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MONITORING AND EVALUATION OF HIV/AIDS PREVENTION ACTIVITIES WITHIN THE SYSTEM OF THE MINISTRY OF INTERNAL AFFAIRS OF UKRAINE

‘It has been rather often said recently that police performs some or other actions unlawfully and that the situation is becoming worse continuously’, Anatolii Mohyliov pointed out. ‘Therefore we have at this meeting¹ discussed general approaches to and ways of addressing this problem. However, it should be taken into consideration first of all that police workers communicate permanently with socially disadvantaged population groups having health problems. These are those we detain, among them being also drug addicts, HIV-positive ones, alcoholics and persons with no fixed abode. That’s why the state of health of our staff is a concern to us’.

Anatolii Mohyliov, ex-Minister of Internal Affairs of Ukraine,
31.03.2011, press conference² at the MIA of Ukraine

Introduction

In the context of increasingly greater recognition of importance of performance monitoring and evaluation of the National Programme to Secure HIV/AIDS Prevention, Treatment, Care and Support for 2009-2013 (hereinafter referred to as the Programme), approved by a Law of Ukraine³, a need has arisen to monitor and evaluate the measures taken by central executive authorities, particularly by the Ministry of Internal Affairs. This study is based on qualitative and quantitative strategies of the Ministry’s performance evaluation, and comprises a regulatory framework review, examination of curricula and service training programmes for IAB staff, and a summary of reports on implementation of the measures provided for by the Programme.

At present, Ukraine has in place national indicators to monitor and evaluate efficiency of measures that ensure the HIV/AIDS epidemic status control⁴. Unfortunately, the Ministry of Internal Affairs is not on the list of the central executive authorities performing such evaluation although the MIA system includes special institutions that can be described as imprisonment sites, particularly temporary detention facilities, juvenile reception centres, temporary reception facilities for foreigners. Therefore, when the MIA’s policy on HIV/AIDS prevention was assessed, elements of national indicators were indirectly used, namely those related to availability of the Ministry’s general strategy aimed at developing information, education and communication of IAB personnel on HIV/AIDS matters, as well as implementation of

¹ The board meeting of the Prosecutor-General’s Office of Ukraine 30.03.2011 that addressed some matters concerning unlawful actions taken by militia staff http://www.gp.gov.ua/ua/news.html?_m=publications&_t=rec&id=72169&fp=1111

² <http://mvs.gov.ua/mvs/control/main/uk/publish/article/515708>

³ Law of Ukraine on the Approval of the National Programme to Secure HIV/AIDS Prevention, Treatment, Care and Support for 2009-2013. – /Vidomosti Verkhovnoi Rady Ukrainy (BBP), 2009, № 27, p. 353.

⁴ Order by the Ministry of Health of Ukraine dated 17.05.2006 № 280. Access to electronic resource: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z1004-06>

other activities to protect health of the police workers at high risk of being infected in the course of performing their official duties. Another important indicator in promoting HIV/AIDS spread prevention consists of the MIA's attitude to the policy aimed at enhancing the most vulnerable groups' access to the most important prevention means and goods, particularly injecting drug users' (IDUs') access to substitution therapy or syringe exchange programmes, or commercial sex workers' (CSWs') access to free-of-charge condoms.

Besides, considering a multifaceted nature of the question concerning the need of pursuing a special policy on information of internal affairs bodies' personnel concerning HIV/AIDS, and the need for taking account of specific features of persons living with HIV/AIDS (PLWH) in the course of law-enforcement activities, the study reviews as a separate unit the human rights observance aspect. It includes, inter alia, availability of departmental regulations protecting PLWH or representatives of population groups vulnerable to HIV/AIDS (sexual minorities, CSWs, IDUs) against discrimination, provision of access to substitution therapy programmes for detained IDUs, adherence to ethical rules, ensuring confidentiality in finding out or confirming HIV status during investigation of criminal cases, inspections at detention, etc.

No less important is the matter of ensuring safety at the workplace or, as projected on police staff, in performing official duties both concerning public order protection and operational search operations, preventive measures, and investigative activities.

1. Analysis of the departmental regulatory framework on HIV/AIDS prevention among personnel of internal affairs bodies

Monitoring of the departmental regulatory framework available for public use⁵ showed the Ministry of Internal Affairs had issued its regulatory documents on HIV/AIDS prevention since 1998. They generally concerned organization of work on HIV/AIDS prevention among personnel, organization of implementation of the Cabinet of Ministers of Ukraine resolutions approving state programmes of HIV/AIDS prevention. At the same time, there were no separate ministerial regulations dealing with the rules of police staff's behaviour in the situation of a contact with a HIV-infected person, or compliance with safety measures when performing official duties. The same way, there are no clear instructions on the procedure of securing and unreservedly observing the rights of HIV-infected persons involved in criminal procedures i.e. detained, arrested and kept in the system of internal affairs bodies.

In April 1998, all regional units of internal affairs bodies were sent the Letter by the MIA of Ukraine No. 2306/Tp (1998) *On HIV/AIDS prevention among personnel of the MIA of Ukraine*, signed by Deputy Minister O. Tereshchuk. The letter instructed the unit heads to appoint in all subordinate healthcare facilities for MIA personnel, with an order, a medical worker-advisor on HIV/AIDS, to specify his operating procedure, and

⁵ Restricted regulatory documents were not studied.

to provide conditions for securing confidentiality of information on outcomes of medical examination and HIV testing. Besides, regional unit heads were to provide personnel with access to HIV/AIDS counseling first of all for persons wishing to undergo HIV testing.

In October 1999, the Letter by the MIA of Ukraine No. 5847/Дг (1999) *On further HIV/AIDS information and education work among personnel of the MIA of Ukraine*, signed by Deputy Minister Yu. Dahaev, was circulated to regional units. In the letter, referring to a previous MFA letter and considering the facts of HIV infection finding among personnel, the Ministry management required the unit heads to secure awareness-raising activities on the prevention of HIV/AIDS and sexually transmitted infections.

At the same time, it should be pointed out that the following joint MIA/MoH orders were valid before 2000:

On the approval of the Guideline on healthcare service support for to persons detained in pre-trial centres and execution facilities of the MIA of Ukraine, No. 160/140 of 14.06.1993;

On amending and supplementing the Guideline on healthcare service support for persons detained in pre-trial centres and execution facilities of the MIA of Ukraine approved by the MIA/MoH Order No. 160/140 of 14.06.1993, No. 611/275 of 11.09.1997.

Besides, there was the Order by the MIA of Ukraine, the MoH of Ukraine, and the National Committee on Prevention of Drug Addiction and AIDS, No. 312/165/46 of 18.05.1997 *On the approval of the Procedure of medical examination and HIV testing of persons detained in preliminary confinement and correctional facilities of the MIA of Ukraine, and of the conditions of detention of HIV infected ones from among those persons*.

However, since the State Department of Ukraine for Execution of Penalties was established in March 1999 and withdrawn from the MIA subordination, the above-mentioned orders ceased to be in force.

In November 2001, the MIA issued the Executive Order No. 453 *On organizing the implementation of the Cabinet of Ministers of Ukraine Resolution No. 790 of 11 July 2001*. According to the document, MIA structural units (only the Ministry's central machinery was meant) had to take measures aimed at organizing the implementation of the above-mentioned governmental resolution.

In January 2003, the Ministry circulated to regions the Direction No. 152/АН *On the organization of HIV/AIDS prevention work*, signed by the Deputy MIA State Secretary M. Anufriev, requiring to intensify awareness-raising activities on HIV/AIDS prevention among police personnel.

