

**ANALYSIS OF HIV/AIDS RESPONSE IN
PENITENTIARY SYSTEM OF UKRAINE**
(Summary Report on the Comprehensive Study)



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THE STATE PENITENTIARY
SERVICE OF UKRAINE



UKRAINIAN INSTITUTE
FOR SOCIAL RESEARCH
after
Olexander Yaremko
NON-GOVERNMENTAL ORGANIZATION



Ukrainian Center for AIDS Prevention and Control at
the MoH of Ukraine

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ACRONYMS

AIDS	Acquired immune deficiency syndrome
All-Ukrainian Network of PLWH	All-Ukrainian Charitable Organization “All-Ukrainian Network of PLWH”
ARV-therapy	Antiretroviral therapy
CC	Correctional colony
GF(ATM)	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immune deficiency virus
IDU	Injecting drug user
IES	Institution for the execution of sentences
M&E	Monitoring and evaluation
MOH	Ministry of Health of Ukraine
NGO	Non-governmental organizations
PLWH	People living with HIV
SDUEP	State Department of Ukraine for Execution of Punishment
SMT	Substitution maintenance therapy
SPSU	State Penitentiary Service of Ukraine
STI	Sexually transmitted infections
UN	The United Nations
UISR after O.YAREMENKO	NGO «Ukrainian Institute for Social Research after Olexander Yaremko»
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

This study was conducted in 2011-2012 by the Ukrainian Institute for Social Research after Olexander Yaremenko with technical support from the United National Office on Drugs and Crime (UNODC) in close cooperation with the State Penitentiary Service of Ukraine and Ukrainian Center for AIDS Prevention and Control at the MOH of Ukraine.

This report presents the results of the first comprehensive research conducted to identify the needs of penitentiary system in the implementation of efficient approaches to the prevention of HIV infection at the penitentiary facilities. In order to achieve this goal several studies were conducted: a *desk study*, which included a review of Ukraine's sectoral policy in the area of HIV prevention and an assessment of its correspondence with the needs of individuals serving their sentences at the penitentiary facilities or awaiting their trial at remand prisons; a *bio-behavioural research* with the aim to continue monitoring HIV awareness, prevalence of risky behavioural practices and the rate of HIV infection among prisoners, as well as evaluating the efficiency of prevention programs at the facilities of the State Penitentiary Service of Ukraine (i.e. penal and correctional colonies); an *expert research* identifying the availability, accessibility and quality of services to prevent and treat HIV infection and AIDS at the penitentiary facilities.

Empirical Basis

Empirical basis of this research consists of a desk study, analyzing documents and policies produced by different relevant sources¹; the results of questionnaires filled by 1,300 respondents at 24 penal and 2 correctional colonies (including 1,000 males, 200 females and 100 juvenile offenders), followed by the linked testing for HIV with the use of IFA tests; materials from semi-structured interviews with 42 experts, including officers of the oblast departments of the State Penitentiary Service of Ukraine, health care and social service workers of the colonies and remand prisons, as well as representatives of civil society organizations that perform HIV/AIDS prevention activities among prisoners.

Summary of Main Findings

The State Penitentiary Service of Ukraine ensures implementation of the government policy in the area of execution of criminal sentences. A separate section of this report is devoted to the description of the Penitentiary System of Ukraine that has 183 penitentiary facilities as of February 1, 2012. As of July 20, 2011, the absolute majority of prisoners in penal colonies were men (94.3%), whereas the ratio of women in these facilities was 5.7%. About one third of all male prisoners in penal colonies (32.12%) serve their sentences for theft; 18.36% were convicted for premeditated murder; 17.66% were convicted for robbery; 15.31 – for assault (brigandage) and 10.69% - for intended grievous bodily injury. As for women, 34.57% were convicted for theft and 26.82% – for murder; 15.68% of women served sentences for intended grievous bodily injury; 11.06% – for robbery; and 8.77% – for assault (brigandage). The share of crimes related to illicit trafficking of drugs, psychotropic substances, their analogues and precursors was 10.3%

Characteristics of epidemiological situation. According to the data of Ukrainian Centre for AIDS Prevention and Control, 23,779 individuals in places of confinement were tested for antibodies to HIV in 2011. Of them 2,463 individuals were identified as HIV positive, making up 10.4% of those tested. According to the SPSU data, 28,181 prisoners were tested for HIV, of which 2,819 were new infection cases and 881 were AIDS patients. The number of AIDS-related deaths reached 388 in 2011.

The number of HIV infected individuals who were under regular medical check-up at the penitentiary facilities indicated the gradual growth of this indicator: 5,088 patients were under regular medical check-up as of 01.01.2010; 5,806 – as of 01.01.2011 and 6,322 – as of 01.01.2012².

1 On the basis of documents of the State Penitentiary Service of Ukraine, Ukrainian Centre for AIDS Prevention and Control at the Ministry of Health of Ukraine, Ministry of Internal Affairs of Ukraine, State Service of Ukraine for Response to HIV/AIDS and Other Socially Dangerous Diseases, International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of People Living with HIV.

2 Operative data of the Ukrainian Centre for AIDS Prevention and Control at the Ministry of Health of Ukraine.

According to the 2011 bio-behavioural survey, HIV prevalence among prisoners is 13,6% (33,0% among females and 10,1% among males) and 2,2% - among prisoners aged 15–19 years. Hepatitis B and C incidences are not documented in the reporting forms separately but are included into the reports on all gastrointestinal diseases and remain rather high: 113.7 cases per 1,000 prisoners. The number of TB patients and people, who died of TB (data on deaths related to HIV associated tuberculosis are not included) was 4,841 and 116 cases correspondingly. The number of prisoners, who died from AIDS-related disease occupies the first place and exceeds the rates of deaths associated with cardiovascular diseases and tuberculosis, and accounts for about one third of all deaths.

Drug use experience and unsafe drug injecting practices. 40% of respondents had ever injected drugs over their lives (35% in 2009); 17% (20% of men and 3.5% of women) admitted the use of any drug while in colony; 15.5% of respondents indicated the use of 'grass', hashish and marijuana; 8% admitted opiate use; 5% - methamphetamine use; stimulants and hallucinogens each were used by 3% of respondents at the penitentiary institutions, though drug abuse is prohibited by internal regulations.

Unsafe sexual behaviour. In 2011 about 14% of prisoners had sexual contacts with visitors (a husband or wife) during the last six months prior to the survey; 7% DID NOT use condoms during these contacts. 4% reported to have had sexual contacts with other prison inmates in the last 6 months prior to the survey; 2% DID NOT use condoms during such contacts.

Tattooing and equipment sterility. 20% of respondents had the experience of making tattoos in the colony, of which 13% believed that the equipment was sterile.

Groups of 'potential' and 'real'*** risk of HIV infection among the prison population.* The group of '**potential**' risk of HIV infection comprises 38.5% of respondents, including 42% among male and 19% among female convicts (44% in the age group of 20-24 years). The group of '**real**' risk consists of 16% of respondents (17% among men and 9% among women). Whereas 18% of respondents aged 25–29 years and 19% of those aged 30–34 years confirmed practices that have led to the 'real' risk of HIV infection.

Key factors that might cause HIV infections are defined as: the experience of unprotected sexual contacts with other prisoners (especially among men) and of injecting drug use (lifetime experience of injecting drugs is even more significant than injecting drug use in prison settings). 23% of those, who have a track record of injecting drug use, are HIV positive, and this rate is three times higher than the number among prisoners without injecting drug use experience (7%). This indicator is close to HIV prevalence among injecting drug users (21. 5%).

Sectoral HIV prevention policy. In order to pursue the National Programme for the Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients for 2009–2013, a relevant sectoral programme for penitentiary institutions – the Programme to Ensure Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients in Penitentiary facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2007-2013 – has been developed and is currently being implemented. Key challenges for the implementation of this sectoral programme include: insufficient funding, lack of specialists, shortages or delayed procurement of medicines, poorly regulated legislation, lack of interest among prisoners, shortages of information materials and individual protection means, unregulated cooperation with partners and finally the lack of recognition of HIV risky behaviours among prisoners.

The existing *system of HIV services* at the penitentiary institutions has certain bottlenecks due to its unevenness (prisoners have a broader package of services at those facilities where NGOs are working); lack of sustainability (funding of prevention programmes to a great extent depends on the donor financial assistance); lack of centralization (decisions on the provision of specific services are made and implemented at the local level). Currently the following HIV related services are provided at penitentiary institutions: information events, HIV prevention activities, voluntary anonymous counselling and testing for HIV (IFA tests), STI diagnostics, TB diagnostics and treatment, care and support services (including ART) to HIV infected prisoners. Awareness

3 * Respondents who inject drugs in prison, or have sexual contacts with visitors or fellow prisoners, or make tattoos in the colony.

** Respondents who had other risky practices, such as injecting drug use, unprotected sexual contacts in the colony, or who used non-sterile equipment to make tattoos.

raising on HIV prevention, VCT and treatment of opportunistic infections are implemented with the support of government funds allocated to the penitentiary service.

Comprehensiveness of prevention, care and support services depends on the grants provided to the regional non-governmental organizations to implement such programmes. Rapid tests for HIV, STI and hepatitis are one-time practices that are available only in some colonies or remand prisons, depending on whether non-governmental organizations have provided them with the respective test-kits. Introduction of harm reduction programmes for incarcerated IDUs including syringe exchange and SMT remains urgent. Such programmes in practice are supported neither by the penitentiary departments, nor by the personnel of colonies and remand prisons.

A significant share of the interventions is being implemented by the recipients of the Global Fund grants, through non-governmental organizations (e.g. prevention activities, training for the personnel of colonies and remand prisons and care and support services) and AIDS Centers (ART follow-up). If the Global Fund will decide to reduce or terminate its grants in the coming years, a significant number of interventions for the prisoners will be discontinued and therefore today it is important to optimize the budgets and to regularly develop fundraising plans to attract additional resources.

According to 2011 data the value for indicator "Percentage of prisoners reached with prevention programmes" was 19% (in 2009 – 15%)⁴. At the same time, it should be noted that coverage with any prevention programmes was 93%, 64% of prisoners (53% of prisoners aged 15–19 years) were reached with «active» prevention services. And average "efficient coverage"⁵ with prevention services reached only 7% (8% for men and 3.5% for women).

On the basis of the research results the following most acute challenges that need to be met were identified in order to improve the epidemiological situation at the penitentiary institutions: to develop a clear and comprehensive HIV/AIDS response strategy and to apply the international experience of prevention programmes in the context of Ukrainian realities, including recommendations to change the legal and regulatory environment, to optimize budget allocations, to expand the range of HIV related services and to reach prisoners with them (especially at the facilities where non-governmental organizations do not yet operate), to reform the prevention and treatment programmes for IDUs, to strengthen staffing, to improve cooperation with institutions and organizations of both governmental and non-governmental sectors, and to study the best practices and international recommendations related to the improvement of health of prisoners.

4 According to National M&E Plan actual on Indicator 'Percentage of prisoners reached with prevention programmes' is calculated from the percentage of respondents who affirmatively answered the questions: 'G3. Do you know where you can go if you wish to receive an HIV test?, H5. In the last twelve months, have you been given free condoms (e.g., at a medical unit, bathhouse, or from social workers, etc.)?'

5 Simultaneous and comprehensive ensuring of access to information about HIV/AIDS, individual protection means and an opportunity to have voluntary testing for HIV and VCT.

INTRODUCTION:

STUDY AIM, OBJECTIVES AND METHODOLOGY

Penitentiary facilities are considered throughout the world to be the institutions, which have relatively higher risk of spread of socially dangerous infections, and HIV is among the most dangerous of them. In Ukraine, studies of the penitentiary system's needs to implement efficient prevention of HIV started from the monitoring of awareness, behaviour and HIV prevalence among prisoners, as a component of epidemiological surveillance. The first behavioural studies among prisoners in Ukraine were conducted by the State Penitentiary Service of Ukraine (hereinafter – SPSU) in 1997–2000 within the UNAIDS funded projects aimed at reduction of HIV/STI infections. In 2009 the first bio-behavioural surveillance research was conducted among prisoners. It included interviews linked with HIV testing of respondents with the financial support from International HIV/AIDS Alliance in Ukraine (hereinafter – Alliance) within the implementation of the program “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine”.

Active joint prevention activities among prisoners performed by SPSU, UNAIDS, the World Bank and projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria have highlighted the need to perform regular behavioural studies as an integral component of HIV surveillance. Responsibility for data collection and calculation of the national indicators of monitoring and evaluation of the efficiency of activities to control HIV/AIDS epidemic at the penitentiary institutions is vested in the Cabinet of Ministers of Ukraine on the State Penitentiary Service of Ukraine.

At the same time, it was the first comprehensive research of the penitentiary system's needs to introduce efficient approaches in order to prevent the spread of HIV infection at the penitentiary institutions, that would include both the monitoring of HIV prevalence and assessment of correspondence of these interventions to the prevention needs.

This analytical report, in turn, is a summarizing document based on the results of the comprehensive research that aims to identify the needs of penitentiary system in order to ensure standards for the prevention of HIV among individuals serving their sentences at the penitentiary facilities, or awaiting their trial at remand prisons. Key objectives of the research included the following: to assess the situation of the spread of HIV infections in the system of penitentiary institutions; to analyze the sectoral policy on HIV prevention, treatment and care for people living with HIV/AIDS; to identify the level of risky practices related to HIV infection and the level of awareness of HIV transmission routes and of individual protection means among prisoners; to evaluate the accessibility of HIV related services for the prisoners and their compliance with international standards; and to provide recommendations on how to strengthen epidemic response activities.

The comprehensive approach included conducting of the *desk study, bio-behavioural research and expert research* within the project. The entire research cycle was to be completed in the period from October 2011 to March 2012.

The desk study aim was to review the sectoral policies of Ukraine related to the prevention of HIV infection and their correspondence to the needs of individuals serving their sentences at the penitentiary institutions or awaiting trial at remand prisons.

To achieve this goal, the following *objectives* were to be fulfilled:

1. To perform a comprehensive description of the penitentiary system and prison population, specifying the total number of prison population and its key demographic characteristics.
2. To analyze the types of crimes committed by prisoners related to illicit drug storage, sale and trafficking,

and types of crimes committed by the addicted individuals under the impact of drug substances.

3. To analyze the level and key causes of mortality among prisoners and individuals awaiting trial at remand prisons.
4. To analyze the legal and regulatory framework and the level of implementation of HIV prevention, treatment and care interventions for HIV infected people incarcerated at the penitentiary institutions or remand prisons.

The aim of bio-behavioural research was to continue using the research methodology from the previous years, to ensure consistency of monitoring of awareness, behaviours and prevalence of HIV infection among prisoners to control HIV epidemic, and to evaluate the efficiency of HIV prevention programs at the institutions of the State Penitentiary System of Ukraine (penal and correctional colonies).

The following *objectives* were to be fulfilled *within bio-behavioural research*:

1. To evaluate the level of awareness of HIV transmission routes among prison inmates.
2. To identify the prisoners' risky behavioural practices that contribute to the transmission of HIV infection (making tattoos with non-sterile equipment, injecting drug use, unprotected sexual contacts, etc.).
3. To identify HIV prevalence level among prisoners on the basis of HIV testing linked to the behavioural research.
4. To collect data on the prisoner awareness and behaviour indicators that are included in the National Plan for Monitoring and Evaluation of Efficiency of HIV Epidemic Response Interventions.

The target group for this research included individuals serving their sentences at the penitentiary institutions. *The method of the bio-behavioural research*: the use of self-administered questionnaire to be filled out by respondents in the group, under supervision of an interviewer and a correctional officer; the linked HIV testing with the use of IFA test-kits, followed by a confirmation using alternative ELISA tests.

The realized sampling: 1,300 respondents at 24 penal and 2 correctional institutions, including 1,000 males, 200 females and 100 juvenile offenders. The researchers interviewed 50 individuals in each institution.

Sampling structure and procedures that were used in the 2009 study were applied repeatedly for the study conducted in 2011. On the basis of the random sampling procedures, 4-5 sections were selected in each colony⁶ which were territorially isolated from one another. Then, using the calculated interval⁷ 10–13 individuals were selected in each section on the basis of the lists of detainees, who were in the resocialization zone, understood Ukrainian or Russian language and who were literate. Before the beginning of interviews, at each individual penitentiary facility included in the sampling, the objectives and procedures of the study were explained to the detainees and they were informed about their rights related to participation in the study (with a special emphasis on the voluntary character of participation and the right to refuse to participate), guarantees of anonymity and confidentiality, remuneration for participation in the study, etc.

Interviewing of the detainees was conducted on the basis of the group filling the self-administered questionnaires in the special premises. Each questionnaire was supplemented with a special coupon, which had the same number as the questionnaire and was entered in the coupon tracking form and the medical log. Names or other individual's identification data were not documented. The questioning procedures at all penitentiary facilities met the principles of anonymity, confidentiality and voluntary participation of the respondents. After completing the questionnaires, an individual or group (at the respondents' consent) pre-

6 The State Penitentiary Service of Ukraine issued an order for the regional departments of the SPSU with the instruction to the administration of penal colonies to support the study, to ensure clear division of responsibilities between the study participants (health care workers of the penal colonies were responsible for recruiting of respondents, for the provision of VCT services to them, for the transportation of the blood samples to the Ukrainian Center for AIDS Prevention and Control at the MOH of Ukraine within 2 days), provision of respective premises and admittance of the interviewers from the standing network of the UISR named after O. Yaremchenko to the sampled penitentiary facilities.

7 The interval to select respondents was calculated on the basis of the number of detainees in each section.

testing counseling was provided to each respondent by the physicians of penal colony, after which the testing for HIV with the use of ELISA tests was offered to them. A paramedic from medical department of the penal colony took blood samples. The coupon number was entered in the medical log (2 copies per each penal colony: 1 copy was kept at the penal or correctional colony and the 2-nd copy was sent to the Ukrainian Center for AIDS Prevention and Control at the Ministry of Health). The interviewed detainees kept their coupons in order to get the post-testing counseling and receive the test results. The test results were linked to the results of the questionnaires.

The key aim of expert research was to identify the availability, accessibility and quality of HIV/AIDS prevention and treatment services at the penitentiary institutions. In particular, the following *objectives* were to be achieved:

- to analyze expert views about the barriers (structural, cultural, economic) to the implementation of efficient HIV prevention policy and interventions at the penitentiary institutions, including remand prisons;
- to analyze availability of specific services for women related to AIDS treatment and HIV prevention;
- to study the range of available services, such as voluntary HIV testing, drug addiction treatment, HIV awareness rising, programs for free distribution of condoms, diagnostic and treatment of Hepatitis B and C, diagnostic and treatment of tuberculosis and STI;
- to identify availability of prevention programs for remand prisoners and of the system to educate individuals awaiting release from prisons on prevention and treatment services provided in the regions to which the released prisoners go and refer them to such services;
- to analyze accessibility (access threshold: high/low), safety, convenience and efficacy of service uptake.

The targeted group of experts included officers of the departments of the State Penitentiary Service of Ukraine in the oblasts (10 representatives among potential 12 representatives of the oblast departments of SPSU, who were responsible for specific functions in the area of HIV/AIDS prevention, were interviewed; respective officials from two oblasts were not available for the interview during the study), health and social and psychological services of the penitentiary institutions and remand prisons, as well as representatives of non-governmental organizations that implement HIV/AIDS prevention activities among prisoners⁸. Questioning was performed with the use of in-depth interviews ("face-to-face" interviews) with the experts. Total 42 experts were interviewed, including 10 representatives of the oblast departments of the SPSU, 10 representatives of non-governmental and faith-based organizations, 4 officers from remand prisons and 18 officers of correctional institutions.

In the process of developing this summarized report on the basis of the comprehensive study, additional interviews were conducted with two experts at the national level; furthermore information was obtained from the International Renaissance Foundation on the initiatives/projects to ensure access to prevention and drug dependency treatment services at the penitentiary facilities.

Data entry and data analysis

Data entry was conducted by the experienced UISR employees with the use of DATA ENTRY module of the statistical software SPSS. Quality control of the data entry was ensured by a double entry of 20% of the questionnaires per each operator. Statistical software SPSS was used for data analysis (development the one-dimensional distributions of the respondent answers to the questions, cross-tabular analysis by sex, age and penal colony type etc.). Key component of the data analysis included the calculations for obtaining data on the National Indicators for monitoring and evaluation of the efficiency of HIV epidemic response activities with regard to epidemics in prisons, in particular the key one – percentage of inmates who are HIV infected. Besides, a correlation analysis and logistic regression methods were used for an in-depth analysis of HIV infection factors.

⁸ The experts were selected through key informants on the basis of their voluntary consent to participate in the study, on the condition that their anonymity and confidentiality will be observed.

Partnership cooperation. The Research Protocol was developed at the preparation stage in collaboration with the Ukrainian Centre for AIDS Prevention and Control at the MoH of Ukraine and the State Penitentiary Service of Ukraine; conclusions on the program and study tools were obtained from the Commission on Professional Ethics |Committee of the Sociology Association of Ukraine; recommendations on epidemiological component of the study were provided by the Committee on Medical Ethics at the Institute of Epidemiology and Infectious Diseases after L.V. Gromashevsky at the Academy of Medical Sciences of Ukraine. The study was based on compliance with ethical standards and principles of the right of study participants to anonymity and confidentiality.

The entire study was conducted in close cooperation with the specialists of UISR, the State Penitentiary Service of Ukraine and Ukrainian Centre for AIDS Prevention and Control at the MoH of Ukraine in accordance with the “Methodological Guidelines for Conducting Monitoring of the National HIV Epidemic Response”⁹ and in an ongoing cooperation with the United Nations Office on Drugs and Crime in Ukraine, taking into account UNODC recommendations provided in the document “HIV in Prison. Situation and Needs Assessment Toolkit”¹⁰.

