Working Paper 1

Review of Policy and Regulatory Framework – Harm Reduction in Prisons in Moldova

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Accessibility and quality of harm reduction services (Moldovan prisons case study)

Content

Abbreviations and achromous

MoJ – Ministry of Justice

NAP – National Administration of Penitentiaries

MoH – Ministry of Health

UNODC – United Nations Office on Drugs and Crime

UNAIDS – Joint United Nations Programme on HIV/AIDS

WHO – World Health Organization

NSP – Needle and Syringes Program

DPI – Department of the Penitentiary Institutions (NAP before reform conducted in 2018)

MSM – Men who have Sex with Men

IBBS – Integrated Biological and Behavioral Surveillance

OP CAT - Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

NPM – National Preventive Mechanism (torture, established according OPCAT)

CfPT – Council for Prevention Torture (NPM Moldova)

MMT – Methadone Maintained Treatment

OST – Opioid Substitution Treatment

NGO – Non-governmental organization

KAP – Key Affected Populations

General information about Prison system in Republic of Moldova

The Ministry of Justice (MoJ) is a national agency of state governance that develops and implements government policies on justice. The public-health related functions within this Ministry include assuring the health and safety of detainees. The penitentiary administration system is an administrative authority subordinated to the MoJ, structurally constituted by the National Administration of Penitentiaries (NAP), the penitentiary institutions subordinated to NAP, and the Subdivisions subordinated to NAP.[1]

Currently, the system includes 17 prisons, including 4 pretrial detention prisons, with the overall capacity of 6743 places (1514 in pretrial detention institutions). Following a reform of the criminal legislation, the prison population decreased from 10633 in 2002 to approximately 6423 in 2021 and has a 95,4% occupancy level. Nevertheless, overcrowding continues to be a problem especially in pretrial detention. In the prisons there are about 6% female, 1,2% foreign prisoners, 0,6% minors and 16,4% pre-trial detainees (more information in the Table 1 and annex 1).

Table No. 1 General information about prison population in Republic of Moldova (RM) at 01.07.2021[2]

Prison population total (including pre-trial detainees / remand prisoners)*	6 423
Prison population rate (per 100,000 of national population), based on an estimated national population of 3.54 million at beginning of July 2021 (from Eurostat figures)	181
Pre-trial detainees / remand prisoners (percentage of prison population)*	16.4%
Female prisoners (percentage of prison population)*	5.9%
Juveniles / minors / young prisoners incl. definition (percentage of prison population)*	0.6%
Foreign prisoners (percentage of prison population)*	1.2%
Number of establishments / institutions	17
Official capacity of prison system*	6 735
Occupancy level (based on official capacity)	95.4%

*national prison administration data

Detainees have access to correspondence and can direct petitions without restrictions. Mailboxes managed independently of the penitentiary system through the Moldova Post are located in all penitentiary institutions. Daily, at predetermined hours the correspondence is high by the worker of the Moldova Post Service without verification of the NAP. In the penitentiary system, there are no support mechanisms for addressing petitions, but in terms of information, panels are displaying the addresses and key institutions in the field of human rights, including the Office of the People's Advocate, CfPT, MoJ, MoH. The petitions can be addressed and examined in Romanian (official language), but also in Russian. According to the legislation, the response to the petition must to be provided in the 30 days. There is no special prison provision on protection from discrimination and

[1] MoJ official site http://www.justice.gov.md/category.php?l=ro&idc=179
[2] https://www.prisonstudies.org/country/moldova-republic

reprisals, the person can use the available for whole citizens mechanism and address a complaint to the Council for Preventing and Eliminating Discrimination and Ensuring Equality.[3]

In 2020, the NAP[4] received 3864 petitions from detainees (3625 in 2019). Among topics invoked in the petitions are: pandemic-related issues (restrictions, parcels, visits) was in 437 petitions (11.3%), health care in prisons - 611 petitions (15.8%), ensuring the right to life and physical and mental integrity -479 (12.4%), ensuring the right to be informed - 354 (9.2%), the detention regime in prisons and the execution of the prison sentence 1760 (45.5%), relations between prison staff and detainees / other persons - 673 (17.4%), material and living conditions in penitentiaries - 207 (5.3%), requests, offers, petitions redirected from other authorities - 552 (14.3%). There is no disaggregated data regarding the structure of the petitions on the health care in prisons.

Prison health care management

The NAP includes a health care unit that organize and coordinates medical care for prisoners within prison system. The medical staff from the penitentiary institutions are subordinated to the Director of the penitentiary, often being subject of the conflict between professional duties to a patient and obligations to the employer in making medical decisions. Thus, in making medical decisions the official / unofficial position of the penitentiary administration can be prioritised over patient (prisoner) interests.

The number of medical staff in the penitentiary system on 01.01.2021, constitute 249.5 positions, of which 51.5% medical staff with special military status (130 positions - 63 doctors and 67 nurses) and contractual staff (no military range status) - 48.5% (119.5 positions). On 01.01.2021, 18.6% of the medical staff positions were vacant (46.5 positions, the vast majority of doctors -30.25 positions).

The continue education of the nurses and superior medical staff is performed from the NAP budget with the support of MoH educational institutions. The annual amount of about 180 thousand lei.(9000 EUR).

In its activity, the staff of the penitentiary medical services is guided in strict accordance with the criminal enforcement legislation, as well as orders and dispositions of the Ministry of Justice and the Ministry of Health. The clinical activity of medical services is organized based on clinical standards and protocols approved by the Ministry of Health. Medical staff in prisons participate in qualification courses at subordinated to MoH institutions. 15 outpatient medical prison services were subject to medical evaluation and accreditation as a provider of medical services according with MoH requirements,[5] 10 being accredited for 5 years, and 5 received conditional accreditation, the main cause being the lack of medical staff. Only prison hospital and prison for juvenile offenders did not applied for the accreditation process and do not have the certification for medical activity.

The NAP medical unit collects statistical data on cases of illness in detainees from all penitentiary medical services, validates, centralizes and reports them to the Ministry of Health (or designated responsible authorities) in electronic and paper form. The statistics of illnesses registered in detainees (prevented + convicted) are presented in table no. 2.

[3] http://egalitate.md/en/
[4] 2020 NAP annual report, https://drive.google.com/file/d/1zuBbV3TEARTkZPHBsU9zVgE2aTlrk3er/view
[5] http://old2.ms.gov.md/?q=activitate/evaluare-acreditare

Prisoners health profile

During the economic downturn in the 1990s, the living conditions and health status of the population in Moldova deteriorated rapidly, as in other countries of the Commonwealth of Independent States (CIS). Since 2000, however, the health situation has started to improve and progress has picked up in recent years. Life expectancy has reached 72 years, and although this is six years lower than the average for the Region, it is 1.5 years higher than the average for the CIS. More than three out of four deaths in the Republic of Moldova are caused by non-communicable diseases, but infectious diseases (especially tuberculosis) still represent a considerable burden. Compared to the regional average, mortality from cardiovascular diseases is nearly twice as high and mortality from cancer is increasing, in contrast to the downward trends in most European countries. The incidence of tuberculosis (TB) increased by 83% between 2000 and 2013. Despite a decrease after 2005, the 2013 rate (126/100 000) was 65% higher than the CIS average and remains the highest in the Region. The incidence of HIV increased almost fivefold between 2000 and 2013 and the most recent value of 19.8 per 100 000 is the third highest in the Region and twice as high as the CIS average. Moreover, the incidence of AIDS has increased greatly since 2000, with large annual variations. The incidence in 2013 (6.6/100 000) was among the highest in the Region and two thirds higher than the CIS average. Between 2000 and 2013, the reported incidence of cancer increased by half to reach 237 cases per 100 000. This was still, however, 44% lower than the average for the Region (420/100 000) and one fifth below the average for the CIS (298/100 000). The reported prevalence of cancer (1.3%) in 2013 was substantially lower than the average for the Region (2.2%) and also below the average for the CIS (1.7%) but had increased by 43% since 2000. In the same period, the reported prevalence of diabetes increased by 150%; the 2013 rate (2.3%) was identical to the average for the CIS (2.3%) but one third lower than the average for the Region (3.6%). The prevalence of reported mental and behavioural disorders increased by 16% between 2000 and 2013 to a rate of 4.4%, more than 50% higher than the average for the Region (2.4% in 2009, latest available data) and for the CIS (2.7%, 2013).[6]

