

Baltic Sea Region – A Role Model for Innovation in Social- and Healthcare

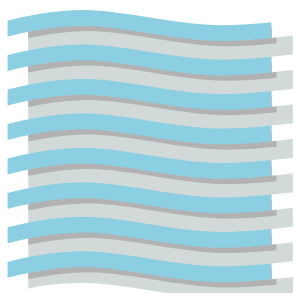
**24th Baltic Sea Parliamentary
Conference**



Baltic Sea Region – A Role Model for Innovation in Social- and Healthcare

24th Baltic Sea Parliamentary Conference

Rostock, 30 August 2015 – 1 September 2015



Baltic Sea Region – A Role Model for
Innovation in Social- and Healthcare
24th Baltic Sea Parliamentary Conference

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The Baltic Sea Parliamentary Conference (BSPC) was established in 1991 as a forum for political dialogue between parliamentarians from the Baltic Sea Region. BSPC aims at raising awareness and opinion on issues of current political interest and relevance for the Baltic Sea Region. It promotes and drives various initiatives and efforts to support a sustainable environmental, social and economic development of the Baltic Sea Region. It strives at enhancing the visibility of the Baltic Sea Region and its issues in a wider European context.

BSPC gathers parliamentarians from 11 national parliaments, 11 regional parliaments and 5 parliamentary organizations around the Baltic Sea. The BSPC thus constitutes a unique parliamentary bridge between all the EU- and non-EU countries of the Baltic Sea Region.

BSPC external interfaces include parliamentary, governmental, sub-regional and other organizations in the Baltic Sea Region and the Northern Dimension area, among them CBSS, HELCOM, the Northern Dimension Partnership in Health and Social Well-Being (NDPHS), the Baltic Sea Labour Forum (BSLF), the Baltic Sea States Sub-regional Cooperation (BSSSC) and the Baltic Development Forum.

BSPC shall initiate and guide political activities in the region; support and strengthen democratic institutions in the participating states; improve dialogue between governments, parliaments and civil society; strengthen the common identity of the Baltic Sea Region by means of close co-operation between national and regional parliaments on the basis of equality; and initiate and guide political activities in the Baltic Sea Region, endowing them with additional democratic legitimacy and parliamentary authority.

The political recommendations of the annual Parliamentary Conferences are expressed in a Conference Resolution adopted by consensus by the Conference. The adopted Resolution shall be submitted to the governments of the Baltic Sea Region, the CBSS and the EU, and disseminated to other relevant national, regional and local stakeholders in the Baltic Sea Region and its neighbourhood.

INTRODUCTION



Ladies and Gentlemen,

The 24th Baltic Sea Parliamentary Conference took place in Rostock, the largest city in Mecklenburg-Vorpommern. With its Hanseatic centre, the large harbour, the sandy beaches of Warnemünde, the nearby forests and – most importantly – the direct access to the sea, the venue provided the perfect atmosphere for a true Baltic Sea Conference. 190 parliamentarians, experts, and officials gathered in Hohe Düne to discuss “The Baltic Sea Region as a Role Model for Innovation in Social- and Healthcare”.

The Baltic Sea Region already is home to stable healthcare systems, which affect the health of about 85 million people. The region features a variety of innovative universities with world class general science and with a strong focus on life sciences. We have well-educated, skillful and motivated human resources – more than 5 million employees working in healthcare and related industries. Further we boast a strong healthcare, pharmaceutical and medtech industry. However, the region also shows signs of certain disparities with a view to some of these parameters. This year’s conference therefore dealt both with fostering the position of the Baltic Sea Region as a Role Model for Innovation in Social- and Healthcare as well as with aligning the capacities of the different systems as much as possible. We strived to find answers to these challenges in our four sessions “Cooperation in the Baltic Sea Region”, “Cross-border Cooperation in Healthcare”, “Health and Economy”, and “Sustainable and Accessible Social and Health Care”.

I am grateful that we managed to agree on a resolution full of concrete demands, relevant ideas and recommendations. We have proven that on the eve of the BSPC's Silver Jubilee the BSPC is as committed as ever to open inter-parliamentary dialogue, in the interest of the well-being of the people in the region. This carries special significance, as the challenges that lie ahead are manifold. With this year's resolution we have already addressed a number of current issues, including the demographic change in the region with all its consequences for the social- and healthcare systems, the situation in Ukraine, as well as the refugee crisis in Europe. It is paramount that we carry on the banner of continued communication and cooperation.

Let me thank all the speakers and participants who contributed to the success of the conference. Please allow me to address special thanks to the Prime Minister of Mecklenburg-Vorpommern, Mr Erwin Sellering, for the warm welcome given to the conference participants.

I also thank my staff - the administration of the Landtag Mecklenburg-Vorpommern - for the perfect preparation and execution of the conference, and also to all who have contributed to its success.

Finally, let me thank the Head of the BSPC Secretariat, Mr Bodo Bahr, for guiding me through all the BSPC practice, and for his precious advice.

Entrusting the BSPC Presidency to Mr Jānis Vucāns, the President of the BSPC in 2015–16, I wish him plenty of success and satisfaction, and I very much look forward to our future encounters.

Sylvia Bretschneider,
President of the Landtag Mecklenburg-Vorpommern
Chairman of the BSPC 2014-15

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Opening of the Conference



Ms Sylvia Bretschneider – President of the Landtag Mecklenburg-Vorpommern and Chair of the BSPP

„Opening Words”

Ms Sylvia Bretschneider, President of Mecklenburg-Vorpommern and Chair of the BSPP welcomed all participants to the city of Rostock and to the 24th Baltic Sea Parliamentary Conference, extending a particularly warm welcome to Jānis Vucāns, MP from Latvia and the host of the upcoming Silver Jubilee in Riga in 2016. She then expressed her hope for a constructive conference held in the spirit of friendship and harmony, so close to the sea that connects the members of the BSPP.

Ms Bretschneider highlighted that there are many challenges facing the social- and healthcare sector such as an ageing population, inequalities in healthcare, an increase in lifestyle-related diseases and financial pressures on the service systems. She expressed the wish to discuss these challenges from different perspectives, combining the different traditions and experiences of the member states to come to the best possible solutions. She pointed out that the Baltic Sea Region possesses profound knowledge on the subject and that it should be its ambition to become a role model for innovation in social- and healthcare. In order to make its demands heard, the BSPP members would have to work in close cooperation with its respective governments.

The Chair finally expressed optimism regarding the draft resolution and the concrete plans for future joint initiatives it already contained. She regarded this as an opportune starting point for more in-depth cooperation. She concluded by wishing the participants a very successful conference and by yielding the floor to the Prime Minister of Mecklenburg-Vorpommern, Erwin Sellering.

„Words of welcome”

Mr Erwin Sellering, Prime Minister of Mecklenburg-Vorpommern, welcomed the participants to the state. Mr Sellering underlined the warm relationship between the state and its regional partners, one of many reasons being that the countries in the Baltic Sea Region formed an important source of employment and investment to Mecklenburg-Vorpommern. The state was keen to invest in its relationships across the Baltic Sea, which took shape in connections between universities, municipalities, and sport clubs all along the region.

He pointed out that healthcare had been an important theme for the state of Mecklenburg-Vorpommern for over 15 years. It had been the goal of the state to create within its borders the best healthcare region within Germany, and it had been this ambition that had made the healthcare sector one of the most important economic driving forces. The gross value added was currently at 15 percent making it comparable to industries like tourism or food production. Mr Sellering lauded the brainpower, especially in the life sciences, that made it possible to push the state to the highest echelons of healthcare in the country.

He then mentioned the cooperation in the Baltic Sea Region; in the form of healthcare region ScanBalt, infection prevention project HICARE, the cross-border telemedicine opportunities and the healthcare partnership of the Northern Dimension. Another event that helped strengthen the international cooperation was the national trade conference on the healthcare industry held for the past ten years in Rostock, which since 2007 had been organised with a partner country, almost always from the Baltic Sea Region.



Mr Erwin Sellering – Prime Minister of Mecklenburg-Vorpommern

Mr Sellering pointed out that it was very useful to come together and find solutions, thereby making the Baltic Sea Region a model region for innovation in social- and healthcare. One of the key questions: how could healthcare be organised in such a way that high quality services would be accessible to the people living in sparsely populated areas? He reminded the representatives that the answer to such questions would not be found in a single good thought or project, but that many good ideas and projects would be necessary.

One of the critical factors would be the continued involvement of Russia in this dialogue. Not just from an economic perspective, but in the light of peaceful coexistence. Cooperation should involve all parties, only then could it be profitable for everyone.



Session one

Cooperation in the Baltic Sea Region



*Ms Sylvia Bretschneider –
President of the Landtag Mecklenburg-Vorpommern*

„Report from the Chair of the BSPC”

Ms Sylvia Bretschneider, President of the Landtag Mecklenburg-Vorpommern refreshed the three core goals of the BSPC’s mission statement: to raise awareness and opinion on common political issues, to promote and drive initiatives and to enhance the visibility of the Baltic Sea Region. She expressed the belief that major progress had been made on all three points.

An example of such progress was the meeting of the Standing Committee at the European Parliament in January 2015. Ms Bretschneider considered it a great victory that the Standing Committee had successfully contributed to keeping „health” in the Action Plan of the EU Strategy for the Baltic Sea Region.

Another example was the intensified cooperation with the Northern Dimension Partnership in Public Health and Social Well-Being (NDPHS), the effects of which could be seen at a NDPHS side event to the BSPC Conference, „Health is Wealth and Wealth is Health”, highlighting the association between health and the economy.

The BSPC was more than just health. Its core identity also involved cooperation, protection of the Baltic Sea, maritime issues and tourism. The BSPC Chair then took the opportunity to welcome Mr Harry Liiv, Chair of HELCOM and made an honourable mention of Ms Christina Gestrin, former Chair of the BSPC and longstanding observer together with Ms Bretschneider at HELCOM. Cooperation between Ms Bretschneider and Ms Gestrin had resulted in a letter to the International Maritime Organisation (IMO), urging to maintain 1 January 2018 as the starting date for the prohibition of discharging sewage by ships into the Baltic Sea, as well as to continue efforts to improve and modernise wastewater treatment capacity throughout the Baltic Sea Region.

The topic was also discussed during the Pan-European Dialogue in Cruise Tourism in Brussels in March 2015. This in order to involve this branch, which was affected by this resolution. She underlined that an EU-wide concept for the setting up of port reception facilities would be paramount, and that corresponding funding should be made available.

Finally, she mentioned her participation in the Baltic Sea Tourism Forum, its new orientation towards cultural tourism, and how culture contributed to economic development. She applauded this theme being set as a priority by the CBSS's Polish Presidency, whose Steering Group would meet in Gdansk in September this year. This, Ms Bretschneider argued, was of great interest to the new BSPC Working Group, since tourism was a blooming industry.

All the aforementioned fields, in which the BSPC had been active, showed how state and non-state, national and regional actors all worked for the common good of the region. There was a need for dialogue to resolve political differences, not armed forces.



Mr Raul Mälik – Ambassador of Estonia

„Report from the Outgoing Chair of the CBSS”

Mr Mälik, Ambassador of Estonia and Outgoing Chair of the CBSS recalled that last year the BSPC welcomed the new long-term priorities of the CBSS, and that it had adopted a document describing the manner in which the CBSS would work to reach the aims of the CBSS 2008 Vilnius summit paper. The main task of the Estonian presidency was to implement these documents and to do this efficiently, impact-driven and result-based. This task had to be performed in a changed international climate, where developments had resulted in the loss of trust: the first cancelled Prime Ministers meeting in its history, no meeting of foreign ministers and abandoned project ideas. Mr Mälik underlined however, that although there had been a pause in dialogue, there was a continuation in the practical work of CBSS.

He further stressed the difficulty to find public money for regional projects. For the term 2013-2015 CBSS had €1 million, which it used to provide funding for 18 projects and hundreds of Baltic Sea Region actors.

During the Estonian Presidency, there were five meetings of the Committee of Senior Officials, which were used to discuss working groups, expert groups and networks. The end of the Estonian Presidency saw the approval to prolong the mandate for the Expert Group on Maritime Policy for another three years. A new approach for the activities of the Expert Group on Sustainable Development was agreed upon.

The CBSS has echoed the call of the BSPC to cooperate and divide labour fairly across the north, stressing the need for open, broad and trust-building dialogue between existing institutions. As such, a regular meeting between the four formats in the Northern Region was held last September: CBSS, the Arctic Council, the Barents Euro-Arctic Council and the Nordic Council of Ministers. Northern Dimension partnerships were also represented. There was much contact with the BSPC Standing Committee and support for the Baltic Sea NGO Forum.

The CBSS Secretariat played a role in three areas of the EU Strategy for the Baltic Sea Region. An important working method was organising round tables. The first priority was “Regional Identity”. There had been much cooperation on these matters, on different levels: parliamentary, regionally, and with local authorities and NGOs. The CBSS had launched the Baltic Sea Youth Dialogue in cooperation with the German Körber Foundation in order to include youth in this particular process. Furthermore, the project “Common Map for Culture Tourism in the Baltic Sea Region” had been funded by the CBSS and led by the Association NORDEN, to establish a sustainable platform for cooperation in the sphere of culture tourism and update information on cultural and historic heritage in the region. Furthermore, a decision had been made to commission an independent evaluation of the EuroFaculty concept, which nears its end at the Pskov University in Russia. The first CBSS Summer University had been held at the Swedish Södertörn University. The BalticLab project had been continued, which involved the creative industries.



The second priority was “Sustainable and Prosperous Region”. An important event had been the adoption of the VASAB Tallinn declaration, which would promote cooperation between cities, improve accessibility within the region, and enhance maritime spatial planning by implementing the Regional Baltic Maritime Spatial Planning Roadmap 2013-2020.

However, more had been done to further a sustainable future for the Baltic Sea Region. Mr Mälik informed the BSPC members that the CBSS established the Climate Dialogue and the “Green Technology and Alternative Fuels Platform in Baltic Sea Shipping”. It also continued the Baltic Sea Maritime Dialogue with regional actors. A study had been prepared on the Evaluation of Low-Carbon Development policy implementation, paving the way for discussions on the UN Sustainable Development goals. Furthermore, the CBSS had participated in the Agroforum 2015 in Tartu, Estonia, organising two events and thereby contributing to the development of environmentally friendly cultivation methods and best agricultural practices, a goal that the BSPC itself had adopted in its 23rd Conference resolution.

The third priority was the “Safe and Secure Region”. The CBSS Expert Group on Cooperation for Children at Risk had engaged itself with alternative care and children’s rights, the handling of cross-border child protection and child-friendly justice standards. The Tallinn Recommendations and Action Plan on Alternative Care and Family had been adopted.



The CBSS Task Force against Trafficking in Human Beings had developed guidelines and recommendations to counter labour exploitation, paying special attention to self-regulation of private sector actors. Finally, the heads of Civil Protection had paid attention to fire prevention, and the heads of Border Services had dealt with a threat assessment, and finding stolen vehicles, amongst others.

Mr Mälik concluded his speech by expressing his gratitude to the BSPC for a wonderful cooperation during the Estonian Presidency.

„Report from the Incoming Chair of the CBSS”

Mr Czyż, Ambassador of Poland and Incoming Chair of the CBSS wished the BSPC a productive meeting on behalf of the Polish Presidency of the CBSS and expressed gratitude for the opportunity to inform the Conference about the plans and priorities of the Polish Presidency of the CBSS.

He offered the opinion that the BSPC, as the *vox populi* of the region, together with the CBSS, plays an essential role in defining and implementing a common vision of the region's future. The topic of health perfectly reflects the basic needs and expectations of people living in the Baltic Sea Region. Although challenging times are upon the region, it has great potential for growth, which should be used fully. The smart utilisation of new growth perspectives stemming from Baltic cooperation, globalisation, European integration and the increasing accessibility of the Arctic, form the main challenge currently facing the region.

Mr Czyż further stressed that although the Polish Presidency comes in times of duress for the region, caused by for instance the crisis in Ukraine, this challenge also forms a test for regional confidence and mutual understanding, making the need for cooperation within frameworks such as the BSPC or CBSS ever more clear. In fact, it should become a role model for regional cooperation.

The long-term priorities would remain unchanged: Sustainable and Prosperous Region, Regional Identity and Safe and Secure Region. The usefulness of CBSS will become further apparent as a platform for intergovernmental coordination with and monitoring of regional development strategies and formats, offering practical



Mr Michał Czyż – Ambassador of Poland

support. Although witnessing a very successful cooperation system, the Polish ambassador saw room for more regional coherence and synergy and expressed the wish to enhance close cooperation with, for instance, the Northern Dimension, the EU Strategy for the Baltic Sea Region, the Nordic Council of Ministers, Barents Euro Arctic Council, the Arctic Council and others, for instance by establishing a structured dialogue.

Mr Czyż further noted that discussing the Project Support Facility would be crucial in order to strengthen CBSS' ability to implement projects.

The motto of the Polish Presidency would be “Strength in Diversity”, combining the multitude of historical, social, economic and cultural backgrounds into what the Ambassador called the “Balticness” and thus applying a macro-regional perspective in order to harness the region's potential. Ideally, a common Baltic space would be created, collectively overcoming the bottlenecks that hamper the daily lives of its citizens.