Geographical coverage of the study: Poltava, Cherkassy, Zhitomir, Lugansk, Donetsk, Kharkiv, Odessa, Mykolayiv, Lviv and Ternopil oblasts and AR Crimea.

Analytical reports were developed on the basis of results of each study component¹¹:

1. “Sectoral Policy of Ukraine to Prevent New HIV Infections among Prisoners and Detained Individuals” (on the bases of the desk study results);
2. “Monitoring of HIV Awareness, Behaviour and Prevalence as a Component of Second Generation Surveillance of HIV: Results of Bio-behavioural Research in 2011”;
3. “Evaluation of Availability, Accessibility and Quality of HIV/AIDS Prevention and Treatment Services at the Penitentiary System Institutions” (on the basis of expert interviews).

Based on the study results, indicators for prisoner awareness and behaviour were developed and included in the list of indicators of the National Plan for Monitoring and Evaluation of Efficiency of HIV Epidemic Response, disaggregated by age and sex.

This report summarizes the study results obtained by each component and describes the actual challenges and practical recommendations for the improvement of HIV prevention policy within the penitentiary system.

This report is intended to all specialists responsible for health care and provision of medical and social services and in particular to those working for the institutions of the State Penitentiary Services. The aim of this report is to support effective decision making and implementation of HIV prevention, treatment, care and support programs at the national and regional levels, as well as to raise awareness among other authorities and individuals who directly work with prisoners and remand prisoners in the governmental and non-governmental sectors and finally to provide information to the community and mass media representatives concerned about the issues of HIV prevention and treatment at the penitentiary institutions.

9 http://www.aidsalliance.org.ua/ru/library/our/monitoring_reports/pdf/metod_for%20site.pdf

10 UNODC. HIV in Prison. Situation and Needs Assessment Toolkit. Available at: http://www.unodc.org/documents/hivaids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf

11 Analytical reports are available in the electronic format on CD.

1. DESCRIPTION OF THE PENITENTIARY SYSTEM OF UKRAINE

In accordance with the Decree of the President of Ukraine “On optimization of the system of central executive power bodies”, the State Department for Execution of Sentences was renamed to the State Penitentiary Service of Ukraine¹².

SPSU is a central executive power body, the activities of which are guided and coordinated by the Cabinet of Ministers of Ukraine through the Minister of Justice of Ukraine; it is an integral part of the system of executive power bodies and ensures the implementation of the state policy in the area of execution of criminal sentences.

Activities of the penitentiary institutions and remand prisons are regulated by a number of legal and regulatory acts (specified below).

Legislative and normative framework of Ukraine that regulates activities of the penitentiary institutions and provision of health care to prisoners and detained individuals:

- Key document that establishes the goal, objectives and principles of criminal execution legislation is the Criminal Execution Code of Ukraine¹³.
- Rights and duties of individuals subject to pre-trial incarceration are regulated by the Law of Ukraine “On Pre-trial Incarceration”¹⁴, the Criminal Procedure Code of Ukraine¹⁵ and the Criminal Execution Code of Ukraine.
- Order of the Ministry of Justice of Ukraine № 3339/516 establishes the areas of cooperation between the territorial bodies of the Ministry and institutions/facilities of the Penitentiary Service of Ukraine, as well as specifies the need to increase the level of legal awareness of one’s rights and duties among incarcerated individuals.
- Health care to the prisoners and detained individuals is provided in accordance with the Law of Ukraine “Basic Legislation of Ukraine on Health Protection”, which declares that all citizens of Ukraine enjoy the right to health protection¹⁷.
- Order “On approval of the List of Health Care Facilities of the Criminal Execution Service”¹⁸ specified key health care facilities of the SPS of Ukraine.
- Order “On approval of procedures for cooperation between health care facilities of the State Criminal Execution Service of Ukraine with other health care facilities for the provision of health services to incarcerated individuals”¹⁹ establishes that health services should be provided to all prisoners since the moment of their arrival to a remand prison and should include primary medical examination to identify individuals, who experienced physical trauma and those who present epidemiological threat to other people or are in need of urgent health care. After release from remand prisons every individual should undergo chest x-ray examination. Medical examination of incarcerated individuals should be performed when they visit a physician at medical department with the complaints about poor health. It is established in the regulations that incarcerated individuals have the right for a free choice of a physician, and the remand prison administration should ensure a free access of the selected physician to

12 Decree of the President of Ukraine “On optimization of the system of central executive power bodies” № 1085/2010 as of December 9, 2010.

13 Criminal Execution Code of Ukraine, document 1129-15, valid, final version. (Edition as of 17.01.2012, rationale: 4025-17.)

14 Law of Ukraine as of 30.06.1993 № 3352-XII “On Pretrial Incarceration” [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?page=1&nreg=3352-12>.

15 Criminal Procedure Code of Ukraine as of 28.12.1960, final edition as of 17.01.2012, rationale: 4025-17.

16 Order of the Ministry of Justice of Ukraine as of 17.11.2011 №3339/5 “On approval of the areas of cooperation between the territorial bodies of the Ministry and institutions/facilities of the State Penitentiary Service of Ukraine”.

17 Law of Ukraine as of 19.11.1992 № 2801-XII “Basic Legislation of Ukraine on Health Protection”.

18 Order of the Penitentiary Department as of 24.12.2004 № 247 “On approval of the List of Health Care Facilities of the Criminal Execution Service”.

19 Order of the Ministry of Justice and Ministry of Health of Ukraine as of 24.02.2012 № 239/104 “On approval of procedures for cooperation between health care facilities of the State Criminal Execution Service of Ukraine with other health care for the provision of health services to incarcerated individuals”.

the patient. Expenses for the provision of such health services are to be covered by the patient or his/her relatives.

- Pursuant to HIV/AIDS related legislative and normative framework, the penitentiary facilities implement the sectoral Program for HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients at the penitentiary institutions and remand prisons of the State Criminal Execution System of Ukraine for 2009–2013²⁰, which regulates the terms of implementation of HIV/AIDS prevention interventions and activities after the confirmation of HIV positive status of prisoners and detained individuals.
- Order “On approval of legislative and normative acts on provision of medical and sanitary services to remand prisoners and individuals incarcerated at the correctional and labor institutions of the State Department of Ukraine for Execution of Sentences”²¹ establishes the following measures for patients with the following health conditions:
 - ✓ Viral hepatitis B and C: all patients with an acute form of hepatitis B and patients chronically ill with this type of hepatitis in the acute condition are subject to mandatory hospitalization;
 - ✓ HIV infection: administration of remand prisons and penitentiary institutions should ensure availability of HIV testing for the prisoners and detained individuals. Heads of each remand prison and penitentiary facility should appoint a health care worker (physician) responsible for the provision of pre- and post-testing counselling, medical examination and HIV testing. Detained or incarcerated individuals, living with HIV/AIDS, should be held in the remand prisons and penitentiary institutions on general conditions. Administration of remand prisons and penitentiary institutions of the Department should ensure confidentiality of information about HIV infected people. Activities to ensure confidentiality should be implemented in accordance with the Procedures to Ensure Confidentiality of Information of HIV Infected People, approved by the Joint Order of the State Department of Ukraine for Execution of Sentences and the Ministry of Health of Ukraine as of January 18, 2000 №3/6.
 - ✓ instruction on specific and chemoprophylaxis of tuberculosis among individuals on trial and incarcerated individuals;
 - ✓ list of health conditions that can serve as grounds to submit materials to the court regarding release of prisoners from further service of their term.
- Order “On organization of antiretroviral therapy for people, living with HIV/AIDS, who were detained or incarcerated”²²
 - ✓ approved the Instruction on organization of antiretroviral therapy for people, living with HIV/AIDS, who are incarcerated at the penitentiary facilities or remand prisons;
 - ✓ defined the responsibility of the Regional AIDS Centers for the provision of consultation support for the selection of people in need of antiretroviral therapy (hereinafter – ART) among prisoners and detained individuals living with HIV and AIDS; for prescribing of treatment regimens to such individuals and for the implementation of ART monitoring in accordance with legislative and normative acts of the Ministry of Health of Ukraine;
 - ✓ defined the responsibility of the SPSU (former -State Department) and all its health care facilities for the “continuity of ART for people, living with HIV and AIDS and for the control over their timely intake of antiretroviral drugs in accordance with the prescribed treatment regimens”.

20 Program for HIV Prevention, Treatment, Care and Support to HIV-Infected People and AIDS Patients at the penitentiary institutions and remand prisons of the State Criminal Execution System of Ukraine for 2007–2013 (Approved at the meeting of the State Department of Ukraine for Execution of Sentences on 24.04.2009).

21 Joint order of the MoH and Department as of 18.01.2000 № 3/6 “On approval of legislative and normative acts on provision of medical and sanitary services to remand prisoners and individuals incarcerated at the correctional and labor institutions of the State Department of Ukraine for Execution of Sentences”.

22 Order of the State Department and Ministry of Health “On organization of antiretroviral therapy for people, living with HIV/AIDS, who were detained or incarcerated” as of 15.11.2005 №186/607 [Electronic reourtce] – Available at: <http://zakon3.rada.gov.ua/laws/show/z1409-05>.

- ✓ Order of the MoH “On improvement of voluntary counselling and testing for HIV”²³.
- ✓ Clinical protocol on antiretroviral therapy for HIV infection for adults and adolescents²⁴. This protocol regulates the examination and treatment of incarcerated and detained patients. On the basis of the examination results a decision is made on the need to prescribe ARV drugs, or to submit the documents for the release of prisoners from penitentiary facilities due to their AIDS status.

The Number and Types of Existing Penitentiary Facilities

Facilities for confinement of individuals sentenced to custodial measures of restraint include remand prisons of SPSU and the Security Service of Ukraine, as well as SPSU prisons that function as remand prisons²⁵.

According to the Criminal Execution Code of Ukraine, authorities for the execution of sentences include: the central executive body for execution of sentences and its territorial administrative units; and Criminal-Execution Inspection (Section 3). Institutions for execution of sentences (hereinafter - penitentiary facilities) include: lockup houses, penitentiary facilities, and special correctional facilities (hereinafter – correctional colonies)²⁶ (Figure 1.1).

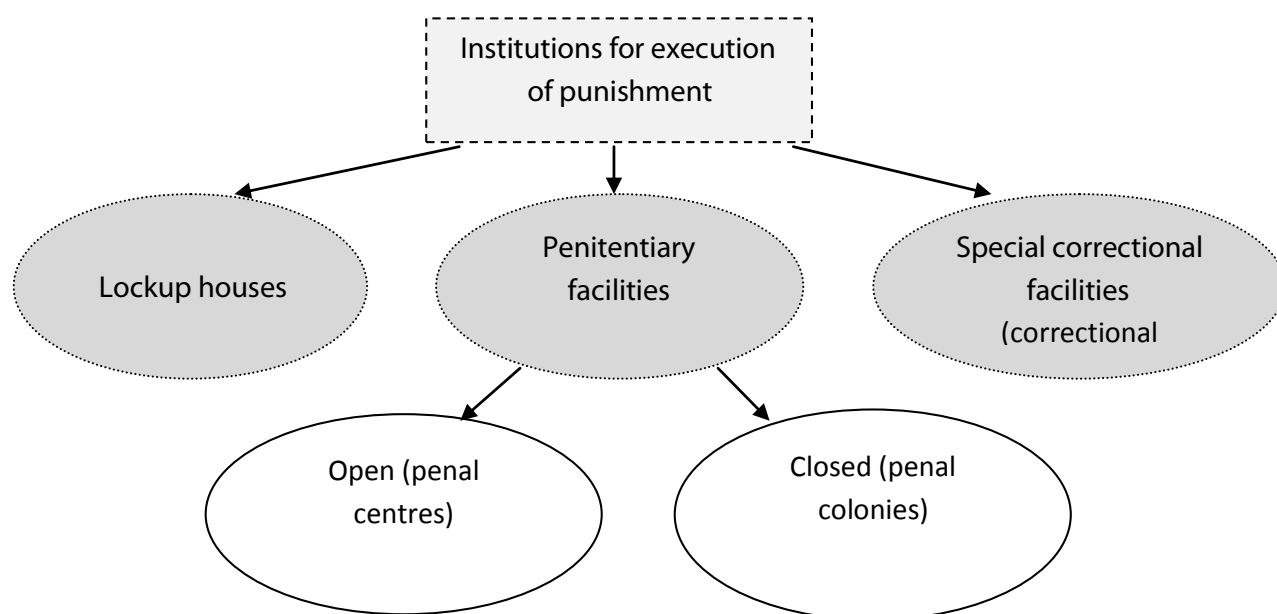


Figure 1.1. The structure of penitentiary facilities

Source: Article 3 of the Criminal Execution Code of Ukraine, 2003 (as amended on January 17, 2012 on legal grounds 4025-17.)

As of February 01, 2012 there are **183** penitentiary facilities operating under the State Penitentiary Service of Ukraine (see Figure 1.2). The structure of contingents of detainees and prisoners depending on the type of facility is presented in Table 1.1.

23 Order of the MoH “On improvement of voluntary counseling and testing for HIV as of 19.08.2005 №451.

24 Approved by the Order of the Ministry of Health as of 12.07.2010 №551.

25 The Law of Ukraine No. 3352-XII as of June 30, 1993 “On Pretrial Detention”, [Electronic reourtce] – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?page=1&nreg=3352-12>

26 Criminal Execution Code of Ukraine, document 1129-15 currently in force, last version (as amended on January 17, 2012 on legal grounds 4025-17.)

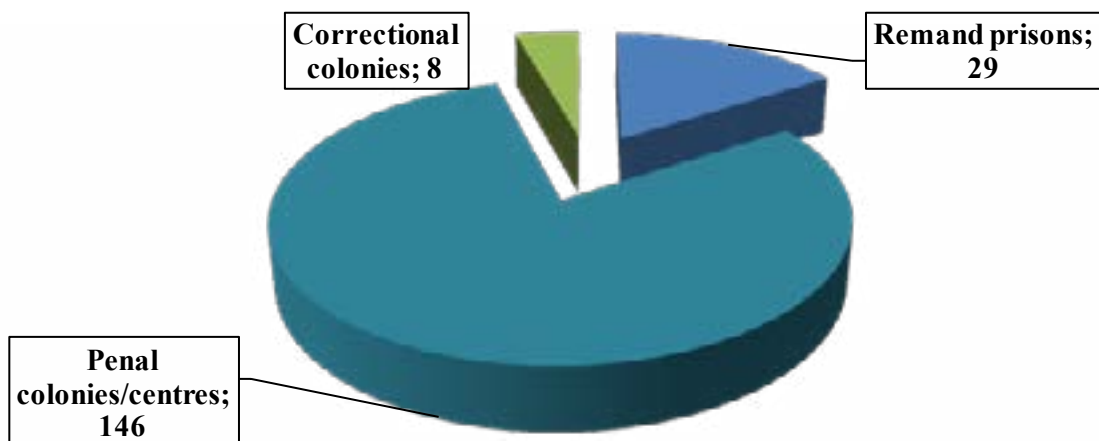


Fig. 1.2. The structure of penitentiary facilities in Ukraine, number, (as of February 01, 2012, N = 183)

Source: The list of authorities and facilities for execution of sentences, remand prisons and educational establishments, administered by the State Penitentiary Service of Ukraine. Approved by the Order of the State Penitentiary Service of Ukraine No.480 as of November 01, 2011 (SPSU operative data).

Table 1.1

Structure of distribution of detainees and prisoners, depending on the type of penitentiary facility, % (as of July 20, 2011, N = 117,694 persons)

Penitentiary facilities	The number of persons *	
	Lockup house	190
Penal center for individuals with custodial sentence	Males	4,274
	Females	442
Minimum security with less restrictive custody of individuals who committed crimes by recklessness (males)	664	
Minimum security with less restrictive custody of individuals who committed intentional crimes	Males	501
	Females	23
Minimum security with general custody	Males	6,925
	Females	5,834
Medium security for first-time offenders (males)	36,196	
Medium security for repeat offenders (males)	43,497	
Social rehabilitation sites	Males	1,955
	Females	161
Maximum security (regular living quarters) (males)	4,414	

Maximum security (cell confinement) (males)	Total	2,770
	Including life sentence	1,379
Hospitals with remand prisons and penitentiary facilities	Males	5,832
	Females	239

Source: Reports on the number of penitentiary facilities, availability, composition and movement of convicts in the State Department of Ukraine for Execution of Sentences as of July 20, 2011; statistical data of the State Penitentiary Service of Ukraine [Electronic resource]. – Available at: http://www.kvs.gov.ua/punish/control/uk/publish/category?cat_id=45806

Characteristics of Individuals in Places of Confinement

As of July 20, 2011, the absolute majority of prisoners in penal colonies were men (94.3%), whereas the ratio of women in these facilities was 5.7% (see Figure 1.3).

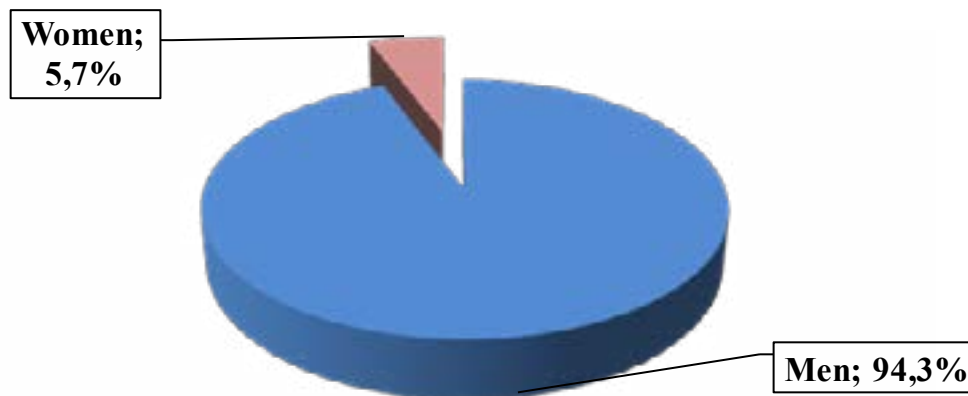


Fig. 1.3. Gender distribution of prisoners in penal colonies
(as of July 20, 2011, N = 117,694)

Source: Reports on the number of penitentiary facilities, availability, composition and movement of convicts in the State Department of Ukraine for Execution of Sentences (2007, 2008, 2009, 2010, 2011). Statistical data of the State Penitentiary Service of Ukraine. Available at: http://www.kvs.gov.ua/punish/control/uk/publish/category?cat_id=45806

Speaking of agedistribution, 42.2% of the population of the penal colonies belong to the age cohort of 20–29 years; 33.2% of prisoners are individuals of 30–39 years of age; 18% are those of 40–45 years. The share of older age groups (55–59 years, and 60 years and older) makes up 1%–2.3%; the youngest age group (under 19 years of age) constitutes 3.3% (see Figure 1.4).

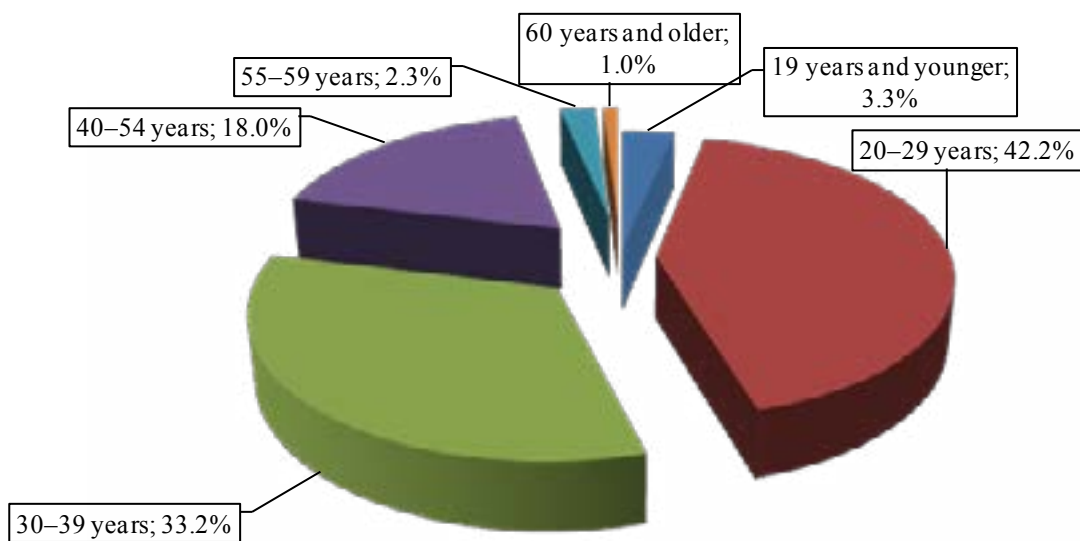


Fig. 1.4. Age distribution of prisoners in penal colonies

(as of July 20, 2011, N = 117,694)

Source: Reports on the number of penitentiary facilities, availability, composition and movement of convicts in the State Department of Ukraine for Execution of Sentences (2007, 2008, 2009, 2010, 2011). Statistical data of the State Penitentiary Service of Ukraine. Available at: http://www.kvs.gov.ua/punish/control/uk/publish/category?cat_id=45806

By the social status, 64.2% of inmates of penal colonies belonged to the category of unemployed persons capable of working (see Figure 1.5).

