

Project: Ensuring relevant authorities act to contain the HIV/TB/Hepatitis C epidemics among drug users and in prison settings in Albania, Serbia and the FYR of Macedonia

REPORT

Background

The rates of HIV, tuberculosis (TB) and hepatitis C and B infections among prisoners in most countries of the world are significantly higher than those in the general population. HIV/AIDS, sexually-transmitted infections (STIs), hepatitis, and TB are significant health threats to prisoners, prison staff and their families and burdens for prison and public health authorities and governments. Despite these public health challenges, responses to HIV/TB/Hepatitis C and other infectious diseases are rarely adequate or are not provided at all in prison settings (UNODC, 2010).

The project “**Ensuring relevant authorities act to contain the HIV/TB/Hepatitis C epidemics among drug users and in prison settings in Albania, Serbia and the FYR of Macedonia,**” implemented by EHRN and UNODC in December 2011 – February 2012, aimed to increase access to comprehensive HIV/AIDS, hepatitis C and tuberculosis (TB) prevention and care services for injecting drug users and in prisons in **Albania, Serbia and the FYR of Macedonia.**

	Albania	Macedonia	Serbia
Country population:	3.2 million in 2010 (EMCDDA, 2012)	2 million in 2010 (EMCDDA, 2012)	7.3 million in 2010 (EMCDDA, 2012)
Prison population:	4.689 in 2010 (ICPS, 2012)	2.329 in 2010 (ICPS, 2012)	12.000 in 2010 (ICPS, 2012)
Estimated number of IDUs			
- in the country:	4.500-5.000 in 2009 (EMCDDA, 2012)	15.000-20.000 in 2010 (Mikik & Kuzmanovska, 2011)	12.500-25.000 in 2010 (EMCDDA, 2012)
- in prisons:	12% of prisoners inject drugs while in prison (Boci, et al., 2011)	24% of prisoners use drugs in prisons in 2009 (EMCDDA, 2012)	40.9% of prisoners reported sharing needle/ syringes (Krstic, Vasic, Terzic & Lockic, 2010)

	Albania	Macedonia	Serbia
HIV/HCV/TB prevalence			
- in the country:	478 HIV cases (cumulative number) in 2011, less than 1% among IDUs (Boci, et al., 2011; Ministry of Health, 2012; Pompidou Group, 2010). HCV prevalence low in general population (0,99-1,2%), but high among IDUs – 29,2% (EMCDDA, 2012). TB incidence is 13 new cases per 100.000 people (National Tuberculosis Program Albania, 2009)	134 HIV cases in 2010, 9% of them among IDUs). HCV prevalence among drug users is 70% (Mikik & Kuzmanovska, 2011). Incidence of tuberculosis was 0.31‰ (627 cases) in 2006 (Ministry of Health of the Republic of Macedonia, 2007).	2.593 total HIV cases by end of 2010 (EMCDDA, 2012). In 2010 145 new HIV cases, 4% among IDUs (IPH of Serbia, 2011). 87 acute and 462 chronic cases of HCV reported in 2010 (EMCDDA, 2012). Prevalence among IDUs is 77.4% (EMCDDA, 2012; Mickovski, 2010). TB incidence is 20.9/100000 in 2009 (Institute of public health of Serbia "Dr Milan Jovanovic Batut", 2010).
- in prisons:	There are no official numbers describing the situation regarding HIV, HCV and TB in prisons. 4 HIV positive cases (cumulative), 3-4 HCV infections and 7-8 cases of tuberculosis are diagnosed each year (field workers).	There are no official numbers describing the situation regarding HIV and HCV in prisons. In 2010, 4 patients with AIDS were reported. No HIV testing turned out to be positive in the last 5 years (NGO HERA). In 2002, the incidence of TB was 1.434‰ among prisoners (Ministry of Health of the Republic of Macedonia, 2007).	The estimated number of people living with AIDS was 5.100 in 2010, with inmates representing 0.13% of them (UNODC, 2011). 1.570 HCV infected persons were reported in the 2010 Annual Report on prison administration operations. TB estimated incidence rate in prison is 100/100,000 (National TB Committee of the MoH).

The project:

1. Assessed policies and training needs of service providers in the field of HIV, hepatitis C and TB prevention in prisons (through country missions and document review);
2. Developed action plans to support the countries' efforts to address gaps identified;
3. Established Technical Working Groups (TWGs) in each country to implement the action plans on improvement of HIV, hepatitis C and TB prevention measures in prison settings.

