. (NOK)
1	CYAR & programme support projects	Multi *	Long	Bufetat region nord	5 100 000
2	ISPHIA, Public health training	Archangelsk	Long	Univeristy of Tromsø	3 430 000
3	Healthy Generation	Kaliningrad	Long	Bergen municipality	2 692 000
4	Save the Children	Murmansk Archangelsk	Long	Redd Barna	1 800 000
5	LHL tb-projects	Multi *	Long	LHL	1 270 000
6	Collaborative project on Alcohol and drug abuse, Pitkäranta	Karelia	Short	Kompetansesenter Rus-Midt-Norge	640 000
7	Cross Actions between STD Clinic Archangelsk and Olafia Clinic	Archangelsk	Short	Olafia clinic	612 500
8	Tolerance in society to people with HIV	Karelia	Short	Olav Andre Manum	250 000
9	"Health under Prevention Guard" - mobile facility to prevent HIV and drug abuse	Murmansk	Short (May 2010→)	Center for Social Medicine, Tromsø	200 000
10	EpiNorth	Multi*	Long	Norwgiam Institute of Public Health	Not known

* Archangelsk, Karelia, Komi, Murmansk

2.3. Data analysis

The comprehensive study was done using the numerical data of all projects implemented during the study period. These data were retrieved from the archives of MOHCS and they were reviewed and analyzed against the policy context to give information about relevance and coherence of the Norwegian grant scheme under study.

The projects were coded and grouped by size (NOK), implementing organization, region of implementation and project theme.

The example projects (Table 2) were analyzed using the DAC criteria (DAC 2013):

Relevance of the collaboration was assessed by analyzing the extent to which the objectives of the Grant Scheme and its design have been consistent with the priorities of the health and social policies of Norway and the RF, and whether the Grant Scheme objectives are still appropriate given the changed international context.

Effectiveness of the projects was studied by assessing the extent to which the intervention objectives were achieved, or are expected to be achieved in a sustainable fashion and with a positive institutional development.

Efficiency i.e. a measure of how economically resources/inputs (funds, expertise, time, etc.) were converted to results was studied by assessing, whether the objectives were achieved on time and whether the Grant scheme in general and the projects were implemented in the most efficient way compared to alternatives, in case there were alternatives.

Impact was evaluated by identifying what was changed and by assessing positive and negative, primary and secondary long-term effects produced by the collaboration projects.

Sustainability was studied by assessing to what extent the benefits of collaboration (probably) continue after the Norwegian funding ceased/ceases.

Coherence was studied by reviewing, what other relevant actors were in the field, how the collaboration of the Grant Scheme projects with other actors took place and what was the added value of the Grant Scheme inputs for the collaboration.

The analysis was based on the project documents, monitoring and evaluation reports, interviews and observations during the site visits.

2.3. Limitation

The findings of this evaluation are valid and reliable with consideration of a set of limitations.

First, the extensive scope of the evaluation covered all projects active during 2009-2011. With the evaluation resources available it was feasibly not to assess all 60 projects separately, but instead to conduct a comprehensive evaluation with the purpose to draw a picture of the entire Grant Scheme performance. This was done using the project database of the MOHCS and looking through the selected ten programmes/projects financed by the Grant Scheme.

In financial terms the selected projects cover the most part of the Grant Scheme. However, there might be important achievements and processes of the Norwegian-Russian collaboration that were not involved in the ten selected programmes/projects. Therefore it is possible that all important processes, achievements or challenges of the Grant Scheme projects may not be reflected in this evaluation report.

Second, the selection of interviewees in RF were done with the assistance of the project partners. This may cause some positive deviation of the findings, as it may be that those selected for the interview had only good experiences of the projects. It may also be that all experiences, and results in particular the negative ones were not reported to the evaluators due to the professional or private interests of the interviewees. To minimize “the positive deviation” of the results cross-checking was done by first reading the project reports and then interviewing both Norwegian and Russian partners of the selected projects.

Third, the interviews with the representatives of the target groups among the population, e.g. children, indigenous people, people in sparsely populated areas and prisoners were not conducted due to the limited time frame of the evaluation. A number of projects, however, did conduct population and other surveys to monitor the developments.

Fourth, only two oblasts, Archangelsk including Nenets Autonomous District and Kaliningrad, were visited, although the Grant Scheme projects are implemented also in all other administrative regions of the North-West Russia.

With these limitations in mind, this evaluation study describes the relevance effectiveness, impact, sustainability and coherences of the Norwegian Grant Scheme in 2009-2011 in a reliable way.

3. FINDINGS

3.1. The Grant Scheme projects and implementing organizations in 2009-2011

The Grant Scheme supports in particular Norway's High North and Arctic Cooperation. Norway allocates around 130 million NOK (18,6 million €) annually for the Norwegian-Russian collaboration. Health and social sector collaboration counts 10-12 % of all collaboration resources annually. Other important areas are energy sector, economic cooperation, human rights, environment, education and research.

According to the project data base of the MOHCS in 2009-2011 around 44 million NOK was allocated for the health and social sector collaboration.

Organizations. Altogether around 60 projects were financed by the Grant Scheme in 2009-2011 most of them in a long term basis while one or two-year-projects were the rare exceptions. The funds were distributed to 32 Norwegian institutions, organizations or individual people. Along with the specific project funding the resources were allocated also to other activities, such as financing international expert meetings, publications or reviews linked to the projects implemented by the biggest Norwegian actors in the field (Table 3). In addition, in 2009-2011 Norway has spent around 7.5 million NOK on Barents health and NDPHS activities.

The National Institute of Public Health (NIPH) and Bufetat Region Nord received the biggest share of the funds, both over NOK 6 million each. University of Tromsø implemented collaboration projects with NOK 5,8 million. Bergen Municipality and SOS Barnebyer received both over NOK 2 million for the Norwegian-Russian projects (Table 3).

Table 3. *Norwegian grant scheme funds for Norwegian-Russian collaboration projects 2009-2011 by the Norwegian institutions. NOK 44 million (€ 6,3 million).*

NOK	Norwegian institution
6 284 000	Nasjonalt folkehelseinstitutt
6 150 000	Bufetat Region Nord
5 841 000	Universitetet i Tromsø
2 692 000	Bergen Kommune
2 310 000	SOS Barnebyer
1 963 000	Helsedirektoratet
1 800 000	Redd barna
1 270 000	LHL
1 256 000	KUN senter
1 236 000	Norges Samemisjon
1 030 000	Kompetens Rus Midt-Norge
12 254 000	Other
44 086 000	ALL

The NIPH has been the major actor in Norwegian-Russian health collaboration since 1990s. During 2009-2011, the NIPH used the allocations for the activities that included among others EpiNorth project (see Section 2.2.2. project no 10), supporting master education in public health, training in epidemiology, study of attitudes towards HIV infection in North-West Russia, various network building activities (meetings, conferences, publications), disease surveillance activities e.g. on mortality and morbidity, injury registry, prevalence of hospital acquired infections, monitoring of drug abuse etc.

The primary partners were the directorates of the Federal Service for Surveillance of Consumer Rights Protection and Human Well-being (Rosпотребнадзор). NIPH developed the project activities in particular within the infectious disease surveillance and control, network development, and capacity building. By the end of the period the topics of NCD and mother and child health were also addressed.

The main project within the infectious disease control was EpiNorth (see in more details Section 3.3). The smaller projects in infectious diseases covered e.g. continuation of the project on hospital acquired infections with the purpose to prevent infections through measuring prevalence of most frequently noted nosocomial (hospital acquired) infections and the reasons for these.

NIPH worked also for prevention of HIV and STI by supporting participation of Russian speaking participants in the European conference “HIV/STI prevention targeting men who have sex with men (MSM)” in Stockholm and Russian participation in EC-funded project "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI". Furthermore, NIPH supported studies on attitudes towards HIV infection and preventive work, and prevalence of risk factors for blood-borne and sexually transmitted infections in Archangelsk. In Petrozavodsk, Karelia prevalence of human papillomavirus infections was under study.

The other collaboration themes were:

- Setting up an Institute of Community Medicine and Master education in Public Health in Arkhangelsk”
- Courses in Biostatistics in Arkhangelsk and St. Petersburg.
- Cooperation with Human Ecology Journal to establish the peer-review routines and improve the quality of scientific publications
- Epidemiology training at the Mechnikov State Medical Academy
- Establishment of the Arkhangelsk regional birth registry
- Representation in several networks (Representing EpiNorth at an Arctic Council meeting, meetings of the Steering Committee of the Barents health programme and expert group meetings, Expert group on HIV/AIDS in Northern Dimension Partnership in Public Health and Social Well-being).

Indigenous people, one of the target groups of the collaboration, were addressed by the projects of the Norwegian Sami Mission. Among others the Sami Mission is active in the Lovozero region in the Murmansk Oblast.

Regions. Most of the Grant Scheme projects represented multi-regional type of collaboration. Such projects received 38 % of all Grant Scheme funds in 2009-2011. Around one third of Grant Scheme resources were used for the activities in Archangelsk Oblast. St Petersburg and Komi region received the minor share of the Norwegian Grant Scheme funding. (Figure 10) Nenets Autonomous District of the Murmansk Oblast may have participated in multi-regional projects, but no specific Nenetsian project was financed in 2009-2011-

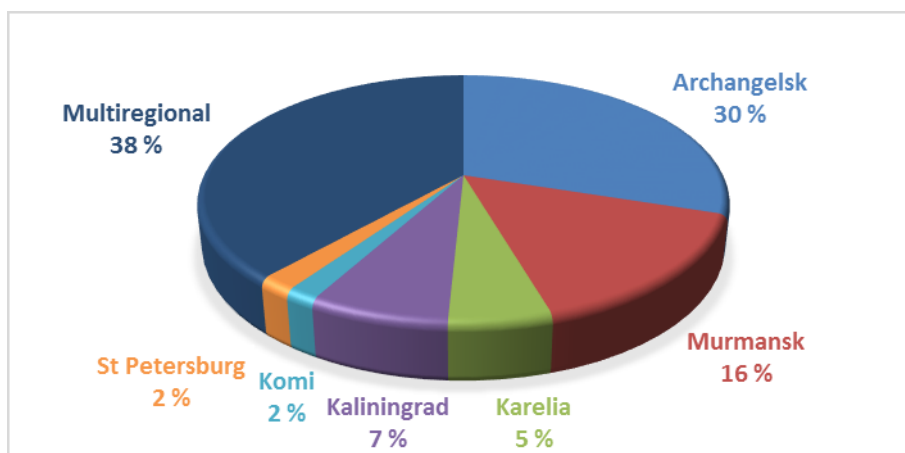


Figure 10. Percentage of the Norwegian grant scheme funds for Norwegian-Russian collaboration projects 2009-2011 by regions of the RF. NOK 44 million (€ 6,3 million).

The financial contribution of the Russian side was usually done through official wages to the internal staff participating in the projects.