On 30 March 2004, the Ministry issued the Executive Order No. 276 *On organizing the implementation of the Cabinet of Ministers of Ukraine Resolution No. 264 of 4 March 2004*. In terms of its content, it was very much like the previous

document and concerned implementation of the activities provided for in the National Programme to Secure HIV/AIDS Prevention, Care and Treatment for 2004-2008.

In the following years, no ministerial regulations related to HIV/AIDS prevention were issued by the Ministry of Internal Affairs; at least there are no such documents officially among those in the public domain.

At present, there is no joint order by the MIA and other public authorities and services concerning their interaction on HIV/AIDS prevention, like e.g. the Joint Order by the MoH, Ministry of Education and Sciences, Ministry for Family, Youth and Sports, State Department for Execution of Penalties, Ministry of Labour and Social Policy, No. 740/1030/4154/321/614a of 23.11.2007 *On measures to organize prevention of mother-to-child HIV transmission, healthcare and social support for HIV infected children and their families*⁶, or Joint Order by the Ministry for Family, Youth and Sports and the MoH, No. 3925/760 of 17.11.2006 *On the approval of the Procedure of interaction between centres of social services for family, children and youth, and healthcare facilities on various aspects of HIV/AIDS prevention*⁷. In its turn, the procedure of organizing antiretroviral therapy for HIV-infected persons and AIDS patients detained in execution facilities and pre-trial centres is specified by the Joint Order by the State Department for Execution of Penalties and the MoH No. 186/607 of 15.11.2005 *On organizing antiretroviral therapy for HIV/AIDS patients detained in execution facilities and pre-trial centres*.⁸

At the same time, it should be noted that as far back as June 2007, an interagency working group drafted a joint MIA/MoH order on approval of the Instruction on the procedure of dealing with persons using antiretroviral drugs as of their detention and incarceration. However, the order was not signed by heads of both agencies. Currently, there are only methodological guidelines entitled *HIV/AIDS and Law-Enforcement Activities* developed in 2008 by the public organization “Centre for Psychosocial Rehabilitation of Young Substance Abusers ‘Krok za Krokom’” in cooperation with the Kyiv National University of Internal Affairs with support from the Renaissance International Foundation. According to the guidelines, if a person using ARV drugs is detained for having committed an administrative offence or on suspicion of a crime for more than 3 hours or is arrested (incarcerated), a police worker shall inform a territorial healthcare facility (emergency medical service) on the fact. Actually there is currently no regulation either in the MIA or in the MoH.

2. Assessment of the Ministry of Internal Affairs activities on HIV/AIDS prevention

The first part deals with analysis of the current situation in the organization of work concerning HIV/AIDS prevention among personnel. The second part concerns certain specificities of internal affairs bodies’ operations (detention, arrest, keeping in

⁶ <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z1405-07>

⁷ <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z1320-06>

⁸ http://www.moz.gov.ua/ua/portal/dn_20051115_607.html

special facilities, inquest, and investigative actions), and is related to observance of human rights at contact with PLWH and at-risk groups (IDUs, CSWs) as well as to provision of safe working conditions for IAB staff.

Analysis of the current situation in the organization of work concerning HIV/AIDS prevention among personnel of internal affairs bodies

As a central executive authority, the Ministry of Internal Affairs was involved in implementation of nationwide activities specified by relevant regulations.

In particular, according to the HIV/AIDS Prevention Programme for 2001-2003⁹ (hereinafter referred to as the Prevention Programme), the MIA issued the In November 2001, the MIA issued the Executive Order No. 453 of 5.11.2001 *On organizing the implementation of the Cabinet of Ministers of Ukraine Resolution No. 790 of 11 July 2001* (hereinafter referred to as the Executive Order) that provided for the development of the *Fundamentals of Healthy Lifestyle* course and its inclusion into personnel's service training programmes. During that period, in cooperation with the Ministry of Education and Science of Ukraine and with financial support from the UN Fund for Population Activities (UNFPA), the training and methodological guide *HIV Prevention and Safe Behaviour Shaping among Personnel of the MIA of Ukraine Internal Troops* was published. Besides a series of actions was carried out to distribute condoms freely provided by the UNFPA among students of the MIA system HEIs. No separate funding was provided for the MIA to implement activities on HIV/AIDS prevention.

In January 2003, the Ministry circulated the Direction No. 152/AH of 4.01.2003 *On the organization of HIV/AIDS prevention work*, according to which specialists of personnel service units were to organize the work to study, within the service training system, the prevention-oriented training and information materials (booklets, posters, reminders) developed, published and distributed among internal affairs bodies and structural units of the MIA of Ukraine.

At the same time, neither the Prevention Programme nor the Executive Order provided for monitoring of the situation in HIV/AIDS prevention in the MIA itself or follow-up of workplace prevention issues, regarding police staff as an at-risk group due to specificity of their official service activities. In particular, article 87 of the Prevention Programme rested responsibility for monitoring of various population groups' HIV risk-related behaviour on the State Committee for Youth, Sports and Tourism and the MoH of Ukraine. At the same time, no MIA reporting to the latter was provided for or implemented. This considered, no special entity (responsible department or section or even an official), which would organize HIV/AIDS prevention activities in the MIA, was designated. Considering implementation of awareness-raising activities as a key task, the MIA of Ukraine complied with the above-mentioned Cabinet of Ministers Resolution only literally, i.e. it confined itself to introduction of a topic related to modes

⁹ Approved by the Cabinet of Ministers of Ukraine Resolution No. 790 of 11.07.2001. Access to resource: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=790-2001-%EF>

of HIV/AIDS infection into the *Fundamentals of Healthy Lifestyle* special course and to participation in national-level events.

After the Resolution by the Cabinet of Ministers of Ukraine No. 264 of 4.03.2004 had approved the *Concept Strategy of the Government's actions aimed to prevent HIV/AIDS spread for the period until 2011 and the National Programme to Secure HIV/AIDS Prevention, Care and Treatment for 2004-2008*¹⁰, the MIA of Ukraine issued the Executive Order No. 276 of 30.03.2004 *On organizing the implementation of the Cabinet of Ministers of Ukraine Resolution No. 264 of 4 March 2004*. In addition to the tasks provided for in the National Programme to be implemented by the Ministry, the executive order designated units responsible for the implementation of the tasks, namely Centres of Practical Psychology. Such a choice is hard to explain. Perhaps, the MIA management believed that training to perceive the HIV/AIDS spread problem requires psychological work with personnel of internal affairs bodies and units as well as certain psychological disposition to perceive the need of prevention because, as seen from experience, many people think that “**THIS**” can happen to “**OTHERS**” rather than to themselves. Anyway, it was the psychological support units that reported to the Ministry of Health of Ukraine until 2008 on implementation of the activities provided for in the National Programme. Unfortunately, the Executive Order only duplicated the measures specified by the governmental act. At the same time, like in the previous programme, no additional funds were allocated to the MIA for implementation of the activities.

That was the reason why, pursuant to article 5 of the National Programme concerning promotion of enhanced cooperation among governmental, public and international organizations, the MIA with support from the UNFPA and the UNDP AIDS implemented the project “Establishing an education system on HIV/AIDS/STI prevention, safe behaviour and human rights in the Ministry of Internal Affairs”.

The main goal of the project was to improve police staff's sexual and reproductive health through building the MIA system's capacity for HIV/AIDS/STI prevention, safe behaviour and human rights observance among police staff, which was generally in line with article 13 of the National Programme, namely “*to secure access of various population groups to awareness-raising activities aimed at preventing HIV infection risk-related behaviour and shaping tolerant attitude to people living with HIV/AIDS as well as preventing their discrimination...*”.

