



# HIV Comprehensive Package of Services in Moldovan Prisons

lieutenant-colonel

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## General Overview

**Moldova population** – 4mln

**Prison population** – 7643 inmates, 5% women and 2% juvenile

**Total Number of prisons** – 17

**Incarceration rate** – 175 per 100,000 population

**Occupancy rate** – 90%

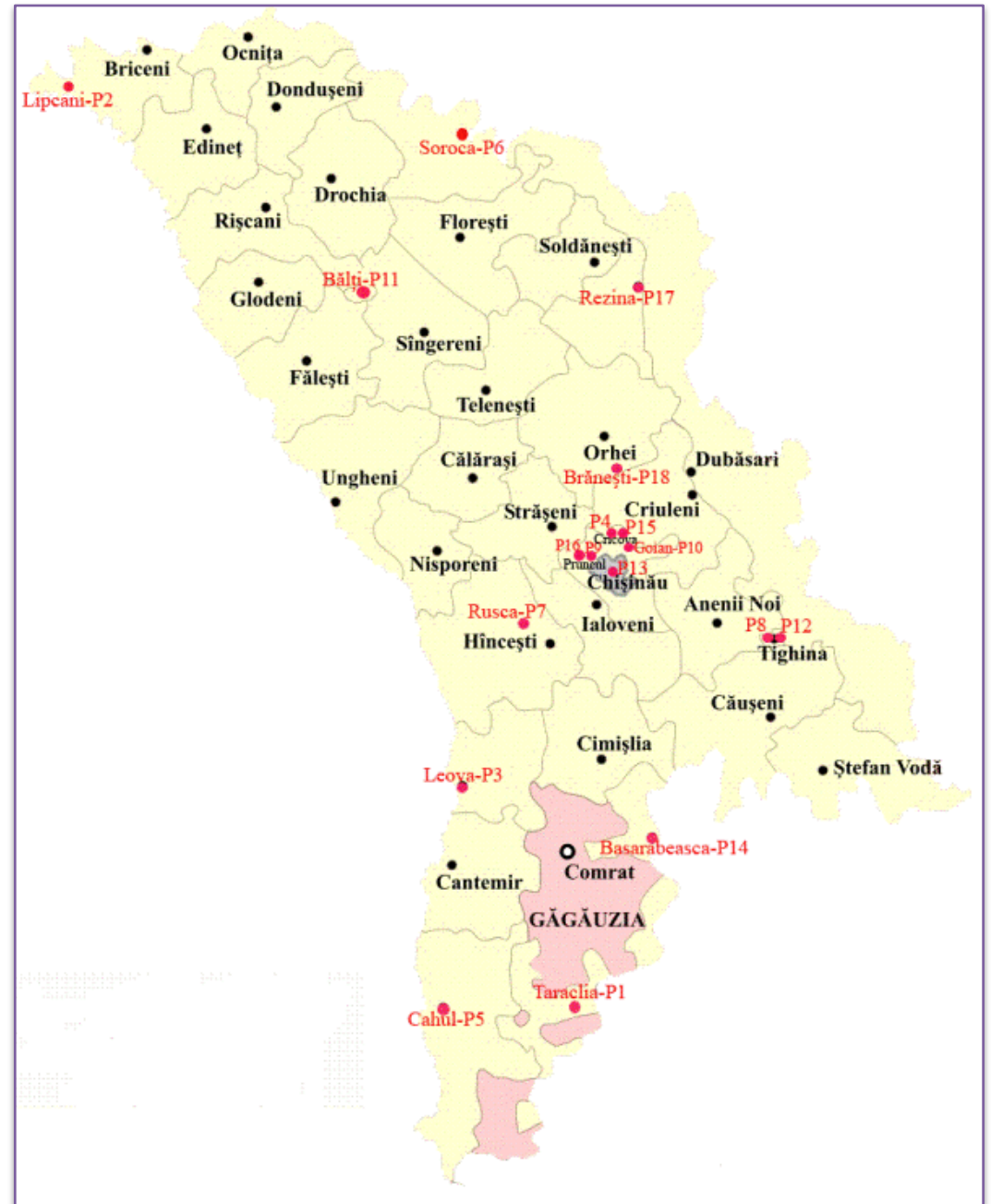
Official data:

**HIV prevalence (1,6%)** – 126, including 81 in ARV

**HVC prevalence (4,6%)** – 353 inmates

**TB prevalence (1,3%)** – 101, including 78 MDR TB

\*data as of June 2015  
data from the right bank only





Prison nr. 15 - Cricova  
Pictures by Ina Tcaci

Moldovan Prison Authorities continuously demonstrated high level of commitment for building a comprehensive strategy on HIV/AIDS prevention, treatment and care in prisons by ensuring access of inmates to services equivalent to those available in the community