As in the general population, the burden of non-communicable diseases prevails among prisoners. At the same time, there are no comparative statistics on the health profile of detainees except for tuberculosis, which shows a burden about 10 times higher than in the general population. The most common diseases encountered in detainees last 5 years include mental and behavioral disorders, diseases of the digestive system and diseases of the respiratory system (without tuberculosis) (see the table No 2). The share of infectious diseases is increasing from 4.8% (2015) to 6.9% (2020), including tuberculosis and HIV infection. Trauma and intoxication increased from 5.4% (2015) to 9,4% (2020), which indicates an unsafe environment of detention.

Disaggregated statistics on the illnesses of women and juvenile detainees are not available.

Table No.2 Annual morbidity registered in detainees*, 2015-2020

	Variable	2015		2016		2017		2018		2019		2020	
		abs. number	%	abs. number	%	abs. number	%	abs. number	%	abs. number	%	abs. number	%
General Morbidity		**23118**	**100**	**18913**	**100**	**22079**	**100**	**16504**	**100**	**15067**	**100**	**12956**	**100**
1	Infectious and parasitic diseases, inclusive	1120	4,8	1079	5,7	1209	5,5	1032	6,2	1114	7,4	901	6,9
	-Tuberculosis (TB)	*99*	*0,4*	*109*	*0,6*	*82*	*0,4*	*103*	*0,6*	*98*	*0,6*	*91*	*0.7*
	-HIV	*116*	*0,5*	*110*	*0,6*	*127*	*0,6*	*131*	*0,8*	*146*	*1,0*	*159*	*1,2*
2	Cancer	56	0,2	89	0,5	43	0,2	41	0,2	38	0,2	36	0,3
3	Blood diseases	131	0,6	118	0,6	147	0,7	77	0,5	79	0,5	83	0,6

[6] https://www.euro.who.int/__data/assets/pdf_file/0005/323258/Profile-health-well-being-Rep-Moldova.pdf

4	Endocrine diseases	337	1,4	315	1,7	296	1,3	238	1,4	247	1,6	211	1,6
5	Mental and behavioral disorders	4478	19,4	3450	18,2	5823	26,4	5538	33,5	3094	20,5	2845	21,9
6	Nervous system diseases	468	2,0	376	2,0	774	3,5	636	3,8	682	4,5	603	4,6
7	Eye and appendix diseases	642	2,8	589	3,1	868	4,0	655	4,0	440	2,9	430	3,3
8	Ear and apophysis diseases	311	1,3	289	1,5	281	1,3	221	1,3	173	1,1	175	1,3
9	Cardiovascular system Diseases	1462	6,3	1376	7,3	1472	6,7	1021	6,2	1170	7,7	1187	9,1
10	Respiratory system diseases (without TB)	4923	21,3	3834	20,3	3735	16,9	2141	13,0	1843	12,2	1467	11,3
11	Digestive system diseases	5663	24,5	4120	21,8	3724	16,9	2074	12,6	3171	21,0	2194	16,9
12	Skin/subcutaneous tissue diseases	630	2,7	613	3,2	616	2,8	532	3,2	456	3,0	330	2,5
13	Articular system diseases	536	2,4	390	2,1	605	2,7	443	2,7	425	2,8	376	2,9
14	Genitourinary tract diseases	1004	4,3	874	4,6	907	4,1	766	4,6	758	5,0	806	6,2
15	Congenital malformation	5	0,02	9	0,04	0	0	1	0,0	1	0,0	3	0,0
16	Traumatic injuries and intoxications	1253	5,4	1283	6,8	1497	6,8	985	6,0	1376	9,1	1221	9,4

*statistics of the NAP medical unit, analyzed by consultant

The primary cause of mortality among detainees in 2020I was caused cardiovascular disease (14 cases), closely followed by cancer(12 cases). Other major causes of death include nervous system diseases, trauma injuries and intoxications and suicide (table No. 3).

Table no.3 Mortality in detainees*, 2015-2020

Variable/year	2015, n=49		2016, n=54		2017, n=42		2018, n=28		2019, n=36		2020, N=56	
	c.abs	%	c.abs	%	c.abs	%	c.abs	%	c.abs	%	c.abs	%
Tuberculosis	3	6,1	4	7,4	4	9,5	0	0	2	5,5	4	7,1
HIV TB	5	10,2	0	0	1	2,4	0	0	0	0	0	0
AIDS	1	2,0	2	3,7	0	0	0	0	0	0	0	0
Cancer	9	18,4	12	22,2	9	21,4	4	14,3	6	16,7	12	21,4
Cardiovascular system diseasis	15	30,6	8	14,8	12	28,6	9	32,1	10	27,0	14	25,0
Nervous system diseases	1	2,0	4	7,4	0	0	4	14,3	1	2,7	8	14,3
Respiratory system diseases (without TB)	2	4,0	0	0	2	4,8	2	7,1	1	2,7	4	7,1
Digestive system diseases	2	4,0	10	18,5	4	9,6	1	3,6	2	5,5	1	1,8
Traumatic injuries and intoxications	5	10,2	5	9,2	2	4,8	1	3,6	3	8,3	6	10,7
Suicide	5	10,2	6	11,1	3	7,1	6	21,4	9	25,0	7	12,5
Other causes	1	2,0	3	5,5	6	14,2	1	3,6	2	5,5	0	0

*all death, indifferent of the place of finding the death - penitentiary, penitentiary hospital, public medical institution, **statistics of the NAP medical unit, analyzed by consultant

Regulatory framework on health care and harm reduction in prisons

In accordance with the Law on HIV AIDS[7], the Ministry of Justice ensures: a) training and education of prison staff and detainees in order to develop skills and knowledge in the field of HIV / AIDS prevention, responsible and harmless behavior, pre- and post-test counseling and HIV marking testing; b) carrying out harm reduction programs by providing free disinfectants, as well as syringes and condoms in penitentiaries; c) access to free ARV treatment and to opportunistic diseases.

[7] https://www.legis.md/cautare/getResults?doc_id=12207&lang=ro

Healthcare in prison settings of Moldova is regulated by national legislation, i.e. the Art.230 (2) of the Enforcement Code, approved by Law No. 443 dated on 24/12/2004.[8] Health care services are provided by "qualified medical staff, on a free of charge basis, as frequently as necessary". The detainees avail of a free of charge medical treatment and medicines. According to the legal provisions, each prison should have at least a therapist, a dentist and a psychiatrist. Inmates requiring specialized medical treatment are transferred to the prison hospital or to the Ministry of Health healthcare facilities.

