



## **Minutes of the 18th meeting of the Joint Working Group for Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council, Murmansk, 03 April 2014**

**Venue:** Ministry of Health, Murmansk Region

**Chair:** Murmansk Region (Valery G. Peretruchin in the 1<sup>st</sup> half of the day; Roman V. Moskvina in the 2<sup>nd</sup> half of the day) on behalf of the Sweden – Murmansk Region chairmanship

### **Opening of the meeting**

Mr. *Valery Peretruchin*, Minister of Health in Murmansk Region, acting as the chairperson of the meeting, declared the meeting open and greeted the participants.

### **Introduction of the participants**

The participants introduced themselves.

### **Adoption of the agenda**

The agenda of the meeting was adopted with no comments.

The first floor was taken by the Minister of Health of the Murmansk Region *V.G. Peretruchin* (due to the need to leave the meeting during the second half of the day). In his speech he reflected the activities implemented in the framework of international cooperation during the past period since November. Cooperation in the field of health was carried out in the frames of on-going projects and agreements.

In the framework of Russian-Norwegian project “The Pomor programme of primary healthcare development” and to increase the level of theoretical knowledge, practical skills of GPs (two groups of GPs, 10 people in each) training seminars under the guidance of experienced mentors took place monthly.

In addition to seminars for GPs, 2 training courses for tutors of the groups aiming at developing new teaching methods were organized. At the beginning of December the training course for tutors was conducted in Murmansk, in February – in Arkhangelsk.

Preparation for implementation of the project “HIV and co-infection among vulnerable groups of the population in the Murmansk Region. Diagnostics, treatment and prevention (2015-2017)” continues.

In recent years the attention of Russian-Norwegian cooperation has been focused on the problem of HIV and co-infections. Meetings were held on the territory of both countries with the involvement of international organizations such as UNAIDS, WHO (Stop TB) and Global Fund. This cooperation has been a continuation of / addition to the previous Russian-Finnish project on HIV and TB. In future cooperation should be aimed at taking necessary and adequate preventive measures in the society and among vulnerable groups.

Under the umbrella of the Russian-Norwegian project it is planned to implement:

- preventive measures on harm reduction among vulnerable groups such as sex-workers and injecting drug users (IDUs). In this regard the project “The Bus of Trust” implemented for many years should be continued. The Ministry of Health in Murmansk Region has supported the project and bought a new bus instead of the old one;
- measures for diagnosis and treatment of latent tuberculosis;
- activities in the frames of sub-project “HIV and mental health; quality of life; substance abuse”.

Chief physicians from Murmansk regional AIDS Centre and Murmansk regional TB Dispensary took part in a training seminar on MDR TB and HIV/TB co-infection on 15 November in St. Petersburg within the project «Promotion of good practices in the work against HIV and tuberculosis in the Barents Region».

In the framework of cooperation between regional authorities Cooperation Memorandum between the Ministry of Health in Murmansk Region and Northern Norway Regional Health Authority (Helse Nord) was signed on 19 November in Bodo, Norway.

The preparatory stage of the joint with NIPH project “Registration of road traffic injuries associated with alcohol and substance abuse in the Murmansk Region and Finnmark, development of proposals on reduction of risks” is going on. Much has been done (questionnaires for patients in hospital and drivers in the control group have been designed as well as informed consent for patients and drivers; the Protocol of Intention, which had passed the required approval procedure with the competent authorities on both sides, was signed by both parties) and much remains to be done. The project is planned to start in autumn 2014.

### **Information about the latest developments of the Barents Euro Arctic Council (BEAC)**

*Mr. Olli Kuukasjarvi*, Ministerial Adviser in the Finnish Ministry of Social Affairs and Health, informed about the priorities and guiding principles of the Finnish chairmanship in BEAC. He highlighted 3 main priorities:

1) Economic cooperation, including transport and logistics

- Intensify economic and business cooperation to help to unlock the full economic potential of the region
- Promote sustainable mining and knowledge of clean technology

- Take further measures to strengthen the mobility and accessibility of the region, including follow-up of the Joint Barents Transport Plan

## 2) Environment and climate change

- Promote the environmental sustainability of all economic and industrial activities
- Start implementation of BEAC Action Plan on Climate Change

## 3) Youth

- Enhance cooperation in the field of youth participation and social inclusion. Mr. Kuukasjarvi promised the delegates to contact the Finish Ministry of Culture and Youth and see if the JWGHS might contribute to the planned conference in Rovaniemi, 17-19 September.
- Promote equal opportunities for education and work as well as youth mobility

The Finnish Chairmanship will also work to promote tourism, cultural cooperation, health and social well-being, as well as emergency and rescue cooperation.

