

Title	Meeting Minutes
Annexes	Annex 1 – List of participants Annex 2 – List of documents submitted to the meeting
Submitted by	The Secretariat and the Chair
Summary / Note	This document recalls the main discussion points and decisions made during the 3 rd Prison Health Expert Group Meeting.
Requested action	For reference

1. Opening of the meeting and welcome

Géraldine Bonnin on behalf of the Host, the French Ministry of Health, Youth and Sports welcomed the participants.

The Chair, Mrs. Ingrid Lycke Ellingsen opened the Meeting and invited the participants who had not attended the previous meeting to introduce themselves. Professor Pauli Leinikki, in his function as a Chair of the HIV/AIDS Expert Group (EG) explained that he considered it important to have a vivid exchange of competence between the different Expert Groups.

The Meeting referred to the adopted minutes from the last PH EG meeting in Oslo, Norway 13-14 February 2007 (PH 3/2/2).

The Chair informed about meetings she had attended since the 2nd meeting of the PH EG as well as the overall progress of the Expert Group. She informed about the CSR decisions on reporting from the EGs, and from meeting Marzena Ksel in Warsaw, who will be leaving her post later this year. Ksel will ensure to find another Polish representation for the group. As to the situation in Poland she had informed that prisons are becoming overcrowded, with the accompanying problems.

The week prior to this meeting, the Chair spoke at a conference on women in prisons. It took place in Oslo and also had Russian participation. The lack of representation from Russia to this group was also discussed with representatives from the Russian administration. If Russian representation is not solved well before the next meeting, it should be considered to pay a visit to Moscow. Pauli Leinikki then commented on the need to have contacts with the Northwestern region in Russia, while Anders Nystedt underlined that Moscow has become more important following processes of centralisation.

Mr. Jørgen Kaurin informed about a meeting in the Barents cooperation. Of particular interest to the group are the on-going HIV/AIDS programme, and the programme to be developed targeting Children and Youth at Risk.

2. Adoption of the Agenda

The Meeting adopted the Provisional agenda (submitted as document PH 3/2/1 rev._2). Due to Professor Pauli Leinikki leaving early, agenda item 5 was dealt with before agenda item 4.

3. Election Vice-Chair of the Prison Health Expert Group

The Meeting was invited to propose candidates for the position of the Vice-chair for further discussion. Following a suggestion from Mr. Anders Nystedt, the meeting considered it to be an option to ask a representative from Russia or Poland if they wanted to take on this role. The Meeting asked Ms. Toril Roscher-Nielsen to get in touch with Russia and Poland to discuss participation in the group. The Meeting **postponed** the election of a Vice-chair.

4. Information about the recent developments in the NDPHS, including Project Database and Project Pipeline

The Secretariat informed briefly about the partnerships bi-annual newsletter published the same day, and the new and improved NDPHS website where the EGs have a section each. It then informed the group on current developments in the NDPHS database project (submitted as document 3/5/1 Brief project description). The three key parts of the NDPHS database project are:

1. The NDPHS website, financed by money from the database project
2. The NDPHS project pipeline, a tool to put in project ideas in order to find a donor for projects. The project pipeline contains projects not approved and not financed by a donor organisation but looking for funding.
3. The NDPHS project database, a tool which contains already existing, approved, ongoing or finalized projects of relevance to the NDPHS.

The EG members were encouraged to stimulate projects and project ideas to be put into the pipeline. The EG was informed about an opened tender, calling for the implementation of the database (work package 3 of the database project).

The Meeting **discussed** the structure and utility of the presented tools.

Dr. Lars Møller supported the idea of the pipeline, and pointed out that one of the important issues of this EG is to advise on project proposals. Ms. Rauni Ruohonen asked about the relationship between the database, the pipeline and the mapping exercise done by the EG itself, and how the logical framework approach is reflected in the pipeline. Bernd Treichel explained how the database will include it all.