The Regulation on the provision of medical care to persons detained in penitentiaries (approved by Order of the Ministry of Justice no. 478 of December 15, 2006),[9] stipulates that medical assistance to persons detained in penitentiaries shall be provided whenever necessary or upon request, by qualified staff, free of charge, in accordance with the legislation in force. Persons detained in penitentiaries receive free medical treatment and medicines in a volume similar to that provided by the Single Mandatory Medical Insurance Program. Every penitentiary must provide medical care at least by a general practitioner, a dentist, a gynecologist (in prisons where women are detained) and a psychiatrist. The medical examination of the persons detained in penitentiaries is carried out obligatorily upon receipt in the penitentiary, and during the execution of the sentence, upon request or in a flat manner, but not less than once every 6 months. According to the legal provision, the medical examination is performed in confidential conditions. Upon receipt in the penitentiary of newly arrived persons (including those in transit), a preventive medical examination is performed in order to detect communicable diseases, patients in need of emergency medical care, the existence of bodily injuries or other traces of violence or torture, or intoxication. *There are no special provision regarding harm reduction services.*

*The Regulation on the treatment and conduct of detainees suffering from tuberculosis (*approved by Order of the MoJ No. 278 of July 17, 2007)[10] provides the TB control measures, TB case findings, diagnostic and treatment on TB in prisons. The penitentiary hospital ensures the temporary detention of all categories of detainees who require specialized medical care in the inpatient, in compliance with the requirements of separate detention depending on the detainee's illness, the person's procedural status, sex, and security needs.

The Regulation on the manner of presenting seriously ill convicts for release from the execution of the sentence (approved by Order of the MoJ No. 331 of September 06, 2006)[11] provides the conditions and the comprehensive list of diseases that present the basis for submitting the file to the court for the application of early release due to serious illness (for the convicted only), including tuberculosis and AIDS.

Under the guidance of UNODC Moldova in partnership with the prison system, (in additional to OST National Protocol) 2 Guiding Procedure Manuals for prison medical services in implementing OST and NSP programs, approved by via DPI Ordinance 237/17.08.2014[12] and 234/19.08.2014[13].

The Manual for prison medical services in implementing OST aims to provide practical guidance and support for prison staff in the implementation of the methadone program in the penitentiaries of the Republic of Moldova (in

[8] https://www.legis.md/cautare/getResults?doc_id=119760&lang=ro
[9] https://www.legis.md/cautare/getResults?doc_id=63829&lang=ro
[10] https://www.legis.md/cautare/getResults?doc_id=5151&lang=ro
[11] https://www.legis.md/cautare/getResults?doc_id=38904&lang=ro
[12] http://www.leahn.org/wp-content/uploads/2014/05/UNODC-and-DPI-Operation-Manual-OST-in-Prisons-2014-2.pdf
[13] http://www.leahn.org/wp-content/uploads/2014/05/Manual-schimb-de-seringi-NSEP-spre-tipar-23.02.2015.pdf

addition to the National OST Protocol and includes prison specificity and organizational aspects, including collaboration with NGO for social and psychological support).

The Manual for prison medical services in implementing NSP Programs is a basis for medical and non-medical prison staff, the prison management and non-governmental organizations and other relevant specialists and provide practical guidance for implementation in prisons of the NSP.

Social, cultural and legal environment

In addressing drug use, the Republic of Moldova looks to the principles of the Sustainable Development Goals (objective 3 - on health) and the concept of the World Health Organization "Health for All in the 21st Century". The Republic of Moldova, as a subject of international law, has acceded to the international drug control conventions, as well as the Declaration on Drug Demand Reduction (1998)[14] and the Declaration of Commitment of the UN General Assembly Special Session on HIV / AIDS (2001)[15]. These documents formed the basis of a national policy on HIV infection and drug use.

According to UNAIDS, people living with and affected by HIV in Moldova face serious legal and human rights issues, stigma and discrimination and unsynchronized/ outdated legislation, which remain important barriers to accessing essential services and to the full enjoyment of life. The 2018 Human Rights Perception Study[16] reveals that the right to health is the most violated human right, while the 2018 Stigma Index[17] shows that four out of ten people living with HIV reported experiences of discriminatory treatment in the last 12 months and disclosure of their status to third parties.[18] It is reported that the right to health is violated in penitentiary institutions. In this context, experts have pointed to high rates of mortality in prisons.

Reducing the vulnerability of drug users to HIV is one of the priorities of state policy on HIV. The European Union-Moldova Action Plan[19] has been adopted, which in priority 53 states that the Republic of Moldova must strengthen the fight against drug trafficking, including trafficking in chemicals and precursors, as well as drug use, especially through prevention and rehabilitation, in in accordance with Article 76 of the Partnership and Cooperation Agreement, continued with the approval of the National Anti-Drug Strategy for the years 2011-2018 approved by GD no. 1208 of 27.12.2010. The development of a national drug strategy is an explicit commitment revised by the European Union - Republic of Moldova Action Plan. These documents provide a set of measures on all aspects of drug use. It aims to reduce the negative effects of drug use for each individual, and not to eradicate drug use. The main purpose of these programs is to prevent infections, especially HIV and hepatitis; mitigate the social consequences of drug use; crime reduction.

The current National Anti-Drug Strategy for 2020-2027 and the National Anti-Drug Action Plan for 2020-2021[20] also includes clear aspects regarding harm reduction services in prisons: the Ministry of Justice is responsible for organizing the activity in order to reduce drug use and the risks associated with drug use in penitentiary

[14] https://undocs.org/pdf?symbol=en/A/RES/S-20/3
[15] https://www.unaids.org/sites/default/files/sub_landing/files/aidsdeclaration_en_0.pdf
[16] https://www.md.undp.org/content/moldova/en/home/library/effective_governance/percep_ii-asupra-drepturilor-omului-in-republica-moldova.html
[17] https://www.stigmaindex.org/wp-content/uploads/2019/11/Moldova_PLHIV-Stigma-Index_2018.pdf
[18] https://www.sparkblue.org/content/how-legal-environment-assessment-opened-our-eyes-systemic-change-moldova
[19] https://www.legislationline.org/download/id/982/file/691b325459a174bbe9ea3a349eb7.pdf
[20] https://www.legis.md/cautare/getResults?doc_id=121214&lang=ro

institutions. To this end, the National Administration of Penitentiaries implements measures and interventions in order to prevent or reduce the penetration of drugs in detention institutions, on the one hand, and to provide prevention services, rehabilitation (therapeutic communities), treatment, minimization of risk and appropriate assistance to drug dependent prisoners in detention, on the other hand. The Ministry of Justice is also responsible for the professional training of the staff of the National Administration of Penitentiaries regarding the measures and interventions mentioned above regarding drugs and drug use.

According to the **Criminal Code**, the personal use of narcotic and psychotropic substances is not criminally punished, except for the use in public or for organizing illegal use (Art. 217[5] of Criminal Code). According to the Art. 85 of **Contraventions Code,** the use of narcotic drugs is an administrative offence. Nevertheless, the users are punished for possessing narcotic drugs, according to the regulated quantities, even if this possession is strictly for personal use. Unfortunately, this contradiction exists because the quantities for personal use in relation to the minimal and maximal quantities, provided for in the **Government Decision no. 79/2006 on the approval of the List of narcotic drugs, psychotropic substances and plants, which contain such substances, detected in illicit traffic, as well as their quantities,**[21] are not adjusted to the current realities.