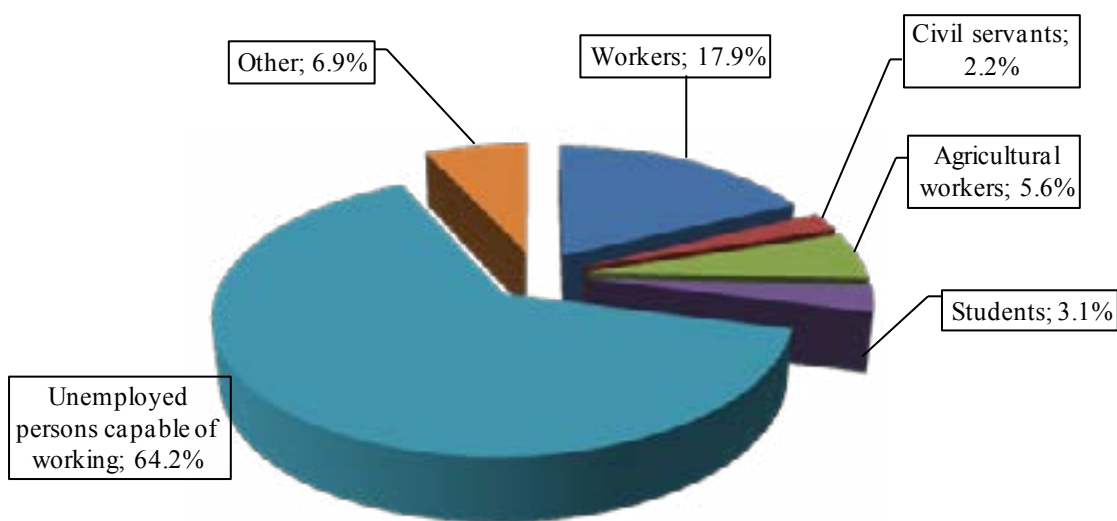


Fig. 1.5. Distribution of prisoners in penal colonies by the social status

(as of July 20, 2011, N = 117,694)

Source: Reports on the number of penitentiary facilities, availability, composition and movement of convicts in the State Department of Ukraine for Execution of Sentences (2007, 2008, 2009, 2010, 2011). Statistical data of the State Penitentiary Service of Ukraine. Available at: http://www.kvs.gov.ua/punish/control/uk/publish/category?cat_id=45806

The contingent of detainees and convicts in the remand prisons (in the first half of 2011) consisted largely of first-time offenders (73.5%). The ratio of those formerly held liable for crimes was 11.7%; of prisoners in transit – 14.8%; of juvenile offenders– 0.4% (see Figure 1.6).

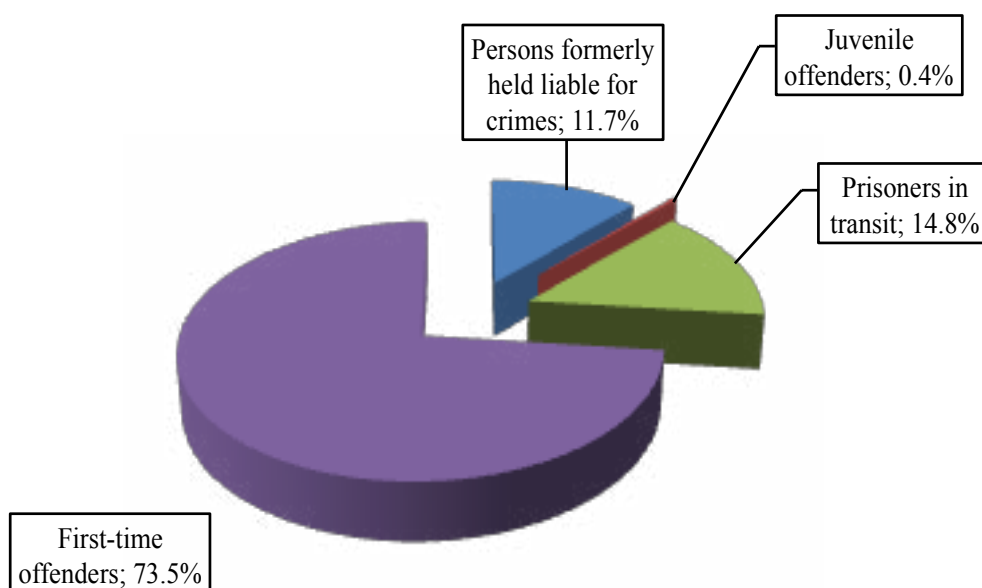
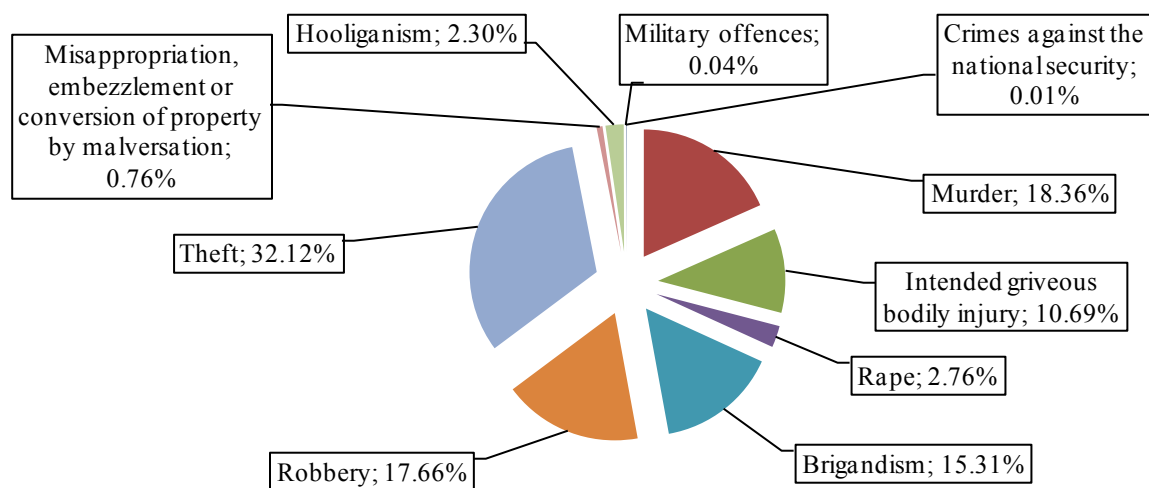


Fig. 1.6. Contingent of detainees and convicts in remand prisons (in the first half of 2011, N = 279,948)

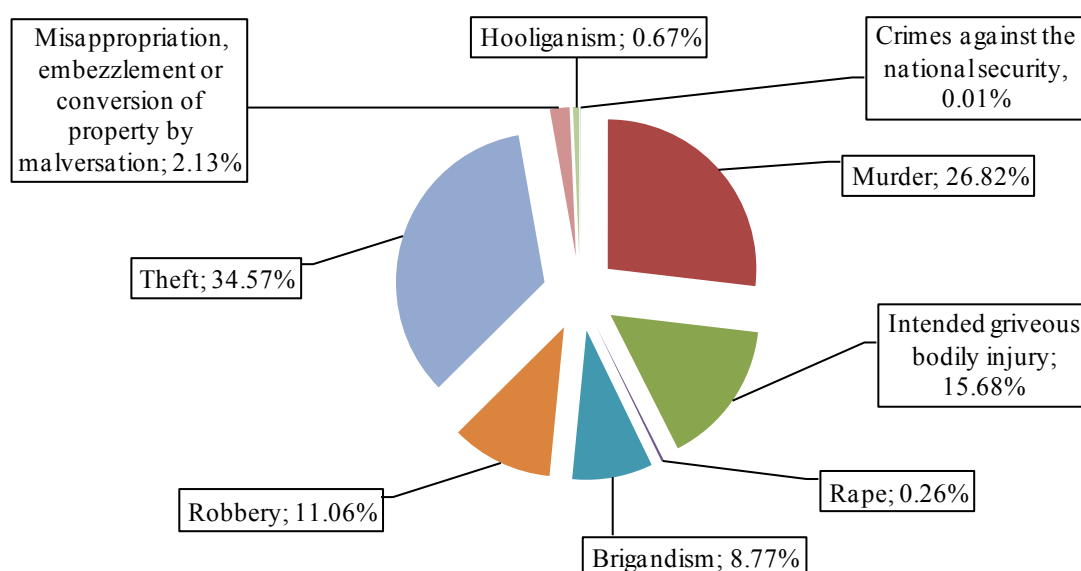
Source: Reports on the number, composition and movement of detainees and prisoners held in remand prisons of the State Department of Ukraine for Execution of Sentences during the first half of 2011. Statistical data of the State Penitentiary Service of Ukraine. Available at: http://www.kvs.gov.ua/punish/control/uk/publish/category?cat_id=59422

Gender distribution among contingents of detainees held in remand prisons is no different from that among prisoners: 95% of males and 5% of females.

About one third of all male prisoners in penal colonies (32.12%) serve their sentences for theft; each fifth (18.36%) was convicted for murder; each sixth prisoner (17.66%) was convicted for robbery; 15.31% – for assault (brigandage) and 10.69% - for intended grievous bodily injury. As for women, about one third of female prisoners (34.57%) were convicted for theft, and about quarter (26.82%) – for murder; 15.68% of women serve sentences for intended grievous bodily injury; 11.06% – for robbery; and 8.77% – for assault (brigandage) (for more details see Figure 1.7).



Among men, N = 89,954



Among women, N = 4,593

Fig. 1.7. The structure of committed crimes, for which prisoners serve their sentences, by gender (as of July 20, 2011, N = 94,547)

Source: Reports on the number, composition and movement of detainees and prisoners held in remand prisons of the State Department of Ukraine for Execution of Sentences. Statistical data of the State Penitentiary Service of Ukraine. Available at: http://www.kvs.gov.ua/punish/control/uk/publish/category?cat_id=59422

The ratio of crimes in the area of illicit circulation of narcotic drugs, psychotropic substances, their analogues and precursors makes up 10.3% (see Figure 1.8).

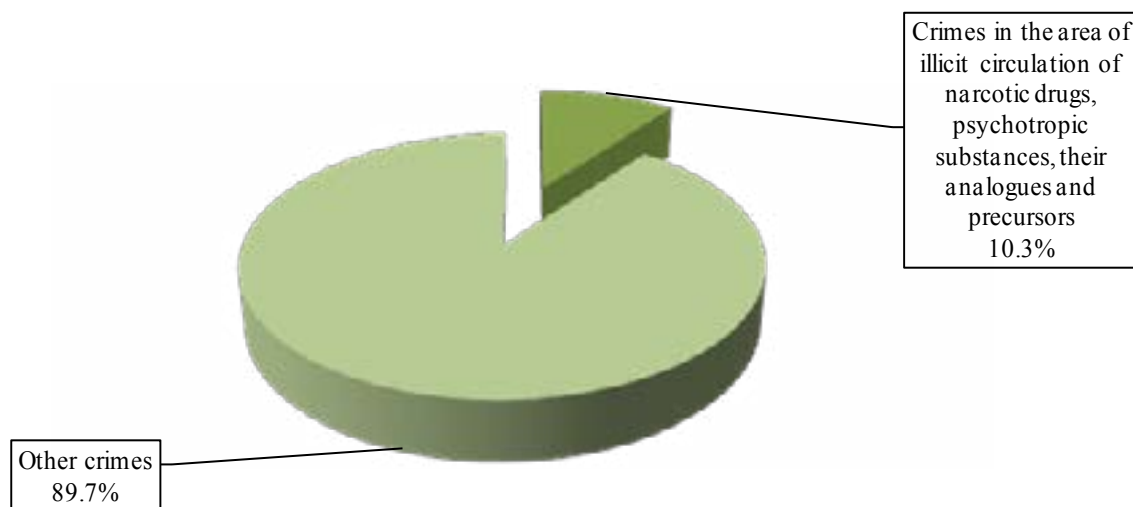


Fig. 1.8. The ratio of crimes, committed in the area of illicit circulation of narcotic drugs, psychotropic substances, their analogues and precursors of the total number of registered crimes (for the entire 2011, N = 515,833)

Source: The situation and the structure of crime in Ukraine: data of the Ministry of Internal Affairs of Ukraine [Electronic resource] – Available at: <http://mvs.gov.ua/mvs/control/main/uk/publish/article/717134>.

Types of these crimes are presented in the Figure 1.9. More than half of such crimes are linked to illegal production, purchasing and transportation of drugs not for selling purposes (54.2%); 30.7% of these crimes have to do with illegal production, purchasing or the sale of drugs.

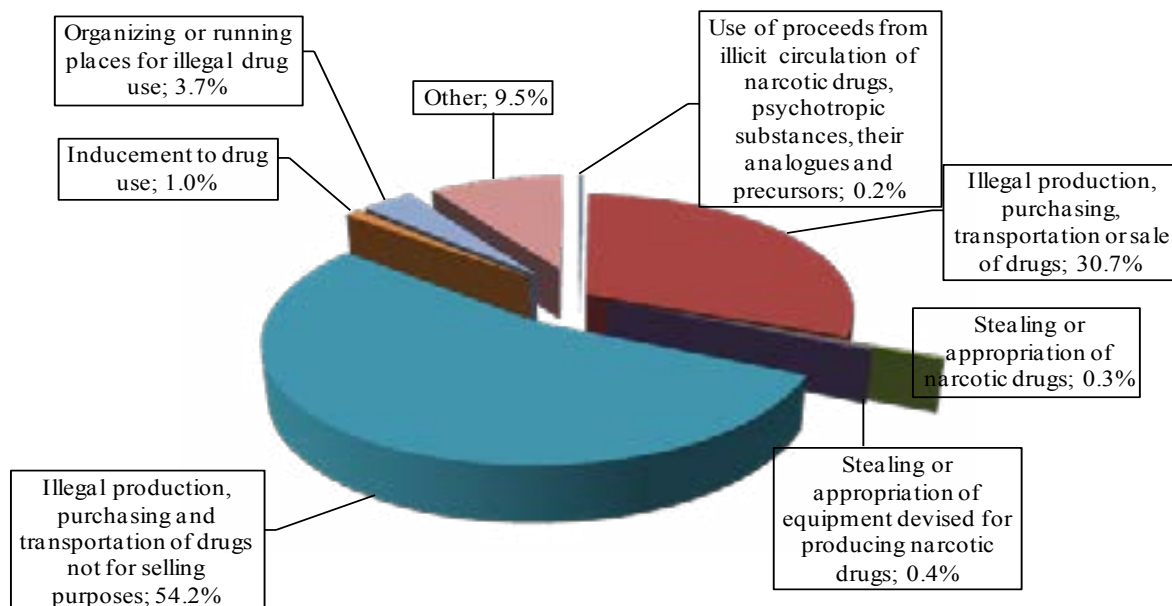


Fig. 1.9. Types of crimes in the area of illicit circulation of narcotic drugs, psychotropic substances, their analogues and precursors (for the entire 2011, N = 53,206)

Source: The situation and the structure of crime in Ukraine: data of the Ministry of Internal Affairs of Ukraine [Electronic resource] – Available at: <http://mvs.gov.ua/mvs/control/main/uk/publish/article/717134>.

Drug dependent individuals and persons under narcotic intoxication, typically committed drug-related crimes (75.8%); 18.2% committed theft; and 2.3% – robbery. 1.3% of them were sentenced for imprisonment for unlawful handling of weapons, ammunition or explosives. Other types of crimes (less than 1%) are presented in the Figure 1.10 below.

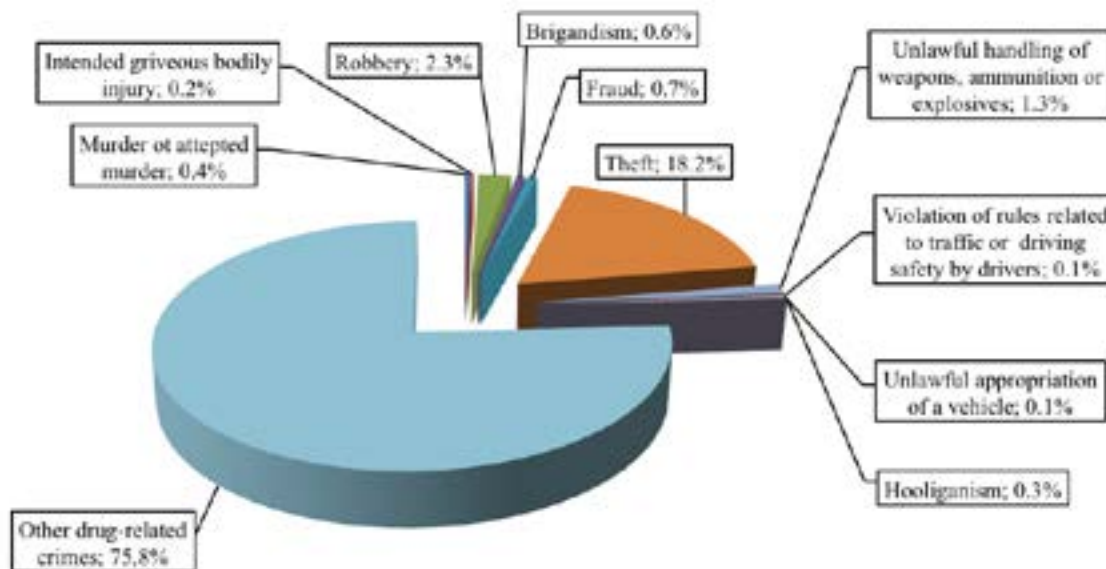


Fig. 1.10. Types of crimes committed by drug dependent individuals or persons under narcotic intoxication (2011, N = 10,410)

Source: Calculated on the basis of data “Evidence on the Situation with Drug Use-Related Crimes in 2007-2011”, the Ministry of Internal Affairs of Ukraine.

2. CHARACTERISTICS OF EPIDEMIOLOGICAL SITUATION IN PENITENTIARY FACILITIES

➤ Overall Characteristics of the Prevalence of HIV, STI and Tuberculosis

✓ HIV infection and AIDS

According to the data of Ukrainian Centre for AIDS Prevention and Control, 23,779 individuals in places of confinement were tested for antibodies to HIV in 2011. Of them 2,463 individuals were identified as HIV positive, making up 10.4% of those tested (see Figure 2.1).

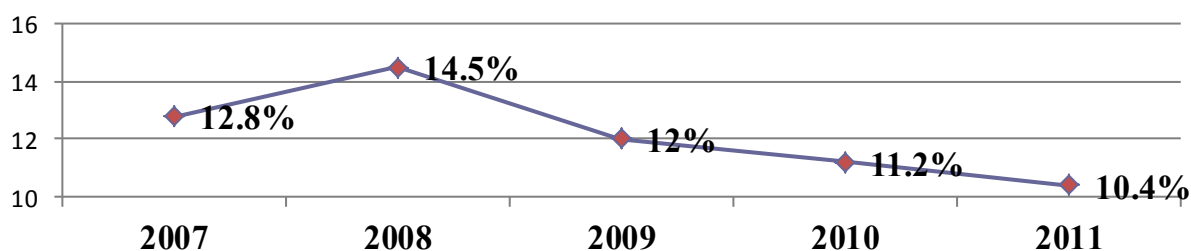


Fig. 2.1. Dynamics of the ratio of HIV positive prisoners, based on the data of HIV epidemiological monitoring for HIV testing of individuals serving their sentences in places of confinement, of those tested (2007–2011)

Source: Operative data of the Ukrainian Centre for AIDS Prevention and Control at the Ministry of Health of Ukraine.

In recent years the share of HIV positive individuals and AIDS-related deaths among the prison population has been on steady rise (see Figure 2.2.). According to SPSU data, 28,181 prisoners were tested for HIV, 2,819 new infections and 881 AIDS patients were identified. The number of AIDS-related deaths reached 388.

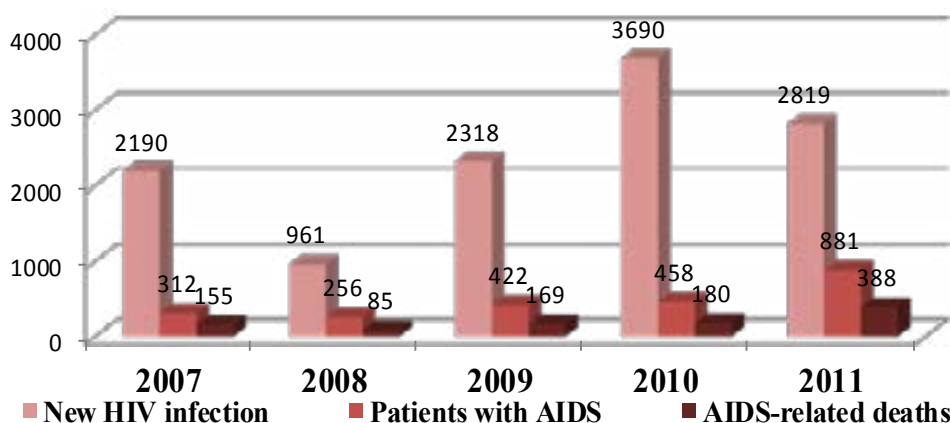


Fig. 2.2. The number of officially registered HIV positive individuals, patients with AIDS and AIDS-related deaths among the overall prison population (2007–2011 dynamics)

Source: Medical examination of individuals held in custody in penitentiary facilities and remand prisons: results of activities of health facilities of the State Criminal Execution Services of Ukraine in 2011. (Information provided by the State Penitentiary Service of Ukraine).

In the framework of bio-behavioural studies, respondents are being tested for HIV with IFA tests. According to 2011 epidemiological data, the rates of HIV infection among prisoners did not change significantly since 2009, and constituted 14% (see Figures 2.3 and 2.4). As in the past, the prevalence of HIV among women is three times higher than that among men (10% and 33%). Representatives of older age groups (30–34 and 35–39 years of age) are characterized by higher rates of HIV infection – 21% and 20.5% correspondingly.