The Secretariat informed that the database from the CBSS Task Force is being recovered. It is already available on CD and will hopefully within short also be available on the web.

Ms. Toril Roscher-Nielsen raised concerns about quality control exercised within the project pipeline. The Secretariat illustrated that projects in the pipeline will be approved by the administrator before sending them further to the donor, who can then decide to ask relevant Expert Groups for comments. Projects sent to the donors are those projects which help to promoting NDPHS related issues and those which meet the priorities of a potential donor. Projects within the pipeline will be sent to all relevant donors at the same time.

Taking into account that the implementation of the database project is a dynamic process within a certain structure and logical framework, the project tools are constantly being improved, and comments are always welcomed.

Dr. Lars Møller of WHO called upon the Meeting to develop PH projects. As a possible project he suggested to translate the WHO "Health in Prison. A WHO guide to the essentials in prison health". He suggested a project on translations of the WHO Prison Health Publication – the

most recent "Status Paper on Prisons and Tuberculosis" is currently translated into Russian and Latvian. He further suggested that the website should contain a Prison Health Resource Section and offered to send information on prison health to the Secretariat.

The Meeting agreed on the above propositions and in addition to place a presentation of the future progress of the pipeline as one of the agenda items at the next PH EG meeting.

5. Cooperation with other NDPHS Expert Groups

Introduction by the Chair of the HIV/AIDS Expert Group

Professor Pauli Leinikki informed about the HIV/AIDS Expert Group and the situation of the spread of HIV/AIDS in penitentiary establishments in the region, as well as ongoing projects. Relevant documents are the draft working programme for the HIV/AIDS EG and the Dublin Declaration (submitted as documents PH 3/5/1 and PH 3/5/info 1),

He informed that there is a high prevalence of HIV/AIDS in North-West Russia, with roughly 600 in Leningradskaya oblast, 400 in Kaliningrad, almost 400 in Estonia and 250 in Latvia. In other parts of the region the prevalence is very low (figures per 100.000). The situation is dramatic when considering the resources available: Comparing with GNP, Estonia has 30-fold the burden of countries such as Sweden and Finland, and Kaliningrad 100-fold.

The risk in several places is that so far, the disease has spread among IDUs (Intravenous Drug Users), but will continue spreading among these people's partners and the general population. HIV/AIDS often coexist with other diseases such as tuberculosis and hepatitis B and C.

Penitentiary establishments are pools for communicable disease infections, resulting in high rates of HIV/AIDS, TB and hepatitis. Accordingly, there is a need for cooperation between the HIV/AIDS EG and PH EG.

He pointed out the clear difference between Russia and other ND-countries regarding the possibility of implementing projects, as mainly only Norwegian and Finnish funds are available for projects in Northwest-Russia, and EU and EEA funding is available in the other countries. He also indicated the need for further development of cross-border projects which include North-West Russia.

One task of the expert group is to coordinate projects, and in this work the secretariat, the pipeline and project database are important tools. As for the project pipeline, he suggested it to have project indicators, for instance programmatic indicators, input indicators and outcome indicators.

He recommended the EG to become a clear focal point within the ND Area. The EG should set clear working priorities by setting up a working plan, focusing on interests of the group within the overall Terms of Reference and stating priority areas for its work. He emphasised the need for project work in order to make the activities of the NDPHS and its Expert Groups visible. Every EG within the NDPHS should therefore:

1. find adequate financing mechanisms for project work
2. being active to interest donors in order to fund certain projects (e.g. with the help of the NDPHS project pipeline)
3. define the activities of the EGs within the ND Area in order to highlight the added value of the regional cooperation
4. enforce the contact with the European Commission (EC) to avoid overlapping actions and to coordinate funding.