Further on, in order to ensure continuity of preventive measures and disseminate positive lessons learned (again considering lack of budget of funding), the MIA signed an agreement with the UNFPA and the UNDP in November 2005 to implement the joint project “Preventing HIV infection and sexually transmitted infections among personnel of the Ministry of Internal Affairs of Ukraine”. The project also aimed at shaping safe and responsible behaviour of the MIA personnel by means of developing and implementing comprehensive training programmes on HIV/AIDS/STI prevention as well as through improving access to entities that provide social and medical services.

¹⁰ <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=264-2004-%EF>

However, the project, like its predecessor, provided no advanced training for staff of the MIA system healthcare facilities or preparation and dissemination of medical literature for use in these facilities. At the same time, information materials did not actually contain such themes as creating police staff's tolerant attitude to PLWH, or preventing violation of human rights of most-at-risk groups (drug users, CSWs). Except for awareness-raising activities, the projects, unfortunately, did not provide for procurement of rapid tests, post-exposure prophylaxis kits, or even ordinary rubber globes.

Considering that the Cabinet of Ministers Resolution No. 264 of 4 March 2004 required reporting by central authorities, the MIA of Ukraine prepared relevant information for the MoH of Ukraine twice a year.

In July 2005, based on outcomes of the meeting of the National Coordinating Council on HIV/AIDS Prevention (Minutes No. 2 of 19.07.2005), the MIA drafted its proposals on regulation of social and criminal areas of HIV/AIDS prevention, key powers, degrees of responsibility of prevention subjects, and the need for improving social protection of and medical support for the staff of internal affairs bodies and military servicepersons of internal troops who were infected with the human immunodeficiency virus when performing their official duties. In connection with the case of HIV transmission to a police worker during performance of his official duties, which happened in a territorial unit of the Internal Affairs Department in Cherkasy oblast, the MIA developed a draft law on amending Articles 25, 27, 28 and 30 of the Law of Ukraine on Prevention of AIDS and Social Protection of the Population¹¹. The draft law particularly mentioned the need to extend the relevant rights and social guarantees specified for medical and pharmaceutical workers to staff of internal affairs bodies. However, the amendments were never considered by parliament members because extraordinary parliamentary elections were called. Their consideration was postponed indefinitely.

During 2005-2011, the MIA did not issue any regulation related to HIV/AIDS prevention. Nevertheless, certain preventive work was carried out in the Ministry and its territorial bodies. In particular:

- in 2006, 2 trainings were provided to staff of regional psychological support units and teaching staff of the MIA system HEIs; 60 trainers were trained to carry out awareness-raising activities on HIV/AIDS/STI prevention among staff of internal affairs bodies and units;

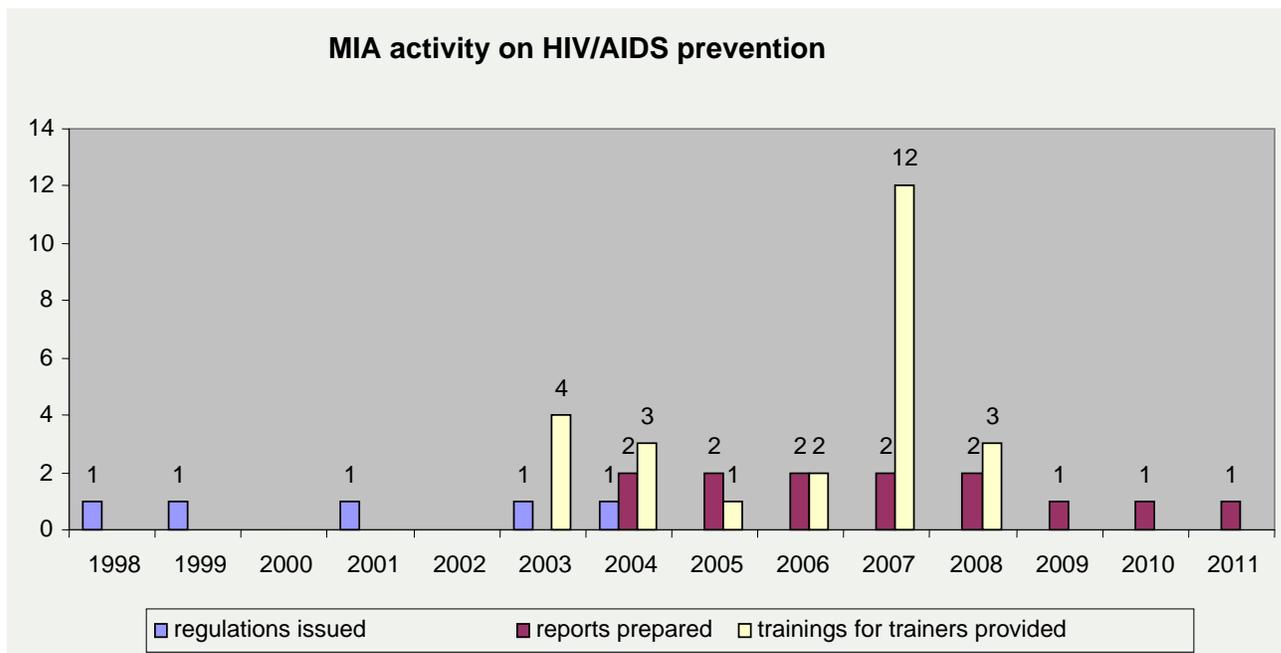
- in 2007, 12 training workshops were provided to improve skills of workers of such IAB units as personnel service, healthcare and psychological support, on HIV/AIDS prevention and healthy lifestyle advocacy. The training covered 313 staff;

¹¹ Vidomosti Verkhovnoi Rady Ukrainy (BBP), No. 35, p. 235. Access to resource: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=155%2F98-%E2%F0>

– in 2008, 3 training workshops were provided to trainers on leadership, formation of commitment to healthy lifestyles, and HIV/AIDS prevention. Overall, 64 trainers were trained from among the staff of personnel service and psychological support units.

At the same time, it needs to be stated that all the above-mentioned activities were implemented by the Ministry of Internal Affairs with financial support from nongovernmental and international organizations. The activities were not funded from the state budget.

During that period (2006-2008), the MIA’s certain interest in carrying out such activities can be observed. That was the most active period of the MIA’s pursuing a consistent policy on preventing HIV infection and STI spread.



What is an explanation to that? General activation of work of all the public authorities involved in implementation of state programmes or actually certain political will on the MIA management’s part? Perhaps, the explanation combines both these factors plus some objective circumstances. **First of all**, in May and June 2006, relevant experts of staffing and psychological support units conducted an **analysis of efficiency of implemented awareness-raising activities on HIV/AIDS/STI prevention**. The analysis was based on findings of a comprehensive behavioural survey that examined opportunities of treatment therapy service provision, assessed the needs for treatment of sexually transmitted diseases and access to counselling services among military servicepersons of internal troops and personnel of internal affairs bodies (overall 1,834 persons were covered). The analysis revealed very clearly the need for carrying out large-scale outreach and awareness-raising work among military servicepersons and police staff. A final report and recommendations were published at the EU expense and disseminated in 2007 among territorial bodies and units of internal affairs and internal

troops. In 2007, the MIA experts also carried out a knowledge-attitude-behaviour-practice sociological study on efficiency of HIV/AIDS prevention measures.

Secondly, during that period the MIA, within the framework of the UN's UKR1R209 international programme, was granted technical and financial assistance. In particular, as technical aid, the MIA received prevention-oriented presentation and visibility materials for distribution in internal affairs and internal troops units – 98,000 posters, 880,000 booklets, and 14,550 condom packs. MIA representatives took part in a study visit to Brazil (supported by the UNFPA) to learn international experience on creation of commitment to healthy lifestyles and safe behaviour, and made a working trip to Germany (supported by the UNDP) to study European experience of organization of HIV/AIDS/STI prevention among police staff.