Themes. As for the thematic distribution of the Grant Scheme resources child care projects received the biggest share of funding (32%) including three big programmes CYAR, SOS Barnebyer and Save the Children. Also, the priority area of the NDPHS prevention of infectious diseases, primary health care and health promotion were the major themes of the Grant Scheme projects. (Figure 11)

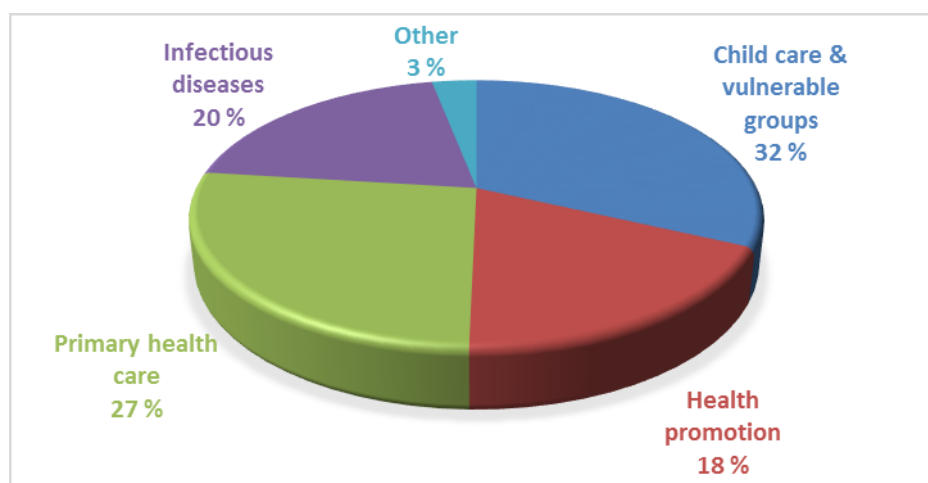


Figure 11. Percentage of the Norwegian Grant Scheme funds for Norwegian-Russian collaboration projects 2009-2011 by main collaboration themes. NOK 44 million (€ 6,3 million).

Since the 1990's the modes of international activities between the Northern countries and North-West regions of the RF have diversified with the result of several multi-country and multi-region programmes emerging to address the challenges in health development and social protection. The NDPHS and the JWGHS of the BEAC were among the major actors during the evaluation period 2009-2011.

Three perspectives. The Norwegian government has financed the Grant Scheme projects nearly 20 years. Recently the links to NDPHS and BEAC have been strengthened. The bilateral collaboration with the regions of North-West Russia serves many purposes. The Grant Scheme can be seen from at least three perspectives.

First, the Grant Scheme projects are an important element of Norwegian foreign policy with RF with the purpose to strengthen the good contacts with the RF, in particular with the North-West regions.

Second, the Grant Scheme is an ethical issue. There is a tremendous gap in social wellbeing reflected in mortality, morbidity, life expectancy and other social and public health indicators between North-West Russia and the Western neighbour, Norway. (See Sections 1.4. and 1.5.). This gives reason for Norway to work together with the Russian partners for the improvement of health status and social security of the population in the North-West Russia. The collaboration can be considered not only foreign policy to protect national Norwegian interests, but also an ethical issue, a kind of "a moral obligation" of a wealthier country to help poorer neighbours.

Third, diseases do not respect the borders, but move with people from country to country. Therefore it is considered by the Norwegian authorities crucial to combat health threats internationally. The Grant Scheme supports the international collaboration between the Nordic and other Western countries and the North-western regions of Russia. (Støre 2008a, 2008b)

Previous evaluation. The evaluation of the Norwegian-Russian collaboration in health and social field covering years 2004-2006 reported the good overall picture of the collaboration programme. The key results of the activities under the Grant Scheme in 2004-2006 were

- a gradual development of a Russian-Norwegian professional interface in the field of health and related social issues
- introduction of new methods for health and social work
- education organized by the Norwegian side
- improved health in the field of infectious diseases
- clear support to the objectives of the ongoing modernization of the Russian system of health and social development, in particular the National Priority Project "Health".

The enthusiasm of the project participants was emphasized as one of the success factors of the collaboration. The external reasons such as long time between application submission and announcement of outcome, or delayed signatures from Russian authorities caused sometimes poor performance. The absence of open communication and a transparent system of

transferring money to the projects through the Russian banking system in 2004-2007, acceptable to the accountants were seen as a problems. (Holm-Hansen, Aasland & Malik 2007)

3.2. Description of the projects chosen for the evaluation

Ten example projects/programmed (See Table 2 in Section 2.2.) were selected for the analysis to report the results and to reveal the success factors and challenges of the Grant Scheme projects in 2009-2011.

1. CYAR. Children and Youth at Risk in the Barents region (CYAR) is a multilateral programme with the major goal to find effective solutions for common social, educational, health and other problems faced by marginal children and youth. The Programme is comprised of six separate projects that work in close collaboration with the JWGHS of the Barents collaboration programme. The purpose of the Grant Scheme projects is to realize the objectives in the BEAC CYAR programme, through the CYAR Steering committee's direct initiating and management of activities in accordance to the programme.

2. ISPHA International School of Public Health in Archangelsk & Public health training, Archangelsk 2007-2012 was a long term Norwegian-Russian collaboration with the initial aim of strengthening and development of formalized Public Health training through a build-up of competence through pedagogical training. Later on the project was extended to cover competence building in research, management and health care administration.

3. Healthy Generation, Kaliningrad. The collaboration started in 2004 from the project "Children are the Basis for a Healthy Society" and then transformed into the Project "Healthy Generation" which started in 2008 and is ongoing. The Project is based on the agreement between the Ministry of Health, Kaliningrad Oblast and the Public Health Authority of the City of Bergen. The main focus was on preventive work, youth (10-20 years) being the main target groups. Project participants were representatives of the health care system dealing with children and youth at municipal and regional levels and other specialists working with youth and unfavorable families.

4. Save the Children, Second Chance: Family strengthening programme for children and families in difficult life situations is the project run by Save the Children Norway (SCN), that started activities for child-rights in Murmansk Oblast in 2002. The long term aim of child-rights programming is to contribute to improvements for children in the North-West Russia affected by the period of structural adjustment and transition in RF. The Second Chance –project was implemented in 2010-2012.

5. LHL tb projects include four projects of the Norwegian Lung and Heart Association (LHL) implemented in the Barents region most of them being long term projects. They cover tuberculosis control in Archangelsk and Komi and prevention of nosocomial infections and control of multi-drug-resistant tuberculosis in the Barents region.

6. Collaborative project on Alcohol and drug abuse, Pitkäranta, Republic of Karelia is oriented towards children and adolescents from socially unfavorable families. The project started from the pilot phase (2009-2010) and was implemented mainly in 2011-2012. The project covered the problems of alcohol and drug consumption and their effects on family members, first of all children and adolescents. The main goal was promotion of healthy lifestyles and prevention of alcohol and drug abuse. The means for achieving this goal were strengthening of intersectoral collaboration in local communities and development of skills and competence among professionals. Children and adolescents, as the members of families with alcohol and drug dependent parents, were the key target group.

7. Cross Actions between STD Clinic Archangelsk and Olafia Clinic. This project aimed at decreasing discrimination of homosexual men having sex with men in the clinical context in Archangelsk through the jointly planned training programmes. The project started in 2009.

8. Tolerance in society to people with HIV aimed at enhancing tolerance in society to people with HIV/AIDS through training of media professionals in the Republic of Karelia by Olav André Manum, Norway. The main goal of this short-term project (one year) was to raise HIV awareness, and to reduce stigma and discrimination in the society. This project has been focused on media as a power to reach members of the society with the evidence-based information on HIV/AIDS.

9. "Health under Prevention Guard" - mobile facility for adolescents and youth designated to prevent HIV/AIDS and drug abuse, to develop medical, social and psychological assistance and to enhance HIV and hepatitis testing. The project started in 2010. It is coordinated by the Murmansk Regional AIDS Centre and Centre for Social Medicine, Tromsø.

10. EpiNorth is a long term multi-country collaboration programme that through its 14 years of existence has aimed at creating a network of specialists in Northern and Eastern Europe with the purpose to increase understanding of different traditions of epidemiology concerning infectious diseases, to learn surveillance systems and improve communication in cases of the outbreaks or potential threats.

3.3. Achievements

This Section describes the Grant Scheme achievements in 2009-2011 according to the DAC (2013) development criteria and using the selected example projects for the illustration of the specific results.

3.3.1. Relevance

The Norwegian-Russian collaboration in the framework of the Grant Scheme has been in line with the policy of the international cooperation of the government of Norway in health and social sector. It has been relevant also from the point of view of the national health and social policy of RF and regional health and social programmes in the North-West Russia. The epidemiological situation in the region got reflections in the project themes. The findings are evidenced by the analysis of the projects' themes listed in the MOHCS project data base, by

the health and social statistics in the Barents region and by the policy declarations of the governments of Norway and RF. (See Sections 1.2 – 1.5)

The analysis of the Grant Scheme project data base and the ten selected programmes and projects shows that the collaboration in general is very relevant in all priority areas of the collaboration, i.e. prevention of communicable diseases, development of health promotion and strengthening primary health care. For example the main goal and the objectives of the Project “Healthy Generation” in Kaliningrad were very closely linked with National and Regional plans on health promotion and disease prevention among youth and young adults In Kaliningrad Oblast (Decree KO 2007, 2011, 2012)

The project implementation in a large extent follows the priorities set for the Grant Scheme. As for the target groups, the protection of children’s’ rights and the support to vulnerable families were chosen for the focus of the projects. (Figure 10). The particular challenges of working in sparsely populated areas (MOHCS 2011) was addressed by a few projects, e.g. Save the Children, that was active in remote villages of Archangelsk and Murmansk. Indigenous people were not addressed by the selected projects that were assessed in this evaluation. They were, however, addressed by e.g. the Norwegian Sami Mission, that was very active in Murmansk Oblast.

The Grant Scheme priorities are still valid due to the social inequalities, the difficult situation of the vulnerable groups and the high prevalence of communicable and non-communicable diseases and accidents in the North-West Russia. However, the focus of the Scheme needs slight changes, in particular what comes to NCD and accidents that are today the major causes of deaths in North-West Russia. Moreover, the NCD cause the greatest burden of diseases. They are becoming into the focus of NDPHS and the EU BRs Strategy as well. (NDPHS 2009, EU BSR 2013).

3.3.2. Effectiveness

According to the project reports and the interviews the Grant Scheme projects mostly achieved their intended objectives. However, usually the project plans did not include the public health or social targets to be measured by the numeric indicators defined in advance. Therefore the evaluation of the effectiveness is focused in particular on outputs and improvement of knowledge and skills, adoption of good working practices and change of attitudes and approached.

The Norwegian Grant Scheme collaboration was mostly assessed very useful and effective by both Norwegian and Russian partners interviewed.

In the field of **prevention of communicable diseases** the two biggest programmes EpiNorth and the prevention and treatment of tuberculosis are examples of the long term collaboration that has shown visible results even earlier. The three smaller example projects to improve the HIV-prevention and tolerance to people with HIV in society reached also their

objectives. (Table 2, Section 2.2.). Tolerance to people with HIV –project in Karelia published the media manual and distributed 500 hard copies and 100 CD copies to relevant professionals. The rather small project with its successful results has been mentioned during the Round Table in the Ministry of Health, the Republic of Karelia in February 2013 as an example of successful co-operation with media on health institutions.

EpiNorth, a big (in Grant Scheme context) international collaboration project with the focus to create and keep a network across the borders, have been active since the end of 1990s. During 2009-2011 altogether 12 issues of bilingual EpiNorth journal was published with articles on infectious diseases in Nordic and Baltic countries and North-West Russia. The journal is available on line as well. The project organized annual Regional Epidemiologists Meetings and EpiTrain courses, and published a bilingual glossary EpiWords and over 300 EpiWatch posts about outbreaks and surveillance reports in Russian and English on the website as a result of epidemic intelligence.

