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**DELIVERY OF COMPREHENSIVE PACKAGE OF HIV/AIDS
PREVENTION AND TREATMENT IN PENITENTIARY FACILITIES
AND PRE-TRIAL DETENTION CENTRES OF THE STATE CRIMINAL
EXECUTIVE SERVICE OF UKRAINE**

*ANALYSIS OF POLICY, LEGISLATION AND PRACTICES
RECOMMENDATIONS FOR REFORMS*

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FOREWORD

UN Office on Drugs and Crime (UNODC) is a leading agency of UN in Ukraine responsible for cooperation with law enforcement and penitentiary facilities with a view to develop and introduce efficient methods of HIV/AIDS prevention among people who use drugs and prisoners, as well as among the staff of law enforcement and penitentiary facilities who work in contact with vulnerable groups.

Starting from 2011, UNODC is delivering a five-year programme “Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe”. In Ukraine, this programme is implemented in line with general agreement between the UN in Ukraine and the Government, as well as with note verbale of the Ministry of Foreign Affairs # 4131/35-194/506-137 as of 22 January 2011. As part of the programme, the USAID-finance “Penitentiary, Law Enforcement and Drugs Sectors Government Efficiency in HIV response” (HIV- PLEDGE) project is being implemented throughout 2011-2016. It is aimed at provision of technical, expert and organizational support to the penitentiary system, law enforcement bodies and drug service units for delivery of the National programme for HIV prevention and implementation of international standards on HIV/AIDS prevention among vulnerable groups. In order to deliver the National programme priorities, it is necessary to develop and implement sectoral programmes focused on prevention of HIV/AIDS in penitentiary facilities and pre-trial detention centres among the inmates, as well as on decreasing the professional risks, improvement of training programmes for narcologists, law enforcement and officers and staff of penitentiary facilities and piloting regional models of provision comprehensive package of HIV services to people who inject drugs and prisoners.

With this view, it is high time to conduct a study of current state of affairs in the area of identification, diagnostics and prevention of HIV/AIDS and a number of other diseases in penitentiary facilities and pre-trial detention centres, and of providing support and care to convicts and detainees.

This publication is not just a theoretical summary of legislative framework. It also presents the wrap up of findings of study of practices in the area of HIV prevention, treatment, care and support in penitentiary facilities and pre-trial detention centres, as well as the recommendations on improvement of these practices.

We hope that the findings and proposals will make it possible to launch efficient sectoral programmes on HIV/AIDS prevention in penitentiary facilities and pre-trial detention centres and consolidate efforts of non-governmental organizations, Members of Parliament and civil servants aimed at making the criminal and

executive system more democratic, human-focused and strict in terms of observance of human rights.

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List of abbreviations

AIDS	- Acquired immunodeficiency syndrome
AIDS Centre	- Centre for prevention and combating AIDS
ART	- Antiretroviral treatment
CEC	- Criminal Executive Code of Ukraine
CEI	- Criminal executive inspection
GOU	- Government of Ukraine
HCT	- HIV Counselling and Testing
HIV	- Human immunodeficiency virus
IDU	- Injecting drug users
IMP	- Individual means of protection
KABP	- Knowledge, attitude, behaviour and practice
MARP	- Most-at-risk populations
MOH	- Ministry of Health Care of Ukraine
MOI	- Ministry of Interior of Ukraine
MoJ	- Ministry of Justice of Ukraine
Network of PLWH	- All-Ukrainian Charitable Organization “All-Ukrainian Network of People Living with HIV/AIDS”
NGO	- Non-governmental organization
NSP	- Needle and syringe programmes
PLEDGE	- Penitentiary, Law Enforcement & Drugs sectors Government Efficiency in HIV
PTDC	- Pre-trial detention centre
PWUDs	- People who use drugs
SCES	- State Criminal Executive Service of Ukraine

SDEP	- State Department for Execution of Punishment of Ukraine
SMT	- Substitution maintenance therapy
SPS	- State Penitentiary Service of Ukraine
STI	- Sexually transmitted disease
UN	- United Nations
UNAIDS	- Joint United Nations Programme on HIV/AIDS
UNODC	- United Nations Office on Drugs and Crime
VCT	- Voluntary Counselling and Testing
WHO	- World Health Organization

Abstract

This publication is focused on the cutting edge problems of prevention, care and treatment of inmates who live with HIV/AIDS, tuberculosis, drug addiction and other sexually transmitted diseases in penitentiary facilities and pre-trial detention centres of State Criminal Executive Service of Ukraine. The report provides summary analysis of how consistent legal acts of penitentiary facilities are with the comprehensive package of prevention, treatment, service and care to HIV positive prisoners in the penitentiary sector.

Upon the comprehensive analysis of sectoral policy of SCES and legal framework in the area of prevention of HIV/AIDS, other sexually transmitted infections, tuberculosis and drug addiction, the following pitfalls were identified: lack of unified strategy of activities in this area; deficiency of training programmes for staff of penitentiary facilities and pre-trial detention centres that are currently delivered and their poor quality; low level of attention to the issue of ensuring the security of staff of penitentiary facilities; lack of evaluation of possible attitudes of the staff to prisoners having HIV/AIDS, sexually transmitted infections, tuberculosis or drug addiction; deficiency of special programmes of working with these groups of prisoners after release and of necessary social individual follow-up; lack of clarity in terms of responsibilities for diagnostics and treatment of sexually transmitted infections, etc.

The contents of report is structured along the main directions of activities for prevention, care and treatment of HIV/AIDS, tuberculosis, hepatitis and other sexually transmitted infections that are delivered in the penitentiary facilities and pre-trial detention centres. Such directions of activities include: awareness raising; HIV testing and counselling; vaccination; diagnostics and treatment of viral hepatitis; drug addiction treatment; treatment, care and support to HIV infected inmates; prevention of contracting infection during medical and dental care; prevention of contracting infection during tattooing, piercing and other skin damages, post exposure prophylaxis; prevention of HIV mother to child transmission; prevention and diagnostics of sexually transmitted infections; prevention, diagnostics and treatment of tuberculosis; prevention of sexual violence; protection of prisoners and staff of penitentiary facilities from contracting an infection when serving a sentence/serving duties; dissemination of condoms; needle and syringe programme.

This publication provides the main principles of delivery of the HIV treatment, support and care services: confidentiality of testing results that are provided to court, prosecution and investigation authorities only upon written request; availability of medical care to HIV/AIDS positive patients; detention of HIV/AIDS positive prisoners on the same conditions as of other prisoners; engaging different specialists (psychologists and social workers) to providing comprehensive care and

providing special inpatient care; engaging non-governmental organizations as social partners on HIV/AIDS prevention, care and support to HIV positive prisoners; focus on the need of different groups of prisoners and detainees (setting up the units for re-socialization, peer-to-peer group, psychological support, counselling, etc); consistency of the sectoral Programme of ensuring HIV prevention, care, support and treatment of HIV/AIDS infected prisoners in the penitentiary facilities and pre-trial detention centres of the State Criminal Executive Service of Ukraine for 2009-2013 with the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013 and other programme documents in this area. The publication provides comparison of official statistics with the data of NGOs working in this area, identifies problems and bottlenecks and proposes measures to overcome them.

The contents of publication also includes main recommendations with regard to the concept of comprehensive sectoral strategy of harm reduction from the drug use and of prevention and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in penitentiary facilities and pre-trial detention centres of SCES of Ukraine. In addition, it also proposes a draft Conception to ensure the control over the progress of spread of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infection in penitentiary facilities and pre-trial detention centres through the delivery of strategic directions on prevention and treatment of these diseases, as well as through providing care and support to people who have such diseases or are vulnerable to contracting them. These and other materials may be used as a ground to develop the programme of activities of SCES of Ukraine in the area of prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infection in penitentiary facilities and pre-trial detention centres.

CHAPTER 1. REPORT UPON THE RESULTS OF ANALYSIS OF SECTORAL POLICY OF STATE CRIMINAL EXECUTIVE SERVICE OF UKRAINE AND LEGAL FRAMEWORK IN THE AREA OF COUNTERING HIV/AIDS

1.1. Introduction

Throughout the world, penitentiary facilities and pre-trial detention centres are envisaged as facilities with higher risk of the spread of socially dangerous infections, which impact on epidemiological developments in the country. Therefore, it is necessary to review and improve the activities of State Criminal Executive Service of Ukraine in this area.

Social service providers in different countries of the world stress that contracting HIV infection in prison settings is one of the main problems that require immediate solution. International experts consider that the main factors of spreading HIV/AIDS in penitentiary facilities are: injecting drug use; violation of detention standards and conditions; unprotected sexual intercourse between prisoners and detainees; uncontrolled violence; tattooing and piercing; and the lack of information and medical assistance¹. Although the prevention activities in penitentiary facilities are usually delivered in the same forms and modalities as harm reduction programmes for vulnerable groups², the work with prisoners has its own particularities and complicated moments³.

International experts consider that the main activities to be undertaken in order to prevent HIV infection in prison settings are:

- Implementation of informational and awareness raising programmes aimed both on prisoners, convicts and prison officers;
- Providing free and voluntary access to HIV testing and counselling;
- Dissemination of condoms and taking measures aimed at prevention of rapes, violence and sexual coercion;

¹ HIV/AIDS in Prison Settings. HIV and AIDS in places of detention: a toolkit for policymakers, programme managers, prison officers and health care providers in prison settings. The United Nations, New York, 2009 – 137 p.; HIV/AIDS and Human Rights in the Penitentiary sector: a Handbook. UNDP “Governance of HIV/AIDS” Project – Kyiv, 2011 – 154 p.

² Such similarity of requirements to HIV/AIDS prevention in the prison settings is due to one of the key principle of HIV/AIDS prevention in prison settings: such prevention should be in conformity with national and local HIV/AIDS prevention programmes. The prevention activities in prisons are to be filled with contents that are identified in line with the list of activities delivered for other groups of population. However, at the same time the administration of penitentiary facilities and pre-trial detention centres should be responsible for creating environment necessary to prevent HIV infection of prisoners and prison officers.

³ HIV/AIDS prevention in prison settings has its differences too. They are caused first of all by the necessity to isolate prisoners from the community and the limitation of rights, which is due to the objective of punishment and the regime in penitentiary facilities. Other particularities of such prevention are the focus on problem of tuberculosis and the need to encourage active participation of prisoners and prison officers into the development of preventive activities.

- Providing SMT and other forms of drug addiction treatment;
- Taking measures aimed at decrease of demand for drugs;
- Taking other measures, aimed at decrease of the supply of drugs;
- Dispense of sterile needles and syringes, chlorine-containing tincture or other disinfectants.

Particular focus should be made on women and minors, the respective programmes should be developed with due account of their needs.

In addition, it is necessary to take a number of measures aimed at preventing the spread of other sexually transmitted infections, hepatitis and tuberculosis.

Finally, special measures should be taken to prevent the danger of infection of officers of penitentiary facilities⁴.

According to European Prison Rules, health care in penitentiary facilities should be arranged in line with the following principles, in particular:

- Health care services in the penitentiary facilities should closely cooperate with health care facilities of a national and/or local level;
- Imprisoned patients who are in need of health care should be taken into specialized hospitals or regular hospitals. If a penitentiary facility has its own health care department, it should possess the necessary equipment and medicines to provide health care and treatment to the imprisoned patients;
- The patients should not be involved into experiments that might cause physical or ethical harm;
- If it is feasible, it is necessary to take measures in order to ensure that imprisoned pregnant women are brought to regular hospitals to deliver a baby rather than made to stay in prison. Otherwise, the penitentiary facility should have all necessary staff members and equipment for assisting a delivery and postpartum care.

In terms of health care and sanitary staff, it is necessary that each penitentiary facility employs at least one general practitioner and other health care professionals having a respective qualification. Each prisoner should have access to emergency health care and to dentist and ophthalmologist care.

The responsibilities of doctor or qualified nurse are to carry out medical examination of each prisoner at first possibility, upon his/her request or in case of need. According to the Rules, a doctor should monitor the physical and mental health of prisoners and ensure the provision of health care in line with health care standards in the community. The particular attention is paid to visits and

⁴ HIV/AIDS in Prison Settings. HIV and AIDS in places of detention: a toolkit for policymakers, programme managers, prison officers and health care providers in prison settings. The United Nations, New York, 2009 – 137 p.

examination of prisoners who are detained individually and immediate provision of health care upon their request or in case of need.

In Ukraine, prevention of HIV/AIDS in the facilities of SCES and detention of HIV positive prisoners should correspond to the WHO recommendations. In particular, the following principles should be observed:

- Confidentiality of the test results – they are to be provided only to court, prosecution or investigation authorities upon their written request;
- HIV positive and AIDS patients should have access to health care;
- HIV positive prisoners and imprisoned AIDS patients should be detained under the general conditions;
- Practitioners of different profile (psychologists, social workers, practitioners of special in-patient care) should be engaged to provide comprehensive health care;
- Non-governmental organizations should be engaged into provision of HIV/AIDS prevention, support and care to HIV positive prisoners under the social partnership modality;
- The focus should be made on the needs of different groups of prisoners, namely the IDU (setting up re-socialization units, peer-to-peer groups, psychological care) and women (counselling, counselling on pregnancy);
- The sectoral Programme of prevention, diagnostics and treatment of HIV positive and AIDS patients should be in line with the National Programme of prevention, diagnostics and treatment of HIV positive and AIDS patients, etc.

At the same time, the experts note that these principles point out just main directions of activities and do not concern the modality of their implementation⁵. Therefore, it is necessary to develop and implement regulations and national legal acts on these issues. In particular, when legal frameworks of the services to be provided in penitentiary facilities are set, they should take account of the particularities of such facilities. Therefore, it is high time to provide sectoral legal regulation for prevention and treatment of HIV/AIDS in penitentiary facilities.

Hence, it is necessary not just to evaluate the implementation of such activities, but also assess the contents of main provisions that govern or might govern the provision of social services, and develop the respective recommendations on the contents of minimum standards of social services on prevention and treatment of prisoners. We hope that this analysis will allow for better understanding of these issues and for development of efficient modality of service provision to HIV infected and AIDS patients in the penitentiary facilities.

⁵ Standards of Social Services of HIV/AIDS Prevention in Ukraine (Conditions and Perspectives) // <http://uadocs.exdat.com/docs/index-88769.html?page=5#3856375>

1.2. General Reservations

One of priorities of the *National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013* is to develop capacity of State Penitentiary Service of Ukraine to implement comprehensive programmes of HIV/AIDS prevention. Notwithstanding, in terms of the opportunities of State Penitentiary Service of Ukraine to make impact on combating HIV, it is necessary to take into account its ideological, organization and technical limitations.

According to the Decree of the President of Ukraine # 1085 “On Improvement of the System of Central Executive Bodies” as of 9 December 2010, State Department for Execution of Punishment of Ukraine was re-organized into State Penitentiary Service of Ukraine (SPS). This Decree sets forth that the SPS is a central executive body, the activities of which are directed and coordinated by the Cabinet of Ministers of Ukraine through the Ministry of Justice of Ukraine.

The SPS of Ukraine acting capacity of central executive body responsible for state policy in the sector of execution of punishment has the following functions: summarizing the practice of application of the law in the area of SCES objectives; development of proposals aimed at improvement of legislation and furnishing them for review to the Ministry of Justice. It is the Ministry of Justice (formally – the Cabinet of Ministers of Ukraine) that is now a subject of legislative initiative in the area of execution of criminal punishment. The SPS does not even have the power to issue general orders. Therefore, in some cases the SPS refer to its inability to change something in the system, because its powers are limited only to implementation of the policy.

Another result of the limited powers of the SPS is that it cannot promptly settle some problems that arise in the activities of penitentiary facilities and need regulatory or financial solutions. All these reservations should be taken into account when developing future strategies of HIV prevention and implementation of international standards of combating HIV/AIDS in prison settings. Namely, the Ministry of Justice should be engaged into this job.

1.3. Official Statistics and Vision on the Ways to Improve the Prevention and Treatment of HIV/AIDS in the Penitentiary System

According to the official data of the SPS of Ukraine, in 2012, HIV infection was first identified at early stages in 1 907 persons (2 819 in 2011) and AIDS – in 620 persons (881 in 2011). The rate of first identified HIV contamination among prisoners and detainees changed. In 2012 it numbered to 1 296.3 per 100 thousand people (1 188.3 in 2006; 1 435.5 in 2007; 1 518.2 in 2008; 1 613.3 in 2009; 1 089.6 in 2010; and 1830.5 in 2011).

The Ministry of Health Care of Ukraine reports that the spread of HIV infection in the community numbers to 283.6 per 100 thousand people. The rate of first identified incidence in the community amounts to 45.5 (20 743 new infections were identified). The rate of first identified incidence in prison settings is 28 times higher than in the community – it means that HIV infected citizens are concentrated into the penitentiary facilities and pre-trial detention centres. In 2012, the rate of primary AIDS incidence decreased in comparison with 2011. It numbered to 421.1 per 100 thousand people (213.7 in 2007; 177.7 in 2008; 293.7 in 2009; 305.3 in 2010; and 572.1 in 2011). The same rate in the MOH report is 22.1 per 100 thousand people – it is 19 times lower than in prison settings.

413 prisoners with AIDS diagnosis were released under Article 84 of the Criminal Code of Ukraine. It amounts to 50.1% of all prisoners released due to health conditions. In 2004, 260 imprisoned patients were released from prison, in 2005 – 272, in 2006 – 307, in 2007 – 286, in 2008 – 362, in 2009 – 448, in 2010 – 435, and 2011 – 354 prisoners). As of 1 January 2013, 6 571 prisoners (including 949 women) were registered for regular medical check-up in prison settings of the SPS. It means that 4.5% of prisoners and detainees are HIV infected. It is 339 persons less than in 2011. 1 112 prisoners have AIDS, including 186 women. To compare: 128 936 persons are registered for regular medical check-up in the MOH facilities, 24 059 of them have AIDS.

Information about the number of HIV infected and AIDS patients during 2003-2012

Registered for medical check-up as of 1 January	HIV infected	AIDS patients
2004	2 046	30
2005	3 479	88
2006	3 995	123
2007	4 687	227
2008	5 017	204
2009	6 073	387
2010	6 069	447
2011	6 453	458
2012	6 910	822
2013	6 571	1 122

From 1987 to 1 January 2013, 37 041 HIV infected prisoners were first identified in the SCES system in total, AIDS was diagnosed in 4 164 of them. According to the Ukrainian AIDS Centre, 223 530 first infections were first identified throughout the entire country during the same period, including 56 382 AIDS patients. 228 498 persons died from AIDS-related diseases. The top oblasts in

terms of number of HIV infected prisoners registered for regular medical check-up are Donetsk (1 649), Dnipropetrovsk (552), Mykolaiv (383) and Kherson (373).

36 053 prisoners (25.1% of all convicts and prisoners) underwent HIV testing throughout 2012, HIV infection was identified in 3 847 persons (10.6%).

Due to lack of necessary equipment in health care facilities of the SPS of Ukraine, CD4, viral load and other tests are taken into oblast/city AIDS centres. In several oblasts, the rate of test coverage was lower than average: these are AR of Crimea (14%), Dnipropetrovsk (11.2%), Zhytomyr (11.5%), Rivne (9%) and Kherson (11.3%) oblasts.

During 2012, 313 prisoners (including 12 women) died from AIDS-related diseases, including 188 deaths from HIV-related tuberculosis. It amounts to 30.7% deaths in all penitentiary facilities of Ukraine. In 2011, this rate was 75 persons higher (388). The oblasts with highest number of deaths are Dnipropetrovsk (53), Donetsk (99), Kyiv (31), Kharkiv (24) and Kherson. At the same time, implementation of various programmes and interventions, including the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013, results in stabilization of epidemiological situation. In particular, the rate of new HIV infections, the rate of HIV-related deaths, etc. decreased.

As of 1 January 2013, two infectious disease wards for treatment of HIV positive prisoners operate in health care facilities of the SPS of Ukraine. The infectious disease ward of multi-type hospital at Dariivska penal colony-10 has 40 patient beds. During 2012, 296 patients received treatment there, 96 patients received ART, and 5 persons died. The infectious disease ward of multi-type hospital at Donetska penal colony-124 has 60 patient beds. During 2012, 575 patients received treatment there, 195 patients received ART, and 21 persons died.

Throughout 2012, efforts were taken to provide HIV infected prisoners with access to ART. As of 1 January 2013, 1 358 patients were receiving ART, 255 of them received treatment from oblast/city AIDS centres. 224 prisoners started their ART-therapy before imprisonment. ART is provided to convicts and prisoners in 19 pre-trial detention centres and 96 penitentiary facilities in all regions of Ukraine. It is planned to expand the scope of ART to 3 000 HIV infected and AIDS patients in 2013 at the expense of humanitarian aid to be provided by All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS". Currently, procurement of medicines for 1 700 persons is being prepared. In addition, 2013 will be the first year when the SPS of Ukraine plans to procure ARV for 600 HIV infected prisoners.