Personnel policy

It should be pointed out that no specific official responsible for implementation of the HIV/AIDS Prevention Programme for 2001-2003 or the National Programme to Secure HIV/AIDS Prevention, Care and Treatment for 2004-2008 was not designated in the MIA. In various years, information for the MoH of Ukraine or the National Coordination Council on HIV/AIDS Prevention concerning performance of activities provided for in the above-mentioned programmes was prepared by different units: in 2005, it was the MIA's Personnel Service Department; in 2007, the general report "On results of implementation of activities provided for in the National Programme to Secure HIV Prevention" was prepared by the MIA's Department of Medical Support and Rehabilitation; in 2008, summarized information on performance of the same programme was provided by the MIA's Anti-Drug Trafficking Department; summary proposals for the National Programme to Secure HIV/AIDS Prevention, Treatment, Care and Support for 2009-2013 were produced by the MIA's Staffing Department and Department of Medical Support and Rehabilitation. This indicates that no unit responsible for the realization of the ministerial policy on HIV/AIDS prevention has been designated in the MIA during the recent five years. The activities were distributed among several structural MIA units responsible for certain working areas. For example, staffing and psychological support units were involved in organization of awareness-raising work among personnel concerning healthy lifestyles, whereas medical support units were responsible for skills improvement of staff of the MIA system healthcare facilities as well as for their carrying out procedures of voluntary HIV counselling and testing (pre-test counselling, blood sampling, result reporting, and post-test counselling). The MIA ADTD was in its turn charged with ensuring training of staff of anti-drug trafficking units in regions on tolerant attitudes and unconditional observance of rights and freedoms of those HIV-positive IDUs they had contact with in daily operations.

Since 2008 to date, it is necessary to point out decrease of the MIA's attention and, accordingly, the scope of work on HIV/AIDS prevention among MIA personnel. This is proved by data in national reports for 2009 and 2010 on results of implementation of the National Programme to Secure HIV/AIDS Prevention, Treatment,

Care and Support for 2009-2013¹². A possible reason of such a situation consists perhaps of the fact that the above-mentioned law does not designate the MIA as a principal executive for development of regulatory legal acts, inspection of institutions, drafting of standards, pursuance of research, etc. As a result, there is no targeted financing and logistics in place for implementation of the tasks and activities provided for in the National Programme.

At the same time, it should be noted that almost 20% of positions in psychological support units charged with awareness-raising functions for IAB staff were displaced during 2008-2010. During the same period, the Department of Medical Support and Rehabilitation (currently the Directorate of Medical Support and Rehabilitation), having the Central Sanitary and Epidemiological Station within its structure, was designated as the body responsible for implementing the HIV/AIDS prevention policy on the MIA level.

Some issues related to HIV/AIDS prevention have still remained outside the MIA's attention to this day. These include, first of all, personal safety of front office unit staff, district police inspectors, escort unit personnel, workers of temporary detention centres and temporary reception facilities for foreigners, particularly post-exposure prophylaxis.

Besides, there are actually neither informational nor practical activities to nurture a tolerant attitude in police staff towards HIV-infected persons, CSWs, IDUs, and sexual minorities – those generally thought to be vulnerable categories. A study of training and methodological materials distributed among regional police units and recommended for lessons suggests that only one manual¹³ highlights the theme of observing the rights of persons involved in the implementation of non-medical drug use-caused harm reduction programmes. Unfortunately, other categories (HIV-infected persons other than drug users or CSWs) are not mentioned in the manual.

Raising personnel's awareness by training within the system of service training and skills improvement

In the framework of the project “Preventing HIV infection and sexually transmitted infections among personnel of the Ministry of Internal Affairs of Ukraine”, 4 training workshops were held during 2004-2005 for staff of the Centres of Practical Psychology to master a technology of providing special educating trainings for police personnel. The workshops involved 100 specialists. Besides, a seminar for teachers of vocational police training schools (30 persons) was held; 28 trainers were trained to

¹²http://www.kmu.gov.ua/sport/control/uk/publish/article;jsessionid=DCCF896FD8BF2D4F4C17375106621A27?art_id=111844&cat_id=120435 ,

http://www.kmu.gov.ua/sport/control/uk/publish/article;jsessionid=A0644925AC97FE3867451AB1B996E83A?art_id=122573&cat_id=91291&search_param=%D1%81%D0%BF%D1%80%D0%B0%D0%B2%D0%B0%D1%85&searchForum=1&searchPublishing=1

¹³ I.O. Honcharova, S.P. Dombrovskyi, D.Yi. Nykyforchuk. *Human Rights. Militia staff's work with persons living with HIV/AIDS and drug users.* – Kyiv, 2009, p. 56.

provide trainings to police staff on healthy lifestyle formation. Besides, training audiovisual equipment kits (TV sets, videotape recorders, overhead projectors) were purchased and distributed among the Centres of Practical Psychology in 15 oblast internal affairs directorates; the equipment was used to hold educating events among staff of internal affairs bodies and units.

In 2006, as part of implementation of the next MIA/UNFPA/UNDP joint project “Establishing an education system on HIV/AIDS/STI prevention, safe behaviour and human rights in the Ministry of Internal Affairs”, targeted training of trainers from among IAB senior officers (60 persons) was carried out; they provided 12 trainings on healthy lifestyle advocacy and HIV/AIDS prevention for personnel service units, psychological support services, and healthcare divisions of oblast internal affairs directorates. Further on, during 2007-2010, the trainers held more than 950 educating events.

In 2008, experts of Kyiv National University of Internal Affairs and the MIA of Ukraine Academy of Management prepared and published two training manuals: “Strategic planning and policy of commitment to healthy lifestyle among military servicepersons and staff of law-enforcement bodies” (for IAB senior personnel), and “Shaping leadership and commitment to healthy lifestyle among military servicepersons and staff of Ukrainian law-enforcement bodies” (for the MIA system HEIs). Unfortunately, these manuals still fail to cover such points as creation of tolerant attitude in personnel of IAB units (manual for IAB senior personnel) towards vulnerable groups, respect and observance of human rights in daily operations during communication with PLWH.

At present, 8 higher educational institutions operate within the MIA system¹⁴. Various departments of the institutions train specialists for criminal police units (criminal investigation, combating economic crime, counteraction to cybercrime, anti-drug trafficking), public safety units (district police inspectors), investigation units, and forensic sections. The training programmes approved by HEI academic boards include no special course on HIV/AIDS/STI prevention. There are separate disciplines such as *IAB officer’s personal safety* (36 hours in the 1st year), *Labour protection* (54 hours in the 2nd year), *Life safety and civil protection* (54 hours in total), within which sessions are envisaged for students on the theme “Healthy lifestyle and prevention of HIV infection and sexually transmitted infections”. Analysis of working curricula, particularly for students in the departments of criminal police training, basic and special training of the National Academy of Internal Affairs of Ukraine showed that the topic of HIV prevention in IAB staff’s daily operations is not taught as a separate topic. When considering thematic sessions on the *IAB officer’s personal safety* subject, major attention is paid to such matters as observance of safety measures during detention and convoy of an offender or suspect, special tactics of targeted measures to detain a suspect, inspection of premises and vehicles, and personal inspection of an offender. Themes of the sessions dealing with life safety of IAB staff, included in the *Life safety and civil*

¹⁴ In Kyiv, Dnipropetrovsk, Luhansk, Donetsk, Kharkiv, Lviv, Odesa, and Kherson.

protection discipline, mainly cover implementation of a system of reliable, efficient and modern legal, organizational, staff-related, logistical, socioeconomic, physical, psychological, and technological measures¹⁵.