Since the Polish Presidency of CBSS coincides with its chairing of the National Coordinators of the EU Strategy for the Baltic Sea Region, at least three joint meetings will be organised on subjects of joint importance.

The Ambassador further reported that under the long-term goal of “Sustainability and Prosperous Region”, the Polish Presidency will

pursue a new agenda in areas where the CBSS is already active, such as climate change, regional implementation of the UN Sustainable Development Goals, the BSR Maritime Transport System, diversifying Energy Sources and Efficiency, and an increased cooperation in science, research and innovation, as well as in tourism. The latter will be discussed during the 8th Baltic Sea Tourism Forum in Gdansk-Malbork in September 2015. The Baltic Sea Region Energy Cooperation will discuss public-private partnerships during a conference in Warsaw in November. Finally, Mr Czyż announced the opportunity for more cooperation in the science sector during the Baltic Science Network.

The Polish Presidency had rechristened “Regional Identity” as “Creativity”. It sees this as a driver of development in the region and believes that the cultural sector, or culture as part of the economic sector, will be responsible for the creation of a great number of jobs. A seminar on the potential of the computer gaming industry will be held in Krakow in November.

“Safe and Secure Region” will be further developed by enhancing the cooperation potential of civil protection services. This will involve the improvement of environmental monitoring, including a focus on nuclear security. It will also include a continued fight against human trafficking and an even stronger support for the protection of children.

Mr Czyż concluded his speech by stressing the need for in-depth reflection on the future of Baltic cooperation in the light of a changing global environment, and by expressing gratitude for the opportunity to present Polish plans for the upcoming year.

Mr Dohrmann, Member of the European Parliament, drew attention to the fact that the Action Plan of the EU Strategy for the Baltic Sea Region had recently been revised, in consultation with member states and stakeholders. The main aim had been to focus more on the three main objectives of the Strategy:

1. Save the Sea
2. Connect the Region
3. Increase Prosperity

As a result, the revised Action Plan now consisted of 13 policy areas (including amongst others bio-economy, culture and education) and four horizontal actions (e.g. the need for capacity building).



Mr Jørn Dohrmann – MEP, Chair of the Delegation Responsible for the Baltic Sea Region (SINEEA Delegation)

The reduction of human influence on the climate would remain a priority, and the delegate expressed the wish that this goal could be incorporated in the innovative solutions aimed to transform the economy, making it more efficient and resilient.

Furthermore, the role of regional organisations had become part of the Action Plan, in an attempt to enhance coherence of cooperation in the region and contribute to a better division of labour among existing networks.

The Action Plan would by no means be set in stone, but should be seen as an evolving policy tool, able to adapt to changing needs within the region. The EU Strategy for the Baltic Sea Region is the first macro-strategy of the EU and its successes in tackling common challenges and pooling expertise and resources are therefore a source of inspiration. Mr Dohrmann stressed the need for political commitment and encouraged the delegates to ensure the mobilisation of resources, including human resources, as well as to improve communication and visibility of the strategy.

Although the Strategy had been devised within the EU, it could only be pursued in cooperation with external partners in the region. An exceptionally successful platform had been the Northern Dimension, an equal partnership between the EU, Russia, Norway and Iceland. Examples would be: public health, the environment, social well-being, transport, logistics and cultural function. The CBSS, the Nordic Council of Ministers and HELCOM

had been equally important for a macro-regional cooperation. Additionally, Mr Dohrmann mentioned that in the light of Russia's adoption of its own Strategy for Social and Economic Development of the North-Western Federal District, the search for synergies, dialogue and the exchange of experiences had become all the more important, despite increasingly tense relations.

Touching upon the theme of the conference – health – the speaker acknowledged the role played by the Northern Dimension Partnerships on Health and Social Well-being as coordinator for this particular policy area within the EU Strategy, praising it as being particularly stable and productive. The revised Action Plan paid particular importance to health and supported the on-going projects in, for instance, studies on antimicrobial resistance or impact reduction of various diseases in the region.

Two aspects would be crucial for success: political commitment to the Strategy, and the will to transform the commitment into concrete action. In this light, the speaker asked the participants to make this a priority, and ensure that enough resources would be allocated to its implementation, in addition to active participation by the stakeholders. He ended his speech with a plea to raise awareness of the Northern Dimension and Baltic Sea cooperation in order to ensure its future success.





Ms Valentina Pivnenko – MP for the Russian Federation

„Strategy of Socio-Economic Development of the North-West Federal District”

Ms Valentina Pivnenko, member of the Duma of the Russian Federation, opened that in recent years, the Baltic Sea Region had been a locomotive for growth, both in Europe and in Russia. The countries had had solid production potential and a rich resource base, and the economies of the region had intertwined strongly, thus forming a productive macro-region. The countries were furthermore bound together by geopolitics, history and the economy. It would be important to keep this in mind when creating a strategy for the region.

The last strategy for the North-Western district of the Russian Federation had come to an end this year, Ms Pivnenko reminded, and it would have to be given a new shape for a new time period. However, international circumstances had changed, forcing Russia to reorient itself rather than continue down the known path.

The economic situation, both internally and externally and especially in the North-Western district, had made it necessary to update the current goals and to see by what means these new targets could be achieved. The main goals would be to achieve social stability and prosperity, to ensure competitiveness of businesses and to keep an eye on the budget.

The Russian Federation would have to determine which industries would be most effective in achieving the wider goals of the govern-

ment and would have to monitor how the regional strategies would be translated into actions. In order to coordinate this, the North-Western strategic partnership was created, in which over 65 organisations worked together including local and regional government and universities, and to which over half a million applications had been filed for projects that cover all possible economic sectors of the region.

Regarding foreign trade Ms Pivnenko mentioned that price changes in key export areas had an effect on changes in production and that Russia would have to adapt to this. This would include a new focus on import substitution and on the establishment of national production alternatives, which she recognised, could take years. Russia recognised the need to modernise its economy and to become competitive.

She then moved on to discuss the Arctic, a part of the North-Western district where 1,5 million people lived and which was rich in natural resources. 70 percent of Russia's submerged oil reserves and 80 percent of its submerged gas reserves could be found in this area. The State therefore saw a need to create infrastructure to access these resources. One project that was in development was the BELKO-MUR railroad, which would stretch from the White Sea to the Ural Mountains, and was nicknamed the "Silk Road of the North". Russia's partnership with China had resulted in investments in this project and would become an important reason for transport opportunities to be consolidated and strengthened.

The importance of the relationship with Europe could be witnessed in many significant areas of cooperation. The use of major ports on the Russian Baltic Sea coast, the use of its important trade corridors, and improving and simplifying customs agreements formed examples. Regarding the energy sector, the delegate stressed that the closing of the Latvian nuclear power facility Ignalina in 2009 had led to pressure on energy supply, which had led Russia to build the nuclear energy facility Baltiiskaya near Neman, ensuring energy supply for the Baltic Area. She then expressed regret at the fact that the importance of environmental health had not always been prioritised in the past, but that great advances were being made today. The protection of the environment was then described as one of the most promising fields of cooperation between the EU and Russia.

Finally, Ms Pivnenko addressed the role of Russia in the Ukraine. She explained that the efforts of the Russian Federation were geared towards stopping the bloodshed, and to working together to make the Agreement of Minsk reality. She added that Russia had received over a million refugees from the Ukraine, which enjoyed the same rights as Russian citizens.



Mr Harry Liiv – Chair of HELCOM

„Report on the HELCOM Baltic Sea Action Plan”

Mr Harry Liiv, Chair of HELCOM, wanted to shed light on the progress of the HELCOM Baltic Sea Action Plan and its targets to reduce pollution and under water noise.

Eutrophication is one of the largest problems in the Baltic Sea and hence the focus of a large part of the work done by HELCOM. An important step in tackling this problem is monitoring the balance of nutrients like nitrogen and phosphorous, so that it can be determined if action plans are actually effective. At this point, there is a wide variety. Some basins, like the Kattegat, the Danish Straits and Bothnian Sea have never exceeded their limits, whereas others, like The Gulf of Riga and the Gulf of Finland have grown far beyond them.

The aim is to reduce such nutrients to acceptable levels. In order to keep the nutrient levels in check, it is necessary to upgrade national standards for nutrient contents in manure, and nutrient bookkeeping at farm level. It will allow for more detailed analysis and planning. For this to be successful, it is important to exchange best practices amongst the Baltic Sea countries.

In addition to harmful substances from the agricultural sector, heavy metals resulting from amongst others the pharmaceutical industry munition are a risk for both the Baltic Sea and human health. In 2013 it was agreed that analysis would take place on this

matter, and its impact on the degradation of the marine environment. The first results are expected early 2016.

A new area of focus for HELCOM is marine litter. A significant amount of (household) litter is entering the marine environment through rivers and beaches. In 2013 the goal was set to substantially reduce the litter by 2025. This will be one of the Estonian priorities during its leadership of HELCOM, and the matter has been adopted as part of the HELCOM resolution. In order to achieve this goal, it is necessary to cooperate closely with the existing waste management plans of the different countries. Mr Liiv therefore asked the parliamentarians for support for such measures.

The speaker then addressed underwater noise. Off coast wind farms and shipping are human causes of underwater noise that can have a negative effect on marine bio-diversity. In 2013 measures were agreed upon to tackle this issue, and HELCOM has contributed to this by creating a roadmap for the next three years. The goal is to build a knowledge base on underwater noise and thereby hopefully being able to tackle the issue with precise measures.

Some of the recent activities of HELCOM were addressed. In 2014 a key topic of cooperation was the expulsion of amongst other sulphur and nitrogen during maritime activities. This resulted in the establishment of a new subgroup of HELCOM. The aim is to find common ground for the future. The HELCOM report on illegal discharges observed a reduction of polluting spills. The joint procedures on chemical response are currently under review. Finally, Mr Liiv addressed the danger of contaminated wreckage for the Baltic Sea, including older wrecks.

As early as 2007, HELCOM tabled port reception for sewage as an important issue, leading to the introduction of an international law banning discharge from passenger ships at sea. In order for the ban to become effective, adequate sewage disposal systems have to be maintained in ports, but there is no Baltic-wide definition of the term „adequate”. Mr Liiv noted that most visits had relative modest sewage delivery, but that a lacking adequacy should not be an obstacle for a new law to come into force.



Ms Daria Akhutina – General Director of the Baltic Sea NGO Forum and Network

„Report from the Baltic Sea NGO Forum and Network”

Ms Daria Akhutina, General Director of the Baltic Sea NGO Forum and Network, explained that the Baltic Sea NGO Forum and Network was a network of Non Governmental Organisations, Civil Society Organisations, and eleven CBSS states across the Baltic Sea Region. It held its 13th Baltic Sea NGO Forum on 10 and 11 of June 2015 in Tallinn, Estonia, bringing together over 120 representatives of civil society organisations, the CBSS, the Nordic Council of Ministers and other public authorities for cross-border dialogue. The representatives had discussed the importance of deeper and wider inclusion; to ensure that civil society organisations could influence and participate in decision-making, thereby strengthening the democratic processes across the Baltic Sea Region. The participants of the conference in Tallinn had participated in plenary sessions and debates, as well as ten different workshops. Topics discussed included:

- Base for sustainable development – NGOs providing energy sustainability and energy security in the Baltic Sea Region
- Social inclusion and dialogue – NGOs actions for major social inclusion in the Baltic Sea Region
- “Whole Baltic Sea Region Must Live” – NGOs for sustainable, safe, comfortable and innovative communities

- Life-long learning and civic education – NGOs for better employment
- Cooperation in the field of combatting human trafficking in the Baltic Sea Region
- European Year for Development 2015 – Thinking globally, acting locally
- Youth as future of the Baltic Sea Region
- Unique and common cyberspace for CSOs and NGOs of the Baltic Sea Region
- Funding aspects of civil society development in the Baltic Sea Region: Era of individualistic support – a loss or benefit
- Human rights and cultural diversity in the Baltic Sea Region.

This resulted in the adoption of a Final Statement, which was sent to the BSPC.

Focus lay on the renewed long-term priorities of the CBSS and the priorities of its Estonian Presidency, on the implementation of the EU Strategy for the Baltic Sea Region and on the UN Post-2015 Development Agenda on sustainable development. Furthermore, it lay on the European Year for Development 2015, fundamental and human rights in the region and best practices of CSOs and cooperation in the Baltic Sea Region.

The Forum called upon all states to respect democratic rule and development and to allow independent organisations to offer their input. Ms Akhutina pointed out that CSOs had a large wealth of knowledge and experiences readily available for exchange and cooperation. She stressed that the Baltic Sea NGO Forum and Network and the BSPC had had a strong history on cooperation that lent itself as a base for future successes.

However, it was time for less talk and more action, Ms Akhutina stated, and she called on all partners, from citizens to governments, to get involved. During its meeting, the Forum had recognised that cooperation between NGOs should be strengthened. This included securing funding for important projects, and preserving the flexibility to allocate these funds where necessary. The NGO Forum had proposed to create a common platform for NGOs, based on joint initiatives surrounding the EU Strategy for the Baltic Sea Region and the Strategy for the

Development for the North-Western District of the Russian Federation in 2020.

Ms Akhutina then conferred the wishes of the new Polish presidency to the delegates. She concluded by impressing upon the delegates that in a world that had become explosive, fostering people-to-people contact is essential to facilitate trust and communication.

Discussion

Mr Höskuldur Thórhallsson – President of the Nordic Council noted that Iceland had no real proximity to the Baltic Sea, but that Iceland was involved in its interests. Iceland had been the first to recognise the new Baltic States after the Cold War. Mr Thórhallsson warned that peace should not be taken for granted and that the Nordic Council rejected the situation in Crimea as well as the acts of extremists such as during attacks in Copenhagen. He then touched upon the refugee situation. Europe used to have a ring of friends, he quoted, but was now surrounded by a ring of fire. He argued that members should be more united within Europe.



Mr Höskuldur Thórhallsson – President of the Nordic Council



Mr Thomas Stritzl – MP German Bundestag

Attempts to go back to the zero-sum game within Europe would do no good. Furthermore, he shared the opinion that Russia and Ukraine would benefit from de-escalation. The Baltic Sea was not unaffected by the situation in Russia. Mr Thórhallsson stressed the need to discuss northern cooperation including Russia.

Mr Thomas Stritzl, Member of the German Bundestag wished to draw the attention of the attendees to the ammunition found in the seabed of the Baltic Sea. He stressed that it endangered tourism and transportation. Although progress had been made, capturing these old pieces of ammunition had not gone forward in a sufficient pace, he claimed. Mr Stritzl argued that a common goal should be formed to develop an international ammunition grid in order to assess the danger, type and condition of these ammunitions and that testing should be done fast. Mr Stritzl then mentioned that HELCOM had been correct in addressing the danger of medication in the Baltic Sea, but continued that what was true for medication should be true for ammunition.

Mr André Brie, Member of Parliament of Mecklenburg-Vorpommern, stressed that it was important to maintain the social and cultural character of the region and to strive for peaceful cooperation. As a frequent visitor to the Middle East, Mr Brie had come to appreciate the importance of peace. He stressed that nationalist interests should not be allowed to threaten the idea behind Europe. Instead, he argued, it was necessary to express solidarity with the refugees, and to push for a region where people can live together in peace.



Mr André Brie – MP Mecklenburg-Vorpommern

Mr Jörgen Pettersson, Member of Parliament of the Åland Islands, spoke that all countries surrounding the Baltic Sea were dependent on it for trade, pleasure and food. For the Åland Islands this was even more important, because the sea surrounded it. The BSPC continued to be of high importance for Åland society to share experiences and create awareness. The Islands had become good at finding compromises, as complete unanimity was generally unlikely. Still, through discussion and exchanges, real differences could be made in important areas. Mr Pettersson reminded the participants that they were a Baltic family, and this should not be forgotten.



Mr Jörgen Pettersson – MP Åland Islands

Ms Annette Holmberg-Jansson, Member of Parliament of the Åland Islands, worried about the toxic algae surrounded the Åland Islands. She argued that the waste water levels were too high, resulting in the algae, which formed deep concerns for the citizens. Ms Holmberg-Jansson argued that HELCOM would have to be strengthened in order to protect the marine environment.

Mr Franz Thönnies, Member of the German Bundestag, thanked the President of the Landtag Mecklenburg-Vorpommern and the Head of Secretariat of the BSPC for the excellent preparation and execution of the conference, and the Polish ambassador for depicting the Polish long-term goals during its presidency. The German Bundestag would like to strengthen and support the Polish in achieving these goals. Mr Thönnies furthermore reasoned that everyone should contribute in their own way to make sure that the Minsk agreement would be implemented. Mr Thönnies agreed that parliamentarians should not be slapped with travel bans, and that dialogue should be free to occur wherever. Parliamentarians especially should be able to congregate and create dialogue. Next year would be the 25th jubilee of the BSPC, 25 years of cooperation. The Baltic Sea had become the sea that connects, not divides. Putting it in terms of health: relations in the Baltic Sea Region did not need a bad cold.