ART therapy is prescribed and provided under observation of the doctors of oblast/city AIDS centres and doctors of the SPS of Ukraine in line with National

clinical protocol of HIV treatment in adults and adolescents, approved by the Order of MOH of Ukraine # 551 as of 12 July 2010⁶.

According to the Law of Ukraine “On Approval of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013”, UAH 10 million is allocated for this purpose in 2013.

In order to improve the health care to HIV infected prisoners, in 2012 the SPS of Ukraine concluded a cooperation agreement with Network of PLWH to implement the project “Development of sustainable system of comprehensive services of HIV prevention, treatment support and care for vulnerable groups and people living with HIV”. Within its framework, in 2012 training for prison officers started, medicines and HIV tests were procured, etc. In general, Network of PLWH provided penitentiary facilities of Ukraine with charitable assistance for a total amount of UAH 5.7 million.

The *representatives of non-governmental organizations* doubt the reliability of official data and prefer to use other statistics. In particular, the SPS of Ukraine informed Kirovohrad office of Network of PLWH that during 2012, the number of HIV positive convicts and prisoners decreased from 6 910 (as of 1 January 2012) to 6 479 persons (as of 1 January 2013). At the same time, the official website of SPS presents other data. Human rights activists have their own data that differ significantly from official statistics. According to the NGO “Doroga Zhyttia” (“Way of Life”), 36% prisoners in prison settings in Dnipropetrovsk oblast are HIV infected. In Kherson oblast, 663 prisoners were tested during 2012, and HIV was identified in 88 of them (13.3%). In 2011, 926 prisoners underwent testing, and only 77 of them were positive (8.3%). It means that during 2012, the number of HIV infected prisoners grew on 5%.

T.Aleksandrina, Head of State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, proves these figures. According to her data, 13.6% prisoners are HIV infected in total. To be honest, even the official statistics of SPS demonstrates that 553 prisoners contracted HIV infection during last three months of 2012 – it means 6 persons per day. Moreover, civic activists are doubtful about the accessibility of prisoners to treatment of HIV and tuberculosis. In particular, over 20% of HIV positive people in the community received ART in early 2012, while the same rate for prisoners was just above 15%.

It means that almost every third death in the penitentiary facilities was caused by AIDS (out of 1 021 deaths). Therefore, this disease is still the main reason of

⁶ Exact title of this protocol: Clinical Protocol of Antiretroviral Therapy for HIV Infection in Adults and Adolescents // <http://mozdocs.kiev.ua/view.php?id=11177>.

mortality in prison settings. In the community, the major reason of mortality is cardiovascular diseases, while AIDS and tuberculosis are ranked 4th and 5th.

Civic activists believe that in order to improve the provision of health care to prisoners and detainees, it is high time to develop and legally approve the mechanism of civic control over the observance of the rights of prisoners and detainees and establish the transparent procedure of reviewing the findings of such civic control. In addition, it is necessary to set forth strict liability of executives of penitentiary facilities for failure to timely provide health care to detainees and prisoners. Finally, it is necessary to change the subordination of health care facilities of the SPS of Ukraine: they should be subordinated to the Ministry of Health Care. It is the only way to significantly improve the results of treatment in prison settings⁷.

During development of this review, the author had meetings with prison officers and prisoners and detainees in the penitentiary facilities of Kharkiv, Poltava and Kirovohrad oblasts. Respondents were asked to share their recommendations on improvement of HIV/AIDS prevention and treatment in prison settings. There recommendations and proposals were as follows:

- to change subordination of health care facilities of the SPS of Ukraine: they should be subordinated to the Ministry of Health Care;
- to increase salaries of health care practitioners who work with prisoners;
- to provide for additional benefits and decrease the period of service of health care practitioners who work with prisoners;
- to set forth personal liability of executives of the penitentiary facilities and pre-trial detention centres for failure to provide proper health care;
- to provide for separate budget line for interventions on HIV/AIDS prevention and treatment and set forth that it is a top priority to allocate funds for it;
- to enhance liability of prison officers for disclosure of confidential information about the diagnosis of convicts and prisoners and for discrimination on the grounds of HIV/AIDS. In addition, the respondents stressed that it was necessary to enhance liability of health care practitioners for refusal to provide health care due to HIV/AIDS diagnosis (it especially concerns dentists);
- to develop separate legal act that would provide for exhaustive procedure of carrying out actions on HIV/AIDS prevention and response. It should reflect all functional provisions in this area;
- to legally approve different kinds of rehabilitation programmes for convicts from high-risk groups and provide for the modalities and procedures to implement them, to set forth full confidentiality of such services;

⁷ Health care in prison settings. Do imprisoned patients see any improvement? // <http://umdpl.info/index.php?id=1364364235>

- to launch various harm reduction programmes in all types of colonies (awareness raising, SMT, needle exchange programme, dissemination of condoms and disinfectants, etc.) and expand the set of such services;
- to establish additional positions of infection doctors in the penitentiary facilities;
- to arrange separate detention of all HIV positive prisoners or mark them with special signs if they detained under general conditions;
- to develop and provide funds for the national programmes of social case management of HIV positive prisoners both when serving sentence and after the release.

As one may see, proposals of different groups of respondents contradict to each other. It is due to the desire of respondents to maximally promote their personal interests when sharing their recommendations. Therefore, one of main problems is to identify such kinds of interventions on HIV/AIDS prevention and treatment that would perfectly take into account the interests of all stakeholders and eliminate any type of discrimination.

1.4. Main Special Legal Acts on HIV/AIDS Prevention and Treatment in the Penitentiary Facilities and Pre-trial Detention Centres

As pointed above, prevention interventions in prison settings are usually implemented through the same forms and modalities as in harm reduction programmes among vulnerable groups. But the particular conditions of provision of these services make it necessary to develop special and sectoral regulations. Its quality will underpin the overall efficiency of interventions. The main legal acts that govern the work with prisoners and detainees, including in the area of HIV/AIDS prevention and treatment, are:

Criminal Executive Code of Ukraine. Its Article 116 provides for that prevention, treatment, sanitary and epidemiological activities in prison settings shall be arranged and implemented in line with health care legislation. Executives of the penal colonies are requested to adhere to necessary health care requirements that ensure the rights of prisoners to health care. The procedures of providing health care to prisoners, of organization and conducting sanitary surveillance, of using prevention, treatment and sanitary health care facilities and of engaging their staff into health care of prisoners are established by the legal acts of central executive authority for execution of punishments and of the Ministry of Health Care.

The Law of Ukraine “*On Preliminary Detention*”. Its Article 11 establishes that health care, prevention, treatment and epidemiological activities in prison settings shall be arranged and implemented in line with health care legislation. The procedures of providing health care to prisoners and engaging public and municipal health care facilities not subordinated to pre-trial detention facilities and

engaging their health care staff, as well as of carrying out medical examinations, are established by the Cabinet of Ministers of Ukraine. The provisions of this Law apply to pre-trial detention centres of the SPS, guardhouses of Military order service unit of Armed Forces of Ukraine and pre-trial detention centres of all agencies.

The Law of Ukraine “*On the State Criminal Executive Service of Ukraine*” provides for the responsibility of prison officers to observe human rights, implementation of legitimate rights and interests of convicts and detainees and compliance with the legislative provisions of execution and serving punishments.

The Procedure of cooperation of health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to detainees, approved by the Order of MOH and Ministry of Justice # 239/5/104 as of 10 February 2012. This Procedure establishes the cooperation modality between health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to detainees.

The Procedure of cooperation of health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to convicts, approved by the Order of MOH and Ministry of Justice # 710/5/343 as of 10 May 2012. This Order requires establishing an indicative list of health care facilities for providing health care to convicts. This list should be compiled by the MOH of the Autonomous Republic of Crimea, departments (main departments) of health care of oblast state administrations and Kyiv and Sevastopol city state administrations and departments of the SPS of Ukraine in AR of Crimea, Kyiv and Sevastopol cities and Kyiv oblast. It should take into account the special profile of health care facilities and availability of conditions to ensure isolation of convicts. According to the Procedure, all persons who arrived to penitentiary facilities of SCES of Ukraine shall undergo primary medical examination and pulmonary examination. The aim of such examination is to identify persons who suffered from bodily injuries and those who make epidemiological danger or are in need of emergency health care. In addition, the Procedure sets forth what actions should penitentiary activities take upon the health complaint of a convict. In particular, a convict shall have a right to freely select a doctor. With this view, a convict shall ask a doctor of health care unit of penitentiary facility to provide him with selected health care specialist. The selected specialist will provide counselling, examination and treatment in health care unit of the penitentiary facility (if possible) together with the employees of this unit. The related expenses are to be reimbursed at the expense of a convict who received health care or his/her relatives. In other cases, medical examination of a convict and establishing diagnosis is a task of a doctor of health care unit of penitentiary facility. In cases if doctor of health care unit is not able to establish diagnosis by him/herself, the chief of health care unit may submit a request to administration of the penitentiary facility on engaging the doctor of respective profile from the indicative list of health care facilities or calling an ambulance.

In case if additional examination or treatment is necessary that cannot be provided in health care unit of the penitentiary facility (for example, if it lacks the respective equipment of laboratory or the scope of health and sanitary care are limited), it should be provided in health care facility from the indicative list. Herein, the administration of penitentiary facility has to arrange and ensure day and night custody of the convict during his/her treatment in health care facility. In addition, the Order sets forth that the documents containing information about health condition of a convict and about the provision of necessary health care to him/her shall be kept confidentially.

The Regulation on state sanitary epidemiological surveillance at surveillance sites of State Criminal Executive Service of Ukraine, approved by the Order of State Department for Execution of Punishment and MOH of Ukraine # 47/458 as of 6 August 2007 and registered in the Ministry of Justice on 5 October 2007 under # 1145/14412. This Regulation establishes the goal, objectives and procedure of state sanitary epidemiological surveillance at surveillance sites in State Criminal Executive Service of Ukraine.

Internal rules of conduct of the penitentiary facilities, approved by the Order of State Department for Execution of Punishment # 275 as of 25 December 2003. They establish general conditions of organization and provision of health care to convicts. In particular, this Order sets forth that the procedures of providing health care to prisoners, of organization and conducting sanitary surveillance, of using prevention, treatment and sanitary health care facilities and of engaging their staff into health care of prisoners are established by legal acts of the State Department for Execution of Punishment and MOH of Ukraine.

Internal rules of conduct of the pre-trial detention centres of SCES of Ukraine, approved by the Order of Ministry of Justice # 460/5 as of 18 March 2013 and registered in the Ministry of Justice on 20 March 2013 under # 445/22977, establish the particular conditions of providing health care to prisoners, providing analogues of medicines and the list of prohibited articles in pre-trial detention centres.

The Procedure of cooperation of health care facilities, law enforcement agencies, pre-trial detention centres and correctional facilities on ensuring continuity of substitution maintenance therapy, approved by the Order of MOH, MIA, Ministry of Justice and State Service on Drug Control # 821/937/1549/5/156 as of 22 October 2012 (registered in the Ministry of Justice on 7 November 2012 under # 1868/22180) provide for the mechanism of SMT in preliminary detention centres of law enforcement agencies, pre-trial detention centres and correctional facilities.

The Procedure of cooperation of health care facilities, regional law enforcement agencies, penitentiary facilities and pre-trial detention centres on ensuring

continuity of regular medical observation of HIV positive persons, clinical laboratory monitoring of course of diseases and antiretroviral treatment was approved in September 2012. However, in 2005 the MOH together with State Department for Execution of Punishment have approved quite similar Order # 186/607 “On Organization of Antiretroviral Therapy for HIV/AIDS Patients Who are Detained in the Penitentiary Facilities and Pre-trial Detention Centres”. The new Procedure repeated many previous provisions. At the same time, it introduced some novelties and discrepancies to the effective law. For example, according to Order # 186/607, when HIV infected prisoner who receives ART is released, health care facility of criminal executive service unit should provide him/her with the stock of ARV for one month of treatment, and the new Procedure sets forth to provide the stock of ARV for two months of treatment.

Another positive novelty is transferring the responsibility for coordination of inter-agency cooperation for HIV/AIDS prevention, treatment, care and support to health care facilities. With this, the administrations of penitentiary facilities and pre-trial detention centres have just to “organize” that the employees of AIDS centres provide consultations to HIV infected prisoners. Health care facilities are obliged to provide consultations of infectious disease doctors and carry out further laboratory case management (it concerns immunologic and virological examinations). Under these arrangements, the administration of penitentiary facility is tasked just with organization of the opportunity to take blood sampling and provide consultations to HIV positive prisoners, and AIDS centres have to provide consultations and collect samples. According to numerous experts, this modality will settle the problem of low accessibility of immunologic examinations to HIV infected prisoners⁸.

Prevention of mother-to-child transmission in pre-trial detention centres and penitentiary facilities is also arranged in conformity with the MOH standards that apply to general population. But the respective process is regulated in more details. Separate acts were approved in this regard – the *Instruction on prevention of HIV mother-to-child transmission in the facilities of State Criminal Executive Service*, approved by the Order of MOH, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Department for Execution of Punishment and Ministry of Social Policy of Ukraine # 740/1030/4154/321/614a as of 23 November 2007, registered in the MoJ on 26 December 2007 under #1406/14673, and the *Instruction on providing health and social care to HIV infected children*, approved by the Order of MOH, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Department for Execution of Punishment and Ministry of Social Policy of Ukraine # 740/1030/4154/321/614a as of 23 November 2007, registered in the MoJ on 26 December 2007 under #1407/14674. According to the Instruction, the head of

⁸ Health care in prison settings. Do imprisoned patients see any improvement? // <http://umdpl.info/index.php?id=1364364235>

health care unit of penitentiary facility is responsible for taking steps for prevention of HIV mother-to-child transmission. ART is prescribed by the practitioners of regional AIDS centres in line with effective clinical protocol, approved by the MOH of Ukraine. The obstetrician of penitentiary facility or the obstetrician of regional health care facility shall take measures to ensure that the patient complies with doctor's orders and takes therapy, including measures to shape predisposition to medicated prevention of HIV in newborns and ways of feeding newborns. Prevention antiretroviral therapy of newborns should be in conformity with effective clinical protocol of the MOH. The ART is prescribed to newborns in infant homes at the penitentiary facility under the control of regional AIDS centre. The need for ARV is usually satisfied by regional AIDS centres.

The list of legal acts allow for making a conclusion that only some elements of HIV/AIDS prevention and treatment in the penitentiary system are legally governed. The regulations are not sufficiently comprehensive. It makes the job of practitioners complicated, because they have to apply numerous legal acts in their work.

1.5. Current Status of HIV/AIDS Prevention and Treatment in the Penitentiary System

1.5.1. Awareness Raising Activities

Legal framework

The need to carry out HIV prevention in facilities and bodies of SCES of Ukraine is established by the Law of Ukraine #1972-XII "On Combating the Spread of diseases caused by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV" last amended on 12 May 2012⁹.

According to Article 2 of this Law, in order to fulfil state policy on combating the spread of diseases caused by HIV, the state authorities shall develop and implement programmes on prevention of HIV spread. In addition, this Article instructs to carry out awareness raising activities on healthy lifestyles. This is directly planned by the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013 (National Programme)¹⁰. In general, the objectives of National Programme are:

- ensuring the large-scale primary prevention of HIV spread among the population;
- enhancing prevention actions among vulnerable groups, in particular among prisoners and detainees;

⁹ <http://zakon4.rada.gov.ua/laws/show/1972-12>

¹⁰ <http://zakon4.rada.gov.ua/laws/show/1026-17>

- engaging health care practitioners and state officials to implementation of HIV prevention programmes.

In addition, prevention is provided for by Article 4 of the Law of Ukraine "Fundamental Principles of the Health Care Legislation of Ukraine" that points out main principles of health care – in particular, preventive approach to organization of health care in Ukraine¹¹.

The responsibilities of administration of penitentiary facilities on implementation of national law on HIV prevention are set forth in Criminal Executive Code of Ukraine and the Law of Ukraine "On Preliminary Detention". In particular, paragraph 2 of Article 116 of the Criminal Executive Code obliges the administration of penitentiary facilities to fulfil the requirements on ensuring health protection of convicts¹². In addition, the respective provisions instruct to ensure safe working conditions and taking prevention actions for the sake of prison officers.

In other words, according to effective national law, preventive measures should apply both to prisoners and detainees and prison officers.

Implementation practice

Prison officers

The main ways of raising awareness of prison officers are:

- Training during professional studies;
- Training provided by non-governmental organizations.

Training during professional studies. This kind of training is regulated by Article 17 of the Law of Ukraine # 2713-IV "On the State Criminal Executive Service" as of 23 June 2005¹³. According to this provision, training, re-training and capacity building of prison officers shall take place in line with the law on education, and the SCES is eligible to establish the respective training institutions and organize training in other training institutions.

In pursuance of this law, professional training of officers is arranged in sectoral training institutions, in training institutions of other Ministries and through on-the-job training. Regular education for primary training and capacity building of the personnel and officers is provided by Chernihiv Legal College of the State Penitentiary Service, Bila Tserkva, Dneprodzerzhinsk and Khmelnytskyi Colleges to Train Personnel of the Penitentiary Sector. Higher education is provided in the National University "Yaroslav the Wise Law Academy of Ukraine", Kharkiv National V.Karazin University and Chernihiv Legal College of the State

¹¹ <http://zakon2.rada.gov.ua/laws/show/2801-12>

¹² <http://zakon2.rada.gov.ua/laws/show/1129-15/page4>

¹³ <http://zakon2.rada.gov.ua/laws/show/2713-15>

Penitentiary Service. In addition, the Training Institute of Criminal Executive Service of Ukraine was set up in 2011.

In-service capacity building is arranged through on-the-job training and military training with annual evaluations and creating conditions for self-education.

Analysis of capacity building of prison officers showcases that prevention of HIV/AIDS is integrated into all levels of training. However, not all personnel receive the same information. In addition, not all training institutions provide training modules on HIV prevention.

For example, overview of training programmes of Bila Tserkva College to Train Personnel of the Penitentiary Sector allows for assessing the level of professional qualification of prison officers of different units and departments with regard to HIV/AIDS¹⁴. In general, it was identified that the HIV prevention issues are included only in such programmes:

- primary professional training of doctors of health care units of the penitentiary facilities and pre-trial detention centres of the SCES of Ukraine¹⁵;
- primary professional training of heads of social and psychological support units and senior educators (educators) of the penitentiary facilities and pre-trial detention centres of the SCES of Ukraine¹⁶;
- primary professional training of junior inspectors of custody and security units of criminal executive facilities of the SCES of Ukraine¹⁷;
- capacity building for engineers on labour safety of penitentiary facilities of the SCES of Ukraine¹⁸;
- primary professional training of junior inspectors of regime and custody units of special juvenile correctional facilities of the SCES of Ukraine¹⁹;
- capacity building of duty assistants to heads of criminal executive facilities of the SCES of Ukraine²⁰.

The contents of programmes and competences²¹ are summarized in Table 1.

Table 1

¹⁴ <http://www.magnus.kiev.ua/~ces/>

¹⁵ <http://i-rc.org.ua/index.php/sluhatcham/37-likari/196-navch-progr-likary-pp-20>

¹⁶ <http://i-rc.org.ua/index.php/sluhatcham/39-nach-viddilen-sps-vihovately/206-navch-progr-sps-pp-30>

¹⁷ <http://i-rc.org.ua/index.php/sluhatcham/3-mol-insp-vnibkvu-perv-60/6-mol-insp-vnib-perv-60>

¹⁸ <http://i-rc.org.ua/index.php/sluhatcham/27-injeneri-ohoroni-praci-uvp-pk20/152-navch-progr-inj-ohor-praci-uvp-pk-20>

¹⁹ <http://i-rc.org.ua/index.php/sluhatcham/31-mol-insp-vrio-pp-60/178-navch-progr-mi-vrio-pp-60>

²⁰ <http://i-rc.org.ua/index.php/sluhatcham/29-chpnu/164-navch-progr-chpnu-uvp-pk-30>

²¹ **Competence** is a necessary set of knowledge, skills, attitudes and experience that allow for efficient performance of some function or activities. It is identified by the state, certain institutions of persons who organize certain kind of activities. Competence is an integrated result of training that is not limited to the sum of knowledge, skills and experience, but requires showcasing them through real activities.