The training programmes under which police officers study during basic training at vocational training schools¹⁶ are approved by the MIA's Staffing Department. Monitoring of these training programmes for 2010-2011 also suggests that insufficient attention is paid to police staff's personal safety issues. For example, the special course "Professional intervention for Berkut special-purpose unit staff" includes a 6-hour practical session and a 2-hour lecture during which the students are **strongly told** that it is necessary to "*comply with personal safety measures when detaining and casually inspecting persons with AIDS or tuberculosis*". However, whereas safety measures when detaining offenders are explicitly listed, e.g. *control of the detainee's acts, casual inspection of the detainee, clear interaction among all the detaining persons*, the programme does not indicate what exactly safety measures a Berkut special-purpose unit officer must comply with. Similar in terms of content is the programme of the special course "Professional intervention for patrol service inspectors and escorting unit officers". The program reads in particular: "*students' special attention shall be drawn to complying with safety measures when escorting persons with AIDS or tuberculosis*".

Plans of service training that is part of the vocational training system for the ranks and commanders of internal affairs bodies, regardless of structural units, include functional training; personnel's tactics of actions in typical and extreme situations; weapons training; physical training; psychological training; general-profile training (medical training, means of communications and special equipment, civil defence). Session subjects are compiled on the basis of the proposals provided by MIA structural units. They are summarized by the MIA's Staffing Department. For every academic year in the vocational training system, an order is prepared to approve the list of subjects and the number of hours. Sessions are provided by heads of the groups that include structural unit staff. The number of groups depends on the number of staff and areas of activity. For example, staff of public security police units and staff of criminal police units will be included in different training groups. Investigation officers in turn make up a separate training group.

According to the developed session subjects, police staff is invited to learn safety measures for typical and extreme situations. However, when reviewing the list of extreme situations specified in the programme, it can be seen that the list for some reason fails to include skin damage or injury in the situations of contact with persons likely to be HIV vehicles, e.g. when conducting search, detention, or escorting. Generally, according to curricula subjects, it is proposed to classify all the conditions of IAB staff service duty as follows:

¹⁵ N.P. Matiukhina, Safety of life activities of the personnel of Ukrainian internal affairs bodies (general management approaches) / [edited by O.M. Bandurka]; MIA of Ukraine. National University of Internal Affairs. – Kharkiv, 2001, 89 p.

¹⁶ Training programme for newly recruited IAB staff as the ranks and junior commanders in the patrol service, State Motor Vehicle Inspectorate, Berkut and Gryfon units.

- service duty in normal conditions: area patrolling on the dismounted basis and in vehicles, public order protection, inspection of premises, questioning of witnesses and suspects, guarding of facilities and natural persons, establishment of identity, securing fire and explosion safety at facilities;

- service duty in complicated conditions: severe weather conditions, lack of light, night duty, conditions of possible attack, falling into an ambush, staying in an unsafe social environment, delivery of suspects to police stations, provision of first medical aid, service under heavy traffic conditions;

- service duty in a natural calamity: operational evaluation of the situation, public order protection in unsafe conditions, suppression of pillage, guarding of facilities, quarantine and observation measures, elimination of emergency consequences, evacuation from an unsafe area, provision of first medical aid, protection against dangerous natural calamity factors, actions under mass or group mortality of the population, use of individual or collective protection gear;

- service duty in an accident: urgent evaluation of the situation and decision-making, public order protection in unsafe conditions, protection of facilities, elimination of accident consequences, protection against dangerous accident factors, operational search and investigation activities at the site, provision of first medical aid;

- service duty under in a mass disorder: evaluation of the situation, elimination of the disorder without use of force, use of unit staff, use of technical protection means, tactics of actions under various conditions;

- service duty in a special operation: evaluation of the situation, operation planning, operation troop basis, group actions, fire contact, pursuit of armed criminals, measures and actions for search for armed criminals, inspection of area and premises, use of body armour facilities and masking;

- service duty under conditions of preparation or perpetration of a terrorist attack: evaluation of the situation, action planning, negotiations, release of hostages, counter-explosive works, provision of first medical aid, inspection of area and premises, actions under possible use of toxic agents, actions under mass mortality of the population.

In these cases, performance of official duties by police staff entails increased danger for their personal life and health. However, there is no word at all about possible contacts with individuals, items or substances, and, accordingly, about HIV infection.

Medical training includes subjects on provision of pre-hospital care in case of electric shock, freezing injury, broken limbs, drowning, or gas poisoning. Police are taught to act in such situations and provide aid to the injured. However, medical aid training subjects do not include study of post-exposure prophylaxis measures.

Summing up, we can state that HIV/AIDS prevention issues are not paid sufficient attention in the curricula and during teaching of educational subjects at the MIA system HEIs, during basic training, and during sessions within the service training for police staff. Perhaps, the reason consists both of a very traditional approach to definition of police staff's safety measures and life safety support, and of shortage of specialists in this area working within the MIA system.

Analysis of reports on implementation of the National Programme to Secure HIV/AIDS Prevention, Treatment, Care and Support for 2009-2013 allows stating that 1,389 sessions were held within the service training system for police staff to raise their awareness on HIV/AIDS prevention. The sessions involved more than 51,600 staff, or about **16-17%** of the total staff count¹⁷. For military servicepersons of internal troops, 119 awareness-raising events were held covering almost 8,000 persons, or about **24.4%**. 113 sessions were held with students of the MIA system higher educational institutions, involving more than 7,500 persons, or about 20% of the total student count. Besides, 152 sessions were provided to more than 3,700 medical staff of the ministry's healthcare facilities. The report does not specify what kind of activities they were (lectures, seminars, or trainings).

In any event, this is a striking evidence of low coverage of MIA staff, officials, students and military servicepersons with awareness-raising and prevention activities. To confirm that, it is worth addressing the **Declaration of Commitment on HIV/AIDS**. In particular, its article 53 provides for the need to ensure that by 2010 at least **95 per cent of young men and women** aged 15 to 24 (these are exactly students of the MIA system HEIs, military servicepersons of internal troops, and some officers) have access to the information, education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. As we can see, there is no question of talking about at least 50%.

Observance of human rights

Actually since the very first years of its independence, Ukraine has declared itself as a state having a policy component aimed at HIV/AIDS treatment, care and support, for the first legislative act in this field, the Law of Ukraine on Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population¹⁸, was adopted by the Verkhovna Rada of Ukraine on 12 December 1992. It means that the State guarantees legal assistance to PLWH as well as to persons belonging to at-risk groups (IDUs, CSWs), and enhanced access, first of all for HIV-infected persons, to substitution maintenance therapy and rehabilitation programmes through joined efforts of state authorities and the public.

Article 58 of the Declaration of Commitment on HIV/AIDS¹⁹, signed by Ukraine in June 2001, particularly specifies the need to enact, strengthen or enforce appropriate legislation to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights by, people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to legal protection, while respecting their privacy and confidentiality.