Mr. Olli Kuukasjarvi informed that the possibility of establishing a financing mechanism for the Region will be investigated.

The Finnish Chairmanship has the following guiding principles in its work:

- ✓ coherence (strengthening cooperation with the Northern Dimension, the Arctic Council, the Council of the Baltic Sea States and the Nordic Council of Ministers);
- ✓ Cooperation (improvement of the communication and connections between various stakeholders in the Barents region; closer cooperation between different Barents working groups);
- ✓ Continuity (The Finnish Chairmanship will build on the work of the previous Chairs and on the guidelines set by the Kirkenes Summit Declaration of 2013. The active participation of the indigenous peoples in Barents cooperation will be encouraged.

The accuracy and the need of coordination and information sharing at a national level – under the steering of the Ministries of Foreign Affairs – was stressed by the delegates of the JWGHS. Mr. Sirén also informed about his upcoming retirement and that a new Head of Secretariat will be appointed during 2014 and enter into office by January 2015.

In the absence of a representative from the Kolarctic Branch Office of Murmansk, Mr. Sirén had the kindness to also inform the JWGHS regarding the content and the process of the 2014-2020 Kolarctic program. The objectives are to enhance economic and social cohesion; improve public health and environment; and mobility. Thematic areas for cooperation identified are: business and SMEs;

education, research and innovations; environment and climate; accessibility; border management and security. Call for applications estimates to be open from 2016. The discussion followed stressed aspects and issues relevant for the JWGHS and regretted that the programming was almost to be finished.

### **Information from the International Barents Secretariat (IBS)**

*Mr. Ari Siren*, Head of the International Barents Secretariat, in his speech further developed the idea expressed by the previous speaker about the relevance of expanding cooperation between various participants of cooperation in the Barents region. In this regard and aiming at contributing into synergy development and avoiding duplication, IBS participated in the meetings of the Arctic Council Secretariat in Tromsø and the Secretariat of CBSS in Stockholm.

Then Ari Siren dwelt upon topical issues of the Barents cooperation among which he highlighted the following:

- Development of the transport network, especially the East-West direction; there is a need for new air routes;
- Economic cooperation lags behind the original stated objectives. Therefore, continuous mining, industry and infrastructure development, development of the Northern Sea Route are important in this respect;
- Cross-border economic cooperation is an important area of cooperation.

The next issue the speaker paid attention to is BEAC Working Groups activity. Currently, there are 15 working groups, out of which 3 do not work satisfactorily. They are: Working Group on Customs issues (activities on customs cooperation have been suspended), Working Group on Energy issues (the possibility of combining it with the Working Group on Economic Development is being discussed) and Working Group on Forestry (during the past years it has not been active but there is hope for activity revival). Ari Siren noted that JWGHS, along with the Working Group on the Environment, is one of the best.

IBS is constantly engaged in working groups' activity and, in general, satisfied with the results and achievements of their activities.

The Head of IBS stressed that the Finnish chairmanship of CSO strives for keeping up relations with working groups, and intends to invite one chair from each group to its meetings.

The problem of financing cooperation in BEAR has moved up into foreground. It is expected that the possibility of establishing a financial mechanism in the Barents region will be investigated. Prime Ministers of countries-members of the BEAC at its meeting in October 2013 approved the idea of creating a task force to study this problem. The first meeting of the task force was held on 18 February in Helsinki. It was decided to create its own Fund as a financing instrument in BEAR. It is expected that the Fund will be in the amount of 1 billion Euros but, however, we should not expect that it will appear in the near future. The target group must prepare a report and proposals only by September 2015.

And finally, a few words were said about the IBS. International Barents Secretariat was established in 2008 with the aim of storing archival materials about the Barents cooperation. There are 3 permanent employees in the staff of IBS and two more experts are enlisted to deal with the issues of indigenous peoples, issues of climate change and the environment. IBS is financed by 4 countries: Norway, Finland, Russia and Sweden.

