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We'll meet again? Evaluation of the Norwegian Grant Programme for Health Collaboration with Russia 2016-2019

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Preface

The evaluation has been carried out by a team consisting of Aadne Aasland (team leader) and Jørn Holm-Hansen, both at Norwegian Institute for Urban and Regional Research, OsloMet – Oslo Metropolitan University, in collaboration with Bård Kårtveit at NORCE Research, and Ludmila Ivanova, Larissa Riabova and Svetlana Britvina at Luzin Institute for Economic Studies, a subdivision of the Federal Research Centre "Kola Science Centre of the Russian Academy of Sciences" (IES KSC RAS). Due to the Russian invasion of Ukraine 24 February 2022 the collaboration with colleagues at Luzin had to be suspended, and many of the interviews that were planned to be carried out in Russia could not be completed.

The evaluation was commissioned by the Norwegian Ministry of Health and Care Services.

We would like to thank all those having shared their time, information and insights with the evaluators.

Oslo, July 2022

Kristian Tronstad
Research Director

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Summary

The bilateral grant programme for Norwegian-Russian health collaboration is administered by the Norwegian Ministry of Health and Care Services with funding provided by the Norwegian Ministry of Foreign Affairs. Through this programme, financial support is provided for projects with Norwegian and Russian partners. The Programme's main goal is to strengthen health cooperation between professional milieus in Norway and Russia and to contribute to better public health.

Only Norwegian applicants are invited to apply, but they must have a Russian partner to receive funding. The thematic priorities for the period evaluated in this programme were i) Prevention and control of non-communicable diseases; ii) Prevention and control of infectious diseases; iii) Strengthening health systems and social services with significance for health.

This evaluation covers the 2016-2019 programme period but includes the years following to account for the effects of the Covid-19 pandemic on project and programme implementation. It is based on analysis of documents, a survey to project leaders and their main partners in Russia, semi-structured interviews with 12 project leaders/teams, and expert interviews in Norway, Russia and the Nordic countries.

Parts of the evaluation team conducted a similar evaluation of the programme in 2007 which has made it possible to do a systematic comparison and identify developments. The context in which the programme has been carried out in recent years differs in significant ways from those in 2007 with an authoritarian and conservative turn in Russian politics, and a deterioration of relations between Russia and the West. Though working on certain themes and with certain Russian partners have become more challenging, most of the collaboration has proceeded without negative effects from the otherwise worsened bilateral political climate. This has been facilitated by regional collaboration on health not having become politicised, and even officially supported by authorities in both countries.

The comparison of the findings from the survey carried out among project leaders in 2007 with those of the survey we carried out in 2022 indicates that the programme has improved. The survey respondents are considerably more likely to assert that their projects have been successful now than in 2007 along a large set of result indicators. Though it would be premature to assess the impact of the projects on population health, based on our evaluation criteria, it can be concluded with much confidence that the projects in the 2016-2019 period have been highly successful in creating preconditions for such impact.

Ten result indicators have been analysed to draw this main conclusion:

- **Composition of the project portfolio (geographical distribution, thematic distribution between priority areas)**

  All three priority areas are represented with projects, many of the projects cover more than one priority area. Compared to 2007, projects in the 2016-19 period are in somewhat stronger alignment with the programme's priorities than they were then. There is a wide geographical distribution of projects, though Arkhangelsk is over-represented in Russia; and in Norway nearly half the institutions involved are Oslo-based. Some of these have nation-wide responsibilities, though. There are relatively few newcomers in the collaboration.

- **Extent of development of new practices, methods, organization, and policies**

The list of such developments is long. New ways of treating patients, strengthening the role of primary health care, how to reach patients in sparsely populated areas, establishment of new guidelines, initiation of cross-sectoral collaboration, implementation of health information systems and health communication, strengthening prevention efforts, and new methods of awareness raising are some examples of a much longer list.

- **Extent to which collaboration between Norwegian and Russian actors has been strengthened**

The survey clearly demonstrates that collaboration between Norwegian and Russian partners is highly esteemed by project partners in both Norway and Russia. Of all results this is the item that obtained the highest score among respondents. There has also been a substantial improvement from our previous evaluation in 2007

- **Degree of mutual benefit from the collaboration**

There is a certain asymmetry in the programme in that the effects of the projects are most visible in Russia; most of, but not all, the projects have some form of improvements in Russia as their main goal. It is easier to point to concrete benefits on the Russian side. Transfer of competence from the Russian to the Norwegian side is, however, substantial. Benefits for the Norwegian partners are more often of an indirect kind, but perceived to be valuable.

- **Degree of equality between Norwegian and Russian partners in the collaboration**

There cannot be full equality between the partners when the project leaders are all from Norway, and the main bulk of funding comes from Norway (though with a requirement for financial contribution from the Russian partner). Nevertheless, the survey suggest a good balance between the different partners in the project. We find a very high level of mutual trust between project partners.

- **Obstacles in implementation (bureaucratic, financial, political, effects of Covid-19)**

The clearly most significant obstacle in implementation of the collaboration projects, for those projects that were not yet completed, has been the Covid-19 pandemic. Many of the planned activities were impossible to carry out during the pandemic. Travels were restricted, and there were many delays and cancellations of events. Most projects have experienced other types of obstacles as well, but they are relatively few, and not systematic.

- **The strength of linking up with local, regional and national (federal) authorities**

The involvement of local and regional authorities in Russia in the projects is very substantial; four in five projects report such involvement. This secures integration of the project results into the general health systems locally. Involvement of federal authorities is somewhat lower.

- **The projects' sustainability (ability to continue without support from the programme)**

There are strong indications that results and changes will remain after projects have been completed. However, a large proportion in our survey indicated that it would be hard to follow up without continued funding from the programme.

- **Improved knowledge about each country's respective health systems**

Both Norwegian and Russian partners were unison when it comes to what they had learnt about the health system in their partner countries. Close to 100% of the respondents said that they had learnt about Norwegian/Russian experiences in the field; this was the item highest rated in a list of potential project gains.

- **Satisfaction with the project administration**

In the survey the administration got a very high rating on criteria such as information sharing, flexibility, advice, communication, accessibility, application procedures, bureaucracy. There are significant improvements compared to 2007. Some concerns are expressed regarding the project cycle which is not considered ideal by many project leaders.

The evaluation has also identified some conducive factors that help projects to succeed:

1. The ability of the projects to take into account and adapt to different contexts in the two countries.
2. Mutual trust and openness between the partners
3. Sufficient time for project activities
4. Institutional support in own organisation and political support
5. Readiness to make adjustments
6. Addressing policy priorities in the local setting
7. A professional and dedicated programme administration

Though the current situation with an ongoing war and suspension of Norwegian-Russian official contacts makes it challenging to make recommendations for the programme's future, the evaluation reports ends with some recommendations that presuppose a normalisation of relations between Norway and Russia.

Sammendrag

Det bilaterale tilskuddsprogrammet for norsk-russisk helsesamarbeid administreres av det norske Helse- og omsorgsdepartementet med midler fra det norske Utenriksdepartementet. Gjennom dette programmet gis det økonomisk støtte til prosjekter med norske og russiske partnere. Programmets hovedmål er å styrke helsesamarbeidet mellom fagmiljøer i Norge og Russland og bidra til bedre folkehelse.

Bare norske søkere inviteres til å søke, men de må ha en russisk partner for å få midler. De tematiske prioriteringene for perioden som ble evaluert i dette programmet var i) Forebygging og kontroll av ikke-smittsomme sykdommer; ii) Forebygging og kontroll av smittsomme sykdommer; iii) Styrking av helsesystemer og av sosiale tjenester med betydning for helse.

Denne evalueringen dekker programperioden 2016-2019, men inkluderer årene etter for å ta hensyn til effektene av Covid-19-pandemien på prosjekt- og programimplementering. Den er basert på analyser av dokumenter, en spørreundersøkelse til prosjektledere og deres hovedpartnere i Russland, semistrukturerte intervjuer med 12 prosjektledere/team, og ekspertintervjuer i Norge, Russland og Norden.

Deler av evalueringsteamet gjennomførte en tilsvarende evaluering av programmet i 2007, noe som har gjort det mulig å gjøre en systematisk sammenligning. Konteksten som programmet har blitt gjennomført i de siste årene, er på vesentlige måter endret fra 2007 med en autoritær og konservativ vending i russisk politikk, og en forverring av forholdet mellom Russland og Vesten. Selv om arbeidet med noen temaer og med noen typer russiske partnere er blitt mer utfordrende, har det meste av samarbeidet foregått uten negativ påvirkning av det ellers forverrede bilaterale politiske klimaet. Dette skyldes at regionalt samarbeid om helse ikke er blitt politisert, og at samarbeidet er blitt offisielt støttet av myndighetene i begge land.

Sammenligningen av funnene fra undersøkelsen utført blant prosjektledere i 2007 med funnene fra undersøkelsen vi gjennomførte i 2022, indikerer flere forbedringer av programmet. Det er betydelig større andel prosjektledere og russiske partnere som hevder at prosjektene deres har vært vellykkede nå enn i 2007 langs de fleste resultatindikatorene. Selv om det ville være for tidlig å vurdere effekten av prosjektene på befolkningens helse, kan det basert på våre evalueringskriterier likevel med stor grad av sikkerhet konkluderes med at prosjektene i perioden 2016-2019 har vært svært vellykkede med hensyn til å skape forutsetninger for slike positive effekter.

Denne hovedkonklusjonen baserer seg på analyse av 10 resultatindikatorer:

- **Sammensetning av prosjektporteføljen (geografisk spredning, tematisk fordeling mellom prioriterte områder)**

  Alle de tre satsingsområdene er representert med prosjekter, og mange av prosjektene dekker mer enn ett satsingsområde. Sammenlignet med 2007 er prosjektene i perioden 2016-19 i noe sterkere samsvar med programmets prioriteringer enn de var dengang. Det er en bred geografisk spredning av prosjekter. Vi finner likevel at Arkhangelsk er overrepresentert i Russland. I Norge befinner nesten halvparten av de involverte institusjonene seg i Oslo. Noen av disse har imidlertid landsdekkende ansvar. Det er relativt få nykommere i samarbeidet.

- **Omfang av utvikling av nye praksiser, metoder, organisering og retningslinjer**

  Listen over slik utvikling er lang. Nye måter å behandle pasienter på, styrking av primærhelsetjenestens rolle, hvordan man kan nå pasienter i spredtbygde strøk, etablering av nye retningslinjer, igangsetting av tverrsektorielt samarbeid, implementering av helseinformasjonssystemer og helsekommunikasjon, styrking av forebyggende innsats, og nye metoder for bevisstgjøring er noen eksempler fra en mye lengre liste.

- **I hvilken grad samarbeidet mellom norske og russiske aktører er styrket**

  Undersøkelsen viser tydelig at samarbeid mellom norske og russiske partnere er høyt verdsatt av prosjektpartnere i både Norge og Russland. Av alle resultater er det dette området som oppnådde høyest score blant respondentene i spørreundersøkelsen. Det har også vært en betydelig forbedring fra vår forrige evaluering i 2007

- **Grad av gjensidig nytte av samarbeidet**

  Det er en viss asymmetri i programmet ved at effektene av prosjektene er mest synlige i Russland: De fleste, men ikke alle, prosjektene har en form for forbedringer i Russland som hovedmål. Det er således lettere å peke på konkrete resultater og nytte på russisk side. Overføring av kompetanse fra russisk til norsk side er imidlertid også betydelig. Nytten for de norske partnerne er oftere av indirekte art, men oppfattes likefullt som verdifull.

- **Grad av likestilling mellom norske og russiske partnere i samarbeidet**

  Det kan ikke være full likhet mellom partnerne når alle prosjektlederne er fra Norge, og hovedtyngden av finansieringen kommer fra Norge (dog med krav om økonomisk bidrag fra den russiske partneren). Evalueringen vitner likevel om en god balanse mellom de ulike partnerne i prosjektet. Vi finner en svært høy grad av gjensidig tillit mellom prosjektpartnerne.

- **Hindringer i implementeringen (byråkratiske, økonomiske, politiske, effekter av Covid-19)**

  Den klart viktigste hindringen i gjennomføringen av samarbeidsprosjektene har vært Covid-19-pandemien (for de prosjektene som ennå ikke var fullført da denne inntraff). Pandemien gjorde at svært mange av de planlagte aktivitetene ikke lot seg gjennomføre, den begrenset reisevirksomhet, og det oppsto mange forsinkelser og avlysninger av arrangementer. De fleste prosjekter har også opplevd andre typer hindringer, men de er relativt få, og ikke systematiske.

- **Grad av involvering av lokale, regionale og nasjonale (føderale) myndigheter**

  Deltakelse i prosjektene av lokale og regionale myndigheter i Russland er svært betydelig; fire av fem prosjekter rapporterer slik involvering. Dette sikrer integrering av prosjektresultatene i de generelle helsesystemene lokalt. Føderale myndigheters deltakelse har vært noe lavere.

- **Prosjektenes bærekraft (evnen til videreføring uten støtte fra programmet)**

  Det er sterke indikasjoner på at resultater og endringer vil vedvare etter at prosjekter er avsluttet. En svært stor andel av svarene i vår undersøkelse indikerte imidlertid at det vil være vanskelig å følge opp uten fortsatt finansiering fra programmet.

- **Forbedret kunnskap om de to landenes respektive helsesystemer**

  Både norske og russiske partnere var unisone når det gjelder hva de hadde lært om helsesystemet i sine samarbeidsland. Nærmere 100 % av respondentene sa at de hadde lært om norske/russiske erfaringer på feltet; dette punktet ble rangert høyest i en liste over potensielt prosjektutbytte.

- **Tilfredshet med prosjektadministrasjonen**

  I undersøkelsen får administrasjonen svært høy score på kriterier som informasjonsdeling, fleksibilitet, rådgivning, kommunikasjon, tilgjengelighet, søknadsprosedyrer og byråkrati. Vi finner betydelige forbedringer på disse punktene sammenlignet med 2007. Det uttrykkes noe misnøye med prosjektsyklusen som mange prosjektledere ikke anser å være ideell.

Evalueringen har også identifisert noen faktorer som er gunstige for at prosjektene skal lykkes:

1. Prosjektenes evne til å ta hensyn til og tilpasse seg ulike kontekster i de to landene.
2. Gjensidig tillit og åpenhet mellom partnerne
3. Tilstrekkelig tid til prosjektaktiviteter
4. Institusjonell støtte i egen organisasjon og politisk støtte
5. Evne til å foreta justeringer underveis
6. Ta hensyn til politiske prioriteringer i den lokale konteksten
7. En profesjonell og dedikert programadministrasjon

Selv om dagens situasjon med pågående krig og stans i norsk-russiske offisielle kontakter gjør det utfordrende å komme med anbefalinger for programmets fremtid, avsluttes evalueringsrapporten med noen anbefalinger som forutsetter en normalisering av forholdet mellom Norge og Russland.

1 Introduction

1.1 The Grant Programme for Norwegian-Russian Health Collaboration

Since the mid-1990s, Norway and Russia have collaborated on solving challenges in the health and social care sector. Norway participates actively in health cooperation with Russia through the Barents cooperation, the Northern Dimension and the Arctic Council. The bilateral grant programme for Norwegian-Russian health collaboration (hereafter abbreviated 'the grant programme'), is administered by the Norwegian Ministry of Health and Care Services with funding provided by the Norwegian Ministry of Foreign Affairs. Through this programme, financial support is provided for projects with Norwegian and Russian partners. The Programme's main goal is to strengthen health cooperation between professional milieus in Norway and Russia and to contribute to better public health.

The priorities of the grant programme follow the priorities in the Barents Framework Collaboration Programme on Health and Related Social Issues, which is adopted by the Barents (previously Joint) Working Group on Health and Related Social Issues. The priorities for the program period 2016-2019, which is the main focus of this evaluation, were the following:

- Prevention and control of non-communicable diseases including reduction of lifestyle-related risk factors, environmental factors and new health threats
- Prevention and control of infectious diseases
- Strengthening health systems and social services with significance for health

In addition, emphasis is put on mutual benefits to both the Norwegian and the Russian side. The project partners in both countries should contribute their own efforts and resources. Furthermore, a gender perspective should be maintained.

The bilateral project cooperation is extensive, with funding in the size of approx. NOK 16.5 million granted annually. Much of the cooperation takes place in the various regions in the Russian part of the Barents region, but the programme also includes activities and partners in other federation subjects, e.g. Kaliningrad, St. Petersburg, Leningrad oblast and Moscow. Likewise, on the Norwegian side, many partner institutions are located in the Barents region (the two northernmost counties of Troms & Finnmark[1] and Nordland), but the programme is open for applications from institutions all over Norway.

[1] The counties of Troms and Finnmark were merged 1 January 2020. At the time of writing the Norwegian government has proposed to split the two counties again by 2024, awaiting approval from the Storting (parliament).

1.2 Other arenas for Norwegian-Russian health collaboration

As mentioned above, Norwegian-Russian health collaboration takes place[2] within a framework where there are also several multilateral platforms and arenas. In this section we briefly present the most important of these, since they to different degrees are relevant also for the Norwegian-Russian health collaboration. We will later briefly come back to how stakeholders assess synergies between these arenas and the grant programme.

1.2.1 The Working Group on Health and Related Social Issues (WGHS) under the Barents umbrella

The Working Group on Health and related Social Issues (WGHS) (formerly the *Joint* Working Group, JWGHS), consists of members from Norway, Sweden, Finland and Russia, and has representation both at central government and regional levels, and reports both to the Barents Euro-Arctic Council (BEAC) and the Barents Regional Council (BRC). The working group also has representation from the Working Group of Indigenous Peoples. WGHS provides a political structure for health and social cooperation in the Barents region, where representatives of health authorities at national and regional levels meet twice a year (not possible during the Covid-19 pandemic) to discuss relevant issues. The aim of the collaboration is to improve public health and social well-being of people living in the Barents Region.

The WGHS prepares its own health and social programme for four years at a time. The current programme covers the period 2020-2023, while the programme for the period of this evaluation was the 5th Framework Programme for Cooperation on Health and Related Social Issues in the Barents Euro-Arctic Region 2016-19[3].

The working group also oversees expert programmes (also called sub-programmes), and currently these are the following: the Barents HIV/TB programme; the Barents programme for children and youth at risk; and the Barents programme on new technologies and methods for health care in sparsely populated areas. The latter was adopted in 2019, i.e. at the end of the period of our evaluation, together with the new 6th Framework programme.

The bilateral grant programme has been closely attuned to the priorities set out by the WGHS. In the current programme one of the priorities of the 5th Framework programme (Strengthening health systems and social services with significance for health, see Section 1.1) has been replaced by two new priorities: Improved health and increased access to health care in sparsely populated areas; and Improved environment for growth and development of children and youth. This also has implications for the priorities and new projects under the programme.

[2] We write this in the present tense, although most of this collaboration has been suspended as a result of the Russian invasion of Ukraine.

[3] The 5th Framework programme can be downloaded from https://www.regjeringen.no/contentassets/f493e5c1b0e64abfa2d4a04154356e89/jwghs_framework_programme_2016-2019_eng.pdf ; while the current 6th Framework programme is accessible here: https://www.barentsinfo.fi/beac/docs/Barents_Framework_Programme_for_Cooperation_on_Health_and_Related_Social_Issues_2020-2023.pdf .

There are also other strong synergies between WGHS and the grant programme. The Norwegian Ministry of Health and Care Services has a national level representative in the WG and thus contributes to the development of priorities set by the group.

In addition to WGHS, there are also other working groups under BEAC and BRC with relevance for Norwegian-Russian health collaboration, e.g. Working Group on Youth and Joint Committee on Rescue Cooperation.

Health was one of three priorities (besides people-to-people contact and knowledge) during Norway's chairmanship of the Barents Euro-Arctic Council in the 2019-21 period. In this connection Norway hosted the first ever Ministerial Meeting on Health and Social Issues on 12 November 2019.

The regional focus is appreciated by partners on both side of the border. As stated by one of our interviewees: "Working through the Barents structures is useful because the Russian regions involved operate more flexibly than if we had to go to via Moscow. But also this regional cooperation has become more centralised".

The work of the BEAC was suspended following the Russian invasion of Ukraine in February 2022. At the time of writing (June 2022), activities in the working groups, including the WGHS have been resumed without the Russian Federation.

1.2.2 The Northern Dimension Partnership in Public Health and Social Well-being

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a cooperative effort of ten governments, the European Commission and eight international organisations, where Norway and Russia are represented at government level. As is the case with the Barents WGHS, NDPHS brings together experts from the member countries and the aim is to exchange information, learn from each other, and initiate joint activities. The priority areas of the NDPHS are similar to those of WGHS: i) To reduce the spread of major communicable diseases and prevent life-style related non-communicable diseases; and ii) To enhance peoples' levels of social well-being and to promote socially rewarding lifestyles. As is the case with the Barents health collaboration, NDPHS also has expert groups (e.g. an expert group on HIV, TB and associated infections).

Some of the members of NDPHS and its expert groups participate also on the WGHS collaboration platforms. There are several examples where the grant programme has financed the Norwegian and Russian components in some of the larger NDPHS initiatives. While in the Barents collaboration Norwegian health authorities have regular meetings with *regional* authorities in the north, NDPHS' emphasis is on the national level. The expert groups also play a significant role in the partnership.

NDPHS activities were also suspended after the Russian invasion of Ukraine, but most of the activities have since been resumed without the Russian Federation.

1.2.3 The Arctic Council

Both Norway and Russia are members of the Arctic Council, and activities there are also relevant for the Norwegian-Russian health collaboration. Of particular relevance is the Arctic Human Health Expert Group (AHHEG) under the Arctic Council's Sustainable Development Working Group. This expert group is an integrated research community consisting of professionals with interest in circumpolar community health and wellness. Norway will take over the chairmanship of the Arctic

Council from Russia in 2023. As a result of Russia's invasion of Ukraine, seven of the eight Arctic Council states decided on March 3 2022 that the Arctic Council should have a break and stop all meetings and outreach activities. At the time of writing (June 2022) project work in the Arctic Council was resuming, but without Russian participation.

1.2.4 The Nordic Council of Ministers

In 2017 the Nordic Council of Ministers launched a Thematic Programme on Health Promotion and Prevention. The programme, which lasted for two years, supported co-operation between the five Nordic Countries (Denmark, Finland, Iceland, Norway, Sweden and Faroe Island, Greenland and Åland) and the seven regions of Northwest Russia that are closest to the Nordic countries. The purpose of the Programme was to develop and strengthen the Nordic-Russian co-operation on health and prevention of diseases with a cross-border impact on the Nordic Region and Northwest Russia. The programme was administered by The National Institute for Health and Welfare in Finland (THL). In contrast to the bilateral Norwegian-Russian grant programme, this programme had no open call for proposals and operated on a direct invitation principle. Key areas of collaboration have been HIV and Tuberculosis, later also anti-microbial resistance.

1.2.5 Council of the Baltic Sea States

Norway and Russia are both among the 11 member states (+ EU) of the Council of the Baltic Sea States (CBSS). CBSS has only limited focus on health issues, but children at risk has been one of the priorities of this collaboration with its own expert group. This expert group has, among others, prioritised children’s mental health. At the time of writing (May 2022) Russia has been suspended and subsequently withdrew from the Council.

1.2.6 World Health Organisation

The World Health Organisation (WHO) is the U.N. specialised agency for global collaboration in the field of international public health. WHO coordinates the global response to health emergencies, fighting infectious diseases like HIV and TB, and non-communicable diseases like cancer. Representatives from WHO/EURO takes part in the meetings of the WGHS or the expert programmes when relevant.

1.2.7 Bilateral health agreement with Russia, and ministerial Norwegian-Russian health collaboration programmes

In 1994 the health ministers of Norway and Russia signed a bilateral health agreement for collaboration between the two countries in the field of medicine, public health policy and practice. This agreement has been accompanied by successive ministerial health collaboration programmes, the last one for the 2017-2020 period. The following seven priority areas were singled out in this program: i) Measures and programmes for prevention; ii) combating infectious diseases; iii) emergency preparedness; iv) Organisation of health services; v) Tertiary health services (high technology treatment); vi) Environmental health; and vii) Professional education in medicine and pharmacology. This bilateral health cooperation between Norway and Russia has been suspended since the Russian invasion of Ukraine.

1.3 Developments in Russia and Norwegian-Russian relations

When the first grant programme for health collaboration between Norway and Russia was launched under the Barents Euro-Arctic Region auspices in 1999, Russia's economy would soon start to recover from a catastrophic economic downturn after the breakup of the Soviet Union in 1991 (Hønneland 2010). One important motivation for setting up this programme was the dismal health situation in North-West Russia and the hope that joint actions would lead to rapid improvements.[4] Since the programme was first launched there have been substantial changes in the political, economic, social and structural contexts surrounding it, which all have had the potential to affect its achievements.

With a rapid economic growth during the early 2000s Russia's self-assertiveness on the international scene grew. At the same time health was given a high priority in Russia, shown among others as being selected as one of four presidential programmes that were allocated considerable resources and public attention. Health indicators improved. Russia was interested in international collaboration on health that could contribute to an improvement of the health situation. In 2010, Leland & Hoel gave a mixed assessment of overall achievements of the Barents collaboration, but singled out *health issues* as an area in which the collaboration had made one of its most important accomplishments (p.51, see also Rowe and Hønneland (2010:139-40)).

Since 2012, when Vladimir Putin was sworn in for his third presidential term, Russia has become increasingly authoritarian, centralised and culturally conservative (see e.g. Kortukov 2020; Laruelle 2020; Lewis 2020). The 2012 "foreign agents law", and the law on undesirable organisations (2015) with subsequent tightening, pose challenges to the preconditions upon which the Norwegian-Russian health collaboration programme build. These laws reflect increased centralization in Russia combined with strengthening of anti-Western tendencies and control of civil society.

The "foreign agents" law could potentially be damaging for Norwegian-Russian projects with a Russian civil society partner. The law stipulated that organizations engaging in political activity and receiving foreign funding must register as foreign agents. It is the state that determines whether an organization is engaging in political activity. Designated foreign agents are then not only obliged to adhere to a number of tedious bureaucratic regulations, but are also likely to be treated with suspicion both by authorities and other stakeholders.