¹⁷ The calculation was made on the basis of total count of IAB staff and military servicepersons of internal troops according to the Law of Ukraine on the General Structure and Strength of the Ministry of Internal Affairs of Ukraine (Vidomosti Verkhovnoi Rady Ukrainy (BBP), 2002, No. 16, p. 115. Access to electronic resource: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=2925-14>)

¹⁸ Vidomosti Verkhovnoi Rady Ukrainy (BBP), 1992, No. 11 (17.03.92.), p. 152

¹⁹ http://www.un.org/ru/documents/decl_conv/declarations/aidsdecl.shtml

Observing the rights of persons belonging to HIV vulnerable groups (IDUs, CSWs) and AIDS patients remains a problematic issue in the MIA activities. On the one hand, it is attitude of the police staff themselves to persons belonging to an at-risk group, especially drug addicts (IDUs), which shows itself in a biased treatment of such persons, unlawful detentions, abuse, or application illegal methods of inquiry and pre-trial investigation to them. As a rule, a drug-using person once committed offences or crimes and therefore is permanently supervised by police. Besides, a certain stereotype of attitude to drug addicts has been formed – as to criminals rather than to sick people needing medical treatment. Of course, there are certain grounds to believe that persons in this group lead an antisocial lifestyle and hence are dangerous to society, for it is police staff who, due to their work, become aware of the facts of committing violent acquisitive crimes by drug addicts. That's why drug addicts become the first ones to be checked for having committed latent offences.

On the other hand, it is failure to understand the basic principles of HIV prevention concerning both injecting drug users and CSWs, as formulated by the WHO and relevant national programmes.

In the opinion of the public organizations²⁰ rendering services on substitution therapy programmes, sometimes the MIA violates the rights of this category of persons in its operations, motivating that by the need to prevent HIV infection spread. In particular, on 18 January 2001 the MIA ADTD sent an order (No. 40/2/1-160 of 18.01.2011) to regional units to collect information on persons having taken or taking substitution therapy and indicate their status.

On the one hand, such a stand taken by the Ministry towards the substitution therapy programmes had its grounds. It is internal affairs bodies that revealed violations in the circulation of drug substances used in the programmes. For example, as of 1 July 2010, during the implementation period of substitution therapy programmes, police detected and documented 173 facts of methadone diversion from healthcare facilities to illicit trafficking²¹.

“... On 1 March 2001, a MIA Board meeting was held, during which Minister of Internal Affairs Anatolii Mohyliov (2009 – November 2011) pointed out that there was a huge problem in the country – substitution therapy that uses the medications imported to Ukraine to support drug addicts. The programme was introduced in Ukraine a few years ago under the aegis of a variety of charitable organizations. A rather large percentage of drugs makes its way out of the programme into illicit trafficking, thereby creating a big problem. In the Minister's opinion, substitution therapy currently functioning in Ukraine fails to meet the contemporary Ukrainian society's needs. He said also that an appropriate memorandum had been drafted for sending to the Administration of the President and the Cabinet of Ministers...”²².

²⁰ <http://motilek.com/ua>

²¹ <http://mvs.gov.ua/mvs/control/main/uk/publish/article/367674>

²² <http://mvs.gov.ua/mvs/control/main/uk/publish/article/501206>

Internal affairs bodies aim their activities mainly at criminalizing this category of persons, isolating them from society, and infringing their rights systematically. Such activities are by no means beneficial to society, and not only fail to prevent HIV/AIDS but, on the contrary, foster it. Activities of some IAB units aimed at groundlessly criminalizing SMT measures provides conditions for violation of the rights and legitimate interests not only of drug users and SMT programme patients but also of physicians, rehabilitation centre staff, and members of public organizations in Ukraine. Much to regret, the MIA's policy in this matter still remains reactionary rather than partner-style.

Illia Kostiantynovych Podolian, physician in Odesa oblast narcological dispensary, was detained on 12 March 2010 on the charge of drugs sale to SMT programme patients. He was released in two days but re-incarcerated on 28 May based on similar charges. Overall, 44 drug trafficking episodes were incriminated to him. On 25 September, after 120 days in detention, he was released on his own recognizance. In summer 2010, non-governmental Ukrainian and influential international organizations came out to defend Illia Podolian; letters were sent to senior leaders of the State and the Prosecutor-General's Office of Ukraine. At last, on 29 June 2011, Kyiv district court of Odesa city declared narcologist Podolian not guilty on all facts of charge related to drugs sale to SMT programme participants because there were no elements of crime found in his actions²³.

The question on observance of human rights and the need to consider certain specificities in police staff's work with PLWH and IDUs was for the first time discussed in the training manual "**Human rights. Work with persons living with HIV/AIDS and drug users**" developed in 2009 by the Kyiv National University of Internal Affairs, public organization "Centre for Psychosocial Rehabilitation of Young Substance Abusers 'Krok za Krok'", and the MIA Central Sanitary and Epidemiological Station. It is the manual where it was pointed out for first time that, when detaining HIV-positive persons, police must have a list with names of ARV drugs and know how they look like, in order to ensure the persons' right to access treatment; besides, they must know that such drugs are not narcotic substances and may not be taken away and sent for expert examination whereas the HIV-infected person needs using them most of all. In addition, the manual contains materials on the understanding and legal regulation of non-medical drug use-caused harm reduction programmes. Unfortunately, the manual was published only in 600 copies, and its re-publication was not undertaken later.

Key violations of SMT programme participants' rights and freedoms include:

- unlawful detention and search of both SMT programme participants and social workers and public organization representatives under the guise of a grounded suspicion of drugs storage (for such persons are usually on preventive registration and known to police);

- violation of provision of the Code of Criminal Procedure and the Code on Administrative Offences of Ukraine (failing to explain procedural rights or explaining

²³ <http://www.leahm.ru/1328>

them with delay, failing to provide a lawyer or the right to use defence attorney services);

- illegal seizure of clean equipment (syringes and needles) for injections during inspection or search;

- use of physical force and special means to a detainee.

Considering the fact that outreach functions in many programmes are performed by drug users themselves or by those who were drug users until recently, they become objects of excessive attention on the part of police.

No less topical is the question on observing rights and freedoms of HIV-infected persons using ARV drugs during their detention, delivery to IABs and incarceration. This is caused first of all by lack of regulatory legal settlement of these matters on the MIA and MoH level. At present, there are no relevant joint orders or explanations on the procedure of providing those detained or under arrest with access to ARV drugs.

The only way out of this situation is to raise awareness of IAB staff on implementing appropriate measures aimed to prevent HIV/AIDS. Some steps in this regard were taken by the MIA in 2010, particularly training workshops for staff of ADTD units.

On 3 December 2010, the Coalition of HIV Service Organizations AUCF, supported by the Network of People Living with HIV AUCO, within the framework of the program “Supporting HIV/AIDS prevention, treatment and care for the most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria and assisted by the Anti-Drug Trafficking Department of the MIA of Ukraine, held a seminar for heads of oblast anti-drug trafficking units in order to establish intersectoral interaction on implementation of substitution maintenance therapy.²⁴

Five more seminars for staff of oblast ADTD sections were scheduled for 2011 but were not held because the MIA structure was streamlined (the Criminal Police Department was established, and the Anti-Drug Trafficking Department was liquidated).

Providing safe working conditions

The Ukrainian legislation defines HIV infection as an occupational disease only for medical workers in the Law of Ukraine on Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population²⁵. However, since law-enforcement body workers, as defined by the WHO²⁶, belong to at-risk occupations and, accordingly, are exposed to HIV infection risks, they also have the right to be protected when performing official duties.

This is connected first of all with specificity of daily operations during which skin or mucosa damage is possible, such as detention, escorting, personal inspection of HIV-infected persons and persons with AIDS, search in premises where items through which

²⁴ http://zapitay.in.ua/index.php?option=com_content&view=article&id=448:2010-12-08-15-47-15&catid=41&Itemid=15

²⁵ Law of Ukraine on Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population, No. 1972-XII of 12.12.1991.

²⁶ Instruction on prevention of internal hospital and occupational HIV infection, Ministry of Health, No. 120 of 25.05.2000.

