



European  
AIDS Treatment  
Group



Prisoners:  
HIV and access to care and treatment

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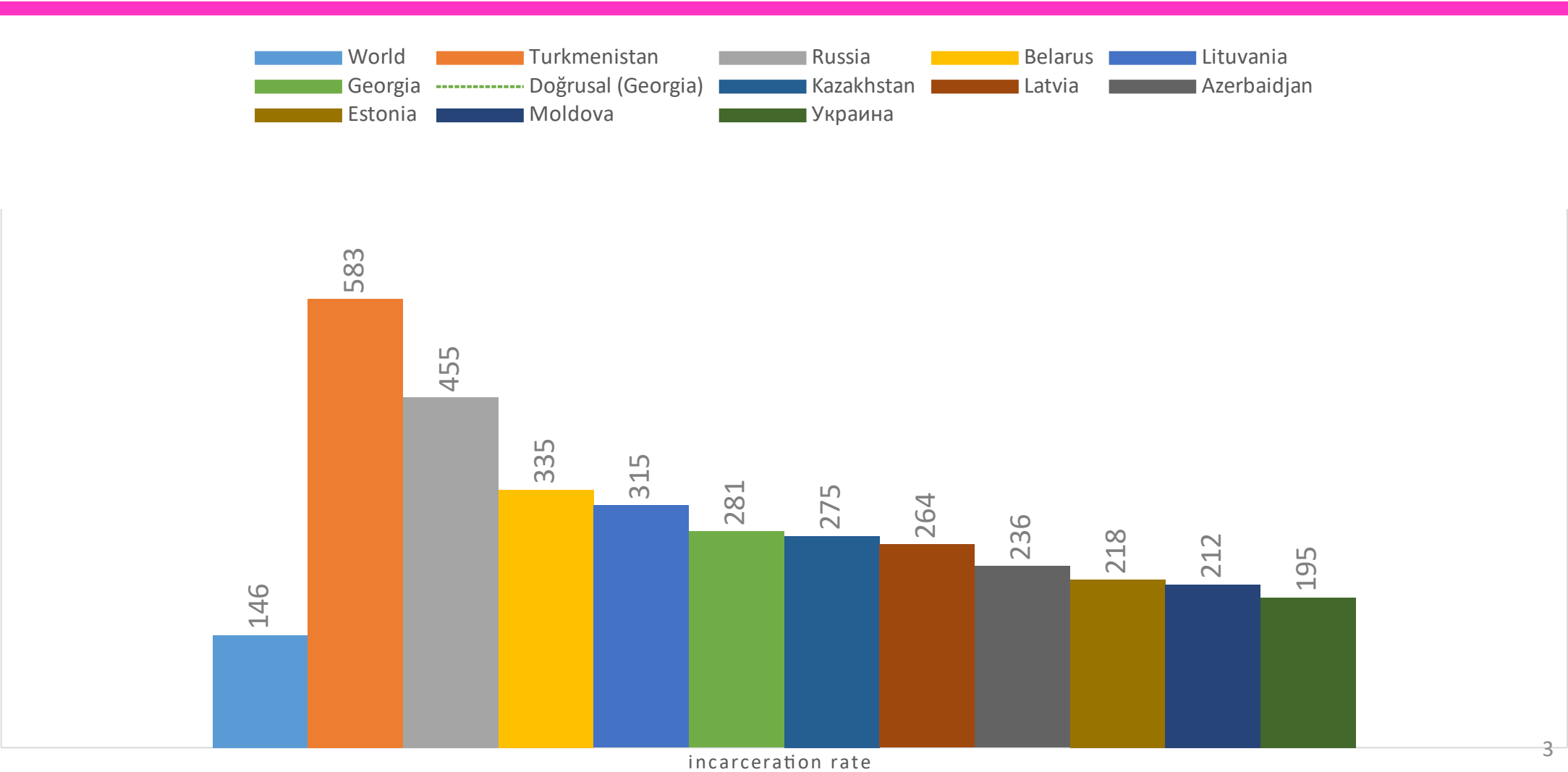
# HIV in EECA region

