1. Opening of the meeting and welcome
Pauli Leinikki opened the meeting and informed that Minister Vladislav Golikov will arrive after lunch to greet the participants and to give a presentation on HIV epidemic in Kaliningrad. Ms Tamara Doroshko, Adviser of the Ministry of Health of the Kaliningrad Region, welcomed the participants in Kaliningrad.

Pauli Leinikki presented objectives and tasks of the meeting. (See the presentation at the meeting web page [http://www.ndphs.org/?mtgs,hiv-aids&ai_1__kaliningrad](http://www.ndphs.org/?mtgs,hiv-aids&ai_1__kaliningrad))

In the future, work should be concentrated on issues which have special regional relevance:
- Strong IDU-HIV link
- Emerging HIV/TB link
- Unique HIV/TB/MDRTB link
- Lack of human resources

This meeting will be focused on the new project on development with Kaliningrad, a project proposal to be presented for the PAC meeting side event in 27 October, progress report 2010 and work plan for 2011.

2. Adoption of the agenda
The agenda was adopted.

3. Election of the HIV/AIDS&AI EG Chair and vice-Chair. Appointment of ITA

When assuming the role of the Lead partner Finland had appointed Pauli Leinikki to be the chair of the HIV/AIDS&AI and Outi Karvonen as the ITA (International Technical Advisor). Similarly, Poland, as the Co-Lead partner had appointed Anna Marzek-Boguslawska to be the co-chair for the group. The group had no objections to these proposals and approved them.

References: HIV/AIDS&AI 1/3/Info 1 Invitation to nominate EG Chair and ITA and HIV/AIDS&AI 1/3/Info 2 Invitation to nominate EG Vice-Chair.
4. Presentation by the hosts. Review on HIV in Kaliningrad

Minister of Health of the Kaliningrad Region Vladislav Golikov informed on epidemiological trends of HIV in the Kaliningrad region. Altogether 7122 HIV cases have been registered in the Kaliningrad region (as of 1 August, 2010); approximately 3900 people are living with HIV/AIDS at the moment. Even though situation has calmed down after the years of the epidemic peak (1996-1997), HIV prevalence in the region remains high. HIV has entered general population through sexual partners of IDUs. In 2009, transmission routes were the following: 27.5% - IDU; 71.5% - sexual contact. 59% of the new cases were detected among men. This means a change, as earlier the majority of infections were related directly to drug use. Mortality among PLWHA has decreased during last years. The treatment coverage is good.

TB incidence has increased lately in the region. Also co-infections of HIV and TB have been increased. 45% of TB patients, as well as of HIV-infected, are unemployed. Collaboration between TB services, HIV services and prison sector has been started, and has already brought good results.

The Kaliningrad region is ready for collaboration and is looking forward to fruitful work with ND partners.

5. Organisational matters

5.1 Information from the NDPHS secretariat

The secretariat informed about the recent progress in the NDPHS focusing on the strategy and EUBSR.

The new strategy of the NDPHS is being implemented since the beginning of 2010. The task of the NDPHS as the Lead Partner for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR) is closely linked with the new NDPHS strategy.

In accordance with the new strategy the expert level structures of the NDPHS were reshaped in June 2010. The new structure includes the following Expert Groups:

- Expert Group on HIV/AIDS and Associated Infections
- Expert Group on Primary Health and Prison Health Systems
- Expert Group on Alcohol and Substance Abuse
- Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments

and four Task Groups:

- Task Group on Alcohol and Drug Prevention among Youth
- Task Group on Antimicrobial Resistance
- Task Group on Indigenous Mental Health, Addictions and Parenting
- Task Group on Occupational Safety and Health

The web page of NDPHS has been updated accordingly, see http://www.ndphs.org

The Partnership will continue to be chaired by Russia and co-chaired by Finland until the end of 2011. Some NDPHS Partners have not yet nominated their representatives into the Expert Groups, but they are interested in the work. New collaboration partners are being involved, among them the Baltic Sea Parliamentary Conference and the Union of the Baltic Cities.
The NDPHS e-Newsletter was published in summer 2010. Its focus is on the EUSBSR and the Health priority sub-area of its Action Plan.