HIV can be contracted may be left, or inspection of the site of a traffic accident with possible injured persons. Failure to comply with elementary safety measures such as sealing of all skin cuts or scratches with adhesive plaster or rubber gloves greatly increases the risk of infection in such cases. Of course, the list can be supplemented with probable infection in domestic life, for example failure to comply with the ‘safe sex’ concept and rules.

Articles 6 and 25 of the Law of Ukraine on Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population state: employers shall be required to develop measures to combat HIV infection within their competence, and workers whose occupational duties are related with a HIV infection risk shall be required to use appropriate protective means. In case of police staff the employer is the Ministry of Internal Affairs that delegated its authorities on hiring and releasing staff in regions to regional unit heads.

The only ministerial regulation that mentions the need to adhere to personal safety measures (however, without specifying the HIV infection possibility) during performance of official duties in public order protection service is the **Patrol and Point Duty Service Statute**²⁷. In particular, Article 97 of the Statute envisages that a patroller (point duty officer) coming on duty must have **personal protective gear, special means, and a first-aid package (medical kit)**. For staff of other police units, particularly operating ones (criminal investigation, anti-drug trafficking, anti-human trafficking, criminal police for minors, etc.), who do not carry out patrolling directly, adherence to safety measures concerning HIV infection is not regulated at all.

For example, there are unified safety measures for all police staff for handling service firearms. Of course, there are also so-called universal safety measures on prevention of HIV infection. In particular, they provide for handling sharp items (needles, blades) cautiously, washing hands before and after contact with persons or items, using protective clothes – gloves, overalls, masks – during a direct contact with blood or other human body fluids, protecting damaged skin with plaster, sterilizing tools properly, etc.²⁸

A comprehensive external evaluation conducted in 2009 indicates that programmes of workplace HIV prevention among medical staff, fire-fighters and law-enforcement officers, where vulnerability to HIV is likely to be higher than in other occupations, are almost not implemented in Ukraine²⁹.

Therefore, providing safe working conditions is an immediate task specified for relevant ministries and agencies in all national programmes on HIV/AIDS prevention.

Another important aspect in organizing HIV/AIDS/STI prevention consists of ensuring police staff’s access to healthcare services, especially as the MIA has its own network of relevant facilities. Work of the MIA system healthcare facilities on

²⁷ Order by the MIA of Ukraine, No. 404 of 28.07.1994 *On the approval of the Patrol and Point Duty Service Statute*. <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0213-94&p=1322863867487895>

²⁸ A Handbook on HIV/AIDS for Labour Inspectors. – Geneva, International Labour Office, 2007, 51 p.

²⁹ Comprehensive external evaluation of national measures of AIDS control in Ukraine: consolidated report. – Kyiv, 2009, 240 p.

HIV/AIDS prevention is carried out pursuant to the MoH Order No. 415 of 19.08.2005 *On improving voluntary HIV counselling and testing*³⁰. Consulting physicians inform staff on possible voluntary, free and anonymous testing at relevant AIDS prevention and control centres. At present, only two healthcare facilities in the MIA system are able to provide HIV/AIDS testing: the Central Hospital of the MIA of Ukraine and the polyclinic of the MIA Chief Directorate in Kharkiv oblast.

Indeed, it is not clear why the MIA fails to use its capabilities for anonymous testing of those who want it during annual medical examination of police staff. For example, according to a MIA order, mandatory preliminary and periodical psychiatric examinations in the system of the MIA of Ukraine are carried out³¹. However, it needs procuring appropriate rapid tests. This is not the main point, though. Considering the fact that is during such examinations that physicians can pay attention to the symptoms and syndromes with which a patient needs to be offered voluntary counselling³² and testing, such an opportunity for awareness-raising activities should be made use of. There is no reliable information on the number of calls for voluntary anonymous counselling and testing, or the number of police staff referred to it. At any rate, no more than 5 such facts have been recorded during the recent 4 or 5 years. However, results of unlinked anonymous enzyme immunoassay (EIA) of all the police staff providing blood samples during an annual medical and preventive examination in Kyiv city and Kyiv oblast in 2009 showed there being one sample in which specific antibodies were found per 900 samples on average.

3. Conclusions and recommendations for improving ministerial policy on HIV/AIDS prevention

Conclusions

The Ministry of Internal Affairs pursued a certain policy on HIV/AIDS prevention within the scope of its vested powers. In different periods, the Ministry's activity in this matter depended on the general policy followed by legislative and executive authorities. Adoption of a new law by the Verkhovna Rada of Ukraine or a certain executive document by the Government of Ukraine required the MIA to intensify its activities while, on the contrary, attention decreased upon completion of nationwide measures.

At the same time, activity in this area was to some extent influenced by the fact that the MIA was never designated as a principal executive in all the national programmes, which means that no budget funds for implementation of the policy on HIV/AIDS prevention were allocated.

³⁰ http://www.moz.gov.ua/ua/portal/dn_20050819_415.html

³¹ Order by the MIA of Ukraine, No. 1296 of 4.11.2003 *On the approval of the Instruction on the procedure of mandatory preliminary and periodical psychiatric examinations in the system of the MIA of Ukraine.*

³² According to Order by the MoH of Ukraine, No. 388 of 11.05.2010, that approved the List of diseases, symptoms and syndromes under which a patient is offered voluntary consulting and testing services when the patient seeks medical aid in healthcare facilities regardless of their affiliation and medical aid provision levels.

Analysis of the regulatory framework showed that the MIA's greatest attention was paid to such areas as awareness-raising activities or trainings to enhance personnel's knowledge. Medical and preventive measures were mainly implemented on general terms (based on regulations issued by the MoH of Ukraine) while capability of the MIA system's healthcare facilities was almost unused.

The most unexplored and unregulated point in HIV/AIDS prevention among police staff consists of ensuring safe working conditions at the workplace, more exactly – during daily operations, with consideration of specificity of various IAB units.

Recommendations

1. Develop ministerial regulatory documents (order, instruction) specifying appropriate measures aimed at:

- ensuring IAB staff's personal safety in the course of daily operations for public order protection, operational search activities, and investigative actions. It could be an Instruction on a police worker's actions in the HIV infection risk situation;

- observing unconditionally the rights of PLWH and persons vulnerable to HIV infection (IDUs, CSWs, homeless children) being in contact with the system of internal affairs bodies (detained, delivered to IAB, kept in special facilities). For example, issue an order regulating the procedure of treatment of persons using ARV drugs or undergoing SMT programmes at the moment of their detention and incarceration; special attention should be paid to prompt notification of medical and social workers working with the person delivered to IAB.

According to the Regulations³³, the Ministry of Internal Affairs shall, according to tasks assigned thereto, take measures to ensure legal and social protection of the ranks and commanders and workers of internal affairs bodies, military servicepersons and workers of the MIA internal troops, pensioners from among military servicepersons and the ranks and commanders of internal affairs bodies, and their family members; develop proposals on these matters and submit them to relevant bodies for consideration; exercise, within its competence, state supervision over labour protection in internal affairs bodies; interact with public authorities on social protection and pension provision for the ranks and commanders of internal affairs bodies, military servicepersons of the MIA internal troops, and their family members; develop, organize and implement preventive, treatment, health-improving and rehabilitative measures aimed at protecting and strengthening health of workers and military servicepersons, their family members, civil servants and pensions of the MIA of Ukraine system.

2. Considering international experience, implement, for recruitment of candidates for positions in internal affairs bodies, mandatory signature by them of commitments as to annual training on personal safety on HIV/AIDS prevention (willingness to attend a course of lectures or trainings, etc.) as well as tests for tolerant attitude to HIV-infected persons, AIDS patients and persons traditionally attributed to vulnerable groups: IDUs, CSWs, sexual minorities, homeless children.