The Barents HIV/AIDS Programme aiming at strengthening the national capacity to respond to the HIV epidemic was evaluated in 2008 and 2011. The Programme established access to most at risk populations in sites where low threshold centres and outreach work have been implemented, with an impact on the spread of the disease and corresponding social and medical consequences. (Arsalo 2008, Leinikki 2011) The example projects assessed by this evaluation indicate that training of experts in Archangelsk STD Clinic has modified attitudes more favourable towards vulnerable populations and given tools to work with them. Civil society and NGOs have been involved in increasing tolerance in society to people with HIV in the Republic of Karelia.

The anti-tuberculosis collaboration goes back to the year 1998 when the first joint agreement was signed between the Norwegian Lung and Heart Association (LHL) and the regional administration of Archangelsk. Red Cross and the Global Fund have also financed tb-projects in Archangelsk Oblast. LHL works with all North-western regions of RF and have implemented several tb-projects aiming at improving public health by increasing the efficiency of tb control.

E.g. in the Republic of Komi the project “Competence building targeted at the prevention of the spread of drug resistant tuberculosis in the Republic of Komi including prisons” was implemented in 2010 in collaboration with The Federal Service for Execution of Punishment, The Ministry of Justice of RF, The Federal Prison Administration of Komi, The Northern State Medical University (NSMU) and Easy Breathing Fund of Aid to Tb Patients, Arkhangelsk. The penal facilities received practical assistance in the management, case-finding and treatment of tb-patients.

The quality of tb-care in the penal facilities of the Federal Penitentiary Control Directorate in Komi was monitored. Methodological Councils on Tb Care in Prison and on The Joint Effort in Tb Care for Civil and Penitentiary Sectors have been summoned. The health education materials were produced, such as a user friendly booklet “You will be cured of tuberculosis”.

In this projects the Arkhangelsk partners were collaborating with the experts in Komi. Some obstacles for the work caused by the Ministry of Health of the Republic of Komi and the Tb

dispensary that did not agree to sign an agreement between all parties involved. The competency trainings was still be offered to the civil Tb services. The federal prison health services have signed the agreement and were very willing to cooperate with the Norwegian and Arkhangelsk partners.

The materials and training of the personnel of the penal facilities in Komi helped patients adhere to treatment, motivate for cure and reduce feelings isolation and being outcast.

In Archangelsk the interviews and the site visits showed that most of the planned objective of the tb control projects have been achieved, which is in a large extent due to the joint planning of the Norwegian-Russian collaboration activities.

The projects with the main purpose of **strengthening HP & DP and improving the PHC system and social services** included three selected example projects implemented in Kaliningrad Oblast, the Republic of Karelia and Archangelsk Oblast. Healthy Generation-project in Kaliningrad aimed at enhancing competence of health, social, educational and other personnel working for health promotion among youth. The expected objectives were mostly achieved. The focus on preventive work and health promotion was strengthened in developing the primary health care for children and adolescents at the municipal level. However, the results were not yet implemented at the regional level in Kaliningrad, and the activities did not cover all educational institutions at the municipalities.

The site visit and interviews showed that the elements of new cross-sectoral methodologies (in the field of Chlamydia and TB prevention) and different organizational models of primary health care work at schools and colleges really exist, but these technologies are not described properly and are not yet implemented regionally in Kaliningrad Oblast.

The networks of professionals devoted to the modernization of health services towards an approach to health promotion and health education among youth were created. About 100 professionals from the Russian side were involved in the Project during 2009-2011. A lot of information about the Project in the mass media was published.

The purpose of the project was also to increase openness and transparency between various professionals. Unfortunately, the project process was not fully transparent for public and professionals. Any information on the project is absent on the official site of the Ministry of Health, Kaliningrad Oblast at the present time. Despite of highly appreciated collaboration by the Kaliningrad participants, there is still a lack of public description of the newly developed methodologies in the field of HP & DP, lack of official approval by health authorities at municipal or regional level. Moreover, the published methodological and training materials were not available for the evaluator. The reason for that may be the project filing system that obviously needs improvements and the constant changes of project participants. The personnel including the responsible participants were changed during the period 2009-2011 and up to now due to different reasons, which might have influenced the performance.

Monitoring of the project results turned out not completed. Measurement of the effect of the program for specific groups of youth in Bergen and Kaliningrad was done once a time. So, the comparison between the countries was done, but there was no ability to monitor the effectiveness of the project for Kaliningrad Oblast because there was no second joint survey. Thus, there is no evidence supporting the conclusion that the level of knowledge on health promotion and disease prevention increased in target groups of youth. Measurement of the effect of the program for professionals is also difficult for the reason of absence of joint studies, at least at the beginning and at the end of the project period.

In Pitkäranta, Karelia the collaborative project on Alcohol and Drug Abuse was considered useful because while exchanging the experience with Norwegian partners, the level of knowledge in Russian specialists increased significantly especially in such topics like “Early intervention for children under 7 years living with parents with alcoholic or drug addiction”, and “Parents as the most important resource in alcoholic and drug prevention”. In this project took part about 250 persons from the Republic of Karelia.

In Archangelsk, public health training was enhanced by supporting the ISPHA. The six-year-project (2007-2012) prepared teachers for the ISPHA and around 50 students were graduated from the school. The intended objectives were achieved with the slight delay.

Child protection projects were represented in this evaluation by two big, long term programmes, Save the Children: The Second Chance and Children and Youth at Risk (CYAR).

Save the Children: The Second Chance –project has raised the competence of the specialists in the field of work with children and their families in difficult life situation. Also, parental competence has been raised in the pilot villages. Public awareness on the issues of children and families in difficult life situation and families at risk has been raised. This is due to tens of media publications about the project in regional mass media. Thousands of vulnerable families have received direct interventions and services through rehabilitative activities, counseling and follow-up activities.

In the Second Chance project Save the Children in Russia (SCNiR) has been working with and through the local Russian partners representing the social protection partner organizations in the local communities of Murmansk Oblast and Archangelsk Oblast. Recurrent annual cross-regional meetings and networking among partners has been key for exchanging good practices and finding solutions.

The main results of the CYAR programme are large scale competence building on knowledge-based interventions, using methods and techniques in the work with children and youth and their families that enhance their life quality and future positive development. Several hundreds of professionals have been trained in knowledge-based methods, providing services to thousands of children and youth in risk situations in the Barents region.

3.3.3. Efficiency

Project implementation. Activities of most of the example projects were implemented on time and according to the plans resulting to achievement of the objectives on time, too. The deviations from the time schedule have been rather small. This concerns the projects that explicitly and clearly expressed their objectives and time table.

For example the establishment of the ISPHA was organized very efficiently despite the unfamiliarity of the Norwegian side on the specific Russian context to establish School of Public Health. Although there were some difficulties in the beginning, with great Norwegian and local enthusiasm the project, during 2007-2012, managed to finalize the teacher training, arrange international accreditation and organize official government license for the school. The project trained around 50 Masters of Public Health, among them a few reached the PhD degree. The project participants including students produced around 150 professional and scientific publications in Russian and English. This is efficient work.

The Grant Scheme projects have been largely continuous, long term collaboration that was implemented by the same partners for many years dealing with the same themes (e.g. ISPHA, HIV, tb, EpiNorth, Child protection). The old projects have been “packaged” over and over again into new, coming projects. The advantage of such arrangements was the achievement of sustainable results and common understanding due to trustful and long term relationships between the partners. This has strengthened the institutional links, which is usually not possible during the short term projects. The weakness of the arrangement is that the financing may be understood by the applicants as “a self-winding project machine”, which may hinder the new, innovative approaches and thinking.

The Grant Scheme projects have concentrated in training and introduction of new approaches and models of health and social development in the North-West Russia. Although the Grant Scheme projects are not considered as development aid, they however include elements of development assistance. This makes the collaboration rather challenging. The projects analyzed have succeeded to address this challenge and managed to organize the project work following the principles of equality between the partners. This became very clear in the interviews of the Russian partners, who highly appreciated the partnership-approach of the Norwegian-Russian collaboration projects.

Also, training in Norway and study visits to Norwegian health and social institutions and NGOs have been efficient in introducing new approaches, fresh thinking and novel working methods. The well-organized study visits, e.g. by Olafia clinic for the Archangelsk STD clinic staff proved the saying “seeing and experiencing is more efficient than reading and knowing” to be true.

Project administration. Norway is a very important international actor in health and social field in North-West-Russia: The major part of the concrete project activities in the North-West Russia

are financed by the EU ENPI programmes and the government of Norway. The application of the bilateral Grant Scheme funds is organized in a way that it looks like the funds would be applied from the NDPHS. Actually NDPHS pipeline is used as technical tool for the MOHCS. The NDPHS is the high level umbrella programme with no concrete grass root development projects in the North-West Russia.

The selection procedure of the projects within the Grant Scheme includes the biannual application rounds with the information of the priority areas of the collaboration. The selection of the projects is done by the MOHCS with the consultation of the Advisory Programme Committee chaired by MOHCS. The members of the Committee include representatives of the Directorate of Health, the National Institute of Public Health, the Chief County Medical Officer of Finnmark, the Northern Norway Regional Health Authority, the Ministry of Foreign Affairs, the Ministry of Children and Family Affairs, Equality and Social Inclusion, the Ministry of Justice and the Barents Secretariat. (MOHCS 2011)

In assessment of applications the selection procedure follows the list of criteria, such as joint planning, expected sustainability, focus on knowledge transfer and reciprocity in joint efforts between Norwegian and Russian partners (MOHCS 2011). There is not however, information on what is the share of each criteria in weighting the application and how the applications are scored. Thus there is no such competition between applicants that is based on the principle of open tendering of specific projects with the clearly stated award criteria.

The open tendering procedure may be conducted in various ways depending on the type of a project or a service and a funding organization. E.g. within EuropeAid all service contracts worth € 300 000 or more must be awarded by restricted tender procedure following international publication of a contract prior information notice and a contract notice. In brief, the tendering process goes as follows:

- a *feasibility study* for the specific project ordered by the financing organization
- publication of *the invitation to tender*
- *shortlist of the candidates* done by an Evaluation Committee, i.e. *selection of tenderers* among all those that send the letter of interest to the financing organization
- *preparation of the Tender Documents*. These documents must contain all the provisions and information that candidates need to submit a tender: the procedures to follow, the documents to provide, award criteria and their weightings, Terms of Reference (ToR), etc
- tenderers make *the proposal based on the Tender Documents*
- *evaluation of the proposals* by the selection committee using the criteria mentioned in the Tender Documents for the specific project; the committee gives the scores according to award criteria and their weightings.
- all scores are counted together for each tender and *the one that got the highest scores wins*.

Procedures for the award of contracts under € 300 000 is different, but is based on a competition as well. (EuropeAid 2013) It is not perhaps cost-effective to organize the competitive tender for the small Grant Scheme projects, as the expenses on the tender preparation may rise too high. Also, for the “information-between-authorities” –type activities often do not fit very well to the project cycle model and therefore should be left outside tendering. For the big projects with the specific objectives and clearly stated tasks tender procedure might be useful by bringing fresh ideas and innovations on the project scene.

