Combined meeting / EG on HIV, TB&AI and EG on Prison Health
Warsaw, Poland
April 12-13, 2018

Reference	EG HIV, TB & AI 6 & EG PH 5
Title	Final report from the combined meeting of EG on HIV, TB&AI and EG on Prison Health
Submitted by	EGs' Chairs, Co-Chairs and ITAs

1. Opening of the Meeting by the Co-Chairs
   Marc Lehmann (Chair of Prison Health EG) and Ali Arsalo (Chair of HIV, TB&AI EG)

Dr. Marc Lehmann, Chair of the Expert Group on Prison Health, and **Dr. Ali Arsalo**, Chair of the Expert Group on HIV, TB and Associated Infections, opened the meeting and greeted the audience. They both shared the satisfaction that the meeting became possible after a long process of negotiations and arrangements. Also, **Dr. Anna Marzec-Bogusławska**, Director of the Polish National AIDS Centre which hosted the meeting, welcomed its participants.

2. Greetings from the Host
   Dr Zbigniew Krol, Undersecretary of the State, Ministry of Health of Poland

Dr Zbigniew Krol, Undersecretary of the State, Ministry of Health of Poland, said warm welcoming words on behalf of the Polish Ministry of Health and underlined the importance of such an event for Poland. He noted that Poland is working at nominating a national representative to the Expert Group on Prison Health. Poland recognizes the effect the inmate community produces on the disease burden in the society, particularly in terms of the spread of infectious diseases, and the national Patient Rights Act covers all categories of patients, both those in the prison health system and in the civil health system.

The Chairs of the Expert Groups thanked Dr Zbigniew Krol for the political support to the NDPHS work and particularly of the two present Expert Groups and stressed the importance of such across-EG meetings in facilitation of joint efforts in the NDPHS context.

3. Introduction of participants

The introductory round was made and the participants introduced themselves.

4. Adoption of the agenda

The agenda was adopted.

5. Updates from the NDPHS Secretariat
   Dr. Ülla-Karin Nurm, Director of NDPHS Secretariat

Dr. Ülla-Karin Nurm made an overview of the recent and future key events and developments related to the NDPHS.

She recalled the recent NDPHS ministerial-level Partnership Annual Conference (13th PAC), which was held in Tallinn in mid-February 2018 and side-event organized back-to-back with the PAC. The side event addressed alcohol questions and particularly alcohol-driven consequences for the public health. Among the topics of the side event were foetal alcohol spectrum disorders, brief interventions among somatic patients, community prevention, and use of the health-in-all-policies approach in the alcohol response. The Alcohol Declaration was developed and later accepted by the Ministers of Health of NDPHS countries and their Representatives[1].

[1] http://www.ndphs.org///documents/5751/NDPHS_Declaration_on_Alcohol_Policy.pdf

Ülla-Karin Nurm recalled the recently completed Northern Dimension Antibiotic Resistance Study (NoDARS[2]), which had an NDPHS flagship status. Findings of the study are being now prepared for dissemination and particularly for publication in the Eurosurveillance Journal. Also, posters with the study findings and conclusions were prepared and used at various scientific events and exhibitions.

Last December, the NDPHS Secretariat contributed to seminar "Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems" held in Tallinn under the Estonia's EU Presidency. Namely, Ülla-Karin Nurm was the moderator of one of the sessions. Besides, Dr Nina Khurieva, an expert in the NDPHS EG on HIV, TB and AI from Russia, was a panelist at one of the seminar's sessions. A report of the conference is not available yet but will be shared as soon as possible.

As the coordinator of Policy Area "Health" of the EU Strategy for the Baltic Sea Region, the NDPHS Secretariat applied for Interreg funding within the 3rd call of the Interreg Baltic Sea Region Programme to obtain funding for the EUSBSR Policy Area and Horizontal Action Coordinators. The project application ("PA Health Support 3") is estimated for 2 years and focuses on implementation of new and innovative policy making mechanisms. The focus should be on how to convey expert work to policy level. The application includes a series of policy dialogue sessions and capacity building events. The results of the call for project proposals will be made available in summer 2018.