Though health is one of several issues explicitly exempted from activities that is considered 'political', there are numerous examples of organisations in the health sphere, e.g. on HIV/AIDS prevention, drug prevention, etc. being designated 'foreign agents' due to their controversial stance on certain health policies (e.g. promotion of substitution therapy for drug users, etc.). The foreign agents law was subsequently tightened in 2021 to reach also the individual level, whereby any politically active person in Russia can face administrative or criminal prosecution for failing to register as an 'individual acting as a foreign agent' or submit regular paperwork on their activities to the authorities.

[4] Health Co-operation Programme in the Barents Euro-Arctic Region 1999-2002, the 6th Barents Euro-Arctic Council, Bodø, 4–5 March 1999, p. 10.

The 2014 annexation of Crimea was followed by sanctions and counter sanctions and a generally worsened geopolitical climate (Østhagen 2020). Russian–Western relations, which had already started to deteriorate, have become far more strained, necessarily affecting bilateral relations between Russia and Norway (Wilhelmsen and Gjerde 2018). However, analysing the Barents collaboration between Norway and Russia before and after the 2014 Ukraine crisis, Blakar (2016:iii) found that the collaboration in the North had remained 'an island of normalcy during an otherwise cooler time period'. Moreover, collaboration on health and social issues within the Barents framework and the Norwegian-Russian health collaboration continued with basically the same organisational structure that had existed before political relations between the two countries had become more strained. Collaboration with Russia in the North on issues of common interest had remained a Norwegian policy priority.

This backdrop is important to understand the conditions in which the project collaboration in the 2016-19 period took place.

1.4 Aim of the evaluation

The Norwegian Ministry of Health and Care Services has commissioned an evaluation of the grant programme for the 2016-2019 period. The purpose of the evaluation is to provide knowledge that can help to assess the grant programme's contribution to realising the goals of the Barents Collaboration Programme on Health and Related Social Issues and the programme's significance for promoting Norwegian-Russian bilateral collaboration, as stipulated in the Collaboration programme between the Health and Care Ministries in Norway and Russia, as well as bilateral collaboration in the Barents region. The evaluation's main focus is on the programme period 2016-2019 but, as requested by the Ministry, the evaluation also contains a brief discussion on how the Covid-19 pandemic has affected the collaboration in projects that are still ongoing.

The grant programme has been evaluated several times before, in 2004 by Fridtjov Nansen's Institute (Hønneland and Moe 2004), in 2007 by NIBR (Holm-Hansen, Aasland and Malik, 2007) and in 2013 by Socon Ltd (Aarva & Ilchenko, 2013). Given that parts of the evaluation team conducted the 2007 evaluation, results from this evaluation have been used as a basis for comparison, to assess how the programme has developed along a set of parameters over more than a decade. Another aim of the evaluation was originally to give recommendations for possible adjustments of the programme for its future development. Even though the future of the programme is now uncertain, we have assumed that the programme can be taken up some time in the future, and we have therefore included some recommendations with this in mind.

The evaluation focuses on the following aspects of the collaboration:

- the correspondence between how the funds are being used and the objectives that have been formulated in governing documents
- the degree of goal achievement
- local Norwegian and Russian actors' experiences of project cooperation
- the strength of the professional networks across the borders
- the parties' knowledge about each other and each other's systems
- actors' suggestions for possible future priorities in the collaboration
- how the project administration affects the grant recipients' goal achievements at project level.

The evaluation seeks to analyse project implementation and results in the light of the external conditions that apply in today's Russia and in relations between Russia and Norway/the West. This includes the deterioration of bilateral political relations between Norway and Russia following Russia's annexation of the Crimean Peninsula in 2014, as well as the more authoritarian turn in Russian politics from 2012 onwards. We also briefly discuss the extent to which and how the projects have been affected by the Covid-19 pandemic and what the project partners did to mitigate these challenges. The implications of the Russian invasion of Ukraine for the future of the programme are, however, only cursory discussed.

The future of the grant programme is now highly unpredictable given the current international and bilateral political climate. This has implications for the recommendations given in the report. We do not see it as our task to give recommendations about the potential continuation of the grant programme. Our recommendations at the end of the report therefore presume that there will be opportunities for re-establishing links and active collaboration on health with Russia in the future. Whether this is feasible or not is, however, uncertain.

2 Methodology

2.1 Analytical approach

The evaluation has been carried out using programme theory as a tool to structure the research process as well as the analysis and report. Programme theory divides the activities and results that are evaluated into:

input (the 'intervention', the initial project activities) --> **output** (the 'deliveries', the immediate results) --> **outcome** (what the 'deliveries' make project participants and target groups do as a result of the activities) --> **impact** (on the programme's main objectives)

This simple model proves to be helpful to turn the attention to effects and impact rather than focusing merely on outputs. Thereby it enables an analysis of the correspondence between the use of the programme's funding of activities and programme objectives. We have applied this model throughout the evaluation process from reading programme and project documents, developing the interview guides and survey and not least the final analysis of findings as presented in this report.

The Programme's main objectives are to strengthen health cooperation between professional milieus in Norway and Russia and to contribute to better public health. Ascertaining the impact of the bilateral grant programme for Norwegian-Russian health collaboration on the overall situation of public health in the two countries would be very difficult given the challenge of attributing health indicators to programme activities. Therefore, in line with programme theory the underlying question throughout the evaluation has been to what extent inputs, outputs and outcomes point towards cross-national professional development that *underpin the endeavours* to improve public health. In other words, the underlying question throughout the evaluation is to what extent the projects create preconditions for impact.

Strengthening professional cooperation is pivotal in this respect. Strong cross-national professional communities is an objective on which the programme may have a direct effect whereas improving public health is contingent upon so many factors that it would be hard to attribute developments to programme activities. Following the logic of programme theory, strengthening professional cooperation is closer to outcome than to impact and will be analysed in line with that.

Contextual realities play a significant role in Norwegian-Russian cooperation. Project activities do not unfold in a vacuum but in settings that to a very little extent can be altered by project participants. In some cases a project may be well thought out and internally logical but poorly adapted to its surrounding realities. The ability to relate adequately to the institutional context – power relations, customary practices, expectations and economic realities – often prove to be the key to a project's success.

The evaluation investigates the effects of three major contextual factors. These are the increasingly strained relations between Russia and the West, the gradual turn to a more centralised and inward-looking Russia as well as the Covid-19 pandemic. At project level also programme administration forms a contextual factor. This aspect has been included in the analysis.

The aim of the evaluation is not merely to establish whether the projects have effects but also how and why. Are there regularities and patterns in how the projects work and in what causes success and failure? In order to give answers to these questions some methodological considerations are in place. We have chosen a methodological approach that produce knowledge about a selection of aspects from *all the projects* under the programme but also analyses *a smaller number* of projects in depth in order to detect and analyse mechanisms that lead to success or failure. Therefore, our methodological approach combines quantitative and qualitative practices.

2.2 Written sources

We have had access to all project applications and project reports of projects with activities in the 2016-19 period. These have been used to get an overview of and analyse the project portfolio. Project applications, final reports, and other project-level documents were also used as background materials to select some projects for closer scrutiny (see below). Some basic statistics about the projects has been compiled, e.g. the types of institutions involved on the Norwegian and Russian side, the alignment of the projects with the different programme priorities, the geographical distribution of projects, and project approval rates. We have not made a systematic analysis of projects that were not funded.

2.3 Semi-structured interviews with Russian project leaders and Russian co-ordinators

The selection of projects for more in-depth scrutiny was based on a set of criteria so that we would get a representative selection of different types of projects. Since the evaluation focuses on the 2016-19 period, only projects starting in this period were selected, even though the portfolio included projects that had started earlier. Projects covering the three main priority areas in the programme period – communicable diseases, non-communicable diseases and health system developments – were included. Likewise, projects involving different types of institutions, i. e. hospitals, academic institutions, other public health and social institutions, charity organisations and NGOs, in both Norway and Russia, were selected. The collaboration includes institutions both in and outside the Barents region, and projects implemented both adjacent to and further away from the Norwegian-Russian border were selected as case studies. In order to assess changes in the grant programme over time, projects based on a longer history of collaboration are slightly overrepresented, but also projects with newer constellations in terms of partners and themes are included. Likewise, somewhat more emphasis was given to larger projects lasting over a longer time period, rather than small and very short-term projects.

All together 12 projects were selected. We conducted interviews with Norwegian project partners, but managed only to conduct two interviews with Russian project co-ordinators before the Russian invasion of Ukraine, whereby collaboration with our Russian partners at the Luzin institute in Apatity, representing a state institution, was suspended.

Interviews were conducted digitally, allowing for reaching interviewees from several parts of the two countries.

We have not conducted individual evaluations of the 12 selected projects and sparsely give examples from concrete projects. Firstly, we promised our informants anonymity, that their statements would not be recognised in the project reports so that they would speak more freely and not be afraid to share also difficult aspects. Second, we believe the more general trends that can be derived from these interviews give a better understanding of project achievements and challenges, and the mechanisms that lead to such outcomes, than a focus on singular projects, which would anyway have been rather superficial given the scope of the evaluation.

Below is a brief presentation of the 12 projects selected. It should be noted, however, that many of the project leaders had been involved in collaboration with Russia over a large number of years. Thus, many of the interviews contained information also about previous collaboration and how it had developed, which is information that we also build on in this report.

Title: Sharing knowledge and building capacity among health workers in Norway and Russia about MDR-TB, TB/HIV and health communication
Norwegian coordinator: LHL International
Project leader: Anna Eilertsen
Interviewed: Anna Eilertsen and Berthe Stenbert
Interviewed 2: Nina Nizovtseva, Easy Breathing Charity Fund
Written comments sent by Einar Heldal (FHI)

The project builds on a number of previous projects, the first of which started in 1997. The project has changed focus over the years as the situation has changed, but the overall objective has been the same: to reduce tuberculosis (TB) disease and death in Arkhangelsk, later expanded also to Murmansk and Komi. This latest concrete project consists in Training of Trainers in effective health communication for health workers (TB and HIV); and cross-sectoral expert meetings. These projects involve competence building for Russian health professionals who are working with TB and HIV on a daily basis, but also for Norwegian health professionals who have very limited experience dealing with both TB and HIV in Norway.

Title: Improvement of the diagnostic and treatment module in psychiatry for GPs in Archangelsk Country: as part of The Pomor model in psychiatry
Norwegian coordinator: Finnmarkssykehuset HF
Project leader: Grigory Rezvy
Interviewed: Grigory Rezvy

The project builds on a previous project “The Pomor model in Psychiatry – implementation, evaluation and sustainability in Archangelsk Oblast”. The Pomor model, aimed at building competence on psychiatric treatment among general practitioners, and improving communication between psychiatric specialist services and general practitioners, has been introduced in most districts of Arkhangelsk oblast. The health minister of the oblast has decided that the model shall be implemented in the whole oblast, and the project will establish contact, training and collaboration with remaining districts. The project also aims to provide training of general practitioners, evaluate the effects of the model and disseminate results.

Title: Heart to Heart: Major new insights into health differences between Norway and Russia
Norwegian coordinator: UiT The Arctic University of Norway
Project leader: Sameline Grimsgaard
Interviewed: Sameline Grimsgaard

Heart to Heart is a joint plan to compare, identify and quantify differences in Cardiovascular Disease and its determinants in forming the huge difference in CVD mortality between Russia and Norway (seven times higher in Russia than in Norway). The project builds on previous engagement between Russia and Norway in research, training and capacity building in popular health, clinical health and health policy. This work has generated new insights into health differences between Russia and Norway by comparing the health in the two populations. The aim with this project is to develonew, longer-term capacity building in research, health capacity building and educational training. This includes developing master- and PhD-projects in Russia and Norway and to establish an annual Heart to Heart symposium.

Titles: Foster families for children with disabilities / Step Forwards – Development of tolerant attitudes towards children with disabilities
Norwegian coordinator: SOS Barnebyer
Project leader: Cicilie Asbøll
Interviewed: Cicilie Asbøll and Kjersti Movold

The overall objective is to contribute to establish alternative care within the community in a family setting in Russia in accordance with Article 23 no. 5 of the UN Convention on the rights of Persons with Disabilities. One of the projects is directed towards Murmansk (and follows up long-term project), the other, newer, takes place in St. Petersburg. both projects aim to develop and introduce a comprehensive model of for the work with children with disabilities and target foster parents as well as social service agencies.

Title: Prenatal metal exposure and mother-child health in Karelia, phase II
Norwegian coordinator: Public Health Institute (FHI)
Project leader: Helle Margrete Meltzer
Interviewed: Helle Margrete Meltzer

The aim of the project was to establish contact and create a network of specialists on containment exposure on health of mothers and children in Russian Karelia. Health authorities were interested in evidence-based knowledge about the health consequences of these contaminants, especially for pregnant women and children. Due to challenges with obtaining approval from health authorities (changes in health ministry), the project stopped, and turned to Murmansk instead with emphasis on nutrition instead of contamination.

Title: Invasive and non-invasive ventilatory treatment
Norwegian coordinator: Sørlandet Hospital
Project leader: Ole Rysstad
Interviewed 1: Ole Rysstad
Interviewed 2: Andrey Mariandyshev, Northern State Medical University

This project builds on similar projects with the same partners that have received funding from the programme since 2010. The aim of the project is to provide non-ventilation support which has been possible due to donation of respirator and other

equipment from Sørlandet hospital to a TB hospital in Arkhangelsk (for treatment of TB and lung diseases). This treatment has not previously been accessible in Arkhangelsk. The project has included training of doctors and nurses in the use of the equipment. At the same time doctors from Sørlandet receive training in TB medicine, and the treatment of TB patients. As such, the project has offered competence building for health personnel both in Russia and in Norway.

Title: Public health work, development and knowledge transfer within preventive health collaboration for small local communities in the High North – pre-project
Norwegian coordinator: Lenvik (later Senja) municipality
Project leader: Odd-Halvdan Jakobsen
Interviewed: Odd-Halvdan Jakobsen

The project aims to enhance collaboration on public health between Norwegian and Russian municipalities via transfer of competence, development of organisational models, exchange of experience and discussions between representatives of participating municipalities. Special focus to be put on children, youth and vulnerable families. Experiences contribute to the promotion of collaboration on public health between small communities in Russia and Norway in the High North. Due to the Pandemic, the activities planned as part of this project had to be put on hold, and the funding has been frozen. Following the invasion of Ukraine, they concluded the project could not be pursued, and the funding would have to be returned.

Title: The POMOR model in Psychiatry, implementation, evaluation and sustainability in Arkhangelsk region
Norwegian coordinator: University Hospital in Northern Norway
Project leader: Tore Sørlie
Interviewed: Tore Sørlie

This project builds on almost 20 years of collaboration between the University Hospital of Northern Norway and several health clinics in Arkhangelsk. The project aims to support implementation, evaluation and adaptation in the health sector of a model for collaboration between general practitioners and psychiatric specialists (the Pomor model in psychiatry), that during the past years has been developed and tested in a collaboration between the district psychiatric centre and general practitioners in Arkhangelsk region. Emphasis on diagnostics, treatment and rehabilitation. Extensive use of ICT. A primary component of the Pomor Model, is to improve communication between general practitioners and psychiatric health specialists, and to strengthen general practitioners competence on psychiatric treatment, enabling them to address some of the needs of patients who have limited access to overburdened psychiatric treatment facilities.

Title: Styrke tiltakene innen psykiatri- og avhengighetsbehandling med fokus på nye behandlingsmetoder (Strengthen measures within psychiatry and dependency treatment with a focus on new methods of treatment)
Norwegian coordinator: Sørlandet Hospital
Project leader: Oddvar Sæther
Interviewed: Kjell Yngvar Nilsen, Tarjei Sanden, Arne Bie, Ann Christin Haugen, Anne Elisabeth Næs

The project builds on collaboration between the partners since 2009. The main components in the collaboration have been psychiatry and treatment of dependency, support to children with seriously ill parents, and research (in particular a parallel study of prevention of suicide in Agder county and Arkhangelsk oblast'). Another central component in the collaboration is to develop professional networks between health and social workers in Norway and in Russia. Education and training in concrete strategies and methods are central activities within this project. This project involves competence building among psychiatrics and health workers in Russia, but also in Norway.

Title: Using eHealth data for informed decision-making and increased quality of health care in Russia
Norwegian coordinator: Public Health Institute (FHI)
Project leader: Per Magnus
Interviewed: Per Magnus

The project seeks to strengthen the knowledge base for health services providers and policymakers regarding ageing and frailty in Norway and Russia, thereby enabling planning new national strategies to slow down ageing processes and prolong disease free life in both countries. The project builds on a previous project "Heart to Heart" (H2H) between Norway and Russia, but is distinct in that it looks at ageing in general rather than specifically cardiovascular disease. New research and training of scholars in use of digital tools are core activities.

Title: E-helseløsninger for diabetesbekjempelse (E-health solutions in the fight against diabetes)
Norwegian coordinator: University Hospital Northern Norway
Project leader: Leif Erik Nohr
Interviewed: Svetlana Bye

The project applies E-health technologies and M-health solutions to simplify interaction between patients and specialists, as well as to improve ways in which patients themselves can control their disease. The project will provide training for the population in managing diabetes, first with pilots, then on a broader scale. It will also provide training for health personnel in the use of m-health solutions. The project aims to improve the collaboration between diabetes specialists / endocrinologists at central health institutions in Nenets area and health personnel at health centres out in the tundra. A second aim is to provide diabetes patients with the tools to monitor their own sugar levels and general health condition on an everyday basis.

Title: Establishment of Adapted Employment for Young People with Disabilities to Permanently Enter the Work Force
Norwegian coordinator: Bergen municipality
Project leader: Anne Brit Reigstad
Interviewed: Anne Brit Reigstad, Ingvar Tveit, Finn Markussen, Jon Brodal

The project builds on long-term (since 2004) project activities in Russia. The aim is to set up a laundry in Gusev (Kaliningrad oblast) as a sheltered enterprise for young people with disabilities, and thereby to create a model for competence enhancement of the target group. A feasibility study and training of health and social personnel working with the target groups are main activities. Nordnes verksteder in Bergen acts

as a reference institution, which is supposed to provide training in Kaliningrad and, correspondingly, representatives from Gusev visit Bergen.

2.4 Interviews with experts

Individual and group interviews were conducted with relevant actors and stakeholders who complemented each other in terms of insights into various aspects of the collaboration. These included two group interviews with members of the programme committee, interviews with Norwegian and Nordic representatives of the Barents Health and Social Issues working groups (WGHS) and its sub-committees, a group interview with two representatives of the International Barents secretariat, three representatives of the Norwegian Ministry of Health and Care Services, representatives of Russian regional health authorities, and Norwegian and Russian stakeholders with long-term and varied experiences from the bilateral health collaboration. A list of interviewees (19 altogether) can be found in Appendix 1.

2.5 Survey

As part of the evaluation we sent out 107 invitations to a survey (using Questback software) to all project leaders in Norway and the main partner in Russia who had been specified in the project application.[5] The survey consisted of both open-ended and closed-ended questions. Respondents could choose between an English-language and a Russian-language questionnaire, and open questions could in addition to these two languages also be answered in Norwegian.

It is hard to estimate an exact response rate, as several of the projects have the same project leaders, both in Norway and Russia, and in this case the respondents were asked to fill out keeping in mind the last project. Also, since the collaboration goes back in time, some of the email addresses did not function anymore. Some of the applicants had indicated institutional rather than personal email addresses, and it is likely that they not always reached the right recipient. Tentatively, we believe that a bit more than half of the projects are represented in the survey, a satisfactory result taking into account the typical response rates of web-based surveys.

Based on analysis of the survey data in terms of country of work, geographical distribution, type of organisation, and the project's alignment with the grant programme's three main priorities we would argue that the distribution of respondents reflects the distribution of grant recipients overall fairly well. There are no indications that those who did not respond differ significantly from those filling out the questionnaire, although we cannot exclude that some minor systematic differences do exist (e.g. that those more happy with or those more critical to the programme are over- or underrepresented).

All together we received 56 responses that are included in the analysis; some respondents did not complete the questionnaire to the very end (the questionnaire took at least 10 minutes to fill out), and the last questions therefore have a few more missing values. The exact number of respondents varies from one question to another as not all questions were asked of all respondents. Some were asked only of

[5] The invitation was sent out 3 February; the deadline was originally 16 February but was extended until 20 February by request from respondents who asked for an extension. Two reminders were sent out.

project leaders, others were asked only of Russian partners in the projects. In such cases, this is reported in the text or survey tables (see N for number of respondents in each table/figure).

Of the 56 responses, 26 (46%) were from Russia, and 30 (53%) from Norway. Table 1 shows the distribution of respondents by their role in the collaboration project.

Table 1: Distribution of respondents by type of role in project (N=56).

Project leader / main coordinator	46.4
National / local project leader	14.3
Project participant	32.1
External advisor/specialist	3.6
Other	3.6
Total	100.0

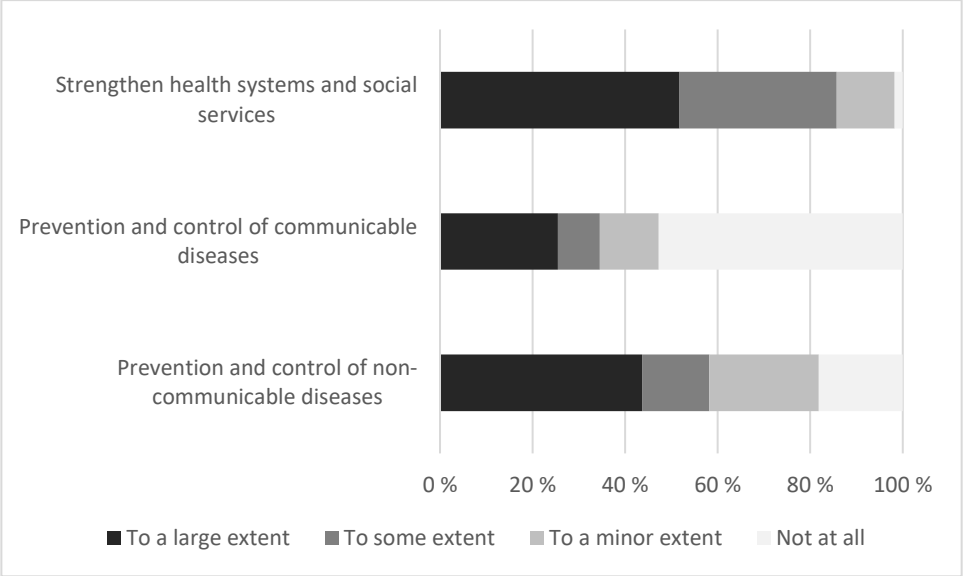
The majority (57%) of respondents represent a public organisation, as shown in Table 2. However, both national and local NGOs and civil society organisations are well represented among the respondents.

Table 2: Distribution of respondents by type of institution (N=56).

National / international non-governmental organisation (NGO)	16.1
Local civic organisation, grassroot organisation or NGO	10.7
Public organisation (incl. hospital, public health organisation, etc.)	57.1
Private institute / foundation	1.8
Other	14.3
Total	100.0

Figure 1 gives the distribution of respondents by the extent to which their projects deal with the three main priorities of the grant programme in the 2016-19 period. Almost all projects are at least somewhat engaged in strengthening health systems and social services that are relevant to health as shown by the figure. Projects aimed at prevention and control of non-communicable diseases are more common than those aimed at prevention of communicable diseases. A majority of the projects deal with at least two different priorities ‘to some extent’ or ‘to a large extent’. 18% of the respondents focus on at least two of the priorities ‘to a large extent’, 4% all the three. Compared to 2007 (when the priorities were slightly different), projects in the 2016-19 period are in somewhat stronger alignment with the programme’s priorities than they were then (see Holm-Hansen, Aasland and Malik, 2007: 20).

Figure 1: Extent of projects' engagement with the priorities as defined in the grant programme (N=56).



The survey invitation went out to all projects that had received funding in the 2016-2019 period (including those who had obtained their first funding in preceding years). Since the Ministry also wanted information on how the projects have coped with the Covid-19 pandemic, we included also respondents having received funding after 2019. Many respondents had, however, received funding from the grant programme for other projects before the period being subject to this evaluation (see Section 3.1 below).

The survey questionnaire of the 2022 survey can be found in Appendix 2.[6]

2.6 Result indicators

In order to be able to assess the grant programme's goal achievement in a fully satisfactory manner, one should ideally be able to measure the extent to which the projects and the programme itself have contributed to an improvement of health conditions in the areas where the collaboration has been active. Ideally, this should then be measurable on the standardized health indicators. However, the health of people in Russia and Norway is affected by so many factors other than project cooperation that this approach would be unsuitable due to attribution challenges (i.e. what are direct and indirect effects of the programme itself). In addition, such measurable effects are usually seen only some time into the future, and results are not likely to be observed only after a few years or, as was the case with some projects evaluated, even at the same time as the project is being implemented.

[6] A description of the methodology, the questionnaire, and the survey results of the 2007 survey, can be found in Holm-Hansen, Aasland and Malik's evaluation report, which can be downloaded from https://www.regjeringen.no/globalassets/upload/hod/vedlegg/naromradene/prosjektrapport-russland.pdf .

The evaluation therefore uses result indicators which together provide more indirect, though in our opinion quite valid, indications of the programme's goal achievements and preconditions for impact in line with the programme theory:

- Composition of the project portfolio (geographical distribution, thematic distribution between priority areas)
- Extent of development of new practices, methods, organization, policies
- Extent to which collaboration between Norwegian and Russian actors has been strengthened
- Degree of mutual benefit from the collaboration
- Degree of equality between Norwegian and Russian partners in the collaboration
- Obstacles in implementation (bureaucratic, financial, political, effects of Covid-19)
- The strength of linking up with local, regional and national (federal) authorities
- The projects' sustainability (ability to continue without support from the programme)
- Improved knowledge about each country's respective health systems
- Satisfaction with the project administration

The set of methods used, i.e. project documents, interviews with experts and project leaders, the survey to project leaders and Russian project co-ordinators, makes it possible to make a reasonably accurate assessment of these aspects of the collaboration.

2.7 Management of sensitive issues

The evaluation has paid careful attention to the ethical issues as outlined by the ethical guidelines of the Norwegian National Committee for Research Ethics in the Social Sciences and the Humanities. The team members have extensive experience from interviewing a variety of stakeholders and have ensured that the research is undertaken with careful consideration of ethics, including an overarching principle of 'do no harm'. Interviews and the survey have taken place only with informed consent, with the opportunity for interviewees and respondents to withdraw at any time.