Ms Saara-Sofia Siren, Member of Parliament of Finland opened that protecting of the sea was also a question of health. Protecting the sea was a matter of tourism. A sea that was used as a dumping ground would not make an attractive tourist attraction. All ports



Mr Franz Thönnies – MP German Bundestag



Ms Saara-Sofia Siren – MP Finland

in Finland offered free waste disposal, Ms Siren noted, proving that it was possible. She concluded by conveying that Finland's new government saw protection of sea and ecological status as an important spear point.

Mr Oleg Nilov, Member of the Duma of the Russian Federation, objected that in discussing health, drugs were not discussed as a major threat. The topic was absent from the draft resolution. Mr Nilov stressed that it was time to combat this number one danger hurting young people. He further expressed wonder at why this was not a discussed topic and suggested putting it on the agenda for the conference in Hamburg, arguing that the city had experience with the threat of drugs. There was an epidemic of drug consumption, he argued, and a need for the development of a programme combatting this issue existed.

Ms Sonia Steffen, Member of the German Bundestag, offered that during a visit of the German Minister for the Environment, Baltic Sea pollution was discussed. She considered it common knowledge that cruise ships polluted a great deal. She continued that she was on the board of the maritime museum in Stralsund and was proud of the research conducted there, especially research involving counting number of porpoises in the Baltic Sea, which was roughly 550. Ms Steffen expressed hope that they would not go extinct. Noise pollution should be reduced for their sake, she argued.

Ms Tatiana Zakharenkova, Member of Parliament of the City of St. Petersburg, expressed frustration that her country had been

attacked and incriminated, regarding its support for the war in Ukraine. She argued that the twentieth century had bestowed upon Russia an especially thorough understanding of the impact of war. Two World Wars had impacted her country. No state had lost more during these wars, she argued. Decades without war had led to a new social agreement for the people of Russia: people would even deal with personal right violations as long as there would be no war, Ms Zakharenkova claimed. With that background in mind, it was hard for her to believe that Russia could support war in Ukraine. She further noted that Russia providing humanitarian aid was driven by rational arguments. Not providing it would only result in a flood of refugees. Ms Zakharenkova stressed that Russian gas was going through Ukraine and that there was great pressure on the Russian budget because of the war. There would be no benefit for Russia, and no one would benefit from further escalation, the delegate from St. Petersburg concluded.



Session two

Cross-border Cooperation in Healthcare



Ms Rimantė Šalaševičiūtė – Minister for Health of Lithuania

Ms Rimantė Šalaševičiūtė, Minister of Health of Lithuania, was thankful for the opportunity to inform the delegates about the innovations in the healthcare sector in Lithuania. She called the smart management and technological innovations designed for early diagnostics and treatment a great good in an ageing European society, during a time where life expectancy was going up but resources for healthcare are limited. Ms Šalaševičiūtė spoke of the challenges that will have to be conquered, such as legal, ethical, and economic obstacles.

Lithuania has considerable scientific, practical and infrastructural potential for innovation development, in part thanks to European investments, she continued. This has resulted in solutions for eHealth, the development of university studies into biomedicine, bio-informatics and health informatics as well as innovative models for the provision of care in five priority areas: stroke diagnostics and treatment, infarction, traumatology, child health and oncology.

The Lithuanian government prioritises the acceleration of the development of such innovations, but it also recognises that cooperation between the sciences, the state, business and practical healthcare are paramount, since such innovations require a diverse source of financing.

Future investments (of approximately €600 million) will be dedicated to amongst others smart specialisation of stem cells, laser technology and in developing safer and healthier foods. In order to assess the progress made in innovation, the Minister of Health established the Board for Assessment of Healthcare Technologies in 2014, which has the goal to coordinate and develop healthcare technology assessment, implementation and application.

The Lithuanian government has prioritised amongst others the development of services and products of bio banks, which will collect and store human samples in addition to functioning as a research centre. It will also develop its potential in eHealth, as well as its promising future in the area of lasers, which will allow for progress in imaging technology. Finally, it hopes to compete globally in the market for biotechnology, including biopharmaceuticals.

Lithuania has decided to cluster certain medical establishments, to make cooperation more fluid. Areas where this is successful are: cardiology, stroke diagnostics, neonatology, intensive care and oncology. It has also appointed national reference centres, which will provide the opportunity to participate in international networks and share best practices.

In the area of healthcare services, the government will furthermore be open to integrate complementary medicine into the existing system. Additionally, it will carefully monitor the development, introduction and implementation of new medical technologies, and has established a governmental body this spring to keep abreast with new developments. It will also extend the spectrum of innovative healthcare services to be reimbursed from the Compulsory Health Insurance Fund. Finally, it will strive to make innovative medicine accessible and to reduce the prices of generic medication.

All in all, the Lithuanian government has stated that it is eager to cooperate on the international plane and very willing to share its best practices, for instance in the field of eHealth and antibiotics management.



Mr Dmitry Kostennikov – Vice-minister for Health, the Russian Federation

Mr Dmitry Kostennikov, Vice-minister for Health of the Russian Federation, lauded the organisation of the conference, conveyed greetings from the Russian minister and thanked for the opportunity to speak. He stressed that the Baltic Sea Parliamentary Conference is of importance to the Russian Federation, especially to maintain good neighbourly relations. They are neighbours with whom Russia shares many circumstances, such as history, climate, tourism, and labour migration. There are many shared healthcare problems too, and there must be a combined effort to combat them, giving HIV/Aids and tuberculosis as examples of infectious diseases that could benefit from such joint efforts, but also mentioning the fight against tobacco and alcohol abuse and promoting a healthy lifestyle as themes worthy of cooperation.

He exemplified the active regional cooperation, especially in the North-Western federal district of Russia. Archangelsk has been involved in many projects aiming to provide primary medical care and psychiatric care. It has also aimed to combat infectious diseases. 27 seminars, 18 conferences, and 19 working groups were held in the company of twelve delegations that hoped to benefit from mutual exchange on healthcare. Murmansk has been active in the Baltic Sea Area on combatting infectious diseases with a programme focussing on tuberculosis.

The minister then gave an overview of projects currently underway in Russia. For one, the country is looking to establish best practices in primary healthcare and to ensure lifelong learning for the medical professionals. Another priority lies with fighting HIV/Aids, and the

minister expressed great progress here, mentioning that a majority of children from mothers with HIV are now born healthy. The minister also noted a downward trend in tuberculosis, where a decrease of 30 percent was witnessed since 2005 and the mortality from the disease has been decreased by a factor of two.

Antibiotic resistance forms a new threat in the region. The Russian Federation has formed an intersectorial group of experts from healthcare and agriculture with the aim to monitor the use of antibiotics.

This year the President declared his intention to combat cardio-vascular diseases, including paying attention to lifestyle choices that might cause such illnesses, the speaker announced. A project in the North-Western district aims to combat the early mortality from cardiovascular disease. Directly related is the attempt to reduce the use of tobacco. Russia has banned public smoking, including in the workplace, as well as the advertising and openly displaying of tobacco products. The level of tobacco use has sunk 16-17 percent since the beginning of this programme. The main





Ms Annette Widmann-Mauz – Parliamentary State Secretary at the German Federal Ministry for Health

audience for anti-smoking and anti-alcohol programmes are teenagers.

Finally, the minister touched upon the accessibility of healthcare. After a 30-year break, Russia has re-started a programme of large-scale prophylactic medical exams, using mobile units, looking at risk factors and early detection of diseases. The introduction of telemedicine and eHealth has had a good impact, but at the moment is mostly oriented at doctor-to-doctor contact. Russia explores how it can be applied between doctors and patients, which would help in sparsely populated areas.

With regard to human rights and healthcare, the minister remarked: all people that have a medical emergency on Russian soil now have the right to receive free medical care. Approximately 300,000 people have applied for this, mostly refugees from Ukraine, according to the speaker.

Ms Annette Widmann-Mauz, Parliamentary State Secretary at the German Federal Ministry for Health, stated that the Baltic Sea Region is being confronted with difficult political and health challenges. She then singled out the demographic changes, non-communicable diseases like cancer and diabetes as well as infectious diseases like HIV/Aids and especially tuberculosis.

In 2013 alone, approximately 360,000 new cases of tuberculosis were reported in the European region, a disease that is difficult to cure, especially in its multiresistant form. The European region has

the highest prevalence of multiresistant tuberculosis in the world, a fact that proves that a cooperative effort to combat this disease is necessary. Conditions have to be created that will allow access to high quality healthcare for all those who need it. Sparsely populated areas with a low density of healthcare providers, but also by a lack of trained medical personnel or the lack of funds can form challenges to such access.

Germany will take its chairmanship of the G7 as an opportunity to discuss health in general, and antibiotic resistance in particular. In October the G7 ministers of health will come together in Berlin to discuss Ebola and antibiotic resistance.

The speaker then continued to praise the influence of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) – currently chaired by Germany – for its cross-border efforts in achieving high quality healthcare and for its cooperation with international organisations such as the WHO, the International Organisation for Migration and the International Labour Organisation. She noted that the NDPHS is the coordinator for the implementation of the health section of the EU Baltic Sea Strategy. Its goals are to develop tailor-made concepts that can be easily adopted





Dr Nedret Emiroglu – Deputy Director, WHO Regional Office for Europe

by partner states, as well as to encourage cooperation and mutual exchange of best practice. Priorities will lie with HIV/Aids, tuberculosis, the combating of antibiotic resistance, non-communicable diseases like heart disease and chronic diseases, but also on the abuse of alcohol and drugs and health in the work environment. In this light, the exchange of best practice will take place, and a project will be developed that will allow medical personnel to shadow their colleagues from partner states on the work floor.

Ms Widman Mauz underlined her belief in international cooperation and exchange, and the potential it carries, for instance in drug and alcohol policy. She singled out an example of a HIV/Aids project for youth in Finland, Latvia, Poland and Russia where the participants had remarked that it was their first opportunity to speak on equal footing with adults on the subject matter. Another EU funded project was organised to combat the use of broadband antibiotics, on which a conference will be held in November this year. Finally, she underlined the importance of the involvement of politics in all areas across the board, not just the health ministries.

Ms Nedret Emiroglu, Deputy Director for the WHO Regional Office for Europe, passed on the apologies from Ms Suzanne Jacob, the head of the WHO's Office for Europe, who could not make it to the conference. She then expressed her joy of seeing health on the agenda, and praised its timeliness. The WHO sees a lot of opportunity for cross-border collaboration, and she was pleased that some speakers had already touched upon this earlier during the conference. She then expressed her wish to discuss the

European Health Policy Framework for Health and Well-being, the Global Antimicrobial Resistance Action Plan and the Post-2015 Development Agenda.

“Health 2020” is the health policy framework for health and well-being in Europe, which has been adopted by all 53 member states in the European Area of the WHO. It is a value based, action-oriented framework, which aims to obtain its goals with a whole-of-society and a whole-of-government approach. It is a very relevant framework for the European countries, which is proven by the fact that more than half of the member states use it in order to chisel out their own health policies. The framework aims to improve health and inequalities in health, but also to encourage leadership. It furthermore addresses a broad range of technical health areas and most importantly determinates for health, including the economic, social or environmental. Dr Emiroglu then called upon the delegates’ leadership, which she insisted would be instrumental in order to achieve a whole-of-government approach, to successfully engage society and to make a difference.



The WHO monitors the actual implementation of health policy compared to targets and indicators. Six of the indicators are especially important, from which Dr Emiroglu singled out three: the WHO witnesses premature mortality despite life expectancy increasing in the region; it sees a decreasing trend in healthcare inequities, but still there are large diversions between states and within states; and a new concept of well-being. Dr Emiroglu stressed that there is a role for everyone to play in order to achieve the goals set out.

Another important matter that offers itself for cross-border collaboration is health security. The international community has seen many threats recently, such as the Ebola and polio. Dr Emiroglu emphasised that the International Health Regulations are the most important tool with which the international community should respond to all public health threats. Not just communicable diseases, even chemical or nuclear events should be considered within the framework. She reminded her audience that the framework is a legally binding document that entered into force in 2007 and that there is a full commitment with 55 signatory parties in the European region alone.



She furthermore reminded the participants that all levels of government should be involved in detecting a threat. Screening, an important step in detecting any public health threat on time, is done in collaboration with local authorities. Then there is the coordination of international response, especially relevant for the BSPC. Finally, there is the necessity to build the core capacities of the countries in order to be able to respond in time. If anything, maintaining good health is a team effort.

Dr Emiroglu continued her speech by noting that she did not need to convince her audience that antimicrobial resistance has become a large global health threat costing many lives. Multidrug resistant tuberculosis is becoming a significant threat. The international community needs to take concerted actions in order to be able to combat it successfully. Unfortunately, very few new antibiotics are being newly developed which could result in the world entering an era without antibiotics. Europe has led the charge in bringing this issue to the table globally.

The Post-2015 Development Agenda will be discussed in New York in September 2015 to continue the development agenda beyond the millennium goals. The millennium goals have been extremely successful in combatting poverty and poor health. A document named „Transforming our World” will be the starting point for negotiations in New York. The angle will be different from the millennium goals, putting people at its heart and the planet and partnerships as essential elements. The development agenda underlines the importance of national ownership and the universality, the importance of the development goals regardless of their development status. Human rights are another important element.

Sixteen thematic goals and one goal on partnership have been formed. Health is one of the development goals, and is considered as a foundation for development. This goal will focus amongst others on mother and child health, and non-communicable diseases. Health is also a target in other development goals.

Two years ago, **Mr Bo Könberg**, Former Minister for Health of Sweden, was asked by the Secretary General of the Nordic Council of Ministers to write a report about health cooperation in the Nordic countries. He had come to speak at the BSPC Annual Conference in order to inform the delegates about its results. The requested health report mirrored a similar report about defence, published four years earlier. Taking a close look at what could be a model for his work, Mr Könberg explained that he appreciated the brevity of this defence report, striving for preciseness in his own research. Since the release



*Mr Bo Könberg – Former Minister for Health, Sweden
Author of the report: „The Future Nordic Cooperation on Health”*

of the report last year, a debate has started. Not just in the media but also with the responsible ministers of the Nordic Council.

Mr Könberg's work has resulted in fourteen proposals, the most important of which involves the growing antibiotic resistance. Since the discovery of Fleming's penicillin, twenty new forms of antibiotics have been discovered, but in the last thirty years this has stagnated to only two new types. In 2015, some 50,000 people in Europe and North America will die as a result of antibiotic resistance, compared to 200,000 globally, the expert argued.

This sheds a light on the use and abuse of antibiotics in different parts of the world. Mr Könberg demonstrated his point by showing a diagram, describing the use of antibiotics around Europe. The country with the highest use of antibiotics, has a use that is threefold compared to the countries that uses it least, namely the Netherlands and Estonia. Mr Könberg therefore recommended reducing the prescription to this exemplary lowest level within five years.

The speaker also expressed his belief that there should be economic incentives for pharmaceutical companies. States will ask the pharmaceutical industry to produce a product that they will then want to use as little as possible, making this a very unattractive task. In addition to the financial incentives, Mr Könberg called for more Nordic pharmaceutical cooperation.

Moving on from antibiotic resistance, the speaker went on to express hope that politicians will discuss the European directive on

patient mobility, and that there should be more mobility than the European directive indicates. He further applauded more cooperation on health technology, including eHealth, and suggested the development for a Nordic search tool called “My Patient”.

There have been various positive developments since the spring of 2014, when the report came out. The British government intends to award a prize of £ 10 million for the development of a new antibiotic. Mr Könberg found this sum to be relatively conservative, but expressed his hope for positive results. For instance, in September US President Obama ordered an action plan to ban veterinary bonuses on the prescription of antibiotics for livestock. Furthermore, the O’Neill report was published, claiming that *ceteris paribus* approximately ten million people might die of the consequences before 2050. A WHO action plan was put forward in the spring of 2015. A Nordic action plan includes opening a dialogue with fellow ministers of development and foreign affairs.

Mr Könberg concluded that of the fourteen proposals he made in the report, five were treated during the meeting of the ministers in October 2014: specialised treatment, rare diagnosis, psychiatry, the exchange with Nordic officials, and cooperation on health preparedness. Mr Könberg concluded that the timeframe for the achievability of the recommendations in his report is five to ten years.



Session three

Health and Economy – Paving the Way for Innovation in Social- and Healthcare

„eHealth – the European Dimension”

Mr Günther Oettinger, European Commissioner for Digital Economy and Society, underlined that Europe consists of more than just the European Union, and that is why the Commissioner relayed the European Commission’s excitement in seeing regional networks such as the BSPC, comprised of new member states of the EU and important neighbouring countries. The Commissioner considered the cooperation and the forming of common goals between neighbouring states to be good policy that would be beneficial for its citizens and the respective economies. He claimed that there are not enough such regional networks, sketching an image of a Mediterranean Union with strong ties to the Maghreb.



Mr Günther Oettinger – European Commissioner for Digital Economy and Society



The digital revolution, through which the global community currently lives, follows in the footsteps of other revolutions such as the printing press, the steam locomotive, electricity and the computer, the Commissioner continued. The results of the current revolution are services which are reliant on data. This is quickly shifting away from services only provided by the IT sector and telecommunications, and is rapidly moving towards the digitisation of the „real” economy, with online media and autonomous driving. Healthcare is currently going through similar digitisation, with mHealth, eHealth and digital operations.

