# INHSU PRISONS THIRD ANNUAL WORKSHOP

SATELLITE MEETING OF THE 11TH INTERNATIONAL CONFERENCE ON HEALTH AND HEPATITIS CARE IN SUBSTANCE USERS
OCTOBER 17, GENEVA, SWITZERLAND

INHSU PRISONS

INHSU

# Acronyms

| | |
|---|---|
| **BBV** | Blood borne virus |
| **DAAs** | Direct acting antivirals |
| **DBS** | Dried blood spot |
| **GFTAM** | Global Fund for TB, AIDS, and Malaria |
| **HCV** | Hepatitis C virus |
| **HITT** | High Intensity Test & Treat program |
| **HREC** | Human research ethics committee |
| **IEC** | Information, education, communication |
| **IDU** | Injection drug use |
| **MSM** | Men who have sex with men |
| **NGO** | Non-governmental organization |
| **NHS** | National Health Service (United Kingdom) |
| **NSP** | Needle-syringe exchange program |
| **OAT** | Opioid agonist therapy |
| **OST** | Opioid substitution therapy |
| **PWID** | Persons who inject drugs |
| **REB** | Research ethics board |
| **RDT** | Rapid diagnostic test |
| **STIs** | Sexually transmitted infections |
| **UNODC** | United Nations Office on Drugs and Crime |
| **US** | United States of America |
| **WHO** | World Health Organization |

# Acknowledgements

The 2023 Workshop upon which this report is based was organized by INHSU Prisons, a Special Interest Group of the International Network on Health and Hepatitis in Substance Users (INHSU). INHSU Prisons would like to thank the presenters, facilitators, attendees and funders for their participation and support in producing a dynamic and engaging workshop.

**Session 1**

Facilitator:

- Joaquin Cabezas, Marques de Valdecilla University Hospital, Santander, Spain | INHSU Prisons Vice Chair

Presenters:

- Jose Presa, CHTMAD, Vila Real, Portugal
- Nicola Cocco, ASST Santi Paolo e Carlo, Italy
- Adriana Ana Maria Iliescu, Bucharest Jilava Prison Hospital, Romania
- Filipa Alves Costa, WHO Regional Office for Europe

**Session 2**

Facilitator:

- Yumi Sheehan, The Kirby Institute UNSW Sydney, Australia | INHSU Prisons Early Career Representative

**Session 3**

Facilitator:

- Matthew Akiyama, Albert Einstein College of Medicine / Montefiore Medical Centre, New York, USA | INHSU Prisons Co-Vice Chair

Presenters/panelists:

- Shelley Walker, Justice Health and Harm Reduction, Burnet Institute, Melbourne, Australia
- Mercy Nyakowa, National AIDS & STI Control Program, Kenya
- Mohammed Kofi, Hepatitis Foundation of Ghana, Accra
- Andrew Scheibe, TB HIV Care, South Africa
- Adriana Iliescu, Bucharest Jilava Prison Hospital, Romania
- Noreen Mendoza, Royal Oman Police, Oman

Following the workshop, this report was authored by Olivia Dawson, Program Manager, INHSU, with input from the INHSU Prisons Executive Committee and workshop facilitators/speakers. The INHSU Prisons Executive Committee includes Andrew Lloyd, Yumi Sheehan, Nadine Kronfli, Matthew Akiyama, Nonso Maduka, Julia Sheehan and Joaquin Cabezas. All photos in this report excluding cover credited to Conor Ashleigh/INHSU.

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Jose Presa presenting a country level overviews of hepatitis C testing, treatment, and prevention services in prisons in Portugal

# Workshop Overview

In October 2023, INHSU Prisons convened a interactive workshop sharing global best practice for the scale up of HCV testing, treatment and prevention services in prisons. The workshop addressed implementation challenges and solutions as well as strategic priority setting and was held as a satellite meeting of the 11th International Conference on Health and Hepatitis Care in Substance Users (INHSU) in Geneva, Switzerland.