Contents of training programmes and competences that prison officers receive in course of training

Professional qualification	Contents of training programme	Professional competence
Doctors of health care units of penitentiary facilities and pre-trial detention centres of the SCES of Ukraine	<ul style="list-style-type: none"> • Signs, transmission routes and prevention measures of HIV/AIDS • Methods of diagnostics and treatment of HIV/AIDS • Transmission routes and signs of viral hepatitis (A,B,C) and their prevention • Methods of diagnostics and treatment of viral hepatitis 	<ul style="list-style-type: none"> • Organize and take part into HIV/AIDS prevention measures among prisoners (detainees) and personnel of penitentiary facilities and pre-trial detention centres; • Organize measures to prevent viral hepatitis
Heads of social and psychological support units and senior educators of the penitentiary facilities and pre-trial detention centres of the SCES of Ukraine	Transmission routes, signs and prevention of tuberculosis, viral hepatitis A, B and C and HIV/AIDS, procedure and security measures during the search of infected convicts	Organize and take part into HIV/AIDS prevention measures among convicts
Junior inspectors of custody and security units of criminal executive facilities of the SCES of Ukraine	Transmission routes, signs and prevention of tuberculosis, viral hepatitis A, B and C and HIV/AIDS, procedure and security measures during the search of infected convicts	Competence not identified
Engineers on labour safety of penitentiary facilities of the SCES of Ukraine	Transmission routes, signs and prevention of tuberculosis, viral hepatitis A, B and C and HIV/AIDS, sexually transmitted infections, their signs and prevention	Take part in HIV/AIDS prevention measures among convicts and ensure prevention among prison officers
Junior inspectors of regime and custody units of special juvenile correctional facilities of the SCES of Ukraine	Transmission routes, signs and prevention of tuberculosis, viral hepatitis A, B and C and HIV/AIDS, procedure and security measures during the search of infected convicts	Competence not identified
Assistants to heads of criminal executive facilities of the SCES of Ukraine	Transmission routes, signs and prevention of tuberculosis, viral hepatitis A, B and C and HIV/AIDS, procedure and security measures during the search of infected convicts	Competence not identified

As might be seen, not all categories of personnel are covered with training and awareness raising on HIV/AIDS issues. The prevention issues are not integrated into primary professional training of psychologists of penitentiary facilities and pre-trial detention centres. In addition, different categories of personnel receive just the same kind of information about HIV/AIDS prevention. The information about other diseases, *e.g.*, sexually transmitted diseases, is almost not included into training programmes.

The awareness of personnel on prevention issues is also raised through on-the-job training. The heads of all levels bear direct responsibility for organization of professional training and maintaining high professionalism of the personnel.

There is a separate programme for service and military training of privates and junior officers of guard units of the penitentiary facilities (except for the physical training that takes place under general conditions). Service training includes health care training as well.

The personnel usually receive information about HIV/AIDS prevention at the separate training session. These are health care practitioners who are usually responsible for such training. In addition, another kind of capacity building is self-education. It aims at ensuring continuing and systemic improvement of knowledge and skills that the personnel acquired in training institutions, professional work, in-service and on-the-job training.

To sum up, the goal of capacity building system for personnel of penitentiary facilities is to ensure continuity of their education and cover all categories of the personnel with information about prevention. The training also aims to prevent prison officers from contracting infection and provide them with knowledge and skills necessary to prevent HIV/AIDS among prisoners.

At the same time, there are some drawbacks in professional capacity building system and the goals are not always achieved. The training process takes place in a formalistic and superficial way. It is usually limited to getting trainees acquainted with legal acts without checking their knowledge level. Sometimes these responsibilities are entrusted with other agencies and the latter conduct training without due account of particularities of penitentiary sector. In addition, another negative factor is high staff turnover. Finally, some persons who start training do not understand the essence of their future job.

The positive trends are also available. One of them is readiness of training institutions to learn international experience and cooperate in the area of combating HIV/AIDS. For example, Chernihiv Legal College takes part into the project “Institutionalization of Training Programmes on Promoting Healthy Lifestyles and HIV/AIDS Prevention in the Penitentiary System of Ukraine” that is implemented with the support of Dutch Ministry of Foreign Affairs within Social Transformations Programme (MATRA)²². Cooperation with non-governmental organizations that carry out trainings for prison officers on HIV/AIDS prevention is also very important.

²² <http://www.dkvs-college.org/index1.html>

Training provided by non-governmental organizations. The cooperation with non-governmental organizations helps to involve prison officers to trainings delivered by such NGOs. Such trainings were carried out within the framework of Programme “Support to HIV/AIDS Prevention, Treatment and Care of the Most Vulnerable Populations of Ukraine” with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round 6. During August 2007 – July 2012, 5 712 prison officers received training organized by International HIV/AIDS Alliance in Ukraine²³.

Such training is also provided by civic activists who implement projects on care and support to HIV infected prisoners and detainees (with the support of Network of PLWH). As of 14 June 2013, the projects involving training and awareness raising activities on HIV/AIDS prevention are being implemented in 108 penitentiary facilities of Ukraine. The trainings are usually carried out twice per year. The NGOs are also producing printed informational materials that are also used to raise awareness of prison officers.

In general, the methods of NGOs demonstrate better results in comparison with formal training system. It is due to higher motivation to ensure the quality of training and higher professional level of the trainers. But in some agencies, the training activities are quite superficial or lack focus on prevention.

Prisoners and detainees in the penitentiary facilities and pre-trial detention centres

The main ways of raising awareness of convicts and prisoners are:

- Taking part into informational and awareness raising activities carried out by personnel of penitentiary facilities;
- Training provided by NGOs;
- Taking part in pre-test and after-test counselling.

Taking part into informational and awareness raising activities carried out by personnel of penitentiary facilities. According to terms of reference, these are doctors, heads of social and psychological support units and senior educators of the penitentiary facilities and pre-trial detention centres of the SPS of Ukraine who bear primary responsibility for informing prisoners. However, passive informing is still the most widespread form of raising awareness of prisoners about HIV/AIDS.

It means that the information is provided through:

- information boards and posters in health care units;
- boards and posters in penitentiary facilities;
- posters and information cards in dormitories
- leaflets and brochures.

²³ http://www.aidsalliance.org.ua/ru/library/our/2013/zvit_6R_preview.pdf

Health care practitioners have to provide information on HIV prevention to prisoners during personal conversation. Heads of social and psychological support units and senior educators of the penitentiary facilities and pre-trial detention centres have to integrate information about HIV prevention into individual programmes of social correctional and psychological work with convicts. Such individual programmes have to be produced for every prisoner that arrives to a penitentiary facility. This document aims to summarize and plan individual correctional work with a prisoner, receive dynamic information about his/her behaviour, control the changes in his/her behaviour and settle personal problems that the prisoner might have. So, this programme is an individual plan of correction of particular person.

The Programme is composed of 11 chapters, namely:

Chapter I. Social and demographic record

Chapter II. Criminal legal record

Chapter III. Data about individual abilities, aptitudes and physical particularities

Chapter IV. Plans and intentions of a convict for the period of serving sentence and the consequences of their implementation

Chapter V. Evaluation of the correction progress

Chapter VI. Psychological record and recommendations of psychologist

Chapter VII. Findings of individual observations over the convict and contents of conversations with him/her

Chapter VIII. Special notes

Chapter IX. Record of motivations and sanctions

Chapter X. Results of the commission review on transferring to the correctional colony of other custody level, release on probation, amnesty, free pardon, etc.

Chapter XI. Notes about evaluation of the Programme.

The first part of the Programme (Chapters I to III) have to be filled in by the head of unit of quarantine, diagnostics and distribution according to data of personal records. The very convict may be involved in case of need. Chapter VI has to be filled in by psychologist – this specialist makes notes of psychological observation, psychological record of the convict and recommendations on carrying out individual work with him/her.

The head of social and psychological support unit reviews the personal record of a convict and other documents containing information about the convict. Together with a convict, he/she inputs data about the convict's plans and intentions for the period of serving sentence into Chapter IV.

If a convict that arrives to penitentiary facility has got a Programme into other facility, it is an obligation of deputy head of a facility responsible for social and

psychological work with prisoners to check this document. The respective note is made in Chapter XI.

Chapter VII should be filled in with additional data about the convict that is not directly required by the Programme but might have impact on its implementation. Consequences of particular conversations should be also reflected there. The head of social and psychological support unit should make notes about the changes in behaviour, social ties, beliefs of a convict, relations with close relatives and other convicts, good and bad habits, etc. These notes should be made at least twice per year.

Data about the behaviour of convict that require particular attention of prison officers should be inputted to Chapter VIII. In particular, these are data about crimes committed when serving punishment, inclination to redemption, attempts to commit suicide, self-injuring, etc.

However, the experience demonstrates that the responsible prison officers poorly perform their duties. In many cases, the prison officers do not really implement preventive measures among prisoners, and just report about them on paper – in action plans and progress reports.

In addition, it is worth noting that the detainees are actually deprived of the possibility to obtain detailed preventive information, because the only penitentiary staff member who may provide information to prisoners is a doctor of health care unit of pre-trial detention centre. The duration of contact between a doctor and a detainee is very limited. The only exception is minors who can obtain the respective information during their education.

Training provided by NGOs. Last years, more and more NGOs get involved into raising awareness of prisoners and making civic impact on them. 203 associations of citizens are regularly cooperating with penitentiary facilities, 23 of them are international charitable organization, 39 are national, and 141 regional organizations. More than 600 representatives of NGOs direct visit penitentiary facilities and work with prisoners (in 2010, these were 800 civic activists). Although the number of civic activists decreased, the effectiveness of their activities improved. For example, during 2010 they made some 4 thousand visits and carried out approximately 6 thousand events for over 70 500 prisoners. During the first half of 2011, they made 5 thousand visits and 3 200 events. The number of prisoners who took part in them was the same²⁴. It is also worth noting that prevention is one of key components of civic initiatives in the penitentiary

²⁴ Conclusions upon the results of civic expert assessment of the activities of State Penitentiary Service of Ukraine // <http://www.google.com.ua/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&ved=0CDQQFjAB&url=http%3A%2F%2Fumdpl.info%2Ffiles%2Fdocs%2F1323976862.doc&ei=hSK8UcOfHcSwPNatgLAE&usg=AFQjCNEAjhjIyjfL5uhP-VYUAojx0wkwMA&sig2=IAREQBcaik7ZkAu8NQS2fg&bvm=bv.47883778,d.Yms>

facilities. It is due to large amount of donor funds directed to support the activities of charitable and non-governmental organizations working in this area.

The majority of prevention trainings were carried out within the framework of Programme “Support to HIV/AIDS Prevention, Treatment and Care of the Most Vulnerable Populations of Ukraine” with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round 6²⁵. During August 2007 – July 2012, 27 NGOs working in 64 penitentiary facilities received grants of the Global Fund. As a result, 146 535 prisoners received their services.

The following innovations were introduced upon the result of implementation of respective projects:

- Operation of the school on working with volunteers.
- Developing capacity of volunteer consultants from among the convicts for implementation of peer-to-peer informational sessions and trainings (with passing exam).
- Volunteer consultations in the penitentiary facilities on safe behaviours, HIV/STI, motivation of prisoners to undergo HIV/STI test in health care units.
- Case management of convicts after receiving positive result of HIV test.
- Organization and carrying out at least two mass preventive actions per year: lectures, concerts, thematic concerns, actions devoted to the World AIDS Day, etc.
- Carrying out informational sessions for prisoners on the following topics: prevention of HIV/STI, hepatitis and tuberculosis, development of communication skills on condom usage, etc.
- Carrying out distance lectures.

In order to inform prisoners on prevention of HIV/AIDS, hepatitis and sexually transmitted diseases, the NGOs produce and disseminate printed informational and awareness raising materials. This method of awareness raising is one of the most widespread. The majority of informational materials are printed at the donor expense. They are usually designed in line with informational needs of prisoners and detainees. It is not just a donor requirement, but also the intention of the very organization to achieve real change of behaviour of prisoners and detainees. In addition, International HIV/AIDS Alliance in Ukraine conducted a number of trainings for civic activists working in the penitentiary facilities on producing informational materials devoted to HIV/AIDS prevention. Another reason of high efficiency of informational materials of NGOs is that they use to engage prisoners of released persons to development of such kind of materials. Therefore, these materials reflect the needs and perception of prisoners and detainees. In general, information and awareness raising materials on HIV/AIDS prevention are

²⁵ http://www.aidsalliance.org.ua/ru/library/our/2013/zvit_6R_preview.pdf

accessible, and only the penitentiary facilities that do not cooperate with NGOs may lack them.

To sum up, the preventive actions of NGOs are the most effective, because they use best international practices and innovative technologies, and civic activists enjoy greater trust of prisoners and detainees in comparison with state officials, including the personnel of penitentiary facilities.

1.5.2. HIV Testing and Counselling

Legal framework

Article 4 of the Law of Ukraine “On Combating the Spread of diseases caused by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV”,²⁶ provides for state guarantees in the area of combating HIV/AIDS. The main guarantees concern the accessibility and high quality of HIV testing. This Article also sets forth the main principles that testing should be based on – these are anonymity, providing preliminary and subsequent consultations (pre-test and after-test counselling) and security of test for the patient and health care personnel. The right of person to undergo test is provided for by paragraph 1 of Article 6 of this Law. It states that almost any person who is legally present in Ukraine can enjoy this right.

The order of voluntary HIV testing and counselling is governed by the Order of MOH of Ukraine # 415 as of 19 August 2005 as amended by Order of the MOH of Ukraine # 114 “On Improvement of HIV Voluntary Testing and Counselling” as of 14 February 2012²⁷.

In pursuance of these provisions, testing of convicts and prisoners was launched in the penitentiary facilities. But before 2012, there were no legal act to regulate the mechanism of testing to a sufficient extent. The respective Order # 692/775/1311/5 “On Approval of the Procedure of cooperation of health care facilities, regional law enforcement agencies, penitentiary facilities and pre-trial detention centres on ensuring continuity of regular medical observation of HIV positive persons, clinical laboratory monitoring of course of diseases and antiretroviral treatment” was approved on 5 September 2012²⁸.

This document puts the following obligations on administrations of the penitentiary facilities and pre-trial detention centres:

- Appoint health care practitioners responsible for taking measures to combat HIV/AIDS;

²⁶ <http://zakon4.rada.gov.ua/laws/show/1972-12>

²⁷ <http://zakon4.rada.gov.ua/laws/show/z1404-05>

²⁸ http://search.ligazakon.ua/l_doc2.nsf/link1/RE21927.html

- Ensure that prisoners and detainees have opportunity to undergo voluntary consultation in accordance with the Procedure of voluntary HIV testing and counselling;
- Approve with the Ministry of Health Care of the AR of Crimea and main departments (departments) of health care of oblast, Kyiv and Sevastopol city administrations the necessary number of tests for confirmative HIV tests to be procured;
- Ensure blood sampling of all detainees and prisoners;
- Ensure the transportation of blood samples for analysis in laboratories of the closest oblast/city Centre for prevention and combating AIDS (AIDS centre);
- To ensure that the results of laboratory analysis are received back.

In addition, rapid testing is also introduced into the penitentiary facilities and pre-trial detention centres of Ukraine. The respective modality is governed by the Order of MOH of Ukraine # 1141 as of 21 December 2012 as amended by the Order of MOH # 718 “On Approval of the Procedure of HIV testing and ensuring the quality of analysis, of templates of primary reporting of HIV test and instructions for filling them in”²⁹ as of 17 September 2012. The National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013 also provides for HIV testing in prison settings.

Implementation practice

36 053 prisoners (25.1% of all detainees and prisoners) underwent HIV testing throughout 2012, HIV infection was identified in 3 847 persons (10.6%). In several oblasts, the rate of test coverage was lower than average: these are AR of Crimea (14%), Dnipropetrovsk (11.2%), Zhytomyr (11.5%), Rivne (9%) and Kherson (11.3%) oblasts.

Although there are sufficient detailed regulations of HIV testing, the practice of its implementation unveils some problems and violations. For example, there is evidence of violation of the Law of Ukraine #1972-XII “On Combating the Spread of diseases caused by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV”. In particular, paragraph 4 of Article 6 of this Law establishes that these are properly licensed facilities having an accredited medical laboratory that are eligible to carry out HIV testing and all procedures relevant to it.

Many prisoners reported to us that pre-test and after-test counselling was very superficial and sometimes was not provided at all. Prisoners and detainees who undergo such testing are not provided with information on prevention. If a person learns that he/she is HIV positive, he/she does not receive information about

²⁹ http://search.ligazakon.ua/l_doc2.nsf/link1/RE19057.html

specific way of life with regard to HIV and the opportunities of ART. Lack of counselling provokes further spread of HIV infection, because in accordance with p. 2 of Article 7 of this Law, high-quality after-test counselling is mandatory. The person whose HIV test is positive should be provided with information about preventive measures that can help him/her to keep healthy and prevent further spread of HIV, about the guarantees of rights and freedoms of people living with HIV and about criminal liability for conscious infection of other person with HIV or putting him/her under risk of contracting HIV. But at the practical level, such consultation does not take place. Instead, patients just sign an information letter without even reading it.

At the same time, different penitentiary facilities have their particularities in terms of testing procedure. For example, if the facility is located in oblast centre close to AIDS centre, it is easier for prisoners and detainees to undergo testing in comparison with facilities located in rural areas. The reason is that the NGOs are more comfortable in terms of visiting former facilities and arranging appointments to infectious diseases doctor of regional AIDS centre.

Lack of infectious diseases doctors in many penitentiary facilities is another factor having negative impact on testing practices. In addition, many prisoners and detainees receive the result of their tests long time after taking it.

The efforts of NGOs contributed to positive developments in 2012 – HIV testing became available in more penitentiary facilities. Moreover, the large-scale training of health care practitioners of the penitentiary facilities and pre-trial detention centres on various testing techniques was carried out. For example, the training on counselling and testing of prisoners and detainees for health care staff of the SPS of Ukraine was carried out on 28-29 September in Kyiv oblast. It was a part of Project “Building a Sustainable System of Comprehensive Services on HIV/AIDS Prevention, Treatment, Care and Support to MARP and PLWH” that is implemented with support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round 10. The same trainings are also delivered in other regions of Ukraine. Their contents usually include HIV epidemiology, transmission routes and lifecycle and HIV diagnostics. The particular focus is made on stigma and discrimination, legal issues of combating HIV/AIDS, pre-test and after-test counselling and ART. They also include topics of hepatitis, STI and their prevention, etc.³⁰

1.5.3. Vaccination and Treatment of Viral Hepatitis

Both prisoners and personnel of the penitentiary facilities have limited access to diagnostics of hepatitis, but for the facilities where NGO carry out rapid tests for the prisoners. However, such facilities are few. Moreover, the needs for hepatitis

³⁰ <http://network.org.ua/media/news/page-3137/>

treatment are not satisfied neither in terms of finance nor resources. The effective legal acts do not provide for HBV vaccination even for health care staff. Only the severe diseases are registered.

According to official statistics, only 4 prisoners were registered as having contracted viral hepatitis in 2012, all of them were infected with HBV (three detainees in pre-trial detention centres and 1 prisoner in correctional colony). They were registered in Donetsk, Ivano-Frankivsk and Odesa oblasts.

Another significant problem is lack of prevention system and shortage of funding for national programme for hepatitis treatment, HCV in particular. Implementation of target programme of prevention and treatment of viral hepatitis that was approved by the Cabinet of Ministers of Ukraine on 16 April 2013 (“State Target Social Programme of Prevention, Diagnostics and Treatment of Viral Hepatitis by 2016”) could make some improvements. It sets forth to provide all kinds of care to patients with viral hepatitis, including diagnostics, treatment, prevention and research. It is expected that the programme would improve the quality of treatment of HBV and HCV at early stages and decrease the incidence, disability and mortality from viral hepatitis. The particular attention would be paid to raising public awareness about the methods of prevention and early identification of hepatitis. It is planned to improve psychical resources of prevention and treatment facilities that provide health and social care to patients with chronic viral hepatitis³¹.

These results have not been achieved so far, because the Programme was adopted just few months ago, and because no funds were allocated from the state budget to implement it.

At the same time, it is worth noting that the efficiency of its implementation in the penitentiary facilities will directly depend on the timely and relevant update of the legal framework. Therefore, national experts consider it necessary to take the following steps:

- To initiate with the MOH the urgent development and approval of national clinical protocols of prevention, diagnostics and treatment of viral hepatitis and complications of them;
- To initiate with the MOH the update of legal framework in line with domestic legislation and international standards – in particular, develop the order on epidemiological surveillance, prevention, diagnostics and treatment of viral hepatitis that would replace the effective order of MOH the USSR # 408 “On Actions Aimed to Decrease the Viral Hepatitis Incidence in the Country” as of 12 July 1989;

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http://zaxid.net/home/showSingleNews.do?uryad_zatverdiv_derzhavnu_programu_likuvannya_gepatitiv&objectId=1284337

- To identify the number of patients with severe and chronic forms of HCV, to assess their needs and funding necessary to treat them;
- To set up the system of record, coordination and management of activities aimed at prevention and combating viral hepatitis; to identify national-level facilities and practitioners responsible for these functions (focal points);
- To launch large-scale hepatitis testing of health care practitioners, prisoners and detainees;
- To initiate with the Ministry of Education and Science of Ukraine the revision of training programmes of higher medical education on viral hepatitis and bringing them in conformity with the effective domestic law and international provisions, including in terms of raising awareness of health care professionals about viral hepatitis, its complications, transmission routes and treatment opportunities;
- To initiate with the Ministry of Education and Science of Ukraine the increase of public contract for training of infectious disease doctors³².