On question from Dr. Lars Møller, Prof. Leinikki informed that the group does not deal specifically with issues on hepatitis, but that it is an issue, in particular with the IDU population. Dr. Lars Møller said that as much as 40% of inmates may have hepatitis C. Mr. Anders Nystedt said that it is puzzling how IDUs in the Nordic countries generally manage to avoid HIV/AIDS, but not Hepatitis C. He underlined how prisons are a good place to prevent these diseases, as a key issue is the low level of knowledge. Many of the inmates belong to target groups and are accessible when in prison. He suggested developing further HIV/AIDS education projects aimed at prisoners and prison staff.

The Chair asked about the correlation between provision of clean syringes and HIV prevalence. Professor Leinikki replied that harm reduction, including syringe exchange and chemical substitution is extremely important, but often a difficult political issue. In prisons, it may be even more difficult, but the success from the civil society should be encouraging. It has not been shown that syringe exchange increase the number of IDUs. It is experienced that in prisons where methadone is offered, it tends to be less tension and conditions improves.

On question from the Chair on multi-drug resistant tuberculosis (MDR-TB), Ms. Rauni Ruohonen informed that there are not sufficient laboratory capacity and competence, except in Archangelsk to identify it, but it can be assumed that the MDR share of TB cases is high.

The Meeting **took note** of Professor Leinikki's presentation and decided to further reflect upon his recommendations.

Professor Pauli Leinikki supported a future cooperation between the PH EG and the HIV/AIDS EG and suggested the development of joint projects of the two Expert Groups.

The Meeting **agreed** to further promote and develop the cooperation between the PH EG and the HIV/AIDS EG

6. Information on Prison Health in France; present situation and future challenges

Ms. Hélène Morfini gave a brief presentation on the situation and future challenges of prison health in France. After a reform in 1994 the issues of prison health had been delegated from the Ministry of Justice to the Ministry of Health. Today, there are 188 prisons in France; four of them are prisons for women only. Some few male prisons have special sections for women. Out of the 60 Million inhabitants in France, 60.000 are prisoners. There are plans to build seven more prisons for young criminals, offering schooling, further education programs, sport and special rehabilitation programs. It is an on-going discussion about the age range of "young prisoners", if it shall be defined as 13-18 years or 13-21 years.

The most urgent health problems in French prisons are mental health problems and Hepatitis B/C. HIV/AIDS is no longer a main concern, thanks to comprehensive information campaigns in prisons. Like other countries, France experience that while HIV prevention is successful, hepatitis prevention seem to fail. All prisoners are supposed to have the equal right to receive treatment and medication as non-prisoners, e.g. access to HIV treatment. However, it is obvious that not all doctors in the prisons are using HIV treatment prescriptions even if there is an equal treatment regime. The French Ministry of Health currently implements prison health projects which support the formation of three secured hospital units in the country. Ms. Hélène Morfini emphasized that there are regular inspections regarding sanitation and general living conditions in the prisons. Other urgent issues are rehabilitation and treatment of prisoners with certain needs, such as young criminals and sexual offenders requiring special treatment.

The Meeting discussed the spread of hepatitis as a new challenge for prison health. Mr. Anders Nystedt pointed out that a new challenge for PH is that there are more hepatitis infections caused by drug abuse in prisons than caused by sexual contacts.

The Meeting took note of the presentation.

7. 1 Ongoing projects

Since the 2nd PH EG meeting the Chair has received reports from Estonia (submitted as PH 3/7/1), Norway (submitted as PH 3/7/2), Lithuania (submitted as PH 3/7/3) and Finland (submitted as PH 3/7/4).

Ms. Ene Katkosilt informed about ongoing projects in prison health in Estonia. Estonia's goal is to provide therapy and psychological support for all Estonian prisoners. She reported about the UNODC project which started in September 2006 and includes a methadone treatment working plan for all prisons in Estonia.