These developments are becoming increasingly important in countries where not only age rises, but so do the expectations of the healthcare sector, the Commissioner argued. The growth of the importance of the healthcare sector is a large opportunity. It will become an important part of creating value for the economy, of job creation in different branches and it will result in populations living a longer, healthier life. It forms a risk too, however, because it is unclear who is going to foot the bill. Coming up with a good strategy will be important, Mr Oettinger stressed, because digitisation will influence the healthcare sector in major ways.

The Commissioner was more than aware that with data comes power. In the last two years, more data has been collected and processed than in the entire history of mankind before that. The value chain starts with Research and Development, which is why it is important to define clever R&D projects and ensure good net-

works between the research institutions, which belong to the public sector in nature. However, the Commissioner realised that this would not be enough, and that there has to be an acceleration from a research initiative to practical, applicable innovation. He believed Europe to be in good shape when it comes to innovating power, but warned that the ambitions of the Asians and the Americans should not be underestimated, underlining that it would be easy to fall behind if Europeans do not network their capabilities.

A new challenge is faced when it comes to offering patient services, he stressed. Patients are sensitive towards their health data, and fear hacking, which is why offering such services requires confidence in their reliability. Health and disease are the summit of privacy. As such, cyber security is crucial in this context.

Looking at this from the positive side, if health security is properly arranged then the anonymous use of so much data could form a wealth of information to base further research on and thereby creating the ability to treat patients better in the future, Mr Oettinger argued. With this goal in mind, the Commissioner believed Europe required a European data security culture.

A step in the right direction would be the Information Secure Active Network, which is legislation in the European Parliament and European Council that ensures that destruction of data and unsolicited access would become much more difficult in Europe than anywhere else in the world. Mr Oettinger underlined that human dignity is part and parcel of the understanding of a patient's privacy. For digitalised health to work, it is paramount that data cannot be abused but only used to serve. Mobile healthcare will serve the patient better and will be more efficient, the Commissioner posited.

Mr Oettinger then continued by discussing the cross-border challenges of healthcare. Exemplifying his point, he pointed to the European Single Market for goods and services. The borders have become porous and customs have become more flexible. As such, the single market has created great cost advantage.

It would therefore be odd to realise that in this digitalised world Europe still does not have a single digital market. There is large variation in regulation and standards, and there are problems with geo-blocking. The national health services, although they are being digitised, are still bound by national borders. Therefore, the European Union suggests a single European digital market, and invites its neighbours to get involved in this, even if they are not member

states. Since citizens are mobile, healthcare would have to be mobile too. For this to function, doctors would need to have access to medical information across Europe, with the patient's consent.

The Commissioner further supported his statement by claiming that a software designer creating a health app currently would have to invest his development costs, only to face 28 different licenses upon distribution, not one European license. Mr Oettinger argued that this is the advantage of Americans, who have one market and one language. Not only would a common market benefit European patients, it would also be an important step to preventing European talent to drift off to Silicon Valley.



Mr Oettinger then moved on to the importance of a reliable and high-speed network everywhere in Europe, claiming that data transmission is most important for the healthcare system, where speed can save lives. He argued that Europe needs to invest in digital infrastructure, in Pan-European data transmission and that this would even be more important than investing in physical infrastructure. The revolution in 5G would be a large breakthrough for healthcare services; it would offer a safe network for medical data transmission. The Commissioner singled out role models along the Baltic Sea, such as Estonia and Finland, but showed understanding for the fact that not everyone across Europe is in the same position yet. Mr Oettinger advised those countries who are still developing to copy from such role models, and to learn from their mistakes.



Finally, he touched upon life long learning. Continuing education is especially important in the digital age, the Commissioner impressed upon the representatives. Dealing with the latest innovations requires basic digital skills, which should be taught. It is the job of politicians to encourage learning in professionals and patients alike.

„Towards a Leading Health Region”

Dr Horst Klinkmann, President of BioCon Valley, fervourously opened his speech by claiming that the importance of health had been underlined often during the conference, but that it was not enough to just set objectives, concrete actions were needed. The Baltic Sea Strategy was launched during the last term of the European Parliament, creating the Baltic Sea Health Region, one of its flagship initiatives. The initiative showed great potential, despite having room for improvement, the speaker claimed. Dr. Klinkmann, on behalf of BioCon Valley, expressed that the organisation would like to work with ideas set forth by the European Union, but that it would need more than just objectives. Most importantly, it would need active support.

Support for the Baltic Sea Health Model Region hopefully finds its foundation in the common need for increased cooperation and comparability. Encouraging the introduction of a common eHealth innovations ecosystem, based on a cooperation platform for eHealth initiatives is an example of a potentially fruitful measure. Furthermore, by establishing a reliable transnational method of measurement, it would be possible to ensure global comparability of health economies and measure the performance and the impact of the healthcare systems via economic growth and employment. Finally, this could be achieved by support for the current initiative to turn the Baltic Sea Region into a testing ground for health products and services, as per the ScanBalt strategy 2015-2018.

In order to demonstrate his past successes in furthering healthcare in this European region, Dr. Klinkmann wished to speak of how the health economy was further developed in Mecklenburg-Vorpommern. The chart shown by the speaker demonstrated that although Mecklenburg-Vorpommern had not always had a high position when it came to health economy, it had stepped up its



Prof. Dr. Dr. Horst Klinkmann – President of BioCon Valley

efforts in recent years and was now leading the way in Germany. In 2014 there was a gross added value of 10,4 percent, in a relatively sparsely populated state. This compared to 7,4 percent in the whole of Germany. In order to achieve this, the state parliament had actively invested in the further development of the healthcare sector, where now over 100,000 people were active.

Mecklenburg-Vorpommern is the number one health region in Germany, and this has to do with the fact that it has the right software and hardware, Dr Klinkmann argued. It holds 34 hospitals, 61 recognised rehabilitation centres and two universities (Rostock and Greifswald) with an excellent reputation for life sciences and medicine. The state also has a flourishing life sciences sector, with 3,600 people employed at 120 different enterprises. A state-based organisation has been set up, involving the so-called “triple helix” of politicians, industry and researchers. It deals with different themes in healthcare: life science; healthcare services; healthy ageing; health tourism and nutrition for health; all dealing with the advancement of the health economy. The board of this organisation has created a master plan to invest €450 million up to 2020, in order to remain in the number one spot.

The speaker then offered to share some ideas that could function as tools for the representatives to become more active. The first was the National Conference on Health Economy, organised locally with the assistance of the German federal government. It opened up for participation by the Baltic Sea states, which are now partner countries. Recently, the conference focussed on terminology,

working on definitions for health tourism, health economy and others. The speaker claimed that these definitions were now being used in the European Commission. Dr Klinkmann invited the participants to join, thereby creating an international conference as a component of the National Conference.

Other opportunities for involvement would include ScanBalt, the largest life science network, or involvement in creating a strategy regarding antibiotic resistance, in HICARE, in Baltic Amber, or in St. Luke's health path, which stretches from the Netherlands to Poland, and has the potential to be turned into an EU project.

Dr Klinkmann then continued to argue that in an increasingly globalised world, it would not be wise to focus merely on western medicine. It would be possible to use non-western medical systems in Europe, but it should be done with ownership and familiarity in order to prevent misuse. He expressed the wish to set up a European institute that would allow for interaction with other medical systems.

„The Baltic Sea Region as One Test Site for Development of Healthcare Products and Services”

Dr Jaanus Pikani, Vice President of ScanBalt, offered that ScanBalt started more than ten years ago, and was co-founded by BioCon Valley. It was founded to create visibility and to counteract fragmentation around the Baltic Sea. It is a triple helix organisation, including government, the private sector and academia. Currently it encompasses over 3,000 health related organisations, including 50 university clinics, 60 universities involved in health and life sciences, as well as 50 health clusters and health networks and 75 science parks.

One of the main challenges it currently hopes to solve is the demographic shift and the inequalities regarding services offered around the Baltic Sea. These differences can be witnessed in the difference in healthcare provisions between rural and urban areas, which causes brain drain around the Baltic Sea. Additionally, concerns focus on the rising costs of healthcare and the length of waiting lists.



Dr Jaanus Pikani – Vice President of ScanBalt

Trends witnessed by ScanBalt are increasing digitalisation resulting in a large amount of data, as well as an increase in health technologies. Although this was generally seen by Dr Pikani as a positive trend, he recognised that it could also cause trouble for smaller and mid-sized companies, since it would be more difficult for them to maintain security and it would make it difficult for them to stay competitive in a globalised environment. Dr Pikani argued that cooperation around the Baltic Sea could mitigate such trouble.

The Vice-President of ScanBalt then continued that scientists, politicians and society face two problems when discussing medical innovation. One is the founding principle of medicine, which is “do no harm”, which makes the threshold for testing new innovations very high. The second is that the sector is very conservative. The medical industry is very guarded with their ideas, and can be unwilling to share these with the rest of the industry and society. European support could offer some incentive to share new discoveries. The Baltic Region has become a testing ground for new innovations, according to the speaker.

Such new health products and services would furthermore have great potential in providing positive change for patients (improvement of services offered), for the regions (development of research and innovation structures as well as economic benefits) and rural areas (better accessibility). In a few years the first successes can be reported, Dr Pikani promised.

Another project by ScanBalt is attempting to mobilise different regions for smart specialisation in eHealth so that challenges can be jointly addressed. It requires a high level of ambition by actors to tackle some of these issues and therefore requires a joint approach. The project is related to Baltic Sea eHealth Living Labs and offers quality assured access to data as well as infrastructure.

Considering the finances, ScanBalt has been able to turn every euro invested into fifteen euros for its investors. It is an accelerator, a think tank, a matchmaker and a communication tool. Dr Pikani upheld that ScanBalt helps its members implement the ideas that come from the region.

„The Economic Footprints of the Healthcare Sector in the Baltic Sea Region”

Dr Dennis Ostwald, CEO of WifOR spoke that Wifor had conducted a research, originally commissioned by the German Ministry of Economics, to discover which footprints the healthcare industry leaves on the national economy. The conducted research resulted in a shift in paradigms: the healthcare system was not approached as a cost factor, but as an economic factor responsible for job creation. As a result, the researchers managed to shift the perspective so that healthcare is now considered as a motor for job creation, not just a drain on the national budget.

Dr Ostwald then offered some basic facts about the Baltic to his audience. The region is home to approximately 85 million inhabitants, which amounts to almost 20 percent of the population of the European Union. Prosperity is generally increasing in the area; the GDP growth per capita has gone up 4,5 percent.

The impact of the healthcare industry on the region was less clear, Dr Ostwald argued. The researchers decided to take Germany as a blueprint for the rest of Europe. They then looked at the healthcare industry in terms of certain GDP categories, and were therefore able to say exactly how much healthcare contributes to the economy. Thereby, they hoped to broaden the scope of the value-based considerations of the German economy. By using official statistical data and sound methodology, researchers



Dr Dennis A. Oswald – CEO WifOR

at WifOR hoped to strengthen the argument of health economy contributing to the overall economy and thereby drawing attention to this fact, so that healthcare would no longer be seen as merely a financial drain on society.

Dr Ostwald then aimed to clarify that the total of sold goods or services is a misleading indicator if one hopes to explain the growth of an economy. Value added is a much more useful indicator if one hopes to explain the importance of a certain sector in relation to the rest of the economy. Considering all factors, there are direct, indirect and induced effects, and together they form the sum of the economic footprint.

The footprint of healthcare on the German economy should not be underestimated. 14,8 percent of the German working population works in healthcare, 11,1 percent of Germany's gross value added comes from healthcare and healthcare forms 7,4 percent of the overall German export. The minister of economics Sigmar Gabriel would therefore rightfully see this as an increasingly important branch of industry. One million new jobs were created in this industry since 2008, not counting the two million indirect jobs, and ten million induced jobs. Besides jobs directly related to the healthcare sector, trade, medical sales and real estate profit from the growing healthcare sector too. The industrial healthcare sector for instance, forms about a tenth of the overall sector. It is responsible for 8,9 percent of value added, 4,2 percent of employment and no less than 80,1 percent of exports in the healthcare sector.

Such numbers can be extrapolated to the Baltic Sea Region as a whole: some €260 billion are created by the Baltic Sea Region healthcare sector, which is approximately the GDP of Denmark. Some seven million people have gainful employment in the healthcare sector, which is approximately the employment in all sectors of Finland's and Sweden's economy combined. The healthcare sector is very significant economically, the speaker argued.

Dr Ostwald concluded his speech by stressing an important message for his audience: communicate that countries should not just look at healthcare as necessary expenditure, but also as economic growth. There is room for further research, the speaker noted, expressing the wish to quantify the economic strength of the Baltic Sea Region healthcare system. He finally remarked that knowing the economic significance of a region still says nothing about the potential results patients. Researching the health benefit footprint in the Baltic region was another goal on the horizon.

„Battling the Spread of Multi-Resistant Bacteria”

Dr Martin Mielke, Head of Department of Infections Diseases at the Robert Koch Institute, opened his speech by arguing that during the battle against antimicrobial resistance, three concepts are crucial: responsibility, knowledge and awareness of the problem. If these conditions are not met, even the smallest success is unlikely, the speaker warned.

Dr Mielke claimed that enormous awareness exists for the importance of modern healthcare and the resistance of antimicrobial bacteria and patient safety. He continued that his colleagues were impressed by the fact that in Germany, a hospital that was threatened by clusters of antimicrobial resistant bacteria for a longer period of time, would be accused in the media, harming the hospital's reputation. It has become very important for hospitals to prevent the spread of these antimicrobial resistant bacteria, if for no other reason than for an economic one.

He highlighted that there will be no modern healthcare without effective antimicrobial agents. This fact is especially dangerous for the treatment of vulnerable patient groups like neonates,



Prof Dr Martin Mielke – Head of Department of Infections Diseases at the Robert Koch Institute

elderly and the very ill. Modern medicine may offer many opportunities for healing, but it relies on many devices that are a risk for infections, like sepsis and pneumonia, which are the two main diseases that will no longer be treatable if not for antimicrobial agents. As such, the future of modern medicine hinges on the successful battle against antimicrobial resistance.

The problems with antimicrobial resistance can be differentiated by the bacteria that are afflicted by antimicrobial resistance. Most of the important bacteria come from the human microbial flora, but the manner in which the bacteria spread differ very much. Methicillin resistant staphylococcus aureus for instance, resides on the skin and in the respiratory tract and is transferred from patient to patient differently from those bacteria that reside in the gut. Multiresistant tuberculosis in turn travels via droplets and via the air. These different manners in which these bacteria behave has implications for the distribution of the problem in Europe and therefore on the best way to combat it. It is therefore important that the industry focuses on the most problematic bacteria and on the specific ways to combat them, Dr Mielke argued.

Bacteria that take advantage of the use of antimicrobial agents form another problem. Clostridium difficile, as it is called, resides in the gut and takes advantage when antimicrobial agents suppress all other gut bacteria. Its importance increased over the last years, not just in hospitals, but also among the general population. As such, it forms a major new subject for research.

Dr Mielke continued to what is being done globally to combat antimicrobial resistance and some of the obstacles it still faces. Objective II of the Northern Dimension Partnership Strategy 2020 focuses on the containment of antimicrobial resistance in line with other regional and global strategies. A key point in many of these global action plans is surveillance, but it has proven that the protocol for this surveillance is much too complicated, causing bad results. Modern data collection should make this much easier.

The second key point is the correct use of antimicrobial drugs, which will still require a lot of education. Even in highly developed countries like Germany, doctors need a lot of help in the correct use of antimicrobials. Furthermore, there is a continued need for infection control, which will be largely based on the sharing of best practice guidelines. Finally, there needs to be great awareness for the use of antimicrobial drugs in the food animal industry. Only if these objectives are met can combatting antimicrobial resistance be successful.

There is already a lot of awareness, but this awareness has to be sustained, Dr Mielke argued. The speaker lauded the existence of three awareness days: Hand Hygiene Day, Antimicrobial Resistance Day and Patient Safety Day, designed to further create and maintain awareness. Patient safety interests patients a lot, and hospital websites more often inform the public and hence perform infection control.

Dr Mielke then returned to the point of proper use. The improper use of antimicrobial agents is one of the most important causes for antimicrobial resistance in the world, he argued. As such, studying this is extremely important, but the structures for data collection are not well founded. The proper use also differs greatly within countries. Within Germany there are great differences in the use and misuse of antimicrobials. To a degree this can be explained by population density, however the exact reason for the differences is not known. In Mecklenburg-Vorpommern, the use of antimicrobials is comparatively low if compared to the Western states.

An indicator of the proper use of antimicrobials is the distribution and amount of resistance in different groups of bacteria in different locations. For a long time, the Baltic Sea Region has taken advantage of the excellent healthcare systems in Scandinavia, but this is no longer the case for the gut bacteria. The region now witnesses an influx of these antimicrobial resistant bacteria

from the Eastern part of Europe, because the bacteria are not just distributed by direct contact but also by the ingestion of contaminated food. If the hospitals are then not equipped to deal with such a case, the contamination will spread via the medical machines and on the intensive care. The so-called Gram Negative Bacteria require a different approach from the Gram Positive Bacteria.