1.5.4. Treatment of Drug Addiction

The treatment and regular medical check-up of drug addicted patients is regulated by the MOH of Ukraine. Provision of narcological care to prisoners in the penitentiary facilities is governed by the Order of MOH # 681 “On Approval of Clinical Protocols of Health Care on “Narcology” Specialty” as of 21 September 2009. This document is of a general nature, and it makes it complicated to implement its provisions in the penitentiary facilities, because prison officers got used to refer to their sectoral or special legal acts in the first place. However, there are no legal acts of the SPS that regulate the prevention and treatment of drug addiction in the penitentiary facilities. There was an Order # 3/6 “On Approval of Legal Acts on Providing Health and Sanitary Care to Prisoners and Detainees in Pre-Trial Detention Centres and Penitentiary Facilities of the State Department for Execution of Punishment” as of 18 January 2000 that provided for the detailed regulations on drug addiction treatment in the penitentiary facilities. Since it was abrogated, the new acts were not approved in this area.

In 2012, the number of drug addicted convicts registered for regular medical check-up for prevention, treatment and rehabilitation amounted to 2 731 persons (4 588 in 2011). The majority of them – 85% – are people of active working age (25-55). The correlation of men to women during long years stays approximately at the level 8:1.

As of 1 January 2013, 769 prisoners in the penitentiary facilities received mandatory drug addiction treatment in accordance with Article 96 of the Criminal

³² Recommendations of the participants of round table “Viral hepatitis: current level of incidence and ways to combat the epidemic”, 15 February 2013 // <https://www.facebook.com/media/set/?set=pcb.309652722471560&type=1>

Code of Ukraine. It is necessary to note that imposing such drug addiction treatment with reference to this provision of the Criminal Code is a violation of both human rights and effective law. But the courts turn the blind eye to such violation and continue to impose mandatory treatment as they used to do for a long time. The effective Criminal Code of Ukraine has traditional provisions that can be referred to when imposing mandatory treatment on criminals. At the same time, Article 96 of the Criminal Code that concerns mandatory treatment establishes the grounds for imposing mandatory treatment that are significantly different from the provision of previous criminal law. For example, p. 2 of Article 14 of the Criminal Code of the Ukrainian SSR (1960) set forth that the court irrespective of criminal sanction was eligible to refer a person convicted for alcohol or drug-related crime to mandatory treatment, whereas p. 1 of Article 96 of the Criminal Code of Ukraine (2001) indicates that the court may impose mandatory treatment on a person who committed crime and has a disease dangerous for the health of other people. The analysis of effective legislation does not allow for clear identification of diseases can be considered dangerous for the health of other people. Article 53 of the Fundamental Principles of the Health Care Legislation of Ukraine provides for special measures to prevent and treat socially dangerous diseases. It identifies the following socially dangerous diseases: tuberculosis, mental disorders, venereal diseases, AIDS, leprosy, chronic alcohol addiction and drug addiction. To sum up, socially dangerous diseases include only not just the infectious diseases but also the diseases that are not transmitted between people but still can provoke various deviant behaviours in the community. It is evident that the notions “socially dangerous disease” and “disease dangerous for the health of other people” intersect but are not the same. For example, chronic alcohol and drug addiction are socially dangerous diseases, but they cannot be considered as infectious diseases (meaning the diseases dangerous for the health of other people). It was a point of concern for the Plenum of Supreme Court of Ukraine. In paragraph 24 of its Resolution # 7 “On the Practice of Applying Mandatory Treatment and Mandatory Medical Measures by Court Decision” as of 3 June 2005 it states that with reference to Article 96 of the Criminal Code of Ukraine, mandatory treatment may be imposed only on those persons who committed crimes and have diseases dangerous for the health of other people (alcohol and drug addiction are not such diseases, because they are classified as socially dangerous diseases).

At the practical level, drug addiction in the penitentiary facilities is treated as follows. In 59 penitentiary facilities the narcological offices are set up. They should provide prevention, treatment, diagnostics and rehabilitation care. According to the SPS of Ukraine, the prisoners who are in need of narcological care receive general maintenance treatment. But narcological care provided to drug addicted prisoners is usually superficial and ineffective. According to data of national preventive mechanism, such treatment is usually limited to valerian tincture.

Some problems persist in the area of narcological care. In particular, limited budget is allocated for prevention and rehabilitation programmes and for improvement of physical resources of prevention and treatment facilities. Certain initiatives are taken by civic activities in order to solve the problems of drug addiction treatment. They organize support groups and promote the rehabilitation centres for substance addicts.

Legal framework for arranging SMT

It is necessary to note that Ukraine is a Member State of World Health Organization since 1948. Taking into account that the WHO has approved SMT, Ukraine as a Member State has to maintain SMT programmes initiated by WHO. Ukraine has approved basic legislation to create necessary grounds for starting SMT in prison settings. The *main* legal acts that provide for opportunities to start such therapy in the penitentiary facilities are as follows:

- 1) The Law of Ukraine # 2801-XII "*Fundamental Principles of the Health Care Legislation of Ukraine*" as of 19 November 1992. It stipulates that every citizen has the right to health care, and the government in line with the Constitution of Ukraine shall guarantee the implementation of citizens' rights to health care.
- 2) The Law of Ukraine # 60/95-BP "*On Narcotic Drugs, Psychotropic Substances and Precursors*" as of 15 February 1995. It identifies the procedure of how health care system shall use narcotic drugs with limited traffic, including methadone.
- 3) The Resolution of the Cabinet of Ministers # 770 "*On Approval of the List of Narcotic Drugs, Psychotropic Substances and Precursors*" as of 6 May 2000. According to this Resolution, methadone is included into List 1 of Table 2 (narcotic drugs with limited traffic that are not prohibited for usage – for example, it is allowed for medical purposes).
- 4) The Law of Ukraine # 1026-VI "*On Approval of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013*" as of 19 February 2009. According to the Law, one of the components of prevention is improving the access of injecting drug users, first of all HIV infected IDU, to substitution maintenance therapy and rehabilitation programmes.
- 5) the Law of Ukraine #1972-XII "*On Combating the Spread of diseases caused by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV*" last amended on 12 May 2012. According to Article 4 of this Law, the state shall guarantee *inter alia* the prevention of HIV among persons who inject narcotic drugs and psychotropic substances. In particular, the state shall implement rehabilitation and harm reduction programmes for such people. These programmes shall include substitution maintenance therapy for drug addicts, needle and syringe exchange programmes and other interventions.

6) Technical recommendations “*Substitution Maintenance Therapy for Opioid Addiction Treatment*” approved by the Order of MOH of Ukraine # 645 as of 10 November 2008. This document provides explanation of the basic notions: a) substitution maintenance therapy (SMT) is a long-term (six months and more) provision of constant doses of SMT for comprehensive treatment of opioid addict in order to improve his/her mental condition, decrease medical and social consequences of consuming illegal drugs and creating grounds for rehabilitation and treatment of other diseases (AIDS, hepatitis B and C, tuberculosis, septicemic conditions, etc); b) detoxification with substitution medicines is a treatment with SMT through gradual decreasing of dosing in order to restrict the manifestations of opioid abstinence syndrome and ensure complete refusal from consuming drugs. The Order also specifies the procedure of prescription and organization of SMT.

7) *The Procedure of conducting substitution maintenance therapy of opioid addicts*, approved by the Order of MOH of Ukraine # 200 as of 27 March 2012. It establishes the procedure of organization and conducting SMT.

8) *The Procedure of cooperation of health care facilities, law enforcement agencies, pre-trial detention centres and correctional facilities on ensuring continuity of substitution maintenance therapy*, approved by the Order of MOH, MIA, Ministry of Justice and State Service on Drug Control # 821/937/1549/5/156 as of 22 October 2012 (registered in the Ministry of Justice on 7 November 2012 under # 1868/22180). It provides for the mechanism of SMT in preliminary detention centres of law enforcement agencies, pre-trial detention centres and correctional facilities.

9) The Law of Ukraine # 3352-XII “*On Preliminary Detention*” as of 30 June 1993. Its Article 11 establishes that health care, prevention, treatment and epidemiological activities in prison settings shall be arranged and implemented in line with health care legislation. The procedures of providing health care to prisoners and engaging public and municipal health care facilities not subordinated to pre-trial detention facilities and engaging their health care staff, as well as of carrying out medical examinations, are established by the Cabinet of Ministers of Ukraine. The provisions of this Law apply to pre-trial detention centres of the SPS, guardhouses of Military order service units of Armed Forces of Ukraine and pre-trial detention centres of all agencies.

10) *Criminal Executive Code of Ukraine* (# 1129-IV as of 11 July 2003). Its Article 116 provides for that prevention, treatment, sanitary and epidemiological activities in prison settings shall be arranged and implemented in line with health care legislation. Administration of the penal colonies is requested to adhere to necessary health care requirements that ensure the rights of prisoners to health care. The procedures of providing health care to prisoners, of organization and conducting sanitary surveillance, of using prevention, treatment and sanitary health care

facilities and of engaging their staff into health care of prisoners are established by the legal acts of central executive authority for execution of punishments and of the Ministry of Health Care.

11) *The Procedure of cooperation of health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to detainees*, approved by the Order of MOH and Ministry of Justice # 239/5/104 as of 10 February 2012. This Procedure establishes the cooperation modality between health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to detainees.

12) *The Instruction on procedure of provision of health care, using treatment and prevention health care facilities and engaging their health care staff to health examinations in the special premises of pre-trial detention centres of the Pre-trial investigation unit of Central Department of the Security Service of Ukraine*, approved by the Order of Security Service of Ukraine # 178/268 as of 15 March 2011.

13) *Internal rules of conduct of the pre-trial detention centres of law enforcement agencies of Ukraine*, approved by the Order of MIA of Ukraine # 638 as of 2 December 2008. They establish that provision of physical resources, treatment, sanitary and prevention care to the detainees shall be arranged in accordance with the effective law of Ukraine.

14) The Order of MIA of Ukraine # 181 “*On the Organization of Activities of Standby Units of Law Enforcement Agencies Aimed at the Protection of State and Public Interests from Illegal Infringements*” as of 28 April 2009. It sets forth the basic conditions of medical examination and care to be provided to detainees in district law enforcement authorities. According to this Order, the standby units are also requested to organize the work with detainees, ensure their constitutional rights and freedoms, placing/releasing them into rooms for detainees, ensure observance over their behaviour, performing control over the observance of the procedure of detention, conveying and placing detainees into pre-trial detention centres.

15) *Internal rules of conduct of the penitentiary facilities*, approved by the Order of State Department for Execution of Punishment # 275 as of 25 December 2003. They establish general conditions of organization and provision of health care to convicts. In particular, this Order sets forth that the procedures of providing health care to prisoners, of organization and conducting sanitary surveillance, of using prevention, treatment and sanitary health care facilities and of engaging their staff into health care of prisoners are established by legal acts of the State Department for Execution of Punishment and MOH of Ukraine.

The effective legislation provides for sufficient grounds for starting SMT programmes in prison settings, whereas it is limited just to application of general principles of treatment of prisoners and detainees and establishing that some kinds of narcotic drugs may be used in prison settings for medical (treatment) purposes (like in many other countries). The main reasons why it is complicated to start SMT programmes in prison setting are as follows:

1. Organizational and legal drawbacks

A) Effective sectoral legal acts – that are supposed to regulate the procedure of providing SMT – actually forbid it for detainees and prisoners. In particular, the *Procedure of carrying out substitution maintenance therapy in opioid addicts*, approved by the Order of MOH of Ukraine # 200 as of 27 March 2012, directly and unequivocally stipulates the following: “17. Decisions to stop SMT are made by the Commission upon proposal of a doctor in such cases: (...) omission to take therapy for more than 10 days during a month; enactment of a judgment of guilt or the court’s decision in the administrative case”. Therefore, in case if person is detained (put under custody for selecting the pre-trial restriction) he/she can be kept under custody for 10 days, and it can become the reason of termination of SMT. When it comes to the start of serving punishment, termination of SMT is a requirement in accordance with the above-mentioned Order.

At the same time, the legal acts have other drawbacks. In particular, they do not contain any requirement to make written record of the detainee’s need for SMT just after arriving to detention unit. Nowadays, the duty officer provides this information to the head of health care unit just orally or by phone. The head of health care unit, in his/her turn, submits this information orally or by phone to the closest health care facility that provides SMT or detoxification treatment. Such way of sharing information may cause a risk that the condition and needs of a drug addict would be simply ignored. Secondly, the legal acts do not establish exact timing for submitting the respective information to the head of health care unit of penitentiary facility and head of health care facility.

When the *Procedure of cooperation of health care facilities, law enforcement agencies, pre-trial detention centres and correctional facilities on ensuring continuity of substitution maintenance therapy* was approved, it significantly deteriorated the opportunities of providing SMT in the penitentiary facilities. The adoption of this act makes it possible to report that SMT is provided in the penitentiary facilities, but to say the truth, it does not apply to all prison settings where the convicts, prisoners or detainees may stay (for example, correctional colonies and pre-trial detention centres of the Security Service of Ukraine are neglected). In addition, since this act was approved just short time ago, it may seem inadvisable to introduce amendments into it.

B) Poor efficiency of inter-agency cooperation. Nowadays, each entity engaged into the work with detainees and prisoners tries to implement only those activities

that are stipulated by the respective sectoral orders. Actually, neither of agencies undertakes responsibility for providing SMT to prisoners of detainees if there is no clear instruction to do so in some legal act. Another problem is the lack of procedure of receiving information about patients who underwent SMT and providing this information to the respective facilities, as well as the lack of procedure of providing substitution maintenance medicines to detainees and prisoners during conveying them to the courts or other facilities.

2. *Physical and technical drawbacks.* Poor financing of the treatment of drug addicts, multiple violations and misbehaviour of health care practitioners create negative reputation of SMT and impede its further development as a method of drug addiction treatment.

3. *Ideological drawbacks.* Numerous non-governmental actors (religious organizations in particular) and government authorities have negative attitudes to SMT programmes both in the community and in prison settings. Some politicians call for prohibition of methadone SMT programmes in their electoral activities. This context makes additional difficulties for further development of SMT programmes and increase of their coverage.

In addition, according to analytical review and survey of several groups of citizens and officials, they are mainly concerned that the personnel of penitentiary facilities and settings are not able to counter corruption – at least, they firmly believe in it. Therefore, many people share the idea that SMT programmes will create additional corruption risks in prison setting and thus will become the source of illicit enrichment.

As of 2nd quarter of 2013, a number of penitentiary facilities have already formally enacted the provisions of new Procedure. But in most oblasts, the personnel are not even aware of this document and do not know how to implement it. Due to lack of funds, a majority of pre-trial detention centres do not equip rooms for storage and dispense of SMT medicines. Some positive developments take place only in the oblasts where NGOs provide the respective funds.

A positive achievement in staff capacity building system is amendment of training module on medical training and healthy lifestyles of Bila Tserkva College to Train Personnel of the Penitentiary Sector. The training module now includes such topics as *Drug addiction in Ukraine, Main types of narcotic drugs, Reasons and stages of addiction development, Consequences of using narcotic drugs, Diagnostics, prevention and treatment of substance abuse in prison settings, Forms and methods of overcoming tobacco addiction, Main direction of spread of substance addiction in prison settings, and Particularities of providing health care to patients with mental disorders, alcohol and drug addiction in prison settings.*

It is expected that some changes are possible after implementation of National Strategy of Ukraine on Drugs (by 2020), which was drafted by civic activists and the representatives of government authorities in early 2012. Treatment and rehabilitation are the mainstream direction of the Strategy and thus they require new approaches. Namely, there is a need to develop comprehensive and integrated vision of treatment system, to ensure interaction of its elements and – most importantly – to ensure accessibility of health care and expansion of treatment opportunities alternative to punishment.

The Strategy also stipulates expansion of the network of facilities that provide care to drug addicts. It is suggested that health care to drug addicted is provided not only by narcological facilities of all forms of ownership that should be set up, licensed and operate according to the rules of the Cabinet of Ministers. Health care should be provided by wider network of general health care facilities and network of profile and family health care facilities, if they employ certified specialists, as well as by the penitentiary facilities of Ukraine.

In the penitentiary system, the following changes of strategic priorities are expected: improvement of testing and examination of health condition of the prisoners and detainees in prison settings, and identification of drug addicted prisoners and detainees; ensuring the accessibility of detoxification and psychosocial programmes in the penitentiary facilities and pre-trial detention centres; proper equipment of health care units of pre-trial detention centres for providing health care to drug addicted detainees; and development and implementation of programmes aimed at preventing the released persons from returning to drug abuse and relapse of criminal behaviour.

1.5.5. Treatment, Care and Support to HIV Infected Prisoners

Legal framework

Providing treatment, care and support to HIV infected prisoners and detainees in the penitentiary facilities is a requirement of the Law of Ukraine #1972-XII “On Combating the Spread of diseases caused by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV” last amended on 12 May 2012³³. In addition, according to Article 2 of this Law, in pursuance of state policies on combating HIV-related diseases, the government authorities shall develop and implement the respective programmes. One of examples is the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013³⁴.

The regulations of MOH of Ukraine that set the procedure of diagnostics and treatment of opportunistic infection (Order # 580 “On Improvement of Treatment

³³ <http://zakon4.rada.gov.ua/laws/show/1972-12>

³⁴ <http://zakon4.rada.gov.ua/laws/show/1026-17>

of HIV Infected and Patients with AIDS” as of 12 December 2003 as amended and supplemented by the Order of MOH # 182 as of 13 April 2007) shall also apply to the prisoners who serve punishments in the penitentiary facilities of the SPS of Ukraine.

According to the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013, the Health Care and Medical Sanitary Care of the SPS of Ukraine since 2010 submits proposals for procurement of medicines for treatment of opportunistic infections according to its needs to the unit of public procurement of the SPS.

The list of these medicines is composed in accordance with the following documents:

- Clinical protocol of diagnostics and treatment of opportunistic infections and general symptoms in HIV infected adults and adolescents, approved by the Order of MOH of Ukraine # 182 as of 13 April 2007;
- Clinical protocol of health care of combined diseases – HIV and tuberculosis, approved by the Order of MOH of Ukraine # 276 as of 28 May 2008;
- Standard of treatment of HIV positive injecting drug users, approved by the Order of MOH of Ukraine # 476 as of 19 August May 2008.

According to the Criminal Executive Code and the Law of Ukraine “On Preliminary Detention”, it is a direct responsibility of administrations of the penitentiary facilities and pre-trial detention centres to implement the provisions of domestic law on prevention of HIV infection. These acts oblige the administration of facilities to create conditions for protection of health of the prisoners and detainees³⁵.

In general, the HIV incidence in the penitentiary facilities of Ukraine is growing. In particular, only 11 HIV positive detainees were identified in pre-trial detention centres during 1987-1994. In 1996 their number amounted to 451 persons, in 1997 – to 2 939 persons. Since then, the SCES of Ukraine launched new policy on combating HIV. Its priority was to raise awareness of prisoners and prison officers about HIV/AIDS, abolish separate detention of HIV positive prisoners, and introduce voluntary HIV testing. Later the SCES of Ukraine got involved into implementation of state policy on combating HIV/AIDS. Together with the MOH of Ukraine, it developed a number of legal acts aimed at regulation of certain aspects of HIV/AIDS prevention, care, support and treatment. The most important acts are:

- Order of the MOH of Ukraine # 120 “On Improvement of Health Care Provision to HIV/AIDS Patients” as of 25 May 2004;

³⁵ <http://zakon2.rada.gov.ua/laws/show/1129-15/page4>

- Order of the MOH of Ukraine # 640/663 “On Approval of Templates of Reporting and Recording Documents on HIV/AIDS and Instructions for Filling Them in” as of 19 January 2005;
- Order of the MOH of Ukraine # 415 “On Improvement of Voluntary HIV Testing and Counselling” as of 19 August 2005;
- Order to the SCES and MOH of Ukraine # 186/607 “On Organization of Antiretroviral Therapy for HIV/AIDS Patients” as of 15 November 2005.

Then again, approval of these documents and legal gaps in the regulation of access of prisoners to health care made it necessary to develop a number of additional legal acts. 2012 was the most productive in terms of law making. The following acts were approved during 2012:

- The Procedure of cooperation of health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to detainees, approved by the Order of MOH and Ministry of Justice # 239/5/104 as of 10 February 2012³⁶;
- The Procedure of cooperation of health care units of State Criminal Executive Service of Ukraine with health care facilities on providing health care to convicts,
- approved by the Order of MOH and Ministry of Justice # 710/5/343 as of 10 May 2012³⁷;
- The Procedure of cooperation of health care facilities, regional law enforcement agencies, penitentiary facilities and pre-trial detention centres on ensuring continuity of regular medical observation of HIV positive persons, clinical laboratory monitoring of course of diseases and antiretroviral treatment”, approved by the Order # 692/775/1311/5 as of 5 September 2012³⁸.