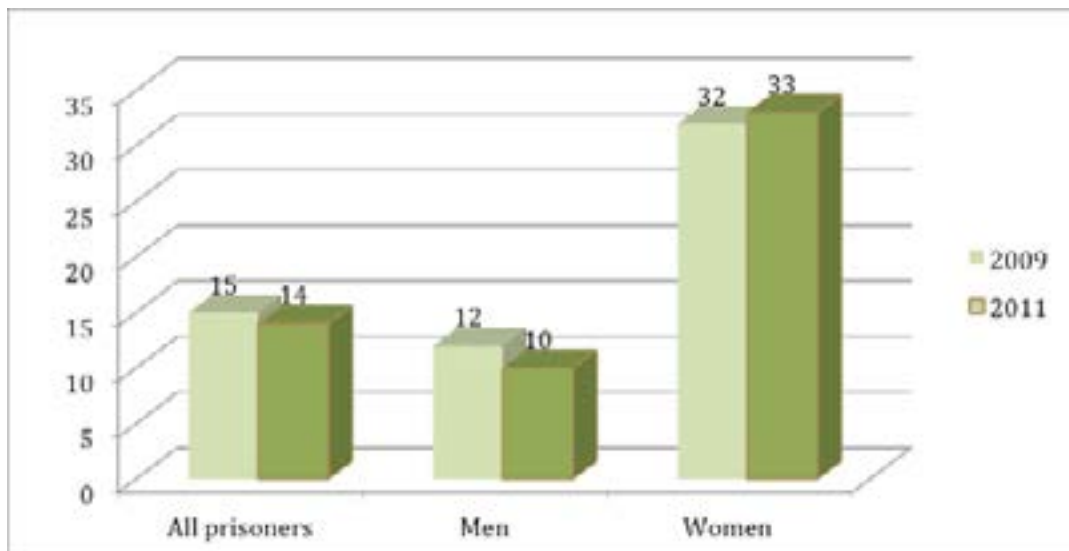


Fig. 2.3. Dynamics of HIV infection rates among prisoners, based on the results of IFA tests, 2009 – 2011* (bio-behavioural studies data)

* No HIV testing among respondents was performed in previous years.

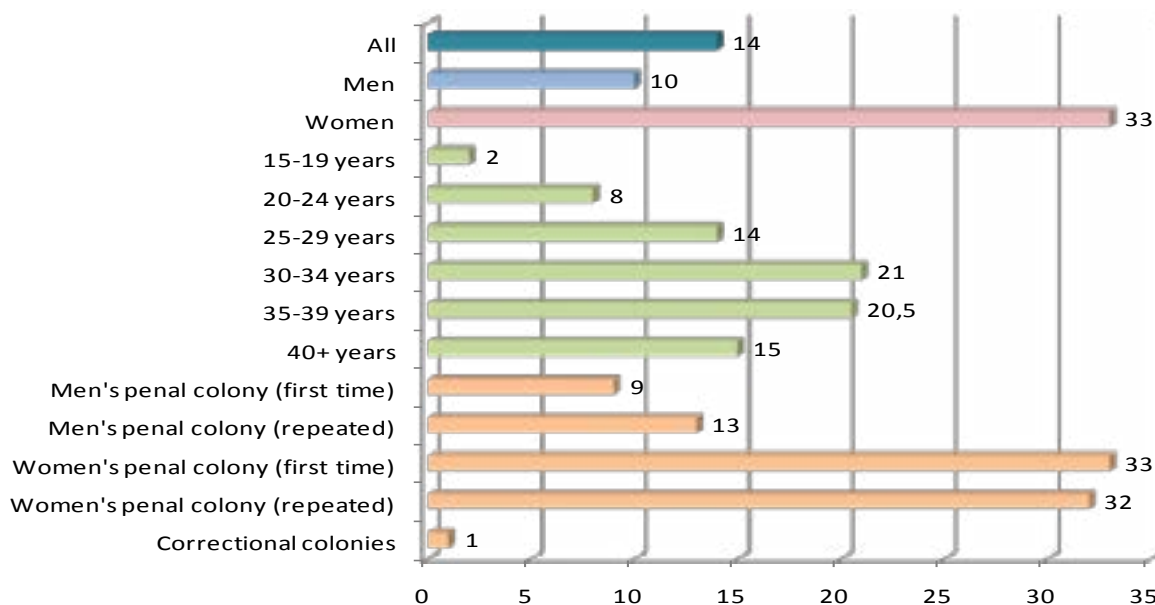


Fig. 2.4. The rates of HIV infection among prisoners, based on the results of IFA tests, % (data of 2011 bio-behavioural study)

✓ **STI, HBV and HCV**

Information on the rates of hepatitis B and C morbidity is submitted within the general data on the reported incidence of diseases of digestive organs. These rates remain high, reaching 113.7 per 1,000 prisoners in 2011 (in 2010 it was 115.4 per 1,000 prisoners).

Prisoners are also screened for STI, but the data on STI incidence at the national level is very limited. SPSU reports contain information only on the number of persons, registered at the remand prisons in connection with syphilis. In 2011 there were 219 of such individuals among all detainees²⁷.

✓ **Tuberculosis**

Table 2.1 shows that the number of TB patients and of those who died from this disease is reducing annually, but these rates of TB-related mortality do not include those who died from HIV-associated tuberculosis. Prisoners, who died from HIV-associated TB (216 in 2011), are included in the category of people, who died of AIDS (388 in 2011) *Table 2.1*

The number of prisoners with TB and those who died from TB

	2009	2010	2011
Prisoners with tuberculosis	6,079	5,507	4,841
Prisoners died from tuberculosis	134	93	116

Source: Medical examination of individuals held in custody in penitentiary facilities and remand prisons: results of activities of health facilities of the State Criminal Execution Services of Ukraine in 2010. (Information provided by the State Penitentiary Service of Ukraine)

✓ **Mortality**

Beginning from 2010 AIDS becomes the leading cause of death among prisoners and detainees. The rate of prisoners, who died from AIDS-related diseases, exceeds the rates of deaths associated with cardiovascular diseases and tuberculosis, and account for about one third of all deaths (see Figure 2.5).

High rates of deaths from HIV and associated diseases, for example, from HIV/TB co-infection, is the evidence of the absence or deficit of qualified medical assistance, timely identification and further diagnosis, inadequate coverage of prisoners with VCT services, and last but not least – of the unavailability of treatment (ARV therapy) for those in need of it.

²⁷ Medical examination of individuals held in custody in penitentiary facilities and remand prisons: results of activities of health facilities of the State Criminal Execution Services of Ukraine in 2010. (Information provided by the State Penitentiary Service of Ukraine)

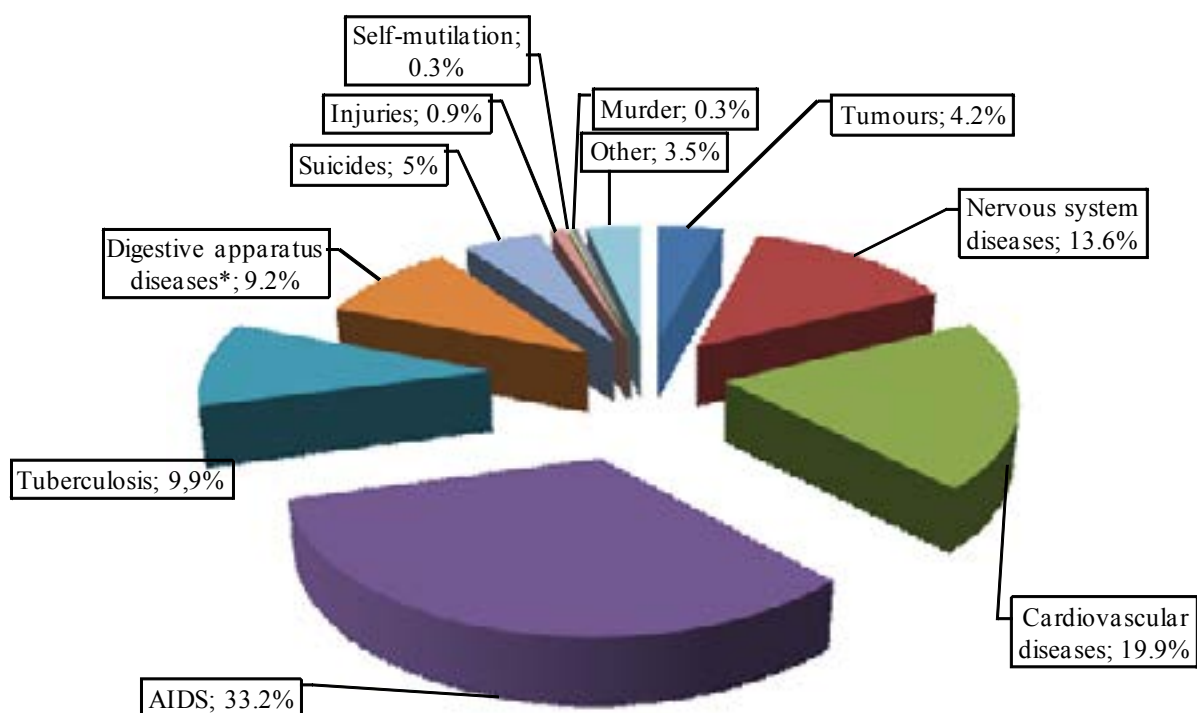


Fig. 2.5. Causes of death of individuals in places of confinement **
(2011, N = 1,196)

* Diseases of digestive system also include HBV and HCV.

** The number of registered cases of death of convicts.

Source: Operative data of SPSU.

➤ **Vulnerability Factors and Current Risks of HIV Infection among Prisoners in Penitentiary Institutions**

There exist a number of factors that increase vulnerability of prisoners and detainees to HIV-infection. Inside prisons, the primary risk behaviours for the transmission of HIV are the sharing of injecting equipment and unprotected sex. Within the prison environment, additional risk factors can include the sharing or reuse of tattooing and body piercing equipment, the sharing of razors for shaving and the improper sterilization or reuse of medical or dental instruments²⁸. These factors can be reinforced by violence and stigma, whereas current format of preventive measures fails to fully address the real situation with the existing high-risk practices in prison environment.

○ **The history of drug use and risky practices of injecting drugs**

Various studies confirm that close to half of all convicts have experienced drug use during their lives. Respondents reported the use of psychoactive substances at the penitentiary facilities, though it is prohibited by the internal rules of the penitentiary system – 15.5% of respondents indicated the use of ‘grass’, hashish and marijuana; 8% admitted opiate use; 5% - methamphetamine use; stimulants and hallucinogens each were used by 3% of respondents.

28 HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings (A Framework for an Effective National Response) / Co-published with the World Health Organization and the Joint United Nations Programme on HIV/AIDS. – United Nations, New York, 2006. – 37 p.

Results of the first phase of the PRIDE project ("PRIDE" - Prison-related Research, Intervention Development and Evaluation)²⁹ demonstrate that 48.7% of prison inmates have ever injected drugs.

According to 2011 bio-behavioural survey, 40% of respondents had the history of injecting drug use during their lives (35% in 2009); 17% (including 20% of men and 3.5% of women) admitted the use of drugs (any - injecting or non-injecting) while in colony (Diagram 2.6). 5% of respondents, or 66 prisoners, reported that the last time they injected drugs was in prison. 2% (29 respondents) confirmed the drug use during the last 30 days prior to the survey. Almost all of them (or 2% of all respondents) had unsafe injection practices³⁰, e.g. shared injecting equipment and/or utensils for preparation of drugs.

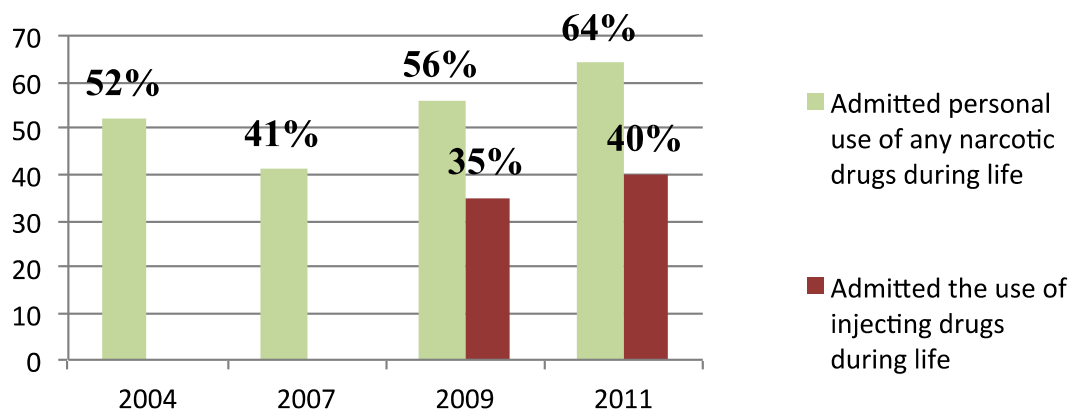


Fig 2.6. The history of drug use during life *

* No data on the experience of injecting drug use during life for 2004 and 2007

Sources: "Monitoring of awareness and behaviour of prisoners as part of second generation HIV surveillance" – Kyiv, 2007 – 69 pg.; Analytical report on results of the linked research "Monitoring of awareness, behaviour and HIV prevalence among prisoners as part of second generation HIV surveillance", Kyiv, 2010 – 64 pg.; "Monitoring of awareness, behaviour and HIV prevalence among prisoners as part of second generation HIV surveillance: results of 2011 bio-behavioural study", analytical report [Electronic resource] – available on CD.

It is extremely difficult to estimate the ratio of prisoners who continue to use injecting drugs while in prison, primarily because such behaviour of convicts is strictly prohibited. Therefore, prisoners are reluctant to give candid answers to questions regarding their experience of injecting drug use during their staying in penitentiary facilities.

More than half of questioned experts admitted that injecting drug use was presenting a risk factor for HIV infections in colonies. At the same time, most local representatives of penitentiary system were less likely to admit it: "In these places prisoners are deprived of any opportunities to use drugs, especially injecting drugs. We do not have facts of this kind. Prisoners simply cannot do it" (representative of the oblast SPSU department).

The studies, conducted in March 2005 in several institutions of the Department, confirm the availability of drugs in penitentiary facilities. The presence of drugs was found in 65 of 390 prisoners' urine tests.

The data on disclosure and shutdown of drug trafficking channels to prisoners and detainees, as well as information on prevention and exposure of crimes, associated with illicit circulation of narcotic drugs, psychotropic substances, their analogues and precursors confirm the circulation and use of narcotics –

²⁹ Materials of the meeting to discuss results and summarize achievements of the first phase of the PRIDE project («PRIDE»- Prison-related Research, Intervention Development and Evaluation; Development and Evaluation of diagnostic and treatment interventions in the Penitentiary Services – February 8, 2012 [Electronic resource]. – Available at: <http://www.uihp.org.ua/ua/home/events/pride/>

³⁰ Aggregated variable on the presence of risky injection practices

including injecting drugs – in prison settings:

“As a result of investigation and search operation and prevention measures during a period of 6 months in 2011, they confiscated **8.6 kg** (in 2010 – **7.3 kg**) of narcotic substances (i.e. **19.2%** more than in 2010), from prison inmates and other citizens. This includes **7.1 kg** in penal colonies; **1.3 kg** – in remand prisons; **0.2 kg** – in penal centres. **No drugs were found** in correctional colonies.

The following types of narcotic drugs, psychotropic substances, their analogues and precursors were detected and confiscated: cannabis – **7.3 kg** (or **over 80%** of the total volume of drugs); heroin – **2.2 g**; methadone – **11.3 g**; methamphetamine – **11.6 g**; amphetamine – **6 g**; pervitine – **41.9 g**; buprenorphine – **0.9 g**; hashish – **0.6 g**; acetylated opium – **146 g**; ephedrine (pseudo-ephedrine) – **79.4 g**; tramadol – **20.9 g**; acetic anhydride – **18.7 g**; codeine – **7.2 g**, and over **1 kilo** of other narcotic drugs, psychotropic substances, their analogues and precursors.

Following the cases when narcotic drugs, psychotropic substances, their analogues or precursors were impounded in the protected areas, as well as following the attempts to deliver these substances to these areas, 340 criminal charges were initiated in accordance with articles 307 and 309 of the Criminal Code of Ukraine, including 74 (or 21.7% of the total amount) cases against prisoners, 28 (or 8.2% of the total amount) cases – against prison officers and 241 (or 70.8% of the total amount) – against other individuals. Criminal proceedings were instituted against 321 individuals compared to 328 in 2010, which is by 2% less. At the same time, this indicator grew by almost 20% compared to the same period of 2009.

During the period of 6 months in 2011 criminal investigation departments of the penitentiary facilities and remand prisons identified and cut 638 (590 in 2010) channels for the delivery of narcotic drugs to the protected areas. It is by 8.1% more than in the previous year³¹.

○ **Unprotected sexual behaviour**

Convicts face the risk of HIV and other sexually transmitted infections through unprotected sexual contacts. According to bio-behavioural studies, about half of all prisoners do not use condoms during the visits of their husbands/wives.

In 2011 about 14% of prisoners had sexual contacts with visitors (a husband or wife) in the last six months prior to the survey; 7% DID NOT use condoms during these contacts (Figure 2.7).

Studies also point to the fact that some prisoners have experience of sexual contacts with fellow prisoners during the last 6 months. In 2004 such occurrences were reported by 4%, in 2007 – by 6%³², and in 2009 – by 4% of respondents (or by 54 prisoners)³³. Furthermore during the 2011 survey, 4% of respondents admitted having sexual contacts with other prisoners in the last 6 months prior to the survey; moreover, 2% DID NOT use condoms during these contacts.

The topic of the same-sex sexual contacts between men is very personal and subjected to stigma, therefore it can be assumed that certain share of convicts are too ashamed to admit having such experience. As a result, real prevalence of homosexual relations among prisoners can be significantly higher.

According to expert survey, key risk factor for HIV infection in colonies and remand prisons is unprotected sexual contacts.

31 Needs Assessment and Priorities of Introduction of Opioid Substitution Therapy in the Facilities of the State Department of Ukraine for Execution of Sentences: Analytical report. – Kyiv, 2008.

32 Ongoing activities; the data provided by the State Penitentiary Service of Ukraine.

33 “Monitoring of awareness and behaviour of prisoners as part of second generation HIV surveillance: Analytical report” / N.G. Kalashnik, I.L. Demchenko, N.E. Kozhan et al, – Kyiv, 2007 – 69 pg.

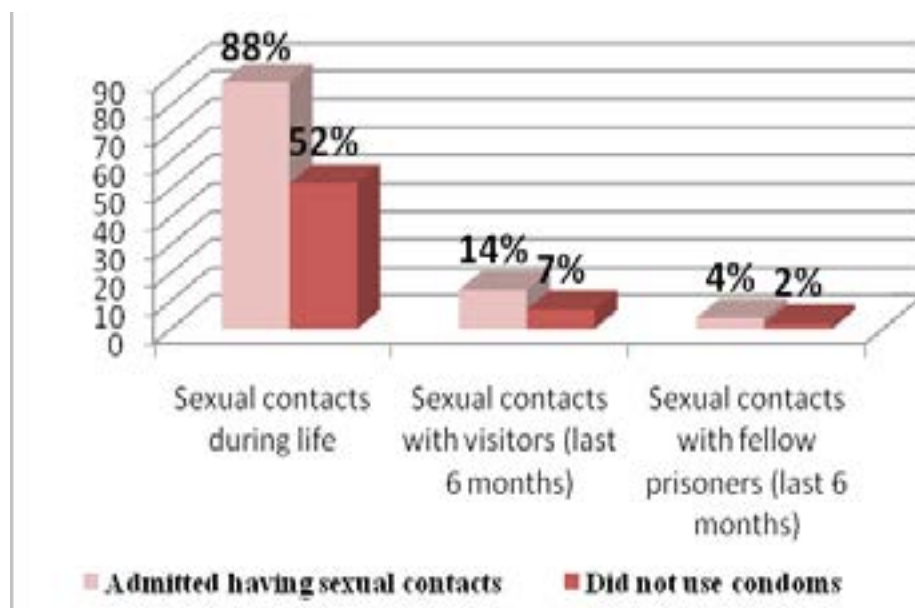


Fig. 2.7. Experience of sexual contacts among prisoners during life, with visitors, and with fellow prisoners, as well as the use of condoms during the last such contacts, by gender

(the data of 2011 bio-behavioural study, N = 1,300)

More than half (52%) of all respondents did not use condoms with the most recent sexual contact (69% of women and 49% of men). Almost two thirds (72%) of female prisoners among the first convicted inmates did not use any contraceptives with the most recent sexual contact.

During the long-term visits of husbands/wives that take place at prison visiting rooms, 7% of all respondents never used condoms during such contacts in the recent 6 months (men – 7%, women – 6%).

In case of sexual contacts with other prisoners, 2%³⁴ of respondents did not use condoms with such sexual contacts (there is no difference by sex).³⁵

○ **Tattooing and equipment sterility**

Another dangerous behavioural practice among prisoners, which may expose them to HIV, hepatitis B and C, and to other blood-borne infection, is the practice of tattooing. In most cases the tattoo equipment in prison settings is self-made of materials at hand, and most likely shared by many.

According to research, significant share of convicts have made tattoos while in prisons: 16% in 2004; 31% in 2007; and 12% - in 2009.

The data of 2011 bio-behavioural study, 20% of respondents have the experience of making tattoos in the colony, whereas 13% believe that the equipment was sterile (see Figure 2.8).