## Workshop Attendance

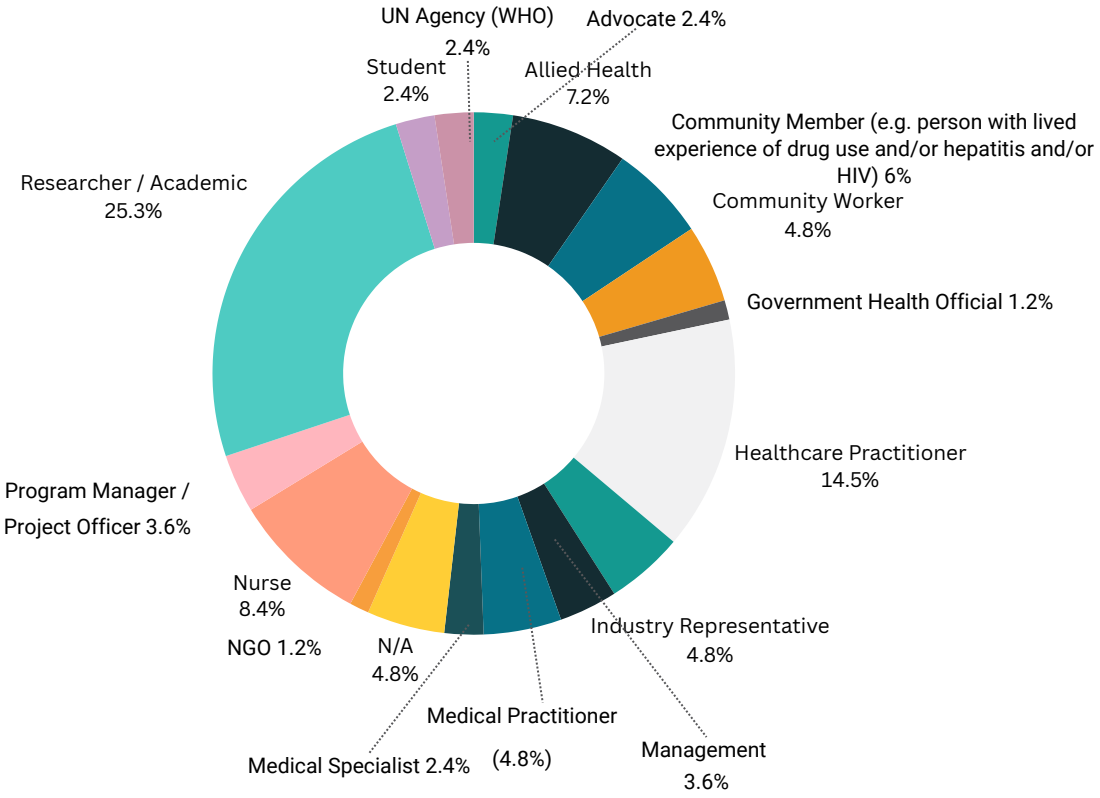
In October 2023, 97 participants—international researchers, clinicians, community activists, individuals with lived experiences, and other partners—came together in Geneva, Switzerland for the annual INHSU Prisons Workshop. The majority of participants were from Europe (23%), the United Kingdom (17%), Australia (17%), Canada (16%) and the United States (11%). The graph below demonstrates the breakdown of affiliations amongst the delegates.

**14** **Speakers**

**97** **Attendees**

**21** **Countries represented**

## Profession



# Workshop Overview Cont.

## Workshop Program

### Session 1

- The session was comprised of 3 x 15 minute presentations covering country overviews of hepatitis C testing, treatment, and prevention services in prisons in Italy, Portugal and Romania respectively
- Each presentation covered a country-level overview of prison-based:
  - BBV prevalence
  - Access to HCV testing, treatment and prevention services
  - Country level progress towards elimination and next steps
- These presentations were followed by an overview of the Status Report on Prison Health in the WHO European Region 2022 and a subsequent Q&A with all presenters

### Session 2

- The second session was a follow-on activity from the recommendations set at the 2022 INHSU Prisons workshop, looking at practical implementation of these recommendations
- Participants were allocated two recommendations from the 2022 Workshop and asked to consider implementation challenges and solutions in their setting and strategic priorities for INHSU Prisons
- Participants then joined with a neighbor to discuss the topic in pairs, then subsequently in groups of four, then in groups of eight, before moving onto the second recommendation

### Session 3

- Commencing with a presentation of key findings from the INHSU prisons advocacy toolkit qualitative interviews (further detail on page X), this session sought to address prison-based HCV advocacy issues in lower-middle-income countries through an interactive panel discussion
- Panel discussion topics included:
  - Country overview of availability of HCV testing, treatment and prevention services in specific LMICs
  - Key challenges for the implementation or scale up of HCV services
  - Key enablers for the implementation or scale up of HCV services
  - How global findings should inform advocacy and implementation resources to support HCV scale-up

# Session 1: Scene Setting

The first session aimed to set the stage for following sessions by providing country overviews of hepatitis C testing, treatment, and prevention services in prisons in three countries in Europe. Key takeaways from each talk are provided below.