The Grant Scheme projects have not been monitored regularly, although the proper monitoring would give useful information to MOHCS and project partners on the process of achieving the intended results. There is no MOHCS monitoring system even for the biggest projects. Each project gives, however, to MOHCS self-evaluation by filling in the evaluation questionnaire, which gives information on what has been achieved. The self-evaluation should not replace the ordinary, independent monitoring of the projects.

The evaluations have been conducted for the biggest projects in the field of communicable diseases (HIV, tuberculosis) within the framework of BEAC and NDPHS (Arsalo 2008, Leinikki 2011). The collaboration in Archangelsk Oblast between LHL, the Health Care Department, the Tuberculosis Dispensary, the Penitentiary Tb Services, the Northern State Medical University and the Charity Fund for Aid to Tb Patients was evaluated in 2009. A few Grant Scheme projects have conducted internal evaluations, e.g. SCN (Holm-Hansen 2008)

The reporting of the project results requires some improvement. The reports usually do not discuss about the impact, but rather report the activities. Furthermore, all projects unfortunately do not send the required reports to MOHCS on time.

While the predominant attitude among the interviewees was that the continuation of the Norwegian bilateral financing of health and social development projects in the North-West Russia is necessary, a few critical voices were heard to remind about the changing geopolitical position of RF. The expanding role of RF as a donor country in supporting other countries in the development of the societies was seen as sign for Norway to withdraw from North-West Russia. Norway, however, do not consider the collaboration with Russia as foreign aid, rather as funding collaboration between two neighbouring countries with mutual interests in many respects. The Norwegian resources for the Grant Scheme collaboration are not channeled through the foreign aid budget.

This evaluation did not include the assessment of financial efficiency. The Norwegian Auditor General conducted an audit of the programme for the year 2009 - with no remarks.

3.3.4. Impact

The overall impact of the Grant Scheme alone might be difficult to assess, as there have been also many other Russian and international actors working in the North-West Russia. However, the extensive collaboration in specific sectors and regions, such as tuberculosis control in

Archangelsk Oblast, gives the reason to believe that the Norwegian long term collaboration may have given a significant impact to the improvement of the health system performance.

Obviously the impact of the collaboration on improvement of prevention and treatment practices and procedures of tuberculosis and HIV was strong and clear, although not achieved during the three-year evaluation period. Gradual changes in diagnostics, treatment and prevention methods are based on knowledge and attitude changes due to the long-term, more than ten years exchange of information and experiences between Norwegian and Russian professionals and authorities.

All Grant Scheme projects have supported the ongoing modernization of the health and social care system in the North-West Russia. They have offered and tested the (Nordic) welfare models in the local context tuberculosis and HIV, HP&DP and child protection projects being apt examples. The primary health care projects have paid special attention to the benefits of the cross-sectoral collaboration. The impact of the Healthy Generation –project in attitude changes on multi-sectoral work in Kaliningrad is evident, although this approach is also launched by the federal authorities of the RF.

The interviews in Kaliningrad indicate that the project had an impact in speeding up the adoption of new organizational models for HP &DP work including cross-sectoral work at the municipal level. Real intersectoral cooperation and interaction between health care, social protection and education systems in questions of primary prevention, healthy lifestyles among adolescents and young people is now in place.

Kaliningrad region has established since 2009 six Health Centers for adults and children and one Center for children and Youth. One Regional Center for preventive Medicine and Rehabilitation is working in the field of HP & DP at the community level. Also, Kaliningrad introduced new structures – Centers for Youth Reproductive Health. The reorganization of the HP & DP can be seen both as a result of the recent federal legislation (see Section 1 Introduction) and the Norwegian- Russian collaboration.

In Archangelsk, the impact of the ISPHA project can be seen in the gradual change of the attitudes towards public health instead of the narrow medical orientation in training of health personnel. The NSMU organizes currently training courses on public health, although this year there is only one Master of Public Health student. The ISPHA is now officially one of the faculties of the NSMU. It remains in the future to see, how the public health training will further be adopted in the curricula provided by the NSMU. The staff concerned is very motivated.

EpiNorth collaboration has considerably improved the international communication, open exchange of information of incidence and prevalence of infectious diseases between participating EpiNorth countries and regions. The networking has become an ordinary way of international collaboration of authorities and experts in surveillance and prevention of communicable diseases.

In Karelia “Tolerance in Society to People with HIV” –project’s impact is demonstrated on the establishment of a good working and stable network of partner organizations: media, medical and educational institutions. The issues on HIV reporting were included in the curriculum of the journalistic department in Petrozavodsk State University (in the framework of the subject “journalist's ethic”). The Republican AIDS Centre can use the project’s findings to continue the co-operation and networking with journalists, that started thanks to the project.

Child protection projects, Save the Children and CYAR made an impact to the change of attitudes related to the working methods in protecting children’s rights. The interviews of child protection professionals in Archangelsk indicate that the views and experiences of children themselves (along with those of parents and authorities) are now considered more important than earlier among the child protection personnel. Norwegian-Russian collaboration projects were mentioned to give considerable impact in this development.

Through implementing the CYAR projects the situation overview in the realm of children and youth at risk have been regularly updated. A web-site and the regular meetings with project partners gave updated information, that has been used for planning of competence building activities and knowledge-sharing between all participants. Higher competence and increased awareness about knowledge-based professional interventions and best practices towards children and youth at risk among personnel, education units and research institutions in the project regions has been reached.

3.3.5. Sustainability

What is left, when the Grant Scheme projects fade/faded out from North-West Russia? What remains? The good practices introduced, learned and adopted during the project work will remain and will be sustainable only, when they are supported by local, regional and sometimes even federal authorities.

This is evidently the case in ISPHA project. The established School of Public Health within the NSMU received the internationally acknowledged ASPHER accreditation in 2008 and the government licence in RF 2011. Despite of the official acceptance and the trained, high-quality teaching staff the school faces currently problems in running the full training programme. This is due to the national financial obstacles.

In Russia, there are a number of Schools of Public Health (e.g. in the Universities of St Petersburg, Moscow and Chelyabinsk) to compete for the scarce resources. An obstacle for further strengthening public health training is also caused by the strict labour force regulations in health sector. There is not yet clear understanding where the students could work after the graduation.

Still it is worth saying that there are sustainable results of the project. These results remain, because they are intellectual and do not disappear along with the federal decisions not yet to finance the newly established and internationally recognized School.

In Kaliningrad, the Russian participants of the Healthy Generation -project expect the new approaches in health promotion to be supported by local and regional authorities after the Norwegian funding ceases.

Save the Children: Second Chance project's co-funding and joint programming activities between SCNiR, social protection centers, health organization and the authorities in the social protection sectors in Murmansk Oblast and Arkhangelsk Oblast have contributed to stronger commitment of all partners, smooth running of the project and sustainability after SCN phased out of the project.

The sustainability of the project development after SCNiR phased out is ensured through the detailed agreements with the implementing partners and the respective regional authorities. The general cooperation agreements on joint child protection have been signed between Save the Children Norway in Russia and the Ministry of Labour, Employment and Social Development of Arkhangelsk oblast and Ministry of Labour and Social Development of Murmansk Oblast to secure the support to the project implementation in the Murmansk and Arkhangelsk oblast..

The project implemented between SCNiR and the Complex Centers of Social Services to People in Terskiy and Kola districts have become constituent parts of the regional target programme Children of Kola Far North 2010-2014, secured by the Government of Murmansk Oblast. Also, the project implemented between SCNiR and the social centers in Velsk and Kargopol in Arkhangelsk Oblast have become a constituent part of the Regional Children's Strategy in Arkhangelsk Oblast for 2012-2017. SCNiR is about to start the similar project in Autonomous District of Nenetsia, too.

The interventions implemented within the CYAR projects are now running as part of ordinary services provided towards the population in most facilities involved. Methods are included in regional programmes aimed at children and youth at risk in the Barents region, such as "Children of Karelia" and "Children of Arkhangelsk". The financing provided through the regional and national programmes ensures the continuation of the work started during the project periods. The competence and knowledge acquired during the competence-building activities and experience exchange of CYAR programme have become an integrated part of the professional activities and services provided by the institutions of health and social support to children and youth at risk. The working approaches introduced are firmly anchored at the institutional, municipal and regional levels.

The project was appreciated also at the federal level. In 2011, in his official letter to the project the Child Ombudsman of RF acknowledged the Norwegian-Russian bilateral collaboration and expressed the wish to distribute the successful results of the CYAR to all regions of RF. (Astahov 2011)

Since October 2012 CYAR is partly financed through the Kolarctic ENPI Cross Border Programme. Other financiers are the Norwegian Ministry of Children, Equality and Social Inclusion, the Norwegian Ministry of Health and Care Services and the "Spread Your Wings!" Children Social Assistance Charitable Foundation, Russia.

The small project in Pitkäranta, Karelia, on prevention of alcohol and drug abuse started in 2010 and was finished in 2012. The group of key persons in Pitkäranta developed the local plan of implementation and dissemination of this plan in the municipality and continues to work in this direction. The approaches developed during the project are now in everyday use of the local professionals.

Based on the results of the long term collaboration (since 2006) between NIPH and the regional pediatric hospital in Arkhangelsk on hospital acquired infections several seminars/conferences were organized. In 2013 the Russian partners expanded the project and received financing to carry out a hand hygiene campaign at the same hospital. The dissemination of the project activities to the other hospitals is also discussed.

EpiNorth network covers all Nordic and Baltic countries, Poland, Belarus, Ukraine, and North-west Russia. That creates a unique possibility for collaboration in control and prevention of infectious diseases between European Union and European Economic Area countries as well as neighbouring countries. European Centre for Disease Prevention and Control in Stockholm has been a co-financer of the project and regard the EpiNorth as an important bridge to North-West Russia. Expert meetings organized by the project helped ease the professional communication also outside the meetings. Due to the jointly published EpiNorth Journal (in 2000- 2012) specialists started to use “the same epidemiological language” in both English and Russian languages. Collection of surveillance data made it possible to continue comparisons of the epidemiological situation and the trends in the region.

EpiNorth website continues to provide updated information on infectious diseases. All of the partners provide yearly data (cumulate numbers and incidence) on 44 infectious diseases to the EpiData module of the project. This module provides information on infectious diseases in each of 11 oblasts, regions and republics in North-West Russia as well as in all EpiNorth participating countries.

The EpiNorth project’s main focus was changed with the years. The project was finalized in 2012 and now it continues as an “EpiNorth network” with the same contact persons and with the focus on epidemic intelligence, collection of surveillance data, and organization of the annual network conference. There is a challenge for the network collaboration to continue when the project faded out, considering that the equal partners should be equally responsible for the financial arrangements of the communication, the internet publications and the meetings. Until recently the Norwegian partner has taken the main responsibility for such arrangements. It remains for the coming years to see whether the EpiNorth project results have been sustainable.

The collaboration between the STD Clinic in Archangelsk and Olafia Clinic in Oslo has resulted in changes in working practices in Archangelsk Clinic. E.g. the role of nurses is strengthened nurses having now more professional freedom and responsibilities while working with the patients. The discussions with the clinic personnel indicate that the results are sustainable.

3.3.6 Coherence

In general the coherence with the Grant Scheme with the other important players in the Barents region is good.

The activities in 2009-2011 under the Norwegian bilateral grant scheme have been well in line with international organizations and programmes, such as NDPHS and BEAC. The very close collaboration and information exchange between the Grant Scheme and NDPHS is evidenced with the fact that the bilateral Norwegian project applications are submitted via the Northern Dimension application portal.