34 Analytical report on results of the linked research "Monitoring of awareness, behaviour and HIV prevalence among prisoners as part of second generation HIV surveillance" / I. Demchenko, M. Kostyuchok, N. Byelonosova – Kyiv, 2010. – 64 pg.

35 52% among those, who had sexual contacts with the visitors in the recent 6 months (N = 179).

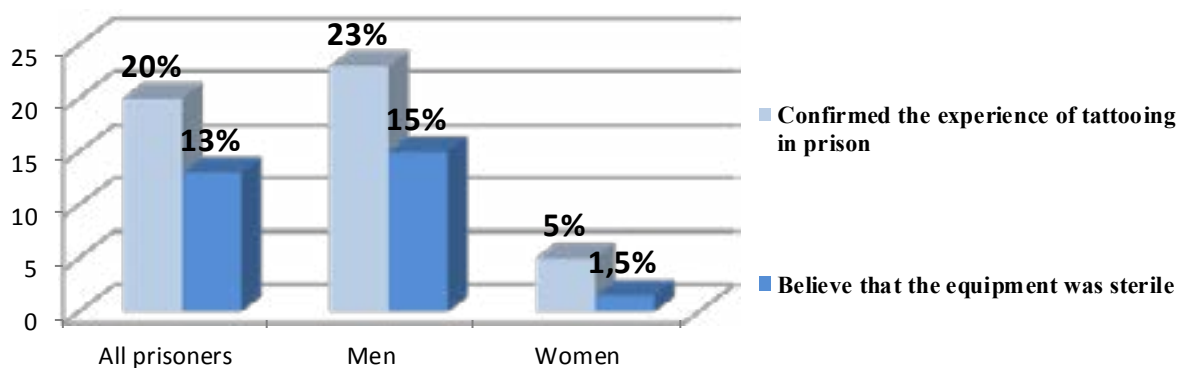


Fig. 2.8. The experience of tattooing and sterility of tattoo equipment, by gender
 (the data of 2011 bio-behavioural study, N = 1,300)

○ **Groups of “potential” and “real” risk of HIV infection among prisoners**

According to the data of 2011 survey, the group of “potential” risk of HIV infection comprises more than one third of all respondents (38.5%), including 42% among male and 19% among female convicts. In the age group of 20-24 years the share of such prisoners reached 44%. The group of “real” risk consists of 16% of respondents (17% among men and 9% among women). Almost every fifth respondent in the age of 25–29 years and 30–34 years of age (18% and 19% correspondingly) confirmed practices that lead to “real” risk of HIV infection.

Among the prisoners with HIV-positive status (N=177), 67 persons belong to the group of the “potential” risk, out of them 56 men, 11 women, and almost third part of them (19 persons) are 30–34 years old. 29 persons who had positive HIV-test belong to the group of “real” risk, (24 men and 5 women).

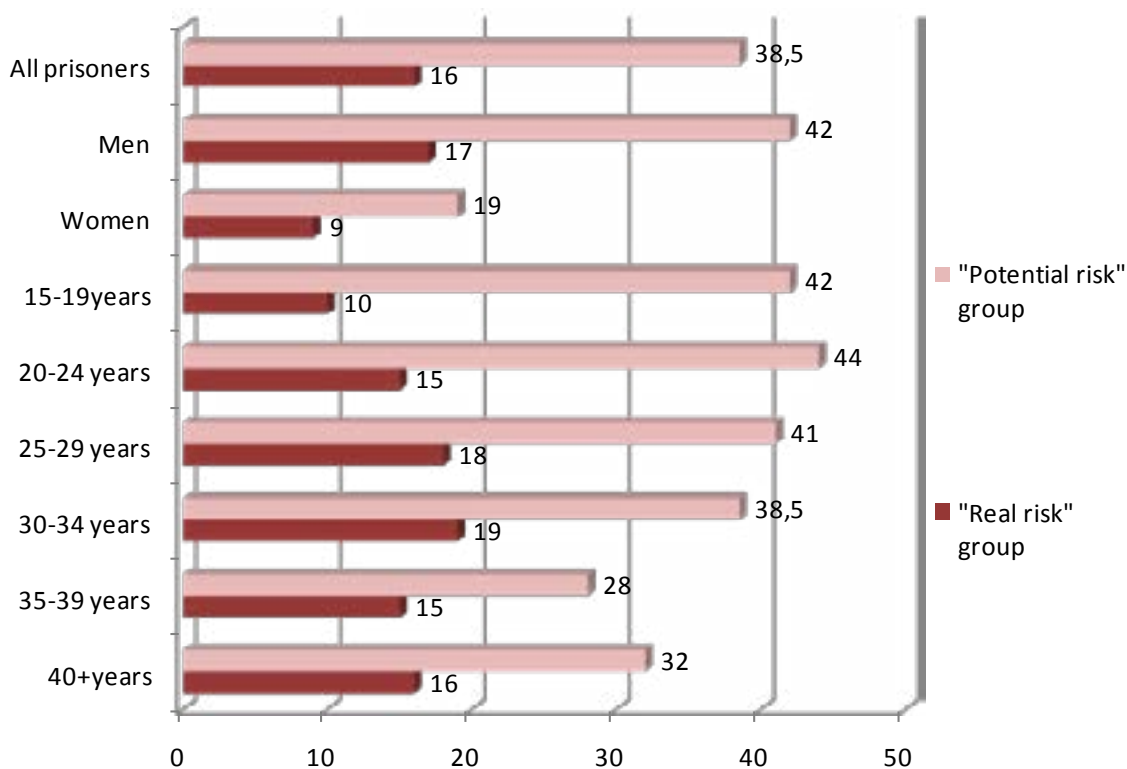


Fig. 2.9. The ratio of individuals included in groups of “potential” and “real” risk of HIV infection in the colonies

(the data of 2011 bio-behavioural study, N = 1,300)

➤ **Modeling of impact of factors contributing to HIV infection among prisoners (on the basis of bio-behavioural study)**

The 2009 data has revealed the following links with high probability of HIV infection: having a history of injecting drug use and the use of non-sterile injecting equipment in prison institutions (the latter factor, however, has a relatively lower impact than the former, as it is related to serious restrictions for illegal drug circulation in penitentiary institutions).

Logical analysis, performed on the basis of 2011 research data, has confirmed this conclusion and revealed a number of new factors. Therefore, key factors that have influence on HIV incidence include: the experience of unprotected sexual contacts with other prisoners (especially among men) and of injecting drug use (lifetime experience of injecting drugs is even more significant than injecting drug use in prison settings). 23% of those who have a track record of injecting drug use are HIV positive, and this rate is three times higher than that among prisoners without injecting drug use experience (7%). The indicator for the practice of unprotected sexual contacts is the prevalence of sexually transmitted infections. According to the data of bio-behavioural study, conducted in 2011, 16% of prisoners had had STI during their lives. Obtained data confirms the existence of statistically significant links between HIV infection and the experience of treating sexually transmitted infections. The share of HIV positive convicts among those who had ever treated STI, makes up 22.5%. Social and demographic factors – age and gender of respondents – are also important indicators: the share of HIV positive women constitutes 33%, whereas the percentage of men is three times lower – 10%; the highest numbers of HIV positive prisoners can be observed in the age groups of 30–34 and of 35–39 years (20.5% and 21% correspondingly).

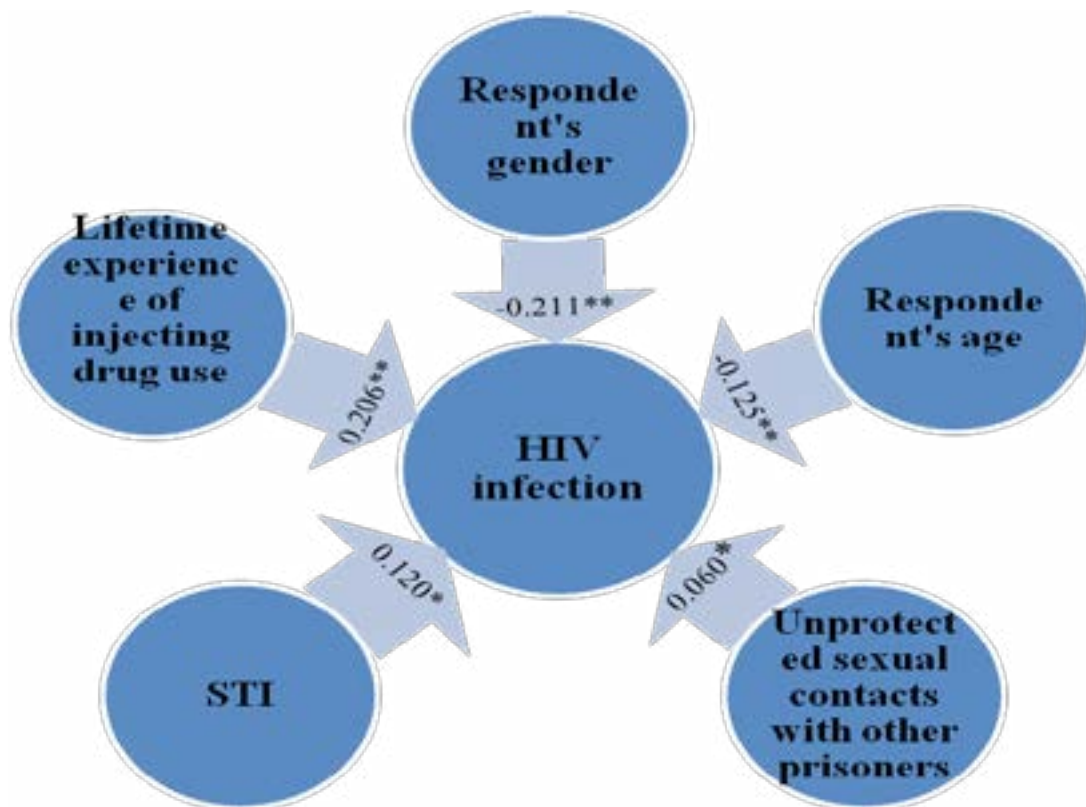


Fig. 2.10. Key factors of HIV infection among prisoners

(correlation coefficients, the data of 2011 bio-behavioural study, N = 1,300)

*- significant correlation at the level of 0.05 (2-sided)

** - significant correlation at the level of 0.01 (2-sided)

3. SECTORAL HIV PREVENTION POLICY

➤ Characteristics of the Sectoral Policy

Annual growth of the number of HIV positive individuals and AIDS patients also leads to the increase of the numbers of prisoners with HIV/AIDS in institutions of penitentiary system (see “General Characteristics of the Prevalence of HIV, STI and Tuberculosis” of Section 2 of this report). Global experience suggests that in order to address HIV/AIDS-related issues, it is necessary to ensure adequate implementation of the policies that enable comprehensive HIV prevention, treatment, care and support to those affected by the epidemic by joining efforts of all government bodies and the public.

To ensure intensification and better targeting of efforts in response to HIV/AIDS in Ukraine, the National Program for the Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients for 2009–2013 is being implemented. In line with this National AIDS Program, relevant sectoral Program for penitentiary institutions – Program to Ensure Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients in Penitentiary facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2009-2013 – has been developed. It regulates implementation terms for prevention measures in response to HIV/AIDS, as well as procedures following the confirmation of HIV positive status among prisoners and detainees .

Key areas of activity to implement Program goals are:

- Raising awareness of the personnel of institutions of Ukraine’s penitentiary system on HIV/AIDS issues (training courses in the form of trainings and workshops; advance training courses in AIDS centres);
- Development and adequate application of HIV/AIDS prevention methodologies in workplaces, as well as addressing manifestations of discrimination in labour relations;
- Ensuring free access to counselling and free-of-charge HIV testing for convicts and detainees;
- Ensuring identification and prophylactic treatment of sexually transmitted infections among representatives of risk groups;
- Providing prisoners with information services on HIV/AIDS and the measures to prevent HIV transmission;
- Providing HIV positive and other prisoners with consultations of infectious diseases specialists;
- To ensure access for HIV infected prisoners and incarcerated individuals to the uninterrupted antiretroviral therapy through the centralized procurement of ARV drugs.
- Providing services of HIV prevention to prisoners and detainees (distribution of condoms and disinfectants);
- Treatment of opportunistic infections among prisoners;
- Contributing to the development of more tolerant attitudes towards people living with HIV and AIDS patients;
- Providing individuals (e.g. medical and social workers), who were exposed to biological fluids presenting the risk of HIV infection, with means of HIV prevention and antiretroviral drugs (Post exposure prophylaxis)

Measures to prevent HIV are being implemented in all facilities of the penitentiary service in line with directives, approved by relevant orders of SPSU. One of the priorities here is the establishment of infectious diseases departments to provide treatment to HIV positive prisoners and patients with AIDS on the basis of multidisciplinary clinics operating within the penitentiary system – this will make it possible to ensure provision of comprehensive medical services to people living with HIV and AIDS patients³⁶.

In order to strengthen measures in the area of HIV prevention, local NGOs have become actively involved in the work with convicts. Key activities of NGOs, carried out in line with HIV prevention policy, include:

- Informational work to raise awareness about HIV infection in general and the main ways of HIV transmission in particular; as well as on the importance of safe behaviour. Information work is carried

³⁶ 25% among respondents, who had sexual contacts with other prisoners (N = 93).

out both with prisoners and detainees, and with health workers of penitentiary facilities and remand prisons;

- Involvement of prisoners themselves in the prevention work through the development of information materials and participation in peer-driven programs;
- Provision of convicts with individual hygienic products (disposable razors, toothbrushes and toothpaste, soap) and means of protection (condoms);
- Provision of convicts with disinfectants to sterilize shaving, tattoo and piercing equipment, and so on.

To do so, territorial authorities of SPSU, in cooperation with oblast health departments at oblast state administrations, develop and approve annual joint regional Programs that incorporate all areas of prevention, identification and treatment of HIV infection, as well as make staffing arrangements and describe organizational measures to improve qualification and specialization of health workers.

➤ Weaknesses of the Sectoral Policy Implementation

Despite various measures implemented within the penitentiary system that have achieved certain positive impact on the prevention of HIV epidemic, there still exist many gaps and weaknesses in overcoming the epidemic among prisoners and detainees.

Results of expert research demonstrate that presently effective implementation of HIV prevention faces a number of different obstacles in the penal institutions and remand prisons: 32 of 42 questioned experts were absolutely positive about that. Opposite opinion was shared by three representatives of oblast SPSU departments, five staff members of penal colonies/remand prisons, and two representatives of non-governmental organizations. The experts primarily pointed to the lack of funding (26 experts) (see Table 3.1) and this obstacle in fact was the key factor highlighted by the representatives of oblast SPSU departments and staff members of colonies/remand prisons.

Table 3.1

Distribution of expert answers to the question regarding obstacles to implementation of prevention programs, by the number of mentions, persons (among those who confirmed the presence of barriers - *N=32; each expert could mention several obstacles*)

	Among representatives of oblast SPSU departments	Among staff members of colonies/remand prisons	Among NGO members	Among all experts
The lack of funding	7	16	3	26
Deficit of specialists	5	11	3	19
The lack/delays of drug supplies	5	8	5	18
Unregulated legislation	5	1	7	13
The lack of interest among prisoners	3	4	4	12
The lack of information materials / means of personal protection	2	3	5	9
The lack of coordination in the work with partners	2	1	4	7
Non-recognition of the presence of high-risk behaviour among prisoners	-	3	1	4
Large volumes of records	-	1	-	1

1. Problems with current normative and legal base:

- ✓ noncompliance of normative and legal bases of MoH and SPSU

About half of representatives of oblast SPSU departments, personnel of colonies/remand prisons and NGO representatives (19 experts overall) emphasized the need to change or to improve current normative and legal documents in the area of HIV prevention in colonies and remand prisons. At the same time, current legal provisions on treatment, care and support of HIV positive inmates of colonies and remand prisons look more or less satisfactory: only 8 experts pointed to the need to improve them. The majority of comments and remarks concern inconsistencies in normative and legal bases of MoH and SPSU, particularly in the context of introduction of substitution maintenance therapy (SMT) and other harm reduction Programs for prisoners who inject drugs.

2. Staffing and organizational issues:

- ✓ insufficient level of expertise regarding treatment and prevention of HIV/AIDS among doctors of the primary health care (medical units), who follow the progression of the disease³⁷;
- ✓ significant workload of the specialists of medical and sanitary services;
- ✓ understaffing of positions of doctors, narcology specialists, social workers and psychologists;

According to SPSU data, the size of the staff of doctors in the system is 1,418.5. Only 1,085.25 of them are actually working. The number of staffing positions of narcology specialists is 65, while actual number of working specialists is 43.75. The staff of social workers should be 1,500 with 1,366 specialists who actually work. The size of staff of psychologists is 369, and only 320 of them work.¹

- ✓ the absence of permanent SPSU-based training centre to provide training on HIV infection-related issues;

According to experts, the lion's share of scientific and practical workshops and trainings on HIV infection are organized by NGOs and charitable foundations, supported by international donor organizations. In the course of the survey 9 of 10 representatives of oblast SPSU departments confirmed that their establishments do organize trainings for the personnel of penal colonies and remand prisons on the prevention of HIV among prisoners. For six of them such "organization" meant cooperation with non-governmental organizations in the area of professional training, and other three viewed it as lectures on prevention and treatment of HIV within in-service training, which are usually provided by the specialists of AIDS centre.

- ✓ excessively long waiting to receive results of testing from oblast AIDS centres³⁸.

3. Problems related to prevention of HIV among prisoners who have sexual relations in penitentiary facilities, including homosexual contacts:

- ✓ in the majority of penitentiary facilities condoms are available only in the conjugal visiting rooms;
- ✓ reluctance to acknowledge the presence of the same-sex (homosexual) contacts;
- ✓ the lack of free access to condoms for anal sex.

4. Problems related to introduction of specific programs for HIV prevention and treatment of drug dependent prisoners:

- ✓ unpreparedness to admit openly the presence of drug use practices – including injecting drug use – among prisoners and detainees;

³⁷ Medical examination of individuals held in custody in penitentiary facilities and remand prisons: results of activities of health facilities of the State Criminal Execution Services of Ukraine in 2010. (Information provided by the State Penitentiary Service of Ukraine).

³⁸ Medical examination of individuals held in custody in penitentiary facilities and remand prisons: results of activities of health facilities of the State Criminal Execution Services of Ukraine in 2010. (Information provided by the State Penitentiary Service of Ukraine).

- ✓ despite explicit prohibition of drug circulation in penitentiary facilities and remand prisons, and in spite of extraordinary measures taken to prevent their penetration to prisons, narcotic drugs still find their way to places of confinement, including with the assistance of personnel;
- ✓ the absence of Programs for dissemination of sterile syringes among prisoners – users of injecting drugs, who are ready to become clients of harm reduction programs;

*During 2004–2009 a number of measures were implemented with the **aim to introduce harm reduction programs** (syringe exchange) in the places of confinement:*

- *several international and national conferences and workshops were held on the organization of prevention measures in penitentiary facilities, focusing on harm reduction activities;*
- *a number of exchange visits was organized for the senior officials of the Department to Spain, Canada, Poland and other countries to learn the experience of implementation of harm reduction and SMT programs in prisons;*
- *as a result of negotiations an Agreement was signed, according to which first harm reduction (syringe exchange) projects in selected colonies should have been launched in 2006. Staff of three selected colonies was trained to set up harm reduction programs in penitentiary facilities.*
- *in the course of several months specialists of the legal department of SDUES (currently SPSU) have studied legislative base of Canada and developed drafts of regulatory documents enabling introduction of harm reduction programs in penitentiary facilities.*

The harm reduction programs, however, were not launched due to the lack of government’s political will.

- ✓ the absence of substitution therapy for injecting drug users detained in penitentiary institutions, and the lack of other types of comprehensive treatment of drug dependence.

SPSU’s position regarding substitution maintenance therapy: *The State Penitentiary Service of Ukraine maintains the position of zero tolerance regarding introduction of harm reduction measures in penitentiary facilities and remand prisons, including implementation of substitution therapy for drug dependent individuals and persons disposed towards injecting of opioid drugs. If the issue of introducing harm reduction measures is settled at the national level, the State Penitentiary Service of Ukraine will be ready to participate in such activities in relation to persons who participated in harm reduction programs prior to their conviction, and who require further support or detoxification.*

It should be noted that joined efforts of the Ministry of Health, the Ministry of Interior (Mol), the Ministry of Justice and the State Service of Ukraine on Drugs Control (SSUDC) have resulted in the draft Order “On Approval of Procedure of Cooperation between Health Facilities, Bodies of Internal Affairs, Remand Prisons and Penal Centres to Ensure Ongoing Treatment of Patients with Substitution Maintenance Therapy Medications”. Draft Order envisages development of administrative and territorial units in the context of improving cooperation between stakeholders and ensuring consistency in SMT provision. **Practical implementation of this Order would make it possible to unify approaches towards substitution maintenance therapy for individuals with opioid dependence in conditions of restricted liberty. Nonetheless, this Order is not approved yet due to changes in the management of Mol.**

According to information of the International Renaissance Foundation, “during 2011 the Order underwent twice procedures of adjustment and validation at the MoH, Mol and SSUDC, as well as at SPSU and the Ministry of Justice. On both occasions the Order reached the registration stage at the Ministry of Justice (which is final in this chain of procedures) but at first (in October 2011) the Order failed to secure internal authorizations of MoH and Mol, and then the second time (in February 2012) the new Minister of Health was appointed – both times the Order was referred to second and third cycle of re-execution. **Currently we wait for the third cycle**”³⁹.

³⁹ Brief information on IRF projects and initiatives on the access to prevention and treatment in prisons (provided by O. Kucheruk, the manager of Harm Reduction Programme of International Renaissance Foundation).