At the time of interviewing there was heightened tensions between Norway and Russia; a few of the interviews were even conducted after 24 February when Russia invaded Ukraine. It was important to establish trust with interviewees. We promised them that we would not refer directly to concrete projects but write about aggregate findings, so that they could speak freely. We have therefore deliberately toned down and generalised findings from the individual projects.

The data collected have been carefully maintained and secured by the involved research institutions in adherence with internal OsloMet policies on protection and security of data. The project has been approved by the Norwegian Centre for Research Data NSD (from January 2022 part of Sikt), approval no. 211330.

2.7.1 Effects of the Russian invasion of Ukraine on the evaluation

With the Russian invasion of Ukraine on 24 February all Norwegian health collaboration that involves Russian authorities was suspended. This concerns the majority of the current project portfolio.

Since this evaluation for the most part deals with the 2016-2019 period, it does not thoroughly discuss the current post-invasion situation. The interviews for this evaluation were largely conducted in the month prior to the Russian invasion. The tense international climate made us decide that Norwegian team evaluators should not participate in interviews with Russian project partners. Unfortunately, only two interviews with Russian project participants had been conducted when the invasion took place, and further interviews were suspended. All interviews with Russian experts that had been planned had already been conducted when the invasion took place. Since most Russian respondents gave adequate responses to the open questions in the survey, there is sufficient information also from Russian project participants as proper foundation for our conclusions.

3 Programme portfolio 2016-19

3.1 Introduction

This evaluation report is mainly concerned with projects that received grants from the programme in the 2016-2019 period. We have, however, included in the analysis also projects that were started earlier than 2016 but which received funding for additional project years in 2016 or later. Based on analysis of project applications, project reports and lists of those having obtained grants, obtained from the Norwegian Ministry of Health and Care Services, in this section we present a general description of some of the projects' main features. We start with the distribution of projects according to project years which is shown in Table 3.

Table 3: Distribution of projects according to year of first grant awarded to the project, frequency and %.

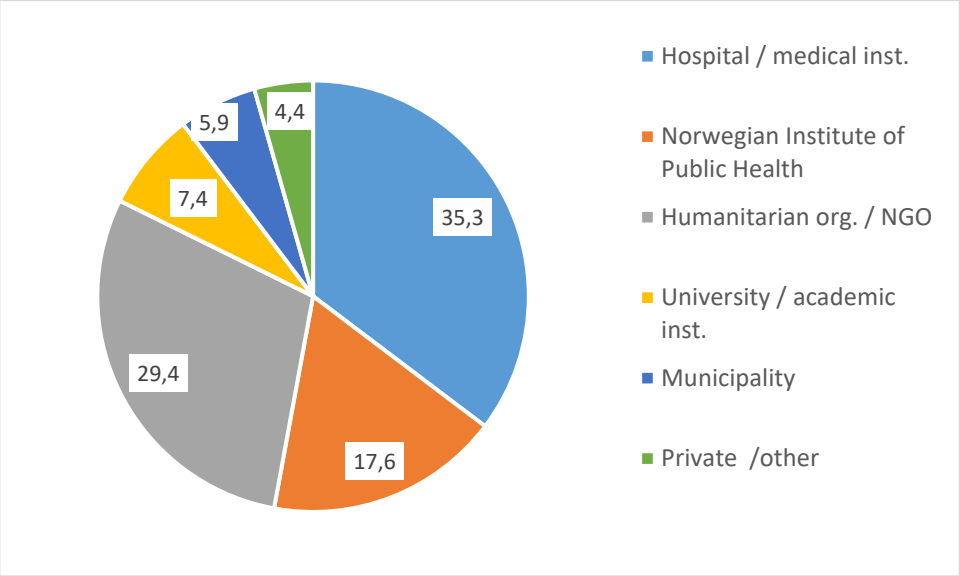
	Frequency	Percent
Before 2016	10	14.7
2016	13	19.1
2017	16	23.5
2018	12	17.6
2019	17	25.0
Total	68	100.0

The table shows that the number of projects awarded each year has been relatively stable during the programme period, varying from 12 to 17 new projects per year. There is no general pattern concerning a growth or decline in the number of projects awarded over the four-year period.

3.2 Norwegian institutions involved in the collaboration

The institution applying for project funding through the grant programme is always Norwegian, and the Norwegian institution is required to indicate one main Russian partner in the project application. Based on information in the project applications, Figure 2 shows the types of Norwegian institutions having received funding in the programme period. Largest is the hospital and medical institutions sector. In terms of number of projects, such institutions make up more than one third of the programme portfolio. This is followed by humanitarian organisations and NGOs (merged into one category). The Norwegian Institute of Public Health has received 18% of all projects in the programme.

Figure 2: *Distribution of projects by type of Norwegian institution being project owner.*



The geographical distribution (Table 4) of institutions having received grants clearly shows the dominance of southern Norway in the project portfolio, suggesting that the programme is far from a programme mainly for collaboration between institutions in the Barents region. Even though all parts of the country are included, the table shows that the capital's domination is particularly prominent, institutions there leading more than half the projects throughout the programme period. An unsystematic scrutiny of projects that did not receive funding, however, does not indicate a purposive discrimination of projects from outside Oslo or from Northern Norway, it rather seems the portfolio reflects the distribution of applications fairly well. Also, it should be noted that some of the major health institutions and NGOs with an international outreach are located in Oslo. Whether enough effort has been made to recruit new project owners from Northern Norway, however, is still an open question, some of our interviewees at least believe more could be done in this regard.

Table 4: *Geographical distribution of Norwegian project owners by year of first grant.*

	Before 2016	2016	2017	2018	2019	Total
Oslo	60.0	53.8	68.8	50.0	64.7	60.3
Other parts of southern Norway	10.0	15.4	18.8	8.3	11.8	13.2
Northern Norway	30.0	30.8	12.5	41.7	23.5	26.5

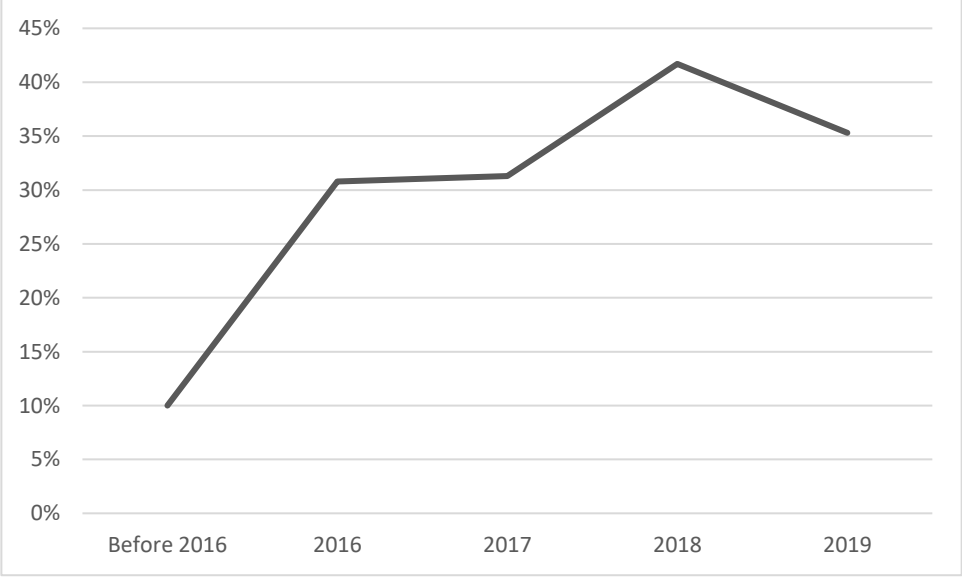
There is a rather even balance between men and women as project leaders in the project portfolio. Of the 68 projects that have received grants in the 2016-2019 period, 32 (47%) have a female project leader, and 36 (53%) a male project leader. We have not been able to examine the proportion of women and men as project participants, since the project documentation does not contain such information and we did not ask it in the survey.

3.3 Main partner and geographical outreach in Russia

On the Russian side two thirds of the projects are co-ordinated by a public (usually regional or municipal) institution, one third by an NGO, and only 2% by other types of organisations. No further specification is made in the application form, but our quite unsystematic inspection showed predominance of involvement by hospitals and medical institutions, regional administrations, municipalities, and universities.

In Section 1.3 we described the intensified clampdown on Russian civil society and difficulties experienced by Russian NGOs in collaborating with foreign partners. It was therefore relevant to examine whether this development has made Norwegian institutions less likely to select an NGO partner for their projects. Based on statistics on the project portfolio this appears not to have been the case (Figure 3). In fact, if there is a trend, the share of NGOs in the project portfolio has rather increased during the period for the evaluation (2016-19), as shown by the figure. There could be several reasons for this. Health projects have largely been exempt from having to register as foreign agents. Also, interviews with representatives of the programme committee indicate that in the selection of projects, the Norwegian side is attentive to the needs of the Russian NGO sector, deliberately supporting NGO-led projects that are in line with the programme priorities, but which would have had difficulty obtaining funding from Russian sources alone. Still, from interviews with Norwegian project leaders it seems that they are attuned to the fact that it may cause problems for somewhat controversial Russian NGOs to seek collaboration with foreign, including Norwegian partners, and several say that they are careful in order not to make the situation even more difficult for their Russian partners. So there could be a certain selection bias, making it more likely to obtain funding for NGOs that are loyal or at least not challenging Russian positions on contentious health issues.

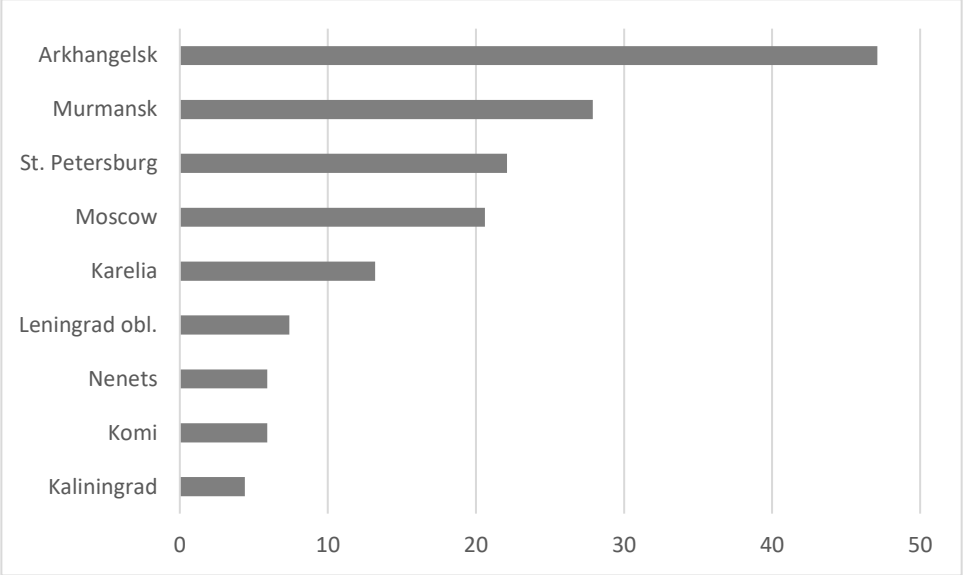
Figure 3: Share of projects with Russian NGO as main partner by year.



In terms of gender balance, more than two thirds (68%) of the Russian project coordinators in the 2016-19 period were female, 32% of the coordinators were male. Thus, while in Norway the majority of project leaders were male (as shown above), the opposite was the case in Russia.

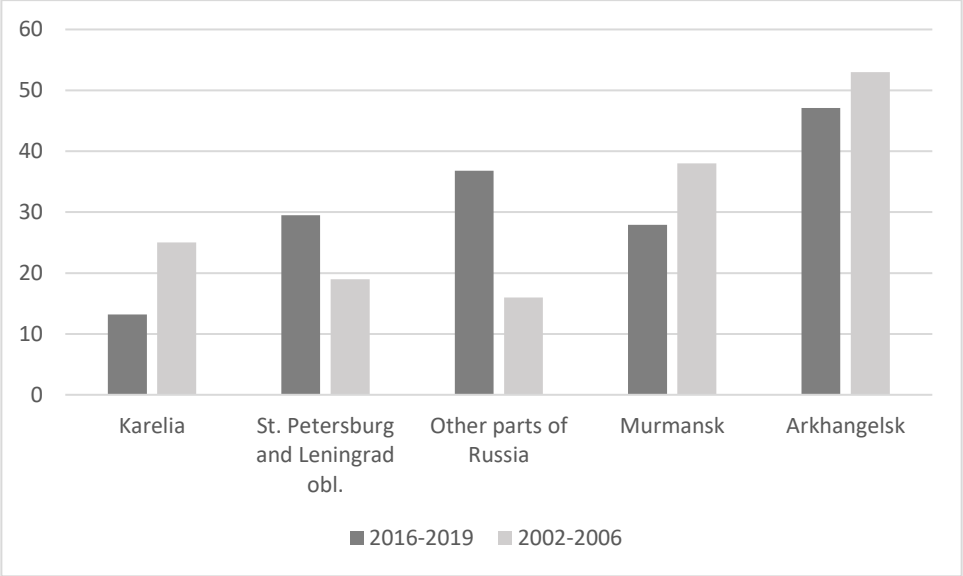
The applicants are also asked where in Russia their project takes place. Arkhangelsk is clearly the region mostly involved in collaboration with Norway, as shown by Figure 4. Almost half the projects have activities in Arkhangelsk. Murmansk, being closer to Norway, comes only second. The two largest Russian cities, Moscow and St. Petersburg are next on the list, much less dominant than Oslo is among Norwegian institutions in the programme. All prioritised Russian regions were represented with projects in the programme period. The total exceeds 100 since projects often have activities in several regions.

Figure 4: Geographical distribution of project activities in Russia, in %.



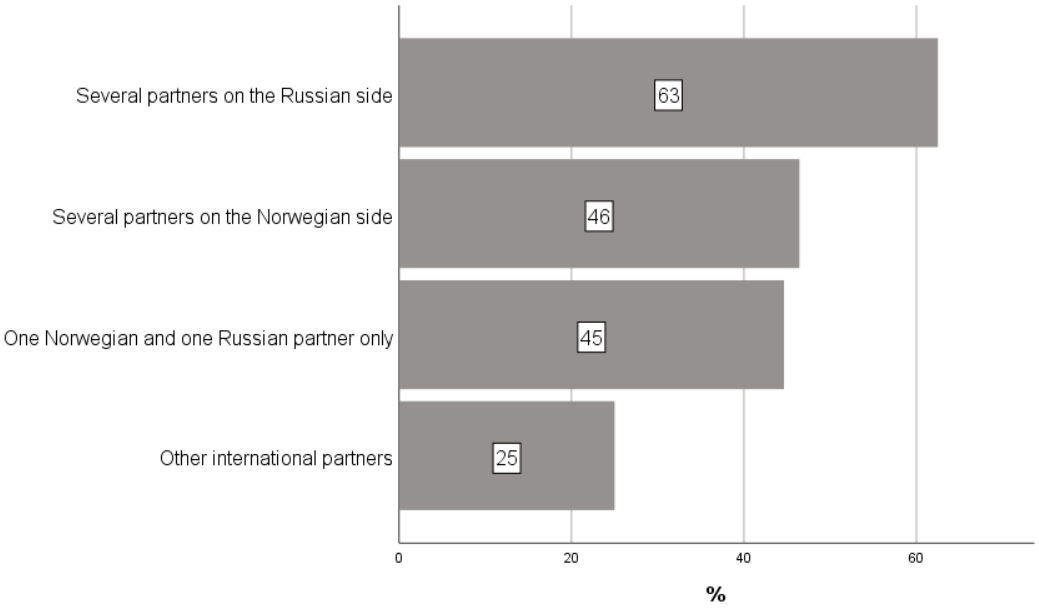
The geographical distribution of activities in Russia was asked in the 2007 survey. The list of regions asked was a bit different than what has been registered in the 2016-19 application forms, but we have merged the coding to ease comparison. As shown by Figure 5, Arkhangelsk was dominating even more in 2007 than it is now, and there was also a larger proportion of projects with activities in Murmansk and Karelia at the time. At the same time there has been a growth in projects taking place in St. Petersburg/Leningrad oblast and, especially in other parts of Russia (e.g. Moscow). It should be noted that Moscow was not listed among priority regions in the programme preceding the 2007 survey, so this appears to have been a deliberate adjustment.

Figure 5: Regional distribution of activities in the 2016-19 period compared to the period preceding the 2007 survey.



Finally, Figure 6 shows that the majority of projects includes more than two partners. The most common constellation is to have more than one partner in Russia but only one partner in Norway, but with considerable variation as shown by the figure. In one quarter of the projects there are also other international partners involved, though their participation is not financed by the grant programme.

Figure 6: Partner constellations in the grant programme. Per cent (N=55).



3.4 Distribution of grants

We find no clear pattern in terms of the amount of funding applied for at each programme call for projects. The programme operates with two calls per year. It is quite hard to make an accurate estimate, as many projects apply several times, and may obtain funding for example only at their second attempt (sometimes after being asked to provide more documentation, better justifications etc.). Nevertheless, Figure 7, illustrating the trends in total amounts of funding applied for over time, should give a rough picture of the cycle of applications. Except for a fall in amounts applied for of about 10 mill NOK from the first to the second call in 2016, the amounts have since remained relatively stable at between 10 and 15 million NOK.

Figure 7: Total amount of funding applied for at calls from programme in the 2016-2019 period. Million NOK.

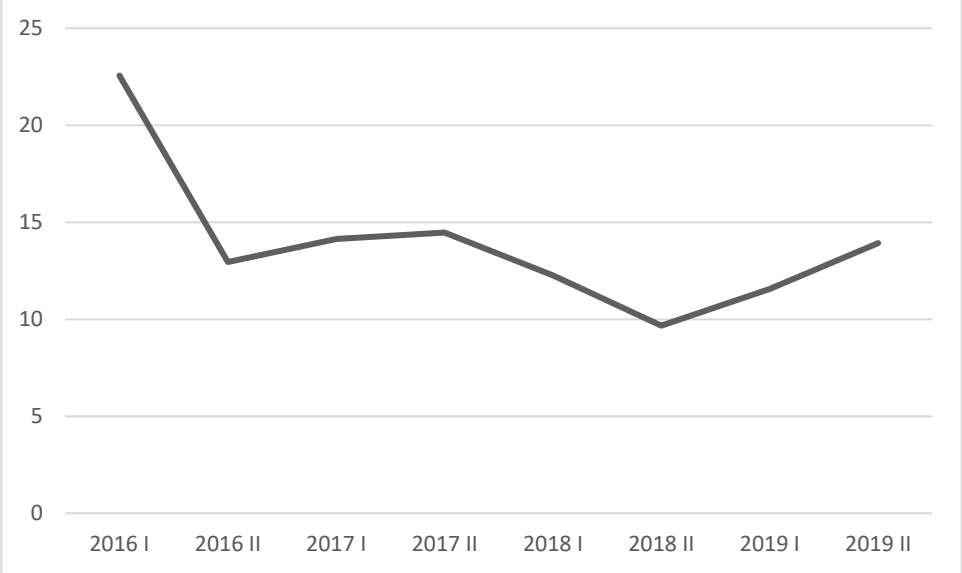
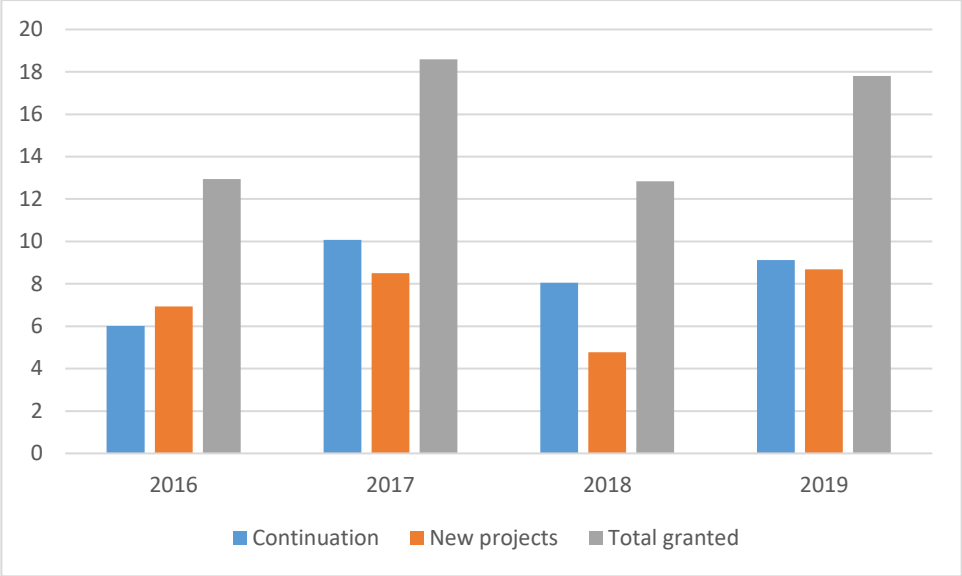


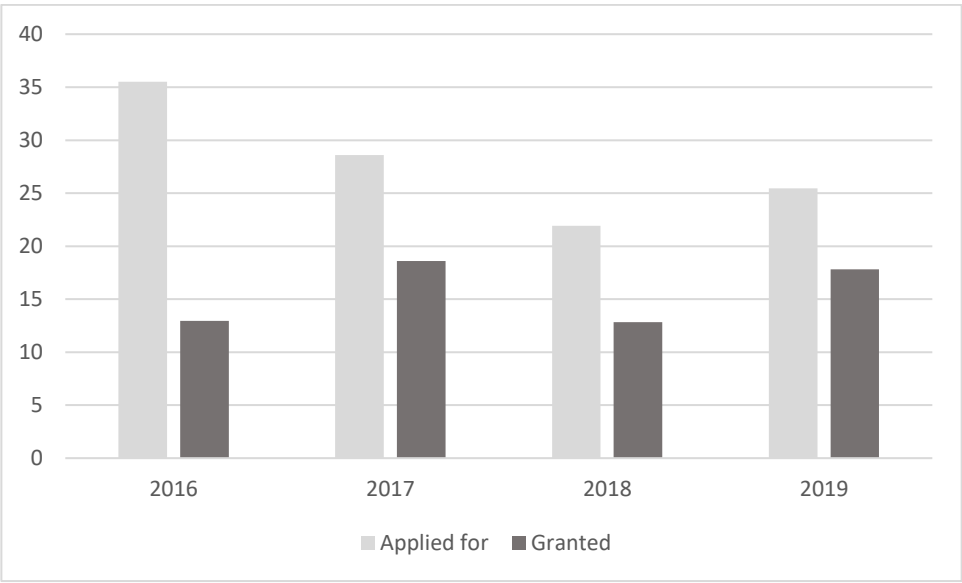
Figure 8 illustrates the distribution of grants in each of the project years, with separate columns for grants for new projects, and for continuation of ongoing projects. The projects only receive funding for one year at the time, and to get funding for the maximum of three years, project owners must write and have their progress reports accepted. Amounts allocated per year vary from around 13 to more than 18 million NOK. In 2016 the amount granted to new projects exceeded grants allocated to ongoing projects, but the opposite has been the case in subsequent years.

Figure 8: *Total project grants per calendar year, split into new projects and continuation of ongoing projects (in million NOK).*



The next figure (Figure 9) shows the discrepancy between the total amount that was applied for, and what was granted for each calendar year of the programme period. It should again be noted, however, that many of the projects that were initially turned down, obtained funding in subsequent calls. At the same time, many of the applications that were accepted relate to a continuation of ongoing projects, so the rate of acceptance of new projects is lower than what is indicated in the figure. It can be seen from the figure that the amounts fluctuate from one year to another with no clear pattern.

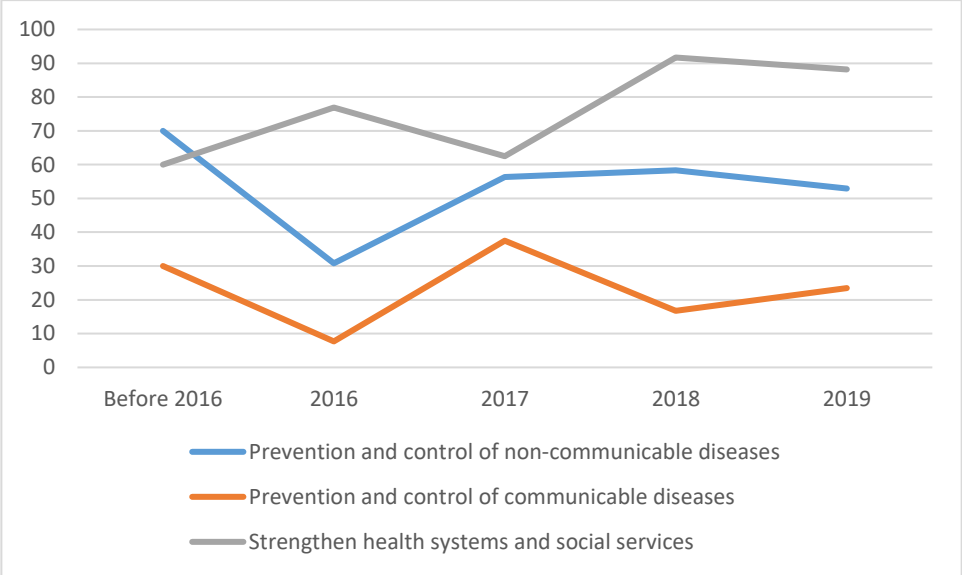
Figure 9: *Total amounts applied for and granted by calendar year. In million NOK.*



3.5 Priorities over time

As described in Section 1.1 above, three priority areas for the Norwegian-Russian health collaboration were highlighted in the 2016-19 programme period. Strengthening of the health systems was the priority area that saw the greatest growth of new projects in the programme period, from 2018 around four in five projects had elements of this priority (Figure 10). Lowest, and fluctuating between less than 10% and almost 40% of the projects is prevention and control of communicable diseases. It should again be noted that the totals exceed 100% since projects may contain more than one priority area.

Figure 10: Percentage of projects involving each of the programme priority areas, by calendar year.