On the territory of the Republic of Moldova the national clinical protocol "Pharmacological treatment of opiate dependence" is applied approved by Order of the Minister of Health, Labor and Social Protection no. 107/2018[22], protocol implemented in penitentiary institutions according to the provisions of Government Decision no. 166/2005 on the approval of measures to combat drug addiction and drug trafficking in the years 2005-2006.

On 16 September 2005, the Republic of Moldova signed, and through Law No.66 of 30.03.2006, ratified the Optional Protocol to the UN Convention (OP CAT).[23] The Republic of Moldova, having ratified the Optional Protocol, reaffirmed that torture and punishment or inhuman or degrading treatment are prohibited and constitute serious violations of human rights. Therefore, the State Party is obliged to set up an independent and functional preventive mechanism. The Council for the Prevention of Torture (CfPT) was established on 25 October 2016 within the Ombudsperson's Office as a National Preventive Mechanism, under Law No. 52 of 2014 on the Ombudsperson. The CfPT consists of 5 representatives of civil society and 2 Ombudspersons selected for a 5-year term. The 5 members are experts in promoting the respect for human rights, and have legal, medical and psychological degrees.[24] The mandate of the NPMs is to carry out regular preventive visits to all types of facilities where people are or may be deprived of their liberty. These visits should be followed by recommendations to improve the protection of people deprived of their liberty, as well as by the initiation and maintenance of an ongoing dialogue with the national authorities. The mechanisms can also provide comments on laws and draft laws, national regulations, and propose certain reforms.

Considering the definition of places of detention in the light of the Optional Protocol and Law No. 52 on the Ombudsperson, the Council for the Prevention of Torture determined several types of institutions to be covered by the NPM mandate, including prisons. Each year up to 8 prisons are visited and during last 5 years by CfPT

[21] https://www.legis.md/cautare/getResults?doc_id=103676&lang=ro
[22] http://89.32.227.76/_files/15650-PCN%2520-225%2520Tratamentul%2520farmacologic%2520al%2520dependentei%2520de%2520opiacee.pdf
[23] Law No.66 of 30.03.2006 on the ratifi cation of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, published in the Official Gazette of the Republic of Moldova No. 66-69 of 28.04.2006, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=315880
[24] https://www.ohchr.org/Documents/HRBodies/OPCAT/NPM/Annual_Report_2018_NPM_Moldova.pdf

were realized more than 50 preventive and monitoring visits.[25] The Council for the Prevention of Torture worked to improve prison conditions, addressing the social determinants of health and the provision of HIV prevention services. While challenges remained in addressing prisoners' health issues in Moldova, much had been achieved thanks to the work of many partners, including international organizations that had provided technical and financial support.[26]

By Law no. 272 of November 29, 2018, in the Republic of Moldova was established, for the first time, the national remedy for finding in substance the violation of the provisions of art. 3 of the ECHR. Through other subsequent amendments to the regulatory framework, a mechanism was implemented to reduce the criminal sentence if the defendant was detained in precarious conditions and which legislates the institution to reduce the sentence of convicted detainees.[27] The mechanism came into force on January 1, 2019, and during 2019, the nearly 7,000 detainees filed more than 5,000 applications to reduce their prison sentences. About 2,500 applications were examined, and 1,400 of them were accepted. 128 people were released from prisons in 2019 based on this mechanism. One of these people returned to prison. The mechanism was suspended in 2020 shortly after the release of former Prime Minister Vlad Filat and other detainees on the grounds that they had to endure degrading and inhumane conditions. Human rights defenders were then divided into two camps: some called for the law to be repealed because it favored criminals who could afford to hire notorious lawyers to get them out of prison, while others supported it by insisting on the law to a decent life valid behind bars. There are no other disaggregated data for remedies granted for a violation of health rights, including TB, HIV.

In the Republic of Moldova repressive criminal acts prevail over other measures on issues that concern people who use drugs. The Code of Offenses of the Republic of Moldova and the Criminal Code of the Republic of Moldova define liability for actions related to the illegal circulation of psychoactive substances. According to Art. 85 of the Code of Contraventions of the Republic of Moldova, for the use of drugs without a doctor's prescription, or the illegal acquisition or possession of small amounts of narcotic drugs without the purpose of marketing, an administrative penalty is imposed by a fine of 12 to 30 conventional units or the imposition of a penalty in the form of unpaid work in favor of society for up to 72 hours. The amount of the fine ranges from 600 lei (31 EUR) to 1500 lei (78 EUR). At the same time, the minimum wage is 2935 lei (137 EUR) per month.[28] Thus, the size of the punishment is substantial and may approach the size of the minimum wage. In case of non-payment within 30 days, the court may replace the unpaid amount with a double fine or arrest at the rate of 1 day for 2 conventional units, while the duration of such arrest cannot exceed 30 days.

According to Art. 217 of the Criminal Code of the Republic of Moldova, for possession of small quantities of narcotic drugs for no purpose of sale, criminal liability is provided in the form of a fine in the amount of 20,000 lei (1038 EUR) to 700 conventional units (1817 EUR) or unpaid work in favor of society for up to 150 hours, or imprisonment for up to 1 year. In case of evasion of the payment of the fine, the court may replace the unpaid amount of the fine with imprisonment within the maximum period of punishment provided for by the relevant article of the Criminal Code. In this case, according to Art. 64 of the Criminal Code, the amount of the fine is replaced by imprisonment at the rate of 1 month of imprisonment for 100 conventional units of the fine. Storage on a large scale is punishable by imprisonment for a term of 3 to 7 years, according to Art. 217.1 of the Criminal

[25] http://ombudsman.md/consiliul-pentru-prevenirea-torturii/rapoarte/
[26] https://undocs.org/pdf?symbol=en/A/HRC/37/74
[27] https://promolex.md/wp-content/uploads/2021/06/APP_Mecanismul-Compensatoriu_2021.pdf
[28] https://harmreductioneurasia.org/ru/countries/moldova/

Code. As an alternative measure of punishment, the Criminal Code provides only for the possibility of undergoing drug addiction treatment and only if a conditional sentence is applied, in accordance with Art. 90 of the Criminal Code.

At July 01, 2021, the percentage of prisoners convicted under the narcotic substances was art. art. 217-219 (art. 225 of the Criminal Code) 8.4% of detainees (452 persons out of 5367 convicted persons), including 33 women and 419 men.[29]

Moreover, additionally in the NAP there is the practice of sanctioning detainees during the detention for the illegal circulation of narcotic substances, psychotropic drugs or their analogues on the territory of penitentiary institutions / illegal transmission of prohibited objects to persons detained in penitentiaries (art. 217-217 / 5; 322 CC). In 2020, the penitentiary system registered the commission of 215 illicit acts; were resulted in 92 criminal cases and 3 administrative sanctions; 72 cases are in the process of being examined in court.[30] In 2019, the penitentiary system registered the commission of 388 illicit acts; were resulted in 327 criminal and administrative sanctions of the detainees.[31]

The Law no.121 establish the general framework of protection against discrimination in Republic of Moldova.[32] The purpose of this law is to prevent and combat discrimination, as well as to ensure the equality of all persons on the territory of the Republic of Moldova in the political, economic, social, cultural and other spheres of life, regardless of race, color, nationality, ethnicity, language, religion or beliefs, sex, age, disability, opinion, political affiliation or any other similar criteria. Few detainees petition the Equality Council, but individual and systemic recommendations are issued to the NAP: (1) to develop and implement, without delay, an action plan to eradicate the phenomenon of criminal sub-culture in prisons, (2) to assess the degree of physical and information accessibility of penitentiary institutions, including determining the number of detainees in need of support equipment (hearing aids, wheelchairs, walking frames) and personal assistants, (3) to provide separate budget lines for the provision of support equipment for detainees with disabilities and for the social and personal assistance, empowerment and rehabilitation service.[33]