The Secretariat reiterated the CSR’s wish that expert groups would have activities also between meetings and the representatives would promote the goals from their home countries. The new flagship projects are under development which demands additional work. There are good perspectives that the project idea with Kaliningrad could come to be the flagship project of this Expert Group.

In connection with the Partnership Annual Conference, there will be a side event for financing bodies to present their possibilities, and for project proponents of the Expert Groups to present their ideas. This event will take place on 27 October in Copenhagen.

A discussion was followed concerning big multilateral projects versus small bilateral ones, e.g. Barents projects. NDPHS favours multilateral projects, but bilateral collaboration is also important for example in order to involve NGOs.


5.2 Role and functions of the new EG in the future. Discussion.

The new Terms of Reference of the Expert Group on HIV/AIDS and Associated Infections was accepted in the meeting of CSR in June 2010 (Reference: Document HIV/AIDS&AI 1/5.2/Info 1).

The goals 2 and 3 of the NDPHS strategy were defined as the main objectives of the Group:

- Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved
- Goal 3: Social and health care for HIV infected individuals in the ND area is integrated

It was noted that social aspects have always been closely linked with our activities.

The Secretariat emphasized that projects and policy development are both needed; lessons learned in projects should be turned to policy recommendations, where possible.

Finland will continue financing of the leadership (chairperson and ITA) of the Group in 2011. Poland has confirmed co-leadership. The Chair Pauli Leinikki informed that he will resign in the end of 2010, and that Finland has started looking for a new chair.

6. Progress report for 2010

The Secretariat reminded that, in accordance with the annual reporting procedure adopted by the CSR, the EGs are to develop and submit interim progress reports for PAC. A draft was attached as a separate document HIV/AIDS&AI 1/6/1.

The Secretariat proposed some corrections into the report, and a revised version was agreed to be submitted for the PAC meeting.

7.1 Facilitation and development of relevant projects. Project concepts to be presented in the forthcoming PAC meeting side event. Document HIV/AIDS&Ai 1/7.1/1 Project concept form

- **European AIDS conference in 2011 in Estonia**
  The European AIDS Conference will be organised on 25-27 May, 2011, in the Nokia Hall in Tallinn. The title of the Conference is "HIV in Europe - unity and diversity". The next planning meeting will be on 14 October. Possible themes of the Conference are:
  - Early diagnosis and uptake of HIV counseling and testing;
  - Promotion of reproductive health of PLHIV;
  - Harm reduction and drug use prevention, treatment, care and rehabilitation of (injecting) drug users;
  - Interventions to improve the mental health of PLHIV;
  - Legal and illegal drug use prevention and counseling for PLHIV;
  - Interventions to improve access and adherence to care and ART;
  - Management of co-infections (e.g. TB and viral hepatitis);
  - Psychosocial and peer-driven interventions to improve the quality of life of PLHIV;
  - Health care service models for different groups of patients with a special emphasis on at-risk groups (for example people who use drugs and migrants);
  - Prison and HIV/TB/drug use, collaboration of prison programs with other services
  - Putting research into practice – operational research in the field of HIV and AIDS – experiences and best practices;
  - Quality of the public health services in the field of HIV and AIDS – how to measure and improve.

At the following discussion it was suggested that the Conference should concentrate to fewer themes. NDPHS and this Expert Group will have a visible role in the Conference; many of the Group members participate in the organization committee and the scientific committee.

The Conference web page will be launched in the near future (address: [http://www.aids2011.com](http://www.aids2011.com))

- **MSM project. Current status**
  Ulrich Marcus informed on the current status of the EMIS project (EMIS = European Man- for-Man Internet Sex Survey). He told that all EU countries use convenience samples for behavioural surveillance among MSM since there is no sampling frame. 33 participating countries all used the same indicators: unprotected anal intercourse, condom use, number of partners and HIV testing. Data collection was completed in the end of August. Response rates varied between countries from 0.3 to 6.8 per 10,000 inhabitants (Turkey - Germany). Penetration of Internet in population influences response rates - if this is taken into account, differences become smaller.