³³ Regulations on the Ministry of Internal Affairs of Ukraine / approved by the Decree of the President of Ukraine No. 383/2011 of 6.04.2011 // Uriadovyi Kurier. – 19.04.2011. – No. 71.

3. Provide police staff an opportunity of exercising the right to access to anonymous testing (with rapid tests) during an annual medical and preventive examination.
4. In the MIA system higher educational institutions, introduce a separate special course “HIV/AIDS prevention in a police worker’s daily operations and private life” that could be included into the “Life safety and civil protection” discipline.

LIST OF ABBREVIATIONS

ADTD	– Anti-Drug Trafficking Department
AIDS	– acquired immune deficiency syndrome
ART	– antiretroviral therapy
ARV drugs	– antiretroviral drugs
CSW	– commercial sex worker
EIA	– enzyme immunoassay
HIV	– human immunodeficiency virus
HIV infection	– disease caused by the human immunodeficiency virus
IAB	– internal affairs bodies
IDU	– injecting drug user
MIA	– Ministry of Internal Affairs of Ukraine
MIA system HEIs	– higher educational institutions in the system of the Ministry of Internal Affairs of Ukraine
MoH	– Ministry of Health of Ukraine
PEP	– post-exposure prophylaxis, a short-term treatment with antiretroviral drugs to reduce likelihood of infection upon exposure to an infected person’s biological materials
PLWH	– person living with HIV
RDD	– room for detained and delivered (in internal affairs bodies)
STIs	– sexually transmitted infections
TDF	– temporary detention facility of internal affairs bodies
UNDP	– UN Development Programme
UNFPA	– UN Fund for Population Activities
WHO	– World Health Organization

List of literature, legislative and regulatory documents, and departmental regulations analyzed during monitoring and evaluation of HIV/AIDS prevention activities in the MIA of Ukraine

1. A Handbook on HIV/AIDS for Labour Inspectors. – Geneva, International Labour Office, 2007, 51 p.
2. Direction by the MIA of Ukraine, 04.01.2003, No. 152/АН *On the organization of HIV/AIDS prevention work.*
3. Direction by the MIA of Ukraine, 19 January 2003, No. 152/АН *On the organization of HIV/AIDS prevention work.*
4. I.O. Honcharova, S.P. Dombrovskiy, D.Yi. Nykyforchuk. *Human Rights. Police staff's work with persons living with HIV/AIDS and drug users.* – Kyiv, 2009, p. 56.
5. Declaration of Commitment on HIV/AIDS (adopted by Resolution S-26/2 of the UN General Assembly Special Session on 27 June 2001).
6. Law of Ukraine on the Approval of the National Programme to Secure HIV/AIDS Prevention, Treatment, Care and Support for 2009-2013.
7. Law of Ukraine on Prevention of AIDS and Social Protection of the Population.
8. Comprehensive external evaluation of national measures of AIDS control in Ukraine: consolidated report. – Kyiv, 2009, 240 p.
9. Letter by the MIA of Ukraine No. 2306/Тр (1998) *On HIV/AIDS prevention among personnel of the MIA of Ukraine.*
10. Letter by the MIA of Ukraine No. 5847/Дг (1999) *On further HIV/AIDS information and education work among personnel of the MIA of Ukraine.*
11. N.P. Matiukhina, Safety of life activities of the personnel of Ukrainian internal affairs bodies (general management approaches) / [edited by O.M. Bandurka]; MIA of Ukraine. National University of Internal Affairs. – Kharkiv, 2001, 89 p.
12. Monitoring and evaluation (methodological guidelines) // International HIV/AIDS Alliance. – Kyiv, 2004.
13. *HIV prevention and safe behaviour shaping among personnel of the MIA of Ukraine Internal Troops.*
14. Order by the Ministry of Health of Ukraine, No. 280 of 17.05.2006.
15. Order by the MIA of Ukraine and the MoH of Ukraine, No. 160/140 of 14.06.1993 *On the approval of the Guideline on healthcare service support for persons detained in pre-trial centres and execution facilities of the MIA of Ukraine.*
16. Order by the MIA of Ukraine and the MoH of Ukraine, No. 611/275 of 11.09.1997 *On amending and supplementing the Guideline on healthcare service support for persons detained in pre-trial centres and execution facilities of the MIA of Ukraine* No. 160/140 of 14.06.1993.
17. Order by the MIA of Ukraine, the MoH of Ukraine, and the National Committee on Prevention of Drug Addiction and AIDS, No. 312/165/46 of 18.05.1997 *On the approval of the Procedure of medical examination and HIV testing of persons*

detained in preliminary confinement and correctional facilities of the MIA of Ukraine, and of the conditions of detention of HIV infected ones from among those persons.

18. Order by the MIA of Ukraine, No. 1296 of 4.11.2003 *On the approval of the Instruction on the procedure of mandatory preliminary and periodical psychiatric examinations in the system of the MIA of Ukraine.*

19. Order by the MoH of Ukraine, No. 388 of 11.05.2010 *On the approval of the List of diseases, symptoms and syndromes under which a patient is offered voluntary consulting and testing services when the patient seeks medical aid in healthcare facilities regardless of their affiliation and medical aid provision levels.*

20. Order by the MIA of Ukraine, No. 404 of 28.07.1994 *On the approval of the Patrol and Point Duty Service Statute.*

21. Regulations on the Ministry of Internal Affairs of Ukraine / approved by the Decree of the President of Ukraine No. 383/2011 of 6.04.2011.

22. Political Declaration on HIV/AIDS (adopted by [Resolution 60/262](#) of the UN General Assembly on 2 June 2006).

23. Resolution by the Cabinet of Ministers of Ukraine, No. 790 of 11.07.2011 *On the approval of the HIV/AIDS Prevention Programme for 2001-2003.*

24. Resolution by the Cabinet of Ministers of Ukraine, No. 264 of 4.03.2004 *On the approval of the concept strategy of the Government's actions aimed to prevent HIV/AIDS spread for the period until 2011 and of the National Programme to Secure HIV/AIDS Prevention, Care and Treatment for 2004-2008.*

25. Minutes No. 2 of the meeting of the National Coordinating Council on HIV/AIDS Prevention, 19 July 2005.

26. Training programme for newly recruited IAB staff as the ranks and junior commanders in the patrol service, State Motor Vehicle Inspectorate, Berkut and Gryfon units.

27. Executive Order by the MIA of Ukraine, No. 453 of 9.11.2001 *On organizing the implementation of the Cabinet of Ministers of Ukraine Resolution No. 790 of 11 July 2001.*

28. Executive Order by the MIA of Ukraine, No. 276 of 30.03.2004 *On organizing the implementation of the Cabinet of Ministers of Ukraine Resolution No. 264 of 4 March 2004.*

29. Joint Order by the MoH, Ministry of Education and Sciences, Ministry for Family, Youth and Sports, State Department for Execution of Penalties, Ministry of Labour and Social Policy, No. 740/1030/4154/321/614a of 23.11.2007 *On measures to organize prevention of mother-to-child HIV transmission, healthcare and social support for HIV infected children and their families.*

30. Joint Order by the Ministry for Family, Youth and Sports and the MoH, No. 3925/760 of 17.11.2006 *On the approval of the Procedure of interaction between centres of social services for family, children and youth, and healthcare facilities on various aspects of HIV/AIDS prevention.*

31. Joint Order by the State Department for Execution of Penalties and the MoH, No. 186/607 of 15.11.2005 *On organizing antiretroviral therapy for HIV/AIDS patients detained in execution facilities and pre-trial centres.*