5. Issues related to limited budget funding and dependence of prevention programs on donor support

The State Budget envisages expenditures on disinfectants, VCT and remuneration of labour of prison staff in payroll. With the support of GFATM funding non-governmental organizations supply condoms and informational and educational materials, and provide counselling on HIV prevention issues through trained volunteers among prisoners, ARV drugs are procured and supplied via NGO "All-Ukrainian Network of PLWH".

"Information events are covered by the state funding. On the other hand, such initiatives as distribution of condoms are sporadic: they (NGO representatives) come, hand them out and there is no ongoing provision. Provision of individual razor blades is also financed or supported by non-governmental structures. Either parents or NGOs render assistance" (health worker of colony).

Successful addressing of these problems will make it possible to introduce HIV prevention in the facilities of penitentiary system, which would be fully in line with the global standards, set by the World Health Organization, UNODC, UNAIDS, etc. This is why implementation of the effective HIV prevention policy necessitates changes in the normative and legal framework regulating activities within the system, and calls for large-scale advocacy campaigns to draw public attention to the problem of injecting drug use in penal institutions and remand prisons. It will also contribute to the development of efficient methods of medical treatment of drug dependence.

➤ Analysis of compliance of sectoral policy with epidemiological situation with the prevalence of HIV and HIV-associated diseases

In order to accomplish the National Program for the Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients for 2009–2013, relevant action plan to implement care and support program for HIV positive convicts and detainees has been introduced in the SPSU facilities. This action plan includes a range of activities, identified in the Program to Ensure Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients in Penitentiary facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2009-2013.

One of mandatory measures is organization of follow-up of HIV positive convicts and detainees. The data of the Ukrainian AIDS Centre regarding the number of HIV positive individuals under dispensary follow-up in penitentiary institutions reveals gradual increase of this indicator: as of January 01, 2010 there were 5,088 prisoners under follow-up care, and 5,806 persons – as of January 01, 2011, by January 01, 2012 their number increased to 6,322⁴⁰.

In addition, the Program envisages organization of specialized medical assistance to HIV positive individuals and AIDS patients through the establishment of infectious diseases departments to provide treatment to this category of patients in SPSU's facilities, and through introduction of infection control in health facilities operating within penitentiary institutions of Ukraine.

In order to further control development of the epidemic, measures of diagnostics, treatment, care and support, the following services are offered to people living with HIV and AIDS patients:

- access of HIV positive convicts and detainees to ongoing antiretroviral therapy by means of centralized procurement of ARV drugs;
- treatment of opportunistic infections in HIV positive individuals and AIDS patients;
- mandatory pre- and post-test counselling, based on principles of full confidentiality of medical examination results;
- CD4 cell count among HIV+ convicts and detainees on ART;
- viral load measurement among convicts and detainees on ART;
- biochemical analyses;
- screening for markers of opportunistic infections;
- screening for viral hepatitis;

40 Operational data of the Ukrainian Center for AIDS Prevention and Control at the MoH of Ukraine.

- provision of health facilities with medical equipment.

As of January 01, 2012, antiretroviral therapy has been offered to convicts and detainees in 22 remand prisons and 192 penitentiary facilities in all oblasts of Ukraine. 986 AIDS patients in these facilities are provided with ARV drugs⁴¹. Provision of ARV drugs is funded by GFATM through NGO "All-Ukrainian Network of PLWH" (hereinafter – Network), while SPSU contributes to the treatment of opportunistic infections only.

Statistical data demonstrate high levels of HIV detection and other socially dangerous diseases among convicts and detainees. Measures to ensure adequate care and support to newly identified HIV positive individuals are carried out by the specialists of the penitentiary system, AIDS centres and non-governmental organizations.

The prisoners themselves usually initiate testing for HIV, because according to current regulations VCT is provided on voluntary basis, while testing should follow standard procedure with IFA tests, or in case of NGO-run projects – with rapid tests⁴², which, however, causes inconsistencies between the number of identified positive results and the real prevalence of HIV. In addition, medical personnel of SPSU facilities do not always communicate testing results to prisoners; quality post-test counselling is not always available (especially if the results are negative); not all HIV positive prisoners undergo registration.

Another issue emerges following the confirmation of HIV infection among convicts, which is related to extremely limited capacities to perform CD4 cells count diagnosis among prisoners. This results in delayed identification of clinical symptoms of AIDS, as well as in untimely and inadequate treatment and prescription of ARV drugs.

41 Medical examination of individuals held in custody in penitentiary facilities and remand prisons: results of activities of health facilities of the State Criminal Execution Services of Ukraine in 2011. (Information provided by the State Penitentiary Service of Ukraine).

42 For example, the National Project on Ensuring Access to HIV/STI Testing and STI Treatment in Places of Confinement, implemented by ICF "International HIV/AIDS Alliance in Ukraine".

➤ **Analysis of compliance of sectoral policy with international principles and standards**

International principles of HIV/AIDS prevention and care in penitentiary system	Current situation in Ukraine	
	Achievements	Problems
<p><i>Prisoners' good health means good health of the population in general.</i> The majority of people who currently serve their sentences in prisons will eventually return to the society. Therefore, reduction of the rates of HIV transmission in penitentiary facilities is important component of limiting the spread of infection among the population outside penitentiary institutions.</p>	<p>- To ensure intensification and better targeting of efforts in response to HIV/AIDS in Ukraine, the National Program for the Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients for 2009–2013 is being implemented. In line with this National AIDS Program, relevant sectoral program for penitentiary institutions – Program to Ensure Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients in Penitentiary facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2009-2013 – has been developed.</p> <p>- Standards for care and support services to PLWH in places of confinement were developed; specialists received relevant training on provision of such services. 243 specialists representing governmental and public sector were covered with training – these also included 74 professionals working at the management bodies and facilities of SPSU2.</p>	<p>- Stable and high level of HIV infection among prisoners. According to the data of bio-behavioural studies, in 2009 it was 15% (32% among women, and 12% – among men); and in 2011 – 13.6% (33% among women and 10% among men).</p> <p>- It is difficult to determine whether convicts contracted HIV prior to their placement in penitentiary facility, or their HIV positive status is preconditioned by risky behaviours while in penitentiary institutions. Additional studies are necessary. According to research, conducted in 2011, 19% of prisoners decided to take HIV testing in the colony because of the experience of drug use. HIV related diagnostics (CD4 counting and viral load testing) is limited to the number of people who are currently on ARV, late diagnostics and late treatment is occurring due to this limitation. Limited access to treatment among prisoners might cause death, unsuccessful treatment, realize people in terminal stage and concurrent intensification of cumulative viral load in general population.</p>

<p>Prisoners' good health is the result of appropriate management of places of confinement. Protection and strengthening of prisoners' health is beneficial not only for convicts themselves, but it also improves health and safety of the personnel of penitentiary service at workplaces.</p>	<p>The Program to Ensure Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients in Penitentiary facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2009-2013 envisages coverage of at least 60% of prisoners and detainees with medical services to prevent HIV/AIDS; provision of healthy lifestyles and HIV/AIDS prevention-related training for rank and file personnel and administrators; provision of antiretroviral treatment to at least 80% of people living with HIV/AIDS in need of such therapy; improvement of the system of lab quality control over diagnostics and treatment of HIV positive convicts and AIDS patients. The Program also entails such activities as development and practical application of HIV/AIDS prevention methodologies in workplaces, as well as addressing manifestations of discrimination in labour relations; providing individuals (e.g. medical and social workers), who were exposed to biological fluids presenting the risk of HIV infection, with means of HIV prevention and antiretroviral drugs.</p>	<p>- Efforts of prevention, treatment and care for HIV positive persons as a component of ensuring prisoners' good health are not systemically supported: sectoral program lacks funding, whereas the lion's share of activities is administered by non-governmental organizations (even though with the SPSU's support). There is no long-term strategy for shifting towards budget (national/local) funding of the complex of measures; prevention measures are not fully in line with epidemiological situation within the system; treatment and diagnostic activities are not backed with relevant lab support; staff requires training on the basis of modern methodologies and service protocols. Therefore, the recommendation of Comprehensive External Evaluation of the national AIDS Response in Ukraine "Ensure prevention targets are not limited to funding commitments from external donors"³ remains crucial. There is a need to develop sectoral HIV/AIDS prevention program at workplaces, which would help staff members avoiding possible exposure to HIV as a result of their professional work, or guarantee provision of comprehensive social and medical services for HIV positive personnel.</p>
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<p>Observance of human rights and international law. Respect to the rights of persons at risk for HIV infection, or those who live with HIV/AIDS is the optimal healthcare strategy and decent human rights practice. Considering this fact, the states have the obligation to develop and to implement legislation, policies and programs for imprisonment in line with international human rights norms.</p>	<ul style="list-style-type: none"> - Fundamental Legislative Principles on Healthcare in Ukraine establish that “every individual has natural, inherent and inviolable right to healthcare”. - According to the norms of international law, they determined the procedure of legal regulation of activities for prevention, treatment care and support, necessary to ensure effective response to further spread of disease, preconditioned by human immunodeficiency virus, and relevant measures for legal and social protection of people living with HIV (the Law of Ukraine “On Overcoming the Spread of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV”). 	<ul style="list-style-type: none"> - Human right of every individual to health is not always observed, especially in penitentiary institutions. The Universal Declaration of Human Rights reads: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services”. AIDS and HIV-associated tuberculosis remain major causes of deaths among prisoners, even against the background of significant scale-up of diagnosis and treatment programs. - It is necessary to implement programs that specifically target injecting drug users in penitentiary institutions. Detoxification method is not always sufficient for drug dependent individuals; therefore they practice illegal use of drugs using self-made and largely non-sterile equipment, which increases the real threat of the spread of HIV in the environment of prisoners.
<p>Observance of international healthcare norms and guidelines. In the development of measures in response to HIV/AIDS epidemic in penitentiary facilities one should be guided by the criteria and norms, presented in internationally approved human right documents and healthcare guidelines.</p>	<p>WHO, UNAIDS and the UN Office on Drugs and Crime provide recommendations on overcoming HIV/AIDS in prisons, presented in the following documents:</p> <ul style="list-style-type: none"> • Evidence for Action Technical Papers “Effectiveness of Interventions to Address HIV in Prisons”, 2007. • “HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: a Framework for an Effective National Response”, 2006. • “HIV and AIDS in Places of Detention: a toolkit for policymakers, prison managers, prison officers and healthcare providers in prison institutions”, 2000. • Key provisions: <ul style="list-style-type: none"> - Awareness raising regarding HIV/AIDS; - Ensuring voluntary counselling and testing for HIV/AIDS; - Distributing condoms, disinfectants, needles and syringes; - Providing access to substitution maintenance therapy for injecting drug users. 	<ul style="list-style-type: none"> - International recommendations on HIV/AIDS in prison settings are not being met. SMT or other evidence-based methods of treatment of drug dependence (with the exception of detoxification), as well as distribution and exchange of syringes and needles are prohibited in the facilities of the State Penitentiary Service of Ukraine.

<p><i>Equal medical and sanitary assistance in prison settings.</i> All convicts have the right to enjoy equal and non-discriminatory right to the standards of medical and sanitary assistance, available to the general population, including measures of prevention.</p>	<ul style="list-style-type: none"> - Prisoners have access to HIV testing (usually with IFA tests upon request from AIDS centres) and pre- and post-test counselling. Rapid tests are typically offered by NGOs within the framework of prevention programs. - Screening for tuberculosis is generally performed by means of obligatory fluorography. - Overall, there exist programs of free condom distribution. - HIV positive individuals are provided with ARV drugs. 	<ul style="list-style-type: none"> - Diagnosis and management of HBV and HCV are provided only upon referral to oblast hospitals or AIDS centres. Rapid tests for hepatitis (both B and C) are not used. - Treatment of active form of TB is provided only in TB dispensaries or in special colonies with specialized TB clinics. - Blood tests and treatment of STI are available only upon referral to AIDS centres or specialized hospitals. Rapid tests for STI are not widely used. - Condom distribution programs are sporadic. As a rule, condoms are only available in visiting rooms – they are unavailable in cells and in brigades. Condoms for anal sex are not widely used. - There is no free access to disinfectants. More widespread is the practice of storing concentrates for disinfectant solutions in medical units. - The only method available for drug users is “detoxification”, and only upon placement in the remand prison. - Harm reduction services for IDU are not widespread.
<p>Evidence-based measures. Development of policies, legislation and programs for the penitentiary system should be based on empirical data on their effectiveness in terms of reduction of risk of HIV transmission and improvement of prisoners’ health.</p>	<ul style="list-style-type: none"> - First behavioural studies among prisoners in Ukraine were conducted in 1997–2000 by SPSU within the framework of the UNAIDS-supporter projects to reduce risks of HIV/STI among prisoners. - In 2009 the first ever linked study (survey + blood testing for HIV) was conducted among prisoners with the financial support of ICF “International HIV/AIDS Alliance in Ukraine”. - The Cabinet of Ministers of Ukraine delegated the responsibility for data collection among prisoners and for calculation of the national indicators on monitoring and evaluation of measures to control HIV/AIDS epidemic in penitentiary facilities to the State Penitentiary Service of Ukraine. 	<ul style="list-style-type: none"> - Comprehensive assessment of needs of the penitentiary system occurred only in 2011 (within the framework of this project and with technical assistance from UNODC). - There are no “qualitative”, in-depth studies of informal prison environment. - The data of epidemiological studies and statistical data are not adequately used by the penitentiary system officials for strategic planning purposes and for advocating of funding to ensure provision of comprehensive package of services in connection with HIV. For example, expert research demonstrated that only about half of all experts (6 representatives of oblast SPSU departments and 15 staff members of colonies/remand prisons and NGO representatives) are familiar with the results of research, conducted among prisoners in 2009.

<p>Comprehensive approach towards healthcare issues. Efforts to reduce the extent of HIV transmission in penitentiary institutions, and provision of care to those living with HIV/AIDS should be comprehensive and consistent with broader measures, aimed to address the issues of maintenance and medical services provision within the penitentiary system.</p>	<ul style="list-style-type: none"> - The idea of comprehensive approach to healthcare issues was favourably accepted at the national level. HIV prevention was integrated in the medical component of SPSU, which is regulated by the number of normative and legal acts. - Improvement of medical services. For example, the Order "On Approval of Procedure of Cooperation between Health Facilities of the Criminal Execution Service of Ukraine and Facilities of Healthcare System on Provision of Medical Assistance to Detained Individuals" established, that any detainee has the right to freely choose a doctor, while the administration of the remand prison has to ensure free access of chosen doctor to the patient. 	<p>- There exists certain unevenness in the existing services, including treatment services. According to the Order of the Department No. 35 as of February 15, 2006, treatment is provided in 59 penitentiary institutions. The number of infectious diseases cabinets is 21; and the number of specialized TB clinics is 10.</p>
<p><i>Solving the issues of vulnerability, stigma and discrimination.</i> Programs in response to HIV/AIDS and services that deal with these issues have to meet special needs of vulnerable groups and prison populations that represent minorities on different grounds, as well as to combat any manifestations of stigma and discrimination based on HIV status.</p>	<ul style="list-style-type: none"> - Prevention work and neutralization of aggressive sexual behaviour (including rape and exploitation of vulnerable prisoners), as well as elimination of all forms of victimization is the responsibility of investigation and search units and the units of socio-educational and psychological work. - The Program to Ensure Prevention of HIV Infection, Treatment, Care and Support for People Living with HIV and AIDS Patients in Penitentiary facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2009-2013 includes such activities as control over observance of legislation on HIV/AIDS in the area of labour relations to overcome discrimination of HIV positive individuals, to contribute to the development of more tolerant attitudes towards people living with HIV and AIDS patients, to develop and apply methodologies of HIV/AIDS prevention in workplaces, and to eliminate discrimination in labour relations. - Attitudes towards HIV positive convicts have improved significantly among other prisoners. 74% of those questioned in 2011 noted that they would not ask for transfer to other brigade or worksite if they learned about positive status of their colleagues; about ¾ of respondents would not ask for other places in the prison canteens; 86% of them were ready to support and help their friends in case of their infection. 	<ul style="list-style-type: none"> - Measures to solve discrimination and develop tolerant attitudes towards HIV positive prisoners are included in the sectoral program of the State Penitentiary Service of Ukraine, but appropriate implementation mechanisms are not in place. - There is no specific action plan with clear goals, objectives and terms to overcome discrimination, stigma and sexual violence in penitentiary facilities. - Not all staff members of penitentiary institutions have adequate training to combat discrimination and stigma of vulnerable prisoners. There are no methodological guidelines or manuals on these issues specifically developed for prison staff.

<p>Common, open, intersectoral cooperation and activities. Even though administrative bodies of the penitentiary system play a central role in implementing effective measures and strategies in response to HIV/AIDS, these issues would also require cooperation and coordinated action, bringing together mandates and responsibilities of various local, national and international stakeholders.</p>	<ul style="list-style-type: none"> - The National Coordination Council for the Prevention of the Spread of HIV/AIDS has been established at the national level. - Oblast coordination councils on HIV/AIDS and TB prevention function at the local level. - Well-developed cooperation with the network of AIDS centres. - SPSU cooperates with more than 50 international and national non-governmental organizations. - On March 28, 2012 All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV" and the State Penitentiary Service of Ukraine have signed an Agreement on Cooperation. This agreement envisages the number of joint actions to ensure provision of full range of services to HIV positive prisoners in the area of HIV prevention, treatment, care and support within this project⁴. 	<ul style="list-style-type: none"> - There is no reliable data on how effective oblast coordination councils are in terms of discussing prevention and response to HIV in penitentiary institutions. During interviews some expert, particularly representatives of oblast SPSU departments, pointed at low effectiveness of functioning of local coordination councils and at the fact that only NGOs have a voting power. - Cooperation with non-governmental and faith-based organizations is primarily initiated by the latter.
<p><i>Monitoring and quality control.</i> Regular inspections and quality control – including independent monitoring – of conditions of prisoners in penitentiary facilities and medical units should be viewed as an integral component of efforts aimed at preventing the spread of HIV in prison settings, and at ensuring adequate care for convicts living with HIV/AIDS.</p>	<ul style="list-style-type: none"> - Development of community councils (boards) at oblast SPSU departments. The composition of such councils includes representatives of non-governmental organizations, local self-governments, supervisory committees, prisons' boards of trustees and mass media. The community council cooperates with supervisory committee and board of trustees on the permanent basis, providing organizational and methodological support to perform their functions. Jointly these bodies ensure control over realization of rights and freedoms of prisoners and people held in places of confinement. Activities of supervisory committees and community council are regulated by the Cabinet of Ministers of Ukraine resolution as of April 01, 2004. Activities and control in the area of HIV/AIDS are not specifically described in the above Resolution, but it clearly states that that the spheres of competence of the committee and community council may include various broad responsibilities, including supervision of sanitary and epidemiological situation in penitentiary facilities, as well as control over development of healthy lifestyles among prisoners and detainees. 	<ul style="list-style-type: none"> - A system of monitoring and control over measures in response to HIV/AIDS exists within general operations of SPSU commissions – according to data, collected during additional expert interviews, there are no separate regular inspections and no assessment of the quality of measures to prevent HIV transmission in prison institutions, or measures to ensure adequate care for prisoners living with HIV/AIDS. - Results of community councils' activities have of purely recommendatory nature – no sanctions can be imposed as a result of such assessments.

<p><i>Reduction of the number of prisoners.</i> Overcrowding of penitentiary facilities has negative impact on efforts to improve the norms of imprisonment and provision of medical and sanitary assistance, as well as on prevention of further spread of HIV infection among convicts.</p>	<p>Norm: 1 person per 2.5 square meters. Overall marginal population size according to SPSU norms is 148,814 prisoners</p>	<p>According to SPSU data, on March 01, 2012 there were 153,633 individuals held in penitentiary facilities, that is, the prison population exceeds their capacity by 4,819 prisoners. As of January 01, 2011, the size of prison population was 154,027, exceeding the maximum marginal size by 5,213 inmates.</p>
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4. REVIEW AND ASSESSMENT OF PREVENTION SERVICE SYSTEM AT THE PENITENTIARY INSTITUTIONS AND REMAND PRISONS

➤ **Characteristics of HIV Services within the Penitentiary System**

HIV related services within the penitentiary system are provided by health care, and social and psychological services and non-governmental organizations. *At the SPSU level*, this system includes:

- provision of free access to counselling and testing for HIV to prisoners and detained individuals;
- detection and preventive treatment of sexually transmitted infections;
- provision of information to the prisoners on HIV/AIDS and methods to prevent HIV infection;
- provision of counselling by infectious disease physician to HIV positive and other prisoners;
- provision of HIV prevention services to prisoners and detained individuals (distribution of condoms and disinfecting means);
- prevention and treatment of opportunistic infections among prisoners;
- support for the development of tolerant attitudes towards people living with HIV and AIDS;
- provision of HIV prevention means and antiretroviral drugs to people exposed to biological fluids to reduce the risk of HIV infection, especially to medical and social workers.