  ECDC has offered to finance regional comparison of data, this needs to be accepted by the partners and an e-mail about it has been sent to all involved.

- **NCM Kaliningrad project**
  Arne Grove informed on the status of the project "Promoting Testing for and Treatment of Communicable Diseases among Vulnerable Groups in the Kaliningrad Region". This
The project will be completed in the end of 2010. An extension is being planned, and there are wishes to combine it with the new proposal with Kaliningrad (see below). The extension should cover other Northwest Russian regions in addition to Kaliningrad, and it would include collaboration with the Russian Red Cross. The project should be more anchored into this Expert Group.

- The new project proposal for Kaliningrad that was prepared in Vilnius on September 13. Presentation of this proposal at the PAC side event.

Anna Korotkova from the Federal Research Institute for Health Care Organization and Information presented the project idea "Strengthening of inter-sectoral collaboration in prevention and care of HIV and related diseases among vulnerable populations in Northwest Russia, Lithuania and Poland". The project is planned to have a special focus in the Kaliningrad region.

**Overall objectives:**
- Prevention of HIV/AIDS and related diseases in the ND area has improved (Goal 2 of the NDPHS strategy);
- Social and health care for HIV infected individuals in the ND area is integrated (Goal 3 of the NDPHS strategy)

**Purpose:**
- Improvement of services in prevention and care of HIV and related diseases for vulnerable populations in the target area

**Preliminary suggestion for work packages:**

- WP-1 Development inter-sectoral and inter-regional organization structures of the project
- WP-2. Mobilization of decision makers and politicians
- WP-3. Work with professionals of different departments
- WP-4. Work with mass-media
- WP-5. Work with vulnerable groups of adults (IDUs, sex workers, released prisoners, migrants, alcoholics, homeless)
- WP-6. Work with teenagers and youth
- WP-7. Prisoners and personnel
- WP-8. PLHIVs and relatives

**Project partners:**

- City of Kaliningrad
- Two municipalities of the Kaliningrad Region
- The AIDS Centres of Northwest Russia
- Centre for Communicable Diseases and AIDS, Lithuania
- National AIDS Centre, Poland
- Possible other partners

This project proposal was agreed to be presented at the PAC side event in Copenhagen on 27 October. The project concept form will be filled in and submitted for the Secretariat.

An application for the project planning phase will be submitted for EU by the Secretariat.
**TUBIDU project. Status of implementation**

Aljona Kurbatova informed on the status of the project "Empowering civil society and public health system to fight tuberculosis epidemic among vulnerable groups (TUBIDU)". The contract is being finalised with EU, and implementation will start in the beginning of 2011. General objective of the project is to contribute to the prevention of IDU- and HIV-related TB epidemic in the project area. The strategic objectives include empowerment of public health system and civil society and enhance collaboration of various stakeholders in the field in order to tackle TB.

The project is coordinated by the National Institute for Health Development, Estonia. The other participating countries are: Lithuania, Latvia, Romania, Bulgaria, Russia, Ukraine, Georgia, Bosnia-Herzegovina, Albania and Finland.

Specific objectives are the following:

**Specific objective 1.**
Transnational and national (local) network meetings and study tours to partner countries will be organized in order to improve collaboration in national and international level and to exchange experiences and best-practices.

**Specific objective 2.**
Research will be carried out to describe and define TB and HIV related knowledge and risk factors and the use of and barriers to access to TB and HIV related health care services among IDUs and PLWH.

**Specific objective 3**
Information materials and means will be developed and distributed to IDUs and PLWH to provide information related to TB and HIV (special focus on related health and social care services).

**Specific objective 4.**
Training programs and materials including web-based e-learning program and training material will be developed and international and national trainings will be organized for service providers in community based organizations and health care institutions working with IDUs and PLWH. Short-term international internship program will be organized for outreach workers.

**Specific objective 5.**
Based on the results gained in desk-review and research and based on international guidelines country-specific guidelines for TB infection control and intensified case finding in community based organizations working with IDUs and PLWH will be developed which include proposals for specific activities. The guidelines will also include a tool for monitoring and evaluation of the activities.