### **Report from the Barents Tuberculosis Programme Steering Committee**

*Mr. Zaza Tsereteli*, Coordinator of the Barents TB Programme, presented a draft of the new Programme developed by Norway and Arkhangelsk. The draft Program was submitted for discussion at the Steering Committee meeting in December 2013, Lappeenranta, Finland. After making changes and adjustments, the new draft Program was submitted to the Ministry of Health and Social Affairs in Norway for funding. The new program consists of 6 projects designed for the years 2014-2015. The period of implementation of some projects may be extended to five years. The program includes the following projects:

1. Conference “Collaboration Experience in TB Control in the Arkhangelsk Region”
2. Monitoring of the TB contacts in the penitentiary system
3. Training “Health Communication” at the AIDS Center
4. «Forewarned is forearmed» - information campaign on TB and its symptoms
5. Activities for children and their parents at the Health Center in Arkhangelsk
6. Skill training for TB patients at the TB Dispensary in Arkhangelsk – Patient Empowerment.

The Coordinator Mr. Tsereteli noted the comments from the delegates regarding gender aspects and made reference to disease burden. Mr. Tsereteli stressed the need to involve representatives from justice and penitentiary systems into the program. Mr. Tsereteli also underlined the strengths of the new programme as it is, focusing on youth and on gender, targeting first, second and tertiary prevention; empowering the patients; aiming at achieving changes on a long term perspective; and finally stressing local ownership.

### **Report from the Barents HIV/AIDS Programme Steering Committee**

*Ms. Outi Karvonen*, Coordinator of the Barents HIV/AIDS Programme, reported on the Programme activities in 2013 and plans for 2014. She started her presentation with informing the participants about HIV situation in Russian Barents Regions, Finland, Sweden and Norway. Then she presented the activities carried out in 2013:

1. Seminar on MDR TB and HIV+TB control among vulnerable populations (15.11.2013, St. Petersburg, Russia);
2. Presentation of Barents HIV and TB collaboration at the NDPHS Partnership Annual Conference and Side Event on HIV and TB (21-22.11.2013, Helsinki, Finland);

3. Joint meeting of the Barents HIV/AIDS and the Barents Tuberculosis Steering Committees(12-13.12.2013, Lappeenranta, Finland)

Activity plan of the Steering Committee for the year 2014 includes:

- 1) Continuation of the project “Promotion of good practices in the work against HIV and tuberculosis in the Barents Region”;
- 2) A joint meeting of the Steering Committees of the Barents HIV/AIDS Programme and the Barents Tuberculosis Programme in Murmansk or Arkhangelsk with specific focus on collaboration between HIV and TB services, as well as narcology institutions;
- 3) A training seminar/ workshop on the issues of delivering improved and integrated TB and HIV services and on developing closer interaction between the civilian and penitentiary healthcare services;
- 4) Updating the strategy of the HIV/AIDS Programme; continuous collaboration with NDPHS Expert Group on HIV/AIDS and Associated Infections.

In conclusion, Ms. Outi Karvonen pointed out that it is important to have long-term collaboration, it helps to have the situational awareness; personal and institutional relationships are also important.

*Zaza Tsereteli* presented the Barents Programme for HIV/AIDS prevention and control for the period 2015-2020.

The goal of the new programme might be decrease in adverse impacts of HIV/AIDS on social-economic development through promoting a healthy lifestyle and scaling up HIV prevention among population, including migrants.

Highlighting and promoting the role of information, education and communication as well as harm reduction interventions for prevention of HIV/AIDS transmission in the Barents Region is offered as a priority of the Programme. The draft programme is now sent to member countries and to WHO for comments.

The Programme will include the following fields of activities:

- Inter-sectoral cooperation in HIV/AIDS prevention and control, especially focusing on effective integration with drug and alcohol prevention to prevent HIV/AIDS;
- Intensifying Information, Education and Communication activities to improve knowledge on HIV/AIDS prevention and control among the community in general, especially promoting behavioral change communication activities targeting at HIV vulnerable groups;
- Improving quality of and expanding harm reduction services to prevent HIV/AIDS transmission;
- Developing effective coordination of integrated and/or linked prevention, treatment and care strategies and services for alcohol-use disorders and comorbid conditions, including drug-use disorders, HIV infection and TB;

- Assess and strengthen the capacity of national health systems to address harmful use of alcohol in the context of HIV prevention and treatment.

### **Report from the Barents Children and Youth at Risk Programme**

The Chair of the Barents Children and Youth at Risk Programme Steering Committee did not attend the meeting, and the report was made by *Ms. Marina Zyryanova*, project manager at Regional Department for Children, Youth and Family Affairs (Bufetat) Northern Norway.