A 2015 Survey on perceptions and attitudes towards equality in the Republic of Moldova[34] points out that the higher the level of intolerance is, the higher is the number of mainly negative stereotypes shared by the public in relation to marginalized groups. At the same time, the quantity and the negativism of the stereotypes correlate naturally with the social distance to the respective groups, calculated based on the Bogardus social distance scale[35]. A series of widespread stereotypes about former prisoners ("dangerous", "aggressive", "thieves", "murderers", "degraded people") also generate a high level of intolerance towards them and show a high social distance (score 3.6 – accepted as a co-worker). The critical level of intolerance towards people living

[29] https://drive.google.com/file/d/1lf0XLQEa_8si1CQ0bvaOzj7lL0JuHgwn/view
[30] 2020 NAP annual Report, https://drive.google.com/file/d/1zuBbV3TEARTkZPHBsU9zVgE2aTlrk3er/view
[31] 2019 NAP Annual Report, https://drive.google.com/file/d/1VwhMq9G4iILqyrXcYLQHyKBa0YLKxZZO/view
[32] http://egalitate.md/wp-content/uploads/2016/04/Site-LRCM-Compatib-MD-EU-nondiscrim-legisl-2015-07-1.pdf
[33] 2020 Annual Report, http://egalitate.md/wp-content/uploads/2016/04/Infografic-RO-discriminare.pdf
[34] Equality Council, *Survey on perceptions and attitudes towards equality in the Republic of Moldova*, 2015, http://egalitate.md/wp-content/uploads/2016/04/ENG-Studiu-Perceptii-2015_FINAL_2016_Imprimat.pdf
[35] The Bogardus social distance scale empirically measures people's willingness to participate in social contacts of varying degrees of closeness with members of diverse social groups. The scale asks people the extent to which they would accept members of a group (i) as a close relative by marriage (score 0), (ii) as a friend (score 1), (iii) as a neighbor (score 2), (iv) as a co-worker (score 3), (v) as a citizen of my country (score 4), (vi) as a visitor in my country (score 5), (vii) would expel them from the country (score 6).

with HIV (score 4.3 – accepted as a citizen) is determined by the fact that they are perceived as carriers of viruses and sources of threat of infection. **A similar survey conducted in 2018**[36] shows an improvement of the social distance index. They are, however, much above the average social distance index (score 2.4), PLHIV (score 3.3 – accepted as a co-worker) and former prisoners (score 2.9 – accepted as a neighbour) remain in the top of groups with the highest level of rejection. Based on these data, it can be concluded that the issue of intolerance and discriminatory attitudes, despite multiple obvious manifestations, remain in the shadow of the public discourse, without being perceived and understood by the wider public.

Short description of the comprehensive package of 15 interventions on HIV prevention, treatment and care implemented in prisons of Moldova

Both general population and prison population benefit from the same access to HIV prevention and therapy services (treatment cascade starting with testing and finishing with investigations for treatment monitoring), methadone pharmacotherapy (MPHT), HIV/TB care and support, prevention of mother-to-child transmission. The comprehensive package of 15 interventions on *HIV prevention, treatment and care in prisons,* recommended by WHO, UNODC, ILO, UNAIDS (2013, updated 2020)[37] are essential to the scaling up of prevention, treatment and care of HIV, TB and other infectious diseases in prison and other closed settings. Harm reduction programs are implemented routinely in Moldovan prisons[38] (see annex No 1).

Prevention of HIV, HBV and HCV

Includes: (1) Information, education and communication, (2) Condom and lubricant programming, (3) Prevention of sexual violence (4) Needle and syringe programs and overdose prevention and management, (5) Opioid substitution therapy and other evidence-based drug dependence treatment, (6) Prevention of transmission through medical and dental services, (7) Hepatitis B vaccination and prevention of transmission through tattooing, piercing and other forms of skin penetration, (8) Post-exposure prophylaxis of HIV

Information and education (including peer-to-peer informative sessions and self-support groups) for HIV, TB and OST conducted by NGOs, prison psychologists, medical personnel, NSP volunteers. Several NGOs come to prisons to provide information and educational sessions, psychosocial support, peer-to-peer and juridical support to ensure testing, preparing new patients to initiate treatment, maintenance while in treatment support and after release support. Volunteers among detainees involved in harm reduction programs provide peer-to-peer training. Peer education, including the involvement of former detainees, is particularly effective in the case of people who inject drugs' people who inject drugs.

It is the duty of medical staff to provide information to detainees individually, face to face, during medical consultations, and on admission to the penitentiary, it provides education and training in attitudes towards preventive healthcare - all of which are also organized with the support of the administration of the penitentiary. Each newcomer will be kept informed of ongoing harm reduction programs, as well as about the schedule of visits of NGO representatives in the institution. The voluntary counseling and confidential addictions screening, testing for HIV infection, and hepatitis performed by medical staff is an integral part of prisoners' education.

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[36] Equality Council, *Survey on perceptions and attitudes towards equality in the Republic of Moldova*, 2018, http://egalitate.md/wp-content/uploads/2016/04/Studiu-privind-percep--iile.pdf

[37] NAP official statistics, available at https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/20-06330_HIV_update_eBook.pdf

[38] https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_PPT_15-21_Moldova.pdf

Needle syringe exchange and distribution of condoms, lubricants, disinfectants and vein-care medication are available in prisons since 1999. In 2020, there were 34 operational NSP sites in 15 prisons and pre-trial detention centers. 100,000 to 200,000 syringes are distributed yearly and 35,000 condoms. The distribution of condoms and lubricants in the institution is carried out by medical staff, as well as by specially trained detainees or by combining these methods. Access to condoms is simple and confidential, organized in places such as the volunteer's place of residence, medical service, showers, long-term visits rooms, waiting rooms, workshops, or work rooms for detainees, where detainees can take a condom without being seen by the other detainees. The program implemented as a one-stop shop through NSP volunteers, recruited among prisoners who can also provide first aid support in the case of overdose. Sterile injection equipment is available in 15 out of 17 prisons. The exchange of syringes is carried out at the exchange points that operate on the principle of "equal - to equal", from the detainee -to the detainee. They are usually located at the volunteers' sleeping area; the exchange is carried out on the principle «a used syringe - on a sterile one», it works anonymously and confidentially. To find out where the syringe exchange points are located or which NGO visits the institution, detainees can contact the medical staff, the psychologist, or the social worker. A syringe exchange points, information is available about diseases that can be transmitted through blood or sexually, also prisoners can receive information materials, some medicines and disinfectants. Used syringes are collected in safe containers, so it is important to respect the principle of exchange and avoid the risk of accidental stinging of other detainees or prison staff. The sterile, packaged syringe found at detainee is not prohibited. Only the syringe used or with unidentified content can be the basis for the application of administrative measures (service investigation, sanctioning, Narcological expertise of the content). The NSP activity is described in more detail in the Procedure Manual in the implementation of the Syringe Exchange Program in Moldovan Prisons.