**Barents Tuberculosis Programme**

The ITA informed that Joint Working Group on Health and Related Social Issues of the Barents Euro-Arctic Council (JWGHS) had its meeting on 22 September in Syktyvkar, Russia. The meeting decided to launch new Barents Tuberculosis Programme which will have tight connections to the NDPHS activities through the expert groups, namely Expert Group on Primary Health and Prison Health Systems and Expert Group on HIV/AIDS and Associated Infections. It will be a framework programme which will have several projects under its umbrella. The next step will be organizing of Steering Committee meeting for the Programme.
• **Murmansk project on integration of HIV/TB services**

The Chair informed that the Murmansk TB/HIV project has proceeded well. The Steering committee meeting was organised in Finland in August. In December the project will organise a seminar for authorities and politicians of Murmansk region to get them informed about the emerging threat of HIV-TB co-infections. A TV info spot is under development and will be presented to the public in the World AIDS Day and to the participants of the seminar. The faculty will contain top TB and HIV authorities from the Russian Federation and international organisations such as WHO.

• **Others.**

The Finnish-Russian *project on development of low threshold services in the Murmansk Region* will have its concluding seminar on 9 November in Murmansk. *The Steering Committee of the Barents HIV/AIDS Programme* will meet on the following day in Murmansk.

Saulius Caplinskas proposed a common project on *Development of surveillance, diagnostics and treatment for hidden STIs: Gonorrhea and Chlamydia.* Too little attention is paid for these infections, and only some countries register Chlamydia cases. Antimicrobial resistance problems should be studied, as well as real prevalence of Chlamydia. In Finland there was successful self sampling of Chlamydia carried out, especially girls participated actively. Discussions will continue on the issue.

7.2. Other activities. Reports and plans concerning participation to activities by other organisations such as the EU commission, ECDC, WHO, UNAIDS, ILO, IOM etc.

• **Brief information on ILO projects concerning HIV and associated infections**

Elena Kudriavtseva from ILO Moscow informed that ILO started HIV programme approximately 10 year ago. Their work is based on conventions published at the web page, e.g. "The ILO code of practice on HIV/AIDS and the world of work". (See [http://www.ilo.org/public/english/region/eurpro/moscow/areas/aids.htm](http://www.ilo.org/public/english/region/eurpro/moscow/areas/aids.htm))

In Russia, the main partners are AIDS Centres, Offices for consumer rights (Rospotrebnadzor), politicians, employers' and employees' organisations. Methods of work include making a contract between regional administration, employers' organisation and employees' organisation. A pilot project has been implemented in the Murmansk Region. Some collaboration has been done with the Leningrad Region, and a small project with Kaliningrad earlier.

ILO Moscow is interested in projects which cover whole Northwest Russia. They are ready for collaboration with this Expert Group, if common interests can be found.

• **Brief information on IOM activities concerning HIV and associated infections**

IOM was established in 1951 and its work covers all possible themes concerning migrants. 188 projects have been implemented, most of them in Asian and African countries.

Migrant health is a special interest of IOM. In 2009, research was carried out among more than 200,000 migrants in several countries. In Russia, IOM office includes a department on health.
The work of this department has been mostly focused on Tadzhikistan, Kirgistan, Kazakstan and Russia. So far, no HIV projects have been implemented in Northwest Russia. A project plan has been developed together with the Helsinki office on Tackling the HIV Challenge among Mobile Workers in North-West Russia (with a particular focus on St. Petersburg and Leningrad Region), and it is waiting for further development. It should be noted that HIV among migrant populations was a special theme for the EG meeting in Porto in 2007.

Discussion on the work plan for 2011 which is expected to be submitted for the PAC by 8 October.

A "non-paper" draft of the work plan for 2011 was distributed beforehand, and it was discussed at the meeting. It was suggested that EC should be closer involved into the Group’s activities. It is very positive that the Group has an expert from ECDC, and this collaboration should be wider developed.

