HCV TESTING & TREATMENT FOR ALL CITIZENS

PRISONS | MOLDOVA

WHY DID WE ESTABLISH THIS MODEL?

Most citizens of Republic of Moldova have access to health insurance that funds medical services. This includes access to medication for the treatment of viral hepatitis.

People in prison do not have the status of an insured person but are insured with medical services from the National Administration of Penitentiaries (NAP).

Advocates successfully argued that people in prison should have the same opportunity as the general community to access testing and treatment for HCV.

WHO ACCESSES OUR SERVICE?

266

CLIENTS PER MONTH SCREENED FOR HCV

17

PRISONS IN THE COUNTRY

14.5

HCV AB POSITIVITY RATE

The implementation of activities regarding hepatitis C screening, hepatitis B vaccination and antiviral treatment of viral hepatitis, ensures equivalent medical care for people in prison, including alignment with the Republic of Moldova's goal of achieving the global objective of eradicating viral hepatitis.

IRINA BARBIROS, HEAD OF MEDICAL DEPARTMENT, NAP

WHAT HCV SERVICES DO WE PROVIDE?

- HCV testing
- HCV diagnosis
- HCV treatment
- Liver disease assessment
- HCV education and information
- Linkage to ongoing HCV care

WHAT INTERVENTIONS DO WE USE?

- **Opt-out screening**
- **On-site testing**
- **Point-of-care HCV rapid testing**
- **Reflex HCV RNA testing**
- **Pre-test counselling and education**
- **Fibroscan**
- **Coordinated mental health, substance use, and hepatitis treatment services**

HOW IS IT FUNDED?

Costs are shared between the National Administration of Penitentiaries and the Ministry of Health

WHO DELIVERS OUR SERVICES?

102	2	144	3	32
PHYSICIANS	HIV SPECIALISTS	NURSES	PHARMACISTS	PEER WORKERS

WHAT IS THE MODEL?

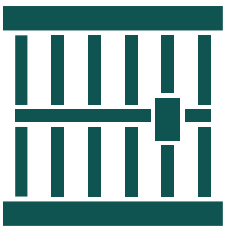
ENTERING PRISON, ALL PATIENTS ARE OFFERED...

Opt-out on-site rapid HCV antibody testing

Venepuncture HCV RNA testing (if Ab positive)

On-site directly observed DAA therapy

TESTING & DIAGNOSIS TASKS ARE SHARED...



PRISON MEDICAL STAFF PERFORM TESTING

Prison medical staff conduct voluntary rapid testing for HCV as part of medical examination on admission. Liver disease assessment is performed if needed. Where further consultations or investigations are required, the person is escorted to a public medical institution.

CENTRALISED PRISON-BASED DIAGNOSIS

The infectious diseases specialist in the penitentiary hospital assesses test results and makes a diagnosis. These results are sent to the medical departments in each prison, with a request to bring the patient to the penitentiary hospital for further investigations.

TREATMENT ASSESSMENT

The prison hospital submits a request to the Ministry of Health to initiate antiviral treatment. A specialised Committee will decide whether the person should be included in the treatment scheme, and will provide the necessary medications to the prison pharmacy.

TREATMENT ADMINISTERED IN PRISON

Medical staff in the prison initiate antiviral therapy, monitor the response, and conduct any additional investigations. If the person is released or transferred, information and medication is sent to a relevant doctor to ensure the patient can continue their treatment without interruption. The relevant doctor is generally a family doctor who acts as an entry point to referral to a specialist for consultation.

WHAT WERE THE BARRIERS?

While the general community had access to HCV testing and treatment, individuals in prison had been neglected. The team had to start a conversation with the Ministry of Health to champion the rights of incarcerated individuals to receive the same level of care.

There was a shortage of medical staff in penitentiaries, and providing access to treatment for HCV increased the workload for the available staff.

WHAT WERE THE SOLUTIONS?

Made the case to the Ministry of Health that people in prison have the right to care that is equivalent to people in the community, including HCV care. This case relied on decisions of the European Court of Human Rights and the reports of human rights bodies.

Developed standard operating procedures and trained medical staff in HCV treatment.

Redistributed tasks among ambulatory medical staff, the prison hospital and the National Administration of Penitentiaries Medical Directorate.

Educate peers in the prison to share information about the program.

In 2023, 3195 rapid tests were performed to detect hepatitis C and 463 were antibody positive. More than 100 people were considered for treatment, and at least 60 completed their treatment in prison.

This number has increased in the five years that the program has been running.

SVETLANA DOLTU - DIRECTOR, NGO AFI

LOOKING TO IMPLEMENT A SIMILAR MODEL?

OUR TOP 5 KEY CONSIDERATIONS

1

EQUITY OF CARE

Where there are national programs to address HCV, prisons should be included and provided with access to equivalent services.

2

STANDARD PROCESSES

Standard processes should be developed in collaboration with all relevant stakeholders, both internal and external to the prison environment, and then used by all staff in the prison.

3

CONTINUOUS DIALOGUE

Maintain continuous dialogue with the Ministry of Health and use joint technical working groups (such as for tuberculosis and HIV) to promote the right to health and expanded services in the prison.

4

SHARED COSTS

Share costs and ensure there is clarity on central and local responsibilities by negotiating standard operating procedures and orders.

5

SHARED EFFORT

Involve medical staff and people in prison as peers to share information and refer people to services in the prison.

INHSU PRISONS

INHSU International Network on Health and Hepatitis in Substance Users

afi ACT FOR INVOLVEMENT SĂNĂTATE ȘI DEZVOLTARE COMUNITARĂ

MINISTERUL JUSTIȚIEI AL REPUBLICII MOLDOVA
ADMINISTRAȚIA NAȚIONALĂ A PENITENCIARELOR

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