Ms. Laila Medin reported on the building outside Riga of a hospital for prisoners, which will open on 1 August 2007. It has capacity for 200 people and possibility to treat all kind of illness. The Latvian prison hospital will be part of the prison system, under the Latvian Ministry of Justice in order to ensure security and the juridical regime. She reported that all prisons in Latvia have medical units which are to be approved by the Ministry of Health in order to provide appropriate medical treatment. A serious challenge is to find proper educated staff for the medical units in the prisons. There is currently a concern that prisoners might misuse the availability of medical units, taking less care of themselves, are more willing to show that they are sick and ask for more treatment than before.

Ms. Laila Medin and Dr. Lars Møller informed on a workshop on June 26 in Riga on prison health, with a special focus on tuberculosis. The workshop is organized by WHO and the Ministry of Justice, Latvia.

Ms. Virginija Ambraseviciene added that the UNODC project includes all Baltic countries. Another project in Lithuania is supported by the government of Norway and deals with an education project for prisoners leaving the penitentiary institutions.

Mr. Karsten Kronholm referred to an on-going project in Russian prisons with focus on mental health. The project focuses on treatment of psychiatric problems in prison. In the project, psychiatrists assist in training of prison staff.

Ms. Rauni Ruohonen informed about a Finnish project in the St. Petersburg and Leningrad Oblast aiming to improve the control of tuberculosis in the prisons (PH 3/7/4). In addition, there are also other Finnish-Russian projects taking place, for instance between the ministries of justice. The Secretariat emphasised the need to find out more about ongoing projects in Finland and elsewhere in order to include them in the NDPHS-database.

Mr. Heikki Vartiainen informed that he would like to include Russian institutions in the project he has in Finland (as presented at the previous meeting), but this cannot be done before Russia takes part in the group and agreements can be made.

Mr. Anders Nystedt reported on a project seeking to engage the civil sector into the fight against tuberculosis in prisons. Another program seeks to educate IDU prisoners to avoid HIV/AIDS infection. He pointed out that he faced difficulties to get counterparts and partners in North-West Russia unless they are supported from the government in Moscow. This can be seen as a consequence of the centralisation in Russia.

The Chair informed about some other projects in the region. She informed about a special project of cooperation between Russia (Arkhangelsk) and Norway in Mental Health. She also mentioned a project in the prison of Trondheim dealing with the treatment of ADHD, which might be of interest to extend to a prison in Russia.

Mr. Karsten Kronholm pointed to the risk of a group such as the PH EG is not becoming productive. He suggested that all PH EG members should take part in developing projects, and that each country in the group should at least produce one project documented in the pipeline each year.

The Secretariat supported this as every project application is a direction for the further development of health issues in the region. There is a need for clearer visions about what is going on in the region concerning prison health each year.

Ms. Rauni Ruohonen stressed the importance of prioritising some concrete prison health issues under the overall working plan. She evaluated the working plan of HIV/AIDS EG as much more concrete. The PH EG should find out about the most urgent prison health issues in the different countries. The pipeline should also be used for submitting project ideas for consideration to enhance further development, not just for finished proposals being accepted or rejected.

The Secretariat added that the submission of a concrete project proposal can be seen as a recommendation and suggestion on urgent issues concerning PH in the region. The database project offers 10.000 Euro for development of thematic reports per Expert Group.

The Secretariat explained that the pipeline is also a place to share ideas and to look-up projects that already have been submitted. Most important is to provide the future donors with a short project description and a statement of priorities and goals of the project to raise the interest of the donor. The EGs can be asked to evaluate the submitted projects before they are sent to a potential donor. The EGs recommendation can function as a basis for the donor to approve and finally fund a project.

7. 2 Project submitted to the NDPHS Project Pipeline

One prison-related project submitted to the Barents/NDPHS Pipeline has been distributed **to the group**. It may be considered for support from the Norwegian Grant scheme for the deadline on October 15, for funding in 2008. Mr. Jørgen Kaurin presented the submitted project to the Meeting. The project seeks to improve the mental health status among inmates at Kresty (and other) prison(s) in Leningrad Oblast. The project is initiated by a NGO. The Meeting evaluated the project as presently being too weak, as key components such as evaluation and monitoring instruments were not clearly explained. Further, there were no reliable indicators to measure the added value of the project. The applicant may revise the project proposal in order to improve and resubmit it. Latvia offered to send out a list of indicators they use to evaluate health project proposals in Latvia.