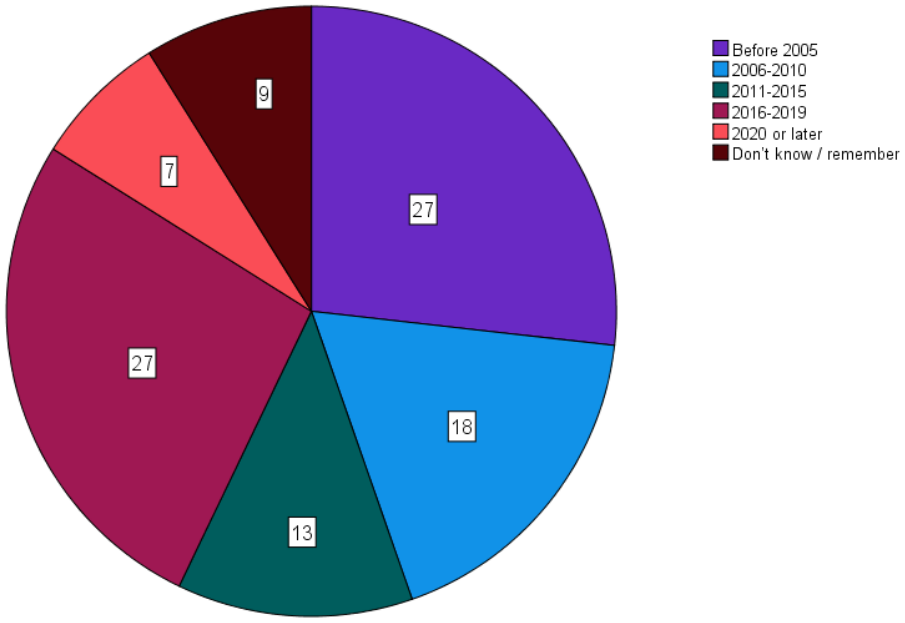


3.6 Length of collaboration

Some important aspects of the project portfolio that were not available in the project applications and reports could be derived from the survey to project leaders and partners in Russia. One of these is whether collaboration between the partner has been long-lasting or is new with the awarded project. In total 55% of the respondents say that their project is a continuation of a previous project or collaboration, an additional 39% say that this is partly so, while only the remaining 5% indicate that the collaboration is new.

Even if many of the projects build on previous collaboration, it is not necessarily via funds from the grant programme. Those who participated in the survey (that includes also those who obtained funding in 2020) when asked when they had received funding from the programme the first time, gave responses as shown in Figure 11. There is substantial variation among the survey respondents. However, it is worth noting that more than a quarter of the respondents date the start of their collaboration back to before 2005, and almost half have collaboration with their current partners going back to the period before 2010.

Figure 11: Start of health collaboration with Russian/Norwegian partners (%) (N=56).



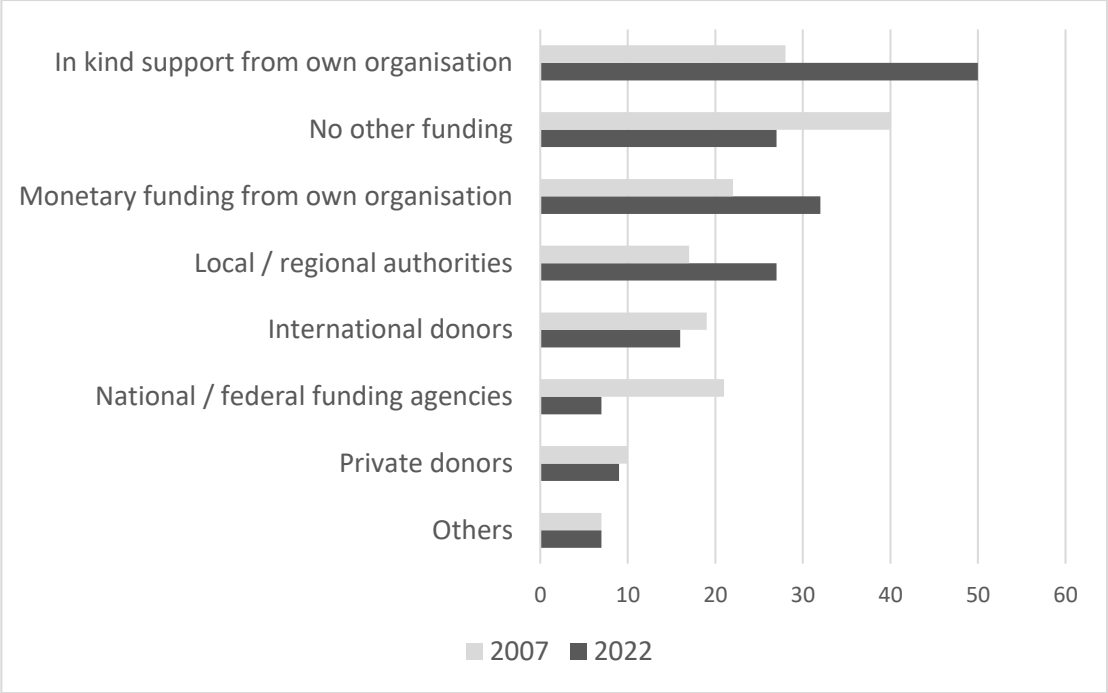
This picture is confirmed when respondents were asked how many projects with funding from the grant programme they had participated in. More than 60% had participated in at least three such projects, and 29% had participated in at least five. For one quarter of the respondents the current project was the first they had participated in. In other words, there can be no doubt that there are many regulars in Norwegian-Russian health collaboration. “We need a new generation of Norwegian project partners”, said one of the Russian experts interviewed.

3.7 Project funding

The survey furthermore gives information about the proportion of funding to the project that was obtained from the grant programme (only Norwegian project leaders were asked about this). There is great variation, but the vast majority (77%) have received at least 60%, and more than four in ten have received at least 80% of the total project funding from the programme. Thus, the grant programme is clearly the main source of project activities.

Still, Russian partners are required to contribute funding, and the majority of projects receive resources from various additional sources, as shown by Figure 12, which compares the present situation with the one in 2007. It should be noted, that some respondents claim that they have not received any other funding than funds from the grant programme, although this proportion has been reduced since 2007. The most common additional funding source is in kind support from own organisation, which has increased considerably in the same period.

Figure 12: Percentage of respondents reporting additional funding from a variety of funding sources (N=57 (2008); N=56 (2022)).



3.8 Some reflections on the project portfolio

The project portfolio is based on applications from institutions, and the programme administration has only limited influence over the composition of projects. Of course, in calls for applications the priority areas and other requirements are specified, and applicants need to adjust their initiatives and plans to these. However, the administration does not invite specific milieus to carry out specific projects, so they rely on high quality applications from interested institutions, and with sufficient variation so that the totality reflects the priority areas, geographic coverage, types of institutions etc. that the programme aims to cover.

Based on the analysis above, it seems reasonable to conclude that the project portfolio that has developed over time has sufficient variation, in terms of types of institutions in both Norway and Russia, the priority areas are well covered, geographic variation is present, and there is a mix of large-scale and smaller projects.

Three dilemmas were raised in our interviews with project leaders and co-ordinators, program administration (including programme committee) and other experts in regards to the project portfolio:

The first, which has been discussed in the programme committee and over which the Ministry of Health and Care Services has also been pondering, is how to balance between projects based on a long-term, well-established collaboration between individuals and professional groups that has developed over many years, and the need for newcomers with fresh outlooks and perspectives. There are obvious advantages of having previous experience. Since changes take time, both in terms of obtaining the necessary formal agreements and building trust between partners, it

makes good sense to continue to support well established partnerships over longer than the three-year period that a project can last. On the other hand, as stressed by members of the programme committee, one must be careful not to become a source of operational support to certain milieus that start to rely on continuous funding from the programme.

Some of the Russian interviewees complained that it was hard to find partners in Norway as their old partners had reached retirement age, and they had not been replaced by others with motivation or commitment to collaboration with Russian partners. Our survey confirmed that most of the projects are based on previous, long term collaboration between partners, and rather few new collaboration constellations are supported (but there are also rather few that apply).

In a normal situation, we would therefore have recommended to pay more attention to recruit newcomers and engage new human resources into the project collaboration. Given that there is likely to be a long pause in the grant programme, this recommendation now seems unfounded. If the programme is to be continued, we believe the most important task will be to resume the already established links between the professionals in Norway and Russia who already know each other well, with collaboration that has developed over many years but for external reasons has been suspended. However, to ensure more newcomers in the programme, an additional requirement in the call could be that such newcomers are included on both sides in already established constellations of collaboration.

A second dilemma is the balance between large projects between highly professional milieus, and smaller projects with a more people-to-people and often local character. We were made aware that this is an ongoing discussion in the programme committee. Professional institutions often make better applications, and some of the smaller organisations would be left without funding if the quality of the application were the only criterion upon which the projects are to be selected. However, if not a consensus, the predominant position is now that there are many advantages of combining some larger projects that require substantial funding with some smaller projects involving people-to-people contact between smaller institutions and NGOs, often involving local communities in the north.

In our view, there are valid arguments supporting both stances on this dilemma. We do, however, think it makes sense to continue to support projects of different sizes and to keep such projects in the same programme. There is, however, a lower limit when projects become too small to justify the time spent to get them up and running plus all administration costs involved. We would recommend the smallest people-to-people projects to be handled by the Barents secretariat (with direct support from the Ministry of Foreign Affairs) who are experienced in supporting small-scale people-to-people projects in the Barents region.

A third dilemma, and linked to the second, concerns whether and what kind of research projects should be part of the project portfolio. This is, according to several of our interviewees, a recurring theme in discussions in the programme committee. Research projects often require longer-term funding, they cost more, and a higher share of the funds needs to go to cover salaries. As there are no alternative programmes dedicated to Norwegian-Russian research on health and welfare, and there are strong research environments that have developed collaboration over the years, often as part of the grants received from this programme, researchers are keen to further develop their collaboration with funds to research. A higher emphasis on research projects in the portfolio would, however, give less room for the more practical hands-on collaboration between partner institutions in the two countries. If

the programme is to resume in the future, this dilemma is likely to remain. Our recommendation would then be to continue to find a balance, for example by reserving support to research for applied research projects with clear and rather immediate societal benefits, leaving it to other funding agencies (the Research Council etc.) to grant funding for basic research.

4 Project and programme achievements

In this chapter we take a closer look at project and programme achievements. In the first section of the chapter we present what survey respondents say in closed-ended questions about the achievements and effects of their projects as well as some other project features, and compare these results with those of the 2007 survey. To give more substance and context, in the subsequent section we complement these results with findings from the semi-structured interviews and answers to the open questions in the survey. Finally, in the third section, additional benefits obtained by the programme itself are presented.

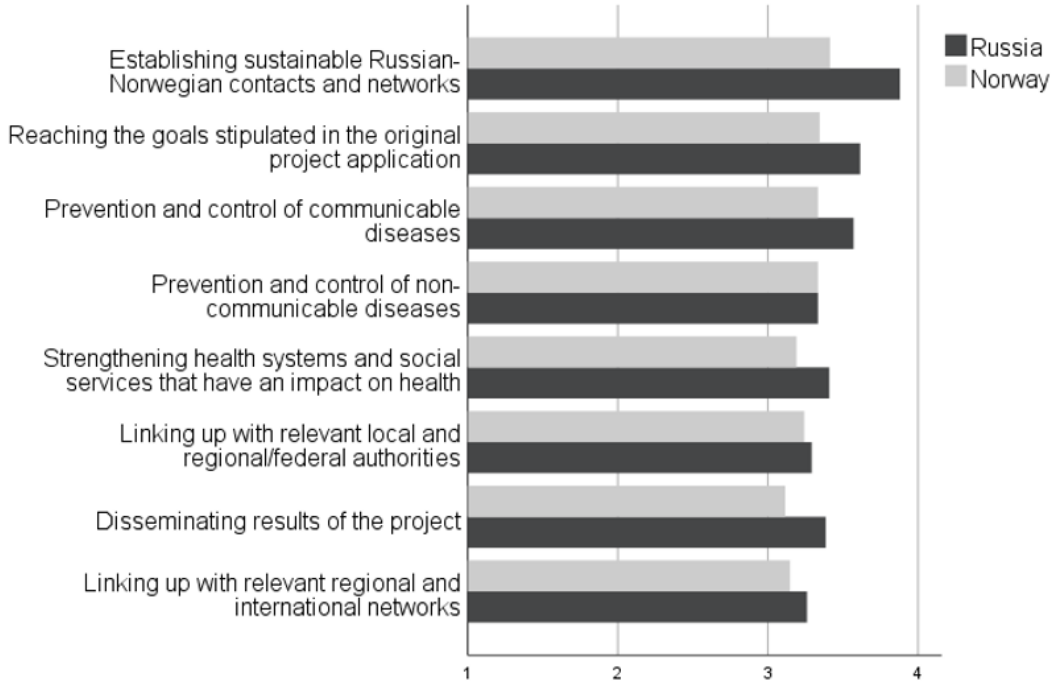
4.1 Self-reported project achievements: survey results

One would assume that project leaders in an evaluation would be prone to exaggerate the positive and downplay more problematic aspects of their projects. There is no guarantee that this has not been the case also in this evaluation. To reduce the risk, however, we indicated in the invitation letter to the survey that no individual projects would be recognised when reporting survey results, and that we would present only aggregate data, and asked respondents to be honest and express their true opinion. This would, in our view, remove at least some of this potential bias. The comparison with the survey in 2007 also indicates whether results have moved in a more positive or negative direction.

Figure 13 shows how project participants in respectively Norway and Russia assess the project's achievements along a variety of indicators.[7] On a scale from 1 (not successful at all) to 4 (very successful) all items have an average score ranging between 'rather successful' (3) and 'very successful' (4). Two observations are especially worth highlighting. Firstly, Russian respondents tend to view the achievements in a more positive light than their Norwegian counterparts, though the difference is not particularly large. Secondly, the achievement that is given the most positive score is the establishment of sustainable Norwegian-Russian contacts and networks; this even surpasses success in reaching the project's goals, which came only in second place.

[7] Only respondents who indicated that their project contained elements of the three priority areas, answered the respective question about these priorities. The rest of the battery was asked of all respondents.

Figure 13: Assessment of project's success in achieving various results. Means on a scale from 1 (not successful at all) to 4 (very successful), by country (N=55).*

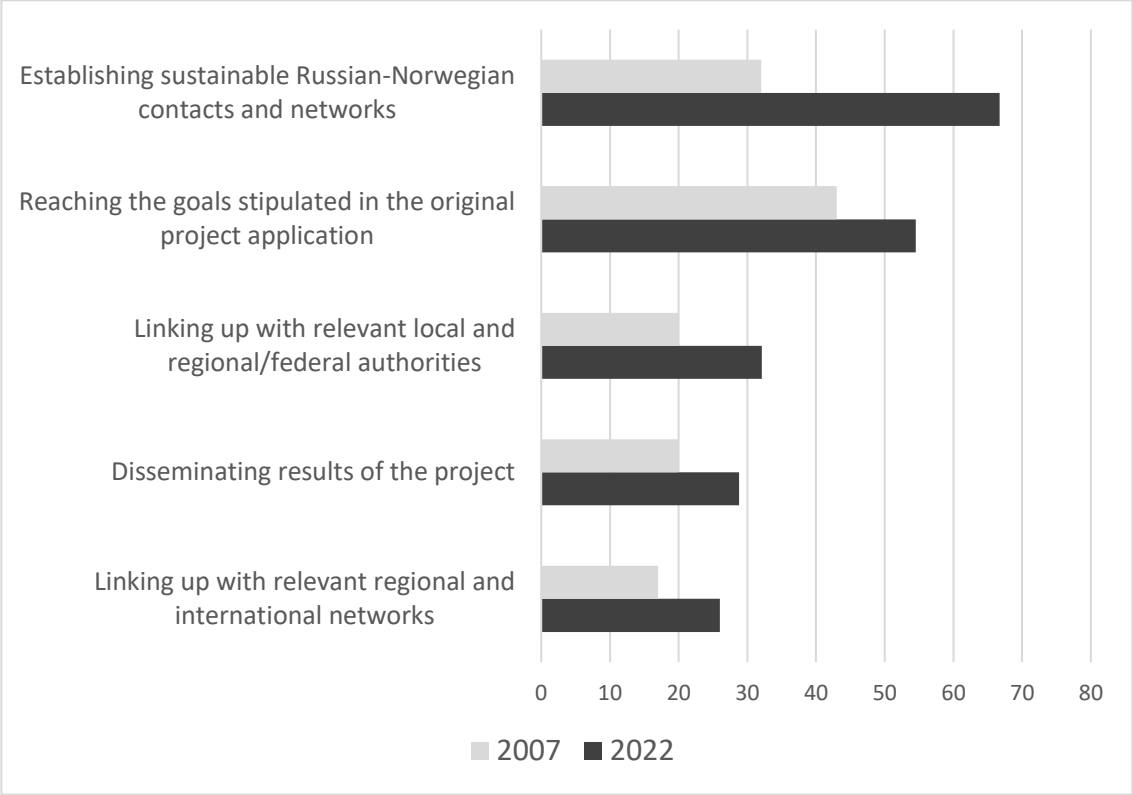


*Responses 'do not know' have been removed.

As for the three priority areas (which were somewhat different in 2007 from what they are today), the percentage reporting that the project had been very successful or rather successful in 2007 varied from 67% (developing and integrating primary health care and social services), via 78% (preventing life-style related health and social problems and promoting healthy lifestyles), to 97% (prevention and combating of communicable diseases). By 2022, the corresponding percentages (for new priorities) were respectively 94% (prevention and control of communicable diseases), 95% (strengthening health systems and social services that have an impact on health), and 97% (prevention and control of non-communicable diseases). Thus, even if priorities have somewhat changed, there is reason to claim that self-reported success in aligning with the programme's priorities is greater than it was in 2007.

If we compare the percentage answering 'very successful' in 2022 with those doing the same in 2007, the picture is quite clear (Figure 14): There is considerable progress on all items. Again, it is the establishment of cross-border contacts and networks that has the highest score; and while in 2007 one third of the respondents answered 'very successful' on this item, this proportion had doubled by the time of the 2022 survey.

Figure 14: Assessment of project's success in achieving various results. Percentage answering 'very successful', by year of survey (N=57/55).*



*Responses 'do not know' have been removed.

Another way to measure achievements is to examine to what extent the projects have involved various features that are important not only for the individual projects, but also, at the aggregate level, for the success of programme as such (see result indicators in Section 2.6).

Figure 15 shows that Russian respondents are more likely to give affirmative answers about the presence of such features than are their Norwegian partners. Russian respondents have a significantly higher score when reporting items such as measures aimed at children, dissemination from the project, and support to vulnerable groups. Norwegian respondents, on the other hand, are more prone to answer that their cooperation involves cooperation with local authorities in Russia, probably because they have in mind their own partners who can be local authorities themselves. The figure shows that transfer of competence from Norway to Russia is more common (average score close to 'to a large extent') than in the other direction (average score around 'to some extent'), perhaps not surprising given that most of the projects take place in Russia and are aimed at improving the Russian health system.

Figure 15: The extent to which different features have been included in the projects under the programme. Means on a scale from 1 (not at all) to 4 (to a large extent), by country (N=56).

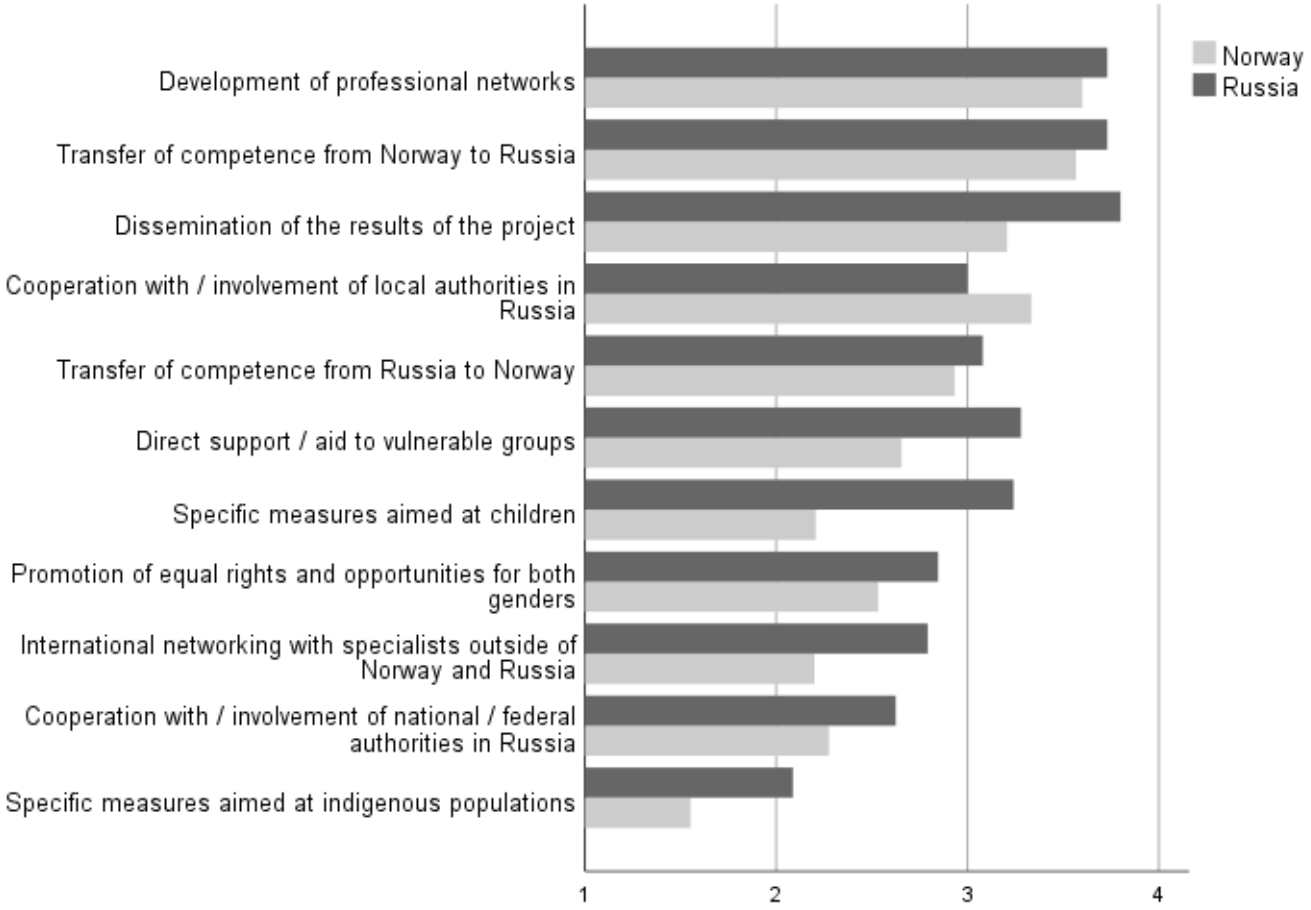
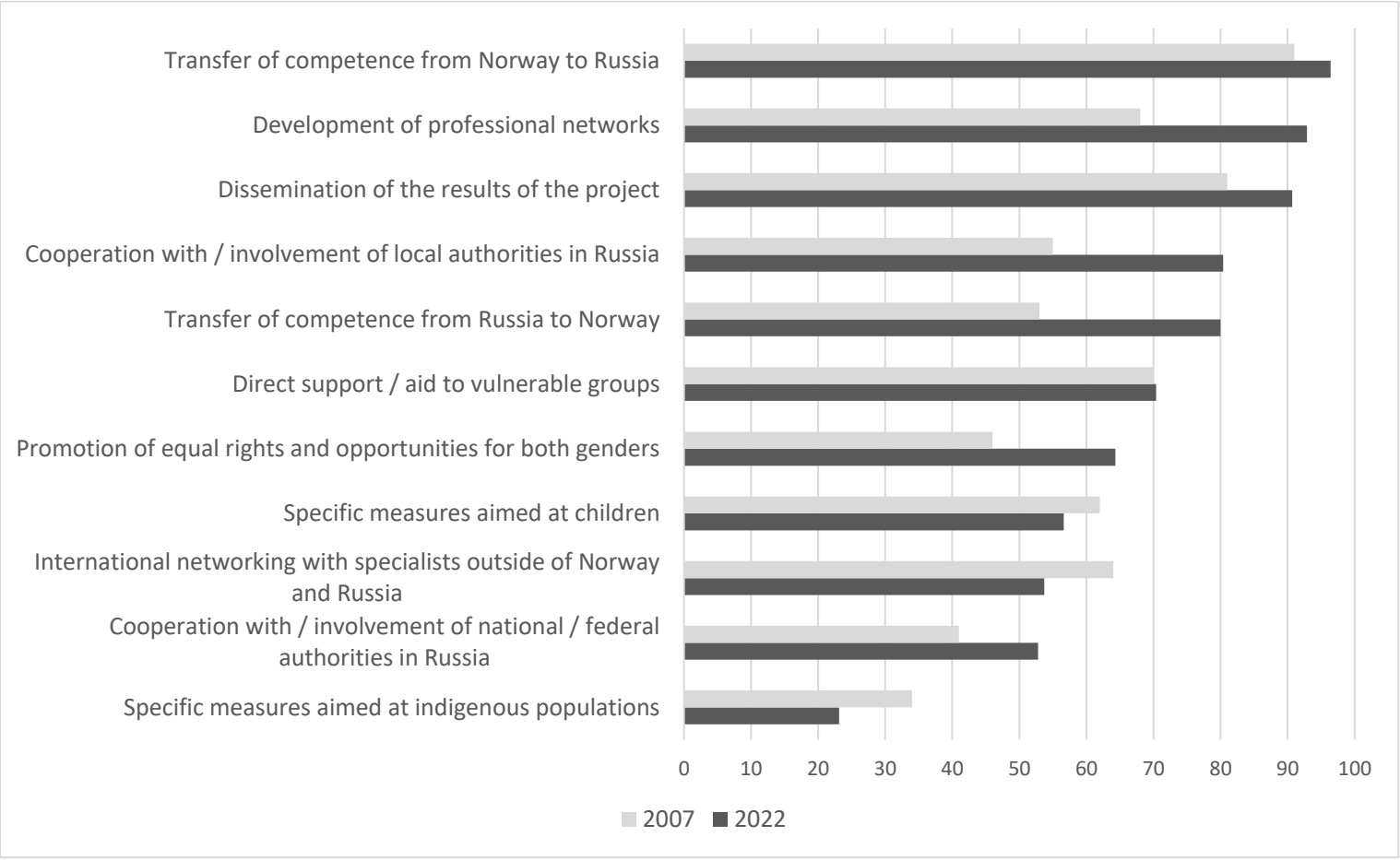


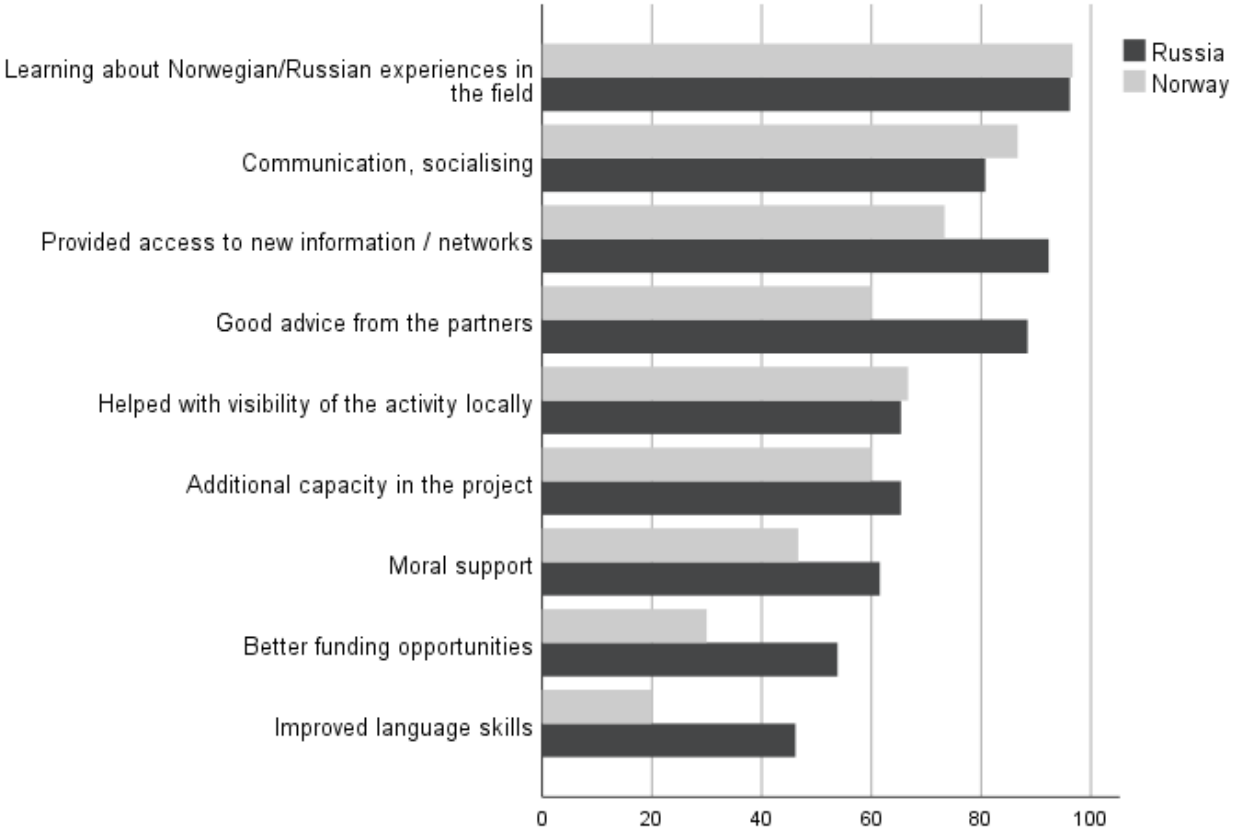
Figure 16 comparing 2007 with 2022 survey results for the same indicators, shows that there has been a considerable growth in projects where transfer of competence goes also from the Russian side to Norway, from just over half the projects in 2007 to 80% in our new survey. For the most part, the scores are significantly higher in the 2022 survey, and this is especially the case for development of professional networks, cooperation with local authorities, and also promotion of equal rights.