In order to create these different approaches, a lot of research structures have been developed in the last years. A lot of research is done in the United States, which has a large pharmaceutical industry. A very useful result is the report of the Transatlantic Taskforce on Antimicrobial Resistance.

Rapid diagnosis is one of the fields of innovation that requires a lot of attention and improvement, according to the speaker. At this point, the diagnosis of resistant sepsis and pneumonia hinges on the astute responses of the doctors. There is a great need for biomarkers so early detection can take place. Early rapid bedside tests are also necessary. Increasing the optimal skin and mucosal antiseptics for surgery and ICU is still a very important factor, although it is no longer a new claim. Furthermore, new treatments and vaccinations should be developed. The speaker concluded by informing the audience that the German Centre for Research into Infection Diseases is now looking into the prevention of implant infection, which is especially important in the light of an ageing society.



Discussion

Mr Dietmar Eiffler, Member of Parliament of Mecklenburg-Vorpommern, claimed that he had followed the discussion about cross-border cooperation in the healthcare industry very closely and had concluded that the industry, with its diversity on a national and international level, played a crucial role. He continued that the healthcare economy was extremely important for Mecklenburg-Vorpommern, since one in seven employees were active in it. Mr Eiffler recognised that the healthcare system is independent of the fortunes of the economy as a whole, which contributed to the appeal for Mecklenburg-Vorpommern. The speaker also recognised the opportunities offered by cooperation in the Baltic Sea Region. The region should market its healthcare sector and extract its potential, he claimed. He argued that an important component would be holding joint conferences in which stakeholders could exchange opinions and devise strategies. Mr Eiffler offered the National Trade Conference of Healthcare as an example, a platform for professionals from Germany and abroad. He offered that the actors around the Baltic Sea should consider offering such a platform for the entire Baltic and Nordic Region.





Mr Dietmar Eißler – MP Mecklenburg-Vorpommern

Mr Axel Jonsson, Member of Parliament of the Åland Islands, asked his audience to imagine a Polish woman, living in Sweden, sending her blood tests to Åland Island, consulting her doctor in her Polish home town, using Norwegian technology. This is what Mr Jonsson imagined as his ideal for borderless cooperation. The region had the network in the form of Scan-Balt, it had technology such as Norwegian and Estonian eHealth and it had the have political will. He then wondered what was still lacking. In Mr Jonsson's opinion the missing link was formed by a lack of uniform standards. Different security standards, different journal systems and diagnostic systems, the form an important obstacle. However, the speaker continued, the largest obstacle was money. In discussing borderless cooperation, it was still not clear how the costs would be divided. Mr Jonsson concluded that the Baltic Sea Region has all it takes to be successful, but that it has to find a way to handle the division of costs between its countries.

Mr Julian Barlen, MP for Mecklenburg-Vorpommern, wanted to stress a single but important task of cooperation: setting up or strengthening cross-border rescue services, especially in rural areas with weak infrastructure. The lives of citizens should not be in the balance as a result of borders, the speaker argued. The actors around the Baltic Sea should be able to guarantee the fastest possible emergency services, regardless of its country of origin. In some border regions, fiscal and insurance obstacles would still have to be overcome. Mr Barlen implored the representatives that they should learn from each other, but also from other border regions.

Mr Atis Lejiņš, Member of Parliament of Latvia, felt compelled to respond to Ms Zakharenkova contribution. He reminded his audience that the World War II had started with the Molotov-Ribbentrop Pact, which had destroyed almost five countries. He continued that there had been a military parade with the Red Army and the Nazi Army in its wake. In general, Mr Lejiņš remarked, small states suffered most in wars. The big states, however, got to write history, which was why it could be said the Soviet Union suffered so much. How much did the Baltic States suffer, the speaker wondered. He then praised the German attempt since the War to come to terms with its past. Mr Lejiņš noted that his country was now a friend, and ally and much respected globally. He juxtaposed this to the Russian attitude, offering that Mr Putin had stated the Molotov-Ribbentrop had been in Russia's legitimate interest at the time. Continuing with the MH17 investigation, Mr Lejiņš expressed his regret that the Russian veto had blocked the establishment of an international tribunal. The speaker concluded with a remark about the Latvian health expenditure in the budget: Latvia would not decrease its health expenditure, while it would increase investment in defence.

Mr Wolfgang Waldmüller, Member of Parliament of Mecklenburg-Vorpommern, wished to comment on Commissioner Oettinger's speech. He agreed that the digital agenda and expanding the broadband network would need to be looked at through the lens of the BSPC and the digitisation of the healthcare sector. He also agreed that eHealth could be a large help in accessing healthcare in sparsely populated areas. Mr Waldmüller offered an example of a tel-radiology network in Western-Pomerania, for which fast speed



Mr Wolfgang Waldmüller – MP Mecklenburg-Vorpommern

broadband was necessary. The BSPC should do everything to realise the digitalisation agenda, the speaker argued, especially because of the cross-border dimension. The speaker was of the opinion that by joining forces, the Baltic Sea Region could provide greater weight at the European Union in enhancing its digitalisation. Brussels, after all, assumed the individual countries would have done their expansion homework before asking for help.

Mr Piotr Bauć, Member of Parliament of Poland, said that the Pomeranian region in Poland wanted to build an eHealth system for its entire region within the EU timeframe 2014-2020, hoping to offer a better service provision and a more streamlined health expenditure this way. As such, Mr Bauć started a tender related to eHealth. The project so far had several stages. The first stage was the construction of a partnership between NGOs, hospitals and other branches of the medical sector. Then, a mission would have to be crafted, which would revolve around the excellent treatment of the patient. Then, priorities would have to be set. Mr Bauć expressed the wish to build a tool for the primary physician, allowing him to lead and accompany his patient from the very beginning to the very end of the health cycle. Once the tender would be completed Mr Bauć hoped to launch it, ideally together with foreign partners. He aimed that local authorities would contribute approximately 15 percent to the development of the project, that medical experts would provide the scientific know how and the educational models, and that IT experts would provide systems and databases compatible with medical diagnostic systems. Mr Bauć expressed his delight in witnessing the multitude of project and initiatives in the region and hoped to find contacts for his tender.









Session four

Sustainable and Accessible Social- and Healthcare – at the Crossroads of Healthcare Provision, the Demographic Shift and Shrinking Budgets



Ms Sylvia Bretschneider – President of the Landtag Mecklenburg-Vorpommern

„Opening Words”

Ms Sylvia Bretschneider, President of the Landtag Mecklenburg-Vorpommern, opened the second day of plenary sessions of the 24th Baltic Sea Parliamentary Conference with a speech commemorating the outbreak of the Second World War, which started on 1 September 1939 by the German invasion of Poland, exactly 76 years ago. The President led off with an anecdote of a Polish boy watching the fighter planes overhead, and moments later, saving young girls and women from the rubble left they behind. Nearly 60 million more were killed world wide before the war ended. The war was a development of atrocities that had already started in 1933 and resulted in the annihilation of large parts of the world population.

Ms Bretschneider called to commemorate the victims of these atrocities, including their families. The horrors of war still shock us to this day, she said. Reports of the war were being passed on by witnesses still alive today. The President reminded that such stories were a warning not to forget and that they remind people about their responsibilities to prevent war. The end of the war did not automatically deliver freedom, justice and self-determination to all, and it was clear that people still faced challenges in society. People must learn from their history and maintain an awareness of the events of that war. Most importantly, they should let this awareness guide political and social actions. The children's children of the War generation would no longer be able to absorb the eyewitness accounts first hand, but it was important that they felt the responsibility of human rights and dignity. There were many memorials and museums that helped people shoulder the burden of placing this heritage firmly in its collective memory and awareness. The President then offered that a museum was currently being built in Gdansk, which would offer an international perspective on the war, and stimulate debate. In Mecklenburg-Vorpommern, students had met survivors of the holocaust for the last twenty years. They also explored the work of musicians, work that had been rejected by the Nazi regime. As a result of the work, a centre for ostracised music had been established in Rostock. In such a way, the music was heard again and recognised after all these years.

It was important to build bridges between the persecution, the flood of refugees and the injustice then, and occurrences in present day, the President spoke. Self-reflection was important and it was necessary that people asked themselves why such conflicts were still occurring today, including in European countries such as Ukraine. She urged the representatives to wonder why European countries had such trouble accepting refugees, as if it had learned nothing from its own history. She furthermore questioned why faith was so often used as a pretext for economic gain. She acknowledged that finding the answers is uncomfortable. This is why the younger generation got to demand democratic behaviour from the generations before them, rather than letting history repeat itself.

The Baltic Sea had to remain a sea of peace, the President stated forcefully. The surrounding countries had to and would achieve this goal by affirming its common identity and by respecting self-determination, independence and human rights. She then underlined that these states had to work together to find solutions. It was alright to be tough, as long as proceedings were fair. The President then urged the representatives to seek answers and learn from history. To bear responsibility for the well-being of all citizens, and to uphold the memory of those who suffered then.



Ms Bretschneider then led the representatives into song:

*We shall overcome
We shall overcome
We shall overcome, some day
Oh, deep in my heart
I do believe
We shall overcome some day*

*We'll walk hand in hand
We'll walk hand in hand
We'll walk hand in hand, some day
Oh, deep in my heart
I do believe
We'll walk hand in hand, some day*

*We shall live in Peace
We shall live in Peace
We shall live in Peace, some day
Oh, deep in my heart
I do believe
We shall live in Peace, some day*

„Demographic Challenges and Care“

Ms Manuela Schwesig, German Federal Minister for Families, Senior Citizens, Women and Youth opened her keynote speech by reminding the representatives that the Baltic Sea was shared by eleven states which used it for trade, tourism and winning energy, but which also joined forces to protect its environment. Together, they shared a long history, but its peacetime past was relatively young. It was where the Second World War broke out, and where the Iron Curtain hung right down the Baltic Sea Region. Today, however, the states looked for common solutions to common problems, exemplified in the Baltic Sea Parliamentary Conference.

Regarding the demographic shift, the minister acknowledged that Germany has trouble with low birth rates. This is a topic that is regularly discussed with Japan, which faces a similar issue. Germany's rural areas grow older and drain quickly. As a consequence, the German government has instated ten different working groups, charged with finding solutions to the demographic shifts. Ms Schwesig expressed her enthusiasm for the attempt to find concrete steps, and for the different angles from which the different partners view the issues.

Closely connected, from the minister's viewpoint, is the current refugee crisis. This topic is not just a matter for the German Home Office, she resolutely stated, but a European issue, a chance to demonstrate that the Union is serious about common European values. Although the Mediterranean and not the Baltic Sea forms the centre of this crisis, it is upon the North to ask how it can help and if it can become the new home for so many refugees. Europe and Russia have a lot of experience with crisis and war, and should be able to offer perspective. The refugees are not just a burden; they can be a counter-effect to the steady ageing of Germany, even if solutions of integration are not necessarily found overnight. Ms Schwesig challenged her audience and her countrymen to be more courageous, more open and to think more strategically.

The minister then changed the subject and to the role of young families as part of the changing demographic build-up of Germany. She acknowledged that many things were changing during the demographic shift, and that politics would have to react. For instance, it is not enough to educate young people, they will need support in taking the step to form a family, especially if they want to have a career and perhaps need to take care of sick relatives at the same time.



Ms Manuela Schwesig – German Federal Minister for Families, Senior Citizens, Women and Youth

Ms Schwesig stressed that the current middle generation faces a lot of pressure in trying to figure out how to balance work and family life. Especially considering that this generation will have to work for a longer period in their lives. In dealing with this challenge, she proposed “Partnerschaftlichkeit”, a partnership between spouses, balancing the home life and the financial responsibilities between the two parties. Although she realised that the help of businesses is undeniably important, the German state governs many efforts that will help relieve the pressure on the middle generation. One proposal from minister Schwesig: “Family working hours”, a workweek of 30-35 hours for each partner, leaving both with more time for the family. If both partners work after the birth of a child, they can even be eligible for a financial bonus. The legal right to a kindergarten spot and an increased flexibility of kindergarten hours allows parents further to (re-) enter the working life.

Another form of support for German families is the ability for the German middle generation to take responsibility for the care of their sick relatives without harming their career. Two thirds of German patients are cared for in their own home, and one third is cared for by relatives. Those relatives now have ten days paid leave to allow them to respond to a healthcare emergency in the family, and are then able to reduce their working hours for a period of two years, during which they can care for a sick relative all the while levelling out their loss of pay with an interest free loan.

Finally, Ms Schwesig strongly underlined that not all elderly people are in need of nursing, but rather that they can form a helpful relief for the overburdened middle generation, for instance by overtaking care for the grandchildren.

„Report on the proceedings of the Working Group”

Ms Olaug Bollestad, Member of Parliament of Norway and Chair of the BSPC Working Group on Innovation in Social- and Healthcare presented the final report on behalf of the Working Group. The region faces many similar challenges, she noted, such as an ageing population, health inequalities, a growth in life-style related diseases and financial pressure on the healthcare systems. The goal of the Working Group was to raise political attention to these issues, exchanges best practices and knowledge, and form recommendations for the betterment of these challenges.

The group consisted of fourteen representatives from nine countries in the region. It held a total of six meetings and a study trip.

1. In Riga, where the mandate was reconfirmed and the scope and method were discussed.
2. In Tromsø, to discuss eHealth and telemedicine
3. In Birstonas, to discuss the first set of recommendations and complete a study tour of rehabilitation resorts.
4. In Copenhagen, to visit the Steno diabetes clinic and discuss healthcare in the Nordic countries.
5. In Tampere, to further discuss diabetes and other lifestyle-related diseases.
6. In Åland, to discuss the final recommendations.

The study trip to Norway involved a visit to the HUNT research institution, where one of the largest health studies is being performed, and to Levanger, to hear how the municipality worked with its health policy and used art and music to treat patients with dementia in the Norwegian Competence Centre for Arts and Health. Additionally, the members have completed so-called homework to gain more insight into demography, ethics and strategies for innovation in the respective countries.

The final report resulted in three sets of recommendations. The first set concerns cross-border cooperation within healthcare. It is deemed by the Working Group that this cooperation should be expanded and deepened. The NDPHS should be supported, and cross-border initiatives such as ScanBalt should be further developed. The Könberg report should be expanded to involve the



Ms Olaug Bollestad – MP Norway and Chair of the BSPC Working Group on Innovation in Social- and Healthcare

entire Baltic Sea Region, so as to gain a comparable overview of the status of healthcare in the region.

Innovative practices should be spread so that the region becomes a role model for healthcare.

The second set of recommendations surrounds health economy. It suggests that the region should use already existing strategies such as the ScanBalt strategy to further innovation in the region. Early intervention and prevention should be strengthened, including a stronger prevention policy towards alcohol, tobacco and drug use, but also warning for lifestyle-related diseases. Support must be mustered for cost-reducing policies improving life quality such as sports.

Finally, the last set of recommendations is centred around sustainable and accessible social- and healthcare. This fundamentally states that healthcare should be accessible for everyone, but also that people need to raise more responsibility for their own well-being. Accessibility also encompasses rural and urban areas, as well as different socio-economic groups. Large-scale studies, such as the HUNT study, are recommendable. Finally, Ms Ollestad concluded perhaps most importantly, health should be taken into account in all policy considerations.



Ms Madara Muižniece and Mr Maximilian Priebe – Representatives from the BSPC Youth Forum

„Kiel Week Youth Forum on Innovation in Social- and Healthcare”

Mr Maximilian Priebe and **Ms Madara Muižniece**, Representatives from the BSPC Youth Forum, thanked for the honour of representing the perspective of the youth on the Baltic Sea Region issues. Ms Muižniece continued to explain that the Baltic Sea Youth Forum in Kiel had been an event designed for youth from around the region to discuss the topics at hand at the BSPC. The existence of this forum was exactly for the reason Ms Schwesig had already pointed out: to integrate youth into the demographic change and to build a link between civil society and politics. The speakers expressed their pride on the impact the Youth Forum had on the 24th BSPC resolution. The Forum had discussed two topics during its last meeting: that no health plan should exclude mental health, and that adding life to years not years to life was important, especially regarding the accessibility of healthcare. A resolution constructed by the Youth Forum entailed nine key points, among which were the following:

- the importance of promoting a healthy lifestyle especially in youth,
- the labelling on food products should be improved, focussing on European best practices,
- a tax reduction on healthy food and a tax increase on unhealthy food should be considered,
- the forum called on the member states for reform the social security system and including a new approach towards integrating immigrants into the labour market.

Mr Priebe then moved on to discuss the potential of the Forum itself, but also spoke of potential improvements. Most young participants did not merely come „fresh” from civil society, but already had backgrounds in party politics. Casting a wider net in society and hoping for a more diverse group of young participants could cause a structural problem within the forum since the balance between real work and the youth perspective conflicts, Mr Priebe argued. He furthermore tabled the issue that the Youth Forum had a poor oversight of already existing youth structures as well as their own results. A poor Baltic Youth narrative existed, which could be solved by reinstating a Baltic Youth Secretary.