## Portugal

*Speaker: José Presa, Hepatologist Senior Consultant, CHTMAD, Vila Real, Portugal*

- The prison environment is seen as a promising avenue for HCV elimination. Several NGOs operate in this field, conducting testing and referring individuals for treatment. Additionally, numerous hospital initiatives and a hemodialysis elimination program exist
- However, there is a notable absence of a national, practical and centralised strategy towards elimination
- In 2021, 49% of people in prison undergoing drug treatment were found to be HCV antibody positive
- In 2017/2018, a referral network was established between 45 prisons and 28 hospital units. National data up to 2021 from 24 hospital units demonstrate 601 people were found to be HCV Ab positive from 1896 consultations. Of this number, 455 were found to be HCV RNA positive, and 398 treatments initiated (SVR achieved by 331 individuals)

## Italy

*Speaker: Nicola Cocco, Infectious disease specialist, ASST Santi Paolo e Carlo, Italy*

- In 2022, there were approximately 56,000 total people living in prison in Italy, the highest overcrowding rate being found in Puglia and Lombardy
- High BBV prevalence persists in Italian prisons, primarily due to screening, linkage, and retention challenges, especially during transitions between prison and the community.
- In 2018, 9.2% of people in Milan prisons were HCV positive
- There is a current lack of coordination upon release, between the prison, drug treatment services, hospitals and migrant health centers
- To enhance HCV micro-elimination, a patient-centered focus—beyond just DAAs—considering mental health and addiction issues is crucial
- Establishing strong connections between prisons, addiction centres, and hospitals is essential for a patient-centered approach to eliminate HCV among incarcerated individuals and PWUD

## Romania

*Speaker: Adriana Ana Maria Iliescu, Medical Director, Bucharest Jilava Prison Hospital, Romania*

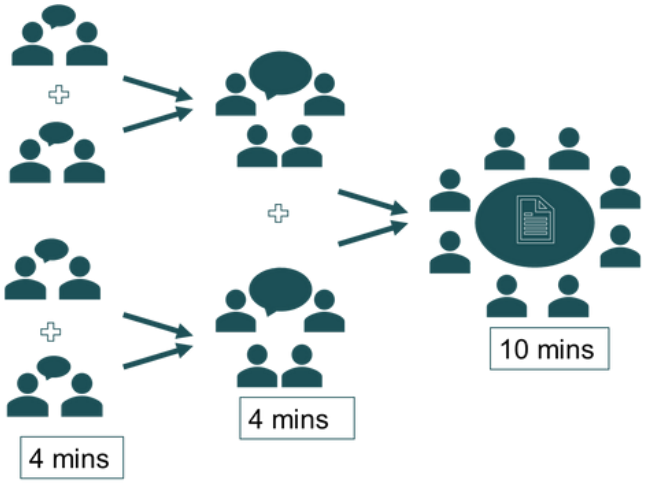
- In Romania, people in prison have access to HCV testing, treatment and prevention services in the 36 penitentiary units and 6 penitentiary hospitals
- According to the National Institute of Public Health of Romania in 2022, the proportion of people ever infected with HCV in Romania was 1.4%. Estimates in the prison setting are much higher.
- However, a lack of infectious disease doctors means testing and treatment are not always possible. This is compounded by a lack of willingness from prisoners to get treated due to competing priorities and other challenges such as stigma
- There is a call for advocacy within the country to attract doctors to the prison environment but also to educate people in prison for the need to get tested and treated
- Peer support, telemedicine, and training of prisons staff are all initiatives with hope to improve access

# Session 2: Pyramid Excercise

The second session provided an opportunity for networking and interaction. The ten recommendations produced at the 2022 INHSU Prisons workshop were divided amongst participants for discussion. Groups considered both the challenges and solutions for implementing recommendations, as well as INHSU Prisons role in supporting this implementation, through a 'pyramid scheme' exercise.