At the level of civil society organizations:

- implementation of educational activities to increase the awareness of prisoners of HIV infection in general, of key transmission routes of HIV and the need to practice safe behaviour. These information activities are conducted for both prisoners and detained individuals, and for health care workers of the penitentiary institutions;
- involvement of prisoners in the prevention activities to develop information materials and to work as peer counsellors;
- provision of necessary personal hygiene means (disposable shaving sets, toothbrushes, toothpaste, soap) and protection means (condoms) to the prisoners;
- provision of means to disinfect instruments for shaving, tattooing, piercing, etc. to the prisoners;
- voluntary testing for HIV, syphilis, chlamydia, gonorrhoea and treatment of STI;
- diagnostics of viral hepatitis;
- provision of medical equipment within health care facilities;
- provision of humanitarian aid to prisoners, who lost their social relationships;
- consultations by competent specialists (infectious disease physician, social worker, lawyer, psychologist) and provision of additional services: preparation to a release from prison, social follow-up after release, art-therapy, organization of mass events, topical meetings in the colonies, etc.;

- consultations by infectious disease physician on how to interpret the results of diagnostic tests (biochemical, immunological, virological tests), tests to diagnose opportunistic infections and CD-4 count; on how to monitor adherence to ART; consultations by a TB doctor, psychologist, lawyer, nurse, social worker or peer counsellor; by a paediatrician for children born to HIV positive mothers at female prisons (in Chernihiv and Odessa oblasts); by a gynecologist (for female prisons);
- conducting information and educational sessions for the project clients;
- organization of work of self-help groups for the project clients;
- distribution of information materials on how to live with HIV;
- provision of containers to keep ARV drugs; provision of other medications to the clients;
- delivery of ARV drugs and transportation of blood samples for testing;
- provision of information about health facilities and non-governmental organizations that offer ART, social support and services and about possibilities to obtain social support at the place of residence for prisoners, who are being released; if necessary – provision of follow-up to the clients to the above facilities and organizations.

In 2011 (data for the period from 01.01.2011 till 31.12.2011) 22 civil society organizations were implementing HIV prevention activities in the penitentiary institutions under ICF “The International HIV/AIDS Alliance” (hereinafter – Alliance) financial support within Round 6 GFATM Project. Annual coverage with these activities reached more than 25 000 prisoners and detained individuals (22,866 men and 2,631 women).

All-Ukrainian Network of People Living with HIV provides financial support to care and support projects implemented by 33 non-governmental organizations at 69 penal colonies and 11 remand prisons. During the project year 01.07.2010- 01.07.2011 they reached 4,851 HIV positive people incarcerated at the penitentiary institutions and remand prisons. In the first 6 months of the 5-th project year (from 01.07.2011 till 31.12.2011) specialists of civil society organizations provided care and support services to 3,151 prisoners and detained individuals

The existing system of service provision in the penitentiary system has a number of disadvantages, because it is:

- uneven (a broader package of services is provided in the facilities where NGO are operating);
- unsustainable (funding of the prevention programs heavily relies on the donor funds);
- uncentralized (decisions on provision of various kinds of services are made and implemented at the local level).

It is planned that projects within Round 10 of the Global Fund funding that are to start in August 2012 will ensure continuity of service provision at penitentiary institutions (until August 2012 prevention programs are implemented with the Alliance support, care and support projects funded by the Network). In the first phase of Round 10 project (2012-2013) 98,000 prisoners should be covered with VCT services.

Coordination of the project implementation process and supply of all necessary medications and disposable materials (ARV drugs, test-kits, condoms, etc.) will considerably improve within the recently signed agreement between SPSU and Network which is responsible for ‘prisons’ component within Round 10 GFATM project. Also, SPSU is committed to ensure cooperation between penitentiary institutions and civil society organizations and therefore a respective instruction to all oblast departments is expected to be developed. Currently cooperation between civil society organizations and penitentiary institutions is only supported by agreements only on the oblast level.

Treatment of drug addicted prisoners is still being discussed and there are only plans to study the possibilities

to introduce drug addiction treatment and to use buprenorphine for detoxification of prisoners within Phase 1 of Round 10 project. This study will be implemented in 4 pilot sites (4 remand prisons), but these pilot sites have not been selected yet. The results of these pilot projects will then be used to initiate the nation-wide discussion of the need to introduce drug treatment programs and to endorse necessary amendments to the legislation to regulate these issues.

It is planned that within Round 10 of the GF funding the All-Ukrainian Network of PLWH would provide grants to civil society organizations for the delivery of the following services:

In the area “Care and support to HIV positive prisoners at the penitentiary facilities”:

- ✓ social worker counselling and peer counselling that includes VCT, primary assessment (assessment and analysis of the client needs, development of social follow-up plan); provision of information; counselling aimed the development of skills; forming adherence to ART and its monitoring; provision of psychological support, gender counselling for women, preparation for release, follow-up for 6 months after release to partner organizations;
- ✓ health consultations by infectious disease physician, TB doctor and gynaecologist;
- ✓ consultations by other specialists, such as psychologist, lawyer;
- ✓ group activities: self-help/psychotherapeutic groups, educational sessions, volunteer school, information activities for the personnel of penitentiary facilities, cultural events;
- ✓ transportation: delivery of ARV drugs to the penitentiary facilities, blood sample and other biological materials collection and transportation to the laboratories;
- ✓ production and distribution of information materials;
- ✓ material aid: provision of hygiene sets, medications and medical products, provision of food packages, and containers for ARV drugs.

In the area “HIV prevention at penitentiary facilities”:

- ✓ specialist counselling: social worker/peer counselling, consultations by psychologist;
- ✓ group activities: informational sessions; volunteer school, cultural events;
- ✓ development and distribution of information materials;
- ✓ distribution of male condoms.

➤ Sources of Funding for Prevention Services

In 2011 the state budget allocated UAH 5 million for medical services and HIV prevention programs; these funds were used for treatment of opportunistic infections among HIV infected people. In 2010 UAH 10 million were allocated for program implementation. These funds were also spent to provide patients with medications to treat opportunistic infections. That is why today the majority of HIV prevention interventions at the penitentiary facilities are implemented with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

For 2012–2013 the Global Fund allocated USD 86 million to implement HIV/AIDS response programs in Ukraine⁴³. Key recipients responsible for the implementation of this grant are Ukrainian Centre for AIDS Prevention and Control at the MoH of Ukraine, International HIV/AIDS Alliance in Ukraine and All-Ukrainian Network of People Living with HIV.

⁴³ HIV Infection in Ukraine: Information Bulletin. – 2011. – № 6 [Electronic resource]. – Available at : http://snid.cv.ua/files/editor/GIZ%20HIV%20Newsletter_%236_November-December%202011_UA.pdf

It is planned that USD 26 million will be allocated within Round 10 of GF funding for prevention, treatment and care and health system strengthening in penitentiary system. However, the detailed amounts of funding for the projects in the penitentiary system are to be finalized.

➤ **Role and Capacity of NGO as Key Providers of Prevention, Care and Support Services at the Penitentiary Facilities**

In order to attract additional resources to organize health care at the penitentiary facilities and remand prisons, to improve the professional skills of the personnel and awareness of detained individuals and prisoners of HIV/AIDS and tuberculosis issues, the departments of health and health departments (sections) of the territorial administrative bodies of the SPSU cooperate with more than 50 international and national non-governmental organizations, including the International Bank for Reconstruction and Development, WHO, Coalition of HIV Servicing Organizations, All-Ukrainian Network of PLWH, UN agencies, PATH, Global Fund to Fight AIDS, Tuberculosis and Malaria, Renaissance Foundation, Canadian HIV/AIDS Legal Network and others⁴⁴.

Key NGO activities to introduce HIV prevention policies include:

- information work to increase awareness of HIV infection in general and of main transmission routes of HIV, as well as of the need to practice safe behaviour. These information activities are conducted for both prisoners and detained individuals, and for health care workers of the penitentiary facilities;
- involvement of prisoners themselves in the prevention work through the development of information materials and participation in peer-driven programs;
- provision of convicts with individual hygienic products (disposable razors, toothbrushes and toothpaste, soap) and means of protection (condoms);
- provision of disinfecting means to sterilize shaving, tattooing and piercing equipment
- information work with general public and representatives of governmental and health care institutions to overcome stigma and discrimination of representatives of vulnerable groups, to ensure coverage of the project activities in the media.

In a number of cases non-governmental organizations cover the expenses of medical examination of prisoners if corresponding funding is lacking. Some organizations conduct VCT and rapid testing for HIV/STI in the colonies and remand prisons not on regular basis. During last 3 years the Network of PLWH has been providing financial support to treat HIV infected patients in the penal colonies and remand prisons. Non-governmental organizations that implement rehabilitation and resocialization programs work with prisoners to prepare them for release and support them after the release from prisons.

⁴⁴ Review of the health status of individuals incarcerated at the penitentiary institutions and remand prisons: performance results of health care facilities of the State Penitentiary Service of Ukraine in 2010. (Information is provided by SPSU).

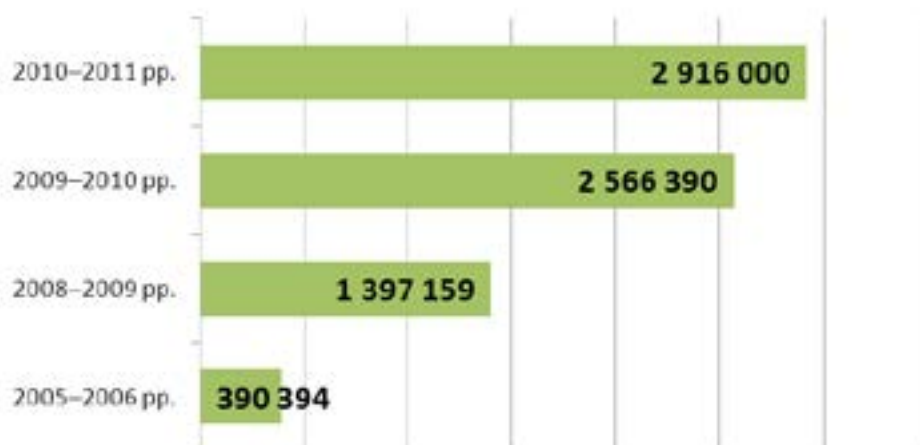


Fig. 4.1. Funding for HIV prevention projects among prisoners provided by International HIV/AIDS Alliance in Ukraine, split by project years (2005–2011), in UAH

Source: Information provided by International HIV/AIDS Alliance in Ukraine.

NGOs make a significant contribution to HIV response in the penitentiary facilities and remand prisons, but within HIV prevention project being implemented in the remand prisons they are allowed to work only with individuals whose sentence has been passed. When NGOs distribute protection, disinfecting or personal hygiene means, their quantity must be coordinated with the remand prison officers⁴⁵. Each penitentiary facility in addition to an agreement with partner organization develops the schedule of visits and list of activities they would like to implement. According to the representatives of the oblast departments of SPSU and to the officers of penal colonies and remand prisons, such cooperation with non-governmental and faith-based organizations occurs rather by the initiative of the latter (data of the expert survey).

Advantages of projects implemented by civil society organizations include:

- ✓ large scale and comprehensiveness;
- ✓ quality and compliance with the best standards for the provision of services to risk groups;
- ✓ regular training provided to NGO personnel with the support of the Alliance, Network and other donors;
- ✓ quality control of the projects and of the level of client satisfaction with the obtained services as an integral component of activities;
- ✓ on-going cooperation between NGOs that ensures sharing with best practices and the use of additional resources in their projects, such as information literature and handout materials;
- ✓ NGO have other funding sources than the penitentiary system in general, they conduct on-going fundraising activities that provide additional funds to work with prisoners and detained individuals, and to distribute information materials, personal hygiene, disinfecting and protection means in large amounts.

Unfortunately, currently the NGO services provided at penitentiary institutions and remand prisons (both prevention and HIV care and support services to HIV infected prisoners) cover less than half of the need (43.1%) (see Table 4.1). It is especially true for male colonies of the minimum and maximum security level.

⁴⁵ Step by step. Prevention work of NGOs in the penal institutions of Ukraine / German E.; ICF "International HIV/AIDS Alliance in Ukraine." - K., 2011. - P. 15-16

Table 4.1.

Coverage of Colonies and Remand Prisons with the NGO Services

Type of penitentiary institution	Total number of institutions	Covered with NGO (number)	% of coverage
Remand prisons	32	10	31.2
Correctional colonies	8	3	37.5
Female colonies	13	6	46.1
Male colonies with minimum security level	15	4	26.6
Male colonies with medium security level for the first-time prisoners	35	18	51.4
Male colonies with medium security level for the repeat prisoners	41	23	56.0
Male colonies with maximum security level	9	2	22.2
<i>Total:</i>	153	66	43.1

➤ **Availability, Accessibility and Quality of HIV Prevention Services at Penitentiary Facilities/Remand Prisons**

According to the expert research, the range of services provided at the penal colonies and remand prisons is rather broad.

- Condoms distribution at the penal colonies and remand prisons. Practically all representatives of the oblast departments of SPSU support these programs and do not see any legal obstacles to their introduction.
- There were no respondents among the interviewed representatives of the oblast departments of SPSU, who would consider VCT, hepatitis B and C, and tuberculosis diagnostic and treatment services to be needless. However, the majority of experts considered the availability of referrals to the respective health care facilities for testing and treatment of hepatitis and STI similar to as having such services in place at the penal colonies and remand prisons.
- Practically all experts from the regional departments believe that harm reduction services for IDUs (SMT, free distribution of syringes, safe injection rooms) are not justified at the penal colonies and remand prisons.
- According to the department officers, detoxification interventions are needed only at remand prisons, where the detainees face the lack of drugs for the first time and experience withdrawal, while in the colonies there is a need to focus more on overcoming psychological dependence on narcotic drugs.
- There were no experts who would indicate the lack of information events and activities related to HIV prevention among prisoners.
- Availability of free distribution of disinfecting means was confirmed by 26 of 38 experts. The practice to keep the concentrated bleach to prepare disinfecting solutions in the medical units was more common.
- During the interview there were no respondents who mentioned unavailability of VCT services.
- Practically in all penal colonies the viral hepatitis diagnostic and treatment services are available only on referral to oblast hospitals or AIDS Centres. None of penitentiary facilities had rapid tests for hepatitis B and C.

- 28 of 38 experts confirmed the availability of STI diagnostic service: they have an opportunity to collect blood sample or smear. However, blood tests and treatment are available only on referral at the AIDS Centres or specialized hospitals. Rapid tests for STI are not widely available.
- Diagnostic for tuberculosis is compulsory and is conducted in all colonies twice a year with the use of chest x-ray. Treatment of an active form of TB is performed only at the TB clinics or in specialized colonies that have TB clinics.

The system of HIV prevention services at remand prisons does not differ much from that of the colonies. In most cases the basic package of services included the same information and educational activities, distribution of condoms and disinfecting means, STI, hepatitis and TB diagnostic.

- ✓ Both officers of penal colonies and remand prisons, as well as representatives of non-governmental organizations agree, that currently care and support services for HIV positive prisoners, as well as counselling on safe behaviour and provision of ARV drugs are available at the penitentiary institutions. Representatives of the SPSU believe that these programs are fully regulated by the current legislative and normative acts at both colonies and remand prisons, and from the legal point of view there are no obstacles to the provision of services to HIV infected prisoners.
- ✓ Whereas with regards to specific HIV prevention and treatment services for female prisoners, the representatives of oblast departments of SPSU underestimate the importance of these programs, apart from the prevention of mother to child transmission. Only 3 of 10 representatives of the oblast departments were sure of the availability of ARV drugs for HIV infected pregnant women at remand prisons. 6 of 10 experts from this group believed that this service was available at colonies.

➤ **Evaluation of the Level of Coverage of Prisoners with Different Prevention Services**

The level of coverage of prisoners with different prevention services can be evaluated using actual data on indicators included into the National Plan for Monitoring and Evaluation of Efficiency of HIV Epidemic Response (see Figures 4.2. and 4.3). This year the indicator's "Percentage of prisoners, who were tested for HIV in the recent 12 months and know the result" value was 13%, which demonstrates that situation has not changed significantly compared to 2009 (12%) (Fig. 4.2). However, it significantly increased among women – from 17% in 2009 to 24% in 2011. If in 2009 research there were no significant differences by age groups (11–12%), then in 2011 no large difference was observed between the groups of respondents aged under 25 years and 25 years and older (10% and 15% correspondingly).

In 2011 the value for indicator "Percentage of prisoners covered with prevention programs" was 19% (in 2009 it was 15%) (Fig. 4.3). The value of this indicator among men was 21%, which is slightly higher than in 2009 (16%). Portion of women covered with prevention services remained almost unchanged compared to the previous research (13% – in 2009, 11% – in 2011). No significant differences have been observed in this indicator by age groups: 12% of respondents under 25 years of aged and 20% of people aged 25 years and older were covered with prevention services.

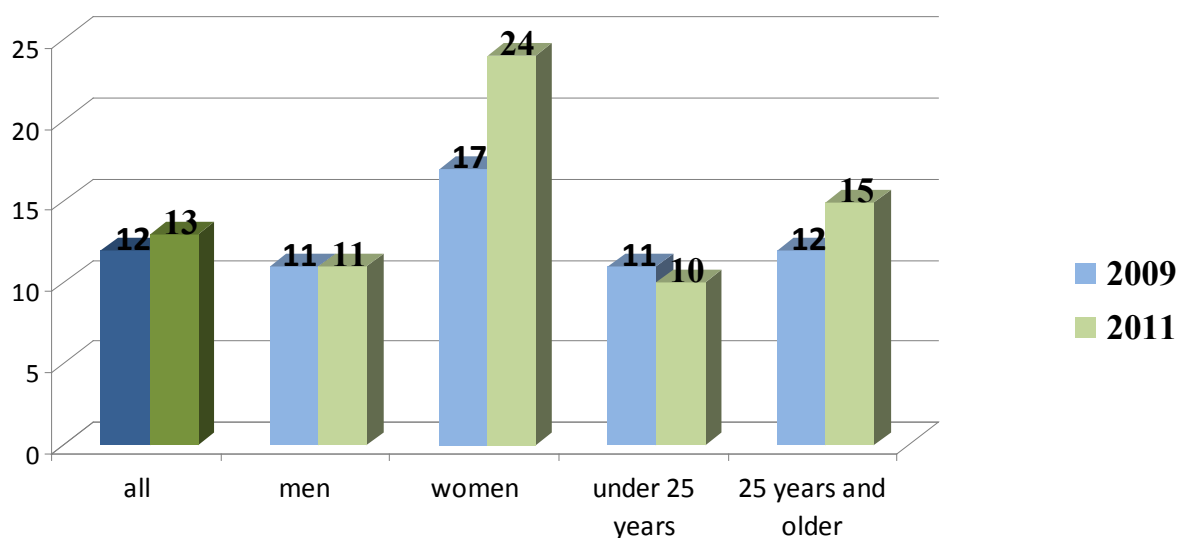


Fig. 4.2. Changes in the indicator “Percentage of prisoners, who were tested for HIV in the recent 12 months and know the result, %

(by the data of bio-behavioural research in 2009 and 2011)

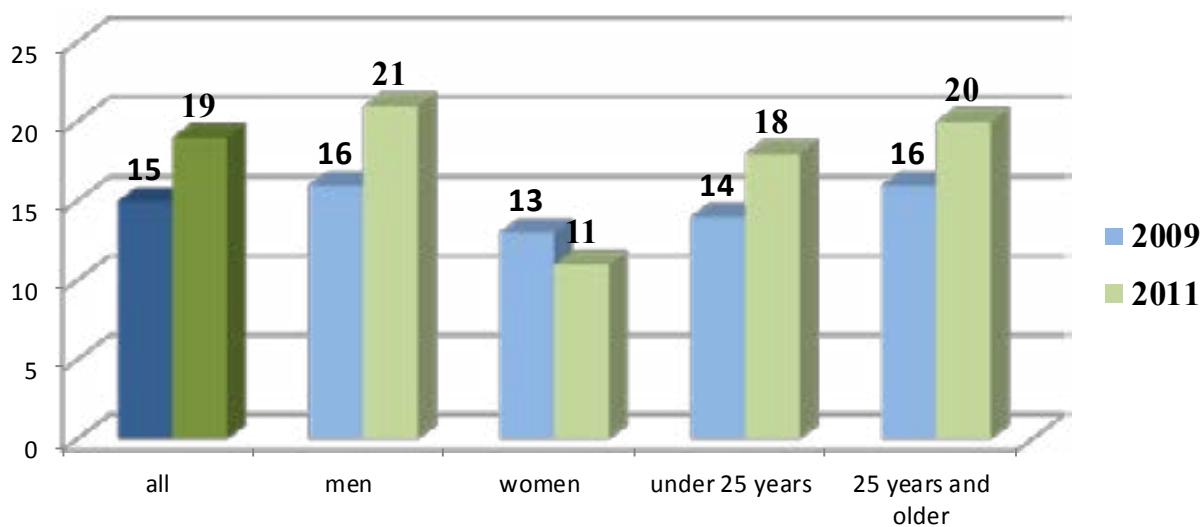


Fig. 4.3. Changes in the indicator “Percentage of prisoners covered with prevention programs”*, %

(by the data of bio-behavioural research in 2009 and 2011)

*Affirmative answers to the question “Do you know where to go if you want to be tested for HIV?” and “Have you received free condoms in the recent 12 months (e.g., at the medical unit, bath house, from social workers, etc.)?”.

Complementary to the above indicators the research group developed additional indicators to measure: coverage with any prevention services, with active prevention services, and “efficient coverage” (Fig. 4.4.) Coverage with prevention services is considered efficient if it simultaneously and comprehensively ensures access to information about HIV/AIDS, free personal protection means, as well as opportunity to undergo free testing for HIV and VCT. Coverage indicator for any prevention services is rather high in all groups and is 93%. Less prisoners were reached with active prevention services – 64%, actual on this indicator is significantly lower in the youngest age group (15 – 19 years) – 53%. An average value of “efficient coverage” with prevention services is 7%: for women it is twice lower than for men (3.5% and 8% correspondingly). The first-time prisoners were less reached with “efficient” prevention services than repeat prisoners (4% and 12% correspondingly). Low levels of “efficient coverage” are also characteristic for the first-time and repeat female prisoners (4% and 2%). No adolescents serving their term in correctional colonies were included in the “efficient coverage” group. The “efficient coverage” grows with the term of stay at the colony.