8. Working Plan 2007-2008

The Meeting discussed the proposal for the PH EG's working plan for 2007-2008 (submitted as document PH 3/8/1) for adoption.

- a. Background and context: There were no comments and suggestions on this part of the working plan.
- b. Overall objectives:

Ms. Rauni Ruohonen suggested the setting of priorities of work within the field of Prison Health in order to get a more structured and precise working plan. She suggested sub-dividing the EGs general objectives and goals (as stated in ToR) and to formulate prioritized activities.

The Chair replied that the draft was developed using LFA (Logical Framework Approach), and that she at this stage would prefer to keep the working plan as comprehensive as possible.

Ms. Toril Roscher-Nielsen added that it is necessary for the group to get things moving, but when work becomes too broad, it may be a need to narrow the plan down to specific targets.

The Chair announced that she will develop a questionnaire in possible cooperation with WHO, mapping the prison health situation in the PH EG member countries and analysing the gaps in prison health. Mr. Anders Nystedt pointed out that he NDPHS does not only have to deal with health but also with social well-being issues. Furthermore, he stated that the EG has to stimulate the growth of progress in the PH field and to encourage people to come up with adequate projects.

The Chair suggested to the meeting to agree on the overall working plan for the PH EG in order to send it to the CSR. More concrete actions and certain activities will be discussed after getting the results from the questionnaire. She further pointed out the EG's responsibility to communicate collective knowledge on prison health within the ND region and highlighted the importance of the publishing of the thematic reports. She pointed out that there is a need to single out special topics for the thematic reports which should go along with possible prioritized fields of action of the PH EG.

Subsequently, she highlighted the need of the employment of an ITA. Norway is in charge of hiring an ITA for the Expert Group. The ITA will work under the Norwegian authorities on a full time position with a two years contract. The position will be open for international applicants. The job announcement will be circulated within the network. The PH EG will be employed in early autumn.

The Chair suggested to discuss strategies concerning the EG's working plan 2007/ 2008 more in detail during the next meeting.

The Meeting agreed on the working plan and on the Chairs proposals.

Ms. Virginija Ambrazeviciene suggested to the group to discuss possible issues which might be presented at the partnerships ministerial meeting (PAC) on 16 November 2007.

9. Information about EC Commission work on Drugs in Prison

Ms. Natacha Grenier of DG SANCO, Directorate on Public Health and Risk Assessment gave an overview of the work of the HIV Think Tank of the European Commission, and the work on health determinant, in particular on alcohol and drugs. She highlighted the topic “use of drugs in prison” as an important one that led to concrete actions of the EC and two European Action plans (2005-2008/ 2009-2012). The goal is to eliminate drugs from prisons or at least to achieve drug restriction in prisons. She pointed out that most prisoners’ origin is from vulnerable groups in society, and they often lack education. Therefore health education programs in prisons are crucial. Prisoners are often only a short time in prison but when returning to their communities, they may spread diseases acquired in prison. The goal is to further support education programs in prison on diseases and prevention. She pointed out that the knowledge on HIV/AIDS is better than on hepatitis and tuberculosis. Also prison staff has to be taken into account when planning any projects and actions related to prison health. They suffer a higher risk than others to get infected by certain diseases. This highlights the link between healthy and secure working places and health in prisons. Ms Grenier also highlighted the gap between availability in principle and real accessibility of for example condoms and needles in the prison. She emphasized the need of cooperation between the Ministries of Health and the Ministries of Justice concerning prison health. She also stressed the gender aspect of Prison Health. On the one hand there are fewer women than men in prisons in Europe but more women than men in prisons are drug addicted. Some of the prisoners actually start taking drugs in prison. Ms Grenier also pointed out the lack of data concerning prison health and other issues to work on, such as tuberculosis or migrants in prison.