Marina Zyryanova informed about main activities within the Programme conducted in 2013: 2 meetings of the CYAR Steering committee (June 4<sup>th</sup> – Lulea (Sweden), November 26<sup>th</sup> – Arkhangelsk (Norway)); regular meetings with regional and republican authorities with responsibility for children and youth; meeting of the County Governor of Finnmark, Murmansk State Duma, Bufetat Northern Norway and Regional ombudsman in Murmansk region on monitoring children's rights in the Barents region in November 12<sup>th</sup>, 2013, Kirkenes (Norway); CYAR expert conference on the topic of violence towards children (November 27<sup>th</sup>, 2013, Arkhangelsk). Activities on dissemination of selected, knowledge-based programmes targeting children and youth at risk also were held: Incredible Years (focusing on children with behaviour problems); Family Group Conferences (empowering the family and the nearest network to solve problems); Aggression Replacement Training (ART) and Family ART (focusing on children with behaviour problems); What About Us? (focusing on special needs of parents of children with disabilities); From Violence to Caring (online educational programme for specialists of different spheres focusing on early recognition and prevention of violence towards children); Restorative justice – mediation councils (crime prevention, rehabilitation and reintegration of children in conflict with law). Updating the CYAR web-site and developing information materials is being constantly performed.

Then Marina Zyryanova presented the Activity Plan for 2014. It includes 2 SC meetings (Komi – June 24<sup>th</sup>; Tromsø – November); Reporting to stakeholders and funding sources; Continuation of the CYAR Programme Support project activities according to the adopted plan for 2014; Analysis of the data received from evaluation study on efficacy of different programmes in Russia.

### **Information from regional and national representatives on current and future cooperation concerning health and social issues**

The national and regional representatives reported on their work and activities

#### **Murmansk**

From the Murmansk region there were 2 presentations. *Mr. Viacheslav K. Zinkevich*, chief physician of the Murmansk regional AIDS centre, presented information about the situation with HIV and told about the system of medical aid for the HIV-infected in the Murmansk region.

The Murmansk region in 2013 took the 20th place among the regions of the country on the prevalence of the disease and the 4th place in the North-West Federal district in terms of absolute number of cases. In 2013 the main route of transmission was sexual; IDU transmission of HIV steadily decreases. Significantly decreased the proportion of adolescents and young people aged 14-17 among newly diagnosed HIV infections that may be associated with the effect of prevention programmes in the Murmansk region. 43% of the new found cases are among people 30-39 years of age. Despite PMTC there were 141 newborns with HIV (2013). A problem of the region is the lack of skilled staff.

Mr. V. Zinkevich briefly shared the experience of implementing international projects and programs on the territory of the Murmansk region

In conclusion, V.K. Zinkevich stressed that to involve as many as possible representatives of various groups of the population in prevention work, to form "health saving behavior" among the younger generation with the use of available international experience, it is expedient to continue the cooperation on the issues of HIV/AIDS prevention and control; HIV/TB co-infection; HIV and drug abuse.

*Ms. Zhanna G. Pomaho*, Deputy Chief Physician of Murmansk regional TB dispensary, reported on the epidemic situation with tuberculosis in the Murmansk region. She started her speech with presenting structure of the TB service in the Murmansk region. Then she reported data on TB incidence and mortality from TB in comparison with Russia and the NWFD in 2006-2013.

In comparison with Russia and the NWFD: territorial TB incidence rate in the Murmansk region is considerably lower; sporadic cases in children; the most favorable situation on mortality from TB is in the Murmansk Region. However, the territorial mortality in 2013 rose by 20% compared to the year 2012 (the death rate is calculated together with the penitentiary system per the population of the Murmansk region without taking into account the number of prisoners).

In the Murmansk area there is a high level of multi-drug resistance (MDR), currently, there are 12 patients with extensively drug-resistant (XDR) TB. In 2013 15 people with MDR died, out of them 5 persons with XDR.

Ms. Pomaho admitted that it is a challenge to make patients adhere to the ordination and medication. An incentive now being applied is to exchange adherence for food- and transport packages.

In her speech Zhanna Pomaho noted the positive experience and great importance of international cooperation and preventive measures undertaken in the region.