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- EECA is now the only region where the number of new HIV infections has increased annually, from 120 000 to 190 000 between 2010 and 2015, resulting in the number of people with HIV increasing from 1,0 million to 1,5 million in the same period.
- Although new WHO guidelines recommend treatment for all people living with HIV irrespective of CD4 count, coverage with antiretroviral therapy in the region is from 4 to 50% (2015)
- Prison population includes all vulnerable groups: sex workers, MSM, PWUD as a result criminalization of risk behavior.
- High prevalence of HIV, Hepatitis C and B, tuberculosis in prisons

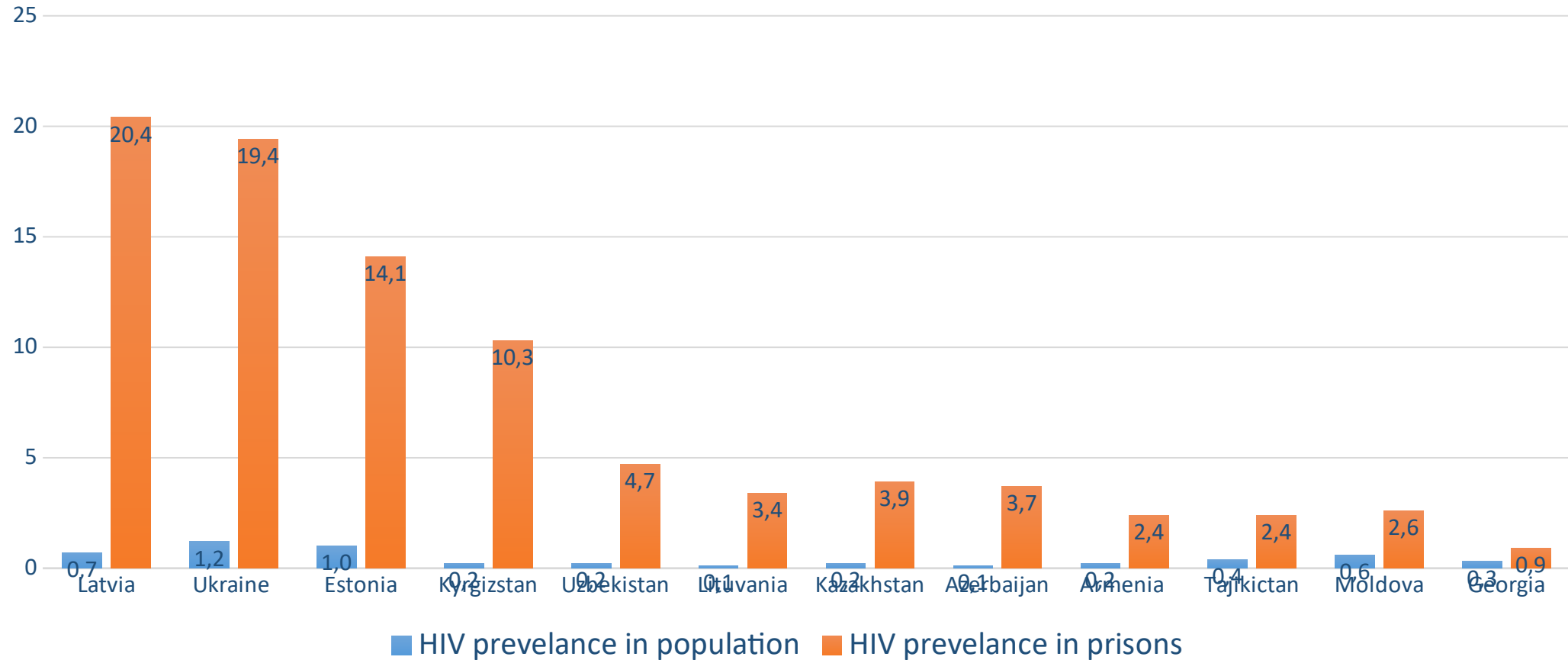
# Incarceration rate (per 100 000 population) in EECA region (2015)

