

RURAL HEALTH FOR PEACE

Summary visit
 Norway 8th – 14th March 2020



Table of content:

1.	<i>Background</i>	1
2.	<i>Objectives of the trip</i>	2
3.	<i>Meeting Ambassador of Colombia to Norway, Angela Montoya (March 9th)</i>	2
4.	<i>Workshop at NCRM – The Arctic University of Norway in Tromsø (March 10th)</i>	3
5.	<i>Visit Kåfjord Helsetun, Kåfjord (March 11th)</i>	4
6.	<i>Visit UiT – The Arctic University of Norway, Alta (March 12)</i>	5
7.	<i>Conclusion: debriefing and strategy planning, 13th March</i>	6
8.	<i>Visit Norway – free time</i>	7

1. Background

Norwegian Centre for Rural Medicine (NCRM) at UiT- The Arctic University of Norway is in charge of developing a health collaboration between Norway and Colombia. The collaboration

is part of a Memorandum of Understanding on health cooperation between the Ministry of Health and Care Services in Norway and the Ministry of Health and Social Protection in Colombia. Among the issues to be developed, are primary health and health in rural and remote areas. Through a health cooperation, Norway wish to contribute to improvements in the health system as an important part of the reconstruction of the country and to strengthen the bilateral relations between Norway and Colombia. The collaboration is led by NCRM in Norway, Universidad de La Sabana and Universidad del Tolima in Colombia.

The partners in the collaboration «Rural Health for Peace» (RHfP) met in Norway during a week in March 2020, to learn about the primary health system in rural Norway and to meet with stakeholders.

The participants were:

1. Dr. Roger Strasser, Professor of rural health
2. Dr. Francisco Lamus, Chief Medical Education, Faculty of Medicine, Department of Public Health and Family Medicine, Universidad de La Sabana
3. Rosa Margarita Durán, Faculty of Medicine, Department of Public Health and Family Medicine, Universidad de La Sabana
4. Dr. Juan Guillermo Luna, Student of the Master of Public Health, Universidad de La Sabana
5. Dr. Arnoldo Barbosa, Director of the Medicine program, Faculty of Health Sciences Universidad del Tolima
6. Dr. Gloria Cordoba, Researcher at University of Copenhagen
7. Dr. Torsten Risor, Department of Community Medicine, UiT -The Arctic University of Norway and University of Copenhagen
8. Håvard Søndena, Medical Student and Ph-d candidate, UiT - The Arctic University of Norway
9. Ingvill Konradsen, project manager, NCRM, UiT- The Arctic University of Norway

2. Objectives of the trip

- To present to the Colombian team how primary health service and education in rural Norway is organized including innovative solutions.
- Meeting with stakeholders such as the Ministry of Health and Social Services and the Ministry of Foreign Affairs, The Colombian Embassy, UiT- The Arctic University of Norway
- Workshop and presentations at UiT- The Arctic University of Norway
- Visit rural health institutions and academia (Finnmarks modellen)
- Consolidate continued strategy, priorities and development of RHfP
- Plan for external applications for funding (Denmark)

3. Meeting Ambassador of Colombia to Norway, Angela Montoya (March 9th)

The first meeting of the visit, with Mr. Anders Tysse at the Ministry of Health and Social Service, was unfortunately cancelled due to the corona situation.

The meeting at the Colombian Embassy with Ambassador Angela Montoya Holguin was a fruitful meeting where we informed the ambassador about the program and results thus far. Mrs. Holguin inquired about some aspects of the program and recognized that this is a collaborative program in a “double way”, where both Colombia and Norway benefit from the exchange of experiences and learning. The Ambassador showed a great interest in RHfP and committed to support and help lobby for the continuation of the program in her large network in Oslo and Colombia. One concrete suggestion is to contact the new Ministry of Science and Innovation in Colombia regarding possible funding opportunities for RHfP. We are following up the meeting with detailed information and progress reports to be sent to the Embassy.



Roger Strasser, Håvard Søndena, Torsten Risør, Francisco Lamus, Arnaldo Barbosa, Juan Guillermo Luna, Anette Fosse, Gloria Currea, Ambassador Angela Holguin, Rosa Duran, Ingvill Konradsen

4. Workshop at NCRM – The Arctic University of Norway in Tromsø (March 10th)

The delegation travelled from Oslo to Tromsø Tuesday 10th March. Due to the corona outbreak and travel restrictions for the staff at Copenhagen University, Dr. Gloria Currea decided to return back to Denmark earlier than originally planned.

Workshop/meeting at NCRM with the delegation and the following participants:
Anette Fosse, Anders Svensson, Frank Remman, Martin Harbitz, Mona Kiil, Anne Mai Ersdal, Johanna Laue.