## **Arkhangelsk**

*Ms. Olga B. Shabalina* informed that 15 international projects in the field of health are being implemented in the Arkhangelsk region now. The Ministry of Health in the Arkhangelsk oblast is interested in developing cooperation in the following directions: development of primary health care; maternal and child health care; combating socially significant diseases (HIV/AIDS, TB, viral hepatitis); prevention of suicides with the involvement of social services;



prevention of the risks of developing cardiovascular diseases: physical inactivity, poor diet, alcohol consumption and smoking.

Then in her speech she dwelled on the epidemiological situation with tuberculosis. In Arkhangelsk region there is a tendency of reducing the TB incidence, including morbidity among children and teenagers. There is a tendency of gradual decrease in mortality from tuberculosis. The main problem of phthiology in recent years has been the prevalence of MDR TB. Taking into account tendencies to reduction of TB prevalence on the territory of the Arkhangelsk region it is planned to reorganize bed space at TB dispensary in 2014. The computer program "Monitoring of tuberculosis" has been installed in all TB facilities; it allowed to improve significantly the continuity in the management of patients, to reduce time of information and documentation exchange.

Speaking about the epidemiological situation with HIV-infection, O. Shabalina said that the situation is characterized by the growth in the number of HIV cases against low HIV prevalence among the population of the oblast. The main way of HIV transmission is sexual, mostly in the age group of 31-40 and older.

In 2013 the following projects with international participation were implemented: "Prevention of HIV infection among high-risk groups" with Olafia Clinic, Oslo, Norway, to raise awareness of medical workers of the Arkhangelsk region on the specifics of working with a group of MSM (men who have sex with men); the project "Health communication for medical workers involved in the field of HIV/AIDS and tuberculosis" aims at improving the interaction between the TB service and the AIDS center in the Arkhangelsk region. In 2014 the implementation of these two projects continues.

*Ms. Nina I. Nizovtseva*, Chairman of the charitable Foundation "Easy breathing" in Arkhangelsk, shared information about the Fund and its activities.

The Fund was established in 2005, re-registered in 2009 with the aim:

- To provide direct assistance to patients suffering from tuberculosis in social, legal and other areas
- To render assistance in social rehabilitation to the citizens suffered from tuberculosis
- To attract public attention to the problems of TB prevention in the North-West of Russia in connection with the unfavorable epidemiological situation with tuberculosis.

The program "Stop TB" was a guide to action, in 2013 it ended, there is a desire to continue it. The priority directions of the Fund's work in 2013-2015 are the following:

- Development of communication health and TB awareness-raising among healthy population
- MDR, XDR-TB
- TB and HIV/AIDS
- Prison health care

## **Karelia**

Continuing the discussion of the problems related to HIV and TB, *Mr. Andrey G. Mikhailov*, Head of organization of medical care department of the Ministry of Health and Social Development of the Republic of Karelia, emphasized that the problem of HIV and co-infections is relevant to the healthcare of Karelia as well. 13 cases were registered in 2012, in 2013 (not the whole year) – 8 new cases.

In the Republic of Karelia there is a tendency of reducing the overall TB incidence, but without reducing the neglected forms of TB; the share of patients with MDR and XDR TB is increasing; an increase in the mortality rate from tuberculosis with multi and extensively drug-resistance.

To solve these problems it is important to enhance the role of primary health care (early detection) and to optimize the process of interaction with the prison system.

A challenge is the stigmatization of the infected and how to maintain communication with them and their families.

## **Norway**

*Ms. Vibeke Gundersen* from the Ministry of Health and Care Services commented that keeping in mind the JWGHS is a joint working group, it was very positive that both Sweden and Russia, in addition to Norway, were represented on both regional and national/federal level at the meeting.

She informed that the Minister of Health and Care Services had taken part in the conference Arctic Frontiers in Tromsø in January. In his speech he underlined that health is an integral part of the collaboration in the High North (which includes the Barents Region) and being able to provide good conditions for a healthy life is a precondition for human activity and thereby development of all other sectors.

Norway further commended the work of the TB-Programme Steering Committee and thanked Sweden for co-chairing it. Russia and Norway have provided administrative resources for the development of the programme, and some administrative contribution from Sweden in the form of a coordinator of the Barents TB-Programme Steering Committee would be highly welcome.

In the end, Norway welcomed the collaboration on non-communicable diseases and saw the collaboration between the NDPHS and the JWGHS as fruitful in this respect.