In accordance with art.225 of the Enforcement Code of the Republic of Moldova, the state ensures the personal security of the prisoners. Respectively, the prison administration is responsible for creating safe conditions of detention, preventing assaults between detainees, including the prevention of sexual violence and cases of forced sexual intercourse. The prison administration is obliged to ensure effective supervision, to apply disciplinary measures, as well as to carry out initial and continuous staff training programs, to take the necessary technical measures, such as improving lighting and showering, and sleeping conditions. In particular, it is necessary to ensure the protection of vulnerable detainees and the separation of minors from adult detainees.

There is evidence that violence, including sexual violence, is widespread in prisons. In many prisons, detainees are kept in overcrowded conditions without supervision and protection, being exposed to the risk of sexual violence. In this regard, the effectiveness of efforts to prevent HIV infection depends on the implementation of measures to prevent rape in prisons, as well as sexual violence and coercion. All staff, including regime and security, medical and educational staff, will ensure a safe environment in the penitentiary that clearly excludes sexual abuse. In the prisons, the educational and psychological service must run programs to prevent violence with detainees convicted of this type of crime, as well as special programs for sexual offenders. In case of addressing after medical assistance a detainee subjected to sexual assault, the medical staff is obliged to document the case, to provide psychological support and adequate treatment. With the patient's consent, the lawyer of non-governmental organizations or the security service of the penitentiary may be involved.

Prevention and treatment of sexually transmitted infections is available according to the volume of the Single Program on Mandatory Medical Insurance.[39]

Opioid pharmacotherapy covered 13 prisons, including all 4 pre-trial detention prisons. There are mechanisms, which allow for the continuation of OST at a health institution without interruption after a patient leaves prison. In addition, people who inject drugs may initiate OST in prison. Medical records indicated that there is a variation of the methadone dose between 10 to 160 mg, with the average dose between 60 and 70 mg. There is no OST duration limit for patients or pressure to leave treatment. Buprenorphine was available in Moldova, including in prisons from May 2019 up to August 2020. In prison, the buprenorphine program ends because of the stock out of the medicine in the country. From December 2020, the buprenorphine is available outside the prison.

The cumulative number being 525 beneficiaries (since the beginning of the project - 2005). In 2020 in OST was included 21 new beneficiaries, 19 convicts were released or completed Methadone treatment, and 18 people dropped out of treatment. In addition, 35 convicts benefited from the continuity of Methadone treatment by case transfer from the Ministry of Health.

In the prison hospital, patients who have TB and HIV infection receive integrated treatment for TB, ART and OST mentioned as a good practice by WHO.[40] Between 2011 and 2015, a total of 721 inmates were enrolled for TB treatment, including 78 inmates (10.8%) with TB/HIV co-infection and 88 (12.2%) people who use drugs. There has been a significant improvement in treatment outcomes of patients with TB/HIV coinfection on ARV (80%) compared to the treatment outcomes among patients with TB/HIV co-infection who do not receive antiretroviral therapy - 46%, respectively. TB treatment outcomes among inmates on methadone substitution therapy (26%) have improved substantially compared to TB treatment outcomes in drug users who do not receive methadone substitution therapy: in 2015, the treatment success rate was 82.6% and 64.7%, respectively. Seven patients on triple therapy (anti-TB, antiretroviral therapy and methadone substitution therapy) had successfully completed the course of TB treatment.

All medical procedures are performed with sterile disposable equipment, which excludes the transmission of blood-borne diseases. Other objects, such as medical equipment, are subjected to disinfectant treatment or sterilization. The medical staff is responsible for complying with the sanitary-hygienic requirements. Lack of dental medical staff limited access of prisoners for dental services.

Post-exposure prophylaxis of HIV is available through medical service for staff and prisoners according with National Protocol. Pre-Exposure Prophylaxis of HIV is not available in prisons.

Hepatitis B vaccination is a mandatory national program since 1995 for newborns only. No interventions on prisons for adults.

Prevention of transmission through tattooing, piercing and other forms of skin penetration is not covered.

[39] http://www.cnam.md/?page=62&#

[40] Republic of Moldova. Patient-centred integrated model of TB, HIV/AIDS care and opioid dependence therapy, 2018 https://www.euro.who.int/__data/assets/pdf_file/0003/360543/TB-prisons-9789289052917-eng.PDF

HIV, hepatitis diagnosis and treatment

Includes: (9) HIV testing and counselling services, (10) HIV treatment, care and support, (11) Diagnosis and treatment of viral hepatitis

HIV testing and counseling. With the entry into force of the Law on HIV AIDS in 2007, it was expressly indicated that HIV testing is only voluntary, including for detainees. From 2013 Voluntary Testing and Counseling (rapid HIV tests) through NGOs have been available, and since 2015 combined tests on HIV and Syphilis and HCV tests are available for inmates through NGOs and medical service. The tests and ARV treatment for prisoners in ensured by National HIV Program.

All new prisoners are tested for HIV on voluntary basis. During 2020, 4169 rapid blood HIV tests were performed and 22 HIV positive new persons were diagnosed.

The HIV treatment, care and support is available in prison system since 2005, simultaneous with civilian sector. The treatment is prescribed by the infection diseases doctor from prison hospital specialized in HIV AIDS, based on the National Clinical Protocol on HIV AIDS. At the end of 2020, 159 HIV patients are registered in the penitentiary administration system and 88% (140 detainees) benefited from antiretroviral treatment. Fifty one people started ARV treatment in prisons in 2020(22 new patients and 29 persons included in the treatment after default).

At the medical surveillance on 01.01.2021 there were 94 detainees with HBV (1.6%) and 233 with HCV (3.6%). During 6 months 2021, 375 tests were performed for HCV and HBV, diagnosing 2 cases of HCV and 4 cases of HBV. In 2020, 430 tests were performed, detecting 11 HCV cases and 3 HBC cases. In 2019, 25 HCV cases and 11 HBV cases were diagnosed in detainees. There are no disaggregated data regarding viral hepatitis.

Medical assistance in viral hepatitis is provided according to the *National Program for combating viral hepatitis B, C and D for the years 2017-2021*, approved by Government Decision no. 342 of May 26, 2017.Treatment of viral hepatitis is available for prisoners since 2018, more than 500 prisoners treated. The NAP medical unit is working with the Specialized Commission of the Ministry of Health in accordance with the *Regulation on the procedure for including patients in the antiviral therapy of chronic hepatitis and viral liver cirrhosis B, C, D in children and adults*. For inclusion in the treatment program of viral hepatitis C patients should be properly investigated. In this context, a contract was concluded with Center for Medical Diagnosis in a total amount of 300 thousand lei yearly from NAP budget. After full investigation, the patient medical file is presented for examination to the recruitment MoH commission single for the all country. During the 2020, 105 detainees were investigated, including 70 patients in treatment from 2019. At the end of 2020 receiving treatment for viral hepatitis C 15 prisoners.

Prevention, diagnosis and treatment of TB

Includes: (12) Prevention, diagnosis and treatment of tuberculosis

Tuberculosis (TB) is one of the major public health problems and Republic of Moldova is among 18 high-priority countries fighting DR-TB in the World Health Organization's (WHO) European Region.[41] The NAP TB control Plan in prisons is part of the NTP. The TB coordinator in the NAP ensures collaboration with the NTP. The 2016-

[41] https://cdn.who.int/media/docs/default-source/hq-tuberculosis/who_globalhbcliststb_2021-2025_backgrounddocument.pdf?sfvrsn=f6b854c2_9

2020 National Program for Tuberculosis Control in the Republic of Moldova and the new 2021 – 2025 National Program for TB Response (unapproved) specified the special measures/activities/indicators for prisons.[42]

The HIV / TB rate in the Republic of Moldova is increasing, being 13% or 264 cases in 2020 compared to 11.2% (370 cases in 2019) and 9.2% (309 cases in 2018).[43] The HIV / TB rate in the prisons being 6% or 9 cases in 2020 compared to 19.2% (20 cases in 2019) and 14,6% (15 cases in 2018).