(Altice FL, Kamarulzaman A, Soriano VV, Schechter M)



# HIV prevalence among inmates and at population in EECA region (%) (2015)

(Altice FL, Kamarulzaman A, Soriano VV, Schechter M)



# Prisons in EECA region

Inheritance of soviet system:

- Old-fashioned buildings
- Lack of personal:
- Medical staff – 2-3 MDs per 600-1000 inmates

Psychologist – 2 – 3 per 1000 inmates

Specialist – 1 per 100 – 200 inmates

- Prison is not a 5 –stars hotel, but inmates must have appropriate conditions, food, medical and psychological services**







2003/01/01 14:09:00





Prison TB hospital Russia, Siberia







# The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)

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## Rule 24

- 1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.
- 2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

# Problems and barriers to HIV- care in prisons in EECA countries: TESTING

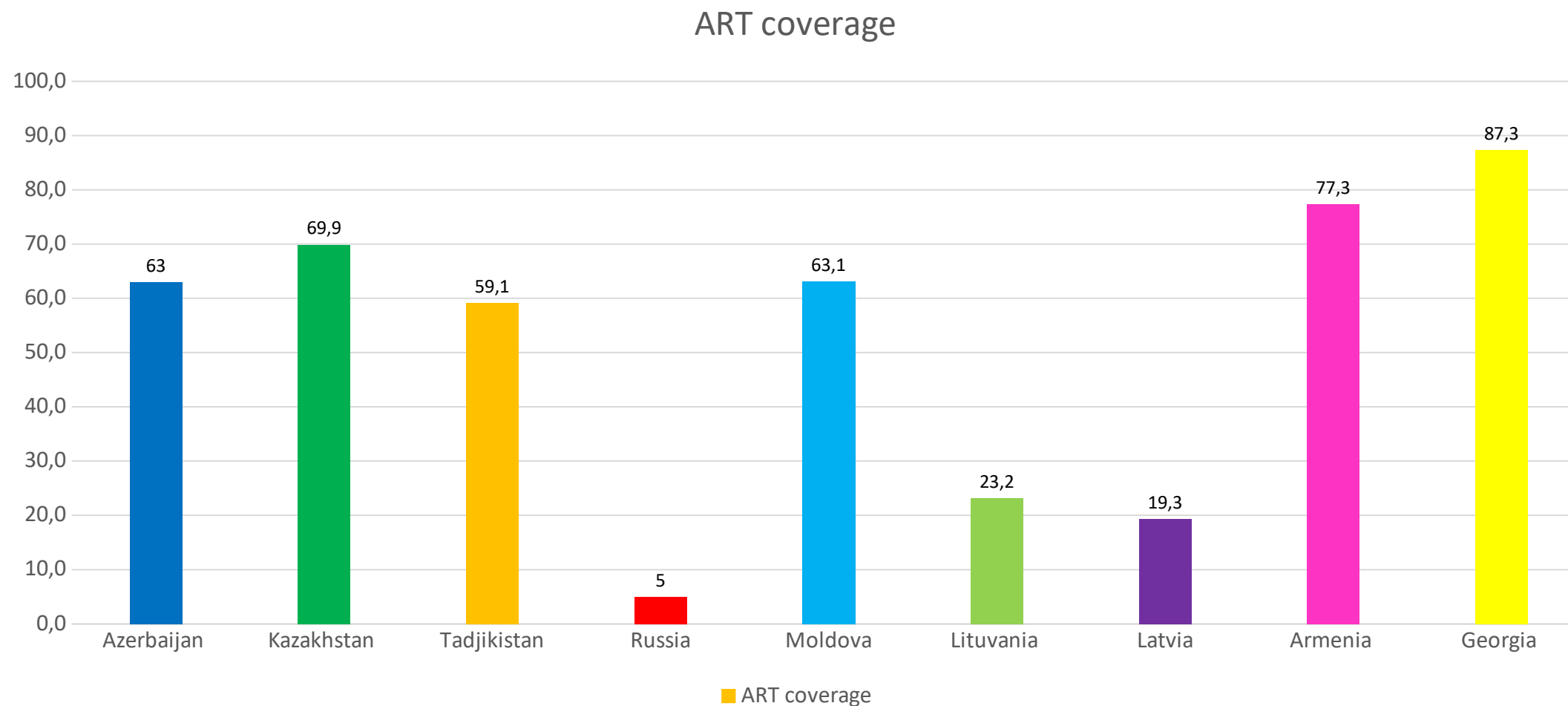
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- Limited access to HIV testing in society: people who have conflict with law, are usually “hard – to – access” group
- More then 50% inmates received counselling and were tested first in prisons in Ukraine and Kyrgyzstan
- Quality of VCT is not standardized in different settings
- Sometimes HIV testing is not voluntary
- Some inmates refuses testing, especially if knows HIV status