Ülla-Karin Nurm briefly reported about the process of the umbrella project development, which would be a common exercise for all NDPHS EGs. The EG on Alcohol and Substance Abuse suggested a couple of years ago developing a project where all the EG would be involved. The senior population was selected as a common theme for the EG-across project. The EGs were asked to draft their problem trees to describe the biggest problems in their respective areas with relation to elderly people. As the next step a workshop will be organized to further elaborate on the problem trees and transform them into the objective trees. The workshop will likely be in May and the EGs will be requested to send their delegates.

Chairs and ITAs meetings will in the future be organized back-to-back with the CSR meetings. It will help save resources. It is possible that PACs will be organized once in two years and only at the ministerial level. The communication will focus on e-mail correspondence.

The NDPHS performance evaluation, which is done about every five years, is to be carried out in 2018. The ToR is under development. The evaluation will combine both the internal process and an external evaluator.

As Iceland is back in the Partnership, the EGs are asked to involve Icelandic experts into their work. Ülla-Karin Nurm asked the EGs to send the contacts of Icelandic experts to the Secretariat, and the Secretariat could help facilitate experts' engagement. Also, initial negotiations with Denmark were started about Denmark's comeback.

Anna Marzec-Bogusławska raised the question of the HIV, TB and AI EG Chair's representation at the EU's HIV/AIDS Think Tank. A formal invitation from the EU Commission is needed. The Think Tank's next meeting is scheduled for May. Ms. Outi Karvonen, coordinator of the EU's Joint Action HA-REACT promised to trace the right contacts in the DG SANTE through the CHAFEA.

6. Prison sector-related actions and achievements in the EU's JA HA-REACT Project
   Piotr Wysocki, Polish National AIDS Centre

The Polish National AIDS Centre (NAC) joined the EU's JA HA-REACT because it had had vast experiences in working with PLWHs in the penitentiary system. OST is available in all 155 correctional facilities across Poland from 2015. The national health programmes equally cover the civil population and inmates, and the same standards are applied in treatment of inmates. The prison health system is under the jurisdiction of the Ministry of Justice, but the cooperation with the Ministry of Health is very close and well-functioning.
In the EU's JA HA-REACT Project, Poland is involved in a Work Package that deals with harm reduction and continuity of care in prisons (Work Package 6). The NAC together with partners from 11 EU Member States and the Polish Central Board of the Prison Service organized two international workshops in March

[2] http://www.ndphs.org/?database,view,project,1468

and November 2017. The outcome of the work was a comprehensive package of training materials and guides for health and social sector personnel working in prisons. Together with a partner from Luxemburg a string of printed material and a video was developed for the prison staff and inmates. Inmates contributed to illustrating OST documentation[3].

The full presentation is available on the meeting's webpage at:
http://www.ndphs.org/?mtgs,combined_meeting_of_eg_on_hiv__tb_and_ai_and_eg_on_prison_health.

When answering to questions **Dr. Piotr Wysocki** noted that all inmates go through a re-entry preparation programme before the release which is aimed at helping prisoners re-enter society successfully, and particularly at continuity of care if a prisoner needs treatment or medical follow-up. Prisoners have access to substitution treatment (OST) since 2015 and HIV treatment since 2001.

Marc Lehmann informed the meeting that Germany had studied the amount of vaccination doses supplied to prisons by pharmacies. Germany (Robert-Koch Institute) performed an evaluation of brought Medicine in Prisons on approx. 35.000 inmates in Germany. The published results of these secondary data analysis are a way to get additional information on medical care in prison. The study with the title "High variability of TB, HIV, hepatitis C treatment and opioid substitution therapy among prisoners in Germany" is available under following link https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4840-4. Besides, Naloxone nasal spray, a medication used to block the effects of opioids and recommended by WHO, is available from pharmacies.