## Pyramid Scheme

A pyramid scheme is a fast-paced, cumulative discussion-based activity. Each participant received two recommendations from the list of ten below. They were to seek out someone with the same first recommendation to discuss as a pair, then find another pair with the same recommendation to form a group of four, and then finally a group of eight before moving onto the second topic. The structure of this activity is demonstrated in the diagram on the right.




## Recommendations from 2022 INHSU Prisons Workshop

| | |
|---|---|
| Invest in strong surveillance systems that track the number of HCV infections, persons screened, and persons treated for HCV in prison settings | Adopt routine, opt-out HCV screening policies upon entry to prison settings and invest in person-centred training for staff |
| Expand needle and syringe programs and OAT within prison settings to reduce transmission | Set global, national, and local targets for HCV screening and treatment in prison settings and track progress |
| Implement innovative and best practice testing, treatment, and community linkage programs, including rapid and reflex testing, to ensure all persons progress along the cascade of care to cure | Expand HCV prescribing beyond specialists in prison settings |
| Explore innovative financing approaches to ensure access to HCV treatment in prison settings | Present the economic, human rights, and public health imperative to policy makers and prison officials |
| Address stigma and discrimination through investing in strong patient advocacy, peer navigators, and prison staff education and training | Spread the message that "prison health is community health" |

# Session 2: Pyramid Excercise

### Questions for Discussion:

- What are some of the challenges to implementing this recommendation at a country level/globally ?
- What are some possible solutions to this?
- What is INHSU Prisons role in addressing this issue?
- How do you think INHSU Prisons should do this?
- Are there any other issues that INHSU Prisons should be leading on?

### Summary of Challenges:

- Frequent movements/transfers within prisons and between prison and community
- Lack of staff (phlebotomists) and lack of availability of tests (e.g. rapid point-of-care tests)
- Lack of information sharing between prisons which may lead to a repetition of testing
- Lengthy wait time from testing to results becoming available
- Restrictions in treatment availability
- Refusal from people when offered testing via phlebotomy due to poor venous access
- Lack of buy-in from prison administrators
- Lack of HCV training and education for non health care providers (such as correctional officers)
- Disclosure of HCV status being perceived as an issue regarding disclosure of drug use in prisons
- Fear of discrimination from correctional staff
- Linkage with the right health care professionals
- Lack of consistency in application of opt-out screening
- Challenges with linkage to care for short term sentencing
- Testing fatigue from being re-tested due to movement to different prisons
- Trust- people do not wish to test for lack of trust of the system
- Overlapping stigma: prison + HCV + injecting drug use

### Summary of Solutions:

- Point-of-care testing + fast tracked treatment initiation
- Person centered strategies
- HCV training and education for all staff and people in prison
- Information sharing
- Simplified clinical assessments
- HCV education tools in all languages
- HCV peer navigators
- Programs to be initiated by top policy makers
- Different organisations and other bodies advocating for scale up at the country level
- Streamlined referral pathways
- Develop case for prisons as public health opportunities and highlight importance of prisons in elimination

# Session 2: Pyramid Exercise

Below is a summary of some of the key points collected from participants at the workshop in Geneva.

## Surveillance

- Important for data collection to be centralised, transparent and standardized
- Need denominator data
- Should have mandatory surveillance reporting. Public health (not justice) should be responsible for this
- Standardized cascade of care (to track success)
- Electronic medical record that can be accessed by other institutions/providers including other parts of the country
- Universal prisoner ID + health passport
- Use HIV/TB surveillance models (expand to HCV)
- Pharmacy based dispensing for treatment uptake

## Spreading the message that prison health is community health

- Challenges include the fact that HCV remains highly stigmatised as well as a lack of dedicated resources
- Solutions include education and interdisciplinary collaboration
- Availability of services should be equal
- Integrated services but independent from carceral system
- Should have availability of acute care especially for short term stays
- Alternatives to incarceration should be considered and advocated for
- Benefits to community by treating in prison > economic benefit + population health