# ART coverage in prisons, % (2015)

(Altice FL, Kamarulzaman A, Soriano VV, Schechter M)



# Problems and barriers to HIV- care in prisons in EECA countries: TREATMENT

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- ART coverage – 5-70% in prisons in EECA region (2015)
- Providers of care in EECA region – MDs of penitentiary system. As result – decreasing of confidence, adherence problems.
- TB epidemic in prisons: inappropriate infection control, restricted access to modern screening, diagnostic, lack of adherence to TB treatment, low motivation to receive IPT among inmates;
- Limited Access for Hepatitis C and B treatment
- Lack of cooperation between prisons and public health
- No one EECA country has data on ART retention after release



# HIV care for inmates in Ukraine (2016)

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- Medical staff trained on VCT, ART , TB treatment
- ART is available at all regions of Ukraine
- 01.01.2017 p.
  - 3730 HIV + inmates (6,13% of prison population)
  - 2243 of them received ART (60%).
  - Access to VL - 2806 on ART; 1826 without ART
- NGOs are implementing care and support projects in prisons

# NGO's support (1<sup>st</sup> part of 2017) coverage – 146 settings

## **prevention**

- 3971 inmates (2282 women)  
received prevention services

## **Social support**

4814 inmates (507 women)



# What we have to do?

## **Advocacy**

- Decriminalization of risk behavior
- Access to HIV, TB and hepatitis C treatment
- Medical care must be conducted by public health institutes to guarantee quality of care before and after release
- Educational program for staff targeted at stigma and discrimination

## **Intervention for inmates**

- Psychological and social support
- Patients education
- Involving into treatment programs
- Management of side effects
- Popularization of IPT

# Literature

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- Altice FL, Kamarulzaman A, Soriano VV, Schechter M, Friedland GH. Treatment of medical, psychiatric, and substance-use comorbidities in people infected with HIV who use drugs. Lancet 2010; 376: 367–87.
- United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)([http://www.un.org/ru/documents/decl\\_conv/conventions/prison.shtml](http://www.un.org/ru/documents/decl_conv/conventions/prison.shtml) )
- Azbel L, Wickersham JA, Grishaev Y, Dvoryak S, Altice FL. Burden of infectious diseases, substance use disorders, and mental illness among Ukrainian prisoners transitioning to the community. PLoS One 2013; 8: e59643.
- Azbel L, Wickersham JA, Grishaev Y, Dvoryak S, Altice FL. Correlates of HIV infection and being unaware of HIV status among soon-to-be-released Ukrainian prisoners. J Int AIDS Soc 2014; 17: 19005.
- “HIV in Ukraine” Information bulletin # 47