Figure 16: The extent to which different components have been included in the projects under the programme.
Percentage reporting 'to a large extent' or 'to some extent', by year of survey (N=58/56).



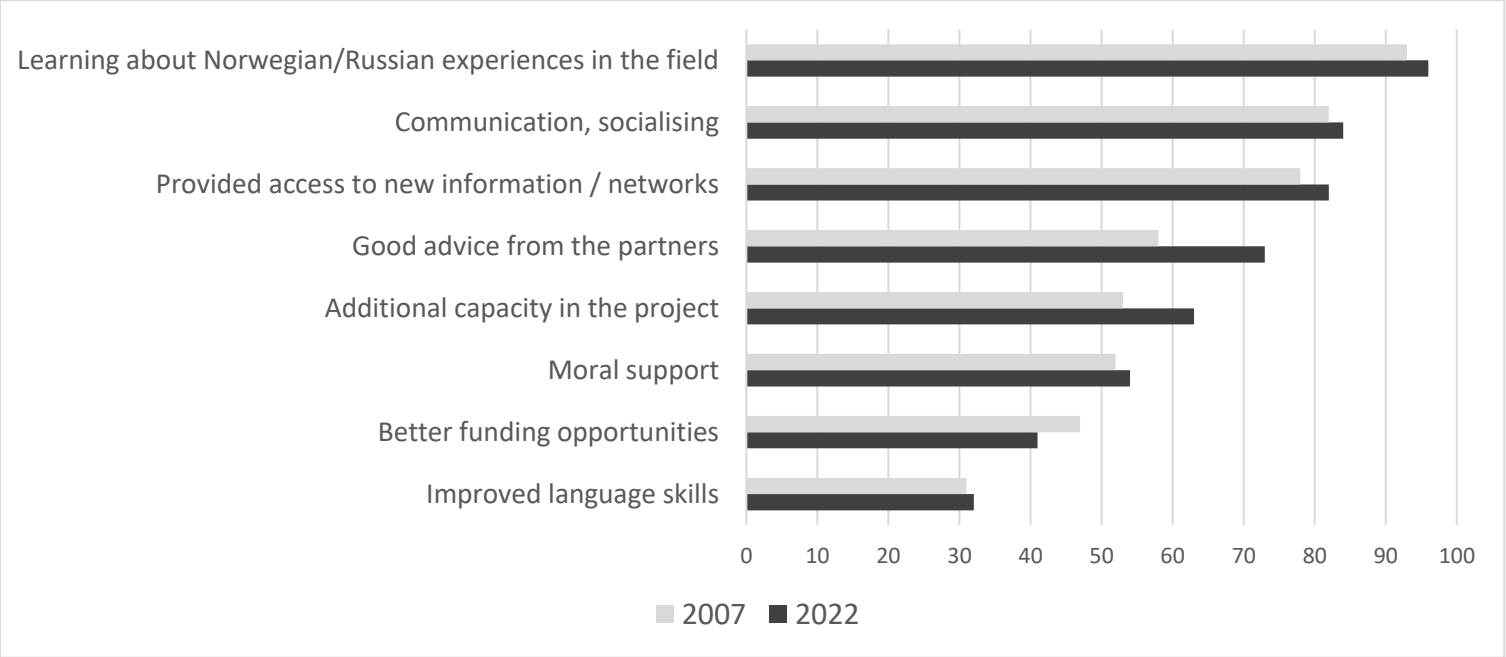
The next figure (Figure 17) displays how project leaders and their Russian partners assess the types of returns that have been most important for their own project. One of the evaluation's result indicators (see Section 2.6) is 'the parties' knowledge about each other and each other's systems', and the answers to this question suggests that the programme has reached this goal to a high extent. Virtually all respondents, regardless of country, report this to be one of the main returns of their project. This is confirmed by another question in the survey, where we asked whether respondents would say they know more about the Norwegian / Russian health system now than they did before the start of the project collaboration. Almost three in four say 'a lot more' and the rest 'a bit more', nobody said 'no'. Russian respondents were slightly more prone to answer 'a lot more'. Comments in in-depth interviews further indicates that several of those who said 'a bit more', gave this response because they already had a good knowledge base from long-term collaboration, so there had not been so much new for them to learn. Figure 17 shows that access to new information and networks and good advice from the partners were items marked more often by the Russian than Norwegian respondents. More than half the Russian respondents also hold that the involvement in the project collaboration has given them enhanced opportunities for funding, something that was confirmed and exemplified in semi-structured interviews as well.

Figure 17: Percentage indicating that different types of gains have been among the most important for their own project, by country (N=56).



A comparison of the 2022 with the 2007 survey shows a modest trend towards greater returns on most items, where the change has been largest when it comes to good advice from the partners and additional capacity in the project (see Figure 17).

Figure 18: Percentage indicating that different types of impact have been among the most important for their own project, by year of survey (N=58/56).



4.2 Project achievements and returns from collaboration: What interviewees said

In this section we complement the survey results with findings from the qualitative interviews and the open questions in the survey, where the project leaders and their Russian partners could elaborate more freely on what exactly *their* project had been about and what had been achieved. In the following we focus, however, on the general patterns instead of individual projects.

The number of concrete project activities that have taken place in the 2016-19 programme period is very large, and for many projects quite impressive. Naturally, many named various project outputs, such as seminars, conferences, study visits, training programmes and joint publications. However, the majority of interviewees and respondents rather emphasised other aspects, namely what had been the benefits, for their institution, a specific target group, or society at large.

The types of achievements that were underlined by many of the interviewees and respondents (and with many concrete examples) were the following:

- New guidelines
- New ways of treating patients
- Improved qualifications of specialists
- Strengthening of primary medicine
- Decrease in morbidity and mortality (some projects had already been subject to external evaluations that could verify this, for example TB)
- New tools and methods (with examples of how they have become introduced in the local setting, sometimes gradually expanded to a greater area)
- Contributions to science

- Transfer and exchange of best practices
- Involving more partners
- Expanding the network, access to larger international networks
- Involvement of authorities (at different levels, from local to national/federal)
- Improved quality of researcher training (PhDs etc.), and education
- Expanded dissemination, often outside of the local setting
- Support to vulnerable groups (usually mentioned as a side-effect)
- Awareness raising (e.g. around issues such as disability, LGBT, HIV/AIDS, poverty)
- Education of patients with lifestyle-associated illnesses, strengthening their capacity for self-care and self-monitoring.
- Enhancement of cross-sectoral collaboration (making institutions previously working in silos working together for solving health/social issues)
- Change of perspectives, new ideas

Many of the interviewees would point to several of these listed items, which also often mutually enforced or built on one another. One respondent summed much of this up with the following statement: “Changes at several levels: system changes, user changes (better health services), professional changes (learning from each other)”.

The fact that the two countries face some of the same health challenges, many of which are specific for the Arctic, such as long distance to health services and similar climatic conditions, was by several interviewees seen as arguments why collaboration between professionals in the two countries is particularly beneficial.

Some interviewees were quite humble when asked to list their project achievements. This does not mean they do not believe, or cannot provide reasoning, that their projects will have positive effects, but several interviewees (who for example had received funding from 2019) were in a start-up phase and many had been affected by the Covid-19 pandemic. Many interviewees underlined that the effects of a project are not immediately visible. As one survey respondent put it in an open question: changes “take[s] time, they are difficult to measure immediately, you can see it in ten years’ time. Important to support where immediate effects are not necessarily visible”.

As additional benefit of project collaboration is the moral support one gets from partners. This was more often mentioned by Russian interviewees. Interviewees highly appreciated the opportunity collaboration provides for learning about health conditions and the health systems in the partner country. But also more general knowledge about each other’s countries was highlighted. As stated by one interviewee ‘We get to know each other’s culture, which is important when we live as neighbours at opposite sides of the border’. Many of our interviewees have worked together on projects over many years, and friendships that have developed over time was also mentioned as a side effect of the collaboration and valued. That personal relations are good, also helps a smooth project implementation.

Some of the interviewees had a broader perspective on the potential impact of their collaboration project. The importance of keeping up good neighbourly relations between people in Norway and Russia at a time when big politics is unfavourable was a concern several interviewees brought up. “We’re doing diplomacy in a quiet way”, as one interviewee put it. One interviewee highlighted how the grant programme had enhanced Norway’s standing in the local setting in Russia, since the local population via media and other dissemination had become well aware of the Norwegian support for a highly popular health intervention that had come about as a result of the grant programme.

4.3 Additional benefits of the grant collaboration programme

To reach the goals of the programme, much depends on the aggregate success of individual projects. Besides achievements in the individual projects, however, the programme also has some additional effects and benefits.

One aspect, which was underlined by, if not a majority, at least a very large number of interviewees, and project participants and experts interviewed alike, concerns the great importance of having a grant programme with Russia on health that go beyond the concrete projects. Health issues tend to go 'under the radar', they are usually not politicised (although there are exceptions, that we will come back to), and represent an area where the Russian side has been open to and supported international collaboration.

Statements by two of the experts interviewed are illustrative:

> I think that exactly in these times it is very important to have this collaboration; to engage in projects that are outside of the big politics, where there are professional (*faglige*) issues – health issues – that are on the agenda. And then big politics is put aside.[...] There will always be tensions and problems in relations between Norway and Russia. But it is exactly when times are difficult that it is important to focus on such professional collaboration.
>
> One of the strengths of this collaboration is that it has lasted over many years. Many people are the same and adjust to the possibilities that are present in the given political situation.[...] One of the strengths of the programme is the way people have been able to maintain collaboration, because they are confident in one another, and have gained this confidence in times that were a bit better.

Thus, the programme gives opportunities to uphold contacts between neighbouring countries also when political relations at a national level are strained.

The programme, along with the other arenas of collaboration (WGHS, Northern Dimension etc.) also gave Norwegian authorities opportunities to meet with Russian health officials on a regular basis. These opportunities to update one another about important policy changes, health developments in respective countries, and other issues of joint concern were important and appreciated by experts we interviewed who participated on such arenas. Such meetings took place both with health officials at the federal level from Moscow (for example via the Northern Dimension partnership arena), and regional health officials (especially via the Barents collaboration). Interviewees also emphasised the importance of informal contacts between the Norwegian and Russian side, with frequent meetings and different arenas for open meetings. The grant programme has spurred other initiatives in the health sphere, for example a collaboration agreement between Finnmark and Murmansk about transport of patients across the border, and other official agreements between regional health authorities in Norway and Russia.

The programme administration also organises conferences for Norwegian project leaders where information that is regarded useful for many participants is presented (e.g. on health developments in Russia, or practical project management), where projects are presented and participants have the chance to exchange experiences.

These conferences have been attended by most project leaders, and are highly valued by interviewees, several of whom appreciated the opportunity to establish contacts with people working in similar fields and contexts. Some of the interviewees suggested to expand some of these conferences to include also more participants from the Russian partner institutions, something which could have contributed additional value by bringing in other perspectives.

4.4 Synergies with and between regional arenas for health collaboration

Synergies between the programme and the other arenas for international health collaboration that involves both Norway and Russia (see Section 1.2 for an overview) was a theme in interviews with experts. The importance of the Barents WGHS for the grant programme is evident, as the programme derives its priority areas from the WGHS work programmes.[8] The grant programme and its projects are often on the agenda especially in WGHS and NDPHS, where not only information about projects, but also initiation of new activities and networking take place. The arenas are also relevant platforms for dissemination of project results to a wider audience. The opportunity to potentially broaden the collaboration also to especially Finland and Sweden, are additional bonuses.

Though not part of this evaluation, it is still relevant to mention that several of the experts argued that these arenas complement each other and that there is little risk of duplication of efforts. One of the Russian experts, for example, stated: “These arenas do not duplicate, but rather complement each other and give synergies to one another. In our view, there is quite good co-ordination between them”.

Other experts were more critical. They would have liked to see more co-ordination, much greater synergies and more division of tasks between the platforms, such as this expert:

> There is no coordination. I can say that for sure. Sometimes the different platforms see each other as competitors for funding. There is a lack of information about each other’s activities. The different platforms should speak with each other more often, exchange information. Coordination is needed to achieve more. Coordination cannot consist in just sending some information about your activities once a year.

Expert interviewees also mentioned that there is a certain competition between the countries, in which Norway has a strong ownership of and gives priority to the Barents collaboration, Finland to the Northern Dimension, Sweden to the Baltic Sea collaboration, and Canada to the Arctic Council. Thus, to streamline or merge the arenas or workgroups within them would require a sensitive and difficult diplomatic endeavour. From the Norwegian side, and relevant for the grant programme, the importance of the possibility of meeting Russian regional health authorities in the Barents WGHS, and federal health authorities in NDPHS was also referred to.

There is also potential for more synergies between the working groups in the Barents collaboration, according to one of the experts interviewees. Now they work quite isolated from one another, while there are lots of themes that cross-cut several of the

[8] Previously they were also linked to the Northern Dimension health partnership (NDPHS) priorities, but at present only the WGHS priorities apply.

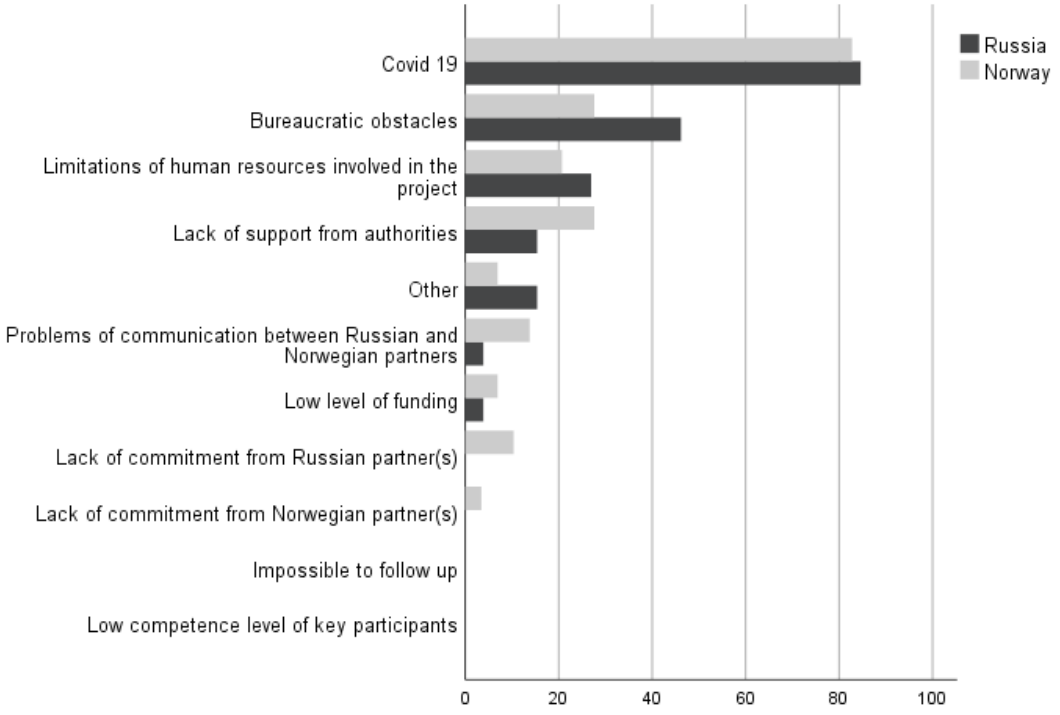
groups. For the health and social issues work group the groups working on environment, youth affairs and indigenous populations are, for example, highly relevant. The expert suggested that the International Barents Secretariat could become more involved in supporting the working groups and initiate such cross-thematic exchange.

Another expert had observed increased competition between the different themes and was also concerned with the current trend that for example “climate change has to be integrated into the health sector, even when issues are not climate related”. If you find a way to include climate change – and now Covid – in the project title, in a work package, or similar, your chances of obtaining funding allegedly increase. “But how do we include climate change in a project about HIV?”. The expert feared that HIV would lose in this competition as it is not high on the agenda anymore, even if it is still a very a serious problem in Russia. Those working on HIV now try to introduce more trendy elements, such as smart technologies for drug intake, into HIV projects in order to have a better chance of obtaining funding, claimed this expert.

5 Problems, obstacles and challenges

International collaboration – and in politically turbulent times – by necessity involves many challenges and problems that need to be solved. Based on our previous research on collaboration between Norwegian and Russian partners, and previous evaluations of the health collaboration, we compiled a list of common challenges, and asked the respondents to assess whether they had encountered any of these. The by far most important challenge faced by project participants (as shown by Figure 19) has been the Covid-19 pandemic. While some of the projects that we looked into had been completed when the pandemic broke out in 2020, others were in the midst of implementation, and a few had just started. More than four in five projects had met problems due to the pandemic according to the survey. Some had no possibility to continue, while others had to significantly alter the content of their project. We will come back to how projects have dealt with the pandemic in a separate chapter (see Chapter 9).

Figure 19: Obstacles faced in projects by country.%. (N=56).

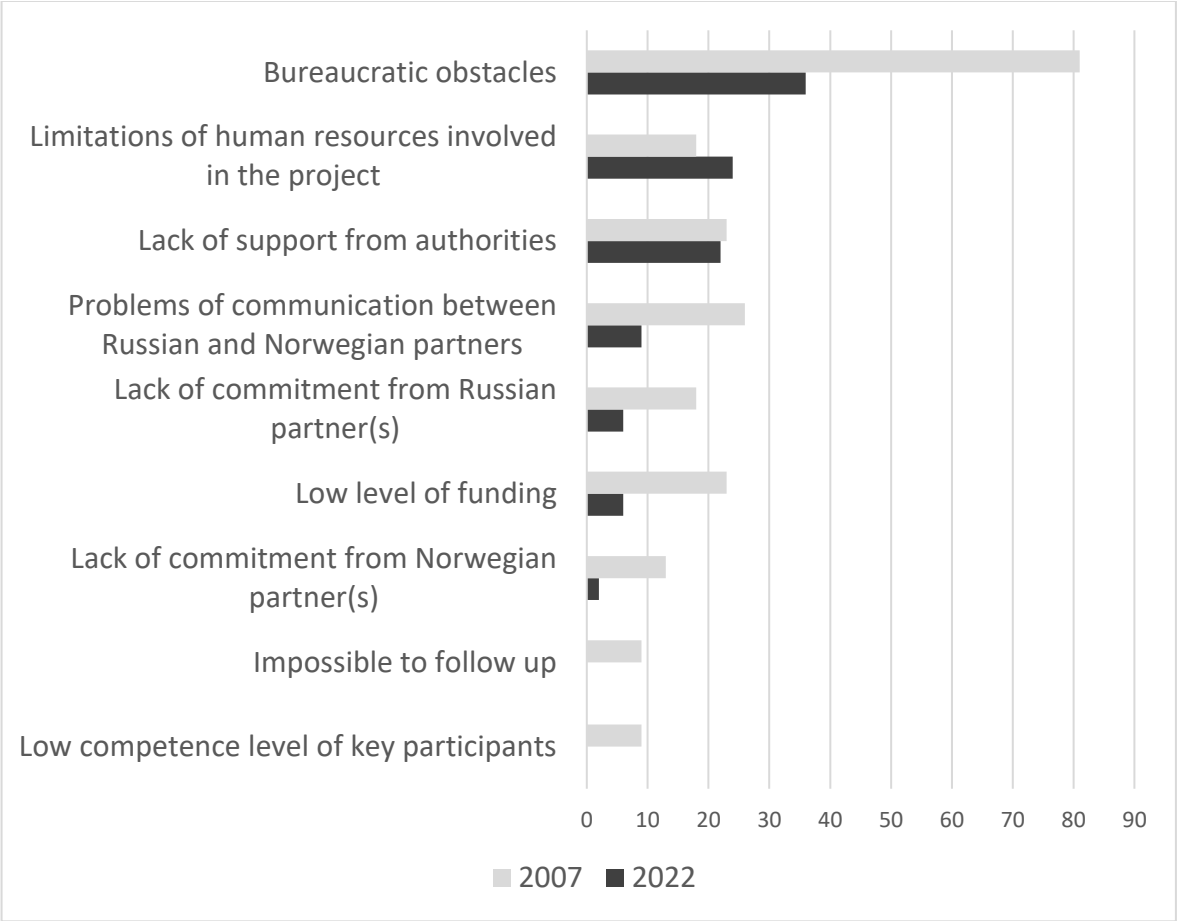


Other challenges are much less widespread as shown by the figure. Bureaucratic obstacles are rather common, however, but mostly so in Russia, where between four and five in ten report this to have been a challenge in their project. Norwegian respondents, on the other hand, are more likely than their Russian counterparts to report a lack of support from authorities as one of the project obstacles. In general, we can conclude that apart from the Covid-19 pandemic, and some problems with bureaucracy, the obstacles reported are quite modest.

To support this argument we compare with data from 2007 which show that obstacles and challenges are much less prominent in the 2016-19 projects than they were at that time (Figure 20). While bureaucratic obstacles were commonplace in more than 80% of the projects in 2007, by the 2022 survey this had been reduced to less than 40%. Also for most of the other items, there was a reduction. Only

limitations in human resources had become a bit more of a challenge in the latter survey.

Figure 20: Percentage of respondents having experienced different obstacles in the implantation of their project, by survey year.



What can explain the difference in responses between the two surveys? Interviews with project leaders suggest that the long-term collaboration is a major factor. Partners have already gone through bureaucratic hurdles and know how to handle them. Communication has improved over the years as people have got to know each other better, and people tend to continue collaboration only with partners that have shown previous commitment. There are now also fewer and larger projects, so people have generally become more satisfied with levels of funding.

Both in interviews with project leaders and participants, and in an open question in the survey, interviewees were asked what had been the main challenges in the implementation of their projects. While a few simply said that they had no or very few challenges that had been easily solved, most interviewees had experienced some setbacks that had hampered the implementation. However, there was no clear pattern as to what these challenges consisted in (apart from Covid, of course, to be treated later).

Some talked about technical problems with getting equipment, samples, and other necessary materials across the border. This had caused delays, and some had had to give up activities they had planned for. Stricter visa requirements and travel restrictions and other challenges with travels (e.g. cancellation of some flight

destinations) were also problems mentioned by a few. Participants in research projects found new regulations for treating sensitive data (GDPR regulations, etc.) to be particularly burdensome. More regular problems and delays with obtaining necessary documentation, permission from authorities, etc. had far from vanished even if the problems had been larger in 2007 as shown above. Differences in legislation, making transfer of otherwise useful practices from one country impossible to implement in the other, was also raised as an issue by a few interviewees.

Imbalances in resources between the Norwegian and the Russian side was another issue mentioned. In open survey responses some Russian project participants wrote that they felt funding to the Russian partner had become less generous, while others found it difficult to obtain the required own resources. They acknowledged the principle that the Russian side should provide own funding, but for some, often a bit controversial themes, it is hard to obtain Russian grants. From the programme committee we learnt, however, that there is some leeway in these situations: If a project that is otherwise deemed worthy of support cannot come up with substantial own funding for such reasons, the requirement to come up with own funding can, if not be removed, at least be somewhat relaxed.