In pursuance of the Law of Ukraine “On Approval of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013”, in 2009 the SPS of Ukraine developed and started to implement sectoral programme. It was supposed to receive UAH 154.6 million from the state budget for implementation of the respective actions in the penitentiary facilities. In 2009, the state funds were not provided. In 2010, only 32.9% of the planned budget was allocated (in 2011 and 2012 the percentage of allocated funds was as small as 13.5% and 18.1% respectively).

In 2012, HIV infection was first identified at early stages in 1 907 persons and AIDS – in 620 persons. This is due to HIV testing in the penitentiary facilities that were predominantly carried out by the NGOs. The rate of first identified HIV contamination among prisoners and detainees in 2012 numbered to 1 296.3 per 100

³⁶ <http://zakon2.rada.gov.ua/laws/show/z0212-12>

³⁷ <http://zakon2.rada.gov.ua/laws/show/z0769-12>

³⁸ http://search.ligazakon.ua/l_doc2.nsf/link1/RE21927.html

thousand people (1 188.3 in 2006; 1 435.5 in 2007; 1 518.2 in 2008; 1 613.3 in 2009; 1 089.6 in 2010; and 1830.5 in 2011). The highest number of HIV infected prisoners was registered for regular medical check-up in Donetsk (1 649) and Dnepropetrovsk (552) oblasts.

Organization of treatment of HIV/AIDS patients in the SCES of Ukraine

As of 1 January 2013, two infectious disease wards for treatment of HIV positive prisoners operate in health care facilities of the SPS of Ukraine. One more disease ward is to be opened in Zhytomyr oblast in 2013. The infectious disease ward of multi-type hospital at Dariivska penal colony-10 has 40 patient beds. During 2012, 322 patients received treatment there, 96 patients received ART, and 5 persons died. The infectious disease ward of multi-type hospital at Donetska penal colony-124 has 60 patient beds. During 2012, 575 patients received treatment there, 195 patients received ART, and 21 persons died.

In addition, the position of infectious disease doctor is established in all general and tuberculosis hospitals. They have the right to prescribe ART treatment, change the regimen that was prescribed earlier and prescribe treatment of opportunistic infections. In each facility, one of health care practitioner is appointed responsible for management of HIV infected prisoners.

As of 1 January 2013, 1 358 patients were receiving ART, 255 of them received treatment from oblast/city AIDS centres. 224 prisoners started their ART-therapy before imprisonment. ART is provided to convicts and prisoners in 19 pre-trial detention centres and 96 penitentiary facilities in all regions of Ukraine. At the same time, the access of HIV infected prisoners and detainees to ART is still not sufficient, although some progress was achieved during last three years. There are some regional differences in terms of accessibility to ARV. For example, the number of prisoners who received ART in 2012 in Kirovohrad and Zaporizzhia oblasts did not differ significantly (8 and 14 persons respectively), although in total, there are less than 3 thousand prisoners and detainees in Kirovohrad oblast and some 10 thousand prisoners and detainees in Zaporizzhia oblast.

It is planned to expand the scope of ART to 3 000 HIV infected and AIDS patients in 2013 at the expense of humanitarian aid to be provided by All-Ukrainian Charitable Organization “All-Ukrainian Network of People Living with HIV/AIDS”. In addition, 2013 will be the first year when the SPS of Ukraine plans to procure ARV for 600 HIV infected prisoners. ART is prescribed and provided under observation of the doctors of oblast/city AIDS centres and doctors of the SPS of Ukraine in line with National clinical protocol of HIV treatment in adults and adolescents, approved by the Order of MOH of Ukraine # 551 as of 12 July 2010.

At the same time, the measures taken in 2012 made little impact on the level of mortality in the penitentiary facilities. As a result, every third death in the

penitentiary system was caused by AIDS. AIDS is still one of main reasons of mortality in prison settings: in 2012, it was the reason of 29.8% deaths.

The first problems in cooperation between pre-trial detention centres and centres for prevention and combating AIDS emerged in the early 2013. The latter should provide health care to HIV positive prisoners, but sometimes they refused to provide such care because the administration of pre-trial detention centres did not pay for their services. In their turn, the executives of pre-trial detention centres don't have the right to include the payment to doctors into their budgets. Another reason why HIV positive detainees and prisoners are deprived of health care is that are regularly transported, including for proceedings and investigative reasons. There were reports that in 2012, some HIV infected convicts were not able to receive health care, because they were not allowed to leave the colony for inter-oblast hospitals. They were not allowed to leave *inter alia* because they had not received the results of immunodiagnosics. These results had to be inputted into the medical records of prisoners, but in 2012 such diagnostics were not carried out in number of penitentiary facilities – mainly due to remote location of the penitentiary facilities. Therefore, the prisoners were virtually deprived of the opportunity to receive consultation of infectious disease doctor and doctors of other profile, whereas such doctors did not arrive to the penitentiary facilities, and the prisoners were not able to come to inter-oblast hospitals.

The prisoners who receive ARV in AIDS centres have limited access to treatment. It especially concerns the cases when the prisoner serves punishment in one oblast and receives ARV from AIDS centre in other oblast. Sometimes these are relatives of a prisoner who receive ARV from AIDS centre and send them to a prisoner.

Particular attention should be paid to access to treatment of convicts who serve punishment in correctional centres. Almost all such centres are located far from AIDS centres, where HIV infected prisoners are supposed to receive health care. The rooms of infectious diseases of district health centres located near the correctional centres are not eligible to perform the functions of AIDS centres. In addition, many district practitioners. Health centres do not employ infectious disease doctors at all; their job is performed by general practitioners. As a result, the prisoners and detainees have poor access to specialized health care – namely, it is complicated for them to receive consultations of infectious disease doctors, identify their immune condition, viral load, etc. Finally, HIV infected convicts who are detained in the correctional centres basically don't have opportunities to regularly leave for AIDS centres.

Diagnostics of opportunistic infections is usually carried out by AIDS centres and some profile inter-oblast hospitals of the penitentiary system. In such cases, HIV infected convicts who serve punishment in remote correctional facilities and need diagnostics and treatment of opportunistic infections either have to go to inter-oblast hospital or to receive these services from health care facilities of the MOH

of Ukraine. At the same time, another drawback is the lack of clear modality of providing the results of analysis to convicts and inputting them into medical records of convicts. Lack of medicines of opportunistic infections is a problem of almost all penitentiary facilities, with just few exceptions. Finally, health care units of the penitentiary facilities do not always observe the rules of prescribing and providing such medicines.

According to health care practitioners of the SCES of Ukraine, poor health condition of prisoners and detainees is due to insufficient human resources of health care units of the penitentiary facilities, and lack of finance for treatment, diagnostics, preventive and anti-epidemic measures. In order to improve health care provision to HIV infected prisoners, the SPS of Ukraine concluded an agreement with Network of PLWH that provides implementation of the project “Development of sustainable system of comprehensive services of HIV prevention, treatment support and care for vulnerable groups and people living with HIV”. Within its framework, in 2012 trainings for prison officers were conducted, medicines and HIV tests were procured, etc. In general, Network of PLWH provided penitentiary facilities of Ukraine with charitable assistance for a total amount of UAH 5.7 million.

1.5.6. Prevention from Contracting Infection during Health and Dental Care

Paragraph 1 of Article 116 of the Criminal Executive Code of Ukraine provides for that prevention, treatment, sanitary and epidemiological activities in prison settings shall be arranged and implemented in line with health care legislation. Executives of the penal colonies are requested to adhere to necessary health care requirements that ensure the rights of prisoners to health care. The procedures of providing health care to prisoners, of organization and conducting sanitary surveillance, of using prevention, treatment and sanitary health care facilities and of engaging their staff into health care of prisoners are established by the legal acts of central executive authority for execution of punishments and of the Ministry of Health Care. Therefore, cleansing and usage of medical tools should take place in accordance with national requirements. In addition, health care standards establish that medical staff should treat every patient as a person who potentially can be HIV infected.

Sanitary epidemiological surveillance

According to the Regulation on state sanitary epidemiological surveillance at surveillance sites of State Criminal Executive Service of Ukraine, approved by the Order of State Department for Execution of Punishment and MOH of Ukraine # 47/458 as of 6 August 2007 and registered in the Ministry of Justice on 5 October 2007 under # 1145/14412, sanitary epidemiological surveillance should be arranged in the penitentiary facilities of Ukraine. It aims at prevention,

identification and termination of violations of the sanitary law in the regional SPS authorities, penitentiary facilities, pre-trial detention centres, paramilitary units, training facilities, health care facilities, enterprises of penitentiary system and in other enterprises, entities and organizations established by the SECS of Ukraine.

The main objectives of state sanitary epidemiological surveillance at surveillance sites are:

- Control over observance of sanitary law and implementation of sanitary and preventive measures, as well as orders and instructions issued by the Chief sanitary doctor of the SPS of Ukraine;
- Control over sanitary and epidemiological situation at surveillance sites;
- Carrying out sanitary and epidemiological investigations, aimed at identification of reasons and conditions of outbreak and spread of infections, professional diseases, mass non-infectious diseases (poisoning) and radiation damage;
- Developing proposals on taking sanitary and anti-epidemic (preventive) measures;
- Carrying out state sanitary epidemiological expert assessment;
- Statistical observation in the area of sanitary and epidemic well-being of prison personnel and prisoners in the penitentiary facilities and pre-trial detention centres, record of infectious diseases, professional diseases, mass non-infectious diseases (poisoning) and radiation damage with reference to harmful impact of the environment;
- Taking measures to stop violations of the sanitary law and prosecution of persons who committed such violations.

Carrying out state sanitary epidemiological surveillance in prison settings is a responsibility of Chief sanitary doctor of the SPS of Ukraine, his/her deputy and other officials of State sanitary epidemiological service unit of SCES of Ukraine, it is performed within the framework of prevention and regular surveillance. Officials of State sanitary epidemiological service unit of SCES of Ukraine have to perform surveillance at the sites that are assigned to them (according to the Order # 47/458 “On State sanitary epidemiological surveillance at surveillance sites of State Criminal Executive Service of Ukraine of 6 August 2007 registered in the Ministry of Justice on 5 October 2007 under # 1145/14412 and abrogated on 23 December 2013).

During 2012, 3 979 surveillance sites in the penitentiary system of Ukraine were subject to regular state sanitary epidemiologic surveillance (it is 124 sites more than in 2011). 100% sites were surveyed by experts of sanitary epidemiological service units and practitioners of health care units of the penitentiary facilities and pre-trial detention centres. 823 sites (21.3%) were surveyed with laboratory and instrumental methods. Such a low percentage is evidently a problem. In addition, distribution of sites surveyed with laboratory and instruments methods is uneven in terms of regional breakdown. For example, in Luhansk, Dnipropetrovsk and Lviv

oblasts, 100% sites were surveyed with these methods, while in Kherson oblast the percentage of such sites is as low as 7.74%, in Kharkiv oblast – 4.48% and in Zakarpattia oblast – 0%.

Among all surveillance sites of the penitentiary facilities, these are utility units that were surveyed the most. In total, 1 924 utility units were surveyed, they number to 48.3% of all sites surveyed. In addition, 884 food units (22.21%), and 164 treatment and prevention facilities (8.5%) were subject to surveillance. It should be noted that only 4.1% treatment and prevention facilities were surveyed with laboratory and instrumental methods. As the penitentiary facilities and pre-trial detention centres lack their own sanitary, hygienic, bacteriological, and X-ray laboratories and equipment, all laboratory and instrumental surveys and examinations are carried out by sanitary epidemiological units of the MOH of Ukraine.

As a general rule, high-quality and comprehensive disinfection is one of the ways to maintain appropriate sanitary, hygienic and anti-epidemic condition and prevention of spread of infections in the penitentiary facilities. But this kind of prevention is not perfect, whereas the penitentiary facilities are not provided disinfectants to sufficient extent. The penitentiary facilities of the following oblasts have the most significant shortage of disinfectants:

- Disinfectants for cleansing of medical tools in Donetsk oblast (84.5%);
- Disinfectants of cleansing of surface in Odesa (70%), Chernihiv (75%), Luhansk (85%) and some other regions;
- Hand disinfectants in Donetsk (68.7%) and Zaporizzhia (93.2%) oblasts.

During 2012, 417 of disinfectant tinctures and other substances were surveyed (in terms of correspondence to the effective standards), and it was found out that all items correspond to the respective sanitary and hygienic norms.

1.5.7. Prevention of Infection during Tattooing, Piercing and Other Skin Damages

Although tattooing is widespread in the penitentiary facilities, the SCES of Ukraine does not implement regular measures to decrease the risk of infection of people who practice such behaviours.

The position of SCES of Ukraine is pretty clear: to forbid all kinds of tattooing. It is provided for by Internal rules of conduct of the pre-trial detention centres of SCES of Ukraine, approved by the Order of Ministry of Justice # 460/5 as of 18 March 2013 and registered in the Ministry of Justice on 20 March 2013 under # 445/22977. In particular, paragraph 4.3 of these Rules establishes that the prisoners are forbidden to tattoo or make other skin damage to themselves or other persons

staying in pre-trial detention centres³⁹. The same rule is set forth in paragraph 29 of Internal rules of conduct of the penitentiary facilities, approved by the Order of State Department for Execution of Punishment # 275 as of 25 December 2003, last amended on 14 March 2007⁴⁰.

Notwithstanding, there are multiple violations of these provisions, and tattooing is still popular in the penitentiary facilities. Moreover, as tattooing and storage of tattooing tools are forbidden, the prisoners and detainees practice tattooing in very dangerous conditions, because the tools are not disinfected, and the prisoners are not made aware of possible risks.

There are some international best practices of preventing infection from sharing non-sterile tattooing tools:

- Providing chlorine-containing tincture for sterilization of needles and other tattooing tools;
- Carrying out training and other awareness raising events on the risks and opportunities to prevent infection.

These are only charitable organizations that implement some of these practices in their preventive measures in some of penitentiary facilities.

1.5.8. Post-exposure Prophylaxis

According to the Law of Ukraine #1972-XII “On Combating the Spread of diseases caused by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV” last amended on 12 May 2012⁴¹, population should have the direct access to post-exposure prophylaxis. Article 4 of this Law establishes state guarantees of ensuring free access to post-exposure prophylaxis to high-risk groups (those who are vulnerable to HIV infection due to their professional duties, in case of sexual violence and in other cases). The respective counselling should be also provided to such persons.

Post-exposure prophylaxis in the penitentiary facilities should be provided in line with standards and mechanisms of the MOH of Ukraine.

Health care units of the penitentiary facilities should keep special record of accidents that might cause contact with blood. However, prisoners and detainees who suffer from such accidents are not registered there, and hence they are deprived of the possibility to receive post-exposure prophylaxis. In addition, there is no legal act to provide detailed regulation of delivering post-exposure prophylaxis in the penitentiary facilities.

³⁹ <http://zakon2.rada.gov.ua/laws/show/z0445-13>

⁴⁰ <http://zakon4.rada.gov.ua/laws/show/z1277-03>

⁴¹ <http://zakon4.rada.gov.ua/laws/show/1972-12>

Some 1 thousand accidents that might cause HIV infection are registered in Ukraine annually. Around 70% of those who suffer from them receive post-exposure prophylaxis. However, it was not possible to find statistics about post-exposure prophylaxis in the penitentiary facilities. According to health care practitioners of the penitentiary system, these are regional AIDS centres that should provide such prophylaxis.

As there is no legal act to govern the provision of post-exposure prophylaxis in the penitentiary facilities, the prisoners and detainees are actually deprived of the possibility to protect themselves in case of possible contact with infected biological substance. As the positions of infectious disease doctor are not established in the penitentiary facilities and pre-trial detention centres and ARV are not provided for post-exposure prophylaxis, it cannot be provided at the practical level.

In addition, no appropriate efforts are taken to raise awareness of prisoners about the possibility to receive post-exposure prophylaxis. It is available only to the prisoners and detainees who are detained in the facilities where charitable organizations implement their prevention interventions.

1.5.9. Prevention of Mother-to-Child Transmission of HIV

Prevention of mother-to-child transmission of HIV in pre-trial detention centres and penitentiary facilities is also arranged in conformity with the MOH standards that apply to general population. But the respective process is regulated in more details. Separate acts were approved in this regard – the Instruction on prevention of HIV mother-to-child transmission in the facilities of State Criminal Executive Service, approved by the Order of MOH, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Department for Execution of Punishment and Ministry of Social Policy of Ukraine # 740/1030/4154/321/614a as of 23 November 2007, registered in the MoJ on 26 December 2007 under #1406/14673⁴², and the Instruction on providing health and social care to HIV infected children, approved by the Order of MOH, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Department for Execution of Punishment and Ministry of Social Policy of Ukraine # 740/1030/4154/321/614a as of 23 November 2007, registered in the MoJ on 26 December 2007 under #1407/14674⁴³.

According to the Instruction, the head of health care unit of penitentiary facility is responsible for taking steps for prevention of HIV mother-to-child transmission. ART is prescribed by the practitioners of regional AIDS centres in line with effective clinical protocol, approved by the MOH of Ukraine. The obstetrician of

⁴² <http://zakon.nau.ua/doc/?code=z1406-07>

⁴³ <http://zakon2.rada.gov.ua/laws/show/z1407-07>

penitentiary facility or the obstetrician of regional health care facility shall take measures to ensure that the patient complies with doctor's orders and takes therapy, including measures to shape predisposition to medicated prevention of HIV in newborns and ways of feeding newborns. Prevention antiretroviral therapy of newborns should be in conformity with effective clinical protocol of the MOH. The ART is prescribed to newborns in infant homes at the penitentiary facility under the control of regional AIDS centre. The need for ARV is usually satisfied by regional AIDS centres.

During 2012, 60 pregnant women were registered at obstetricians of pre-trial detention centres. 34 of them delivered babies. There is no other information about health condition of these women and their children, as well as about violations of their rights.

1.5.10. Prevention and Treatment of Sexually Transmitted Infections

The effective domestic legislation provides for treatment and preventive measures for prisoners and detainees. All persons who arrive to pre-trial detention centre should undergo primary medical examination. The aim of such examination is to identify persons who suffered from bodily injuries and those who make epidemiological danger or are in need of emergency health care. This examination should take place on the day of arrival to the detention centre. It consists of the broad range of questions: does a convict have any complaints, sexually transmitted infections, pediculosis, and drug addiction. The doctor should also check whether a convict currently uses drugs and carry out body examination. Medical documents should be also checked. Health and sanitary care in the penitentiary facilities is regulated by the provisions of Criminal Executive Code of Ukraine. It should start at the moment of convict's arrival to the penitentiary facility. When the convicts arrive to a facility, they should undergo mandatory medical examination aimed at identification and prevention of spread of infections. They should be detained into quarantine premises of a colony for 14 days.

At the same time, there are no legal acts of the SPS that regulate the prevention and treatment of drug addiction in the penitentiary facilities. There was an Order # 3/6 "On Approval of Legal Acts on Providing Health and Sanitary Care to Prisoners and Detainees in Pre-Trial Detention Centres and Penitentiary Facilities of the State Department for Execution of Punishment" as of 18 January 2000⁴⁴ that provided for the detailed regulations on treatment of STI and skin diseases in the penitentiary facilities. Although it was abrogated, some of its provisions are still being implemented in penitentiary facilities at the practical level – in particular, n concerns the prescription and providing necessary treatment of these diseases.

⁴⁴ <http://zakon4.rada.gov.ua/laws/show/z0143-00>

In pursuance of this act, the inter-oblast dermatovenerologic hospital and venereal diseases early treatment centre were set up in Raiky correctional colony-73 to treat prisoners with venereal diseases. The hospital provides treatment of prisoners with STI and skin diseases from colonies with different levels of custody.

In general, the level of STI incidence in pre-trial detention centres and correctional colonies in 2012 amounted to 2.1 per 100 thousand people. It is 22.5% less than in 2011. It showcases the significant decrease of the incidence. To compare, in early 2000s there were 3 332 prisoners and detainees with STI and skin diseases⁴⁵. But generally, there is a need for systemic changes of prevention and identification of such diseases in prisoners and detainees, because it is still complicated for them to get access to respective testing and access to doctors. Moreover, patients with these diseases may suffer from legal constraints. For example, a convict who did not receive “the full treatment” is deprived of some rights and is not eligible to be transferred to social rehabilitation unit. When it comes to prison officials and officers, they do not bear any liability for failure to provide appropriate health care to the convicts.

Last years, there are some positive developments in this sector. This is due to the efforts of NGOs working in prevention area, but the majority of them focus their activities outside the penitentiary facilities⁴⁶.