Most of the projects under the umbrella of Barents HIV/AIDS Programme have been implemented by the Norwegian bilateral funds. Finland has also financed a few bilateral activities in North-West Russia. The Barents HIV/AIDS Programme is the coordination forum for separate projects. In the wider networks, for instance those promoted by the public health funds of the European Union, the coordination is difficult. Also, the specific “added value”, so important for any regional collaborative efforts, is much easier to obtain in projects based on close cooperation with local implementing people and bodies rather than large, multicenter networks where the objectives and ways of implementation often have to be modified to meet a consensus. (Leinikki 2011) Norwegian-Russian bilateral projects provided good examples of concrete project activities that are implemented jointly, with mutual understanding between partners.

The various international networks, such as EpiNorth, expert meetings on tb control and other health issues and working groups of WHO, BEAC and NDPHS enhance the coherence between the national policies and the collaboration projects in the Barents region. The role of the Grant Scheme in support of such networks proved to be crucial also from the international point of view.

3.4. Success factors

Mostly the Grant Scheme projects have been implemented effectively and the stated objectives have been achieved. The effectiveness and the overall success of the projects are related to a number of success factors.

One of important factors is *usefulness of the collaboration to both sides*. For example the EpiNorth collaboration provided the opportunity for Norwegian and Russian experts to understand tendencies in epidemiology and obtain invaluable knowledge in infectious diseases across the borders.

Long term approach seems to be another success factor. EpiNorth, HIV- and tb-projects are examples and show that the communication between authorities and experts has developed from the project-style-talk to the ordinary professional dialogue on epidemiology of infectious and NCD.

The interviews of the Russian project partners indicate also the importance of *concrete experience of the new approaches and methods* of improving health and social work. For example “Healthy Generation” project partners in Kaliningrad reported that the acquaintance with forms of intersectoral collaboration in real practice in the field of youth health was very effective and helped to change the “old” prevention paradigm to the more effective intersectoral HP & DP approach.

Among the supporting factors which made the results of the project “Tolerance in society to people with HIV in Karelia visible was *political support, institutional capacities and stakeholders’ motivation*. The project has received wide support from the Ministry of Health and Social Development of the Republic of Karelia and had participants from the Ministry, too. Also Petrozavodsk State University and Karelian State Pedagogical Academy were presented in the project by their students and officials with the aim of further training of students and teachers on HIV/AIDS issues.

Based on the lessons learnt during the Save the Children-programme in the North-West Russia, SCNiR acknowledged the risk of possible staff turnover due to low salaries and complex working conditions. Project *internal monitoring* and recurrent *competence building* activities for partners’ project staff diminished the risk of personnel flow in the implementing partner organizations. Furthermore, the project partnership agreement specified various risk factors and mitigation strategies. The recurrent project *field visits* and meetings with implementing partners and children gave SCNiR a good overview of the project progress and required timely adjustments. After SCNiR phased out of partner projects, partners have continued the higher-quality child protection work through the ensured agreements with local authorities.

The project *activities firmly anchored at the ordinary work* with children in difficult life situations brought sustainable results in the CYAR projects at the institutional, municipal and regional levels.

The success factors and strengths within the Grant Scheme mentioned by the Russian partners include also:

- mutual exchange of working experience between the Norwegian and Russian partners
- friendly oriented professional relationships
- high level of professional competence of the project participants
- open and transparent communication, which is enhanced by the high quality of translations (often, the language is a problem in communication between specialists; therefore the good translations from Russian into English and from English into Russian is crucial in reaching mutual understanding).

4. CONCLUSIONS

Relevance

The projects implemented in 2009-2011 in the framework of the Grant Scheme for Russian-Norwegian collaboration in health and related social issues in 2009-2011 have been *in line with the policy of the of the government of Norway and health and social policy of the Russian Federation*. Most of the Grant Scheme projects have supported the ongoing modernization of the health and social care system in the North-West Russia.

The bilateral Grant Scheme projects are relevant also, because they represent *the concrete joint development work* within two high-level collaboration programmes BEAC and NDPHS, that mostly serve as discussion forum and the framework for information exchange and international and interregional agreements.

The projects implemented in 2009-2011 in a large extent *follow the priorities set for the Grant Scheme* and they addressed the key health and social challenges of the North-western regions of Russia.

The major part of the concrete international project activities in the North-West Russia are financed by the government of Norway and the EU ENPI programmes Archangelsk being the priority region for the projects financed by the Norwegian bilateral Grants Scheme. The Grant Scheme also strongly supports multi-county and multi-region collaboration in the Barents region. It *complements in an elegant and efficient way the multi-country programmes* in North-West Russia, such as BEAC and NDPHS. The link to the NDPHS is so close that even the Grant Scheme applications are sent through the NDPHS pipeline to the MOHCS.

The objectives of the Grant Scheme are still valid due to still poor health and social situation in North-West Russia. The slight change of the priorities into the direction of NCD prevention is needed, as the burden of the diseases in RF and other industrialized countries is mainly caused by NDC.

Usefulness

The project portfolio has been *useful for both partners*. While *strengthening the professional contacts* with the Russian colleagues the Norwegian authorities received important information about health and social situation in the North-West Russia, e.g. about the spread of infectious diseases. Also, the joint endeavors for establishing “epidemic intelligence” -collaboration, collection of surveillance data, and organization of the annual network conferences provided the opportunity for Norwegian and Russian experts to better understand each other, which is necessary in fighting against the infectious diseases across the borders.

The Russian authorities, physicians, nurses, teaches, social workers, other professionals and NGO activists have gained *information, experiences and new international approached to be used in developing policies and practices* for more efficient models of HP & DP, health and social services

and work with vulnerable groups. Although the basic idea was not to introduce the specific Norwegian models the projects have offered the possibility to the Russian partners to get acquainted with the Western, in particular Nordic welfare models to produce health and social services.

The most evident success factor for the collaboration has been the time frame. The continuous, *long term collaboration has considerably strengthened the institutional links*, which usually is not possible during the short term projects. The communication, joint planning and implementation becomes efficient when the same partners work together for many years. From the other hand, there is a risk that “projects forever” may lead to loss of innovative approach. Innovativeness, however, is often a prerequisite for the success of the project.

Success factors

Long term approach seems to be one of the major success factors. EpiNorth, HIV- and tb-projects as well as many Child protection and HP & DP projects reached the results when working together for several years. Political and institutional support and open and transparent communication between authorities and experts are also important to enhance international professional dialogue.

The long Norwegian experience showed the importance of not only direct contacts with different oblasts of the North-western Russia, but the necessity to involve and inform federal health authorities. *Good working relations with the health authorities in Moscow* facilitated the coordination of the projects (e.g. NIPH projects) and helped Russian partners to receive permission for activities from the centre.

The importance of *concrete experience of the new approaches* and methods cannot be overestimated. Inevitably, to reach the results every project requires highly competent professionals and friendly oriented professional relationships.

Most projects include capacity building. *Well planned and organized capacity building* activities ensure the sustainability of the projects.

Challenges for project collaboration

The Grant Scheme projects have been largely successful. They mostly achieved their intended objectives. However, usually the project plans did not include the public health or social *targets to be measured by the numeric indicators* defined in advance.

Despite of highly appreciated collaboration by the Russian partners, there seem to be a lack of *public description of the newly developed methodologies* in the field of HP & DP and lack of their official approval by health authorities.

The constant changes of the project personnel in particular those in the responsible positions may cause delay and poor performance in case the relevant introduction and guidance have not been given to the newcomers. This concerns both Russian and Norwegian partners. There are

a few small, but successful projects that may face the threat of fading out due to the retirement of the leading Norwegian experts.

In the course of years the long term project collaboration have turned to the ordinary information exchange between NIPH and Rospotrebnadzor in the field of prevention of infectious diseases. This evaluation gives the reason to believe that *the “ordinary” information exchange and networking will perhaps not continue long without the international, e.g. Norwegian support*, as most of the network partners from North-West Russia won't be able to finance participation in such network meetings that were organised in 2009-2011. Hence these meetings are important for the development of professional and scientific contacts with Russian partners both on federal and local level.

The funding through MOHCS is not normally granted to research projects. However, possibility to participate in joint international research might raise the attractiveness and long-term outcome for both Norwegian and Russian partners.

Capacity building and network building demand *predictability of funding and relevant commitment.* The successful long-term collaboration is dependent on investments in these fields.

New innovative solutions are needed to sustain international *collaboration with NGOs* taking into account changes in funding and legislative context.

Several projects, in particular tuberculosis and HIV projects worked and continue to work under the umbrella of the Barents HIV/AIDS programme and NDPHS. Despite that information about the situation among “Most at risk” –groups (sex workers, MSM, prisoners) have been increased and the projects to decrease the stigmatization of HIV-positive people have been successful, there still remains place for *further work on HIV/AIDS stigma.*

Multi-sectoral collaboration for HP & DP have been established in many regions, e.g. in selected municipalities of Kaliningrad. However, the preventive work seems still to be quite vertically implemented due to the established working formats in the different branches. Multisectoral collaboration requires change of thinking, attitude and philosophy to focus more on the citizen than the bureaucratic services structures. This is the challenge for all countries, not only North-West Russia. Also, better coordination between different actors, such as social and education systems, primary health care, police, NGO, private sector etc. is the key for the efficient work for improving wellbeing of the population in North-West Russia.

Project administration

Good working relations with the Norwegian health authorities and the unbureaucratic application procedure helped support the collaboration projects and develop relationship with Russian partners.

While the continuation of the Norwegian bilateral financing of health and social development projects in the North-West Russia is necessary, there might be the place for *the reassessment of the financing techniques* and the links between the multilateral collaboration.

The open tendering of specific projects or programmes with the clearly stated (in advance) selection criteria is not the common practice in MOHCS. Introducing the system of open tendering like in the EU, at least for some of the larger projects, would make the application process more transparent.

In the monitoring practices within the Grant Scheme there is space for improvements. At least *the biggest projects might require regular monitoring*.

Critical voices – Why to continue?

Although all Norwegian and Russian project partners and players interviewed highly appreciated the current Grant Scheme, quiet voices were heard in Norway on the need to fade out from the project work in Russia. The collaboration according to these views should be organized through ordinary international contacts between authorities, scientific community, business and NGOs. Another aspect was to refer to the changing geopolitical status of RF as “a re-emerging donor” with its own foreign aid budget. It is worth to notice, however, that Norway does not consider the project collaboration with Russia as development aid, but as collaboration based on mutual interests.

The evaluation showed, that *the bilateral projects are useful for Norway and Russia*. They are useful also for the international community working with the North-West Russia. Moreover, the high prevalence of communicable and NCD, traffic and other accidents and the poor situation of the vulnerable groups are the key reason for Norway to continue joint efforts to increase wellbeing of the population living in the North-western regions of RF.

The experience in Norway and other Nordic countries shows that along with the decrease of the incidence of infectious diseases it is possible to protect vulnerable groups and to prevent many of the most common killers, such as cardio-vascular diseases and traffic accidents when using relevant society-level, multi-sectoral prevention methods.

5. RECOMMENDATIONS

Norway is a very important international actor to enhance the international and interregional collaboration in health and social field in the Barents region. To improve the wellbeing of the population in the regions of North-West Russia a set of recommendations based on the evaluation findings are given below.

