Prison Health Initiative Update

Senior Consultative Group
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Background to 3MDG interest in Prison Health

• 3DF/3MDG Implementing Partners supporting improvements to prison health services, rehabilitation of clinic facilities, continuity of care from prison to community.

• Global Fund TB Grant support for TB active case finding including prison population in few main prisons.

• Department of Health/National Disease Programmes (NAP, NTP, NMCP) interest in strengthening prison health services and facilities including responding to TB/HIV and MDR-TB.

• Inclusion of prison populations among priority difficult to reach/remote from health facilities in 3MDG TB and HIV Inception Reports.
MoHA and MoH leadership

• 3MDG dialogue with Department of Health (National TB Program, National AIDS Program and National Malaria Control Program); Prison Department, Ministry of Home Affairs; and INGOs supporting prison health services.

• Agreement for 3MDG to lead a Prison Health Rapid Joint Assessment and Response (RAR) in selected prisons.

• Formation of an Advisory Committee to advise and guide the RAR; Committee chaired by the Director-General Prison Department and co-chaired by the Director-General Department of Health
RAR process and objectives

• Objective: to inform the design and implementation of the Prison Health Initiative

• Sub-objectives: to improve prisoner and prison staff access to health services; assess need for rehabilitation of prison health facilities; support operationalising of national policies and guidelines.

• Health priorities included in RAR: HIV, TB, MDR-TB, HIV/TB, drug dependence, malaria and MNCH

• RAR consultant team formed including prison health specialist supported by Prison Department and National Disease Programmes.
RAR process and objectives

- Prisons included in the RAR: Insein/Yangon, Mandalay, Lashio/Shan, Myitkyina/Kachin, Pathein/Ayeyarwaddy
- RAR adapted prisoner and prison staff assessment forms from *UNODC HIV in prisons: Situation and needs assessment toolkit*
- Facility assessment form and methodology developed by RAR team and translated into Burmese by 3MDG team.
- Approval and active cooperation of senior authorities of the Prison Department and the Department of Health facilitated entry of RAR team to selected prisons.
- RAR conducted in January 2014 including Focus Group Discussions in and outside of prisons with the support of INGOS.
Key Findings

• Number of people in prisons in Myanmar markedly exceeds the capacity of prisons.

• Prison overpopulation largely due to strict drug policies and lengthy sentences for drug related crimes; significant numbers of women sentenced for shorter terms for sex work crimes.

• Crowded prison conditions create an ideal environment for the transmission of contagious diseases.

• Prisoners have increased prevalence of HIV, Hepatitis B, Hepatitis C, TB, and ectoparasites (scabies and lice).

• Limited treatment available for symptoms of drug and alcohol withdrawal and no treatment for drug dependence. Harm reduction measures (methadone replacement therapy, syringe distribution and exchange, condoms and harm reduction education) not provided.

• HIV and TB largely unscreened and untreated.
Key Findings

• Lack of written policies and standard operating procedures for Prison Health leading to variability in the scope, quality and timeliness of health care.

• No routine intake screening of newly arriving prisoners,

• Frequent lapses in medications and opportunities missed for early diagnosis of HIV and TB.

• Health care is primarily episodic and prisoner initiated.

• Very little mental and dental health care is provided.

• Access to diagnostic facilities is inadequate.

• Individual medical records rarely maintained.

• Supply of essential medicines is unreliable and stockouts common.
Key Findings

• MoH assigns health staff to work in prisons under MoHA supervision.

• Clinical staff expressed feelings of extreme professional isolation: limited if any ongoing education and little interaction with other MoH clinical staff at nearby hospitals and clinics.

• No staffing ratios to guide decisions regarding the number of clinical staff assigned to each prison – every prison health care program is significantly understaffed.
Key Recommendations

• Develop and implement policies, standard operating procedures, organizational structure of health care services and medical records.

• Increase human resources to a minimum of one medical officer, one nurse and one health assistant for every 500 prisoners.

• Prepare a standardized list of equipments and supplies including pharmaceuticals.

• Initiate intake clinical screening; access to routine episodic care; chronic care and emergency care; radiology; laboratory; care of pregnant women and infants; HIV care; TB care; dental health; mental health; care of transgendered prisoners and men who have sex with men; treatment of drug dependence withdrawal.
Key Recommendations

• Develop and implement infection prevention and control, employee health, and housing of prisoners with presumptive or confirmed TB.

• Develop system and support continuity of care, transfers, discharges and linkages to public health facilities and the community.

• Physical rehabilitation and improvement to the environment of care – housing units, drinking water, ventilation, lighting, latrines, bathing, culinary services, clothing, bedding, hospitals/medical observation units and ectoparasites such as lice and scabies.
Current status of RAR / Next steps

• RAR completed end January 2014

• Draft RAR report with MoH and MoHA for review.

• Planned high level meeting to share key findings and recommendations in late March 2014.

• 3MDG support to MoH and MoHA to develop the approach to prison health, including role and contribution of different stakeholders including MoH, MoHA, JICA, ICRC, I/NGOs and 3MDG – March/April 2014.

• Expected 3MDG funding of unfunded prison health priorities – June 2014.
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Thank you