Though, as we will come back to, political issues were not considered a major obstacle in the collaboration, a few interviewees still pointed at challenges caused by the authoritarian and conservative turn in Russian domestic politics. For example, Norwegian interviewees described how speaking about problems such as LGBT issues, HIV/AIDS, drug use etc. openly in public fora in Russia had become more difficult and could cause problems for their project partners or for project implementation. There are still several projects that focus on these themes in the project portfolio. Some interviewees, however, thought such problems should not be exaggerated. Other interviewees were certain that there are NGOs that would have been relevant partners for Norwegian institutions on these themes that no longer can be so, due to the more conservative environment.

Lack of human resources to engage in the collaboration – on both side of the border – was also a rather common theme. A few interviewees claimed that finding motivated project participants, who can commit the necessary time it takes to implement the projects had become more difficult (not supported as a general problem by the survey results, however). Some held that the collaboration relies on super-committed individuals (*ildsjeler),* who are willing to put in an extra effort, since their institutions or grants often do not compensate the time actually spent in the project.

Two obstacles that were brought up in expert interviews concern mainly the Russian side. The first is a continued tendency of silo thinking in Russia, making cross-sectoral work more of a challenge. In the Barents collaboration on health and social issues, for example, these issues are divided between health and social affairs authorities, making it sometimes difficult for Russian officials to represent both sectors in the same working group. Another observation was an alleged tendency of Russians not to speak unconstrained and come up with their own ideas in meetings, sometimes hindering a free and open discussion. The value of informal meetings outside of the official fora, where Russians are thought to be more likely to contribute with their own ideas, and share their candid opinions, was therefore stressed by several experts, such as the following:

> You need to talk with people individually; informal communication helps. Then you can really dig out something from them that you can use. Few people [talking about Russians] are capable of articulating their ideas in public.

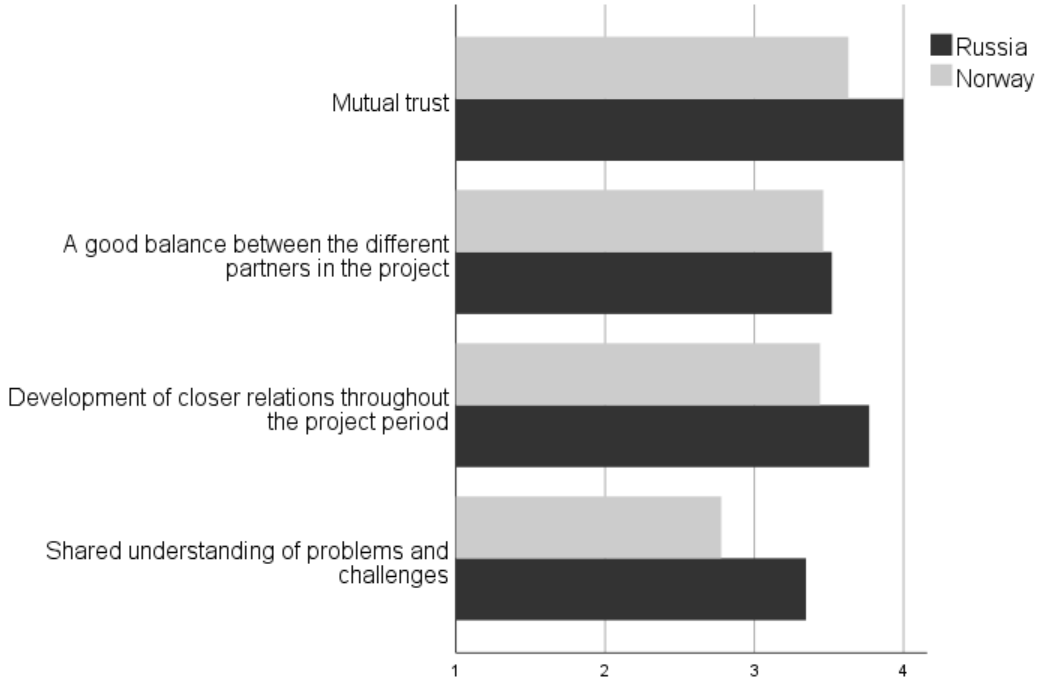
> Maybe they are scared or shy. [...] Maybe this is the impact of the Soviet regime, they don't have initiative, or maybe they don't want to say them aloud.

Language problems and problems with finding qualified interpreters was only mentioned by one interviewee. There were also a few interviewees who had experienced challenges with the application procedures, which we will come back to this in Chapter 8 on programme administration.

6 Quality of the collaboration and balance between the partners

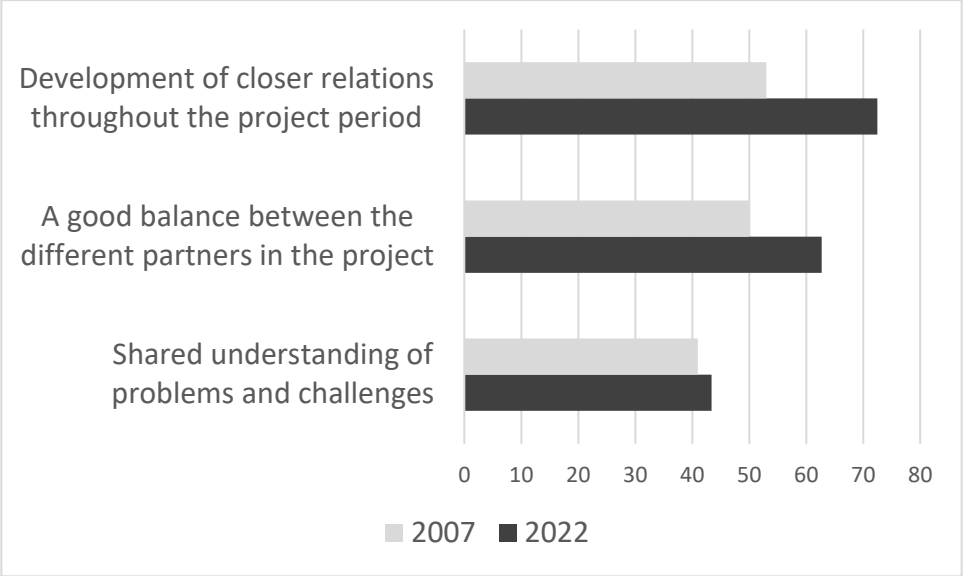
For a smooth implementation of health collaboration projects, good collaboration between the partners is essential. This requires a degree of trust between the partners, and a shared understanding of problems and challenges is also desirable. Figure 21 gives an indication of the extent to which such features are present in the health projects in the 2016-19 programme period. Most notable is the high score for mutual trust between the partners, virtually all respondents – in fact all Russian respondents – state that this is present to a large extent. Russian respondents have high scores for all items asked, i.e. hold the view that there is a good balance between the different partners in the project, that relations have developed in a positive direction throughout the project period and that partners have a common understanding of problems and challenges. Norwegian respondent also have high scores for the first three, but a more moderate score (less than 'to some extent') when it comes to a shared understanding.

Figure 21: Mean score on a scale from 1 'not at all' to 4 'to a large extent' of whether various characteristics of collaboration are present in project, by country (N=56).



When comparing with results of the 2007 survey, it should be noted that the questions asked differ for some of the items. A question about openness and transparency between the partners from 2007 had been removed, while a question about mutual trust was included instead. Figure 22 gives comparisons for the three items that were identical in the two surveys. As the figure shows, in 2022 respondents were much more likely to answer that relations had become closer during the project period, and also that there was a good balance between the partners in the project.

Figure 22: Presence of various characteristics of collaboration in project. Percentage indicating 'to a large extent', by year of survey (N=58/56).



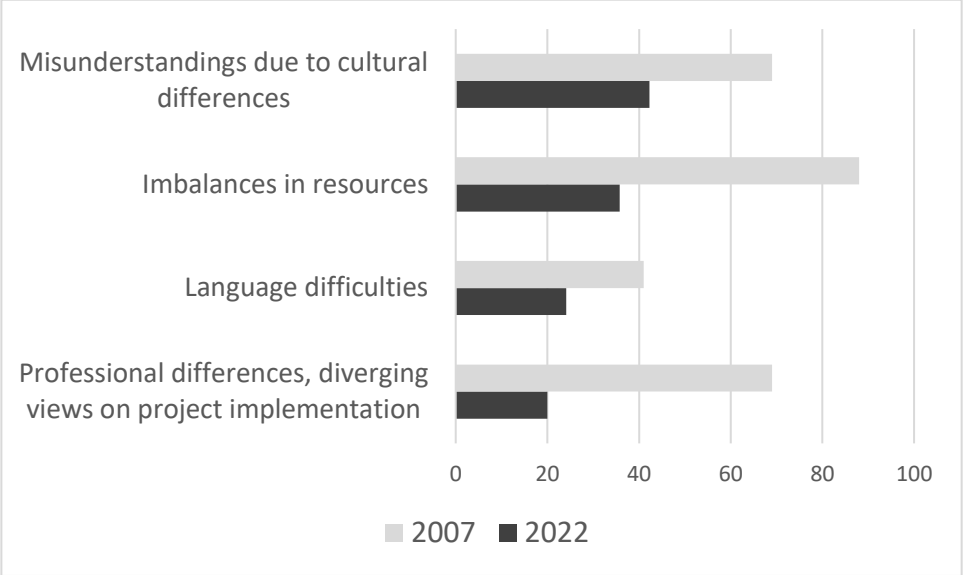
In interviews with project participants, a recurring theme was that good relations was something that had developed over many years. Some said that initial hurdles and lack of understanding had been overcome as the participants learned to know each other better. Better knowledge about the system in which the partners operate had also developed over time and helped to clarify the room of manoeuvre of the partners. So, even though lack of progress could cause irritation, speaking openly about for example bureaucratic challenges had become easier with time after trust had been built. Still, there seems to be some room for improvement when it comes to developing a shared understanding of problems and challenges, as shown by the figure.

From previous evaluations, we have observed a tendency that project participants feel there is a lack of progress or inaction on the other side of the border, and the reason for such inaction is not always understood. When asked in the survey whether this has been the case, only 7% said that this had happened often, 24% said it had happened, but rarely, while 69% had never experienced this. Of those who had at least rarely had this experience, 70% said they had asked about the reason for it, and half of these had got an answer that they were satisfied with. In other words, problems like this do still exist, but we do not think these figures are a warning sign.

There is also strong evidence that problems between partners have been reduced considerably. The next figure (Figure 23) comparing the presence of such problems in respectively the 2007 and 2022 surveys, shows that while in 2007 professional differences and diverging views on project implementation was an issue mentioned by close to 70%, in 2022 only one in five respondents said that this had been the case in their project. There was also a considerable reduction in misunderstandings caused by cultural differences, though more than 40% still say this is an issue in their project. Language skills have either improved or there is more use of high quality interpreters (or both, as interviewees in qualitative interviews indicated), as fewer now experience language difficulties. Imbalances in resources between partners in Norway and Russia was seen as a huge problem in 2007, but this has become much less prominent in the project period evaluated this time. So, even if there are still

some challenges in the relations between partners, the general picture is one of reduction in collaboration obstacles over time.

Figure 23: Reported problems between the partners by survey years (%).



Interviewees who had participated in collaboration projects over many years reported a trend whereby Russian participants have become more active and have taken more of an ownership of the projects, even if the main responsibility for the application and the administration lies with the Norwegian partner. As one of the Norwegian interviewees put it: “Our Norwegian protestant missionary work that was especially dominant in the 1990s is over, and the collaboration is much more balanced now”. Another expert said that it is futile to try to impose something or try to persuade the Russian partner about the superiority of a Norwegian way of doing things. There is also a common understanding that it can be useful to exchange best practices, but also that a certain practice may only be applicable in a specific location or a specific country setting. Several of the interviewees informed that more of the initiative is now on the Russian side, and that Russians in their projects lead planning processes.

Sufficient knowledge about each other’s health systems is considered a must for the collaboration to be successful, and it was argued that projects with a Russian participant also on the Norwegian side has an advantage, because it is easier for them to adjust the project to the needs in Russia and they can act as cultural bridges to the Russian partners.

One of the Russian experts argued that one needs to take into account differences in work styles between Russian and Norwegian partners to make the collaboration go smoothly:

> Norwegians like to make multi-dimensional decisions, and to reach those decisions through consensus. Russians make individual, specific decisions. Norwegians take time making decisions, Russians make decisions faster. These are differences we need to take into account when working together.

There cannot be full equality between the partners as long as the project leaders are all from Norway, and the main bulk of funding comes from Norway (although with a requirement of financial contribution from the Russian partner). It is after all the

Norwegian partner who in the end is responsible towards the funder for the proper use of the grant. One Russian survey respondent in an open question argued that also Russians should be able to apply for funding in order to achieve full equality in the programme, and another Russian interviewee was arguing for joint co-ordination between the Russian and Norwegian partner instead of one dedicated Norwegian partner being in charge.

One of the requirements for obtaining funding is that the project should be useful both for the Norwegian and the Russian partner. There is no doubt, however, that the main bulk of activities take place in Russia and aim mainly to support the Russian health system or improvement of Russian health and social conditions. Interviewees, however, did not find this to be contradictory, they understand it so that when inequalities in health are so great as they are between Norway and Russia, it makes sense to focus more on the Russian side of the border.

When asked about how useful the projects are, it was therefore never hard to point to benefits on the Russian side, but for some a bit harder to come up with benefits for Norway. A few respondents could describe in some detail how their Russian partners would benefit from the collaboration, while benefits to the Norwegian side would be described more vaguely. Some recurring arguments were nevertheless made. For example, when many Russians cross the border with Norway as tourists or labour migrants, it is useful to know about their health condition. Rescue operations and transport of patients across the border require knowledge about each other and common routines.

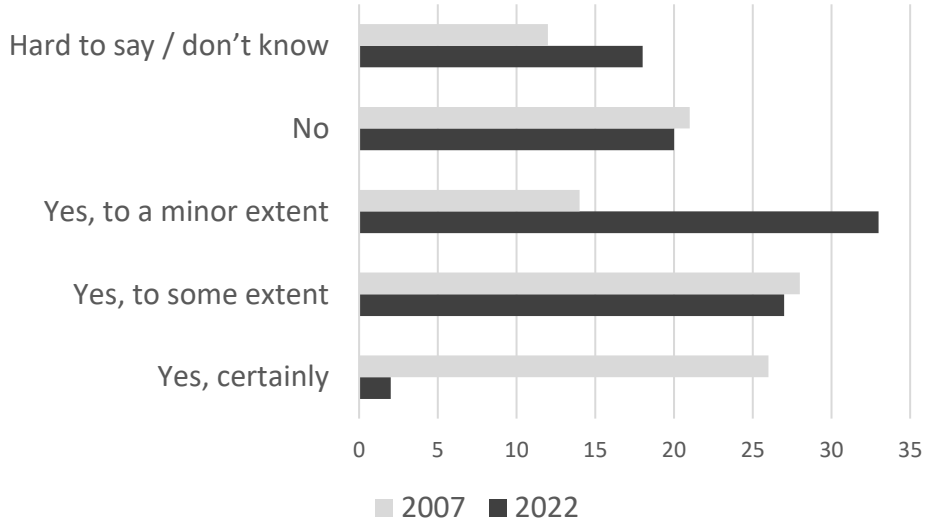
It was further argued that the collaboration programme, by enhancing knowledge about Russian health conditions, had contributed to hinder diseases from spreading across the border; this had allegedly been a threat in the 1990s. By knowing more about each other, and having established contacts, it will also be easier to confront new health threats, it was argued. Some project leaders also pointed out that when it comes to certain diseases that are more common in Russia than in Norway, such as TB and TB/HIV co-infection, Norwegian doctors have much to learn from the Russian side about handling them. One interviewee was particularly frustrated that Norwegian project participants do not sufficiently exploit the possibilities for learning from Russian health workers who have a very high competence in many medical fields.

Many of the Norwegian interviewees nevertheless argued that the main benefit for the Norwegian side is to learn more about the Russian health system. Not only positive impressions were mentioned, to some Norwegian interviewees it had been an eyeopener to see backward health services or observe stigma against certain groups of the population. And we got statements like this: “When we see how much they work and under which pressure, it puts our own working conditions in a different light”. There were also Norwegian interviewees who find personal gratification in helping Russian colleagues who struggle due to lack of resources or an unfriendly political environment, for example those dealing with HIV/AIDS or other diseases and social issues that are not prioritised by Russian authorities.

7 Sustainability and expressed needs for the programme

One way of measuring a project's sustainability is to find out to what extent changes brought forward by the project will remain also after the project itself has ended. In the survey we asked whether activities would be followed up without further support from the programme. The results are quite mixed as can be seen in Figure 24. Compared to in 2007 markedly fewer respondents say activities will be followed up without support from the programme. This can be interpreted in different ways: It could indicate that the programme fills a gap by supporting important activities that would otherwise not have been carried out. However, there could also be a risk that the projects have become too dependent on continuous support from the programme and that the effects could fade after projects have been completed if new grants are not offered. Some members of the programme committee expressed a concern that the latter might be the case.

Figure 24: Responses to question whether activities would be followed up without support from the grant programme by year of survey (%) (N=54).



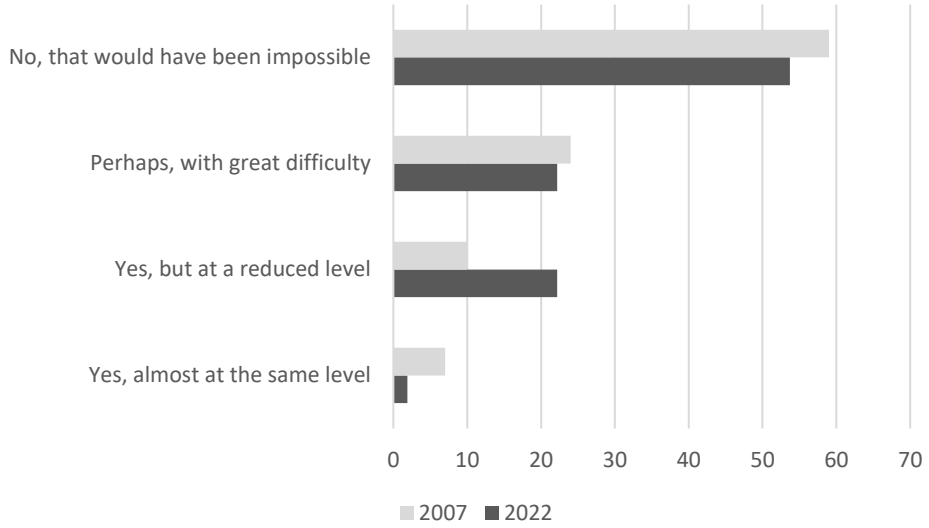
Some projects involve the implementation of new forms of treatment, new approaches to specific health problems, and new forms of cooperation, sometimes requiring a change of attitudes among health professionals. These projects depend on tireless efforts stretching several project periods, and some respondents in charge of such projects express concern that without continued engagement on their part, and without new funding, the changes they have sought to introduce may not wither away, but that they will lose momentum. They risk failing to be anchored more deeply among health professionals and authorities in their sites of implementation, and to be expanded to new areas.

In qualitative interviews the interviewees gave many concrete examples of methods, policy changes, enhanced competence and professional networks that will remain after the projects have been completed, even without funding from the programme. Projects run by partners that have collaborated over several year were more likely to

yield such results, and many interviewees underlined that it takes time before project results materialise in new practises. Introduction of new ways of treating patients and awareness raising among policy makers and in local communities were examples of this. The presence of Norwegian project partners is nevertheless desired, as one Russian interviewee put it: “Their presence helps us to keep up the pressure. Changes will remain also without them, but results are more likely when they are involved”.

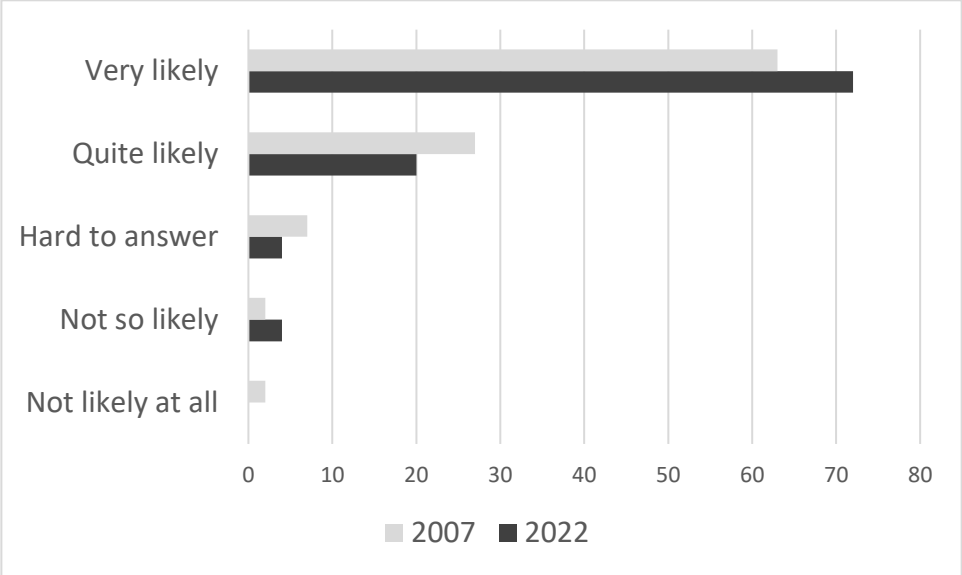
That the programme fills a funding gap is indicated by the next figure, which shows the responses to a question whether respondents would have been able to carry out the activities without support from the grant programme (Figure 25). More than half the respondents indicated that this would have been impossible. The overall picture is rather similar for the two survey years, even if some nuances differ. Russian interviewees informed that they do have more Russian grants now than they had previously; they can for example receive ‘grants of regional significance’, presidential grants and private/business donations. “But it would be a loss if the Norwegian grant programme is discontinued”, said one Russian interviewee.

Figure 25: Responses to question whether respondents would have been able to carry out the activities without support from the grant programme (%) (N=54).



The Norwegian respondents were also asked how likely it is that they will apply for funding from the grant programme in the future (Russians cannot apply). We remind that the survey was conducted before the Russian invasion of Ukraine, and the projects involving collaboration with state institutions in Russia had not yet been suspended when the survey was conducted. As shown by Figure 26, the results resemble those of 2007: the vast majority find it either very likely or quite likely that they will apply (we have removed the 11% who said they do not work with relevant issues anymore). The grant programme therefore seems to be a highly appreciated and important funding source for Norwegians working in the health sector and are engaged in collaboration with Russia.

Figure 26: Likelihood that respondents will apply to the grant programme for funding in the future, by year of survey. Per cent of Norwegian respondents.



8 Programme administration

Administration of the grant programme is carried out by the Norwegian Ministry of Health and Care Services. It is also the Ministry that makes the final decisions about grant allocations. However, a programme committee with 10 members[9] (of whom we interviewed seven in two group interviews and one former member in an individual interview) meets for one day after each call (twice a year) to discuss and make recommendations about which projects to support, and also discuss the size of the budgets. Only Norwegian institutions can apply for grants, and they must all nominate a partner institution and have a formal collaboration agreement with them. Grants are given for one year at the time, and projects can last up to three years. A status report for the previous year is asked as a supplement to the application for the second and third year to ensure progress.

Since only Norwegian project leaders need to communicate with the programme administration, questions about how they assess the work and communication with them was only asked of these respondents. Figure 27 shows how satisfied respondents are with various aspects of the administration on a scale from 1 (very dissatisfied) to 4 (very satisfied). The mean score for all items, as the figure shows, lies somewhere between satisfied and very satisfied, with only small differences between the different items.

Figure 27: Level of satisfaction with the programme administration, on a scale from 1 'very dissatisfied' to 4 'very satisfied'. Norwegian respondents only (N=19).

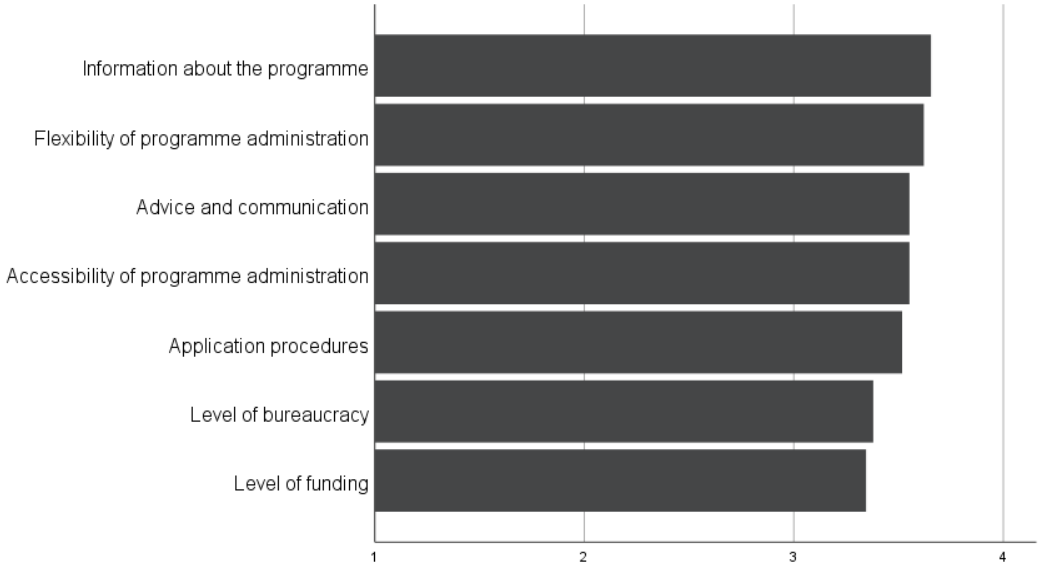
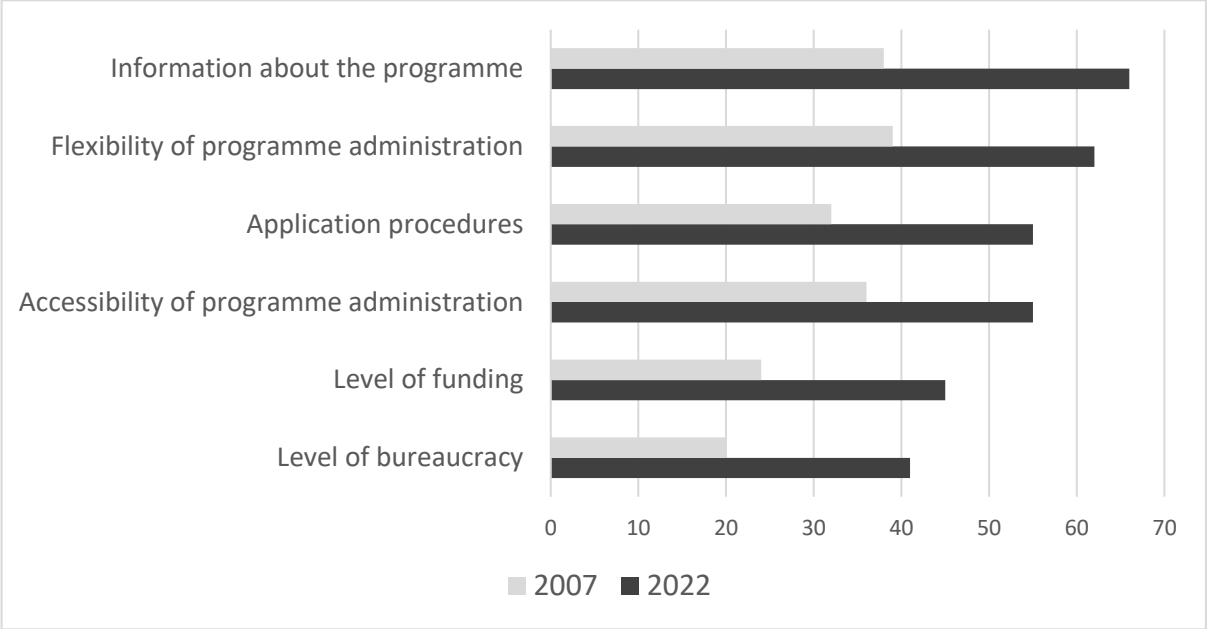


Figure 28 compares the results in 2007 and 2022 for the same questions, and shows very substantial improvements, and for 2022 much higher levels, along all indicators measuring satisfaction with the programme administration.