1. The good institutional collaboration achieved due to long term project collaboration by the bilateral Grant Scheme projects should be continued by *ensuring the resources for ordinary exchange of information and experiences between state and regional authorities*, also outside the project scheme. This is important in developing information systems for exchanging international health, social and educational information, EpiNorth being a positive example.
2. *The project collaboration between NGOs and authorities, state, regional and municipal institutions need to be strengthened*, as NGOs may bring new approaches and fresh views as well as client-oriented opinions for the development of health and social services and for the protection of vulnerable children.
3. The work on *prevention of communicable diseases, in particular HIV and tb must be continued* in line with the recommendations of the evaluation on the Barents HIV/AIDS Programme (Leinikki 2011). These include among others: (i) Support to easy access low-threshold centres and outreach activities should be extended to meet the challenges that the widening epidemic will pose in the near future; (ii) Support to media activities, peer training and voluntary work, eg. in decreasing stigma and discrimination of HIV- and tb-infected people, should be continued and promoted; (iii) Promotion of anonymous testing with easy access and quick results should be promoted; (iv) Linking such activities with research should be encouraged to find the optimal algorithms and best access to at-risk populations.
4. Moreover, *improving collaboration especially with tb- and prison systems and various actors working in health promotion and social rehabilitation should still be in the focus of the tb projects*. AIDS centres and primary health care system and other sectors should work in a more coordinated manner.
5. In line with the NDPHS and the EU BRS Strategy the disease burden due to NCD is recommended to be addressed by broadening the scope of the projects in the field of health promotion and disease prevention. Based on the promising results from “Kaliningrad Healthy Generation”- project it is recommended to support projects that *strengthen the multisectoral approach in introducing best HP & DP practices in North-West Russia*.
6. The *continuation of the project “Healthy Generation “ in Kaliningrad with the main focus on municipalities is recommended*, as it seems to be extremely fruitful for the reason of smaller administrative bureaucracy and the stability of administrative, medical, educational, and social staff. The results i.e. new effective technologies for HP & DP achieved by

today should be broadly disseminated and implemented into the ordinary work practices in Kaliningrad Oblast and possibly other oblasts, too.

7. The new opening in multi-sectoral health promotion would be to continue the work that NSMU started in prevention of road traffic accidents (e.g. PhD dissertation was prepared on this theme). It is recommended to consider preparing and launching *the regional long-term programme for decreasing road traffic accidents*. Traffic safety is important not only for Russian citizens but also for international people travelling in North-West Russia. This concerns in particular Leningrad oblast, where the mortality for road traffic accidents is highest in the North-West Russia.
8. *Prevention lifestyle-related NCD is necessary* through development of comprehensive policies and innovative activities. E.g. negative consequences of alcohol use to the society, in particular the high mortality among the working age men could be one of the priorities. Usually health education is targeted to children, youth and women, although most of the alcohol problems are caused by adult men.
9. The Grant Scheme could also *support the NDPHS plans for promotion of physical activity and healthy food among schoolchildren*, effective and efficient implementation of national non-communicable disease prevention strategies and implementation and further development of a standardized, comparative methodology for population survey of drinking habits and alcohol related harm in Barents/Northern Dimension countries.
10. It is recommended that MOHCS *introduces the model of open, competitive tendering for the project applications*. It might be feasible first to apply it for one or two specific, selected big projects. For the small ones it may not be cost-effective due to extensive preparatory work required for organizing the tender process. The specific tools, such as LogFrame (Logical Framework Approach) is also recommended to be introduced into the Grant Scheme for project identification, planning, preparation of the proposals and reporting.
11. *The monitoring practices within the Grant Scheme should be improved* at least for the biggest projects to ensure the efficient implementation of the projects.
12. There is a space for the reassessment of the financing techniques related to the links between the multilateral collaboration. It is worth *studying, whether there are more efficient ways to increase synergies of bilateral and multilateral projects* and other forms of collaboration under the umbrella of multi-country projects in the North.

6. REFERENCES

- Arsalo, A. 2008. Barents HIV and AIDS programme. Monitoring report 2008. Kevi Consulting.
- Astahov 2011. Official Letter of Child Ombudsman P. Astahov to PC Bergström. February 24, 2011.
- BEAC 2012. The Barents Cooperation.
http://www.barentsinfo.fi/beac/docs/Barents_Cooperation_information_English_March_2012.pdf (accessed 3.4.2013).
- BEAC JWGHS 2013. Joint Working Group on Health and Related Social Issues (JWGHS)
<http://www.beac.st/?DeptID=8556> (accessed 20.3.2013)
- DAC 2013. OECD DAC Network and Development Evaluation. Evaluating Development Co-Operation. Summary of Key Norms and Standards. Second Edition.
<http://www.oecd.org/dac/evaluation/dcdndep/41612905.pdf>. (accessed 15.3.2013)
- Decree KO 2007. Decree of the Government of Kaliningrad Oblast from 18.01.2007 № 18 “Development of Health Care System in Kaliningrad Oblast for the period 2008-2012”
- Decree KO 2011. Decree of the Government of Kaliningrad Oblast from 26.04.2011 № 266 “Program of Modernization of Health Care System in Kaliningrad Oblast for the period 2011-2012”.
- Decree KO 2012. Decree of the Government of Kaliningrad Oblast from 10.09.2012 № 726 “Development of Health Care System in Kaliningrad Oblast for the period 2013-2017”
- EuropeAid 2013. Development and Cooperation- EuropeAid. Practical Guide.
<http://ec.europa.eu/europeaid/prag/document.do?chapterId=1.&id=41> (accessed 17.6.2013)
- EpiNorth 2013. EpiNorth network – a Cooperation Project for Communicable Disease Control in Northern Europe. Epidemiological data.
http://www.epinorth.org/eway/default.aspx?pid=230&trg=MainArea_5260&MainArea_5260=5279:0:15,2937:1:0:0:::0:0 (accessed 15.04.2013)
- EP Baltic Sea Strategy 2006. A Baltic Sea Strategy for the Northern Dimension. Adopted by the European Parliament Committee on Foreign Affairs on 18 October, 2006.
http://www.ndphs.org/?about_nd#Geographical_area_covered. (accessed 7.5.2013)
- EU BRS 2009, 2010. European Union Strategy for the Baltic Sea Region. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions concerning the European Union Strategy for the Baltic Sea Region. Brussels, 10.6.2009 and December 2010 version.
http://ec.europa.eu/regional_policy/cooperate/baltic/documents_en.cfm#1 (accessed 10.5.2013)

EU BSR 2013. European Union Strategy for the Baltic Sea Region. Commission Staff Working Document accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions concerning the European Union Strategy for the Baltic Sea Region. Action Plan. February 2013 version.

http://ec.europa.eu/regional_policy/cooperate/baltic/documents_en.cfm#1 (accessed 10.5.2013)

FZ 1999. The Federal Law of 06.10.1999 № 184-FZ "On general principles of organization of legislative (representative) and executive bodies of state power of subjects of the Russian Federation". <http://www.pppinrussia.ru/en/legislation> (accessed 08.06.2013)

FZ 2003a. The Federal Law of 04.07.2003 N 95-FZ "On Introduction of Amendments and Additions to the Federal Law" On general principles of legislative (representative) and executive authorities of subjects of the Russian Federation".

<http://zakonprost.ru/zakony/95-fz-of-2009-04-05-o-vnesenii> (accessed 8.06.2013)

FZ 2003b. The Federal Law of the Russian Federation of 06.10.2003 N 131-FZ "On General Principles of Local Self-Government in the Russian Federation"

http://www.consultant.ru/popular/selfgovernment/57_1.html (accessed 08.06.2013)

FZ 2006. The Federal Law of 29.12.2006 № 258-FZ "On Amendments to Certain Legislative Acts of the Russian Federation in connection with the improvement of the division of powers" <http://www.referent.ru/105670> (accessed 8.06.2013)

FZ 2007. The Federal Law of 18.10.2007 N 230-FZ (as amended on 27.07.2010) "Amending certain laws of the Russian Federation to the improvement delimitation of powers"

<http://zakonprost.ru/zakony/230-fz-of-2010-07-27-o-vnesenii> (accessed 8.06.2013)

FZ 2008. The Federal Law of the Russian Federation of 24.04.2008 №51-FZ "On the accession of the Russian Federation to the WHO Framework convention on tobacco control" <http://www.economy.gov.ru> (accessed 04.06.2013)

FZ 2010. The Federal Law of the Russian Federation of 29.10.2010 №326-FZ "On Compulsory medical Insurance in the Russian Federation"

http://www.consultant.ru/documents/cons_doc_LAW_142047 (accessed 04.06.2013)

FZ 2011. The Federal Law of the Russian Federation of 21.11.2011 №323-FZ "On the basis of health protection in the Russian Federation" www.rg.ru/2011/11/23/zdorovie-doc.html, (accessed 04.06.2013)

FZ 2013. The Federal Law of the Russian Federation of 23.02.2013 №15-FZ "On health protection from exposure to environmental tobacco smoke and the consequences of to tobacco consumption" <http://www.rg.ru/2013/02/26/zakon-dok.html> (access 04.06.2013)

Governmental Order 2009. Order of the Government of the Russian Federation of 30.12.29 № 2128-p "Concept of State Policy to reduce the abuse of alcohol and alcohol abuse prevention among the population of the Russian Federation for the period up to 2020" <http://www.consultant-so.ru/news/show/type/layer/2010/month/01> (accessed 04.06.2013)

Health statistics Norway 2013. Fact sheets –health status in Norway. Public Health Institute of Norway.

http://www.fhi.no/eway/default.aspx?pid=240&trg=MainContent_6898&Main_6664=6898:0:25,7380:1:0:0::0:0&MainContent_6898=6706:0:25,8432:1:0:0::0:0 (accessed 10.5.2013).

Holm-Hansen J, Aasland A, Malik L.S. 2007. Health and Social Affairs in Norway and Russia. The cooperation evaluated. NIBR Report 2007:20. Norwegian Institute for Urban and Regional Research.

Holm-Hansen J 2008. Strategic and administrative evaluation of Save the Children Norway in Russia. Report no. 01-09. March 2009. Save the Children Norway

JWGHS 2008. Програма сотрудничества по вопросам здравоохранения и связанными с ними социальными вопросами в Баренцевом Евро-Арктическом Регионе на 2008-2011 гг. Баренц Евро-Арктический Совет, БЕАС Рабочая Группа по вопросам здравоохранения и связанными с ними социальными вопросами. (Barents Euro-Arctic Collaboration Programme in Health and Related Social Issues 2008 – 2011). http://www.barentsinfo.fi/beac/docs/JWGHS_Program_2008_2011_RUS.pdf (accessed 10.5.2013)

JWGHS 2011. Report of the Joint Working Group on Health and Related Social Issues (JWGHS) for 2010–2011. Ministry of Social Affairs and Health Finland, Ministry of Health, the Republic of Komi. 22.12.2011.

Kurdyavtsev A 2013. Road traffic crashes in Archangelsk, Russia in 2005-2010. A dissertation for the degree of Philosophie Doctor. January 2013. ISM skriftserie nr. 132. Department of Community Medicine. University of Tromsø.