## Implement innovative and best practice testing, treatment and community linkage programs

- Implement Key Performance Indicators - treatment targets
- Mandatory % of people to be tested in first 2 weeks- 95%
- Point-of-care testing should be in all prisons
- Peers are crucial
- Screening targets at time of admission
- High intensity test and treatment programs
- Look to the Peer led Hep C Trust model
- Shift responsibilities from justice to health
- Armenia as best practice example: one stop shop for testing and treatment

## Expand HC prescribing beyond specialists in prison settings

- Expand HCV prescribing to any physician
- Nurse Practitioner prescribing
- Nurse led (all nurses not just specialty nurses)
- ·GP prescribers or addiction medicine (whoever is already there)
- We require regulatory/legal change to who can prescribe
- Team-based care specialist/non specialist
- Telemedicine/telehealth - echo model
- Protocolized assessments for triage
- Support/commitment from custodial sector
- Funding model for remuneration of non-specialist prescribing
- Fibrosis assessment – do we actually need this?
- Advocacy to expand treater pool
- Reimbursement/incentivization (of provider/of the medication)
- Loan repayment (medical education tuition) repayment if you work in prison

## Present the economic, human rights, and public heath imperative to policy makers and prison officials

- More training awareness and education
- Flexible policies to reach all
- Consequences for human rights violations- policy
- Harm reduction as a human right
- Equal health care for all
- Cost effectiveness of treatment of harm reduction
- Boundaries between healthcare in prison than prisons administrations- enhance linkage between prison and community
- International guidelines on human rights and drug policy

## So, what is INHSU Prisons role?

- Supporting health care organisations that are external to prisons to be able to work with the health teams within the prisons
- Disseminating evidence
- Offering accessible education sessions for health care and other staff in the prison
- Sharing practice and programs
- Support development of policies and programs
- Support translation of research into practice
- Declaration of standards of care

## Strategic Priority Setting

**When asked what participants considered to be the top three topic areas that INHSU Prisons should prioritise in terms of knowledge sharing, the following recommendations ranked highest amongst voters:**

**1) Implementation of innovative and best practice testing, treatment, and community linkage programs, including rapid and reflex testing, to ensure all persons progress along the cascade of care to cure.**
**2) Expansion of needle and syringe programs and OAT within prison settings to reduce transmission.**
**3) Strategies to address stigma and discrimination through investing in strong patient advocacy, peer navigators, and prison staff education and training.**

# Session 3: Prison-based HCV advocacy issues in lower-middle-income countries

The final session highlighted advocacy needs with a focus on lower and middle income countries. The goal of this panel discussion was to understand the impact of regional policy landscapes on prison-based viral hepatitis testing, treatment, and prevention services and the advocacy needs and tools that would be most helpful to overcome them.

## Topic 01

Availability of HCV testing and treatment services in Kenya, South Africa, Oman and Romania

**Kenya**

- Testing is available in the community and through outreach initiatives - originally through the provision of funding from the Global Fund
- Treatment is dispended at drop-in centres and through peer case managers
- Following this community based treatment, the need was felt subsequently to expand this into prison settings.
- Kenya is now in preparatory stage for a pilot to make treatment available in prisons

**South Africa**

- Existing services for HIV helped to provide a foundation for viral hepatitis services
- HIV program is nurse driven given the suitability of nurses to delivering rapid point-of-care testing, focussed work up and management of majority of cases
- HBV and HCV POCT is being routinely integrated into HIV / health services in two prisons, with work-up and treatment at the prison (only referral for complex cases).
- Advocacy initiatives however are still required to support sustainability
- Treatment is through the private sector - in the public health sector, DAAs have recently been placed on the Essential Medicines List/Tertial hospital level, essentially limiting prescription to those hospitals and specialist initiated.

**Oman**

- Oman developed a specific set of criteria for patients to be enrolled in care - those sentenced to 2 years or more were eligible
- More than 200 people have been treated since 2020
- Police officers were trained to be counsellors - after training they were enrolled with the Ministry of Health.
- This has been linked to a reduction in stigma.

**Romania**

- Key challenge is the availability of treating physicians - the prison had an Infectious Disease doctor who left this year - at this point in time there is no available on-site ID doctor.
- Treatment is currently therefore provided by sending people to the hospitals, however it is leading to overcrowding in hospitals.