1.5.11. Prevention, Diagnostics and Treatment of Tuberculosis

The main legal act that regulates the prevention, treatment and diagnostics of tuberculosis is the Law of Ukraine # 2586-III as of 5 July 2001 as amended by the Law of Ukraine # 5460-VI “On Combating Tuberculosis” as of 12 October 2012⁴⁷. Article 4 of this Law stipulates that the health care, diagnostics, chemical prevention and treatment of tuberculosis in state and municipal health care facilities should be provided for free. In addition, tuberculosis patients should be continuously provided with free anti-tubercular drugs. The tuberculosis patients and patients with tuberculosis mycobacterium in the penitentiary facilities are identified in conformity with Article 9 of this Law. Namely, these are health care practitioners who are responsible for it in line with the MOH standards. If a patient with any symptoms of tuberculosis is identified or in case of request of a focal point, the health care staff have to refer this patient to phthisiologist or other anti-tubercular facility for examination.

⁴⁵ http://www.uapravo.com/hro/text.php?lan=ukr&id=1715&id_book=1698&id_parent=1698

⁴⁶ Additional materials to Final report of the Programme «Support to HIV/AIDS Prevention, Treatment and Support to the Most Vulnerable Populations in Ukraine” financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria and implemented throughout August 2007 – July 2012) //

<http://www.aidsalliance.org.ua/ru/library/our/2013/%D0%94%D0%BE%D0%B4%D0%B0%D1%82%D0%BA%D0%BE%D0%B2%D1%96%20%D0%BC%D0%B0%D1%82%D0%B5%D1%80%D1%96%D0%B0%D0%BB%D0%B8%20%D0%B4%D0%BE%20%D0%B7%D0%B2%D1%96%D1%82%D1%83.pdf>

⁴⁷ <http://zakon4.rada.gov.ua/laws/show/2586-14>

Paragraph 3 of Article 9 of the Law also sets forth that the following people shall undergo the preventive examination:

- Professionals who provide services or complete works that entail high risk of other people to contract tuberculosis;
- Persons detained under custody by the court decision – during the first day of staying in custody;
- Persons detained in the penitentiary facilities – on arrival to these facilities, at least once per year when staying there and one month before the release (the respective record should be made in the note on serving punishment).

Health care to tuberculosis patients is provided in out-patient and in-patient facilities.

Phthisiologists may make decision on prescribing chemical prevention to the following people:

- Patients infected both with tuberculosis mycobacterium and HIV;
- Other persons from contact groups infected with tuberculosis mycobacterium (on medical reasons)

In pursuance of this Law, health care facilities of the SCES of Ukraine contribute to implementation of the State Target Social Programme of Combating Tuberculosis for 2012-2016.

In 2012, the incidence of first-diagnosed tuberculosis in pre-trial detention centres numbered to 878.8 per 100 thousand people. It is 18% higher than in 2011. Relapse tuberculosis rate amounted to 527.8 per 100 thousand people – it is 28.8% higher than in 2011. Tuberculosis was first diagnosed in 1 489 persons in prison settings – it is 27.8% more than in 2011. Relapse tuberculosis was diagnosed in 917 prisoners, which is 23.3% more than in 2011.

Tuberculosis is also diagnosed in the personnel of prison settings. In particular, throughout 2012 active tuberculosis was diagnosed in 16 officers of the penitentiary facilities and pre-trial detention centres. The rate of incidence in prison officers is 39.9 per 100 thousand people, which is 33.2% less than in 2011.

These officers represent the following units of pre-trial detention centres and penitentiary facilities.

Breakdown of prison personnel with active tuberculosis

Unit	Number of cases	%
Custody and security	9	56.25
Health care service unit	5	31.25
Social and psychological service unit	1	6.25

Others	1	6.25
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The highest number of infected prisoners is in the penitentiary facilities of Kharkiv oblast. They are also registered in Dnipropetrovsk, Zaporizzhia, Volyn, Luhansk and Donetsk oblasts.

In 2012, there were 10 anti-tuberculosis hospitals for convicts with active tuberculosis (with tuberculosis surgery department). The detainees are treated directly in pre-trial detention centres or in anti-tuberculosis facilities of the MOH of Ukraine. As of 1 January 2013, 4 834 prisoners with tuberculosis were detained in the penitentiary system, including 661 patients in pre-trial detention centres. 4 173 convicts stayed in anti-tuberculosis hospitals. It is positive that pre-trial detention centres were established in inter-hospital anti-tuberculosis hospitals of the SPS. The infected detainees are able to receive treatment there. The World Bank provided funds to equip laboratories in all pre-trial detention centres and hospitals and in a half of penal colonies. X-ray and laboratory bacteriological diagnostics of tuberculosis and identification of drug sensitivity is organized in the hospitals. In addition, some interventions of NGOs on ensuring continuing treatment of tuberculosis in the penitentiary facilities are also envisaged as positive achievement.

The most significant drawbacks in prevention, diagnostics and treatment of tuberculosis are:

- High percentage of patients with multi-drug-resistant tuberculosis (some 25%);
- A lot of doctor positions are vacant (30.7%);
- Untimely diagnostics and insufficient scopes of preventive measures during early treatment (for example, sometimes the microscopy of the phlegm swab is not used);
- Sometimes patients without tuberculosis are referred to anti-tuberculosis hospitals. It showcases the low level of tuberculosis diagnostics in the penitentiary facilities;
- The convicts who received tuberculosis treatment in pre-trial detention centres and are referred to anti-tuberculosis hospitals are not provided with necessary medicines;
- Sometimes infected prisoners are detained in the same rooms with other convicts and prisoners;
- Extrapulmonary tuberculosis is not diagnosed due to lack of necessary equipment for ultrasonic diagnostics in the majority of health care units (extrapulmonary tuberculosis is often diagnosed in HIV infected persons, and it causes untimely diagnosis and treatment);
- The rules of infection control and regimens and terms of treatment are not observed. It is especially the case of pre-trial detention centres.

It is also necessary to pay attention to the lack of sectoral legal act that would govern all aspects of treatment and diagnostics of tuberculosis.

1.5.12. Prevention of Sexual Violence

According to international standards that were reflected in the domestic law, the administration of penitentiary facilities shall bear responsibility for security of prisoners. It includes combating such kinds of sexual abuse as the rape and sexual exploitation of vulnerable people. With this aim, the effective legislation provides for separate detention of certain categories of prisoners and detainees. In addition, some functions on prevention of sexual violence are entrusted with certain units and departments. In pre-trial detention centres, persons who might be vulnerable to sexual violence should be detained separately from other prisoners and detainees, namely: from men who practiced homosexual relations and those who do not adhere to unofficial prisoner ethics.

Although the legal regulations are adopted to prevent sexual violence and protect prisoners and detainees from sexual abuse, such cases still happen in the penitentiary facilities. Sexual abuse is the most widespread in pre-trial detention centres and among young prisoners and detainees who have short history of staying in the penitentiary facilities.

Whereas sexual violence is prohibited and the prisoners have limited access to condoms, prisoners and detainees engaged into sexual intercourse are in danger of contracting sexually transmitted infections, HIV in particular. In order to improve the prevention of sexual violence in the penitentiary facilities, it is necessary to review the policies of recruitment and training of prison officers. Many prisons do not employ enough prison officers, therefore the efficiency of custody and observation of prisoners' behaviour is low. The personnel are not always able to identify the risk of sexual violence and develop functional measures to prevent and combat it. Another problem is a lack of systemic and appropriate social and psychological care to prisoners and detainees that would entail identification of conflicts and correction of harmful behaviour. Sometimes the responsible officers do not take measures to ensure effective control for identification of prisoners and detainees vulnerable to sexual violence. Perpetrators are not always prosecuted, and the awareness raising interventions on prevention of sexual violence are not almost implemented

1.5.13. Protection of Convicts and Personnel from Infection when Serving/Executing Punishment

Effective dissemination of chlorine-containing tincture for sterilization of injecting equipment for prevention of the spread of socially dangerous diseases is considered international best practice since long time ago. But in Ukraine, the penitentiary system does not make strong efforts to introduce it. The administration of SPS of

Ukraine envisages the dissemination of chlorine-containing tincture among prisoners as facilitation of illegal activities and adding legitimacy to drug abuse and tattooing in the prison settings. There are also arguments that prisoners and detainees can use chlorine-containing tincture to attack prison officers. As a result, there are no mechanisms and procedures to provide such tincture to prisoners. Therefore, chlorine-containing tincture is not disseminated among prisoners and detainees.

1.5.14. Condom Dissemination

Although being detained in prison settings, prisoners and detainees are usually sexually active. Sexual intercourses are quite widespread in the penitentiary activities. The following kinds of sexual intercourse may take place in the penitentiary facilities:

- Heterosexual intercourse that take place during long-term meetings and between prison officers and prisoners;
- Homosexual intercourse (same sex intercourse in the penitentiary facilities).

Heterosexual intercourse can happen only in prisoners. They usually take place in the rooms for long-term visits (except for the cases when such visits are allows by prison officers in violation of the legal procedure). The national law provides for limited number of persons who can come to such visits, but this limitation does not play a significant role. Sometimes the prisoners refer to dating services or buy sex in commercial sex women (through various corruption schemes).

According to estimations, certain percentage of inmates had homosexual intercourse when staying in the penitentiary facilities and/or pre-trial detention centres. Some inmates have homosexual orientation and thus are sexually active when serving punishment; the others sell sex to other prisoners and detainees. Nonetheless, although sexual intercourses are widespread in the penitentiary facilities, their executives are reluctant to acknowledge it and are not ready to implement the respective preventive measures. As a result, the prisoners and detainees are deprived of preventive means. The only facilities where prisoners and detainees have access to condoms are those where charitable organizations implement preventive programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. But the efficiency of such programmes is quite low, whereas if the condoms are provided to the administration of penitentiary facilities, it does not disseminate them among prisoners and/or detainees. The government does not allocate funds for such programmes.

As a result, the majority of prisoners don't have regular access to condoms – they don't know where and how they can get condom directly in their penitentiary facility (except for facilities that are regularly visited by the respective NGOs). And this despite the fact that there are numerous researches showcasing that it is

free access to condoms that demonstrates the best results (whereas some convicts are not ready to disclose their status or their intent to come into sexual intercourse).

1.5.15. Needle and Syringe Programmes

Although narcotic drugs are forbidden in the penitentiary facilities, they are illegally trafficked there, and several drug addicted prisoners contract HIV infection in prison settings. As the same time, the needles and syringes programmes are not implemented in the penitentiary facilities⁴⁸. There is a lack of political will and lack of understanding among the respective authorities of Ukraine (SPS in particular) that injecting equipment exchange is necessary. Sometimes the executives just lack proper knowledge in this area. In private conversations, the prison officers say that according to their firm belief, implementation of needle and syringe programmes in the penitentiary facilities will only promote drug abuse.

In addition, according to the effective law, the prisoners and detainees are forbidden to keep needles and syringes with them. This provision is established by Internal rules of conduct of the pre-trial detention centres of SCES of Ukraine, approved by the Order of Ministry of Justice # 460/5 as of 18 March 2013 and registered in the Ministry of Justice on 20 March 2013 under # 445/22977. It is also stipulated by

Internal rules of conduct of the penitentiary facilities, approved by the Order of State Department for Execution of Punishment # 275 as of 25 December 2003. According to paragraph 29 of these Rules, medical items and sharps are included into the list of items and substance that prisoners are not allowed to store).

At the same time, the adoption and implementation of National Strategy of Ukraine on Drugs (by 2020) may bring some positive developments. The draft of this strategy was developed in early 2012 by civic activists in partnership with state officials.

1.5.16. General conclusions

In its activities, the SPS of Ukraine demonstrates awareness of the problem of HIV/AIDS and the intent to work effectively to overcome it. It acknowledges certain drawbacks in this area and actively receives the respective support from the NGOs.

⁴⁸ National Report submitted to Universal Periodic Review of the United Nations. The Fourteenth Session of the UN Human Rights Council (UPR 2nd cycle), 2012 // http://www.google.com.ua/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&cad=rja&ved=0CEcQFjAE&url=http%3A%2F%2Fastau.org.ua%2F_Files%2FDocLib%2F0525%2Fzvito_upo_npo_vich_ukr_11_04_12.doc&ei=ft-9UYniMciz4ATI9ICoDg&usq=AFQjCNFFudI7unQcmMe9MfhufAjtBwWpEg&sig2=jJla3u48nu--eb-0Zab0nQ&bvm=bv.47883778,d.bGE

The effective legal acts create appropriate grounds for organization and implementation of necessary prevention, treatment, support and care to HIV infected and AIDS patients. Like in many other countries, they just make reference to application of general principles of providing health care to prisoners and detainees and recognize the opportunity to use some kinds of narcotic drugs for medical (treatment) purposes.

Notwithstanding, it is necessary to state that the SPS of Ukraine operates on the principles of command guidance, top-down coordination and lack of bottom-up initiatives. As a result, if some legal acts are not directly approved by the SPS, the personnel of penitentiary facilities do not always accurately understand and implement them. In addition, some provisions of sectoral legal acts contradict to the provisions of general legal acts, whereas they might indirectly forbid some measures or approaches that are approved at the national level. Therefore, the main priority is to approve legal acts of the Ministry of Justice (or joint legal acts) that would unequivocally provide for comprehensive measures of HIV/AIDS prevention and treatment in the penitentiary facilities and pre-trial detention centres and identify the types, procedures, rules of conduct and scopes of responsibility for implementation of these measures.

In the official media, the SPS of Ukraine expresses deep concern over HIV/AIDS, STI, hepatitis and tuberculosis-related problems. At the same time, it tries to colour the truth to some extent. It seems that it is due to the fear to receive negative feedback from the community and top officials of the government. In general, it is necessary to state that the position of SPS of Ukraine with regard to HIV/AIDS and other socially dangerous diseases is ambivalent: on one hand, all necessary measures are taken; and on the other hand, all these measures are initiated only by NGOs and financed by donors. Moreover, they do not amend the significant conditions of detention and legal status of convicts. All novelties are first treated with some vigilance and sometimes are refused due to “security reasons” (for example, it concerns the dissemination of syringes in the penitentiary facilities and pre-trial detention centres) or because “they create additional difficulties” (for example, starting SMT in the penitentiary facilities), etc. Therefore, we can conclude that the SPS of Ukraine has some reticence in terms of introducing new and unknown methods of work with convicts and prisoners.

Another problem is that the SECS is in shortage of sufficient number of personnel. As a result, the penitentiary system is not able to employ really motivated professionals and has to content with people who see this job as some kind of earning money or who did not manage to find better job (with some exceptions). Some health care practitioners refuse to provide treatment to HIV infected prisoners. Moreover, they never bear responsibility for it, because other practitioners do not want to get employed in the penitentiary facilities. It provokes deprivation of rights and stigmatization of HIV infected prisoners from other

prison officers. The majority of prison officers are on service in the SCES of Ukraine, therefore the working conditions and recruitment procedures are of a military nature. It means that additional requirements are set to physical condition and professional record of an applicant (for example, he/she should have experience of serving in the Armed Forces of Ukraine). All these considerations make it complicated to employ motivated professionals.

Funding of the SCES of Ukraine is also limited. It does not allow for implementing all positive interventions set forth in basic national acts on HIV/AIDS prevention and treatment. Therefore, a majority of measures are implemented superficially and cannot make efficient impact.

CHAPTER 2. MAIN RECOMMENDATIONS ON IMPLEMENTATION OF THE COMPREHENSIVE PACKAGE IN THE PENITENTIARY FACILITIES AND PRE-TRIAL DETENTION CENTRES

Upon the comprehensive analysis of sectoral policy of State Criminal Executive Service of Ukraine and legal framework on prevention of HIV/AIDS and other socially dangerous diseases, the following problems were identified.

Firstly, there is no unified strategy of activities in this area, so the respective measures lack strategic vision. The effective acts, although numerous, do not create the sufficient grounds for providing comprehensive prevention, treatment, support and care to patients with HIV/AIDS, tuberculosis, hepatitis and drug addiction in the penitentiary facilities and pre-trial detention centres.

The interventions aimed at prisoners and detainees have limited impact. Some of them are almost not accessible to the majority of inmates, because they are implemented inappropriately.

Although the issues of HIV/AIDS prevention and treatment are integrated into training programmes for prison officers, their contents are insufficient, and these issues are not taught in a regular way. Little attention is paid to post-exposure prophylaxis, ensuring the security of prison officers, and providing prison officers with individual protection from possible infection. The authorities tasked with control over observance of the rights of inmates and personnel barely pay attention to the security of personnel.

The attitudes of prison officers to the inmates with HIV/AIDS, sexually transmitted infection, tuberculosis or drug addiction are not analyzed. It leads to stigmatization of such inmates in the penitentiary facilities or pre-trial detention centres.

Although the SCES of Ukraine and non-governmental organizations working in the area of prevention of HIV/AIDS, tuberculosis, drug addiction, etc. declare that they have partnership established between them, such partnerships is not regulated by legal acts – it takes place just in case if the administration of penitentiary facilities wants so. As a result, the representatives of community are not able to implement interventions that prison officers may consider inappropriate. Actually, any intervention may be suspended upon the request of administration of the penitentiary facility. Such experience substantially restricts the opportunities to use any resources of the NGOs.

Lack of special programmes of preparing inmates to release from penitentiary facilities and subsequent individual social management of them at their location is

another factor that makes negative impact on prevention of HIV/AIDS, hepatitis, sexually transmitted infection, tuberculosis, drug addiction, etc.

The responsibilities for diagnostics and treatment of STI in the penitentiary facilities are not divided clearly. Therefore, the respective activities cannot be implemented appropriately. Another problem is a lack of sufficient number of infectious disease doctors and other necessary practitioners in health care units of the penitentiary facilities and pre-trial detention centres. Many health care units are in shortage of necessary equipment and medicines, because the respective funds are not allocated.

Main recommendations:

1. To develop and approve the Strategy (sectoral programme) of harm reduction from drug abuse and of prevention and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres.
2. To develop legal framework for delivering comprehensive prevention, care and treatment of HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres. It can be achieved if all provisions and standards from different fragmentary legal acts are codified into one document.
3. To set forth the extension of the list of services to be provided to HIV/AIDS infected prisoners and detainees. This list should include dissemination of condoms and disinfectants and exchange of injecting equipment. It is necessary to amend legal acts that forbid such items in the penitentiary facilities. When developing the respective interventions, the rights and responsibilities of prisoners and detainees and of prison officers should be clearly identified. It seems advisable to revise the methods of disseminating condoms and opt out for the methods that ensure the best accessibility and take account of the way of thinking of inmates (for example, condom dispensers can be placed in lavatories, shops and bathrooms).
4. To formally approve and organize medical rehabilitation programmes for drug addicted prisoners who want to get access to free voluntary treatment. To forbid mandatory treatment of drug addiction if a patient is not hazardous to other people.
5. To integrate the issues of HIV prevention and treatment into formal training programmes for personnel of the penitentiary facilities and make sure that they are taught comprehensively and in details. In addition, training programmes should include the issue to attitudes to HIV infected inmates. Civic activists should be involved into delivery of such training programmes.
6. To improve awareness of the inmates and prison officers about disinfectants and ways of using them and opportunities to receive free condoms. It is also necessary

to provide specific practical advice on how to decrease the risk of contracting HIV/AIDS and other blood-borne infections in the penitentiary facilities.

7. To pay more attention to more efficient usage of available means of individual protection. It seems the most advisable to combine active approaches of disseminating them (when health care practitioners disseminate them during voluntary testing and counselling, and/or civic activists, volunteers and social psychologists provide them after information events) with passive approaches (placing condoms dispensers in meeting rooms, bathrooms and lavatories where the inmates can take condoms anonymously).

8. To establish that the authorities/officers responsible for control over the penitentiary facilities should analyze how post-exposure prophylaxis of both prisoners and prison officers is implemented. To start regular training for the personnel on these issues.

9. To change policy of recruitment of the personnel of penitentiary facilities and pre-trial detention centres. When evaluating their performance, it is necessary to assess their professional ability to provide the respective services to HIV infected inmates and inmates having AIDS, as well as to prisoners with drug addiction, tuberculosis and sexually transmitted infections.

10. To establish legal regulations of the activities of NGOs working in the area of HIV/AIDS prevention and rehabilitation of drug addicted inmates. To provide them with the right to carry out interventions in the penitentiary facilities.

11. Together with governmental and non-governmental stakeholders, to develop the programme of social management of HIV/AIDS or tuberculosis infected persons who are released from the penitentiary facilities.

12. To formally approve the list of facilities responsible for diagnostics and treatment of sexually transmitted infections, as well as to establish strict procedure of their cooperation with the penitentiary facilities.

13. To establish the positions of infectious disease doctor and other necessary practitioners in all penitentiary facilities.

14. To ensure that health care units of the penitentiary facilities and pre-trial detention centres receive necessary modern equipment and tools.

15. In a distant perspective, it is necessary to consider transferring control over health care in the penitentiary facilities to the MOH of Ukraine exclusively. It will allow for improvement of prevention, treatment, support and care to patients with HIV/AIDS, tuberculosis, drug addiction, etc., and will make positive impact on the entire system of health care.