1. Information, education, communication
2. Condom programmes
3. Prevention of sexual violence
4. Drug dependence treatment including OST
5. **Needle and syringe programmes**
6. Prevention of transmission through medical services
7. Prevention through tattooing, piercing and other skin penetration
8. Post exposure prophylaxis
9. HIV testing & counselling
10. HIV Treatment, care and support
11. Prevention, diagnosis and treatment of TB
12. PMTC
13. Prevention of STIs
14. Vaccination, diagnosis & treatment of hepatitis
15. Protecting staff from occupational hazards

**Currently, the Moldovan prison system is implementing 13 out of 15 interventions recommended within the comprehensive package of services for PWIDs in prisons**

# The Most Important Steps

**1999** - Starting needle exchange and condom provision programs;

**2001** - Implementation of DOTS in tuberculosis treatment;

**2004** - Implementing antiretroviral therapy and development of the first DIP ordinance for HIV/AIDs prevention, treatment and care;

**2005** - Implementation of pharmacotherapy with Methadone, also in 2005 implementation of DOTS (plus) for tuberculosis patients;

**2007** - End of the mandatory HIV testing of prisoners on entering prison;

**2008** – Initiation of HIV Voluntary Testing and Counselling services and the HIV –TB collaborative in prisons;

**2012** - (GeneXpert) the method for rapid diagnosis of tuberculosis is implemented;

**2013** – VCT services provided through NGO on saliva available for inmates;

**2014** - Overdose management – all NSP sites in prisons have been equipped with Naloxone for overdose management;

**2015** – Guiding Procedure Manuals for prison medical services on OST and NSP developed and approved.

## **In addition:**

**2015** - Biological waste management – with the support of UNODC, equipment was procured to ensure safe disposal of needle and syringes collected through NSP



# Coverage with Interventions

Intervention	Since	Availability
NSP	1999	Yes, in 13
OST (treatment and psycho-social peer to peer support)	2005	Yes, in 13
HIV voluntary testing (blood and saliva via NGOs)	Yes	Yes, in all
ARV	2004	Yes, in all (64,3%)
Peer to peer informative sessions and self support groups	1999	Yes, in all
Condom distribution	1999	Yes, in all
Distribution of antiseptics	1999	Yes, in 13
Overdose Management (Naloxone)	2014	Yes, in 13
IEC distribution	1999	Yes, in all

# NSP

(pictures by Ina Tcaci)





# OST

(pictures by Ina Tcaci)



# Financing and Partners

- Currently, Harm Reduction programs in prisons are financed by the GFATM. In 2013, the DPI took over the management for NSP. Since 2014, 2 NSP sites are financed from the DPI (MoJ) budget.
- Key partners: UNODC, GFATM, Soros Foundation-Moldova, Pompidou Group/Council of Europe, UNAIDS, WHO, CSO New Life and CSO “AFI”, Norlam.
- Since 2014 quarterly meeting of the TWG on Drug Use and HIV/TB Prevention in prisons take place. Chair – the Head of Prisons.

## Impact of intervention

IBSS results amongst inmates show a decrease in blood-borne diseases such as HIV and viral Hepatitis.

Indicator	2007	2010	2012
% of people who inject drugs in the last year	4,7	3,0	2,7
% usage of sterile equipment in the last month	100,0	100,0	100,0
% integrated indicator regarding the knowledge/ information about HIV/AIDS	30,8	43,4	44,0
HIV Prevalence %	4,2	3,4	1,9
HVB Prevalence %	11,3	16,3	13,1
HVC prevalence %	21,0	15,5	8,6

## Successes

- Comprehensive package of services to HIV can be adapted to the prison system conditions
- The partnership with the CSOs has a positive impact
- NSP in prisons have not led to any incidents related to syringes held for personal use
- NSP determine behavioral changes leading to the reduction of drug use-associated harms in prisons

## Challenge

- Advocacy and capacity building targeting prison staff should be ongoing
- When developing and implementing NSP in prisons, the nature of prisons should be considered.
- Expanding the comprehensive package of services
- Need to revise the existent legal framework, Criminal Code
- National budget needs to gradually take over the financing burden covered mostly by the GFATM.



# Commitment

- In acknowledging the importance of these interventions, DPI's Health Management Unit intends to continue with the implementation of these activities, promoting therefore the financing from the state budget and/or seeking alternative sources of funding.
- Strengthening the capacity building and psycho-social component of prison services; and enhancing the cooperation with non-governmental organizations.
- Creation of therapeutic communities for PWIDs in prisons (starting in 2016). 2 TC in P.7 and P.9.

Under the guidance of UNODC Moldova in partnership with the DPI, 2013-2014, 2 Guiding Procedure Manuals for prison medical services in implementing NSP and OST programs, approved by via DPI Ordinance 237/17.08.2014 and 237/19.08.2014

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în sistemul penitenciar din Republica Moldova

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CHIȘINĂU 2014



Prison nr. 15 - Cricova  
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Thank you for you attention!

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