## Topic 02

OAT and NSP Service availability in prisons

**Kenya**

- In Kenya the OAT program started for people who inject drugs in specific government hospitals
- At a country level they are hoping to integrate harm reduction services in government hospitals for sustainability
- However, there is a lot of movement in and out of prisons- this creates issues with the transportation of methadone
- Overtime they have been able to establish methadone clinics within the prison setup so that people in prison can access daily OAT without needing to be transported to and from the prison.
- The methadone clinic is also open to the broader community

**Ghana**

- There are more than 40 prisons in Ghana
- People in prison still need to be transported to one of the general hospitals for care
- Treatment is not subsidised; the only time when this was not the case was when the Egyptian government delivered a nation-wide treatment program

**Romania**

- There was previously an NSP in place, however its management led to challenges with security and it was unable to be financed in a sustained fashion

## Topic 03

Advocacy Initiatives

**Kenya**

- Education modules
- Leveraging World Hepatitis Day to raise awareness
- Culturally specific IEC materials for sensitization
- Training program for medical doctors working in the prisons

**Oman**

- Peer sensitization initiatives, sensitization of police who help with follow up for those who would like to be treated or those on HCV treatment

**Romania**

- Awareness raising initiatives with the Ministry of Health to source extra funding for prisons treatment program
- Engagement of medical staff in the system and reimburse them for their time

**Ghana**

- Media advocacy
- Meetings with government officials
- Petitioning parliament

## Topic 04

What currently are the most critical barriers to the scale up of prison-based hepatitis services?

- Political will
- Knowledge, attitudes and awareness of prison leadership. Prison staff (i.e. correctional healthcare workers or officers)
- Limited understanding of viral hepatitis and harm reduction among leadership.
- Lack of education for people in prison on safe injecting practices
- No specific/ widespread information around safer injecting in prisons
- Notable stigma around people who use drugs in prison settings.
- Sustainable financing
- Shortage of doctors and medical staff
- Lack of education for people in prison on safe injecting practices
- Stigma & discrimination

## Topic 05

What are the key components required to scale up testing and treatment in your setting?

- Reliable data sources for monitoring
- Well-resourced national strategies
- Access to interventions (i.e. low cost testing strategies like POC testing)
- Increased availability of harm reduction interventions such as NSP and OAT
- Statisticians to keep the evidence and help the doctors and medical staff
- Education for correctional healthcare providers on viral hepatitis or correctional officers on HCV transmission etc

## Summary - Session 3

**The discussion amongst the panelists and between the audience and the panelists during the Q&A highlighted the heterogeneity in service delivery between countries, even amongst similarly resourced lower-middle income countries, as well as the differences in challenges faced by these countries in implementing HCV testing and treatment services. Key themes to emerge in the panel discussion included the issues related to the sustainability of funding mechanisms and resourcing, particularly for staff in prison. The engagement of policy makers and government officials when advocating for scale up of services was deemed critical, as well as the need for education materials for people in prison and staff working in prison on both safer injecting practices and hepatitis C.**

Session 1 presenters from the 2023 INHSU Prisons Workshop. Featured left to right, Filipa Alves Costa, Jose Presa, Joaquin Cabezas, Nicola Cocco and Adriana Ana Maria Iliescu

# Conclusions and Future Directions

The need for ongoing, effective advocacy emerged as a critical requirement across the European models showcased in Session 1. From Portugal's decentralised but promising initiatives to Romania's lack of doctors hindering treatment initiatives, the emphasis on a client-centred approach and the need for interconnectedness between prisons, addiction centres, and hospitals underscored advocacy's vital role in driving policy changes, resource allocation, and engagement.

Moving from theory to practice and supporting implementation of best practice global recommendations emerged as key in Session 2, where the role of peer navigators and support programs in prisons was made evident. Participants provided valuable information to guide INHSU Prisons role in implementing recommendations and strategic priority setting, indicating a role for disseminating evidence, offering education and training, sharing practice and programs and supporting the development of policies and programs.

Qualitative feedback collected through survey data post workshop suggests future topics of interest are drug monitoring and data on different real world experiences with micro elimination in prisons. Participants also indicated they would like to hear perspectives from prison administration / government to learn more about the barriers from their side, including those imbedded within the correctional facility. Finally, more sessions on moving from theory to practice were requested, such as hearing from health care providers in jails or prisons who have set up routine HCV and HIV screening and how this was achieved. The INHSU Prisons Executive Committee will take on board evaluation feedback to inform future programming.