Now, as also associated infections are included into the thematic of the Expert Group, additional attention could be paid for them during next year. An epidemiological update should be discussed using the EpiNorth database.

It was agreed that a revised version of the work plan shall be submitted for the PAC meeting (http://www.ndphs.org/?mtgs,pac_7__copenhagen).

8. Next meeting. Dates and venue

The Latvian representative, Inga Upmace, invited the next meeting to Riga. The meeting should be organised sometimes on the second half of March to be in time before the meeting of Committee of Senior Country representatives (CSR). The concrete time will be agreed by e-mail.

9. Any other business

A quick round was done concerning epidemiological observations, new developments etc.

**Poland**
- Epidemiological situation of HIV remains the same, it is stable with low numbers.

**Germany**
- KAP surveillance among female sex workers is going on in Germany
- Infection diseases prevalence and KAP surveillance among IDU will be carried out during next years in several cities of Germany
- EU project on MSM in one large city in each participating country, samples collected to find out prevalence, sampling method depends on country (SIALON II project)
- Epidemiological trends in Germany remain the same
- IDU and MSM infections remain on the previous level
- Infections have increased among MSM aged 21-24
- A study on Chlamydia and Gonorrhoea among MSM and female sex workers is going on (PARIS study, end of sample and data collection by the end of November 2010)
Sweden

- There are no big changes in the epidemiological situation of HIV. New cases are dominated by immigrants from countries with a generalized endemic situation - more than half (54% in 2009) of all new cases are infected before immigration to Sweden.
- Chlamydia infections are now decreasing in almost all counties in Sweden (-8%) the first 6 month 2010 after more than a decade of constant increase.
- New action plan for Chlamydia prevention 2009-2014 has been accepted a year ago.
- Internet testing of Chlamydia is possible in 11 of 21 counties (incl. the three big city areas Stockholm, Göteborg and Malmö); You order a test kit without charge, send it in to the laboratory and log in to the Internet and get your results confidential. If positive you get a referral to clinics for treatment and contact tracing. This method has reached more young men than traditional testing in youth clinics and STI clinics. Chlamydia test can also be bought from pharmacy and sent in to a laboratory, but the free tests in Internet are of course more interesting if you want to reach youths and young adults (<25 y) where Chlamydia is most prevalent.

Norway

- MSM are the main concern, this year even worse, more infections
- Average age among MSM at the moment of detection of infection is approximately 30 years
- Gonorrhoea – there is a wish to move the diagnostics to PCR, but this might be a problem in low prevalence population
- Fluorocin-resistant Gonorrhoea infection seems to be an emerging problem.

Lithuania

- After merging of the AIDS Centre into the Centre for Communicable Diseases and AIDS, all infectious diseases are on their responsibility
- Approximately the same amount of new HIV infections have been detected during this year as in 2009
- Chlamydia is an issue of concern
- Lithuania participates at the SIALON II project

Latvia

- Latvia participates actively in the EMIS project
- Project on testing for commercial sex workers was started this year
- Latvia is involved in the “TUBIDU” project
- There is a slight increase in TB/HIV co-infections, the worst problem is MDR TB
- A new project is planned with Spain introducing saliva rapid testing to LTSCs
- the epidemiological situation has been stabilised, but because testing has decreased, they wish to implement incidence studies to find out the real situation
- MSM is not among their priority targets
- Transmission through sexual contact is the biggest group, but if cumulative number of cases is considered, then the majority of infections are among IDU
- ECDC is going to make a country visit to Latvia
LTSCs are functioning in 16 cities, Hepatitis B and C, as well as Syphilis test have been increased into services of LTSCs

**Estonia**
- EC BorderNetwork project on CSW is being implemented
- Late enrolment to treatment is a big problem concerning HIV
- There is a need to increase HIV testing
- Vulnerable groups remain to be most important focus of the national HIV policy
- TB is a priority connected with HIV – many activities are being implemented
- Methadone treatment, ARV and TB treatment should be available in one place. New service of integrated MMT and ARV treatment has been launched in Tallinn
- HIV prevalence study among IDU in Narva is being carried out. After the results are published, review of services will most probably follow
- ECDC will visit Estonia during next week to review activities, especially surveillance and evaluation activities.