Roundtable

In order to adequately reflect the spirit of the roundtable, the full spectrum of the answers given to the questions asked is given below.

The following experts participated in the roundtable:

Ms Olaug Bollestad, MP Norway and Chair of the Working Group on Innovation in Social- and Healthcare

Mr Jörg Heydorn, MP Mecklenburg-Vorpommern and Chair of the Study Commission on Ageing in Mecklenburg-Vorpommern

Ms Riitta Työläjärvä, Senior Advisor on Health and Social Policy, Finnish Confederation of Salaried Employees STTK

Dr. Björn Ekman, Researcher in Health Economics Division of Social Medicine and Global Health (SMGH) of the Department of Clinical Sciences, Lund University

Prof. Dr. Marek Zygmunt, Supervisory Board of BioCon Valley

Ms Susanne Kluge, medical journalist and television presenter moderated the roundtable.

Ms Kluge thanked the attendees for allowing her to guide the roundtable and introduced the subject: sustainable and accessible social- and healthcare. She brought earlier discussions to the atten-



tion, where examples were given of challenges that were turned into opportunities. Ms Kluge then expressed the wish to focus on the positive alignments and best practice examples that were already present in the region and that could be learned from. Success could be found in details, Ms Kluge remarked, details that only could be unfolded through attentive discussion. She then continued by introducing her panellists.

After being asked to provide an example of best practice and explain its attractiveness, **Ms Työläjäarvi** spoke of a health and social services region in the east of Finland, which owned its success to a complete integration of health and social services. Different types of medical professionals were involved in an impressive network, providing all-round medical support to the region. These professionals each had their own area of expertise and good ideas. Combining these ideas and this expertise lead to the continuous development of the healthcare system. By streamlining different specialties, nurses had not only been able to involve their patients more in the healing process, the work had also become more cost effective.

Ms Kluge offered that this is exactly what all parties would like to see happen: quality going up and costs coming down.

Dr Ekman replied that although he did not doubt that East Finland made a good example on its own, reducing costs would



not be enough. Health was much more important than that. With this in mind, he wanted to offer a tangent that could be helpful in the current context. According to a Harvard professor, most of the medical research proved to be false. In a recent global attempt to replicate studies in behavioural psychology, they had only managed to replicate half. Extrapolating this to economics, Dr Ekman offered that most of the hypotheses tested in his field were of no use to anyone. According to Dr Ekman, it was important to communicate the useful studies, which definitely exist.

Ms Kluge then questioned **Dr Zygmunt** on the theme of self-responsibility, inviting him to share his opinion on increasing the level of self-responsibility. Dr Zygmunt offered that he believed claiming that most research is useless was rather dangerous, instead stating that such research had brought mankind further and that it had decreased mortality. Dr Zygmunt then called for open-mindedness towards testing medicine and technology, first at university level, and then at hospital level.

Dr Zygmunt continued on the topic of self-responsibility that in his field of cross-border cooperation he had seen a number of successes, for instance in the cooperation with the German region of Vorpommern and the Polish region of Pomerania in the screening of new-borns. The University of Greifswald and the medical school of Szczecin had cooperated in order to test new-



borns for a list of conditions, which had initially diverged between the countries. Now both regions tested for example for cystic fibrosis, which was very treatable. After five years of this bottom-up approach, insurance companies had decided to pay for this new batch of tests.

Upon being asked for his view, **Mr Heydorn** offered that this area is not covered in his immediate line of work, but that it was rather the responsibility of the Study Commission on Ageing at the Landtag Mecklenburg-Vorpommern to deal with ensuring mobility, healthcare provision for the elderly and community involvement. It was also their task to create conditions that would allow people to grow older in comfort not just in urban areas but also in a rural environment. Mr Heydorn stated that the burden of responsibility had to do with where one wants to live. Urban areas have higher accessibility. Presumably it would not be possible to offer the same range of services everywhere, making it a matter of self-responsibility.

Providing an example of self-responsibility, **Mr Heydorn** cited citizens organising bus transportation to the doctor. He then wondered why such civic action was possible in some places and not in others? How could a government activate and accommodate people so that they would take such responsibility?

Ms Kluge asked what, according to Mr Heydorn experiences, drove people to act: pressure or volunteerism. According to the MP, social involvement was absolutely necessary, but that it would be doomed to fail if people do not have the capabilities to make something happen. There existed a consensus in the Landtag's Study Commission that people could not simply be thrown into the deep end, but that they had to be helped to help themselves.

Turning to **Ms Bollestad**, the moderator claimed that Norway had decided to opt for prevention, which could be considered the opposite of self-responsibly. She asked if the MP from Norway considered voluntary action or pressure from the government through legislation to be the best solution. Ms Bollestad replied she believed in a combination of both, claiming that good politics wanted to benefit its people, but also wanted to keep an eye on the costs. In the cardiovascular clinic where Ms Bollestad used to be employed as a nurse, she had seen increasingly younger people come in with cardiac disease and cancer. She recognised this was not only very troubling for the patients, but it was also a great cost factor for the state. Returning to the subject of pressure versus self-regulation, the MP recalled that one of the bigger discussions in Norway had been about a ban on smoking, which had been fiercely objected by the public. The law had been enacted anyway, and today 94 percent of the people supported it. Sometimes a state had to make unpopular decisions for the betterment of public health, for instance with sugar, alcohol and smoking. Since the ban had been enacted, smoking had gone down from 22 to 15 percent, including youth smoking. As a politician, one should not just think about the next four years or about popularity.

Ms Työläjärvä then offered her belief that public institutions should provide patients with amongst others IT solutions that allowed them to contact a medical specialist, like a nurse, when needed. Although heroic surgeries were very impressive, it was better to have the nurse prevent the disease before the patient landed in the cardiac surgeon's office.

Ms Kluge remarked that in Norway, eHealth already functioned on a good level and helped people with informing themselves on health and with taking responsibility. The Germans did not seem

convinced about the successes in their country. Ms Kluge then wondered what the difference is between successful Norway and unconvinced Germany.

Ms Bollestad noted that the difference could lie with the fact that Norway also has strong laws on privacy and on ethical use. There was clarity about how the gathered information was being used, and by whom. Norwegians were willing to use the digital services offered, but they rightfully wanted to know how the state used their data.

Dr Ekman then returned to an earlier remark by **Mr Heydorn**, namely that some initiatives worked in one place and not another. He argued that health was very individual. Personal medical services were equally individual. A physician wanted to provide a fitting solution for the patient in front of him. Healthcare systems in general were so broad and all encompassing that they stopped working on an individual level. In different contexts, services provided would vary. With regard to eHealth, Dr Ekman argued that this was a relatively new service, probably with a promising future, but that it was difficult to promise this for sure. It was hard to predict how eHealth would develop in the future.

Dr Zygmunt then referred to the remarks made by **Ms Bollestad** regarding eHealth. He stressed that it was key to differentiate





between telemedicine within a country and across the border. There were wonderful networks in Germany, which did not seem to work if hospitals hoped to reach out across the border, because the systems were not compatible. This was not always a problem of money; the systems came from different cultures, values, and backgrounds. Reaching out to Poland was not a problem in the end, but then the next issue arose: as long as the services were paid for by the EU everything worked, but the moment this stopped, figuring out the reimbursement became a problem.

Ms Kluge wondered if this problem was caused by communication, by misconnecting technology or by financial issues.

Dr Zygmunt answered that the technical issue should not be a problem, at least not for long. Good communication was obviously very important. He then commented that the resolution had shaped up to be a very useful document, thanking the input provided by the representatives, arguing that it encompassed issues which needed solutions as soon as possible. He took the provision of cross-border emergency services as an example of a service that still did not work despite the fact that many preconditions were already in place. In some areas a joint hospital would be a very good solution, for instance for the inhabitants of Usedom, services could be provided closer and faster. But the different institutions would have to talk about organisation, and money.

Ms Kluge laboured under the impression that there was a general agreement that a conversation was needed, but that they were unsure who had to talk to whom and which party should start.

Ms Bollestad provided an example for the need of such conversation from the Working Group, namely on the topic of borrelia, which formed a problem for several countries surrounding the Baltic Sea. She insisted that mere cross-border treatment of the problem is not enough, and lobbied that the issue would be discussed with other, non-neighbouring countries battling the issue, like Canada, but also with the pharmaceutical industry and hospitals.

The moderator then noted that Finland had dealt with borrelia, since it had one of the highest infection levels of approximately 70 percent. She then asked Ms Työläjärv, how her country had responded to this. **Ms Työläjärv** responded that indeed Finland had areas where the frequency was extremely high, and that combatting this required vigilance on all levels, from healthcare providers to politicians and patients. An active attitude and acceptance of the size of the problem were necessary in order for action to be effective. Responding to the question if experts from other countries had come to Finland for help in combatting their own outbreak, Ms Työläjärv answered that although there were cultural differences from country to country, she was a believer in the exchange of experiences. A country that faced trouble could take the best elements of a solution and apply it in such a way that it fit



its cultural circumstances. If not for any other reason than that it saved money not having to reinvent the wheel.

Ms Kluge then asked **Dr Zygmunt** if he believed there was a significant exchange amongst healthcare professionals on the main questions in healthcare. Dr Zygmunt offered that it was of the highest importance not just to gather anecdotal information about experiences, but also to do more scientific research into cross-border cooperation in healthcare. Currently, there were only a few small studies, which were not representative. Their results could not be applied to other areas. There was no data available on the costs of for instance cross-border emergency services. There was an incomplete picture, which had to be resolved in order for any potential cooperation to go forward. This problem was most likely to be solved bottom up, so encouraging people to come up with proposals.

Ms Kluge then turned to **Dr Ekman**, and asked him if people are in fact fearful to communicate with each other and if so, where bravery could come from.

Dr Ekman replied that a good example could be found with the Singaporeans, who had managed to create a hospital system that was both public and of the highest quality, in a very short period of time. The key had been self-reflection. The Singaporeans acknowledged that many mistakes had been made, but rather than sweeping them under the rug, they had chosen to learn from them. Dr Ekman encouraged the audience to learn from what may very well be an ocean the size of the Baltic Sea filled with mistakes, which he considered mechanisms for learning.

Dr Zygmunt added that in creating links with each other and communicating with each other, there was an important role for translators. BioCon Valley and organisations like it played an important role as a bridge between systems, not just for translation but also for networking. Systems and institutions sometimes needed a third party to help them understand each other. If this happened top down or bottom up depended on the activity, although generally speaking bottom up activities were more effective.

Mr Heydorn offered his opinion on the matter by stating that merely communicating with each other was not always sufficient, that adapting systems to the neighbours' systems would be necessary. He remarked that Aachen managed cross-border emergency services with the Netherlands and Belgium whereas Mecklenburg-Vorpommern had trouble sending ambulances across the Polish border, because the systems were incompatible. Mr Heydorn argued that it

was clear to both parties what would be needed, and that time should not be wasted explaining to each other what was wanted. Now it would be a matter of organising systems so that healthcare wishes can become reality, like calling an ambulance from the nearest location, be it Germany or Poland. Local and national institutions had to be able to communicate with each other. It would be necessary to invest in order to guarantee quality of service.



Ms Silke Gajek – MP Mecklenburg-Vorpommern

Ms Silke Gajek MP from Mecklenburg-Vorpommern, intervened in order to discuss two topics. Ms Gajek offered that hidden by the phrase “quality of life”, the economisation of life was often discussed. She praised the notion that changing mind-sets would be crucial if politicians ever hope to combat problems rather than symptoms of problems. For example: Germany had a problem with childhood obesity. In Mecklenburg-Vorpommern, the schools offered school meals, which Ms Gajek confessed she supported initially, assuming that they would help in teaching school children about healthy nutrition. However, she had now observed that the meals provided had little to do with healthy or even tasty food. The parliamentarian asked the panellists about their experiences with both the food issue, and with exercise as prevention.

Ms Bollestad offered that while she had been mayor of a Norwegian municipality, the officials considered health prevention in all

aspects of governing, including deciding the location of schools and kindergartens. It was considered if it would be possible for the child to walk or bike to school. It was considered how a parent-teacher conference could be used to instruct parents about healthy lifestyles. All that would be needed to „raise” a citizen with good health. This was not a finished project, the MP remarked, but the Norwegians were building it stone by stone.

Dr Ekman explained that he grew up in Sweden, where he got a good school lunch everyday, compared to his own children that went to school in Denmark and ate the meal they brought from home. He also argued that Denmark had introduced the policy where children had to exercise each day, but the speaker added that although the intent was good, this did not seem to work in practice. The speaker concluded that school lunch or no school lunch, it probably made no great difference in the grand scheme of things. What was important was that prevention strategies were targeted to the group of children that needed it the most.

Ms Työläjärvä added that Finland had a long tradition of health education in schools and of school meals. This was not just important for the child's good health, but also a factor in equality in working life, since it was still mostly the mother who was burdened with what her children ate during the day. Ms Työläjärvä then remarked on the economisation arguing that although cost efficiency would be important, sustainability and human dignity were also important. She stressed that social services were not there to save money, it was there to help people and make them productive in the economy.

Ms Holmberg-Jansson from the Åland Islands intervened in the discussion to add that the Åland Islands invested a significant amount of money and effort into the production of food in schools, not only making sure that it was healthy, but that it was ecologically and locally produced. Plans to cut spending were met with large protests from the parents. The MP then argued that locally produced food not only made students perform better in the PISA test, it taught them about the value of good food. She then continued about tuberculosis and borreliosis, explaining that 70 percent of people were now vaccinated against TBE, and that this level should be at 85 percent in 2020. She argued that cooperation is key, and there was no need to reinvent the wheel.

Ms Waldinger-Thieringer from Schleswig-Holstein was given the floor to argue that in spite of the comments of Dr Ekman, she believed that the Danish law requiring one hour of exercise a day for

children was a very good idea. Exercise helped children concentrate and helped with health. In the Schleswig-Holstein state assembly Ms Waldinger-Thieringer had pushed for milk and fruit in schools, but teachers, who resisted the extra administration that would have been involved, largely rejecting the idea. She continued that lunch was perhaps not even the most important issue, but rather that there were children that went to school without breakfast.

The next speaker allowed to take the floor, **Mr Priebe**, rejected the notion that the quality of food in schools was to blame. In his school food was of good quality, locally and socially produced. The problem, he insisted, was that most students had more interest in eating fast food. Personal experience from France led Mr Priebe to believe that making the school meal mandatory would not be the solution either. He continued that offering these services was no help at all if students are not aware of what the state was trying to do, or why they were trying to do it. Pressuring them would not work, he stated, so what would be the alternatives?

Responding to the question if a “fat tax” would offer a solution, **Ms Bollestad** offered that in Norway a tax for sugar had been considered, as it already existed for smoking and alcohol. The high price of tobacco had caused the number of young people smoking to go down, so taxing and forbidding selling tobacco to young people helped.



Ms Annette Holmberg-Jansson – MP Åland Islands



Ms Jette Waldinger-Thieringer – MP Schleswig-Holstein

Dr Ekman then contradicted this statement, arguing that although taxation was a very useful tool for combatting smoking and drinking, it was very difficult to instate with unhealthy food, because deciding which products were taxed higher was not easy.

Ms Kluge then asked **Mr Heydorn** if taxation would be a good tool to lever pressure. Mr Heydorn answered that this was not necessarily his field of research but that although the idea sounded good on the surface, forcing children to eat certain types of food might prove not to be enforceable. Prevention was much more important, not just for children but also for parents. It had to be further kept in mind that different social groups had different susceptibility for information. By law children could demand food by national standards, but forcing people to eat healthy would not be the solution. Creating awareness of the importance of healthy food and exercise was crucial.

Ms Työläjärvä added that although Finland did have these taxes on alcohol and tobacco, enforcing a sugar or a fat tax would be difficult to enforce. Drawing a line between one product and another

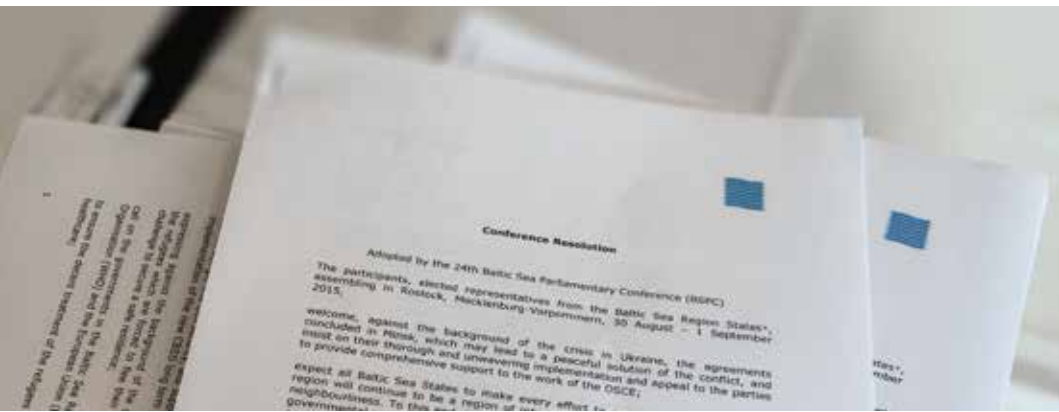
could be arbitrary, and it caused false competition. Lawsuits would inevitably ensue. She then argued that if psychologists could make us buy pretty much anything, they should focus on making us buy healthy food.