TB control in prisons is also designed in accordance with international guidelines. All new detainees are screened on entry via medical examination and chest X-ray. Smear microscopy takes place in the prisons, but sputum specimens can also be sent to the NRL for bacteriological, culture examinations. Since 2012 rapid diagnosis method of TB (GeneXpert) is implemented and is available in 2 prisons – the biggest pretrial detention prison No. 13 in Chisinau and Prison Hospital No. 16 Pruncul. All TB patients receive treatment in prison hospital in TB wards (segregated according to smear status and drug sensitivity). Since 2018, prophylaxis treatment of latent TB infection with Isoniazid initiated in prisons.

In 2000, prisoners are estimated to have accounted for 6% of all active TB cases and peaked at 7% in 2004, but by 2016 this number decreased to 3% of active TB cases and is projected to slowly decrease further. This can be explained both through a diminishing prison population (nearly 30% smaller over the same period) as well as a variety of programs targeting TB among prisoners. TB drug-resistance among prisoners increased from 10% (of total active TB among prisoners in 2004) to 33% in 2018. Modeled latent prevalence is over 40% in the prison population, due to higher exposures to active TB and upon infection, faster progression from early-latent to active TB within the prison system, compared with 25% in the general population. However, treatment outcomes for prisoners are better than for the general population. This combination of results suggests that the emphasis should fall on early diagnoses and cure to prevent transmission. The current policy of entry and exit screening for all prisoners should be maintained; however, additional approaches, including active case finding, contact tracing of diagnosed cases and IPT for reducing infection and progression of TB in penitentiaries should be considered.[44]

The procurement system for drugs for MDR-TB regimens is donor-dependent, with the only source of funding coming from the GFATM grant. The first line drugs are procured from the NAP budget since 2012.

The national recording and reporting system for TB patients corresponds to international recommendations and is unified for the civilian and prison sectors. Recording and reporting forms for DR-TB have been also designed to meet the latest WHO requirements, and were mandatory for completion at all treatment sites, including the prison sector. The online available informational database for TB patients (SIMETB) are routinely accessed by TB doctors from prison hospital.

Gender responsive services

Includes: (13) Sexual and reproductive health, (14) Prevention of mother-to-child transmission of HIV, syphilis and HBV

[42] https://cancelaria.gov.md/sites/default/files/document/attachments/956-msmps.pdf
[43] https://simetb.ifp.md/Download/tbreps.excel/raport_2020.pdf
[44] http://optimamodel.com/pubs/Moldova%202018.pdf

Sexual and reproductive health usually are centered only for the women needs. There is health education, access to preventive examination of the gynecologist in all pretrial detention prisons, prison hospital and prison for women.

The screening for cancer of reproductive system (mammography) was provided annually to all female detainees since 2018.

Menstrual pads in basic hygiene kits are provided to all women prisoners on admission and monthly.

Training for staff on prevention of mother-to-child transmission of HIV, syphilis and HBV was provided with support of UNODC.

PMTCT available for all pregnant HIV positive women. The medical staff is responsible for all pregnant women to be consulted and tested for HIV to assess their status and if necessary - to be prescribed preventive treatment with antiretroviral drugs. For this purpose, they are to be hospitalized in the penitentiary hospital, where they will be consulted by an infectious disease doctor and provided preventive treatment in optimal terms according to the National HIV Protocol. In addition, for HIV-positive women children, artificial feeding is provided free of charge.

Occupational safety and health

Includes: (15) Protecting staff from occupational hazards

Trainings medical and non-medical staff on right to health, including infectious diseases, are provided in the NAP Education Center.

In 2013, an ordinance was issued on "Special measures to be taken by staff during searches and interaction with prisoners" which refers to HIV, TB and HCV prophylaxis.

Additional interventions

- ✓ distribution of toothbrushes and razors in basic hygiene kits
- ✓ adequate nutrition, including nutritional supplements for people with HIV or TB
- ✓ intimate visit programmes
- ✓ mental health programmes
- ✓ social protection services
- ✓ palliative care
- ✓ compassionate release for terminal cases
- ✓ pre-exposure prophylaxis should be made available for continuity or initiation according to national and international guidelines for the community

Toothbrushes, razors and menstrual pads are distributed in basic hygiene kits to all prisoners.

The Government Decision No. 609 of 29-05-2006 *on the approval of the minimum norms for the daily alimentation of detainees and the release of detergents*[45]*,* provides the 8 minimum norms: (1) general daily feeding of detainees, (2) for pregnant women and nursing mothers, (3) for detainees suffering from tuberculosis, (4) for juvenile detainees, (5) for sick and invalid detainees of first and second degree, (6) insurance of detainees with

[45] https://www.legis.md/cautare/getResults?doc_id=26375&lang=ro

cold ration during escort, (7) norms release of soap for bathing detainees and other sanitary-hygienic needs, (8) norms of consumption of detergents, soap and soda calcined for mechanical washing. The prisoners with HIV usually are included in the norm 5 with better caloric regime.

Intimate visit programmes: In accordance with art. 213 of the Code of Enforcement, the convict has the right to one short-term meeting per month and to one long-term meeting per quarter. Long-term meetings with the convict's spouse, parents, children, siblings, sisters, grandparents, and grandchildren, and in the cases provided for in the Statute of execution of the sentence by the convicts, with the written approval of the head of the penitentiary institution, with another person indicated by the convict for a duration of 12 hours to 3 days. The convict pays the expenses incurred by the penitentiary institution in connection with the long-term meeting. The convict with tuberculosis in contagious form or with somatic diseases hospitalized in the penitentiary hospital is not granted long-term visits (they are replaced by short-term visits).

Palliative care is available in prison hospital only, based on the national palliative care standards.

Compassionate release for terminal cases (only for convicts) are implemented since 2006, but a very limited number of prisoners can use this mechanism because of the very strong election criteria and a long process of examination.

As in many other countries, the prisons system in Moldova is facing a high demand for mental health care. According to the NAP statistics, 20% of the inmates suffer from a mental health disorder and it is the second cause of prisoners' morbidity. The incidence of self-mutilation and of suicides is very high.

Social protection services are less developed but the Law on the social adaptation of persons released from places of deprivation of liberty[46] exists from 1999 and stimulates the participation of enterprises, institutions, commercial organizations and civil society in the social adaptation of persons released from places of detention in partnership with local public authorities.

Follow up support after release Programs for TB, HIV and OST are implemented through NGOs more than 15 years. WHO mentioned the follow up of realized TB persons in Moldova as a best practice.[47] The algorithm comprises two phases. Phase one is discharge and referral planning and it consists of four steps. Prison staff, in collaboration with AFI, prepares TB patients for release and ensure an efficient referral to the next service provider. The second phase is the post-release follow-up. When needed, after release, TB patients are introduced to the TB programme manager or district TB programme supervisor who is responsible for treatment and care in the community (local health centre staff and district NTP). A routine monthly check of treatment adherence takes place by phone.