Leinikki P. 2011. Evaluation report, Barents HIV/AIDS programme 18.9.2011. Summary of the evaluation report is also in Report of the Joint Working Group on Health and Related Social Issues (JWGHS) for 2010–2011. Ministry of Social Affairs and Health Finland, Ministry of Health, the Republic of Komi. 22.12.2011.
http://www.barentsinfo.fi/beac/docs/JWGHS_Report_Finland_Komi_2011_Eng.pdf (accessed 5.6.2013)

Mednet 2011. Socially important morbidity of the population of the Russian Federation in 2010 year. Moscow.
http://www.mednet.ru/images/images/stories/files/statistika/for_miac/soc_znach_2010.pdf (Accessed 5.06.2013)

Mednet 2010. Socially important morbidity of the population of the Russian Federation in 2009 year. Moscow.
http://www.mednet.ru/images/images/stories/files/statistika/for_miac/soc_znach_2010_new.pdf (Accessed 5.06.2013)

MOHCS 2009. Kunngjøring av prosjektmidler til helse- og sosialsamarbeid med Nordvest-Russland i 2009 - andre søknadsrunde. 17.03.2009.
<http://www.regjeringen.no/upload/HOD/Vedlegg/Naromradene/2009-2-kunngjoringsbrev.pdf>. (accessed 5.5.2013)

MOHCS 2011. Call for applications – second grant round 2011. Ref no 200601223-/VRG. 15 March 2011. Print from MOHCS.

MOHCS 2013a. The Norwegian Ministry of Health and Care Services. International health cooperation. Web page. <http://www.regjeringen.no/en/dep/hod/Subjects/international-health-cooperation.html?id=1131> (accessed 7.5.2013)

MOHCS 2013b The Coordination Reform. Proper treatment – at the right place and right time Summary in English: Report No. 47 (2008–2009) to the Storting (Samhandlingsreformen Rett behandling – på rett sted – til rett tid) http://www.regjeringen.no/upload/HOD/Dokumenter%20INFO/Samhandling%20engelsk_PDFS.pdf (accessed 10.4.2013)

MOHCS 2013c. The Norwegian Ministry of Health and Care Services. Invitation to tender – letter Ref 12/4122-. Date 1.2.2013

National project 2006. National Project “Health” http://www.rost.ru/projects/health/health_main.shtml (Accessed 04.06.2013)

NDPHS 2009. Ad hoc NDPHS Strategy Working Group. Actions proposed as the follow-up of the NDPHS evaluation of 2008. With the revisions agreed upon by the NDPHS CSR and PAC included. Adopted during the 6th Partnership Annual Conference on 25 November 2009, Oslo, Norway. http://www.ndphs.org///documents/1911/NDPHS_Strategy.pdf (accessed 10.5.2013).

Presidential Decree 2007. Presidential Decree of 09.10.2007 № 1351 “Demographic Policy Concept of the Russian Federation for the period up to 2025” http://www.demographia.ru/articles_N/index.html, (accessed 04.06.2013)

Prikaz MZ RF 2009. Prikaz MZ RF of 10.06.2009 № 302H “About measures of realization of State Government of 18.05.2009 №413 and the establishment of health centers in the Russian Federation”. <http://www.rosminzdrav.ru>, (accessed 04.06.2013)

RGAE 2012. Report on the Global AIDS Epidemic, 2012, http://www.childinfo.org/hiv_aids_estimated.php, (accessed 4.06.2013)

Rosstat 2012. Russian Federal Statistical service. Natural Movement of the population of the Russian Federation in 2012. http://www.gks.ru/bgd/regl/b12_106/Main.htm, (accessed 14.06.2013)

Rosstat 2013. Russian Federal Statistical service. Natural Movement of the population of the Russian Federation in 2013. http://www.gks.ru/bgd/regl/b13_106/IssWWW.exe/Stg/%%3Cextid%3E/%%3Cstoragepath%3E::%%7C01/tab11.xls, (accessed 04.06.2013)

Samarbeidsprogram (2009) mellom Helse- og omsorgsdepartement i Kongeriket Norge og Helse- og sosialutviklingsministeriet i den russiske federasjon. 19.5.2009

State National Program 2012. State National program “Development of Health Care system in the Russian Federation up to 2020”. http://www.rosminzdrav.ru/docs_projects/1874/GP-tekst1.pdf, (accessed 04.06.2013)

Støre 2008a. Foreign policy speech on relations between Norway and Russia. Norwegian Institute of International Affairs, Oslo 18 June 2008. [Tale/artikkel, Ministry of Foreign Affairs, 18.06.2008] http://www.regjeringen.no/nb/dep/ud/aktuelt/taler_artikler/jgs_taler_artikler/2008/russland_nupi.html?id=517424 (in Russian http://www.regjeringen.no/upload/UD/Vedlegg/Sikkerhetspol/NUPI_180608Umin_tale_russisk.pdf) (accessed 18.4.2013)

Støre 2008b. Utenrikspolitikk og globalt helse. Helsedirektoratets “Fredagsforum”. Inledning ved utenriksminister Jonas Gahr Støre, Oslo 12. September 2008. Copy of the speech. Helsedirektoratet.

WHO 2013a. European health for all database (HFA-DB). World Health Organization Regional Office for Europe. <http://data.euro.who.int/hfadb>. (accessed 21.05.2013)

WHO 2013b. European mortality database (MDB). World Health Organization Regional Office for Europe <http://data.euro.who.int/hfamdb> (accessed 21.05.2013)

WHO GSR 2011a. World Health Organization. Global Statistics Report on Alcohol and Health 2011. The Russian Federation profile. http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/rus.pdf (accessed 29.05.2013)

WHO GSR 2011b. WHO Report on the Global Tobacco Epidemic, 2011. country profile of the Russian Federation http://www.who.int/tobacco/surveillance/policy/country_profile/rus.pdf (accessed 29.05.2013)

WHO GSR 2011c. Non-communicable diseases Country profile – the Russian Federation. http://www.who.int/nmh/countries/rus_en.pdf (accessed 29.05.2013)

ANNEX 1

Northern Dimension actors

The Northern Dimension is defined by the Northern Dimension Summit on 24 November 2006 in Helsinki, Finland

From the beginning of 2007 the Northern Dimension policy is a joint endeavour of four partners, including **the European Union, Iceland, Norway and Russia.**

Other participants are:

- The regional councils in the North:
 - The Barents Euro-Arctic Council (BEAC);
 - The Council of the Baltic Sea States (CBSS);
 - The Nordic Council of Ministers (NCM);
 - The Arctic Council (AC);

- The International Financing Institutions active in the North, notably the European Bank for Reconstruction and Development (EBRD), the European Investment Bank (EIB), the Nordic Investment Bank (NIB) and the World Bank (IBRD).

- Other European Union institutions and bodies and those of the other Northern Dimension partners.

Other Northern Dimension actors are: regional and sub-regional organisations and commissions in the Baltic and Barents area, sub-national and local authorities, non-governmental organisations and other civil society organisations (including notably indigenous peoples' organisations), universities and research centres, business and trade union communities, etc.

The Northern Dimension also provides a frame of reference for intensifying the transatlantic cooperation of the Northern Dimension partners in matters concerning the northern regions of the world, through the **observer status of USA and Canada.**

Sources

<http://www.ndphs.org/> (accessed 8.5.2013)

http://www.ndphs.org/?about_nd#Geographical_area_covered (accessed 8.5.2013).

ANNEX 2

Questionnaire

Evaluation of the grant scheme for Norwegian – Russian collaboration projects in health and related social issues 2009-2011

(If your reply covers several projects, please answer separately for each project using a), b), c) for the identification of a project).

For more information, please contact Dr Pauliina Aarva mobile: +358 50 59 86 237.

1. Name of the project/projects (a, b, c.):

2. MoHCS ID-number of the project:

3. Norwegian partner: _____ Russian partner: _____

4. Starting year: _____ Year for the end of the project: _____

5. Please describe the key results of the project for the years 2009-2011. What has happened as a result of the project and why?

6. For whom the collaboration was useful? How?

7. What were the major factors influencing the achievement or non-achievement of the objectives of the project?

8. Were objectives achieved on time? If not, why not?

9. To what extent are the objectives of the collaboration project still valid in 2013?

10. To what extent do the benefits of collaboration continue after the Norwegian funding ceased/ceases?

11. What other relevant actors are in the field? How the collaboration with other actors took place?

12. Approximately how many people participated the project activities (seminars, training etc.)? From Norway _____ persons, from Russia _____ persons.

13. Contact data of the responsible person in Russia for this projects.

Name: _____ Tel: _____ E-mail: _____

14: What else would you like to say?

The questionnaire was filled in by (name) _____

Tel: _____ E:mail _____

Please send your reply to pauliina.aarva@socon.fi by Friday, May 10 , 2013.

ANNEX 3

Оценка эффективности Норвежско-Российского сотрудничества по Проектам в области здравоохранения и социального развития за период 2009-2011гг.

Уважаемый участник Проекта!

Министерство здравоохранения Норвегии с конца 90-ых годов осуществляет сотрудничество в сфере здравоохранения и социального развития с Российской стороной на грантовой основе. Целью выделения субсидий на поддержку двухсторонних Проектов является дальнейшая реализация Программ сотрудничества по вопросам здравоохранения и связанным с ними социальным вопросам в Баренцевом Евро-Арктическом регионе и Партнерства Северного Измерения в области общественного здравоохранения и социального благосостояния. Количество выделяемых субсидий ежегодно составляет примерно 2 200 000 EUR. В 2013 году Министерство здравоохранения Норвегии проводит сравнительную оценку эффективности Проектов, реализуемых в Северо-Западной части Российской Федерации в течении 2009-2011 годов. Оценка эффективности двухсторонних Проектов, завершившихся в 2009-2011гг., будет осуществляться посредством интервьюирования (телефонного или по электронной почте) участников Проектов как с Норвежской, так и с Российской сторон. Финской компании SOCON и ее представителям, консультантам в области здравоохранения и социального развития, было предложено провести внешнюю оценку эффективности Проектов в марте-июне 2013г. Оценка эффективности будет проводиться двумя экспертами – доктором Паулиной Аарвой, директором компании SOCON, и проф. Ириной Ильченко, от Первого Московского Государственного Медицинского университета им. И.М.Сеченова. Министерство здравоохранения Норвегии просит с пониманием отнестись к проводимому интервью.

Вопросник.

(Если Вы участвовали в нескольких проектах, то ответьте, пожалуйста, отдельно на вопросы по каждому из них, обозначая буквами а), b), с) каждый)

Если у Вас возникнут вопросы, то можно обратиться к руководителю Проекта по оценке эффективности Норвежско-Российского сотрудничества, Паулине Аарва – моб. +358 50 59 86 237 или Эксперту Ирине Ильченко – моб.+7 906 053 10 72.

Название Проекта	Название(а,b,c):	
	Идентификационный номер Проекта, присвоенный в МЗ Норвегии	
Партнерские организации	С Норвежской стороны	
	С Российской стороны	
	Год начала Проекта	
	Год окончания Проекта	
Опишите ключевые результаты Проекта за 2009-2011гг. Что изменилось результате реализации Проекта и почему?		
Для кого (с Норвежской и Российской сторон) сотрудничество было полезным и почему?		
Какие факторы в максимальной степени повлияли на достижение целей Проекта?		
Какие факторы препятствовали достижению целей Проекта?		
Были ли цели Проекта достигнуты по времени (в соответствии с запланированными)? Если нет, то почему?		
В какой степени ключевые цели Проекта актуальны для Российской стороны в настоящее время (2013г)? Объясните почему?		

