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# HIV/TB and Infection Control in Prisons

*Group 4*

(Azerbaijan, Moldova, Kazakhstan, Kyrgyzstan,  
Belarus, Latvia, Russia, Ukraine, Tadjikistan,  
Turkmenistan, Uzbekistan,  
International organizations, NGOs)

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# Achievements

- Prisons part of NAP and/or NTP
- Rapid tests (MGIT) and other tests
- Availability of DOTS, DOTS+ and/or ART, and/or MST/NSP
- Cooperation with MOH
- Continuity of care (follow-up)
- Decriminalization of drug use (penal code and legal reforms)
- Integrated M&E (joint MOJ-MOH)



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# Challenges

- Inadequate Infection Control measures
- Outdated and/or missing equipment
- Temporary Detention Sites (duration, initiation and continuity of treatment)
- Treatment of new TB cases within pre-trial detention sites
- Contracting of services from public sector for fees
- Scarcity of money
- Shortage of staff (unfilled positions)
- Poor coordination across and integration within ministries
- Verticality of HIV and TB programs
- Inadequate 'attention' given to health units within prison system
- Atypical evolution of TB in PLHIV (need to have a medical board to decide and do 'cultures' as well)



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## Existing Infection Control measures

- Early detection of TB and/or HIV at detention and during detention
- Separation of patient flows by forms of TB (smear -/+ , MDR/XDR, diagnosed) and/or type of detention
- Isolation of MDR patients refusing treatment
- PPE (respirators, disinfectants)
- U/V, air flow



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## Role of NGO

- Psycho-social support (e.g. food parcels) during detention and after release
- Liaison between prison and civil sector
- Advocacy
- ID cards / passports
- Fund-raising
- Rehabilitation



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# Recommendations

- Reduce default rates through social and psychological support, including civil sector
- Improve IC
- Strengthen cooperation across ministries (w/ MOH)
- One-stop approach (NSE/MST/DOTS/DOTS+/ART)
- Improve funds allocations
- Cross-sector approach
- Capacity building in HIV/TB management
- Include culture investigation for PLHIV and/or HCV infection
- CD4/8 counts and PCR at least once every 6 months
- IPT – debatable, IPT+immunomodulators combinations
- Improve detention conditions
- Ensure uninterrupted access to HIV/TB drugs and reduce the time lag between order and shipment of drugs (GF)



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## Additional Actions for Scale-up

- Transparency of prison system for the civil sector (M&E, access)
- Country-tailored 'models' for health service management
- Need for further dialogue (joint group of experts to discuss the issues)
- Reconsider priorities (funding etc.)
- Have WHO work directly (not only through the MOH) with health services of other ministries / prisons
- Prison staff protection (new cases among personnel etc.)
- Involvement of social support assistants (Govt., NGOs etc.)
- To avoid over-diagnosis of TB (suspects), have a medical board examine each TB patient.



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# Notes for WHO

- Consider PHC within prisons (comprehensive approach to prison health)
- More forums for discussions for experts
- Political commitment from country leadership and follow-up
- Russian versions of guidelines/recommendations etc. available sooner
- Sharing experience with 'best practices' from other countries
- Improve the work of HIV and TB coordinators country-wide
- Capacity building in HIV/TB management
- IPT efficiency / feasibility (WHO expert opinion)
- Meeting for high-level non-medical officials from prison system
- Recommendations for integration of prison health in civil sector