[9] They represent Finnmark Hospital, the Norwegian Health Directorate (2), the Barents Secretariat, the Directorate of Prison and Probation Service, Northern Norway Regional Health Authority, Ministry of Children and Families, and the Norwegian Public Health Institute.

Figure 28: Percentage of project leaders responding 'very satisfied' when asked about different aspects of the administration of the grant programme, by survey year.



The assessments given in the survey were also confirmed by statements given by interviewees in the qualitative interviews. In particular, many highlighted the high degree of flexibility that the administration had shown during Covid-19 lock-down. The understanding that activities needed to be delayed or adjusted, and the ease of contacting and discussing such adjustments with the administration, was highly appreciated.

Many interviewees pointed to the administration's genuine interest in and knowledge about each of the individual projects, which facilitates communication and mutual exchange of information.

One of the answers to the open question asked about this theme in the survey, sums up the mood in many of the qualitative interviews:

> One of the most positive sides of my experiences with the administration of the program, is the way the responsible staff in the Ministry meets me when I am in contact with them. Whether we have got grants or our application has been rejected, you are met in a good way and get good explanations and feedback which inspires you to continue working.

Some interviewees, and this was especially prominent among project leaders of research projects, were concerned with the lack of predictability since they need to apply each year without knowing for sure that funding will be available even if they can show that the project develops in accordance with the plans.

There was some disagreement among interviewees when it comes to the digital application form. The application tools that are used were highly esteemed by a majority of those we spoke with, but some interviewees were frustrated that they had been continuously 'falling out' as they had been filling out the application form. "The electronic system to apply for money is troublesome – need a new system" stated one interviewee. Others, who had participated in collaboration project over several years argued that the application form has been continuously improved, and that problems that they had encountered previously were no longer present.

One interviewee suggested that there should be a more systematic overview of projects granted on the Ministry's website, with brief information about each of the projects, the institutions involved in Norway and Russia, and contact information. This would make networking between project partners easier and also be a channel for information about the programme and its activities to a larger audience. This is a suggestion that we think could be followed up.

While many were satisfied with the system for accounting and audit ("it is easier than what we require in our own organisation"), some were frustrated with the sequencing of calls for applications, reporting and delivering of accounts. "Challenging to submit accounts before the end of the budget year", was one such statement. Others read as follows:

> The application deadline is in April and, as a result, the project period and reporting dates (May to June) stand out from the usual project period (calendar year from January to December), that makes it difficult to plan the budget year and to coordinate the project with the rest of the organization.
>
> I could wish the application deadline was before a new year starts as it would be good to know what money you had as early as possible.

As evaluators we do not have the full reasoning why the project year cannot follow the calendar year, but have understood that it has to do with the Ministry's own budget allocations. There are rules that grants are transferred only for half a year at the time, and the administration is aware that this causes problems especially for some of the smaller projects. We would still recommend the Ministry to see if there are possibilities to make some adjustments which make the running of the project smoother from an administrative point of view.

For smaller projects that do not necessarily have funds available, it can be difficult to receive only 75% of the grant during the project period; and especially as they also need to cover expenses for Russian partners who do not always have available funds. The Ministry has since changed its method of payment of the grant so that it is no longer required that the grant recipients must advance 25% of the amount. Institutions with larger projects complained that the limitation in project size (up to 2 million NOK per year) made it necessary to split larger projects into smaller pieces, increasing the burden of reporting and administration for all those involved. As one interviewee put it:

> The current small projects fragments the collaboration, increases the administrative burden and makes it difficult to assess impact since the time frame is too short.

We also asked the Russian respondents about how they assess the project administration carried out by their Norwegian partners. Most of the responses were very positive: Good communication, professional project management, mutual trust, transparency, low level of bureaucracy, supportive attitudes and responsible conduct were among the concepts they used to describe it. Many also highlighted the close personal relations that had developed between the Russian and Norwegian partners and that eased administrative tasks. A few had experienced initial misunderstandings, but they had been solved as the collaboration had developed. Only one respondent gave a more mixed response, emphasising long time to agree on certain issues, some bureaucratic hurdles and language problems as negative factors, but it did not appear from the response whether the project partner in Norway could be blamed for the problems.

8.1 Selection of projects for grants

Applications for projects after each call are systematised by the Ministry of Health and Care Services and then sent out to the programme committee. The committee meets for a full day and discusses each application in detail, and gives a recommendation whether it is worthy of support or not. Sometimes they suggest that the Ministry asks for more information before a decision is made, and the programme committee sometimes suggests budget changes (or reduced allocations), if for example some budget items seem inflated or if resources are scarce.

After the committee has made its recommendations (sometimes external experts are also asked for their opinion), it is the Ministry that makes the final decision about the distribution of grants from the programme, including the amount of funding each project will receive. This also prevents the risk of conflict of interests among the medical experts in the committee whose institutions not rarely are among the applicants for grants.

The committee consists of people from various relevant institutions and with different types of expertise, many with much medical expertise and quite a few with experience from health collaboration with Russia. There is no Russian representation in the committee.

Applicants can in principle complain to the Civil Ombudsman or the King in Council (*Kongen i statsråd*), but there have been very few complaints.

Most of our interviewees from the committee were satisfied with the grant selection procedures, or did not express a view. There were a few members who were not completely content with the procedures for the project selection, however. This had to do with a feeling that they lacked enough information about the projects to be sure that the decisions are right. They also described the process as ‘closed’, since they allegedly did not receive enough information from the Ministry about how the decisions are finally made after the meetings in the committee and how much their recommendations actually count. Sometimes they had registered that projects had received funding without being recommended by the committee. Also, the status report for previous years was sometimes considered insufficient, thus committee members were unsure that the projects had satisfactory progress before making recommendations about its potential extension.

The same interviewees had some recommendations about how to remedy these problems. Firstly, they thought it should be possible for the committee to contact project leaders digitally during their meeting and have a brief interview where they could raise issues that they felt were not satisfactorily explained in the application form. Secondly, they believed the Ministry could do more to update members of the committee about the decisions made after the meetings in the committee. Although they had not experienced attempts from the Ministry to hold back information, and believed they would get it if they asked, they still thought such information should be readily and systematically available without having to ask for it.

Apart from these problems mentioned by a few of the committee members, there were no complaints about how the committee works or the atmosphere in the meetings. According to interviewees, it is not difficult to raise problematic issues and discuss them openly. Also, although there are debates and disagreements about a few individual projects, the committee agrees on most of them and are able to reach consensus. There had been more tension in the committee in earlier years, said one interviewee with many years’ experience. Diverging views on support to small versus

large projects, whether or not to support research projects, and so on are, it was said, also discussed in an open and constructive way.

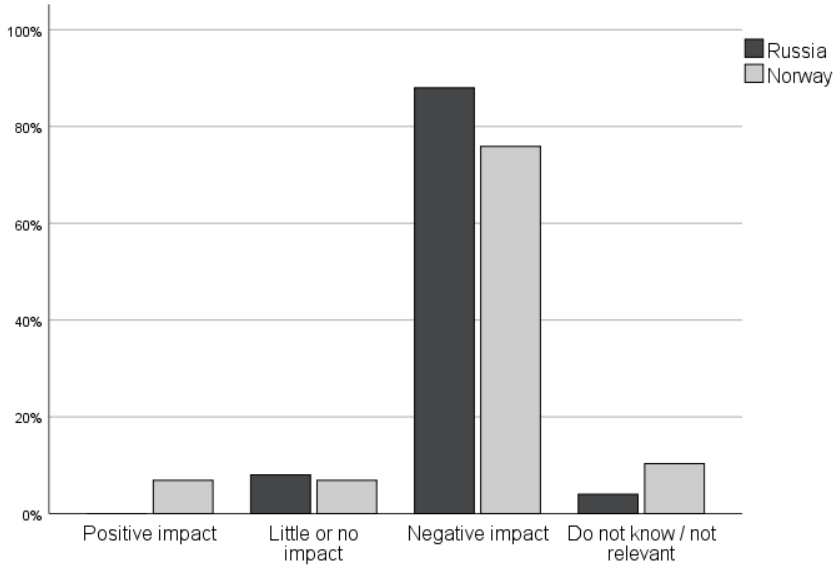
Members of the committee found visits to meet project leaders in Norway and, especially, their partners in Russia, to have been particularly useful. In this way they had become much better informed about the projects than is possible only by reading an application form, and the value of the programme had become even clearer to them, according to interviewees.

9 The Covid-19 pandemic's effects on the projects

As shown in Chapter 5, the Covid-19 pandemic was considered the clearly largest obstacle for the implementation of the projects in the grant programme. In this section we shall first present how respectively Russian and Norwegian respondents answered when asked about whether and how their project had been affected (we asked this only of project leaders who had not yet completed their project when the pandemic started). This will be followed by some information on how the Covid-19 pandemic was handled by the project participants based on interviews with project leaders.

That Covid-19 was a major obstacle for project implementation is confirmed by Figure 29, showing that three quarters of the Norwegian project leaders stated that it had a negative impact, and an even greater proportion in Russia. A few Norwegian respondents claimed the epidemic had had a positive impact, and there were also some respondents in each country that reported 'little or no impact'.

Figure 29: Effects of the Covid-19 pandemic by respondent country (%).



In the interviews more details were provided. Some projects had to stop their projects all together and to return the money to the Ministry. These were typically projects that were based on exchange or travels between the two countries, large gatherings of people in conferences or other events. For those who continued to operate, there were also huge challenges, as stated by one of the Russian respondents:

> The project has been carried out in the times of the Covid-19 outbreak which has impacted numerous areas of the project work. Measures introduced by the national and local governments led to a general slowdown in the implementation of project activities. The travel ban made it almost impossible to run face-to-face meeting and visits.

There is an abundance of similar statements in the data we collected. Not being able to meet physically not only made people delay or cancel their events and trips, but it

also affected the communication between project partners, which is very much based on physical meetings. Communication became more superficial, said some. Particularly those who are newcomers in project collaboration and did not know their partners well beforehand, miss out much of the informal talk that is so necessary for smooth implementation of projects. Both in previous evaluations and this one the importance of good personal contact in order to run a successful project in Russia has been highlighted, and though digital meetings can be effective, much of this informal contact building disappears. Also, experts who meet in expert groups lost the opportunities for informal contact which by some is considered almost equally important as the more formal one taking place in the official meetings for information exchange and updates on the health situation.

Further frustration was caused by lack of predictability; nobody knew how long the pandemic would last, and delays had to be repeated several times. This also affected motivation of project partners in both countries. Another issue that came up in some projects was about how to exchange information digitally in a secure way across the borders as health information can be quite sensitive.

In addition to these obstacles, there were also external factors that hampered the execution of the projects. Many health workers had a heavy and vastly increased workload during the pandemic, which gave less time to engage in international project collaboration. It was not uncommon to be so tired at the end of the work day that it was not tempting to spend extra time in digital meetings in the evenings (though many did so anyway). Some doctors close to the Covid patients also observed the higher mortality (e.g. patients with TB were at risk), and when the project was about improving life of such patients, it was frustrating to see these results. Others pointed to the health inequalities having been brought to the forefront, as some population groups had been affected disproportionally, which some health workers found disturbing.

On the other hand, there were also positive aspects that some of our interviewees pointed out. Digital competence and improvements in digital communication was a recurring theme, and the fact that people could continue to collaborate despite not being able to meet physically was something many had appreciated. Most of the project partners managed to keep up the communication with one another. A few had seen positive benefits, for example that it was possible to gather more people to events from different parts of the two countries, and dissemination had thereby become easier.

Those dealing with e-health and telemedicine also got confirmed that such tools can be very useful during a pandemic when travel is restricted and physical meetings with a doctor or other health worker can involve a certain risk. Others adjusted their project so that Covid-related themes became part of what they discussed or worked on, which had been a valuable contribution to the pandemic response. Some started to exchange experiences on how to deal with the burnout that was common among medical personnel during the pandemic. There were also projects that had benefitted from earlier collaboration, for example one project that had worked on building competence in oxygen provision to lung patients, which had made them better prepared for Covid than they otherwise would have been.

As mentioned earlier, the programme administration’s flexibility to allow for adjustments caused by Covid, was acclaimed by many of our interviewees.

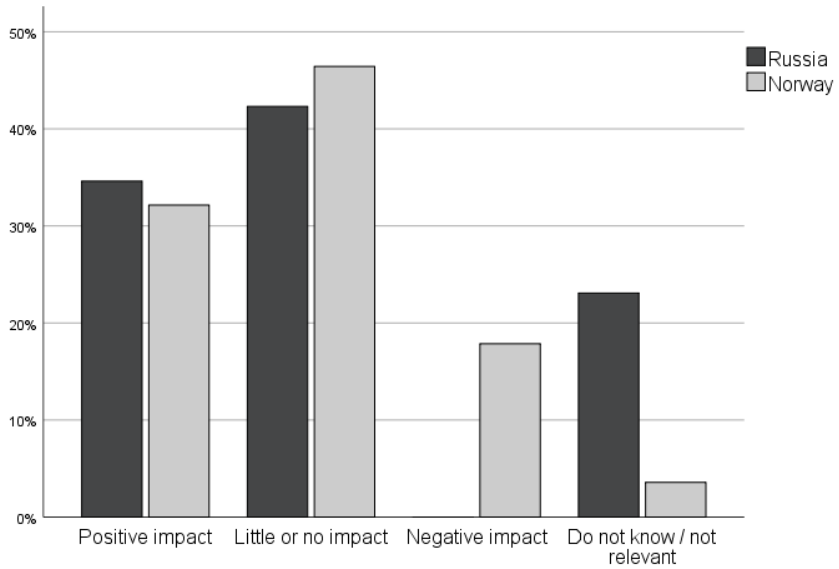
Many of the projects had just started to resume physical contact, or were planning for doing so, when the war in Ukraine broke out, and an even more serious blow to the collaboration followed.

10 Effects of worsened bilateral political relations between Russia and Norway

While the pandemic was an abrupt shock and necessitated immediate action, the bilateral political relations between Russia and Norway, and the West in general, have seen more of a gradual deterioration, starting around 2012 with the Foreign Agent law, worsening in 2014 with the annexation of Crimea and war in Donbas, followed by the poisoning of Skripal and Navalny and of course (though at the outset not covered by this evaluation) culminating with the Russian invasion of Ukraine and subsequent suspension of virtually all official contact across the border. The domestic authoritarian and conservative turn that has taken place in the same period could potentially affect collaboration projects with Norway. In a recent evaluation of the Barents Secretariat's grant programme for people-to-people projects with Russia, however, it was found that only around one in five projects had experienced negative effects of the deteriorating political relations between the two countries (Holm-Hansen, Aasland & Dybtsyna 2020), and we were therefore curious if this is also the case with cross-border health projects.

Figure 30 presents data that reveal that if political relations between Norway and Russia have had an impact on the projects and the collaboration, it has rather been positive than negative! Thus, around one third of the respondents – about equal proportions of Russian and Norwegian respondents – believed that the impact has been positive. In addition, between 40% and 50% said that there has been little or no impact. No Russian respondents held the view that political relations had had negative effects on their project. However, more Russian than Norwegian respondents were undecided.

Figure 30: Opinions on whether political relations between Norway and Russia have had a positive or negative impact on their project, by country (%) (N=54).



How should this finding, and the large proportion opting for 'positive impact' be interpreted? Both Norwegian and Russian politicians have underlined the importance of collaboration on issues that are of concern for both countries. They have

emphasised the good collaboration in the North, and have accentuated people-to-people contact across the border and continued support to Barents collaboration activities. In that sense many have noted political support despite the strained climate in international politics.

The qualitative interviews with project participants on both sides of the border, and with experts interviewed alike, confirmed the impression given by the figure. Interviewees were very clear that political tension had not in any way affected their projects, and that people manage to collaborate without interruption from politicians. These include statements such as “I think healthcare is apolitical; we don’t solve political questions, we work for the recovery of patients”.

The picture is not completely one-coloured positive, however. One Norwegian interviewee had experienced that the atmosphere turned sour when he had initiated a discussion of politics during a project dinner at a restaurant. There were also interviewees who gave examples of political disturbances and interference. These were often related to difficulties with obtaining permissions, lack of support or even active resistance from the authorities. Some more serious episodes have also been noted, but are not reported in detail in this report.

Some interviewees complained that there are certain issues that are now difficult to discuss in Russia, and at least one project co-ordinator openly admitted that they had adjusted the theme of their project so that it would look more acceptable to the authorities. One interviewee had problems getting access to good data on the HIV/AIDS situation in Russia which was believed to have to do with Russian authorities’ tendency to downplay the seriousness of the epidemic. The general centralisation of the Russian health system was also mentioned in interviews as a challenge as, it was claimed, it is now more difficult to get support from authorities unless the theme has been defined in the federal health programme. The need for permission from authorities in Moscow, which was not necessary before, had in some cases also delayed projects.

Two interviewees raised the “Frode Berg case” as an issue that had worsened the diplomatic relations between Norway and Russia with negative effects also on project collaboration. Frode Berg, a retired officer with the Border Commissioner at the border between Norway and Russia and volunteer in a variety of people-to-people projects with Russia, was arrested in Moscow in 2017 for espionage.

Permission from the authorities before entering into a collaboration with Norwegian partners is often required from the Russian side, and the screening process was considered burdensome by some Russian co-ordinators.

We must also emphasise that there is a selection bias, because NGOs that are not considered loyal to authorities in Russia – they may have become ‘foreign agents’, risk becoming so, or have disappeared from the NGO scene – are now much less likely to remain Russian project partners. Their voice has not been heard in the survey or the interviews. How to navigate in this landscape; whom to invite to be partners on the Russian side, and for Russian partners to decide whether or not to be involved in and receive money from Norway (if only travel money or direct expenses), can also be hard for those working on more controversial themes in Russia.

Still, what was emphasised by a very large number and all types of interviewees in both countries is that running a programme like the grant programme, which supports pragmatic and concrete collaboration across the border in otherwise difficult times, is more important than ever. Let us cite one of the Norwegian expert interviewees who

gave the following reason why the grant programme is important (after first naming two other reasons):

> I also think there is a third axis, this is a security policy axis, and this is about that if everything else is very difficult, then health is quite uncontroversial. In this sense, it is relatively easy to maintain close and good contact between technical and professional staff on the health side, even if there should otherwise be a ‘down period’ in the political dialogue. [...] So in terms of security policy, I think it has value.

One Russian interviewee blamed the US for the deterioration of relations between Russia and the West, but did not believe, or hope, it would affect Norwegian-Russian relations in the north:

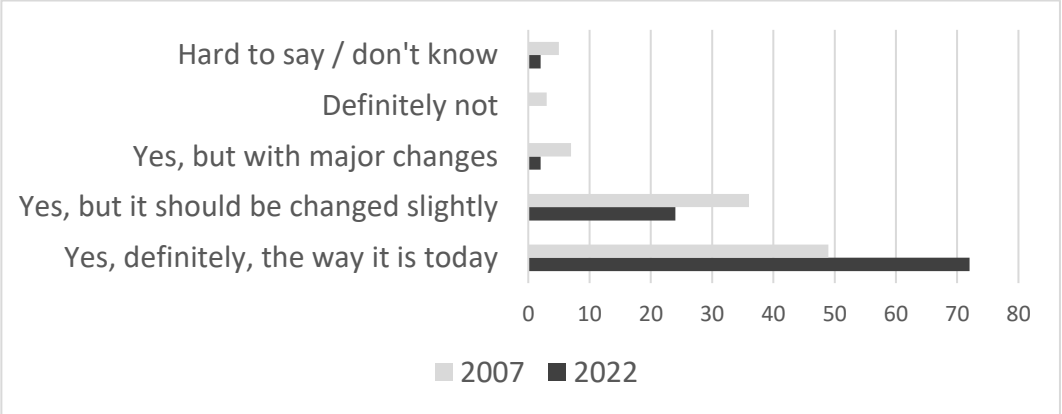
> According to the Russian Foreign Minister, Sergei Lavrov, the cooperation we have in the Barents region (namely between Norway and North-western Russia) is the most successful dialogue format in Northern Europe and demonstrates strong immunity to political fluctuations. We hope it will stay like this regardless of the US pressure towards Norway and other European countries with respect to the artificial creation of the image of the enemy out of Russia. Good neighbourhood and friendly collaboration between Norway and North-western Russia has a very long history and will hardly get destroyed by the external influence of the US that has never been pursuing any other interests than their own. [...] Russians, who work with Norway for decades and have many friends in Norway well understand that the evident external imposition of the tense relations between our countries plays into the hands of only those who impose them, and we faithfully believe that this shameless political game will fall apart soon.

11 To be continued?

11.1 Survey question on a continuation of the grant programme

The future of the grant programme now mostly depends on external factors, i.e. the war in Ukraine, and whether and when there will be a normalisation of Russia's relations with the West, including Norway. At the time of writing the prospects look quite grim, at least for the nearest future. All official collaboration between Norway and Russia has been suspended by Norwegian authorities, including by the Norwegian Ministry of Health and Care Services. However, there is still some room for Norwegian actors to collaborate with non-state actors in Russia. If we look at the programme itself, as seen from the point of view of the project participants, the programme should be continued (note that the survey was conducted before the Russian full-scale invasion of Ukraine). When asked whether the programme should be continued or not, a vast majority were in favour, as shown by Figure 31. And the programme has greater support in 2022 than it had in 2007, when we conducted the previous evaluation. In 2007 there were more respondents who believed the programme should be changed slightly. It seems this advice has been followed, because in the 2022 survey nearly three quarters of the respondents think that the programme should be continued the way it is today; while in 2007 less than half the respondents did so.

Figure 31: Opinion on a possible continuation of the grant programme, by time of survey (%) (N=54).



12 Concluding discussion

Building on programme theory presented in the analytical approach (Section 2.1), the underlying question throughout this evaluation has been to what extent inputs, outputs and outcomes point towards cross-national professional development that underpin the endeavours to improve public health. In other words, to what extent have the projects, together with the programme in itself, created preconditions for impact? To operationalise this core question, we identified 10 result indicators which taken together give a solid basis for drawing conclusions about the potential for impact. Here we sum up the main findings for each of these indicators and what sources our conclusions are based on.

- **Composition of the project portfolio (geographical distribution, thematic distribution between priority areas)**

  Document analysis (project applications and reports)

  All three priority areas are represented with projects, many of the projects cover more than one priority area. Compared to 2007 projects in the 2016-19 period are in somewhat stronger alignment with the programme's priorities than they were then. There is a wide geographical distribution of projects. Arkhangelsk is over-represented, which is probably a result of long-term successful collaboration among well-established partners. In Norway nearly half the institutions involved are Oslo-based. The project composition depends on applications from interested institutions, and we have no grounds to indicate that certain themes or geographical locations are deliberately favoured or discriminated. Still, it would probably be worthwhile to make campaigns about the programme in institutions and regions that have been poorly represented over years.

- **Extent of development of new practices, methods, organization, policies**

  Interviews with project leaders, open questions in survey

  We received a long list of examples of new practices and methods, and it would lead too far to present all these in the report. New ways of treating patients, strengthening the role of primary health care, how to reach patients in sparsely populated areas, establishment of new guidelines, initiation of cross-sectoral collaboration, implementation of health information systems and health communication, strengthening prevention efforts, and new methods of awareness raising are only examples of the much longer list. Although we have had no opportunity to scrutiny all the individual projects, in interviews project leaders were able to elaborate more on what they had achieved with concrete examples. All these projects could point to such new ways of doing things, many with quite impressive results. For some of the newer projects the ambitions had had to be reduced due to the Covid pandemic.

- **Extent to which collaboration between Norwegian and Russian actors has been strengthened**

  Survey, interviews with project leaders

  The survey clearly demonstrates that collaboration between Norwegian and Russian partners is highly esteemed by project partners in both Norway and Russia. Of all results this is the item that obtained the highest score among respondents. There has also been a substantial improvement from our previous evaluation in 2007: then one third of the respondents answered 'very successful'

on this item; this proportion had doubled by the time of the 2022 survey. Likewise, both Norwegian and Russian respondents rate the item 'Development of professional networks' as one of the features with the highest score (and significantly higher than in 2007). Especially Russian respondents give a high score on a question about whether they have seen the development of closer relations between the partners in the project period. This picture was confirmed in open survey questions and interviews with project leaders as well.