- Introduction of the participants
- Dr. Anette Fosse, Leader of NCRM, did a presentation of primary health in Norway and the work of NCRM.
- Dr. Francisco Lamus did a presentation of the Rural Health for Peace programme including the current state of urban/rural health in Colombia.
- Håvard Søndena, Phd candidate, presented some of his findings from his field work in Colombia as part of the RHfP initiative.
- Skype presentation of the Learning Network for Municipalities with Gro Berntsen and Anders Vega.



Roger Strasser, Mona Kiil, Francisco Lamus, Juan G. Luna, Håvard Søndena, Johanna Laue, Martin Harbitz, Frank Remman, Anette Fosse, Rosa Duran, Anne Mai Ersdal

5. Visit Kåfjord Helsetun, Kåfjord (March 11th)

Wednesday morning the delegation travelled from Tromsø to Kåfjord (approx. 2,5 hours by car) where we had meetings and presentations of the organization of primary health in Kåfjord and Kåfjord Health Centre. We had to cancel visiting the health centre and its different departments due to the corona outbreak, but were able to have the meeting/presentation with Trond Skotvold, Head of Health Affairs.



Kåfjord Helsetun has focused on developing an innovative system for their population, in particular the older population in need of regular follow-up. Health teams are responsible for home-care, to avoid unnecessary institutionalization. They use technological solutions/safety technology to monitor people in their homes, for example to check if the patient take their medication. The majority of patients prefer to stay at home; «prevention rather than repair».

The model implements a diversity of alternatives for the attention of the population. This includes first-level and specialist medical care with effective referral to the nearest hospital, home care by the health team, support contact, social aid, daycare, home nursing, prevention

and treatment of chronic diseases (diabetes, cancer), geriatrics and psychiatry care and medicine supply.

This model requires excellent coordination between the different services (hospitals, nursing homes, home care services and interdisciplinary teams) and strong user participation.



Håvard Søndena, Rosa Duran, Torsten Risør, Francisco Lamus, Trond Skotvold, Juan G. Luna, Roger Strasser, Arnoldo Barbosa

6. Visit UiT – The Arctic University of Norway, Alta (March 12)

On Thursday morning, the delegation traveled from Kåfjord to Alta (approx. 2,5 hours by car) for the meeting with the rural health team at the Arctic University of Norway, Alta, to learn about the Finnmark Model.



The University team participating in the meeting were Professor Peder Halvorsen, Dr. Arve Østlyngen, Dr. Ingunn Hellum and medical student Vilde Ravensborg Gurigard.

The team presented the background of the Finnmark model; challenges, study sites, subjects and results. The negotiation process for the regionalization of health services and the planning and implementation of the curricular model for the training of health professionals lasted 5 years (2013 to 2016).

The MD program Curriculum in Alta was also presented. The training program allows students to have a learning experience in the Finnmark area and provides more

opportunities for practice, teacher support, closeness to the community, interprofessional and multicultural education. The rotation in the hospital and in Alta is done in the 5th and 6th year for medical students.

The model emphasizes three aspects:

- Emergency medicine: best practices in different emergency medicine scenarios with team-training and emphasis on communicative skills.
- Patient care across organizations health, assigning the follow up of one patient through the different levels of health services, avoiding treatment errors and follow errors.
- Multicultural understanding: experience with Sami culture as example.



7. Conclusion: debriefing and strategy planning, 13th March

On the last day the team held a meeting to summarize ideas resulting from the exchange of experiences and to plan the next steps to in the Rural Health for Peace program, led by Torsten Risør. (With the new regulations due to the corona outbreak in Norway, we had to sit minimum 1 meter apart in the cafeteria at the airport where the de-briefing meeting took place.)

Professor Strasser insisted on the philosophy of the program:

«The program must help communities to help themselves. The community has the knowledge to improve its future». Prof. Strasser

Points to keep in mind:

Keeping in touch with communities: Important to have regular feedback at least 3- 4 times a year, the communities needs to know what is going on.

Strengthen our relationships in our RHfP group and network.

Build global support network about developments in Colombia

Patience and persistence; «we need to be in this for the long haul, Finnmark model took about 20 years, Rome was not built in a day».

Activities were outlined in 5 strategic lines:

- Community capacity building – community assessment with student projects.
- Institutional advocacy –RHfP part of local health plans
- Community workforce- development of a rural health training program
- Dissemination of the RHfP program – multilevel (authorities, academia)
- Education and training

Finally, short-term activities were defined and managers were assigned for the different tasks, including structuring a proposal for funding from CISU (Civil Society in Development) in Denmark .

8. Visit Norway – free time

In between meetings and driving from place to place, we had time to visit some of what Norway has to offer incl. museums, cathedrals, ice-hotels, cable-cars, night tour with reindeers and so on. Here are some highlights:



In Sørkjosen, preparing for the visit to Sami Way.





At the Ice hotel Sorrisniva in Alta with Birgit Abelsen



At the Northern Lights Cathedral in Alta



Last night dinner at Sorrisniva ice hotel & restaurant, Alta

24th March 2020
From home offices in Bogota and Trondheim:
Rosa Duran & Ingvill Konradsen