

Training “Integrated HIV, TB and drug dependency services prisons” in Tiraspol (2-4 August 2017)

Introduction

Consultant: Heino Stöver, Prof. PhD (Frankfurt/Germany); **Organisational Section/Unit:** UNODC PO Chisinau, Moldova; **Name and title Supervisor:** Ina Tcaci, National HIV/AIDS Officer, Moldova and Monica Beg Chief HAS; with the assistance of Svetlana Doltu, PhD (Chisinau/RM)

The consultant was the main facilitator of the training for CSO, health and prison specialists working in TN prisons. The training provided an overview of the best practice in terms of treatment, and integration of HIV, TB and drug dependency services in prisons. Dr. Svetlana Doltu supported the consultant during the training.

Background

According to UN Secretary General Special envoy on HIV/AIDS, Prof. Kazatchkine, TN regions has of the most fragile epidemics in terms HIV and the highest burden of MDR-TB in the world. Most of the epidemics is concentrated amongst PWID and people in prisons. The 3rd Millennium Development Goals Report states that Moldova has failed to fulfill the MDG6, with regards to HIV and TB. Transnistria counts for about 1/3 of the total number of HIV cases and HIV related deaths reported to date by the RM, and for almost half of all AIDS cases, being indicative of late diagnosis and delayed access to care.

Estimates show that out of the key populations (PWUD, MSM, SW), only about 5% are covered with testing, treatment, care and support programs. Furthermore, people who inject drugs do not benefit from one of the most essential prevention and treatment program, such as medically assisted treatment with Methadone. There are also increasing concerns regarding practices of compulsory and forced medical treatment combined with detention against people suffering from alcoholism and drug dependency. The intention to designate one hospital facility for involuntary isolation and treatment for certain categories of TB patients might discourage potential cases from seeking examination and treatment, undermining the ambition to detect and start treatment as early as possible.

This capacity building exercise built on the existent knowledge of the specialists working in prisons and contributed to the further cohesion and integration of HIV services. Furthermore, during the training specialists from prisons, CSOs and healthcare system were brought together which should further enhance and encourage cooperation. The consultant used, UNODC Moldova Assessment report on the Comprehensive package of services for HIV prevention, treatment and care in prisons TN (2017), also UNODC, ILO, UNDP, WHO and UNAIDS recommendation with regards to the Comprehensive package of service to HIV prevention in prisons, making use in the same time of the UN Standard Minimum Rules for the Treatment of Prisoners, Mandela Rules, 2015 and UN Human Right framework.

The agenda has been commonly elaborated with Ina Tcaci, National HIV/AIDS Officer, Moldova. (see attachment).

In conducting the training, Prof. Heino Stöver was assisted by the national consultant with a wide experience in organizing and providing services in Moldovan prisons, Dr. Svetlana Doltu. Mrs. Doltu was very instrumental in presenting epidemics situation in prison from EE, helping in organizing group work and providing complex answers to questions asked by the participants.

The presentations in Russian of the consultant have been given to the participants of the training via a memory stick. Furthermore other key materials have been included (WHO Guide: Prisons and Health – in Russian; www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf).

Other Russian speaking material has been offered to the participants.

A feedback form has been elaborated and filled in by the participants and given to Ina Tcaci, National HIV/AIDS Officer, Moldova in order to assess the quality of the training and future demands.

Results

The specific tasks of the consultant have been achieved completely:

1. Organize and provide support to UNODC for the organization of the 3 day local training
2. Provide the final program and the list of materials for the training;
3. Fully conduct the training;
4. Provide short presentations that are designed to provide some background material that will build up on specific knowledge of health practitioners with regards to evidence based approaches to drug treatment, HIV prophylaxis and TB treatment and assistance.
5. Work in a team with the local UNODC HIV/AIDS Officer and UNODC HIV Section;
6. Submit evaluation and common final consultancy report

The audience consisting of 22 people from different backgrounds was very attentive, active and willing to work in working groups and contribute experiences in the plenary.

22 participants had the following backgrounds:

- 8 medical staff from prisons, left bank
- 6 representatives from health (HIV, TB and drug dependency), left bank
- 8 NGO representatives from both banks of Nistru river, all working in HIV, TB, drug dependency and partly with prisons

Results

It became clear that this training could only be a first step towards an improvement of HIV/AIDS/hepatitis/TB services.

The dialog between training participants, including health, prisons and NGO specialists was launched. During group work and practical exercises dialog and cooperation between different stakeholders was promoted, while identifying major bottlenecks and issues for improving communication and integration of services.

The training gave the opportunity to involve former prisoners and integrate their view. Definitely they have a say and this voice needs to be included in future planning.

It became clear that further work needs to be spent on the development of Standard Operating Procedures (SOPs) in order to get the HIV/AIDS, hepatitis and TB – related topics properly described and structured. At the moment it seems that much of the work being done in the prisons is dependent on the specific person operating services. If people leave there is a huge gap and a brain drain.

Therefore the trainer introduced a SOP on HIV testing and counselling (HTC) as an example of how SOPs for Transnistria could look like (see presentation and word document).

3 other SOPs have been introduced:

- condom provision (the respective guideline also contains prison-based needle exchange etc., but in the SOPs we solely concentrated on condoms)
- integrated TB-HIV care
- and ART

Furthermore it became clear that the work being done needs monitoring and evaluation, otherwise it will not be made visible and will not attract the awareness of key stakeholders. Means and techniques for that need to be developed or adopted from other sources and contexts.

Also, meetings of various prisons stakeholders should be organized on a regular basis. It became obvious during the training that communication between various actors could improve cooperation and service delivery. Regular, quarterly or bi-annual trainings, technical working meetings, round table, info-sessions for staff and seminars could build on the group cohesion of the stakeholders and serve as a ground for improved services delivery in prisons.

Many of the insights of the report “Comprehensive Package of Services for HIV Prevention, Treatment and Care in Prisons - Assessment Report based on visits to two incarceration facilities and Recommendations to effectively address the need for a comprehensive response to HIV and AIDS services in prisons located in Tiraspol and Glinoe“ could be confirmed.

The trainer tried to make clear that lots of patient-oriented support is not a matter of a lack of finances but a problem of attitudes. The perception of criminal offenders, the widespread attitude of the nature and character of punishment are the main obstacles of delivering adequate health care services, based on the principle of equivalence.

The knowledge hub www.harmreduction.eu will soon be translated into Russian and will serve the participants as a valuable source of materials and documents.