Как Вы оцениваете пользу от Проекта после этапа завершения финансирования с Норвежской стороны (появление новых организаций, структур, доп. финансирования из других источников, увеличение материально-технических и человеческих ресурсов)?		
Назовите других «игроков» в данной области из числа участников международных Проектов (ВОЗ, по региону Баренцева моря, Евросоюза, др.)		
Осуществляли ли вы взаимодействие с другими «игроками» в ходе выполнения Проекта и после? Если да, то как?		
Примерно сколько человек участвовало в выполнении Проекта	С Российской стороны	
	С Норвежской стороны	
Контактные данные отв. исполнителя с Российской стороны	ФИО, тел., e-mail	
Что еще Вы хотели бы добавить по Проекту?		
Вопросник заполнил	ФИО, тел., e-mail	

Пожалуйста, отправьте свой ответ на электронный адрес Ирины Ильченко - irina.ilchenko@yahoo.com

Спасибо за участие!

ANNEX 4

List of people interviewed in March-June 2013 by face-to-face, in groups, telephone or e-mail for the evaluation of the grant scheme for Russian-Norwegian collaboration in health and related social issues in 2009-2011.

<i>Name</i>	<i>Position</i>	<i>Institution</i>	<i>Country/Region</i>
Aabø Tor Otto	Reg. Nurse	Olafia Clinic	Oslo, Norway
Alekseeva Galina	Head of the women's consultation center	Baltiisk Central regional hospital	Baltiisk
Alekseeva Irina	Vice Director	Baltiisk municipal administration	Kaliningrad, Kaliningrad Oblast
Antonov Andrei	Vice Director	Rospotrebnadzor	Archangelsk, Archangelsk Oblast
Ardeyev Aleksei	Deputy Director	Department of Indigenous Nations of North	Nenetsia, Autonomous District
Babich Natalia	Head of the Department	Murmansk regional AIDS Center	Murmansk, Murmansk Oblast
Banina Larisa	Head of Department	Nenetsian Centre for Social Services	Naryan Mar Nenetsia, Autonomous District
Belousov Alexander	Chief doctor	Sovetsk Central regional hospital	Kaliningrad, Kaliningrad Oblast
Belova Svetlana	Head of the reproductive Center for adolescents in Baltiisk	Baltiisk Central regional hospital	Baltiisk, Kaliningrad Oblast
Bergström Pål-Christian	Project Director	Bufetat, CYAR	Norway
Bjøro Stephanie K	Adviser	Ministry of Foreign Affairs	Oslo, Norway
Blinkova Irina	Director	Health Department of Nenets Autonomous Region	Naryan Mar, Nenetsia, Autonomous District
Blystad Hans	Deputy Director	Norwegian Institute of Public Health	Oslo, Norway
Bukin Yurii	Chief doctor	Kaliningrad regional Center for specialized medical care	Kaliningrad, Kaliningrad Oblast
Bukåsen Linda	Regional Manager	Redd Barna	Oslo, Norway
Chernova Zoya	physician	Kaliningrad municipal children's polyclinic №1	Kaliningrad, Kaliningrad Oblast
Dadianova Alla	Physician	Kaliningrad regional perinatal center	Kaliningrad, Kaliningrad Oblast
Dmitrieva Nadezhda	journalist	TV Konkort	Petrozavodsk, Karelia
Dunaeva Elena	Adviser for social issues	Governor's office of the Arkhangelsk Region	Archangelsk, Archangelsk Oblast
Egorova Natalia	Director	Educational center "Garmonia"	Pitkaranta, Karelia

Egorova Vera	Journalist	Karelsky sport	Petrozavodsk, Karelia
Eriksen Hanne-Merete	?	Norwegian Institute of Public Health	Oslo, Norway
Ermolina Elena	Executive Director	Rassvet	Archangelsk, Archangelsk Oblast
Fischer Janicke	Senior Adviser	Directorate of Health	Oslo, Norway
Gartcman Natalia	Head of the department	Kaliningrad regional perinatal center	Kaliningrad, Kaliningrad Oblast
Gasheva Tatiana	Ombudsman	Center of Childhood Rights Protection	Naryan Mar, Nenetsia, Autonomous District
Goranskaya Svetlana	chair of the Department	Karelian State Pedagogical Academy	Petrozavodsk, Karelia
Gordienko Tatiana	Project Coordinator	Rospotrebnadzor	Archangelsk, Archangelsk Oblast
Gundersen Vibeke R	Senior Adviser	Ministry of Health and Care services	Oslo, Norway
Hagerup Silje	Adviser	Lung and Heart Association	Oslo, Norway
Haugen Odd Arild	Special Adviser	Directorate of Health	Oslo, Norway
Ignatova Olga	Adviser	Ministry of Health Care	Archangelsk, Archangelsk Oblast
Igumnova Elena	Deputy Head Doctor	AIDS Centre of Archangelsk	Archangelsk, Archangelsk Oblast
Karvonen Outi	Project Manager	National Institute for Health and Welfare	Helsinki, Finland
Kechkova Larisa	Chief doctor	Kaliningrad municipal children's polyclinic №1	Kaliningrad, Kaliningrad Oblast
Kolpakova Elena	Head of the Unit for Family policy, Department of Social Development	Ministry of Labour, Employment and Social Development	Archangelsk, Archangelsk Oblast
Korogodskaya Elena	Director	Lichey №1 in Baltiisk	Kaliningrad, Kaliningrad Oblast
Koroleva Natalya	Leading specialist	Pudozhskaya Administration	Petrozavodsk, Karelia
Kosheleva Ilona	Project manager, chief doctor	Rehabilitation Center "CODEISTVIE"	Petrozavodsk, Karelia
Kostyk Elena	Administrative coordinator of the Project	Kaliningrad educational institution	Kaliningrad, Kaliningrad Oblast
Kostyk Natalia	Head of the Department (up to 18.04.2013); Project manager	Ministry of Health and social development Kaliningrad region	Kaliningrad, Kaliningrad Oblast
Kudryavtsev Alexander	Executive Director	ISPHA	Archangelsk, Archangelsk Oblast
Kulikova Tatiana	Chief Nurse	AIDS Centre of Archangelsk	Archangelsk, Archangelsk Oblast
Kurilenkova Natalia	Head of Department	Nenetsian Centre for Social Services	Naryan Mar, Nenetsia, Autonomous District
Kurilovich Ekaterina	Director	Lichey № 6 in Baltiisk	Kaliningrad,

			Kaliningrad Oblast
Kuukasjärvi Olli	Ministerial Adviser	Ministry of Health and Social Affairs	Helsinki, Finland
Kuznetsova Nadeshda	Head of the Unit for International Affairs	MIAC Medical Informational and Analytical Centre	Archangelsk, Archangelsk Oblast
Lazutkina Galina	Chief doctor	Central Regional Hospital,	Pitkaranta, Karelia
Lyapina Olga	Head of Department	Nenetsian Centre for Social Services	Naryan Mar, Nenetsia, Autonomous District
Manum Olav A	Journalist, consultant		Oslo, Norway
Menshikova Larisa	Minister	Ministry of Health Care	Archangelsk, Archangelsk Oblast
Meshkova Natalya	Head of Grand Jury of the Union of journalists	Petrozavodsk State University	Petrozavodsk, Karelia
Milyukova Irina	Monitoring on awareness of journalists on HIV	Petrozavodsk State University	Petrozavodsk, Karelia
Mironyuk Oksana	Deputy Head Doctor	Tuberculosis Hospital of Archangelsk	Archangelsk, Archangelsk Oblast
Morenko Irina	physician	Murmansk regional AIDS Center	Murmansk, Murmansk Oblast
Nekrasova Natalia	Vice chief doctor	Kaliningrad regional Center for specialized medical care	Kaliningrad, Kaliningrad Oblast
Panikarovskaya Irina	Nurse	AIDS Centre of Archangelsk	Archangelsk, Archangelsk Oblast
Perkhin Dmitry	Head Doctor	Tuberculosis Hospital of Archangelsk	Archangelsk, Archangelsk Oblast
Pikalov Vladimir	Chief doctor	Baltiisk Central regional hospital	Baltiisk, Kaliningrad Oblast
Popkova Svetlana	Deputy Head	Rassvet	Archangelsk Oblast
Popova Elena	Head Doctor	AIDS Centre of Archangelsk	Archangelsk, Archangelsk Oblast
Prisezhnaja Tatiana	Head of Department	Nenetsian Centre for Social Services	Archangelsk, Archangelsk Oblast
Prosyolkova Elena	Deputy Head Doctor	Archangelsk Regional Psychoneurological Dispansery	Archangelsk, Archangelsk Oblast
Pugacheva Alla	Head of the Department	Municipality administration	Pitkaranta, Karelia
Raifeld Eugenia	Psychologist of the reproductive center for adolescents	Sovetsk Central regional hospital	Kaliningrad, Kaliningrad Oblast
Rebenok Maria	Project manager	Municipality administration	Pitkaranta, Karelia
Rimpelä Arja	Professor	University of Tampere	Tampere, Finland
Rimseliene Grazina	Adviser	Norwegian Institute of	Oslo, Norway

		Public Health	
Roshkova Inna	Head of the Department	Karelian AIDS Center	Petrozavodsk, Karelia
Shelest Valeriy	Chief doctor	Delivery hospital №3 of Kaliningrad region	Kaliningrad, Kaliningrad Oblast
Shevchuk Julia	Deputy editor	New Kondopoga newsletter	Kondopoga, Karelia
Shuvalov Sergei	Director	Social Centre "Solnushko"	Archangelsk, Archangelsk Oblast
Siem Harald	Senior Adviser	Directorate of Health	Oslo, Norway
Smirnova Olga	Ombudsman	Center of Childhood Rights Protection	Archangelsk, Archangelsk Oblast
Sokolova Anna	Journalist	Children's Palace of Creativity, newspaper	Petrozavodsk, Karelia
Sorokina Tatiana	Head of Prevention Unit	AIDS Centre of Archangelsk	Archangelsk, Archangelsk Oblast
Starodubceva Larisa	Head of the children's polyclinic	Baltiisk Central regional hospital	Baltiisk, Kaliningrad Oblast
Sundrehagen Hilde C	Deputy Director General	Ministry of Health and Care services	Oslo, Norway
Tarasov Alexander	Head of the children's polyclinic	Gusevskii Central regional hospital	Kaliningrad, Kaliningrad Oblast
Tønnessen Una Due	Project Manager	Olafia Clinic	Oslo, Norway
Ustinova Natalia	Head of Department	Nenetsian Centre for Social Services	Nenetsia
Varakina Zhanna	Head of Department of Research Management	ISPHA	Archangelsk, Archangelsk Oblast
Woldstadt Ingjerd	Adviser	Kompetansesenter rus Midt-Norge	Norway
Yudkina Natalia	Vice chief doctor	Kaliningrad regional Center for specialized medical care	Kaliningrad, Kaliningrad Oblast
Zhestovskich Marina	Manager of the Unit for International Affairs	MIAC Medical Informational and Analytical Centre	Archangelsk, Archangelsk Oblast
Zhukova Maria	Psychologist	AIDS Centre of Archangelsk	Archangelsk, Archangelsk Oblast
Zinkevich Vyacheslav	Chief doctor	Murmansk regional AIDS Center	Murmansk, Murmansk Oblast