Ms Bollestad argued that cooperation was crucial here, not just to share good ideas but to offer consistency. High taxes in Norway were not useful if the products were cheap across the border. She once more underlined that working together is crucial, also in combatting drug use and in making telemedicine work, but that it had to start somewhere. She argued that all countries face the same issues.

Mr Spolitis from Latvia appreciated the input from Mr Priebe in highlighting that meals in schools were not necessarily consumed the way they were intended. Mr Spolitis argued that Latvia wanted to expand its offers of free meals, but realised that it had to take into consideration that although young children could be pressured into eating at school, older children that had their own will cannot. The speaker proposed a ceiling where children were „forced” to eat in school, and beyond that age children should be educated about bad food, and in this shaming campaigns for fast food chains should not be shied away from. After all, such shaming was also used on packets of cigarettes.



Mr Veiko Spolitis – MP Latvia



Ms Bretschneider concluded the round table and informed the representatives that during the discussion she had had a last look at the resolution and was happily surprised that all the issues discussed during the roundtable also appeared in the resolution. She reminded the audience that many programmes and strategies existed, be it at the WHO, the EU, CBSS, HELCOM or another organisation. She stressed that the BSPC was an important organisation in steering the dialogue and deciding in which direction policy should be developed. She concluded that she was convinced that the BSPC would make its mark upon the future of the discussion.





Closing of the 24th BSPC

Ms Sylvia Bretschneider, the Chair of the BSPC, announced a vote on the adoption of the resolution of the 24th Baltic Sea Parliamentary Conference. She reminded the representatives that decisions could only be made by unanimous consent. The first vote was to grant observer status to the South East European Cooperation Process. The motion was adopted without abstentions. The second vote concerned a change in the rules of procedure regarding the Secretary General, the BSPC account and the list of observers, the details of which could be found in a distributed document. The motion was adopted without abstentions.

The Chair then moved on to the vote on the resolution. She thanked the delegations for their input and hard work. Ms Bretschneider remarked that she had been with the BSPC since 2002, and noted that coming to a mutual agreement on a resolution used to be more difficult, because the mutual level of distrust used to be much higher. The trust had grown over years of cooperation. The Chair reminded the attendees that the drafting committee had unanimously recommended the resolution and that a unanimous adoption by all members of the conference would be necessary. The resolution was then unanimously adopted by the members.

Mr Jānis Vucāns, Vice-President of the Baltic Assembly and Incoming Chair of the BSPC, thanked the hosts and Ms Bretschneider in particular for the successful 24th edition of the BSPC. He expressed great pride at Latvia's opportunity to host the Silver Jubilee of the Conference, 25 years after the Iron Curtain fell. The country happily would take over the baton from its partner city Rostock.

The incoming Chairman reminded the delegates of the importance of protecting its citizens' interests by furthering their welfare, safety and competitiveness. Therefore, he proposed the focus for the 25th anniversary meeting to lie on what he called the cornerstone for the well-being of the region: education and the labour market. Mr Vucāns proposed to strive to answers questions concerning the most effective correlation between the labour market and the education sector, investment in skill development and training of employees and how to deal with youth unemployment and the mobility of the labour force.

Mr Vucāns further praised the topic of the new Working Group: tourism, and its focus on all adjoining themes, such as culture, economics, the labour market, but also maritime and coastal tourism.

The speaker concluded his statement by stressing the importance of cooperation in times of tension. He expressed pride in hosting the 25th conference exactly 25 years after East and West had found



each other again. He reminded the delegates of the main goal as an elected representative: to keep up dialogue; to conduct an active peace policy; and to establish the Baltic Sea as a Sea of Peace.





Annex 1

Conference Resolution

Adopted by the 24th Baltic Sea Parliamentary Conference (BSPC)

The participants, elected representatives from the Baltic Sea Region States*, assembling in Rostock, Mecklenburg-Vorpommern, 30 August – 1 September 2015,

welcome, against the background of the crisis in Ukraine, the agreements concluded in Minsk, which may lead to a peaceful solution of the conflict, and insist on their thorough and unwavering implementation and appeal to the parties to provide comprehensive support to the work of the OSCE;

expect all Baltic Sea States to make every effort to ensure that the Baltic Sea region will continue to be a region of intensive co-operation and good, peaceful neighbourliness. To this end, they will use all the opportunities of parliamentary, governmental and social exchange and dialogue. For this reason, they also call for a resumption of the ministerial meetings of the Council of Baltic Sea States (CBSS). This will foster the dialogue and strengthen cooperation;

discussing Cooperation in the Baltic Sea Region, Cross-Border Cooperation in Health Care, Health and Economy – Paving the Way for Innovation in Social and Health Care, and Sustainable and Accessible Social and Health Care – at the Crossroads of Health Care Provision, the Demographic Shift and Shrinking Budgets;

reiterating their support for the Council of Baltic Sea States (CBSS), welcoming the new long-term priorities of the CBSS, as well as the efforts of the Polish CBSS Presidency to improve coher-

* *Parliaments of Denmark, Estonia, Europe, Finland, Federal Republic of Germany, Free and Hanseatic City of Hamburg, Free Hanseatic City of Bremen, Iceland, Latvia, Leningrad Region, Lithuania, Mecklenburg-Vorpommern, Norway, Poland, Federal Assembly of the Russian Federation, City of St. Petersburg, Schleswig-Holstein, Sweden, Åland Islands, Baltic Assembly, Nordic Council*

ence in Baltic Sea regional cooperation, and acknowledging the progress and achievements of CBSS in fields such as sustainable economic growth, clean shipping, labour market mobility, research and development, transport and communications, cultural heritage, trafficking in human beings, and civil security, and support the CBSS practical approach to the implementation of the new CBSS long term priorities;

expressing against the background of the current situation their solidarity with the refugees which are forced to flee their homelands, being aware of the big challenge to secure a safe residence;

call on the governments in the Baltic Sea Region, the CBSS, the World Health Organisation (WHO) and the European Union (EU);

to ensure the decent treatment of the refugees especially concerning housing and healthcare;

Regarding Cooperation in the Baltic Sea Region, to

1. strengthen the cooperation in the Baltic Sea Region including the Northern Dimension and the EU Strategy for the Baltic Sea Region and other regional actors for a stable foundation of relations and encourage further development of the structural dialogue and cooperation between each and every regional organization and format leading to creation of a common Baltic cooperation space;
2. support any cooperation that marks the Baltic Sea Region as a model region with equal access to health for all and with a special obligation to support the dissemination and development of health and well-being by playing a key role in the realization of the new sustainable development goals of the United Nations;
3. reaffirm the pursuit of the entire region to co-operation aimed at becoming a role model region with a sustainable economy, capable of boosting competitiveness and opening up new opportunities for business and employment;
4. co-operate in order to strengthen the Baltic Sea Region as an important competitive knowledge region with an excellent higher education and research infrastructure;

5. encourage co-operation in the fields where mutual benefits and synergies e.g. between the EU Strategy for the Baltic Sea Region and the Strategy for the socio-economic development of the North-West Federal district of Russia can only be achieved by identifying common priorities and by developing respective regional strategies and action plans;

6. evaluate the effects and promote the extension of the new regulations on SECA (Sulphur Emission Control Area), in force since 1 January 2015, to other sea basins, including outside of the EU, and support efficient enforcement of these regulations on ships, regardless of which flag they might fly, to ensure the improvement of the environment, human health and to secure the competitiveness of the shipping sector in the region;

7. promote close cooperation between cruise operators, ports and other coastal tourism stakeholders such as in the recently launched Pan-European Cruise Dialogue and actively participate in transnational projects to unlock the full potential for sustainable blue growth in the maritime and coastal tourism sectors;

8. continue work to upgrade reception facilities for sewage in passenger ports to ensure a timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the continued improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM;

9. enhance macro-regional capacity to respond to major emergencies based on all-hazards approach and joint, cross-border preparations to protect lives, health and wellbeing of citizens;

10. strengthen and further develop HELCOM as the main coordinating body in the effort to protect the Baltic marine environment, and to strongly support the implementation of the Baltic Sea Action Plan (BSAP), and to stress the importance of BSAP as the environmental pillar of the EU Strategy for the Baltic Sea Region;

11. deepen the political exchange among young people in the Baltic Sea Region and to support the permanent establishment of a Baltic Sea Youth Forum;

12. support the Nordic Bioeconomy Initiative by the Nordic Council of Ministers;

Regarding Cross-border Co-operation in Health Care, to

13. expand, strengthen and deepen cross-border cooperation in social and health care and the strategic planning of health services and continue with strong effort the development of a “Baltic Sea Health Region”, to decrease inequality and lift the general welfare as a common challenge all Baltic Sea Region Countries face;
14. support the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) as a highly valued and innovative regional network, significantly contributing to the improvement of peoples’ health and social wellbeing in the Northern Dimension area, the new NDPHS Strategy 2020 and its Action Plan, as well as the Policy Area “Health” of the EU Strategy for the Baltic Sea Region;
15. support the EU’s cross-border co-operation programmes and other relevant programmes as tools contributing to strengthening cross-border and regional co-operation in health care in the Baltic Sea Region;
16. launch and develop concrete transnational health care and social wellbeing initiatives, such as ScanBalt or the WHO’s Healthy Cities project and to foster the development of the Baltic Sea Health Region by further strategies and transnational projects, e.g. by a joint antibiotics strategy, by connecting the fields of health, tourism, information and communications technology (ICT) and natural resources;
17. spread innovative and best practices throughout the Baltic Sea Region so to become a model region in health care;
18. co-operate on research and sustainable strategies for promotion of cultivation and production of healthy and organic food;
19. make workplaces safer and healthier and thus more productive and recognize the important work of trade unions to promote a culture of risk prevention to improve working conditions throughout the region;
20. improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment;

21. regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin;
22. intensify exchanges of experience and co-operation with the aim of fighting antimicrobial resistance as one of the main global challenges in health care, to implement research in this area, and support and intensify all efforts to develop and implement a global action plan on antimicrobial resistance by WHO;
23. reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance;
24. strive to introduce the same standards on a high level in the treatment of contagious infectious diseases throughout the Baltic Sea Region;
25. broaden the scope of the Könberg report to the entire Baltic Sea Region, in order to gain a comparable overview of the status of health and care in the Baltic Sea Region;
26. commission a regular report on the status of health including disaggregated data and analysis for different population groups such as children, youth and senior citizens and particularly marginalized groups in the countries of the Baltic Sea Region, in order to coordinate issues, definitions and emphases as a step forward in terms of comparability of different systems within the region and map commonly shared challenges ahead;

Regarding Health and Economy, to

27. appreciate that, whereas economic prosperity is good for health, good health outcomes also favour economic growth and development. To that end, recognize the importance of health and social wellbeing for the economy and other policy areas and vice versa and consider health aspects in all policies;
28. improve support for the development of innovations in health care in order to prevent a brain drain;

29. support the ScanBalt Strategy 2015-2018 and use synergies with existing strategies;
30. develop measures to improve the situation of the medical and care professions through – for example - eHealth;
31. improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the “eHealth European Interoperability Framework” (eEIF) and observe the joint European initiatives, such as the “Guidelines under eHealth Network” of the responsible member state authorities;
32. further strengthen measures for collaborative implementation of a joint eHealth Innovation ecosystem based on a Baltic Sea Region cooperation platform for eHealth initiatives built on smart specialization and mobilize regional resources based on already existing structures and internationally recognized standards;
33. improve the conditions to include eHealth and telemedicine in the standard care;
34. improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses;
35. support the usage of cost-reducing methods for better quality of life, including cultural and physical health-related activities in treatment;
36. improve the national labelling relevant for a healthy lifestyle including labelling accessible to different population groups such as child-sensitive and child-specific labelling;
37. foster development of health-related services within the tourism strategies of the Baltic Sea Region countries;
38. ensure global comparability of health economy and measure the performance and the impact of the health care systems via economic growth and employment by establishing a first reliable transnational method like “economic footprint of health economy”;

39. check the possibility to establish a “Baltic Health Forum”, to ensure and improve a sustainable exchange and networking in this policy field around the Baltic Sea;

Regarding Sustainable and Accessible Social and Health Care, to

40. ensure affordable health care for everyone and emphasize the focus on the needs of patients with due regard to age and gender and to warrant equal and affordable access to high-quality health services throughout the whole Baltic Sea Region;

41. ensure that a positive economic development in the region promotes high standards in health care and social wellbeing;

42. take strong measures to ensure equitable availability, access and use of social welfare and health care services, e.g. between urban and rural areas, between socio-economic groups and with due regard to age and gender;

43. develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas;

44. install geriatric health care centres and modify social rehabilitation centres to ensure health care in rural areas as well as improving age-appropriate medicine;

45. ensure integrated services for children consolidating health care and social care services in a child-sensitive way;

46. ensure support services for families, pregnant women and prospective parents in support of families and parenthood, provide an integrated package of services to families with children in order to encourage childbirth, childcare and child rearing with a view to counteracting the current demographic trends and investing in families and fostering child-friendly communities and societies;

47. encourage patient responsibility for people living in the Baltic Sea Region;

48. raise awareness especially amongst the youth in a healthier lifestyle and to work on making education in healthy lifestyle mandatory in all schools and all school levels, a database on best practice

examples on how to improve education and awareness should be created;

49. carry out studies with the aim of developing prevention strategies in health care, such as the North-Trøndelag Health Study (HUNT);

50. establish a first aid system for mental health problems as the recognition, awareness and diagnostic of mental problems are still underdeveloped;

51. support activities on Non-Governmental Organizations focusing on non-formal education for example in culture, sports, volunteering and music in order to fight against stigmatization of disadvantaged groups;

52. create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue;

53. fully recognize the social partners in the social and health care professions, protect their activities and ensure that social partners and trade unions will be involved in the regulatory and implementation process on health issues as early as possible;

54. carefully consider both physical and psycho-social risks at work place, against the background of a rising retirement age, strive for good working conditions, wellbeing and a sustainable work-life balance within the labour force of the Baltic Sea Region;

55. strive to establish laws for patients' rights in all the countries of the Baltic Sea Region and mechanisms to ensure that those rights are fulfilled;

56. establish a Working Group on Sustainable Tourism – with focus on cultural, economic and labour market, maritime and coastal tourism as well as ecological aspects and as a central pillar of maritime spatial planning and with a view to developing synergies with the policy area “Tourism” under the EU Strategy for the Baltic Sea Region - to submit a first report at the 25th BSPC;

57. welcome with gratitude the kind offer of the Parliament of Latvia to host the 25th Baltic Sea Parliamentary Conference in Riga on 28 - 30 August 2016.