- **Degree of mutual benefit from the collaboration**

Survey, interviews with project leaders and experts

There is a certain asymmetry in the programme in that the effects of the project are most visible in Russia; most of, but not all, the projects have some form of improvements in Russia as their main goal. This is not, however, controversial, as health inequalities between Norway and Russia are still substantial, and the focus on Russia therefore seems reasonable. But this makes it easier to point to concrete benefits on the Russian side. Transfer of competence also from the Russian to the Norwegian side is nevertheless substantial as illustrated by survey results. And in interviews project leaders came up with many benefits also for the Norwegian partners and society. The most concrete were in projects on diseases that are more common in Russia than in Norway (e.g. TB) where Russian medical workers have hands-on experiences that are useful for their Norwegian partners. Norwegian interviewees also stressed the importance of knowledge about the health situation and health system on the Russian side of the border which, among others, is useful for preparedness (cross-border rescue operations, etc.). Not least, having a grant programme like this gives opportunities for keeping regular contact with regional and, although less so, federal health authorities in Russia, the importance of which was emphasised especially by the experts interviewed.

- **Degree of equality between Norwegian and Russian partners in the collaboration**

Survey, interviews

There cannot be full equality between the partners when the project leaders are all from Norway, and the main bulk of funding comes from Norway (though with a requirement for financial contribution from the Russian partner). Nevertheless, the survey testifies about a good balance between the different partners in the project, yet another indicator for which there has been an improvement since the 2007 survey. In open survey questions and interviews this finding was confirmed and exemplified. It is now much more common that the Russian side takes the initiative to new projects, and ownership on the Russian side has become gradually stronger. The very high level of mutual trust which we find is obviously a conducive factor. However, there is a certain discrepancy in that Norwegian respondents are not as convinced as their Russian counterparts that they have a shared understanding of problems and challenges.

- **Obstacles in implementation (bureaucratic, financial, political, effects of Covid-19)**

Survey, interviews

The clearly most significant obstacle in implementation of the collaboration projects, for those projects that were not yet completed, has been the Covid-19 pandemic. The pandemic made many of the planned activities impossible to carry

out, travels were restricted, there were many delays and cancellations of events. Some had to return their funding to the Ministry. Furthermore, many health workers were preoccupied with the pandemic and could not dedicate time to the projects. The Ministry was acclaimed for its flexibility in accepting project adjustments. International collaboration is complex, also in this programme, and most projects have experienced other types of obstacles as well, but apart from regular bureaucratic obstacles they are reasonably few, and not systematic across the project portfolio.

- **The strength of linking up with local, regional and national (federal) authorities**

Survey, interviews

The involvement of local and regional authorities in Russia in the projects is very substantial; four in five projects report such involvement. This is important for securing an integration of the project results into the general health systems. Involvement of federal authorities is somewhat lower, but it is still noteworthy that they are involved in more than half the projects. The strength of their involvement is, however, not always easy to assess. Many could point to changes that were taken up by institutions external to the project itself thanks to authority involvement. Others complained about lack of interest, and even counteraction from authorities. Some themes (e.g. LGBT issues, HIV/AIDS, prison health) have become more controversial due to an authoritarian and conservative turn in Russian politics, which has also affected relations with authorities for a few of the projects in the programme.

- **The projects' sustainability (ability to continue without support from the programme)**

Survey, interviews

It is difficult to give an overall assessment of the projects' sustainability. Many project leaders could point to results and changes that will remain after their projects have been completed. However, a very large proportion in our survey indicated that it would be hard to follow up without continued funding from the programme. Some experts interviewed were concerned that there are many regular grant recipients and that certain milieus may have become too dependent on funding from the programme. With the sudden suspension of all project activities involving state institutions in Russia, it might be visible after some time whether the Russian side will follow up and finance activities that have been stopped as a result of the war in Ukraine.

- **Improved knowledge about each country's respective health systems**

Survey, interviews

Both Norwegian and Russian partners were unison when it comes to what they had learnt about the health system in their partner countries. Close to 100% of the respondents said that they had learnt about Norwegian/Russian experiences in the field; this was the item highest rated in a list of potential project effects. The picture was confirmed in interviews with project leaders. It should also be emphasised that the regional international collaboration arenas (WGHS, NDPHS, etc.) where experts and health authorities meet and exchange information provide additional opportunities for transfer of knowledge about the other country's health conditions and health systems.

- **Satisfaction with the project administration**

  Survey, interviews

  It is mostly the Norwegian institutions that are in direct contact with the programme administration which is located at the Norwegian Ministry of Health and Care Services. In the survey the administration gets a very high rating along several crucial criteria (information, flexibility, advice, communication, accessibility, application procedures, bureaucracy). Some concern was expressed regarding the project cycle (reporting and allocation of funding during the project year). The Ministry makes the final decision on project grants; representatives of the programme committee (with an advisory function) proposed some more information about decisions after they have given their recommendations.

With satisfactory to excellent results on all these indicators, we are able to conclude with much confidence that the projects in the 2016-2019 period have been highly successful in creating preconditions for impact.

12.1 Criteria for success

In line with the programme theory, it is not enough only to establish whether projects have achieved their goals, but one should also identify how they have been achieved, i.e. what has led to and what are the criteria for success? From both survey results and interviews the following factors appear to have been particularly significant:

The ability of the projects to take into account and adapt to the different contexts in the two countries.

The projects need to take into account that even if many health challenges are the same, the Norwegian and Russian contexts differ along very many parameters. Thus, it cannot be assumed that a method, tool or measure fit for one context can be transferred to another without considerable adjustment. The professional set-up, legislation and other regulations, resources available, policy priorities, and other contextual factors are very important to take into account before considering a transfer of best practices.

Mutual trust and openness between the partners

International collaboration is complex in itself, and tensions or misunderstandings between the partners can complicate things further. Thus, it goes without saying that good communication between the partners is essential. Project leaders emphasise the importance of doing a proper screening of their partners before entering into a collaboration. The fact that many project workers in both Norway and Russia have experience from previous collaboration where they gradually have learnt more about each other, has been a help to overcome difficulties. Russians working in Norwegian health institutions that are engaged in the projects have been found to be valuable bridges that can translate cultural codes and suggest ways to pass hurdles that Norwegian project leaders otherwise would have problems dealing with. Equality between the partners and a sense of ownership of the project in both Norway and Russia are additional important factors for success.

Sufficient time for project activities

International collaboration is time consuming, can be unpredictable, and necessitates sufficient resources and available time. The best results are found in projects that have sufficient human resources (on both sides of the border) to allocate to the project, and where the activities are not something participants do on the side or outside working hours, but where it is part of their regular work day. Super-active individuals (*ildsjeler*) can make a difference, but are rarely enough to make a project achieve good results. There must also be allocated sufficient time to build relations between the partners (see point 2 above). Many projects suffered when project staff was no longer able to devote sufficient time to their projects due to the Covid pandemic.

Institutional support in own organisation and political support

Projects that receive active support from the institutional management, which appears to have been the case in the grant programme, have a much greater chance of succeeding. This is especially the case if some unforeseen problems arise and adjustments, extra time, or negotiations between the partners are necessary. These collaboration projects are often complex and often meet with unforeseen challenges. In such cases, the moral support from a superior can be important. Anchoring of activities in the institutions is also critical for a project's sustainability. Furthermore, political support from regional health authorities is often crucial, and such support should be obtained *before* the project begins.

Readiness to make adjustments

The projects need to be open and flexible enough to be able to make adjustments if contextual factors make them necessary. These could be delays in permissions, policy changes, changes of staff, a pandemic (!) or other unforeseen challenges. Still, it helps a lot to have thought through in advance what documentation etc. will be needed and make a proper risk analysis in advance, so that the chances of having to adjust the project in the implementation phase is minimised.

Addressing policy priorities in the local setting

The projects that address needs that key stakeholders in the local setting have high on the agenda are more likely to see that the results of their projects are being used. However, there may be good reasons why projects aimed at specific target groups that authorities neglect should also be supported by the programme, but they will often face challenges that it is important to have plans for overcoming.

A professional and dedicated programme administration

For a smooth running of a project, the programme administration is crucial. Project application forms need to produce the required information to make a qualified decision on project allocation. Insights about the individual projects is crucial to making good decisions about when a project should be stopped or adjusted. A certain flexibility is needed when projects ask to make adjustments when circumstances make these necessary. In the grant programme evaluated all these criteria appear to have been present.

And, as additional advice from experts with long-term experience with collaboration with Russian partners: "Don't try to change Russia […], show your good practice, but don't preach!"

13 Recommendations

Writing recommendations for possible continuation of the grant programme is a huge challenge in the present situation, given the suspension of ongoing collaboration (at least the collaboration involving state actors, which is the largest share of the projects) and bleak prospects for a rapid normalisation of Norwegian-Russian relations.

Resuming the programme?

It is up to Norwegian (and Russian) authorities to decide if and when a collaboration programme involving state actors can resume. This is a political question that we will not express an opinion on; much will depend on the continuation of the war in Ukraine and whether a normalisation of bilateral political relations between Norway and Russia will take place. Neither do we wish to make recommendations about whether it is feasible to make calls for applications only for civil society / NGOs without involving state actors. What we can say, however, is that both Norwegian and Russian partners are eager to continue if they are given opportunities to do so. But they are also aware of potential risks.

To the extent it will be possible with future Norwegian-Russian contacts and collaboration, we would argue that health issues is one of the fields where the collaboration could and should be resumed the fastest. Already in 2010 the health collaboration between Russia and Norway was considered a success, and this evaluation shows that achievements along most of the results indicators have been considerably strengthened in the period after, despite the authoritarian and conservative turn of Russian politics, and worsened bilateral political relations between the two countries. Thus, there is success to build on, established professional networks with mutual trust between partners, common challenges, and much potential benefit to be gained from collaborating. The longer the break in contacts, the harder it will be to re-establish them, however.

Time will show if the solution of keeping the regional international arenas for health collaboration, e.g. under the Barents and Northern dimension umbrella, and their work groups, without Russian participation will be sustainable. What we can say, however, is that it would undoubtedly benefit a future programme if these structures are kept in place, so that resuming the collaboration could go smoother than having to start from scratch.

In the following we make some recommendations for a potential future programme based on findings from this evaluation which was largely carried out before the outbreak of the war. As mentioned above, this is big challenge, because we do not know how long it will take before this will be possible and what the situation will look like then. One example of a dilemma is the following:

Should there be more newcomers or should one give priority to already established partnerships?

If it were not for the war, we would have recommended to make more efforts to recruit more newcomers (institutions, persons) in the collaboration, given the large number of regulars and relatively low turnaround of participants (see the discussion in Section 3.8). Newcomers could be both new projects and new people recruited to project cooperation that has existed for a while.

As the situation is today, however, when a long halt in the collaboration is very likely, we believe that if and when the collaboration can resume, the best would be that those who have already established collaboration over a longer time period should get the opportunity to take up this contact as soon as possible. We do not know whether people are able to uphold individual informal contacts, but a long period without communication and joint activities is certainly going to make it more complicated to start up again. The good relations between partners who already have experience from collaboration with the other country and who have built up trust in each other over years will then, we believe, have the best opportunity for succeeding.

Other recommendations (provided a normalisation and a resumed programme):

1. Programme homepage

In line with wishes expressed by participants in the programme and to enhance prospects for networking and info sharing, we recommend to establish a programme home page in both Norwegian and English, with brief presentations of all ongoing projects and contact information to project leaders and project co-ordinators in Russia.

2. Programme conferences

The conferences for project leaders should continue; the feedback is overwhelmingly positive. One of the conferences should be dedicated to exchange of experiences between Russian project co-ordinators and Norwegian project leaders. The location of the conferences could at times be altered, for example to Northern Norway, which would also contribute to more publicity about the programme there.

Programme conferences should include thematic sections and group sessions / panels with a more interactive programme and discussions.

3. Anchoring

Make more explicit requirements that project goals and methods are well founded in responsible institutions and Russian regulations (with an explanation if they are not).

4. Salaries

There should be an opening for allocation of some more funding for salaries, as project staff often need to be partly taken out of ordinary work in their institutions, and it would enhance the motivation for project work, making the collaboration less dependent on persons willing to use outside office-hours time for project work.

5. Research

There should continue to be an opportunity for research collaboration in the programme, provided projects have an applied component aiming at concrete results with an impact on health or health systems.

6. Small and big projects combined

There should be support both to larger long-term projects between established health institutions, and smaller, more ‘people-to-people type’ of projects at a local scale. It should be explored, however, whether the Barents secretariat with professional administration of people-to-people projects could take over the responsibility for the latter.

7. Synergies between international arenas

The Ministry of Health and Care Services should raise the issue of how to improve synergies between the various arenas for regional international collaboration on health (Barents WGHS, Northern Dimension NDPHS with expert groups), and explore whether Finland and Sweden could contribute funds to involve participation also from these countries in projects with regional partnerships.

8. Informing the programme committee

The Ministry of Health and Care Services could make an effort to give more information to the programme committee about outcome of calls for application after the committee has given its advice. The meetings in the committee should open for brief digital interviews with applicants to clarify.

9. Indigenous health

There should be a special initiative to encourage applications on health conditions among indigenous populations, as the share of projects with a focus on this target group is low and has been reduced.

10. Filling priority gaps

The programme should continue to support NGOs in Russia working on issues that are being neglected by Russian authorities but which can have important health implications, e.g. HIV/AIDS, drug use rehabilitation, prison health, etc. Extra caution should be taken, however, in order not to put potential partners at risk.

11. Harmonization of cycles

The Ministry should make an extra effort to seek opportunities for establishing project and reporting cycles that better fit the administrative routines of the organisations and institutions involved in the programme. Interviewees recommended an application deadline that would make it possible to run the project during the calendar year from January to December with reporting in February.

12. Improved predictability to grant recipients

If possible, to enhance the predictability and for planning purposes, the grant recipients should be given a confirmation that funds to the project will be reserved for the whole project period (up to three years) provided that sufficient allocations are made in the state budget and that annual progress reports have been approved.

13. Streamlining of indicators

The indicators used for Russian and Norwegian partners in the application form should be streamlined so that it is easier (for future evaluators for example) to compare the Russian and the Norwegian sides (e.g. type of institution, geography).

14. Providing comparative health statistics

Finally, we wanted to present some comparative health statistics for the Barents region in this report, but could not find any relevant web-page where this is readily available. With all the arenas for collaboration we find it surprising that there is no such information that is easy to access. We therefore recommend this issue to be raised in WGHS (or for a broader region in NDPHS) as a discussion point to see if this is a task that could be maintained or commissioned by one of these platforms.

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Appendix 1: Expert interviewees

(G): in group interview (2-4 persons)

Anne Bergh	Norwegian Institute of Public Health, at the time of interview on 'loan' to the Norwegian Ministry of Health and Care Services
Bernt Bull	Norwegian Ministry of Health and Care Services (Chair of NDPHS expert group on alcohol and substance use)
Janicke Fischer (G)	Norwegian Directorate of Health. Member of programme committee
Astrid Nylenna (G)	Norwegian Directorate of Health. Member of programme committee
Kristin Saunes Franklin (G)	Norwegian Directorate of Prison and Probation Service. Member of programme committee
Kjersti Morvik (G)	Ministry of Children and Families. Member of programme committee
Oddvar Emil Larsen	Northern Norway Regional Health Authority. Former member of programme committee
Ingvild Fjellheim (G)	Norwegian Public Health Institute. Member of programme committee
Marit Gansmo (G)	Northern Norway Regional Health Authority. Member of programme committee
Vibeke Gundersen	Norwegian Ministry of Health and Care Services
Zasa Tsereteli	Norwegian Ministry of Health and Care Services, Coordinator of the Barents programme on new technology and methods for health in sparsely populated areas, International technical adviser NDPHS expert group on alcohol and substance use
Dmitry Titkov	Finnish Institute for Health and Welfare, Coordinator of the Barents HIV/TB Programme; International Technical Advisor (ITA) for NDPHS Expert Group on HIV, TB and Associated Infections
Markus Karlsen (G)	International Barents Secretariat (Head of Secretariat)
Roy Hojem (G)	International Barents Secretariat (Secretary WGHS)
Jörgen Gyllenblad	Swedish Ministry of Health and Social Affairs; Chair of WGHS under Swedish (+Komi) Chairmanship 2020-21
4 anonymised Russian experts	

Appendix 2: Survey questionnaire

Health evaluation 2022

1) * Which country do (did) you represent in the collaboration?

- ○ Russia
- ○ Norway
- ○ Other country

2) * What kind of organisation do/did you represent in the collaboration project?

- ○ National / international non-governmental organisation (NGO)
- ○ Local civic organisation, grassroot organisation or NGO
- ○ Municipal / regional public organisation (including hospital, public health organisation, etc.)
- ○ Private institute / foundation
- ○ Other

3) * What is/was your role in the project?

- ○ Project leader / main coordinator
- ○ National / local project leader
- ○ Project participant
- ○ External advisor/specialist
- ○ Other

4) * Which thematic area(s) has your project involved?

	To a large extent	To some extent	To a minor extent	Not at all	Don't know
Prevention and control of non-communicable diseases including the reduction of lifestyle-related risk factors, environmental factors and new health threats	○	○	○	○	○
Prevention and control of communicable diseases	○	○	○	○	○
Strengthen health systems and social services that have an impact on health	○	○	○	○	○

5) How successful would you say that the project you have been involved in has been in terms of prevention and control of non-communicable diseases?

- ○ Very successful
- ○ Rather successful
- ○ Rather unsuccessful
- ○ Very unsuccessful
- ○ Not relevant / don't know

6) How successful would you say that the project you have been involved in has been in terms of prevention and control of communicable diseases?

- ○ Very successful
- ○ Rather successful
- ○ Rather unsuccessful
- ○ Very unsuccessful
- ○ Not relevant / don't know

7) How successful would you say that the project you have been involved in has been in terms of strengthening health systems and social services that have an impact on health?

- ○ Very successful
- ○ Rather successful
- ○ Rather unsuccessful
- ○ Very unsuccessful
- ○ Not relevant / don't know

8) How successful would you say that the project you have been involved in has been in terms of:

	Very successful	Rather successful	Rather unsuccessful	Very unsuccessful	Not relevant / don't know
Reaching the goals stipulated in the original project application	○	○	○	○	○
Disseminating results of the project	○	○	○	○	○
Establishing sustainable Russian-Norwegian contacts and networks	○	○	○	○	○
Linking up with relevant local and regional/federal authorities	○	○	○	○	○
Linking up with relevant regional and international networks	○	○	○	○	○

9) When did you first receive funding from the Grant Programme for Norwegian-Russian Health Collaboration Projects?

- ○ Before 2005
- ○ 2006-2010
- ○ 2011-2015
- ○ 2016-2019
- ○ 2020 or later
- ○ Don't know / remember

10) How many projects with funding from the Grant Programme for Norwegian-Russian Health Collaboration Projects have you been involved in?

- ○ 1
- ○ 2
- ○ 3-4
- ○ 5 or more
- ○ Don't know

11) How long did your project last (or is it planned to last for)?

Years

Months

12) Is your project a continuation of a previous project or collaboration?

- ○ Yes
- ○ Partly
- ○ No
- ○ Don't know / hard to say

13) Have you received funding for your project from any of the following apart from the Grant Programme for Norwegian-Russian Health Collaboration Projects? (You may tick several options)

- ☐ No other funding
- ☐ Monetary funding from own organisation / institution
- ☐ In kind support from own organisation (cover salary, office premises, etc.)
- ☐ Local / regional authorities
- ☐ Private donors
- ☐ National / federal funding agencies
- ☐ International donors
- ☐ Others
- ☐ Don't know / don't remember / hard to say

14) What share (in per cent) of the total funding of your project did you receive from the Grant Programme for Norwegian-Russian Health Collaboration Projects?

- ○ 0 - 20 %
- ○ 21 – 40 %
- ○ 41 – 60 %
- ○ 61 – 80 %
- ○ 81 – 100 %
- ○ Don't know / hard to say

15) To what extent has your project involved the following components?

	To a large extent	To some extent	To a minor extent	Not at all	Don't know
Development of professional networks	○	○	○	○	○
Transfer of competence from Norway to Russia	○	○	○	○	○
Transfer of competence from Russia to Norway	○	○	○	○	○
Direct support / aid to vulnerable groups	○	○	○	○	○
Promotion of equal rights and opportunities for both genders	○	○	○	○	○
Specific measures aimed at children	○	○	○	○	○
Specific measures aimed at indigenous populations	○	○	○	○	○
Cooperation with / involvement of local authorities in Russia	○	○	○	○	○
Cooperation with / involvement of national / federal authorities in Russia	○	○	○	○	○
International networking with specialists outside of Norway and Russia	○	○	○	○	○
Dissemination of the results of the project	○	○	○	○	○

16) Which partners are involved in the project? (tick all that are appropriate)

- [ ] One Norwegian and one Russian partner only
- [ ] Several partners on the Norwegian side
- [ ] Several partners on the Russian side
- [ ] Other international partners
- [ ] Don't know

17) What has been the main positive impact of the cooperation between the Norwegian and Russian partners? (several answers possible)

- [ ] Learning about Norwegian/Russian experiences in the field
- [ ] Good advice from the partners
- [ ] Additional capacity in the project
- [ ] Communication, socialising
- [ ] Improved language skills
- [ ] Helped with visibility of the activity locally
- [ ] Provided access to new information / networks
- [ ] Better funding opportunities
- [ ] Moral support
- [ ] No positive impact
- [ ] Hard to say / don't know

18) What would you say are the most important results (in concrete terms) from your project?

0/4000

19) What have been the most serious obstacles in carrying out the project? (several answers possible)

- [ ] Low level of funding
- [ ] Lack of support from authorities
- [ ] Problems of communication between Russian and Norwegian partners
- [ ] Bureaucratic obstacles
- [ ] Lack of commitment from Norwegian partner(s)
- [ ] Lack of commitment from Russian partner(s)
- [ ] Limitations of human resources involved in the project
- [ ] Low competence level of key participants
- [ ] Impossible to follow up
- [ ] Covid 19
- [ ] Other
- [ ] No obstacles
- [ ] Don't know

20) What would you say has been the most important challenge? Please explain

0/4000

21) Have any of the following factors affected project implementation?

	Positive impact	Little or no impact	Negative impact	Do not know / not relevant
Bilateral political relations between Norway and Russia	○	○	○	○
The COVID-19 pandemic	○	○	○	○

22) In what ways has your project been affected, and what have you done to overcome it?

0/4000

23) Have any other external factors had a major positive or negative effect on your project implementation? Which? Please explain.

0/4000

24) Would you say you know more about the Norwegian / Russian health system now than you did before the start of the project collaboration?

- ○ Yes, a lot more
- ○ Yes, a bit more
- ○ No, little or nothing
- ○ Hard to say / don't know

25) To what extent has the collaboration between Russian and Norwegian partners in the project been characterised by

	To a large extent	To some extent	To a minor extent	Not at all	Not relevant / don't know
Misunderstandings due to cultural differences?	○	○	○	○	○
Imbalances in resources?	○	○	○	○	○
Shared understanding of problems and challenges?	○	○	○	○	○
Language difficulties?	○	○	○	○	○
Development of closer relations throughout the project period?	○	○	○	○	○
Professional differences, diverging views on project implementation?	○	○	○	○	○
A good balance between the different partners in the project?	○	○	○	○	○
Mutual trust?	○	○	○	○	○

26) Have you ever had situations where you feel there is lack of progress or inaction on the other side of the border, and you do not completely understand why?

- ○ Yes, often
- ○ Yes, but rarely
- ○ No, hardly ever / never
- ○ Don't know

27) Have you asked your partners in Russia / Norway about the reasons for this?

- ○ Yes
- ○ No
- ○ Don't know

28) Were you satisfied with the answers given?

- ○ Yes, fully
- ○ Only partly
- ○ No
- ○ Don't know

29) Would you have been able to carry out the activity without the support from the Grant Programme for Norwegian-Russian Health Collaboration Projects?

- ○ Yes, fully
- ○ Yes, almost at the same level
- ○ Yes, but at a reduced level
- ○ Perhaps, with great difficulty
- ○ No, that would have been impossible
- ○ Don't know

30) In general, how satisfied have you been with the following aspects of the administration of the Grant Programme for Norwegian-Russian Health Collaboration Projects?

	Very satisfied	Rather satisfied	Rather dissatisfied	Very dissatisfied	Hard to say / Not relevant
Information about the programme	○	○	○	○	○
Accessibility of programme administration	○	○	○	○	○
Application procedures	○	○	○	○	○
Level of funding	○	○	○	○	○
Level of bureaucracy	○	○	○	○	○
Flexibility of programme administration	○	○	○	○	○
Advice and communication	○	○	○	○	○

31) Please write your opinion (positive and / or negative) about how the project is run by your Norwegian partner (reporting, communication, etc.)

0/4000

32) Please write your opinion (positive and / or negative) about any aspects of the administration of the programme.

0/4000

33) Are you – or will you be – able to follow up the project activities without the further support of the Grant Programme for Norwegian-Russian Health Collaboration Projects?

- ○ Yes, certainly
- ○ Yes, to some extent
- ○ Yes, to a minor extent
- ○ No
- ○ Hard to say / don't know

34) Do you think that the Grant Programme for Norwegian-Russian Health Collaboration Projects should be continued?

- ○ Yes, definitely, the way it is today
- ○ Yes, but it should be changed slightly
- ○ Yes, but with major changes
- ○ Probably not
- ○ No, definitely not
- ○ Hard to say / don't know

35) What changes would you like to see?

0/4000

36) How likely is it that you will apply to the Grant Programme for Norwegian-Russian Health Collaboration Projects in the future?

- ○ Very likely
- ○ Quite likely
- ○ Not so likely
- ○ Very unlikely
- ○ Hard to say / don't know
- ○ I do not work with relevant issues anymore

37) In general, how satisfied are you with the Grant Programme for Norwegian-Russian Health Collaboration Projects?

- ○ Very satisfied
- ○ Rather satisfied
- ○ Neutral
- ○ Rather dissatisfied
- ○ Very dissatisfied
- ○ Hard to say / don't know

38) If you were to give one or a few recommendations as to how to continue and improve collaboration on health and social issues between Russia and Norway, what would it be?

0/4000

39) In your opinion, what types of projects should be given priority in future Norwegian-Russian project collaboration on health and social issues?

0/4000

40) Have you any examples that the project has inspired new activities or adjustments of ways of doing things locally?

0/4000

41) Do you give permission that the anonymised data being stored at The Norwegian Data Protection Service (NSD) for later analysis by other researchers (only authorised)?

- ○ Yes
- ○ No