



The European Public Health Association calls on the Kingdom of Denmark to make health a priority when it assumes the chair of the Arctic Council in 2025

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The European Public Health Association (EUPHA) welcomes the news that the Kingdom of Denmark will take the chair of the Arctic Council in 2025 and calls on the governments of Denmark, Greenland, and the Faroe Islands to place health, and especially the health of Arctic Indigenous Peoples, high on the Council's agenda.

The case for prioritizing health in the Arctic region now is overwhelming.

This region is undergoing unprecedented changes that have profound implications for the health and well-being of Arctic populations, particularly indigenous communities. As the primary intergovernmental forum for promoting cooperation, coordination, and interaction among the Arctic states, the Arctic Council must prioritize health to address the multifaceted challenges posed by these transformations. Focusing on health will not only enhance the quality of life for Arctic inhabitants but also bolster the region's resilience and sustainability.

To recall, the specific health challenges in the Arctic include, first, those related to the Arctic environment, which is experiencing significant changes, including melting ice, permafrost thaw, and increased extreme weather events. These environmental shifts contribute to new and exacerbated health risks, such as food and water insecurity, exposure to pollutants, and the spread of vector-borne diseases. Traditional food sources are becoming scarcer and more contaminated, affecting nutrition and overall health.

Second, the Arctic's remote and sparsely populated regions face severe limitations in healthcare infrastructure and access to medical services. Many communities have limited access to primary care, emergency services, and specialized treatments. The logistical challenges of providing healthcare in such remote areas are compounded by harsh weather conditions and vast distances.

Third, Arctic communities experience high rates of mental health issues, including depression, anxiety, and suicide. These problems are often exacerbated by the social and economic changes affecting the region, including cultural disruption, loss of traditional livelihoods, and increased substance abuse. Suicide rates among Inuit young people are among the highest in the world.

Fourth, the Arctic is witnessing a rise in infectious diseases due to climate change and increased human activity. Already, rates of tuberculosis, an entirely preventable condition, are extremely high. Thawing permafrost can release ancient pathogens, and the migration of people and animals can introduce new diseases to vulnerable populations. Inadequate healthcare infrastructure further complicates the management of these health threats.

The Arctic Council is uniquely placed to promote health in this region

First, health is a fundamental aspect of sustainable development. The Arctic Council is the only body that brings together all countries with territories in the Arctic with Permanent Participants (representing Arctic Indigenous Peoples). By prioritizing health, it can adopt a holistic approach to regional development that considers the interconnections between environmental, social, and economic factors. Healthy populations are more capable of adapting to and mitigating the impacts of climate change and other challenges.

Second, Arctic Indigenous Peoples, who constitute a significant portion of the Arctic population, possess unique knowledge and cultural practices that are vital for the region's sustainability. Prioritizing health aligns with the Council's commitment to supporting Indigenous rights and well-being, ensuring that these communities have the resources and support needed to thrive in a changing environment.

Third, addressing health issues enhances the resilience of Arctic communities. Improved healthcare systems and preventive measures can reduce vulnerability to environmental and socio-economic shocks. For instance, better mental health support can improve community cohesion and resilience, while robust healthcare infrastructure can mitigate the impacts of infectious disease outbreaks.

Fourth, health is a unifying issue that transcends national borders. By prioritizing health, the Arctic Council can foster greater international cooperation and knowledge sharing. Collaborative health initiatives can serve as a platform for dialogue and partnership among Arctic states and stakeholders, promoting peace and stability in the region.

Such actions are especially timely.

First, the Arctic Council has not escaped recent geopolitical tensions. In 2021-2023 meetings were suspended when the Russian Federation held the chair, with other members protesting its invasion of Ukraine. While the Council reconvened when Norway took over the chair, there are still many difficult issues, including greater Chinese involvement in this region. In comparison, the health, especially of Arctic Indigenous Peoples, is a relatively uncontroversial issue that would allow the Member States and the Permanent Participants some quick wins.

Second, the Arctic Council provides a forum for governments to take forward the World Health Assembly [resolution A76/A/CONF./1](#), adopted in May 2023, on the health of Indigenous peoples. This urges Member States to take a number of actions to strengthen indigenous health and calls on the WHO (in consultation with indigenous peoples and other relevant stakeholders) to develop a Global Plan of Action for the Health of Indigenous Peoples, for consideration by the Seventy-ninth World Health Assembly in 2026.

Third, two regions of the World Health Organization, WHO/Europe and the Pan-American Health Organization, have expressed an interest in collaborating with Indigenous communities in the circumpolar region and WHO/Europe has signed a first ever five-year [Memorandum of Understanding](#) with the government of Greenland laying out 10 priority areas for collaboration and exchange in the field of health.

Finally, the current Norwegian Chair of the Council has allocated funding to plan a high-level meeting on Arctic Indigenous health, but if the meeting is to actually take place, it will have to be with new funding when the Kingdom of Denmark holds the chair. This will require detailed planning to maximise the opportunities that it offers.

EUPHA calls upon the Kingdom of Denmark and the governments of Denmark, Greenland and the Faroe Islands to take a series of steps to advance health during its period as chair of the Arctic Council. These are:

1. **Establish a Health Working Group** that can coordinate efforts, share best practices, and develop strategic health initiatives. This task force can facilitate collaboration between member states, Indigenous organizations, and international health agencies;
2. **Establish a permanent policy forum on Arctic Indigenous Health**, that periodically convenes leaders from across the circumpolar region, and from all levels of administration, to deliberate on the knowledge available on the health of Arctic Indigenous Peoples and develop a shared policy agenda to strengthen health in the circumpolar region. This could be a means to build consensus towards the adoption of a first action plan to strengthen the health of Arctic Indigenous Peoples;
3. **Enhance Health Infrastructure and Access**, advocating for increased funding and resources to improve healthcare facilities, telemedicine capabilities, and transportation networks in remote areas;
4. **Promote Research and Data Sharing**, to facilitate management of health threats and research on the unique health challenges facing the Arctic and support research initiatives that focus on environmental health impacts, mental health, and infectious diseases;
5. **Support Indigenous Health Programmes** that respect and incorporate Indigenous knowledge and practices. The Council should prioritize funding and support for community-led health initiatives;
6. **Strengthen Emergency Preparedness and Response**, including developing coordinated response plans for health emergencies, such as disease outbreaks and extreme weather events, supported by training programmes that leverage indigenous knowledge.

For more information, please contact EUPHA office at office@eupha.org.



The European Public Health Association (EUPHA) is the umbrella organisation for public health associations and institutes in Europe. EUPHA has 83 members from 47 countries. Our network brings together over 32,000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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