**2017 Human Rights Council Social Forum**

**Panel 6: Building synergies for health: engaging diverse partners**

**Statement by Ms. Svetlana Doltu, Council for the Prevention of Torture, Moldova**

Distinguish Ladies and Gentlemen,

Moldova is a small European country and the former Soviet Union republic with a population of about 4 million people. The penitentiary system consists of 17 prisons, where about 8,000 people are held, including 6 per cent of women and 1 per cent of minors. The rate of imprisonment is very high: 265/100,000 persons.

The main health problems are drug dependence (6.3%), viral hepatitis (4.5%), HIV AIDS and tuberculosis with multiple drug resistance (1.6% each); and the combination of these diseases.

It is estimated that approximately 15% of prisoners have drug use experience. Official statistics indicate that 6.3% of drug addicts are medically supervised, of whom approximately 2/3 are treated with methadone.

The main problem is a limited number of prisoners treated of viral hepatitis.

In accordance with Nelson Mandela rules, the prisoner must be provided with the same standards of care that exist in the society without any discrimination based on their legal status, and the treatment and care, including of HIV, tuberculosis and other infectious diseases and drug addiction, must be ensured continuously.

The Moldovan prison authorities have consistently demonstrated a high level of commitment to developing a comprehensive strategy for HIV/AIDS prevention, treatment and care in prisons by ensuring that prisoners have access to equivalent services to those available in the society.

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

This was not a one-time decision, but a long way to gradually increase access to different services. The first step was syringe exchange and condom distribution programmes. Further, tuberculosis treatment, antiretroviral treatment and methadone substitution maintenance therapy were introduced in the prison system simultaneously with the civil sector. The most recent achievement is the treatment of hepatitis C (2017). All these activities are carried out in close partnership with non-governmental organizations, including in a peer-to-peer way (by former prisoners).

In addition to the interventions recommended by the comprehensive package of services, equipment was installed with the support of UNODC for the safe destruction of the used instrumentation. Since 2016, the Council for the Prevention of Torture has started visiting prisons, examining all aspects of detention (including health).

Another achievement is the adopting by the Department of Penitentiary Institutions of the Regulations on the Implementation of Harm Reduction Programs in Prisons. They cover not only the medical aspects but also the responsibility of other prison services.

Continued advocacy and capacity-building of prison management and staff are essential. The role of international partners, especially UNODC, in supporting the prison health service is leading.

Also, advocacy at the country level with the inclusion of the prison system and prisoners themselves is important. The organization of the intellectual game Brain-Ring on the theme of drug use timed to coincide with the International Day against Drug Abuse and Illicit Trafficking united all key actors, including stars of show business and prisoners.

The missions of the Committee for the Prevention of Torture and the decisions of the European Court of Human Rights with regard to Moldova clearly indicate the existence of health problems in prisons, including HIV / TB / HCV.

Established in 2016, the Council for the Prevention of Torture considers during visits different aspects of places of deprivation of liberty, including the so-called determinants of health, which affect the spread of infectious diseases: overcrowding, poor ventilation, poor nutrition and hygiene, aspects of equivalent access of prisoners to prevention, treatment and support programs (including 15 interventions recommended within a comprehensive package of services).

Despite the efforts made, data from biopsy studies indicate the need to further strengthen the health system in prisons. The high level of knowledge about HIV AIDS and TB and the use of sterile instruments are good indicators. But, unfortunately, the strengthening of repressive policies in prisons due to changes in top management affected the prevalence of HIV AIDS and hepatitis (according to preliminary data in 2016). Dual loyalty of medical staff also affects the provision of access to quality services.

Therefore, the successful steps in ensuring the right of prisoners to health are:

1. Implementation of a Comprehensive package of services to HIV which can be adapted to the prison system;
2. Sustainable partnerships with international organizations have been established to support the introduction of a comprehensive package of services and advocacy for prisoners' rights;
3. Equivalent access of prisoners to health care services is provided similar to available in the community, without discrimination on legal status;
4. Monitoring the implementation of the comprehensive package of HIV prevention services in the imprisonment by the Council for the Prevention of Torture;
5. The partnership with the CSOs has a positive impact, including follow up activities.

However the challenges still exist:

1. Expanding, Maintaining and Monitoring the comprehensive package of services; National budget needs to take over the financing burden covered mostly by the GFATM;
2. Reorganization of the healthcare system in prisons is declared in Strategy of development of the Prison system 2016-2020, but no budgetary support;
3. Need to revise the existent legal and normative framework (Criminal and Executive Code);
4. Advocacy and capacity building targeting prison staff should be ongoing (high staff turnover);
5. When developing and implementing OST in prisons, the nature of prisons should be considered.

These results are the fruits of the efforts of many partners, not just the Department of Penitentiary Institutions. Thank you all for the technical and financial support provided for the last 16 years!