7. Health status of inmates in Russia – general overview
   Sergey Ponomarev, Research Institute of Federal Penitentiary Service of Russia

Prof. Sergey Ponomarev reported about the health of inmates in Russia. The overall number of inmates has steadily decreased in the last 20 years – in early 2018 there were about 600,000 inmates in Russia. The most significant reduction has been seen in the number of teenager-prisoners. Also, the number of women in prison declined. Healthcare services are provided by 6,348 doctors and over 13,000 nurses. In the morbidity structure of new cases from 2017, the infectious and parasitic diseases (incl. HIV, TB and hepatitis) amounted to almost 10%. The number of newly diagnosed HIV cases among prisoners increased more than twice in 10 years – from 6,000 in 2005 to 14,630 in 2016. The rise in HIV incidence takes place amid the decline in TB incidence. In the Russian penitentiary system there are nearly 56,000 people with HIV and nearly 29,000 with tuberculosis. Of them 6,000 have the double infection. It is assumed that the increase in the number of PLWHs is connected with the increase in the number of people with drug addiction (from 2005 to 2017, a 1.5 increase) and with the growth of viral hepatitis (in 10 years from 2005 to 2017 it grew almost 5 times). In 2017, infectious and parasitic diseases amounted to 35% of all deaths in the prison system. The problem of the death reporting in the prison system is that HIV is difficult to find in the official reports. It has been seen that great number of HIV cases are diagnosed in pre-trial canters and not in the public health system. Very often there is no continuation of the monitoring of health of prisoners after their release. The cooperation between the Ministry of Health and the department of Health Care of Penitentiary System is not well established. The large share of the Prisoners do not follow-up their medical treatment after release (also TB and HIV cases). The prison should give information to the public health institution about the place of living of the prisoner. If the prisoner does not show up, the system should search him or her. That is why it is very difficult to ensure the continuity of treatment.

The full presentation is available on the meeting's webpage at:
http://www.ndphs.org/?mtgs,combined_meeting_of_eg_on_hiv__tb_and_ai_and_eg_on_prison_health.

WHO urged MS to treat HIV infections as soon as possible independently from the amount of CD4 cells.

8. The epidemiological situation of HIV and associated infections in Ukraine and potential influence for the countries of NDP
   Anna Marzec-Bogusławska, Director of National AIDS Centre, Poland

[3] http://www.hareact.eu/en/publication/poster-contest-illustrate-documents-ost-prisons-poland?position=2&list=AR54ZAwENgUof0se11aurK1-ULJ0Mhwyo6US_X7KxiU

As agreed at the previous meeting of the Expert Group on HIV, TB and AI, **Dr. Anna Marzec-Bogusławska**, Director of the National AIDS Centre of Poland, prepared a report about the epidemiological situation in Ukraine.

The report data is based on information from UNAIDS. According to estimates, there were 17,000 new HIV cases in 2016. Altogether, about 241,000 PLWHs were living in Ukraine as of early 2018. Almost 100,000 people were on ARVT in 2017. The epidemic is concentrated in vulnerable groups. The key mode of transmission is shifting from drug injecting to heterosexual, while the role of MSM in transmission becomes visible too. The share of the mother-to-child transmission is on decline. The history of the HIV spread started from southern and eastern parts of Ukraine, where it still continues to grow along with TB and syphilis. Among young people aged 15 to 24 years more new cases are registered among women than men – one of the reasons is sex work. Practically all preventive and therapeutic work is financed by donors (for example the Global Fund). The treat-all approach is approved but it needs implementation scale-up. About 40% of registered people living with HIV/AIDS do not get treatment. HIV prevalence is 15 times higher among prisoners than in the general adult population. Although Ukraine has one of the biggest OST programmes in eastern Europe and central Asia, it covers some 5% of the national need. And the biggest challenge is the military conflict which broke up in the Ukrainian regions most affected by HIV and TB. Stigmatization is still very high and only between 28 and 40% of people are on treatment. The conflict raised the wave of migration, both towards other regions of Ukraine and Russia. Migration of PLWHs, their under-registration at new locations of living, their loss to the follow-up, interruption of ARV therapy and increased needs in public health expenditure created challenges and additional disease and financial burden to the health systems of the host regions. Positive trends are that there is more political awareness and commitment, the public procurement for ARV drugs is working and needs and gaps are identified.