**Russia**
- According to tendencies in 2010 there is no increase in new infections.
- There are three regions in Northwest Russia where IDU transmission still dominates as the risk factor for HIV: St. Petersburg, Leningrad Region and Murmansk Region
- Sexual transmission is the main route of new HIV infections in other Northwest Russian regions
- A research project has been completed this year among street drug users in St. Petersburg and Leningrad Region. Report has already been published; according to it high percentage of street drug users are HIV-infected: 61% in St. Petersburg and 63% in Leningrad Region. Results have been included into the country report of RF.

**Finland**
- The epidemiological situation is stable
- There are new HIV cases especially among migrants, at the same time decreasing among some risk groups
- Case management discussion is going on, e.g. concerning drug users – how to implement maintenance and methadone therapy properly
- Decreasing of budget funds and Finland’s Slot Machine Association’s funding concerns especially vulnerable groups

Finland as a lead-country of the Expert Group is responsible for identifying a new chairperson for the Group. The process has been started.

**10. Closing of the meeting**

The Chair thanked hosts from Kaliningrad for organising the meeting and very active participation in it. Further collaboration with Kaliningrad is foreseen especially within the planning of the new project.
ILO and IOM participation in the meeting was a very positive input.

The Chair wished the Expert Group fruitful continuation in the future - also after his resigning in the end of 2010.
Reference: Annex 1 to the minutes

Title: List of participants

Submitted by: ITA

Ms Aljona Kurbatova  
Head of the Infectious Diseases and Drug Abuse Prevention Department  
National Institute for Health Development  
Hiiu 42  
11619 Tallinn  
ESTONIA  
Phone: +3726593975  
Fax: +3726593900  
E-mail: aljona.kurbatova@tai.ee

Dr. Ulrich Marcus  
Deputy Head HIV/STI Surveillance  
Robert Koch Institut  
DGZ-Ring 1  
13086 Berlin  
GERMANY  
Phone: 4930187543467  
Fax: 4930187543533  
E-mail: marcusu@rki.de

Prof Pauli Leinikki  
Expert  
HIV Expert Group  
Yolinnuntie 1  
02660 Espoo  
FINLAND  
Phone: +358405524314  
Fax: n.a.  
E-mail: Pauli.Leinikki@fimnet.fi

Ms Outi Karvonen  
Project Manager  
National Institute for Health and Welfare  
Lintulahdenkuja 4  
00530 Helsinki  
FINLAND  
Phone: +358-20-6107046  
Fax: +358-9-7732922  
E-mail: outi.karvonen@thl.fi

Dr Anna Marzec-Bogusławska  
Director  
National AIDS Centre  
Samsonowska 1  
02-829 Warsaw  
POLAND  
Phone: +48 22 331 77 55  
Fax: +48 22 331 77 76  
E-mail: a.marzec@centrum.aids.gov.pl

Dr. Inga Upmace  
Acting head of HIV/AIDS Program Department  
Infectology Center of Latvia  
Kļījānu 7  
LV-1012 Riga  
LATVIA  
Phone: +371 67081621  
Fax: +371 67339954  
E-mail: inga.upmace@lic.gov.lv
Dr. Saulius Caplinskas  
Director  
Centre for Communicable Diseases and AIDS  
Nugaletoju St. 14D  
LT-10105 Vilnius  
LITHUANIA  
Phone: +370 5 2300125  
Fax: +370 5 2300123  
E-mail: saulius@ulac.lt

Dr. Hans Henrik Blystad  
Deputy Director  
Department of Infectious Disease Epidemiology  
Norwegian Institute of Public Health  
Box 4404 Nydalen  
NO-0403 Oslo  
NORWAY  
Phone: +4721076404  
Fax: +4721076513  
E-mail: hans.blystad@fhi.no