CHAPTER 3. RECOMMENDATIONS TO THE CONCEPTION OF COMPREHENSIVE SECTORAL STRATEGY OF HARM REDUCTION FROM DRUG ABUSE AND OF PREVENTION AND TREATMENT OF HIV/AIDS, TUBERCULOSIS, HEPATITIS AND SEXUALLY TRANSMITTED DISEASES IN THE PENITENTIARY FACILITIES AND PRE-TRIAL DETENTION CENTRES

International experience demonstrates that the spread of HIV/AIDS provokes the reduction of life duration, increases the demand for health care, and deteriorates poverty, social inequality and orphanage problems.

Throughout the world, penitentiary facilities and pre-trial detention centres are envisaged as facilities with higher risk of the spread of socially dangerous infections. It especially concerns HIV. A large number of HIV infected inmates and increase of the percentage of AIDS patients among the prisoners make substantial impact on epidemiological developments in the country. Therefore, it is necessary to review and improve the activities of State Criminal Executive Service of Ukraine in this area.

Spread of HIV among the inmates is one of the problems that Ukrainian social service provides are trying to settle. Injecting drug use (that started before imprisonment), overcrowding of prisons that increases the level of violence, unprotected sex between the inmates, tattooing and piercing and the lack of information and health care are considered to be major factors of spread of HIV/AIDS in penitentiary facilities all over the world.

Upon the comprehensive analysis of sectoral policy of State Criminal Executive Service of Ukraine and legal framework on combating HIV/AIDS, other sexually transmitted diseases, tuberculosis and drug addiction, the following problems were identified.

Firstly, there is no unified strategy of activities in this area, so the respective measures lack strategic vision. The effective acts, although numerous, do not create the sufficient grounds for providing comprehensive prevention, treatment, support and care to patients with HIV/AIDS, tuberculosis, hepatitis and drug addiction in the penitentiary facilities and pre-trial detention centres.

The interventions aimed at prisoners and detainees have limited impact. Some of them are almost not accessible to the majority of inmates, because they are implemented inappropriately.

Although the issues of HIV/AIDS prevention and treatment are integrated into training programmes for prison officers, their contents are insufficient, and these issues are not taught in a regular way. Little attention is paid to post-exposure prophylaxis, ensuring the security of prison officers, and providing prison officers with individual protection from possible infection. The authorities tasked with control over observance of the rights of inmates and personnel barely pay attention to the security of personnel.

Negative attitudes of prison officers to the inmates with HIV/AIDS, sexually transmitted infection, tuberculosis or drug addiction are not condemned and prosecuted. It leads to stigmatization of such inmates in the penitentiary facilities or pre-trial detention centres.

Lack of special programmes of preparing inmates to release from penitentiary facilities and subsequent individual social management of them at their location is another factor that makes negative impact on prevention of HIV/AIDS, hepatitis, sexually transmitted infection, tuberculosis, drug addiction, etc.

The responsibilities for diagnostics and treatment of STI in the penitentiary facilities are not divided clearly. Therefore, the respective activities cannot be implemented appropriately. Another problem is a lack of sufficient number of infectious disease doctors and other necessary practitioners in health care units of the penitentiary facilities and pre-trial detention centres. It makes it complicated to timely identify, prevent and treat the diseases. Many health care units are in shortage of necessary equipment and medicines, because the respective funds are not allocated.

To sum up, it is necessary to develop unified action plan that would provide strategic response to all the drawbacks and take into account all available resources to improve the situation. To produce this plan, one should start with identification of strategic directions of transformations. To outline them, the Conception of comprehensive sectoral strategy of harm reduction from drug abuse and of prevention and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres was developed.

Goal, strategic directions and main objectives of the Conception

The goal of Conception is to slow down the spread of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres through implementation of strategic interventions for prevention, treatment, support and care to the inmates with such diseases and high-risk groups.

The Conception should underpin the development of action plans of the SCES of Ukraine in the area of combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres.

Strategic direction and main objectives of the Conception

The main strategic directions of combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres are:

- 1) refinement of measures and methods of prevention, diagnostics, care and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections;
- 2) improvement of health condition due to measures on combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections;
- 3) building resilient and efficient system of cooperation between the SECS, health care facilities, NGOs and other actions in the area of combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections;
- 4) decreasing the vulnerability of inmates and overcoming current gaps in access to social and medical care.

These strategic directions will be implemented through the following objectives:

- Strengthening the core taskforce of the penitentiary facilities and pre-trial detention centres, development of the system of staff recruitment that would take into account the particularities of working with different groups of prisoners and detainees;
- Strengthening cooperation and interaction between the SCES of Ukraine, central and local executive authorities, self-government bodies, as well as various enterprises, organizations and institutions on prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres;
- Taking measures aimed at behaviour change of prisoners and detainees with regard to contracting HIV, tuberculosis, hepatitis and sexually transmitted infections;
- Slowing down the spread of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections among the prisoners and detainees;
- Avoidance of contracting HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections when receiving health care in treatment and prevention units of the penitentiary facilities and pre-trial detention centres;
- Slowing down mother-to-child transmission of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres;

- Ensuring access to diagnostics, treatment, care and support to prisoners having HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres;
- Ensuring high level of control, coordination and evaluation of the efficiency of measures aimed at combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres.

Principles of implementation of the Conception

The following principles should underlie the implementation of measures specified in the Conception:

- Confidentiality of testing results that are provided to court, prosecution and investigation authorities only upon written request;
- Availability of medical care to HIV/AIDS positive patients;
- Detention of HIV/AIDS positive prisoners on the same conditions as of other prisoners;
- Engaging different specialists (psychologists and social workers) to providing comprehensive care and providing special inpatient care;
- Engaging non-governmental organizations as social partners on HIV/AIDS prevention, care and support to HIV positive prisoners;
- Focus on the need of different groups of prisoners and detainees (setting up the units for re-socialization, peer-to-peer group, psychological support, counselling, etc);
- Consistency of the sectoral Programme of ensuring HIV prevention, care, support and treatment of HIV/AIDS infected prisoners in the penitentiary facilities and pre-trial detention centres of the State Criminal Executive Service of Ukraine for 2009-2013 with the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Positive People and Patients with AIDS for 2009-2013 and other programme documents in this area.

Priority directions of implementation of the Conception

The priority directions of activities on combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres are:

1. Awareness raising activities
2. HIV testing and counselling
3. Vaccination and treatment of viral hepatitis
4. Treatment of drug addiction
5. Treatment, care and support to HIV infected prisoners
6. Prevention from contracting infection during health and dental care
7. Prevention of infection during tattooing, piercing and other skin damages
8. Post-exposure prophylaxis
9. Prevention of mother-to-child transmission of HIV
10. Prevention and treatment of sexually transmitted infections

11. Prevention, diagnostics and treatment of tuberculosis
12. Prevention of sexual violence
13. Protection of convicts and personnel from infection when serving/executing punishment
14. Condom dissemination
15. Needle and syringe programmes

Strengthening the core taskforce of the penitentiary facilities and pre-trial detention centres, development of the system of staff recruitment that would take into account the particularities of working with different groups of prisoners and detainees

In order to improve staffing level and profile of the penitentiary facilities and pre-trial detention centres, it is necessary to:

- To change policy of personnel recruitment in the penitentiary facilities and pre-trial detention centres, to evaluate the ability of applicants to perform the duties and the attitudes of applications to the inmates with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections;
- To integrate the issues of HIV prevention and treatment into formal training programmes for personnel of the penitentiary facilities and make sure that they are taught comprehensively and in details. In addition, training programmes should include the issue to attitudes to HIV infected inmates. Civic activists should be involved into delivery of such training programmes;
- To improve awareness of prison officers about socially dangerous diseases, ways and methods of preventing them and individual protection means. It is also necessary to provide specific practical advice on how to decrease the risk of contracting HIV/AIDS and other blood-borne infections in the penitentiary facilities, and organize regular trainings for prison officers on these issues;
- To establish that the authorities/officers responsible for control over the penitentiary facilities should analyze how post-exposure prophylaxis of both prisoners and prison officers is implemented;
- To establish the positions of infectious disease doctor and other necessary practitioners in all penitentiary facilities.
- To ensure accessibility of high-quality dental and ophthalmic care for every prisoner and detainee;
- To task the doctors of health care units of the penitentiary facilities and pre-trial detention centres with the following duties: a doctor or qualified nurse should conduct examination of every inmate at the first possibility and upon his/her request, and carries out on demand examination of all inmates; a doctor should monitor the physical and mental health of prisoners and detainees and provide health care to them in conformity with health care standards in the community;
- To formally approve the list of facilities responsible for diagnostics and treatment of sexually transmitted infections, as well as to establish strict procedure of the respective activities;

- To ensure that health care units of the penitentiary facilities and pre-trial detention centres receive necessary modern equipment and tools and allocate the respective funds for it;
- In a distant perspective, to consider transferring control over health care in the penitentiary facilities to the MOH of Ukraine exclusively. It will allow positive improvement of the system of health care, in particular of combating socially dangerous diseases.

Strengthening cooperation between the SCES of Ukraine and other actors on prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres

The following measures are necessary in order to achieve the respective objective:

- To secure the observance of human rights of prisoners and detainees with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections;
- To develop partnerships between the SCES of Ukraine, central and local executive authorities, self-government bodies, enterprises, organizations and institutions and public associations on combating HIV/AIDS;
- To develop and approve Comprehensive sectoral of harm reduction from drug abuse and of prevention and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres;
- To develop comprehensive legal framework for delivering prevention, care and treatment of HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres;
- To provide funding for prevention and treatment of HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases, and for support and care to patients from state and local budgets and from other sources;
- To ensure control over observance of the law and legal acts on implementation of measures aimed at prevention and treatment of HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases, and at support and care to patients in the penitentiary facilities and pre-trial detention centres;
- To ensure equal access to prevention, treatment, support and care for prisoners and detainees having HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases;
- To improve the system of social and legal protection of prisoners and detainees having HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases;
- To improve the system of social and legal protection of prison officers who provide support to prisoners and detainees having HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases.

Taking measures aimed at behaviour change of prisoners and detainees with regard to contracting HIV, tuberculosis, hepatitis and sexually transmitted infections

In order to develop sustainable healthy life skills and safe behaviour that are key pre-requisites for prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections among prisoners, it is necessary to take the following measures:

- To carry out primary prevention of prisoners and detainees just after arriving to the penitentiary facilities and pre-trial detention centres, to ensure access to individual means of prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections;
- To develop the strategy of promotion of healthy lifestyles among the prisoners and detainees. The strategy should include sports and arts events aimed at prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections. It should be implemented in the penitentiary facilities and pre-trial detention centres;
- To include more information about prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections into individual programmes of behaviour change of prisoners and into the respective programmes delivered in pre-trial detention centres;
- To intensify social and psychological care to prisoners and detainees;
- To increase the scopes of awareness raising initiatives for prisoners, detainees and prison officers about disinfectants and ways of using them and opportunities to receive free condoms. To provide specific practical advice on how to decrease the risk of contracting HIV/AIDS and other sexually transmitted infections in the penitentiary facilities and pre-trial detention centres;
- To ensure cost-effective use of available means of individual protection. To combine active strategy of disseminating them (when health care practitioners disseminate them during voluntary testing and counselling, and/or civic activists, volunteers and social psychologists provide them after information events) with passive strategy (placing condoms dispensers in meeting rooms, bathrooms and lavatories where the inmates can take condoms anonymously).

Slowing down the spread of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections among the prisoners and detainees

The expected impact on epidemiological development may be achieved, if the prisoners and detainees who inject drugs are maximally covered with prevention interventions. With this view, it is necessary:

- To formally approve and organize medical rehabilitation programmes for drug addicted prisoners who want to get access to free voluntary treatment;
- To forbid mandatory treatment of drug addiction if a patient is not hazardous to other people;
- To develop and implement prevention programmes aimed at decreasing the risk of prisoners and detainees to contract HIV;

- To identify the mechanisms of harm reduction;
- To continue implementing SMT programme and ensure that it is delivered in all penitentiary facilities. To combine it with programmes of HIV/AIDS prevention, treatment, support and care;
- To launch rehabilitation programmes for prisoners and detainees who inject drugs with a view to treat drug addiction and ensure social adaptation of them;
- To ensure access of prisoners and detainees who inject drugs to the means of individual protection from HIV;
- To intensify awareness raising interventions and events aimed at promotion of healthy lifestyles among the prisoners and detainees;
- To continue peer-to-peer prevention interventions among the prisoners and detainees who inject drugs;
- To promote the establishment of peer-to-peer groups and NGOs working in the area of HIV/AIDS prevention and carrying out social and epidemiological surveys for identification of persons who might be hazardous in terms of HIV spread in the penitentiary facilities and pre-trial detention centres.

Avoidance of contracting HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections when receiving health care in treatment and prevention units of the penitentiary facilities and pre-trial detention centres

To prevent contracting HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections when receiving health care in treatment and prevention units of the penitentiary facilities and pre-trial detention centres, it is necessary:

- To ensure appropriate operation of the system of health care to prisoners and detainees funded from the state budget;
- To develop and implement security measures in health care units of the penitentiary facilities and pre-trial detention centres;
- To refine the system of control over observing security rules in health care units of the penitentiary facilities and pre-trial detention centres;
- To take measures to avoid contracting HIV when receiving health care;
- To improve the system of training for personnel of health care units of the penitentiary facilities and pre-trial detention centres during invasion treatment.

Slowing down mother-to-child transmission of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres

Prevention of mother-to-child transmission of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections should be focused on highest possible decrease of the risk infection of children born by infected mothers, ensuring access of all pregnant women to voluntary counselling and testing of HIV and other socially dangerous diseases and taking other preventive measures.

In order to decrease mother-to-child transmission of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections, it is necessary:

- To implement primary preventive measures aimed at fertile age women in the penitentiary facilities and pre-trial detention centres;
- To promote the prevention of crisis pregnancy among imprisoned women;
- To ensure access of pregnant women to voluntary counselling and testing of HIV and other socially dangerous diseases;
- To improve the prevention of mother-to-child transmission of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections during pregnancy, delivery and post-partum period;
- To introduce modern methods of diagnostics of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections, in children delivered by infected mothers, and to involve community health care facilities to this kind of activity.

Ensuring access to diagnostics, treatment, care and support to prisoners and detainees having HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres

The following measures should be implemented in order to combat HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections:

- To improve access of prisoners and detainees to voluntary counselling and testing of HIV, examination of tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres;
- To ensure access of prisoners and detainees with HIV/AIDS to antiretroviral therapy, prevention and treatment of opportunistic infections;
- To take measures aimed at combating concomitant diseases of HIV/AIDS and tuberculosis;
- To start using modern methods of monitoring and quality control of the treatment of HIV/AIDS patients;
- To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres;
- To provide support and psychological and social care to patients with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres;
- To ensure that materials for inmates who cannot be detained in the penitentiary facilities and pre-trial detention centres due to their diseases are produced and sent to courts promptly; to set up the system of efficient control over the terms and quality of implementation of respective decisions; to seize the court with a request to speed up the consideration of respective applications (in case of need);
- To create opportunities to refer the persons released from the penitentiary facilities and pre-trial detention centres at the end-stage of AIDS to special treatment facilities (hospices);
- To involve the representatives of NGOs (Network of PLWH in particular) to providing care and support to prisoners and detainees with HIV/AIDS,

tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres.

Ensuring high level of control, coordination and evaluation of the efficiency of measures aimed at combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres

In order to establish the mechanism of control and evaluation of the efficiency of measures aimed at combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections, it is necessary:

- To set up the unified system of monitoring and evaluation of measures on prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections and provide resources for its operation;
- To improve the system of recording the reporting on HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in line with international standards;
- To coordinate the implementation of action plans on combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections, and increase the cost-effectiveness of such action plans.

Expected results of the Conception

If the Conception and plans and comprehensive programmes developed in line with it are implemented, it will improve the epidemiological situation in the penitentiary facilities, pre-trial detention centres and in community at large. It will also decrease the mortality from HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections and reduce the number of people affected by these diseases. Last but not the least, it will ease social tension provoked by the spread of socially dangerous diseases and ensure the observance of human rights in the penitentiary facilities and pre-trial detention centres.

In a perspective, the stabilization of epidemiological situation, prevention and reduction of HIV/AIDS incidence and decrease of mortality from HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections will save the costs of state budget.

ANNEX

MAIN RECOMMENDATIONS FOR IMPLEMENTATION OF COMPREHENSIVE PACKAGE IN THE PENITENTIARY FACILITIES AND PRE-TRIAL DETENTION CENTRES

Directions of activities	Main recommendations	Measures	Expected results
<p>Inter-agency coordination (issues that cannot be settled by the SPS exclusively but that concern prisoners and detainees)</p>	<ol style="list-style-type: none"> 1. To ensure appropriate operation of the system of health care to prisoners and detainees funded from the state budget. 2. To develop, formally approve and implement medical rehabilitation programmes for drug addicted prisoners who want to get access to free voluntary treatment. 3. To forbid mandatory treatment of drug addiction if a patient is not hazardous to other people. 4. To create opportunities to refer the persons released from the penitentiary facilities and pre-trial detention centres at the end-stage of AIDS to special treatment facilities (hospices). 5. To ensure that health care units of the penitentiary facilities and pre-trial detention centres receive necessary modern equipment and tools. 6. Together with governmental and non-governmental stakeholders, to develop the programme of social management of HIV/AIDS or tuberculosis infected persons who are released from the penitentiary facilities. 7. In a distant perspective, to consider transferring control over health care in the penitentiary facilities to the MOH of Ukraine exclusively. It will allow positive improvement of the system of health care, in particular of combating socially dangerous diseases 	<ol style="list-style-type: none"> 1. To allocate funds from the state budget to sustain the operation of health care to the full extent. 2. To set up inter-agency working groups to coordinate activities on combating HIV/AIDS in the penitentiary facilities. The respective government authorities should take part in these working groups. 3. To develop and approve recommendations for judicial authorities on how to impose mandatory treatment. 4. To introduce amendments to the Procedure of cooperation of actors responsible for social case management of the released persons, approved by the Order of Ministry of Social Policy, MIA, MOH and Ministry of Justice of Ukraine # 429/831/769/3279/5 as of 7 November 2011 and the Order of MOH of Ukraine # 41 "On Organization of Palliative Care in Ukraine" as of 21 January 2013. In a distant perspective – to set up the service unit of palliative and hospice care on the basis of Centres on prevention and combating HIV/AIDS. 5. To develop and implement medical rehabilitation programmes for drug addicted prisoners who want to get access to free voluntary treatment 6. To develop and adopt the Programmes of social management of patients with HIV/AIDS and tuberculosis after release from the penitentiary 	<ol style="list-style-type: none"> 1. The quality and health care and access of the inmates to health care is improved. 2. The released persons are able to obtain necessary treatment and care. 3. Risky behaviours are reduced. 4. The rate of mandatory treatment imposed without due reasons declines. 5. The number of prisoners convicted for drug use-related crimes decreases. 6. The voluntary principle of treatment helped to achieve more sustainable and efficient treatment results, whereas the patients realize its importance.