The project's integral part was the collaboration between governmental and civil society stakeholders.

Two highly qualified, experienced and acknowledged **consultants** in the field of prison health – Ms. Catherine Ritter and Mr. Heino Stöver – were instrumental in the project implementation. Activities in the countries were implemented in cooperation with non-governmental organizations active in the field of harm reduction and prisons:

Albania	Macedonia	Serbia
STOP AIDS www.stopaids-al.org	Healthy Options Project Skopje (HOPS) http://www.hops.org.mk	NGO Veza http://www.ngoveza.org.rs

Results of the project

- ***The assessment of country and prison-related policies resulted in a number of findings and recommendations for action:***
 - Introduce policy and legislative changes, and increase political will for harm reduction measures, such as needles and syringes, safe tattooing equipment (all countries).
 - Develop close working links in health care delivery between Ministry of Justice and Ministry of Health so as to ensure high standards of treatment, protection for personnel, joint training of professionals in modern standards of disease control, continuity of treatment between the penitentiary and outside society, and unification of statistics (see also WHO 2003). In the long run transfer health care services from jurisdiction of Ministry of Justice to Ministry of Health; and improve collaboration between field professionals, civil society and decision makers (all countries).
 - Develop harm reduction programs in prisons according to the proposed strategies in the Comprehensive Package of the UNODC (2009; all countries).
 - Develop clear and detailed protocols and standards giving a practical guidance for HIV; hepatitis, tuberculosis and substitution treatments in prisons. This is particularly necessary when there are multi-professional staff teams working together, in order to provide consistent quality of services. The protocols need to be developed according to international evidence-based standards and national guidelines.
 - Substantially increase access to long term OST, with a clear protocol, sustained financial coverage and associated psycho-social support. Ensure sustainability of OST for prisoners (Albania, Serbia).
 - Increase anonymous, confidential and low threshold access to condoms and lubricants (all countries).
 - Improve HIV and HCV testing, prevention and treatment services; and improve/introduce screening of TB in prisons (Albania and Macedonia).
 - Improve measures to protect prison staff (hepatitis B vaccination for example) in all countries.
 - Consider introducing post exposure prophylaxis (PEP) in all countries, which is unavailable at the moment.
- ***The assessment of training needs concluded that in all three countries both prison staff's and prisoners' capacity should be built in a number of areas:***
 - Training should focus on HIV, hepatitis B and C, and TB prevention, treatment and care to ensure continuity of harm reduction interventions and has to be delivered to prison staff, administrators and health professionals.
 - As social rehabilitation programs are generally lacking in prisons, special emphasis on social skill training and relapse prevention (especially with regard to overdose prevention) is also required.
 - The trainings should be systematic and regular, incorporated into curricula for prison staff in prison staff school and other educational systems where appropriate. Special attention should be paid to new staff. Police officers also need to be included in HIV prevention trainings, in particular if they are in contact with drug users.
 - Prisoners' health education in HIV, HCV and TB has also been identified as a key area.
 - Furthermore the organization of a conference on prison health for community and prison professionals, and NGO representatives, has been considered as useful to exchange experiences and knowledge.

- **The Technical Working Groups (TWG)** were established in Albania, Macedonia and Serbia to:
 - Ensure **cooperation between government and civil society** – TWGs are led by one governmental and one civil society representative, include representative of both sectors.
 - **Lead advocacy and introduction of policy changes** to increase access to HIV, HCV and TB prevention in prison settings.
 - **Ensure optimization of national efforts on prison issues** by coordinating activities between other national strategies (e.g. National AIDS or TB Strategy) and links between them. For example, in Macedonia the added value of the Technical Working Group is connecting the other committees – working on National HIV Strategy, National Drugs Strategy and National Health in Prisons Strategy – through having participants from all 3 committees. Thus the TWG will be well positioned to coordinate HIV, HCV and TB prevention issue is relevantly and consistently addressed in all 3 national strategies.
- **National nongovernmental partner organizations** (STOP AIDS/ Albania, HOPS/ Macedonia, Veza/ Serbia) increased their capacity to work with government and other stakeholders in the field of prison health/ HIV, hepatitis C and TB prevention in prisons, including expanding and strengthening connection with various stakeholders.

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