A new challenge that is arising is a Federal Register of HIV Patients in Russia starting from July 2018. From then on the medication is only given according to the registered number of people. People that are migrating (for example worker from Ukraine) and not having a registration or permit in Russia are therefore excluded from the treatment.

The full presentation is available on the meeting's webpage at:
http://www.ndphs.org/?mtgs,combined_meeting_of_eg_on_hiv__tb_and_ai_and_eg_on_prison_health.

9. Short presentations by Prison Health EG members with focus on infectious disease situation and throughcare aspects, especially concerning HIV and TB
   Prison Health EG members

Germany:

- There is no national data as each federal land does the counting in own manner, and data not comparable
- A new brochure ("Do not be afraid of AIDS") was released for the prison staff regarding HIV and hepatitis – a guide about referring to testing and counseling. The brochure can be found here: http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv__tb_and_ai_5__warsaw
- 23% of new HIV cases and 8% of new HCV cases are diagnosed in the prison settings
- According to a survey carried out by the Robert Koch Institute, 30% of the inmates injected drugs, of whom 11% started injecting in the prison settings
- A new medication with long-acting Buprenorphine as s.c. injection, administered as a weekly or monthly dose in patients with opioid use disorder, demonstrated fantastic results and may become a revolutionary medicine. Study results were published in the Journal of Substance Abuse Treatment (78/ 2017 (22-29)).
- Street trafficking moves into the darknet, and the illegal supply system also changes in the prison system (drones, illegal mobiles, mob-controlled)
- Discussions about feasibility of HepC therapy in prison settings. The stay in prison is too short to complete the course, the re-infection rate is high, and the costs are high.

Dr Lars Møller, a consultant for WHO EURO noted that WHO/Europe had launched a new database that includes a wide range of indicators relevant to the health of people incarcerated in the WHO European Region. These indicators cover 7 categories, including prevention and treatment of communicable diseases[4].

[4] http://apps.who.int/gho/data/node.prisons.All_Countries?lang=en

Latvia:

- HIV testing in prisons is not mandatory. Only if symptoms are present or TB diagnosis is present, or patient wants to have it. It is estimated that 75% of the transmission is through injecting drug use.
- TB testing is obligatory every year and cases are declining.
- HepC – regular testing of all chronic cases. HepC is increasing. About 61% of the transmission is due to drug injection. The testing is not mandatory in Latvia. There is a high reinfection rate. For example, France is treating every inmate. There is an eradication campaign worldwide. The treatment costs are very high. Prisoners willingly go for HepC testing because therapy is now provided by the state.
- HepB is also increasing. More prisoners want to do the testing.

Poland:

- HIV testing is not obligatory, only due to symptoms or on consent.
- Tests on HepB and HepC are not mandatory (except if there are symptoms).
- More than half of the prisoners tested about TB are positive. Every two years prisoners have an x-ray test.

Norway:

- Only data for whole population, no disaggregated data.
- The stay in prison is short - 57% are released after 90 days.
- Clean syringes are not available in the prisons.
- Costs for HVC are going down and the treatment times are becoming shorter. Therefore, it is easy to treat everyone. Costs are covered by authorities and therefore free of charge for the patient.
- Many inmates report drug use (60 to 70%), and 90% have mental health disorders.
- It is easy now to provide treatment of HepC, costs covered by the state in accordance with the Communicable Disease Act.
- How to reach the targets? Knowledge and surveillance, address vulnerable groups, asylum seekers should be offered testing and vaccines, HVB vaccine is included in the children vaccine programme and treatment.
- Prisons are not an arena for infections in Norway
- Migrants are less likely to be drug users than Norwegians are.
- HepB vaccination – now looking if a vaccination programme would be feasible for adults too. 25% of drug users are vaccinated against HepB.

What is the argument to vaccinate children? Some countries are considering to take Hep B vaccination out of the children vaccines, since the epidemiological situation is not showing the need for it.