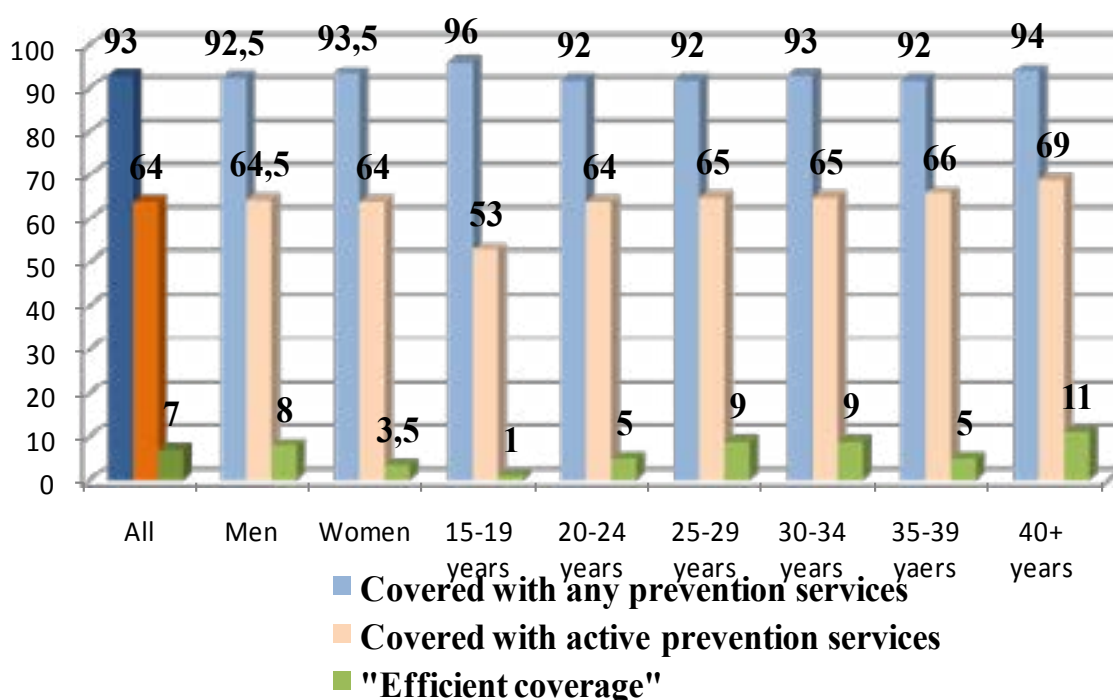


Fig. 4.4. Coverage of prisoners with any* prevention services, active **prevention services and “efficient coverage”*, % (by the data of bio-behavioural research in 2011, N = 1300)**

* While in prison they received information about HIV/AIDS and sexually transmitted infections / Were receiving free condoms in recent 12 months / Always available/sometimes available were free disinfecting solutions (other disinfectants) to sterilize razors, syringes, etc. / Participated in the special sessions (training seminars) for prisoners to discuss HIV/AIDS and other issues / Participated in creative contests (developed wall newspapers, posters on HIV/AIDS) / Participated in the self-help groups where prisoners discuss their problems and communicate / Participated in the special sessions for drug users who want to quit / Know where to go to be tested for HIV / The last time were tested for HIV at the colony.

** While in prison they received information about HIV/AIDS in the form of individual consultation provided by health care worker or psychologist / Were receiving free condoms in recent 12 months / Always available/sometimes available were free disinfecting solutions (other disinfectants) to sterilize razors, syringes, etc./ The last time were tested for HIV at the colony.

*** Were receiving free condoms in recent 12 months + Always available/sometimes available were free disinfecting solutions (other disinfectants) to sterilize razors, syringes, etc. + The last time were tested for HIV at the colony.

➤ **Analysis of Correspondence of the Package of Available Services with the International Standards**

To analyze the package of available services and their correspondence with the international standards in more detail, the research group reviewed the following sources:

1. List of questions that reflect the current situation in the area of HIV/AIDS prevention at penitentiary facilities developed by the UNODC Project Office in Ukraine on the basis of the publication "HIV and AIDS in places of detention: A toolkit for policymakers, prison managers, prison officers and health care providers in penitentiary institutions" (developed by the UNODC request in cooperation with UNAIDS and WHO, and published by UN in New York in 2009).
2. Data and answers of the State Penitentiary Service to these questions.
3. Data of bio-behavioural research among prisoners in 2009.
4. Data of bio-behavioural research among prisoners in 2011.

This analysis provided data for the following conclusions:

1. Information and educational activities at the penitentiary institutions are conducted by the personnel of health care and social and psychological services, which are envisaged by their job description. However, there is no system for special training and performance assessment as such. Besides, no special toolkits were developed for the personnel responsible for information and educational activities.
2. Information and educational activities are not comprehensive. Modern methods of education, such as interactive classes, are usually not used at the SPSU. Also, there is no special instruction or order to regulate this area of prevention activities.
3. Non-governmental organizations play a significant role in information and educational activities. Peer-driven programs and training of volunteers amongst prisoners are also mostly implemented by NGOs.
4. VCT service is commonly available for people in detention on a voluntary and confidential basis. According to the survey data, in recent 12 months this service was received by 13% (11% men and 24% women) of prisoners, more than three fourths (77%) of them informed about voluntary use of this service. Provision of access to counselling and testing is the responsibility of a physician appointed by an order to work with HIV infected people (currently there are 147 such physicians). However, it would be expedient to ensure better pre- and post-testing counselling in the penitentiary system, because not all respondents of the bio-behavioural research indicated that they had received appropriate counselling. Among those, who had been ever tested for HIV (according to the data for 2009), 69% received pre-testing counselling and 62% - post-testing counselling. Almost three in four (73%) respondents, who were tested at the colony (in 2011), received pre-testing, and 64% - post-testing counselling.
5. Physicians responsible for VCT take the training course at the regional AIDS Prevention Centres, but no special guidelines in addition to general normative documents of the MoH of Ukraine were developed for them.
6. The need to further treat HIV infection and to refer patients for treatment is identified after the consultation with an infectious disease physician (as a rule, he or she is invited from the AIDS Centre), and after the necessary laboratory tests (conducted on the basis of the AIDS Centre). Care and support to HIV positive prisoners are primarily provided by non-governmental organizations and not by the SPSU.
7. Another problematic issue is provision and organization of access to condoms, lubricants and disinfecting

means for the prisoners, as well as to “sanitary and hygiene package” for the newcomers. Free condoms are usually distributed only for long-term visits of relatives. 22% of respondents indicated that they received condoms in the past 12 months before the survey of 2009. 15% of respondents said that condoms were available in long-term visit rooms. According to the 2011 data, free condoms were received by 23.5% of respondents in the past 12 months. 11% of all respondents said that there were condoms in the visiting rooms. When prisoners were visited by their spouses, an average of 2% of respondents *always* used condoms in the long-term visit rooms. At the release prisoners are not provided with condoms. The same situation is observed in the organization of access to disinfecting means: free disinfecting solutions are not available to 40.5% of respondents; 31% acknowledged their availability (they are always available to 21% and only sometimes available for 9.5%); 27% did not even understand what they were asked about (data for 2011). Furthermore, the SPSU information and educational curriculum does not include a broad range of issues related to the correct use of protection and disinfection means and to the expediency of their use.

8. Although activities to prevent victimization of vulnerable prisoners and stigmatization and sexual violence against them are conducted by the SPSU departments of operations and investigations and social and psychological departments, and despite the fact that juvenile offenders and adult prisoners, male and female prisoners are held separately, there is no specific action plan to overcome these incidents at the penitentiary institutions that would envisage clear aims, objectives and terms of their implementation.
9. Treatment of drug addiction is not provided to full extent and only ‘detoxification’ method is used when individuals are detained at remand prisons. Specialists responsible for this are (narcologists) usually do not have additional methodological training and respective guidelines.
10. STI diagnostic is limited only to the examination for syphilis (for the newcomers at the remand prisons), but the penitentiary service does not have any data about STI prevalence.
11. Uninterrupted supply of ARV drugs for HIV infected people at an advanced stage of disease is very important. Not all prisoners in need of this treatment receive it, but the continuity of treatment for those, who have been already enrolled in this program is understood and ensured by the personnel at all stages – medications are issued on a daily basis, and when a prisoner is moved to another penal institution, he or she is provided with medications for the time of transit. People, who started treatment before incarceration, can continue it. The same is true for prisoners moved inside the institution or conveyed to the court trials. SPSU has necessary capacities to initiate and continue ARV therapy. All HIV positive pregnant women receive ART at penitentiary institutions to full extent. When prisoners are released, they are provided with a 2-month supply of ARV drugs and referred to the local AIDS centres.
12. Special training seminars were conducted for specialists responsible for maintaining patients living with HIV/AIDS (e.g. “HIV/TB Co-infection” on the basis of AIDS Department of the Institute of Epidemiology and Infectious Diseases after L.V. Gromashevsky at the Academy of Medical Sciences of Ukraine), but methodological guidelines on disease maintaining were not developed.
13. As was already mentioned, the prison personnel usually does not receive special training in addition to the training that they receive at the educational institutions of the SPSU and to the training within the projects implemented by the national and international organizations (but they all are trained on how to provide first aid).
14. Compliance with the international principle of health care by the personnel of penitentiary institutions is very important. The Program to Ensure HIV Prevention, Treatment, Care and Support for People Living with HIV and AIDS Patients at Penitentiary Facilities and Remand Prisons of the State Criminal Execution Service of Ukraine for 2009-2013 envisages such activities as training and ensuring the use of HIV/AIDS prevention methods at the workplace, and overcoming of discrimination in the area of labour relations, as well as providing individuals, in particular, health and social workers, exposed to biological fluids which poses them a risk of HIV infection, with HIV prevention means and antiretroviral drugs. Free testing for

HIV and vaccination against hepatitis B are available for the personnel of the SPSU at the health care facilities of the MoH; personnel have access to such protection means as latex gloves, screens, and have an opportunity to undergo prophylaxis after exposure to risk factors. However, there are no standards/methods to protect personnel at the level of the SPSU, and the criminal execution system of Ukraine does not have an officer to ensure the compliance with requirements for the protection of personnel; there are no SPSU instruction or protocol describing measures to be taken in case of exposure to blood and/or discharge, and there is no system for treatment, care and support to HIV infected personnel.

5. CONCLUSIONS AND PROPOSALS ON THE PRIORITY STEPS TO IMPROVE THE SYSTEM OF HIV SERVICE PROVISION WITHIN THE PENITENTIARY SYSTEM

Results of the comprehensive research confirm that today the Penitentiary System of Ukraine is facing a number of urgent challenges that need to be met to improve the epidemiological situation at the penitentiary facilities, to develop clear and multifaceted HIV/AIDS response strategy and to introduce international experience of prevention programs in the context of Ukrainian realities.

1. At the level of legislative environment:

- To make amendments to the legislative and normative acts in order to ensure introduction of a comprehensive package of services to prevent HIV infection, provide timely care and support to HIV positive prisoners, to introduce addictions treatment programs and to fight the cases of violence, discrimination and stigmatization among prisoners.
- To legalize the mechanisms of service provision through non-governmental HIV service organizations.
- To ensure legal support to the implementation of programs for the incarcerated drug addicted individuals (syringe exchange programs, distribution of sterile syringes, disinfecting means, and substitution maintenance therapy to treat IDUs).
- To introduce additional regulatory mechanisms for harmonization of legal and normative acts of the MoH and SPSU.

2. At the level of proportions and sources of funding

- To ensure sustainable governmental funding to implement HIV/AIDS response programs in penitentiary system. If the Global Fund to Fight AIDS, Tuberculosis and Malaria makes a decision to limit or discontinue its financing in the coming years, prisoners will be deprived of a significant number of services. Taking into consideration the Global Fund's policy that envisages an increase of government share to finance HIV prevention, including at the penitentiary system, today it is important to optimize budgets and to develop fundraising plans to attract additional funds on a regular basis.

3. At the level of reforming the service provision system

- To expand the range of services and their coverage, especially at penitentiary institutions where non-governmental organizations do not work, and in particular:
 - ✓ to implement large scale *information campaigns* among the personnel of penitentiary institutions on the personal protection from HIV infection and other socially dangerous diseases, on safety at the workplace, piloting of the effective methods of work with prisoners to implement HIV prevention interventions and on programs for care and support for HIV positive people;
 - ✓ to inform the personnel of the penitentiary institutions and other stakeholders on the results of bio-

behavioural research related to the prevalence of risk behaviours among prisoners, through the distribution of booklets, analytical reports to the oblast departments of SPSU and directly to the colonies/remand prisons and non-governmental organizations that cooperate with penitentiary facilities;

- ✓ to raise the issue of stigma and discrimination during the information and educational activities among both personnel and prisoners on a regular basis;
 - ✓ information and educational programs should be aligned with other strategies; prisoners, in particular, should be provided with prevention means (e.g. condoms, sterile injecting equipment) to act in accordance with the information and skills that they obtain.
- To introduce the best practice of civil society organizations in the implementation of programs to prevent HIV infection, tuberculosis, hepatitis B and C, STI, and to provide care and support to HIV positive prisoners.
 - To expand information and educational activities of the social and psychological services of penitentiary institutions.
 - HIV testing should include both accessibility of this service at the penitentiary facilities (since the moment of incarceration to the colony or remand prison and during the entire term in prison) and the system to motivate prisoners to take the test. Testing for HIV, however, should be voluntary in order to avoid causing negative consequences, including segregation of prisoners.
 - To ensure availability of condoms at the visiting rooms and to study the possibility and expediency of creation of condom distribution sites such as condomats, so that prisoners would not have to ask the personnel to give them these individual protection means. In addition to condoms it is expedient to distribute lubricants because their use reduces the risk of condom rupture, and hence the risk of HIV infection.
 - To ensure free access to condoms for anal sex (e.g. in the dormitories, prison cells, bath houses, etc.).
 - To develop and introduce the strategy to increase the level of detection, prevention and reduction of all forms of sexual violence at the colonies and remand prisons. Victims of sexual violence at colonies/remand prisons, who inform about unprotected sexual contacts or exposure to blood in fights, should be provided with means for post-exposure prophylaxis within 72 hours.
 - To develop and introduce interventions for safe tattooing at the colonies and remand prisons (i.e. to provide disinfecting means to sterilize equipment and information and educational materials on this topic).

4. At the level of reforming prevention and treatment programs for IDUs

- To recognize the problem of risk behaviours, including injecting drug use, among prisoners and detained individuals.
- To perform targeted assessment of the prevalence of injecting drug use in prisons and to evaluate the number of IDUs among prisoners, using different sources of the information (statistical and operational data SPSU, MIA, MoH); secondary analysis of the present information (results of the bio-behavioural and specified researches among the prisoners) and a consistent expert assessment.
- In the absence of needle and syringe exchange and SMT programs at the penitentiary facilities, it is important to regularly provide prisoners with disinfecting means to sterilize injecting equipment. These disinfecting means should be easily accessible for prisoners in different sections of the colonies or remand prisons, together with information and educational materials on how to use them.

- To study the experience of other countries in the introduction of harm reduction programs for the incarcerated IDUs, such as free distribution of sterile syringes and disinfectants, and syringe exchange programs. To identify the possibility and expediency to implement pilot projects in Ukraine.
- To create the working group for the development of strategy to introduce program for drug addiction treatment at the penitentiary institutions.
- To reform the system of drug addiction treatment at the penitentiary facilities, in particular:
 - ✓ to ensure access for incarcerated IDUs to the drug treatment programs and to prevention of HIV and hepatitis B and C infections transmitted through the use of contaminated injecting equipment;
 - ✓ to ensure professional psychotherapeutic support to the incarcerated IDUs;
 - ✓ to study the possibility of creation of psychotherapeutic groups for drug addicts and of development and approval of the forms and methods of work for such groups;
 - ✓ to create psychotherapeutic groups of drug addicted prisoners;
 - ✓ to ensure implementation of 12-steps program to overcome drug addiction.
- To recognize substitution therapy as one of the effective methods to treat drug addiction and to prevent HIV infection and to develop adherence to ART in the penitentiary system.
- To implement pilot intervention models for the introduction of SMT in a number of colonies and remand prisons and to ensure their monitoring and evaluation. Evaluation of these models should be aimed at the solution of operational issues and removal of research gaps.

5. At the level of personnel policy

- To hire additional necessary specialists (especially social workers, psychologists, narcologists, doctors) in accordance with the staff list.
- To analyze the work load of the officers of medical and sanitary service with regards to the task to provide a comprehensive package of prevention, treatment and support services to the incarcerated PLWH, and on this basis to develop the substantiated workload norms per one officer, as well as to suggest changes in the staff list.
- To establish training centres on the basis of educational institutions of the SPSU on a permanent basis and to ensure the system for professional training and retraining on the issues of HIV infection.
- To develop methodological manuals for different categories of the penitentiary personnel on the issues of human rights, stigmatization, discrimination, prevention of violence and on the introduction of HIV related information component in the routine activities.
- To inform the personnel of penitentiary institutions and other stakeholders about the results of bio-behavioural research related to the spread of risky behaviours posing the risk of HIV infection among prisoners, through the distribution of booklets, analytical reports to the oblast departments of the SPSU and directly to the colonies and remand prisons, and non-governmental organizations that cooperate with penitentiary facilities.

6. At the level of developing cooperation and supporting it

- In spite of the fact that institutions of the penitentiary system are closed-type facilities, there is a need to strengthen and expand their cooperation with institutions and organizations in both government and private sectors. To initiate the application of the best practice and to use additional resources (financial, material and human).

- To organize mandatory information activities for the prisoners awaiting release on the availability of HIV prevention services and, if needed, to provide them with the specific addresses of HIV service organizations at the expected place of residence after release.

7. At the level of additional scientific support and research

- To initiate and implement quality in-depth studies that would provide an opportunity for the development of prevention programs at the penitentiary facilities taking into account informal norms and practices followed by the prisoners in their environment.

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National Indicators for Monitoring and Evaluation of Activities to Control HIV/AIDS Epidemic

Table 1

Indicator “Percentage of prisoners who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission”

	All respondents			Respondents under 25 years of age			Respondents aged 25 years and older			Respondents aged 15-19 years		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
	Number of respondents who have correct answers to the question: E3. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner?, E4. Can a person reduce the risk of getting HIV by using a condom every time they have sex?, E5. Can a healthy looking person have HIV?, E6. Can a person get HIV by sharing glass with someone who is infected?, E7. Can a person be infected by shared use of toilet, swimming pool or sauna with a HIV infected person?, E8. Can a person become HIV infected through the shared use of a needle of injections?	330	66	396	110	8	118	220	58	278	45	1
All respondents	1100	200	1300	410	26	436	687	174	861	135	4	139

Percentage of prisoners who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	30.0%	33.0%	30.5%	26.8%	30.8%	27.1%	32.0%	33.3%	32.3%	33.3%	25.0%	33.1%
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Table 2

Indicator "Percentage of HIV infected prisoners"

	All respondents			Respondents under 25 years of age			Respondents aged 25 years and older			Respondents aged 15-19 years		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
	Number of HIV positive	111	66	177	23	5	28	88	61	149	3	0
All respondents	1100	200	1300	410	26	436	687	174	861	135	4	139
Percentage of HIV infected prisoners	10.1%	33.0%	13.6%	5.6%	19.2%	6.4%	12.8%	35.1%	17.3%	2.2%	0.0%	2.2%

Table 3

Indicator "Percentage of prisoners who were tested for HIV in the last 12 months and know the result"

	All respondents			Respondents under 25 years of age			Respondents aged 25 years and older			Respondents aged 15-19 years		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
	Number of respondents who have affirmative answers to the question: G4. We do not ask you about the result, but have you ever been tested for HIV?, Have you been tested for HIV in the last 12 months?, G9. We do not ask you about the test result, but have you received it?	123	48	171	39	3	42	84	45	129	6	1
All respondents	1100	200	1300	410	26	436	687	174	861	135	4	139
Percentage of prisoners who were tested for HIV in the last 12 months and know the result	11.2%	24.0%	13.2%	9.5%	11.5%	9.6%	12.2%	25.9%	15.0%	4.4%	25.0%	5.0%

Table 4

	Indicator "Percentage of Prisoners Reached with Prevention Programs"											
	All respondents			Respondents under 25 years of age			Respondents aged 25 years and older			Respondents aged 15-19 years		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Number of respondents who gave affirmative answers to the question: G3. Do you know where you can go if you wish to receive an HIV test?, H5. In the last twelve months, have you been given free condoms (e.g., at a medical unit, bathhouse, or from social workers, etc.)?	230	22	252	72	5	77	157	17	174	14	1	15
All respondents	1100	200	1300	410	26	436	687	174	861	135	4	139
Percentage of prisoners covered with prevention programs	20.9%	11.0%	19.4%	17.6%	19.2%	17.7%	22.9%	9.8%	20.2%	10.4%	25.0%	10.8%

(Footnotes)

- Information provided by State Penitentiary Service of Ukraine.
- Programmatic monitoring data of NGO "All-Ukrainian Network of PLWH" within the framework of the project "Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine" for 2007–2011, supported by the Round 6 grant of the GFATM.
- Comprehensive External Evaluation of the National AIDS Response in Ukraine – January 2009. – P. 77.
- The State Penitentiary Service of Ukraine opened the door for Ukrainian NGOs [Electronic resource]. – Available at: <http://network.org.ua/media/news/page-2757/>