Annex 2

*The 24th Baltic Sea Parliamentary Conference
Rostock, 30 August 2015 – 1 September 2015*

„Baltic Sea Region – A Role Model for Innovation in Social- and Healthcare”

PROGRAMME

Saturday, 29 August

Venue:	Rostock, Yachting & Spa Resort Hohe Düne
	Shuttle services from Hamburg Fuhlsbüttel and Berlin Tegel airports as well as from Rostock Main Station to hotel
	Accommodation & registration of participants (at the hotel)
15:00 – 18:00	<i>Possibility for delegation and party group meetings</i>

Sunday, 30 August

- 09:00 – 11:00 Registration of participants (at the hotel)
- 10:00 – 12:00 **Meeting of the BSPC Drafting Committee**, thereafter lunch buffet
(Kongresszentrum Hohe Düne, Rotunde – second floor)
- 10:45 – 12:15 **„Health is wealth and wealth is health”**, thereafter lunch buffet
(Kongresszentrum Hohe Düne, Salon 19 – first floor)
Organised by the NDPHS Secretariat in cooperation with the BSPC, this NDPHS event will provide an overview of the very strong association between health and the economy & other policy areas.
- 12:15 – 13:15 **Meeting of the BSPC Standing Committee**
(Kongresszentrum Hohe Düne, Rotunde – second floor)
- 14:00 – 18:00 **Harbour Tour and Reception at the Town Hall**
given by the Lord Mayor of the Hanseatic Town of Rostock
Guided Tour of Rostock Old Town
(Meeting point: Hotel Lobby, departure from the Anleger Hohe Düne)
- 20:00 – 22:00 **Reception hosted by Mr Erwin SELLERING, Prime Minister of Mecklenburg-Vorpommern**
(Kurhaus – Meeting point: Hotel Lobby, departure by bus from the hotel at 19:15)

Monday, 31 August

8:00 – 9:30 Registration of participants
(Kongresszentrum Hohe Düne,
Ballsaal Foyer – ground floor)

9:30 Cultural introduction

Opening

Chair: **Ms Sylvia Bretschneider**, President of
the Landtag Mecklenburg-Vorpommern
Vice-Chair: **Mr Jānis Vucāns**, MP, Latvia

- Opening words by
Ms Sylvia Bretschneider,
Chair of the BSPC
- Welcome by **Mr Erwin Sellering**,
Prime Minister of
Mecklenburg-Vorpommern

10:00

FIRST SESSION

Cooperation in the Baltic Sea Region

Chair – *Mr Ryszard Górecki, MP, Poland*

Vice-Chair – *Ms Giedrė Purvaneckienė,
MP, Lithuania*

- Report from the BSPC Chair,
Ms Sylvia Bretschneider
- Report from the **Council of the Baltic Sea States (CBSS)**:
 - Outgoing CBSS Chair, Committee of Senior Officials, **Mr Raul Mälik**, Ambassador of Estonia
 - Current CBSS Chair, Committee of Senior Officials, **Mr Michał Czyż**, Ambassador of Poland
- **Mr Jörn Dohrmann**, MEP, Chair of the Delegation responsible for the Baltic Sea Region (SINEEA Delegation)
- **Ms Valentina Pivnenko**, MP, Russia, „Strategy of socio-economic development of the North-West Federal District”
- **Mr Harry Liiv**, Chair of HELCOM, „Report on the HELCOM Baltic Sea Action Plan”
- **Ms Daria Akhutina**, General Director, “Report from the Baltic Sea NGO Forum and Network”

Discussion

12:00 Coffee Break

12:30

SECOND SESSION**Cross-border Cooperation in Healthcare**

*Chair – Ms Valentina Pivnenko, MP,
Russian Federation*

Vice-Chair – Mr Franz Thönnies, MP, Germany

- **Ms Rimantė Šalaševičiūtė**,
Minister for Health, Lithuania
- **Mr Dmitry Kostennikov**, Vice-Minister
for Health, State-Secretary, Russia
- **Ms Annette Widmann-Mauz**,
Parliamentary State Secretary at the Federal
Ministry for Health, Germany
- **Dr. Nedret Emiroglu**,
Deputy Director, WHO Regional
Office for Europe
- **Mr Bo Könberg**,
former Minister for Health, Sweden and
Author of the report „*The Future Nordic Co-
operation on Health*”

Discussion

14:00

Lunch Buffet

(Restaurant „Brasserie”)

15:00

THIRD SESSION**Health & Economy – Paving the Way for
Innovation in Social- and Healthcare**

*Chair – Mr Pyy Niemi, MP, Sweden,
Nordic Council*

*Vice-Chair – Mr Karl-Johan Fogelström,
MP, Åland Islands*

- **Mr Günther Oettinger**,
European Commissioner for Digital
Economy & Society, „*eHealth – the European
Dimension*”
- **Prof. Dr. Dr. Horst Klinkmann**,
President BioCon Valley, „*Towards a Leading
Health Region*”
- **Dr. Jaanus Pikani**,
Vice-President ScanBalt, „*The Baltic Sea
Region as one test site for development of health
care products and services*”
- **Dr. Dennis A. Ostwald**,
WifOR, „*The economic footprints of the
healthcare sector in the Baltic Sea Region*”
- **Prof. Dr. Martin Mielke**,
Head of the Department of Infectious
Diseases at The Robert Koch Institute,
„*Battling the Spread of Multi-Resistant Bacteria*”

Discussion

- 17:00 – 19:00 Meeting of the BSPC Drafting Committee (if necessary)
(Kongresszentrum Hohe Düne, Rotunde – second floor)
- 19:15 – 20:15 **„Martynas and the SinChronic Quartet”**
Accordion meets string quartet
(Bootshalle)
Martynas, world champion virtuoso accordion and Prizewinner of the Festival Mecklenburg-Vorpommern
- 20:30 **Dinner hosted by Ms Sylvia Bretschneider, President of the Landtag Mecklenburg-Vorpommern**
(Kongresszentrum Hohe Düne, Sonnendeck – first floor)

Tuesday, 1 September

- 08:00 Meeting of the BSPC Drafting Committee (if necessary)
(Kongresszentrum Hohe Düne, Rotunde – second floor)
- 09:00 **FOURTH SESSION**
Sustainable and Accessible Social- and Healthcare - At the Crossroads of Healthcare Provision, the Demographic Shift and Shrinking Budgets
Chair – Mr Per Rune Henriksen, MP, Norway
Vice-Chair – Ms Carola Veit, President of the Hamburg Parliament

Keynote Speech

- **Ms Manuela Schwesig**, Federal Minister for Families, Senior Citizens, Women & Youths,
„Demographic Challenges and Care”

Innovation in Social- and Healthcare

- **Ms Olaug Bollestad**, MP, Norway, Chair of the BSPC Working Group on Innovation in Social and Healthcare
- **Ms Madara Muižniece** and **Mr Maximilian Priebe**, Representatives from the BSPC back-to-back event *„Kiel Week Youth Forum on Innovation in Social- and Healthcare”*

Coffee Break

10:30 – 11:00

Roundtable moderated by Susanne Kluge,
Television Presenter and Medical Journalist

- **Ms Olaug Bollestad,**
MP, Norway, Chair of the BSPC Working Group on Innovation in Social and Healthcare
- **Mr Jörg Heydorn,**
MP, Chair of the Study Commission on Ageing in Mecklenburg-Vorpommern
- **Ms Riitta Työläjärvi,**
Senior Advisor Health and Social Policy, Finnish Confederation of Salaried Employees STTK
- **Mr Björn Ekman,**
PhD, Researcher, Health Economics Division of Social Medicine and Global Health (SMGH), Department of Clinical Sciences, Lund University
- **Prof. Dr. Marek Zygmunt,**
Supervisory Board of BioCon Valley

Discussion

12:00

CLOSING OF THE 24th BSPC

Chair – Ms Sylvia Bretschneider, President of the Landtag Mecklenburg-Vorpommern, Chair of the BSPC

Vice-Chair – Mr Jānis Vucāns, MP, Latvia, Vice-Chair of the BSPC

- Administrative Matters
- Adoption of the Conference Resolution
- Address by the incoming Chair of the BSPC 2015-2016
- Presentation of next year's host country

13:00

Lunch, thereafter shuttle to **Hamburg Fuhlsbüttel** and **Berlin Tegel** airports as well as to **Rostock Main Station**

Legal Notice: By participation in the BSPC annual conference, you agree to the publication of photos that were taken during this event.

Annex 3

List of Participants

Member Parliaments and Parliamentary Organizations

Baltic Assembly

Dr. Giedrė	Purvaneckienė	President
Jānis	Vucāns	Vice President of the Baltic Assembly, Vice Chairman of the BSPC, Head of the Latvian delegation
Romualds	Ražuks	Vice-Chairman Latvian Delegation, Member Presidium Baltic Assembly
Marika	Laizāne-Jurkāne	Secretary General

European Parliament

Jørn	Dohrmann	MP, SINEEA-Delegation
Amelia	Padurariu	Secretary of the SINEEA Delegation

Federal Assembly of the Russian Federation

Valentina	Pivnenko	MP, Head of Russian Delegation
Oleg	Nilov	MP
Yulia	Guskova	Advisor
Anna	Zhiltsova	Advisor
Ekaterina	Jordan	Assistant
Svetlana	Shelest	Interpreteur

Nordic Council

Höskuldur	Thórhallsson	President
Wille	Rydman	MP
Jóhanna María	Sigmundsdóttir	MP
Britt	Bohlin	Secretary General
Nicolai	Stampe Qvistgaard	Senior Advisor
Torkil	Sørensen	International Advisor
Jan	Widberg	Director of Minister's Office in Latvia

Parliament of Åland

Jörgen	Petterson	MP
Annette	Holmberg-Jansson	MP
Axel	Jonsson	MP
Niclas	Slotte	Legal Advisor, Secretary of Delegation

Parliament of Bremen

Sülmez	Dogan	Vice President of the Parliament of Bremen
Antje	Grotheer	MP

Parliament of Denmark

Karin	Gaarsted	MP
Annette	Lind	MP
Caroline Magdalene	Maier	MP
Kamilla	Kjelgaard	Assistant

Parliament of Estonia

Helir-Valdor	Seeder	Vice President of the Parliament
Aadu	Must	MP
Andre	Sepp	MP
Ene	Rongelep	Senior Advisor

Parliament of Finland

Hanna	Kosonen	MP
Riitta	Myller	MP
Wille	Rydman	MP
Saara-Sofia	Sirén	MP
Mika	Laakson	Secretary for International Affairs

Parliament of the Federal Republic of Germany

Franz	Thönnnes	MP, Head of the Delegation
Herbert	Behrens	MP
Frank	Junge	MP
Sonja	Steffen	MP
Peter	Stein	MP
Thomas	Stritzl	MP
Nicole	Tepasse	Secretary of Delegation
Torsten	Schneider	Delegation Secretariat

Parliament of the Free and Hanseatic City of Hamburg

Carola	Veit	President of the Hamburg Parliament
Dr. Kurt	Duwe	MP
Sören	Schumacher	MP
Michael	Westenberger	MP
Johannes	Düwel	Director
Ulfert	Kaphengst	Head of Department Public Relations and Protocol
Marco	Wiesner	Deputy Head of Department Public Relations and Protocol

Parliament of Latvia

Jānis	Vucāns	Vice President of the Baltic Assembly, Vice Chairman of the BSPC, Chairman of the Latvian delegation
Romualds	Ražuks	Vice-Chairman Latvian Delegation, Member Presidium Baltic Assembly
Atis	Lejiņš	MP
Veiko	Spolītis	MP
Juris	Viļums	MP
Ingrīda	Sticenko	Senior Advisor
Linda	Kalniņa	Project coordinator, Saeima protocol devision

Parliament of Lithuania

Irena	Siaulienė	MP
Linas	Balsys	MP
Raimundas	Paliukas	MP

Parliament of Mecklenburg-Vorpommern

Sylvia	Bretschneider	Chair of BSPC, President of the Landtag Mecklenburg- Vorpommern, MP
Julian	Barlen	MP
Dr. André	Brie	MP
Dietmar	Eifler	MP
Silke	Gajek	MP
Jörg	Heydorn	MP
Detlef	Müller	MP
Jochen	Schulte	MP
Wolfgang	Waldmüller	MP
Manfred	Dachner	MP
Armin	Tebben	Director
Dirk	Zapfe	Leader President's Office
Stefan	Janssen	Unit Leader Protocol
Georg	Strätker	Unit Leader EU and Legal Affairs Committee

Parliament of Norway

Per Rune	Henriksen	MP, Head of Delegation
Olaug	Bollestad	MP
Sonja	Mandt	MP
Bente Stein	Mathisen	MP
Michael	Tetzschner	MP
Bjørn	Andreassen	Senior Advisor
Marianne	Seip	Political Advisor
Julie Helmersvik	Brevik	Advisor

Parliament of Sweden

Pyry	Niemi	MP, Head of Swedish Delegation
Per-Ingvar	Johnsson	MP
Rickard	Persson	MP
Suzanne	Svensson	MP
Cecilia	Widegren	MP
Petra	Sjöström	International Senior Adviser

Parliament of Poland

Ryszard	Górecki	Head of the Polish Delegation, Member of Polish Senate
Piotr	Bauć	MP
Piotr	Koperski	Secretary of the Delegation

Parliament of the City of St. Petersburg

Tatiana	Zakharenkova	MP
Vatanyar	Yagya	International Advisor

Parliament of Schleswig-Holstein

Bernd	Heinemann	Vice President of the Landtag Schleswig-Holstein, Head of Delegation
Angelika	Beer	MP
Astrid	Damerow	MP
Dr. Ekkehard	Klug	MP
Regina	Poersch	MP
Bernd	Voß	MP
Jette	Waldinger-Thiering	MP
Jutta	Schmidt-Holländer	Unit Leader, Administration

Legislative Assembly of The Leningrad Region

Aleksandr	Petrov	MP, Head of the Delegation – the Chairman of the Standing Commission on Health and Social Policy
Ludmilla	Teptina	Deputy to the Chairman of the Standing Commission on Health and Social Policy

BSPC and Observers

BSPC – Baltic Sea Parliamentary Conference

Bodo	Bahr	Head of the BSPC Secretariat
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Baltic Sea Forum

Jürgen	Schmidt	Member of the Board BSF
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BSSSC Brussels Antenna

Janne	Tamminen	Head of Office
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CBSS - Council of the Baltic Sea States

Michał	Czyż	Ambassador for Poland
Raul	Mälik	Ambassador for Estonia
Gudmundur Arni	Stefánsson	Ambassador for Iceland
Jan	Lundin	Director General of the CBSS Secretariat
Dr. Iris	Kempe	Senior Advisor

HELCOM- Helsinki Commission

Harry	Liiv	Chairman
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Helsinki - Uusimaa Region, Uusimaa Region Council

Ossi	Savolainen	Regional Mayor
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Association for cooperation with BSC “Norden”, NGO Forum Network

Daria	Akhutina	General Director
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NDPHS Secretariat

Marek	Maciejowski	Director
Wiebke	Seemann	Project Assistant

Region Skåne

Stefan	Lamme	Member of the Regional Assembly
Bengt	Stavenow	E-Health Strategist

Speakers and other Participants

BioCon Valley

Prof. Dr. Dr. Horst	Klinkmann	President
Lars	Bauer	Manager
Birgit	Pscheidl	Manager for International Affairs
Thomas	Karopka	Project Manager

Chamber of Industry and Commerce Neubrandenburg

Dr. Wolfgang	Blank	Director
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Chamber of Industry and Commerce Schwerin

Stefanie	Scharrenbach	Area Manager Regional Politics, International
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Embassy of the Republic of Lithuania

Ramūnas	Misiulis	First Embassy Counselor
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EIZ – Europäisches Integrationszentrum Rostock – European Integration Centre Rostock

Mandy	Kröppelien	Chair
Peter	Boldt	Coordinator BMBF Project Silversurfer
Jana	Kasten	Member of the Board

European Commission

Günther	Oettinger	Commissioner for Digital Economy & Society
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EUCC – EU Coastal and Marine Union

Nardine	Stybel	Manager
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Federal Ministry for Families, Senior Citizens, Women & Youth

Manuela	Schwesig	Federal Minister
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Finnish Confederation of Salaried Employees STTK

Riitta	Työläjäarvi	Senior Advisor Health and Social Policy
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Foundation Alfred Krupp Kolleg Greifswald

Prof. Dr. Bärbel	Friedrich	Scientific Director
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Greifswald University Women's Hospital

Prof. Dr. Marek	Zygmunt	Director
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Herbert Quandt Foundation

Dr. Roland	Löffler	Head of Foundation
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Institute for Political and Administrative Sciences University of Rostock

Professor Dr. Nikolaus	Werz	Chair of Comparative Government and Politics
Martin	Koschkar	Administrative Consultant

Kiel Week Youth Forum

Madara	Muižniece	Rapporteur
Maximilian	Priebe	Rapporteur

Life Science Nord Management GmbH

Dr. Hinrich	Habeck	Manager
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Lund University

PhD Björn	Ekman	Researcher
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Mecklenburger Foundation

Dr. Wolf	Schmidt	Chair
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Ministry of Economy Mecklenburg-Vorpommern

Harry	Glawe	Minister
Dr. Anja	Gelzer	Advisor

Ministry of Education Mecklenburg-Vorpommern

Katja	Steinfeld	Advisor
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Ministries of Foreign Affairs

Erja	Tikka	Finland, Ambassador for Baltic Sea Affairs
Michał	Czyż	Poland, Ambassador for CBSS
Raul	Mälik	Estonia, Ambassador for CBSS
Gudmundur Arni	Stefánsson	Iceland, Ambassador for CBSS
Sergey	Petrovich	Deputy Director, Russia

Ministries for Health

Rimantė	Šalaševičiūtė	Lithuania, Minister of Health
Annette	Widmann-Mauz	Germany, Parliamentary State Secretary of the Ministry of Health
Dmitry	Kostennikov	Russia, Vice Minister of Health, State Secretary
Bo	Könberg	Former Minister of Health Sweden
Thomas	Ifland	Germany, Senior Advisor, Ministry of Health
Jurgita	Kinderienė	Lithuania, Advisor, Ministry of Health
Eduard	Salakhov	Russia, Head of Division for International Cooperation in Public Health

Moderator

Susanne	Kluge	Moderator and TV Presenter
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Robert Koch Institute

Prof. Martin	Mielke	Head of Department of Infectious Diseases
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Rosa-Luxemburg-Foundation

Prof. Dr. Werner	Pade	Chair
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ScanBalt

Peter	Frank	General Secretary
Jaanus	Pikani	Vice Chair

State Chancellery Mecklenburg-Vorpommern

Erwin	Selling	Prime Minister of Mecklenburg- Vorpommern
Andrea	Herrmannsen	Head of Division

Universitair Medisch Centrum Groningen/Netherlands

Prof. Dr. Gerhard	Rakhorst	Emeritus
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University of Applied Sciences Wismar

Prof. Dr. Bodo	Wiegand-Hoffmeister	Rector
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University Rostock

Prof. Dr. Wolfgang	Schareck	Rector
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WHO – World Health Organization, Regional Office for Europe

Dr. Nedret	Emiroglu	Deputy Director
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WifOR – Wirtschaftsforschung – Economy Research

Dr. Dennis A.	Ostwald	Manager
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