The Meeting took note of Ms Greniers presentation, which can be downloaded from the NDPHS website at http://www.ndphs.org/?mtgs.ph_3_paris

10. Information on the new WHO Publication on Health in Prisons

The manager of the WHO Health in Prisons Project, Regional Office for Europe, Dr. Lars Møller, gave a brief presentation of the recently published book “Health in prison. A WHO guide to the essentials in prison health”. The guideline was created for everyone who works in prison environment, is responsible for the promotion of health in prison and other who play a part in making prison healthier places for inmates and staff. The WHO project on Prison Health established also a database on PH including data from nine countries and more than 200 indicators on PH. The NDPHS website will provide a link to the publication. The publication is otherwise downloadable from WHO Europe:
<http://www.euro.who.int/document/e90174.pdf>.

He also informed the meeting about a HIPP conference in Trečín, Slovakia 18-19 October 2007 on drug abuse and mental health in prison and another conference in 2008 on women in prison.

The Meeting took note of Dr. Møllers presentation.

11. Next meeting

The Chair inquired about the possibility to have the next PH EG meeting before the PAC meeting in Vilnius on 16 November 2007.

Ms. Virginija Ambrazeviciene informed that Lithuania is not in position to host the next PH EG meeting, due to the ongoing preparations for PAC,

The Chair inquired further about Stockholm as the venue of the next meeting.

The Secretariat confirmed the possibility to host the next meeting in Stockholm at its premises.

Dr. Lars Møller of WHO also offered to host the next meeting at the premises of WHO in Copenhagen. The Chair suggested to tentatively keeping the date for the next PH EG meeting in coordination with the next CSR meeting for end of September or the beginning of October 2007, depending on the participation of Russia.

The Meeting **agreed** to meet again before the next CSR meeting (October 2007) and The Chair will inform about the meeting venue in due course.

12. Any other business

No other issues were discussed.

13. Adoption of the PH 3 Meeting minutes

The Meeting **decided** that the draft minutes are sent to participants before 6 July, and that comments on the draft would be due, at the latest, on 27 August. A revised report would then be distributed on 4 September to be adopted on silent procedure.

14. Closing of the meeting

The Chair closed the meeting on Tuesday, 19 June 2007 at 12:00 hours, thanking the hosts and declaring she was satisfied with progress so far. Most participants took part in the following visit to the female prison in Versailles.

**EG on Prison Health
Third Meeting
Paris, France
18-19 June 2007**

Reference	Annex 1
Title	List of participants
Summary / Note	This list includes participants who attended the meeting

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Main documents

Code	Title	Submitted by	Date
PH 3/1	CSR 11 Meeting minutes	Norway and Secretariat	14/06/07
PH 3/2/1_rev.2	Agenda	Lead Partner Norway	14/06/07
PH 3/2/2	PH 2 Meeting minutes	Lead Partner Norway	14/06/07
PH 3/5/1	Draft Working Strategy for HIV/AIDS EG	Lead Partner Norway	27/04/07
PH 3/5/Info 1	Dublin Declaration on HIV/AIDS in Prison	Lead Partner Norway	27/04/07
PH 3/7/1	Information concerning past projects in Estonia	Lead Partner Norway	27/04/07
PH 3/7/2	Information concerning past projects between Norway and Russia	Lead Partner Norway	27/04/07
PH 3/7/3	Information concerning projects in Lithuania	Lead Partner Norway	27/04/07
PH 3/7/4	Information concerning projects in St. Petersburg and Leningrad Oblast in TB	Lead Partner Norway	27/04/07
PH 3/8/1	Proposed Working Plan 2007-2008	Lead Partner Norway	11/06/07
PH 3/9	EC Health and Consumer Protection	EC	14/06/07