General organization of the work	<ol style="list-style-type: none"> 1. To develop and approve Comprehensive sectoral strategy of harm reduction from drug abuse and of prevention and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres. 2. To develop legal framework for delivering comprehensive prevention, care and treatment of HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres. It can be achieved if all provisions and standards from different fragmentary legal acts are codified into one document. 3. To formally approve the list of facilities responsible for diagnostics and treatment of sexually transmitted infections, as well as to establish strict procedure of the respective activities. 4. To establish the positions of infectious disease doctor and other necessary practitioners in all penitentiary facilities. 5. To set up the unified system of monitoring and evaluation of measures on prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections and provide resources for its operation 6. To improve the system of recording the reporting on HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in line with international standards 7. To develop and coordinate the implementation of action plans on combating HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections, and increase the cost-effectiveness of such action plans. 	facilities. <ol style="list-style-type: none"> 1. To produce and approve Comprehensive sectoral of harm reduction from drug abuse and of prevention and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres. 2. To develop and issue the Order of Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”. 3. To amend the staff schedule of health care units of the penitentiary facilities and pre-trial detention centres. 4. To develop action plans on combating HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases, and identify ways to increase cost-effectiveness of these activities at the level of regional departments of the SPS of Ukraine. 5. To coordinate activities of the SPS of Ukraine on implementation of action plans on combating HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases, and on identification of the ways to increase cost-effectiveness of these activities at the level of regional departments of the SPS of Ukraine. 	<ol style="list-style-type: none"> 1. The measures of prevention, support care and treatment of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres receive additional regulation. 2. The quality and health care and access of the inmates to health care are improved, the respective procedures are simplified. 3. The prison officers improved their performance due to availability of the comprehensive legal framework for delivering comprehensive prevention, care and treatment of HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted diseases in the penitentiary facilities and pre-trial detention centres.
1. Awareness raising activities	1. To integrate the issues of HIV prevention and treatment into formal	1. To update training programmes for building capacity of personnel of the	1. The level of knowledge about epidemiological situation in prison settings

	<p>training programmes for personnel of the penitentiary facilities and make sure that they are taught comprehensively and in details. In addition, training programmes should include the issue to attitudes to HIV infected inmates. Civic activists should be involved into delivery of such training</p> <p>2. To improve awareness of prisoners, detainees and prison officers about disinfectants and ways of using them and opportunities to receive free condoms. To provide specific practical advice on how to decrease the risk of contracting HIV/AIDS and other blood-borne infections in the penitentiary facilities and pre-trial detention centres.</p> <p>3. To develop the strategy of promotion of healthy lifestyles among the prisoners and detainees. The strategy should include sports and arts events aimed at prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections. It should be implemented in the penitentiary facilities and pre-trial detention centres.</p> <p>4. To include more information about prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections into individual programmes of behaviour change of prisoners.</p> <p>5. To intensify social and psychological care to prisoners and detainees.</p> <p>6. To increase the scopes of awareness raising initiatives for prisoners, detainees and prison officers about disinfectants and ways of using them and opportunities to receive free condoms. To provide specific practical advice on how to decrease the risk of contracting HIV/AIDS and other sexually transmitted infections in the penitentiary facilities and pre-trial detention centres.</p>	<p>penitentiary facilities.</p> <p>2. To develop the strategy of promotion of healthy lifestyles among the prisoners and detainees and implement it in the penitentiary facilities and pre-trial detention centres.</p> <p>3. To revise the contents of individual programmes of behaviour change of prisoners and the respective programmes of pre-trial detention centres and include more information about prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections there.</p> <p>4. To include information about prevention of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections to the plans of social and education activities for the inmates.</p>	<p>and about health condition of the inmates is increased</p> <p>2. The level of knowledge of the prison officers is increased. As a result, they are able to provide more effective responses to problems of spread of STI, blood-borne infections and tuberculosis, and to reduce discrimination of IDU and HIV infected inmates.</p> <p>3. The number of new HIV infections is decreased.</p> <p>4. Risky behaviours of inmates are reduced.</p>
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2. HIV testing and counselling	<ol style="list-style-type: none"> 1. To improve access of prisoners and detainees to voluntary counselling and testing of HIV, examination of tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres. 2. To ensure access of prisoners and detainees with HIV/AIDS to antiretroviral therapy, prevention and treatment of opportunistic infections. 3. To take measures aimed at combating concomitant diseases of HIV/AIDS and tuberculosis. 4. To start using modern methods of monitoring and quality control of the treatment of HIV/AIDS patients. 5. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres. 	<ol style="list-style-type: none"> 1. To formally approve the right to voluntary testing and the procedure of such testing in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”. 2. To determine the methods of monitoring and quality control of HIV/AIDS treatment in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”. 3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres according to their needs. 	<ol style="list-style-type: none"> 1. The number of new HIV infections is decreased. 2. Risky behaviours of inmates are reduced. 3. The infections will be identified promptly and timely. 4. The quality and health care and access of the inmates to health care is improved.
3. Vaccination and treatment of viral hepatitis	<ol style="list-style-type: none"> 1. To improve the system of record of hepatitis patients 2. To carry out wide awareness raising campaign on prevention of viral hepatitis. 3. To implement the requirements of infectious control in health care units of the penitentiary facilities and pre-trial detention centres. 4. To carry out HBV vaccination of high-risk groups. 5. To ensure access to diagnostics of HBV and HCV with modern methods. 6. To ensure access to modern methods of treatment of HBV and HCV for patients who are in need of it. 7. To carry out clinical and laboratory monitoring of the 	<ol style="list-style-type: none"> 1. To establish the procedures of record of patients, vaccination and treatment of viral hepatitis in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”. 2. To determine the methods of monitoring and quality control of viral hepatitis treatment in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of 	<ol style="list-style-type: none"> 1. The incidence of viral hepatitis is reduced. 2. Risky behaviours of inmates are reduced. 3. The infections will be identified promptly and timely. 4. The quality and health care and access of the inmates to health care is improved.

	<p>efficiency of treatment of HBV and HCV patients.</p> <p>8. To carry out internal and external control of the quality of laboratory examinations of HCV and HBV.</p> <p>9. To use available strategies, materials and interactive tools, to encourage the dissemination of information among inmates, and to engage services provided by NGOs.</p>	<p>the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres according to their needs.</p> <p>4. In partnership with non-governmental organizations, to carry out wide awareness raising campaign on prevention of viral hepatitis.</p>	
4. Treatment of drug addiction	<p>1. To develop and implement preventive interventions aimed at reducing the risk of drug addicted prisoners and detainees to contract HIV.</p> <p>2. Study the mechanisms of harm reduction.</p> <p>3. To continue implementing SMT programme and ensure that it is delivered in all penitentiary facilities. To combine it with programmes of HIV/AIDS prevention, treatment, support and care.</p> <p>4. To launch rehabilitation programmes for prisoners and detainees who inject drugs with a view to treat drug addiction and ensure social adaptation of them.</p> <p>5. To ensure access of prisoners and detainees who inject drugs to the means of individual protection from HIV.</p> <p>6. To intensify awareness raising interventions and events aimed at promotion of healthy lifestyles among the prisoners and detainees.</p> <p>7. To continue peer-to-peer prevention interventions among the prisoners and detainees who inject drugs.</p> <p>8. To promote the establishment of peer-to-peer groups and NGOs working in the area of HIV/AIDS prevention and carrying out social and epidemiological surveys for identification of</p>	<p>1. To develop the list and contents of rehabilitation programmes for inmates who inject drugs and mechanisms of harm reduction, and to approve them in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>2. To introduce amendments to the Order of MOH, MIA, Ministry of Justice and State Service on Drug Control # 821/937/1549/5/156 “On Approval of the Procedure of Cooperation of Health Care Facilities, Law Enforcement Agencies, Pre-Trial Detention Centres and Correctional Facilities on Ensuring Continuity of Substitution Maintenance Therapy” as of 22 October 2012. These amendments shall entail application of its provisions to the penitentiary facilities.</p> <p>3. To revise the contents of individual programmes of behaviour change of</p>	<p>1. The number of drug addicted prisoners and detainees is reduced.</p> <p>2. Risky behaviours of inmates are reduced.</p> <p>3. Continuing treatment of drug addiction is provided.</p> <p>4. The quality and health care and access of the inmates to health care is improved.</p>

	persons who might be hazardous in terms of HIV spread in the penitentiary facilities and pre-trial detention centres.	prisoners and the respective programmes of pre-trial detention centres. In particular, such programmes should stipulate peer-to-peer preventive measures among inmates who inject drugs. 4. To engage the NGOs into development and implementation of plans of social and education activities for the inmates and action plans of peer-to-peer groups.	
5. Treatment, care and support to HIV infected prisoners	<ol style="list-style-type: none"> 1. To provide support and psychological and social care to patients with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres. 2. To ensure that materials for inmates who cannot be detained in the penitentiary facilities and pre-trial detention centres due to their diseases are produced and sent to courts promptly; to set up the system of efficient control over the terms and quality of implementation of respective decisions; to seize the court with a request to speed up the consideration of respective applications (in case of need). 3. To involve the representatives of NGOs (Network of PLWH in particular) to providing care and support to prisoners and detainees with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections in the penitentiary facilities and pre-trial detention centres. 4. To change policy of personnel recruitment in the penitentiary facilities and pre-trial detention centres, to evaluate the ability of applicants to perform the duties and the attitudes of applications to the inmates with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections. 	<ol style="list-style-type: none"> 1. To integrate measures of psychological and social care to the inmates with HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections into the plans of psychological care in the penitentiary facilities and pre-trial detention centres. 2. To introduce regular and prompt control over production and sending to courts the materials for inmates who cannot be detained in the penitentiary facilities and pre-trial detention centres due to their diseases; to set up the system of efficient control over the terms and quality of implementation of respective decisions and provide response in case if the court delays the consideration of such cases. 3. To introduce amendments to the Order of Ministry of Justice # 957/21269 “On Approval of Instruction on the Operation of Units (Groups, Sectors, Senior Inspectors) of Control over Implementation of Court Decisions in the Penitentiary Facilities and Pre-Trial Detention Centre” as of 14 June 2012 and task these units with tracing the cooperation with courts. 4. To establish that non-biased and tolerant attitudes to the inmates having HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted infections should be 	<ol style="list-style-type: none"> 1. The prison officers perform their duties more efficiently, because during their recruitment, the professional attitudes to prisoners with HIV/AIDS, tuberculosis, drug addiction and other sexually transmitted diseases are evaluated. 2. Human rights of the inmates are better observed. 3. The inmates who cannot be detained in the penitentiary facilities and pre-trial detention centres due to their diseases are released promptly. 4. The mortality rate in the penitentiary facilities and pre-trial detention centres is reduced. 5. The infections are identified promptly and timely. 6. The quality and health care and access of the inmates to health care is improved.

		<p>included into the qualification criteria for prison officers.</p> <p>5. To include the measures on care and support to the inmates having HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted infections into plans of social and education activities in the penitentiary facilities and pre-trial detention centres.</p> <p>Engage the representatives of NGOs (in particular, Network of PLWH) to implementation of these measures.</p>	
6. Prevention from contracting infection during health and dental care	<ol style="list-style-type: none"> 1. To develop and implement security measures in health care units of the penitentiary facilities and pre-trial detention centres. 2. To refine the system of control over observing security rules in health care units of the penitentiary facilities and pre-trial detention centres. 3. To take measures to avoid contracting HIV when receiving health care. 4. To improve the system of training for personnel of health care units of the penitentiary facilities and pre-trial detention centres during invasion treatment. 5. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres. 	<ol style="list-style-type: none"> 1. To update training programmes for building capacity of personnel of the penitentiary facilities, to engage into training activities the representatives of governmental and non-governmental organization working in the area of HIV/AIDS and other diseases. 2. To include the set of security measures to the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”. 3. To establish that non-biased and tolerant attitudes to the inmates having HIV/AIDS, tuberculosis, hepatitis, drug addiction and sexually transmitted infections should be included into the qualification criteria for prison officers. 4. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres. 	<ol style="list-style-type: none"> 1. The level of knowledge of the prison officers is increased. 2. The incidence rate is reduced. 3. Human rights of the inmates to appropriate health care are better observed. 4. The quality and health care and access of the inmates to health care is improved.
7. Prevention of infection during tattooing, piercing and	<ol style="list-style-type: none"> 1. To carry out wide awareness raising campaign on prevention of viral 	<ol style="list-style-type: none"> 1. To revise the contents of individual programmes of behaviour change of 	<ol style="list-style-type: none"> 1. The incidence rate is reduced. 2. Risky behaviours of

other skin damages	<p>hepatitis.</p> <p>2. In a distant perspective, to create conditions for safe tattooing and piercing (if possible, the prisoners should order such services at the respective specialists).</p>	<p>prisoners and the respective programmes of pre-trial detention centres and include more information about prevention of infection during tattooing, piercing or making other skin damages.</p> <p>2. To include information about prevention of infection during tattooing, piercing or making other skin damages to the plans of social and education activities for the inmates.</p> <p>3. In a distant perspective, to develop the procedure of safe tattooing and piercing and approve it in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p>	inmates are reduced.
8. Post-exposure prophylaxis	<p>1. To develop the procedure of post-exposure prophylaxis.</p> <p>2. To improve the system of training of prison officers on post-exposure prophylaxis.</p> <p>3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres.</p>	<p>1. To develop the procedure of post-contact prophylaxis and approve it in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>2. To update training programmes for building capacity of personnel of the penitentiary facilities and to include the information about post-exposure prophylaxis there.</p> <p>3. To provide for regular training for prison officers on these issues.</p> <p>4. To include the measures of post-exposure prophylaxis into plans of social and education activities in the penitentiary</p>	<p>1. The possibility to receive on-site post-exposure prophylaxis reduces the incidence of HIV in prison officers and inmates.</p> <p>2. The incidence rate is reduced.</p> <p>3. Risky behaviours of inmates are reduced due to better awareness of prison officers and inmates. Their protection is improved.</p> <p>4. As the prison officers and inmates are better protected, the tolerant attitudes to high-risk groups of prisoners are promoted.</p>

		facilities and pre-trial detention centres. 5. To provide the penitentiary facilities and pre-trial detention centres with the back-up store of ARV.	
9. Prevention of mother-to-child transmission of HIV	<ol style="list-style-type: none"> 1. To implement primary preventive measures aimed at fertile age women in the penitentiary facilities and pre-trial detention centres. 2. To promote the prevention of crisis pregnancy among imprisoned women. 3. To ensure access of pregnant women to voluntary counselling and testing of HIV, tuberculosis, hepatitis and sexually transmitted infections. 4. To improve the prevention of mother-to-child transmission of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections during pregnancy, delivery and post-partum period. 5. To introduce modern methods of diagnostics of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infections, in children delivered by infected mothers, and to involve community health care facilities to this kind of activity. 	<ol style="list-style-type: none"> 1. To revise the contents of individual programmes of behaviour change of female inmates of fertile age and the respective programmes of pre-trial detention centres, and include the information about primary preventive measures there. 2. To develop and disseminate the audio lectures on these issues. 3. To include the measures on treatment and diagnosis of HIV/AIDS, tuberculosis, hepatitis and sexually transmitted infection plans of social and education activities for female inmates. 4. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres. 	<ol style="list-style-type: none"> 1. The incidence rate is reduced. 2. Risky behaviours of inmates are reduced.
10. Prevention and treatment of sexually transmitted infections	<ol style="list-style-type: none"> 1. To improve the system of record of patients with sexually transmitted infections. 2. To carry out wide awareness raising campaign on prevention of sexually transmitted infections. 3. To implement the requirements of infectious control in health care units of the penitentiary facilities and pre-trial detention centres. 4. To ensure access to diagnostics of sexually transmitted infections. 5. To carry out clinical and laboratory monitoring of the efficiency of treatment of sexually transmitted infections. 6. To carry out internal and external control of the quality of laboratory 	<ol style="list-style-type: none"> 1. To approve the procedure of patient record in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”. 2. To determine the methods of monitoring the implementation of requirements of infectious control in health care units of the penitentiary facilities and pre-trial detention centres and approve them in the draft Order of the 	<ol style="list-style-type: none"> 1. The incidence rate of sexually transmitted diseases is reduced. 2. Risky behaviours of inmates are reduced. 3. The infections are identified promptly and timely. 4. The quality and health care and access of the inmates to health care is improved.

	<p>examinations of sexually transmitted infections.</p> <p>7. To use available strategies, materials and interactive tools, to encourage the dissemination of information among inmates, and to engage services provided by NGOs.</p>	<p>Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres according to their needs.</p> <p>4. In partnership with NGOs, to carry out wide awareness raising campaign on prevention of sexually transmitted infections.</p>	
11. Prevention, diagnostics and treatment of tuberculosis	<p>1. To improve the system of record of tuberculosis patients.</p> <p>2. To carry out wide awareness raising campaign on prevention of tuberculosis.</p> <p>3. To ensure access to diagnostics of tuberculosis with modern methods.</p> <p>4. To ensure access to modern methods of treatment of tuberculosis for patients who are in need of it.</p> <p>5. To carry out clinical and laboratory monitoring of the efficiency of treatment of tuberculosis patients.</p> <p>6. To carry out internal and external control of the quality of laboratory examinations of tuberculosis.</p> <p>7. To use available strategies, materials and interactive tools, to encourage the dissemination of information among inmates, and to engage services provided by NGOs.</p>	<p>1. To approve the procedure of tuberculosis patient record and procedure of tuberculosis treatment in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>2. To determine the methods of monitoring and quality control of tuberculosis diagnostics and treatment and approve them in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres according</p>	<p>1. The incidence rate of tuberculosis is reduced.</p> <p>2. Risky behaviours of inmates are reduced.</p> <p>3. The infections are identified promptly and timely.</p> <p>4. The quality and health care and access of the inmates to health care is improved.</p>

		<p>to their needs.</p> <p>4. In partnership with NGOs, to carry out wide awareness raising campaign on prevention of tuberculosis.</p> <p>5. To integrate the issues of tuberculosis prevention into the plans of social and education activities for the inmates.</p>	
12. Prevention of sexual violence	<p>1. To improve the procedures of identification of sexual violence in the penitentiary facilities and pre-trial detention centres, to ensure prompt response to such violence.</p> <p>2. To implement a number of measures to prevent sexual violence in the penitentiary facilities and pre-trial detention centres.</p> <p>3. To improve psychological care to victims of sexual violence.</p> <p>4. To provide post-exposure prophylaxis to the victims of sexual violence.</p>	<p>1. To develop draft order (technical guidelines) on prevention and identification of sexual violence in the penitentiary facilities and pre-trial detention centres and on working with victims and perpetrators.</p> <p>2. To integrate the issues of prevention of sexual violence into the plans of social and education activities for the inmates.</p> <p>3. To update training programmes for building capacity of personnel of the penitentiary facilities and to include the information about the procedures of prevention of sexual violence there.</p> <p>4. In partnership with NGOs, to carry out wide awareness raising campaign on prevention of sexual violence.</p>	<p>1. The incidence of sexual violence is reduced.</p> <p>2. Risky behaviours of inmates are reduced.</p> <p>3. The rights of prisoners and detainees to personal security are better observed.</p>
13. Protection of inmates and personnel from infection when serving/executing punishment	<p>1. To identify the list of main personal security measures for prison officers and formally approve it.</p> <p>2. To improve the system of training for personnel of health care units of the penitentiary facilities and pre-trial detention centres on how to protect themselves from infection hazards.</p> <p>3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres.</p> <p>4. To establish that the authorities/officers responsible for control over the penitentiary facilities should analyze how post-exposure prophylaxis of both prisoners and prison officers is implemented. To start regular training for the</p>	<p>1. To establish main security measures and approve the procedure of their implementation in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>2. To provide all penitentiary facilities and pre-trial detention centres with the means of individual protection so that the prison officers are able to perform their duties.</p> <p>3. To update training</p>	<p>1. The incidence rate is reduced.</p> <p>2. Risky behaviours of inmates are reduced.</p> <p>3. As on-site security measures are implemented, fewer prison officers and inmates contract HIV.</p> <p>4. As the prison officers and inmates are better protected, the tolerant attitudes to high-risk groups of prisoners are promoted.</p>

	<p>personnel on these issues.</p> <p>5. To refine the system of control over observing security rules in health care units of the penitentiary facilities and pre-trial detention centres.</p> <p>6. To take measures to avoid contracting HIV when performing service duties.</p>	<p>programmes for building capacity of personnel of the penitentiary facilities and to include there the information about the possibilities to contract infection when performing professional duties/serving sentence.</p> <p>4. To provide for regular training for prison officers on these issues.</p> <p>5. To integrate the issues of protection from contracting infection when serving duty/serving sentence into the plans of social and education activities for the inmates.</p> <p>6. To provide all penitentiary facilities and pre-trial detention centres with personal toothbrushes and razors for the inmates.</p>	
14. Condom dissemination	<p>1. To establish the procedure of condom dissemination at the national level.</p> <p>2. To ensure cost-effective use of available means of individual protection. To combine active strategy of disseminating them (when health care practitioners disseminate them during voluntary testing and counselling, and/or civic activists, volunteers and social psychologists provide them after information events) with passive strategy (placing condoms dispensers in meeting rooms, bathrooms and lavatories where the inmates can take condoms anonymously)</p> <p>3. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres.</p>	<p>1. To establish the procedure of condom dissemination in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>2. To provide all penitentiary facilities and pre-trial detention centres with the condoms.</p>	<p>1. The incidence rate is reduced.</p> <p>2. Risky behaviours of inmates are reduced.</p>
15. Needle and syringe programmes	<p>1. To establish the procedure of implementation of needle and syringe programmes at the national level.</p> <p>2. To apply cost-effective approach to implementation of needle and syringe programme. Injecting equipment should be placed in such locations where the inmates would be able to collect them anonymously.</p> <p>3. For forbid to prison</p>	<p>1. To establish needle and syringe programmes and approve the procedures of their implementation in the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and</p>	<p>1. The incidence rate is reduced.</p> <p>2. Risky behaviours of inmates are reduced.</p>

	<p>officers to supervise the inmates in order to obtain information about how they use injecting equipment.</p> <p>4. To improve physical resources of health care units of the penitentiary facilities and pre-trial detention centres.</p>	<p>Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>2. To integrate the provision that forbids to prison officers to supervise the inmates for obtaining information about the usage of injecting equipment into the draft Order of the Ministry of Justice and MOH of Ukraine “On Approval of the Procedure of Providing Services for Prevention, Support, Care and Treatment of HIV/AIDS, Tuberculosis, Hepatitis, Drug Addiction and Sexually Transmitted Diseases in the Penitentiary Facilities and Pre-trial Detention Centres”.</p> <p>3. To provide all penitentiary facilities and pre-trial detention centres with the injecting equipment for exchange programmes.</p>	
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