10. Development of a joint NDPHS umbrella project with focus on the elderly – progress and next steps
    Ali Arsalo (Chair of HIV, TB&AI EG) and Marc Lehmann (Chair of Prison Health EG)

Dr. Ali Arsalo made an intro to the EG-across umbrella project and history and process, which took off a couple of years ago at the initiative of the Alcohol and Substance Abuse (ASA) EG. The idea is to have a wide programme with a defined topic and target group where each EG could have own specific project or work package. As an example, Ali referred to the history of the Barents HIV cooperation development and pointed out the key phases of the process – desk study, stakeholder analysis, consecutive field visits and interviews, problem tree drafting, discussion of the draft at a forum of relevant stakeholders and, finally, creation of the objective tree, which laid down the fundamentals for the Barents HIV Programme.

The meeting was reminded that senior population (the elderly) was selected as the cross-cutting topic of the umbrella project. Therefore, each EG should keep in mind this focus group when thinking of the problems (and later objectives and actions) in their respective areas of expertise.
Next, Ali demonstrated the first draft of the Problem Tree prepared by Dr. Zaza Tsereteli (ASA EG), which was later disseminated to the other EGs for further work in their respective “branches” of the Problem Tree. Ali also showed an example from the HIV, TB and AI EG, how the process can be continued.

The EGs are also expected to map out potential organisations ready to take on the role of the implementing parties.

The next stage will be developing the Objective Tree based on the information from the Problem Tree. The NDPHS Secretariat will organize a workshop dedicated to the concerted development of the umbrella project. The time and venue are not yet decided but it should anyway be done before July. Travel money would come from the MS, the meeting and catering could be covered by NDPHS Secretariat.

All in all, the final output of the whole exercise would be a project proposal ready for submission to a funding agency.

In the commentary part it was noted that there are risks if a suitable donor or call for proposals is not available for the project proposal when it is ready. Therefore, it is crucial to be ready to make use of the received results in another manner, e.g. as a report or a thematic conference. The EG on HIV, TB and AI had a negative experience in failing to submit a ready-to-go project proposal (HATBAI). It is possible that one or a few of the work packages of that project proposal could be used for the new initiative as they targeted at older groups.

Another comment concerned that focus group – how do we define the senior population? The question is to be raised at the NDPHS Committee of Senior Representatives.

11. Possibilities and potential for joint actions by EG HIV, TB & AI and EG PH – *General discussion with brain-storming*

1. Prison Health EG: Blood-borne incidence caused by drug use is unclear in Russia, another problem is co-infection. Besides, mobility and migration, including former inmates. Generally, communicable diseases play a major part in the prison health system and, consequently, in the work of the Prison Health EG.
2. Does OST have future in Russia – mapping out fears and dogmas dominant in the political leadership would help understand what to work at. The fear of using OMT (what is the political fear?) in Russia. Since evidence shows that it is effective. Substitution therapy is rejected by many countries. Russia does not recognize the scientific evidence. Gates Foundation is working in the field in Russia.
3. Stronger focus on mental health in prison settings? It is important to look at the resources dedicated to the PH EG. Therefore, currently mental health cannot be taken into the focus of the group as a new priority.
4. One of the Finnish provinces (South Karelia) registers HIV among males of 50+ years old. Via sex contacts and mostly from Russia.
5. No studies of sexual behaviors among inmates – difficult to reach and obtain credible info. In Estonia there are discussions if former inmates get infected after the release.
6. Stigma after release is a substantial problem.
7. If we are able to demonstrate benefits from a change, including political benefits for politicians and economic gains, we can progress.
8. A pill and OST together.
9. Continued/seamless care for former inmates in HIV, TB and AI treatment – this is where the HIV, TB and AI EG and Prison Health EG could join efforts from the both sides.
10. If we need support from the CSR we need to formulate our needs in a very concrete way.

A key conclusion of the meeting was that the combined meetings of the EGs should be done systematically.

Dr. Marc Lehmann, Chair of the Expert Group on Prison Health, and **Dr. Ali Arsalo**, Chair of the Expert Group on HIV, TB and Associated Infections, thanked the participants for their presentations, comments and ideas and declared the meeting closed.