*Mr. Oddvar Larsen* from the Northern Norway Health Authority informed that the building of the new hospital in Kirkenes will start in May 2014. He further informed that the Northern Norway Health Authority's agreements with Murmansk and Arkhangelsk regions were renewed in 2013. The exchange of health personnel is a priority under both agreements. The agreements are followed up in different ways, e.g., through shorter visits and internships. The agreements regarding

emergency collaboration and medical transportation across the borders need to be regularly exercised .

*Mr. Andrey Grjibovski* from the Norwegian Institute of Public Health, spoke briefly about the international projects involving NIPH. First of all, it is the Public Health Initiatives Programme (EEA Grants/ Norway Grants), in which Norway is a country-donor along with Iceland and Liechtenstein. Further he informed that a new international research project "Cardiovascular disease in Russia: strengthening the knowledge base about the causes, mechanisms, prevention and treatment" has been prepared. From the Russian side medical institutions of Moscow, Arkhangelsk and Novosibirsk will take part in the project. Foreign partners will be represented by the London School of Hygiene and Tropical Medicine, London, UK (LSHTM); University of Tromsø - Arctic University of Norway, Tromsø, Norway; Norwegian Institute of Public Health, Norway; Institute for Demographic Research named after Max Planck, Rostock, Germany; University of Oulu, Oulu, Finland; University College London, London, UK. And finally, another project that was mentioned, "Registration of road traffic injuries related to alcohol and drug use, in the Murmansk region and Finnmark, development of proposals on risk reduction". Preparatory work is underway. To start the project is planned in autumn 2014.

## **Finland**

*Ollie Kuukasjarvi*, Ministerial Adviser, Finnish Ministry of Social Affairs and Health, informed on the national reform of the health care system and social welfare in Finland. The old system was formed in the 80-ies of the last century, so it has become outdated and expensive. In addition, the population in Finland is ageing. Due to this, it is planned to reduce administrative districts. In March 2014, the Government agreed with the opposition that the country will be divided into 5 districts (social and welfare districts), and this, in turn, would entail changes in the structure of rendering medical and social assistance to the population. It is a difficult political process, which might be completed by 2017.

## **Sweden**

On behalf of Sweden information was presented by *Ms. Karin Berlin* from the Ministry of Health and Social Affairs, Government Offices of Sweden. She said that in Sweden a great reorganization of medical agencies has been carried out; several medical institutions amalgamated and formed the National Agency of Public Health in January 2014.

Medical services in Sweden are decentralized. And nowadays there are suggestions to centralize some medical services. *K. Berlin* noted that in September there will be political elections, and, in the so-called "transition period", no significant initiatives will be undertaken till then.

Region Västerbotten was represented by *Ms Anita Helgesson* who presented her role and the role of Region Västerbotten within the field of health care and public health. Some topics high on the regional and national agenda are coordination among different care givers and authorities; research development

and learning; mental disability, and most sick and vulnerable elderly. Västerbotten has a HIV and Ms Helgesson made reference to the national HIV and TB strategy and explained that the action plan is being implemented and integrated at regional level. A lot of attention is being paid to evidence based methods to achieve results. Ms Helgesson also explained the region's experience of international cooperation and particularly within the framework of the northern periphery where projects focusing on, for example, telemedicine for elderly; health care services in remote areas (information transfers, training, etc).

## **Moscow**

The floor was given to *Mr. Eduard R. Salakhov*, from the Ministry of Health of the Russian Federation, for a final word. E.R. Salakhov stressed that the Ministry of Health of the Russian Federation supports active cooperation in the health sector on international platforms and carries out work on international activities' coordination on federal and territorial levels.

The main priorities in healthcare, on both federal and territorial levels, are: combating infectious diseases, including problems related to socially significant diseases (HIV/AIDS, hepatitis, tuberculosis, etc.) among decreed and risk groups, as well as problems of pathogens' drug resistance; prevention of non-communicable diseases; comprehensive solution of the problem with addiction (alcoholism, tobacco addiction, drug addiction); solving problems on providing timely and quality medical care in full amount, including improvement of primary medical care organization.

The Ministry supports the principle of active involvement of society in the decision making on their health protection and maintenance: professional associations and public organizations, including non-profit non-governmental organizations, and business sector organizations. This cooperation should be based on constructive partnership and be aimed at solving those tasks on ensuring the health among population, solution of which is the most effective within the cooperation.

## **Any other business and next meeting**

No other issues were discussed.

The next meeting will be hosted by Sweden. The time and place will be determined later.

## **Closing of the meeting**

Mr. Roman V. Moskvin thanked the participants for their active work and declared the meeting closed.