Dr Torsten Berglund  
Senior Advisor  
The National Board of Health and Welfare Socialstyrelsen  
SE-106 30 Stockholm  
SWEDEN  
Phone: +46 75 2473715  
Fax: +46 75 2473287  
E-mail: torsten.berglund@socialstyrelsen.se

Mr. Marek Maciejowski  
Head of Secretariat  
NDPHS  
Strömsborg  
103-11 Stockholm  
SWEDEN  
Phone: +46 8 4401938  
Fax: +46 8 4401944  
E-mail: marek.maciejowski@ndphs.org

Mr. Vladislav Evgenevich Golikov  
Minister  
Ministry of Health of the Kaliningrad Region  
Dmitrija Donskogo street, building 1  
236007 Kaliningrad  
RUSSIAN FEDERATION  
Phone: 8(4012)599-440  
Fax: 8(4012)599-449  
E-mail: demenko@gov39.ru

Mr. Anna V. Korotkova  
Deputy Director in International Affairs  
Federal Research Institute for Health Care Organization and Information of the MoH&SD of the Russian Federation  
Dobrolubov Str. 11  
127254, Moscow  
RUSSIAN FEDERATION  
Tel/Fax: +7 495 2181109  
E-mail: korotkova_anna@mednet.ru

Ms Tamara Doroshko  
Adviser  
Department of medical, preventive and medicinal help  
Ministry of Health of the Kaliningrad region  
Dmitry Donsky's street, 1  
236007 Kaliningrad  
RUSSIAN FEDERATION  
Phone: 8(4012)599-428  
Fax: 8(4012)599-428  
E-mail: doroshko@gov39.ru

Prof. Tatiana Smolskaya  
The head of the North-West District AIDS centre  
Saint-Petersburg Pasteur Institute  
Mira Street, 14  
197101 Saint-Petersburg  
RUSSIAN FEDERATION  
Phone: +7 (812) 233 73 36  
Fax: +7 (812) 233 08 47  
E-mail: smolskaya@ts2981.spb.edu

Ms Anna V. Korotkova  
Deputy Director in International Affairs  
Federal Research Institute for Health Care Organization and Information of the MoH&SD of the Russian Federation  
Dobrolubov Str. 11  
127254, Moscow  
RUSSIAN FEDERATION  
Tel/Fax: +7 495 2181109  
E-mail: korotkova_anna@mednet.ru

NCM Kaliningrad  
Mr. Arne Grove  
Director  
NCM Information Office in Kaliningrad  
Chernyakovskogo 6, Office 116

Ms Olga Kovaleva  
Project coordinator  
Nordic Council of Ministers Information Office in Kaliningrad  
Chernyakhovskogo Str. 6, office 116
Ms Victoria Osipenko
Program director of NGO "YLA"
Bagration str., 39-10
236039 Kaliningrad
RUSSIAN FEDERATION
Phone: +7 4012 758806
Fax: +7 4012 644649
E-mail: ula@resist.koenig.ru

Mr Nikolay Cherkes
The head physician
Kaliningrad regional AIDS centre
Zheliabova street, 6/8
236000 Kaliningrad
RUSSIAN FEDERATION
Phone: 8(4012) 215876
Fax: 8(4012) 218883
E-mail: cherkes-nik-nik@rambler.ru

ILO Moscow
Elena Kudriavtseva
Focal Point for HIV/AIDS and the World of Work
ILO DWST/CO Moscow
Petrovka 15
107031 Moscow
RUSSIAN FEDERATION
tel (7-495) 933-0821
fax (7-495) 933-0820
kudriavtseva@ilo.org

Maria Golovanevskaya
Program Officer
International Harm Reduction Development Program
+1 212 547 6906
mgolovanevskaya@sorosny.org
## Reference
Annex 2 to the minutes

## Title
List of documents

## Submitted by
HIV/AIDS&AI EG ITA

### Main documents

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<td>Invitation to nominate EG Vice-Chair</td>
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<td>HIV/AIDS&amp;AI 1/5.1/info 1</td>
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<td>HIV/AIDS&amp;AI 1/5.1/info 2</td>
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<td>Terms of Reference of the HIV/AIDS&amp;AI Expert Group</td>
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