Starting with June 2017[48] the therapeutic Community (TC) for rehabilitation service for men who inject drugs works inside prison;[49] at the end of 2020, there were 28 residents in the community. The rehabilitation program

[46] https://www.legis.md/cautare/getResults?doc_id=64336&lang=ro
[47] Republic of Moldova Follow-up of TB patients released from prisons, 2013, https%3A%2F%2Fwww.euro.who.int%2F__data%2Fassets%2Fpdf_file%2F0020%2F216650%2FBest-practices-in-prevention%2Ccontrol-and-care-for-drugresistant-tuberculosis-Eng.pdf
[48] https://www.coe.int/en/web/pompidou/-/first-prison-based-therapeutic-community-opened-in-moldova
[49] https://prison-off.com/the-therapeutic-community-catharsis-in-moldova-is-winning-the-fight-against-reoffending/?lang=en

includes an accredited program for overcoming chemical addiction "12 steps", topics of general culture, personal development, ethics, foreign language study and development of social skills. In addition to knowledge and skills, the community residents can learn different professions and get employed. Since 2019, a psychologist from the NGO Positive Initiative is contracted by the penitentiary to provide services within the therapeutic community with the other employees of the penitentiary (educators, psychologists and social workers). After realize exists the option to continue the rehabilitation program through the therapeutic community in the civilian sector managed by NGO.[50] **Collaboration with nongovernmental organizations**

The collaboration with NGOs is well developed, with more than 10 non-governmental organizations in the field of health having access to the penitentiary system. Information, education, counseling and voluntary testing for HIV, STIs, HV, psychological, social and legal support and others are provided jointly with the prison staff. HIV activities are provided on a peer-to-peer basis, including group counselors by community representatives and former detainees. Support for adherence to tuberculosis treatment is available at the penitentiary hospital, including follow-up for continuity of treatment after release.

Funding of health care and Harm Reduction Services

The detainees do not have the status of insured person in the system of mandatory health insurance program.[51] The financing of the medical assistance is made from the public budget (Budget of the Ministry of Justice, NAP budget according to table no. 1) and from other acceptable sources according to the legislation (donations, material aids, grants). The budget for NAP is a common one and medical care does not have a specific budget line.

Table No. 5 Financing the medical activity in NAP, 2015 - 2020 (lei MD)

Financing Article	2015	2016	2017	2018	2019**	2020***
Procurement of the medical services outside the NAP	585800	1231500	1975000	4568600	4681500	2265000
Procurement of medicines and paraphernalia	3158100	4877200	5133600	7258300	8151800	7139843
Procurement of the medical equipment			5000000	1222300	3359000	740600
Total annually, Lei MD	3743900	6108700	11365100	13049200	12836659	10145443
Total annually approx. in EUR	**186 620,21**	**304 497**	**566 510**	**650 456**	**732 953**	**505 714**

***100 lei MD=5 EUR, ** NPM Report[52], ***2020 NAP annually Report[53]**

The medical unit NAP is responsible for the purchase of medicines, consumables and medical devices. The purchase of medicines and parapharmaceutical products in penitentiary institutions is carried out based on the presentation of the medicines requirement to Center for Centralized Public Procurement in Health (CCPPH)[54], which according to GD no.568 from September 10, 2009. CCPPH organizes and conducts at national level

[50] https://www.dvv-international.org.ua/moldova/projects/2016/2016-1
[51] Regulation on granting / suspending the status of insured person in the system of mandatory health insurance, https://gov.md/ro/content/pentru-aprobarea-regulamentului-privind-acordarea-suspendarea-statu-de-persoana
[52] NPM visit in Prison Hospital, 2019, http://ombudsman.md/wp-content/uploads/2020/02/P-16-Pruncul.pdf
[53] https://drive.google.com/file/d/1zuBbV3TEARTkZPHBsU9zVgE2aTlrk3er/view
[54] https://capcs.md/

centralized public procurement of medicines and other products for medical use. During 2018, the NAP concluded 57 contracts with economic agents and in 2020 - were 70 contracts for medicines procurement. Financial resources for the purchase of medicines and medical equipment have increased at least twice in recent years.

Additionally, annually, service contracts are concluded with public and private medical institutions for providing medical services to detainees, with an increase in financial resources for this purpose about ten times (from 585,800 MD in 2015 to about 4.5 million lei MD in 2019). Thus, in 2020, contracts were concluded with 19 institutions.

Right to health in prisons

The Constitution of the Republic of Moldova recognizes and guarantees fundamental human rights and freedoms, in accordance with the principles and norms of international law, international treaties and the Universal Declaration of Human Rights.[55] A number of recommendations, rules, declarations and resolutions of the Council of Europe and other international bodies underline the obligation of prison authorities to provide preventive health care measures, in particular against HIV and hepatitis C epidemics in prison.[56]

CPT visited the Republic of Moldova a few times in the last years - 2020[57], 2018[58], 2015[59]. The main concerns in the last visit were in particular: (1) the persistence of a prison sub-culture that fosters inter-prisoner violence and the low staffing levels in prisons, (2) Health-care staffing resources in all three prisons visited were inadequate and the CPT recommends that the vacancies be filled and that the number of nursing staff at Chisinau Prison be increased. Recommendations are also made as regards proper recording of injuries and confidentiality of medical examinations, (3) the delegation encountered a number of prisoners who appeared to have mental health problems or thoughts of self-harm, including suicide, and who had been held in conditions akin to solitary confinement for months or even years on end, (4) The CPT formulates a number of other recommendations regarding various additional prison-related issues, such as to develop a specific admission procedure for women prisoners, (5) insufficient medical staff, (6) not properly stored and expired medicines,

According to OP CAT, the independent visits of the National preventive torture mechanism for monitoring right to health in prisons (including 15 interventions implementation) are provided regularly. The systemic issues regarding health care in prisons are mentioned in the CfPT reports: (1) insufficient number of medical staff influences the access of detainees to medical examination, (2) medical examination procedures of detainees

[55] https://www.legis.md/cautare/getResults?doc_id=111918&lang=ro
[56] WHO Europe: Policy guidance on HIV in prisons at www.euro.who.int/en/health-topics/communicable-diseases/hivaids/policy/policy-guidance-for-key-populations-most-at-risk2/hiv-in-prisons; CM: Prison and criminological aspects of the contro lof transmissible diseases including AIDS and related health problems in prison. Recommendation R (1993) 6; CM: The ethical and organisational aspects of health care in prison. Recommendation R (1998) 7; The CPT Standards 2002 (rev. 2011); UNAIDS/UNODC/WHO: HIV/AIDS Prevention, care, treatment and support in prison settings :a framework for an effective national response (New York 2006); WHO Europe: WHO guidelines on HIV infection and AIDS in prisons (Geneva 1993); Mшller L. et al: Health in prisons: a WHO guide to the essentials in prison health (Geneva 2007); Penal Reform International: Dublin Declaration on HIV/AIDS in prisons in Europe and Central Asia (Dublin 2004); World Medical Association: Declaration of Edinburgh on prison conditions and the spread of tuberculosis and other communicable diseases (Edinburgh 2000, rev. Montevideo 2011); UNODC: HIV prevention and care in prisons and other closed settings: a comprehensive package of interventions, Policy Brief (Vienna 2012).
[57] https://rm.coe.int/16809f8fa8
[58] https://rm.coe.int/16809022b9
[59] https://rm.coe.int/16806975da

when committed to/released from penitentiary to determine body injuries are applied occasionally, (3) confidentiality of medical examination is not ensured sufficiently, including due to insufficient number of suitable rooms for medical examination, (4) the services to detect transmissible diseases of detainees when they are committed into the penitentiary system are not sufficiently covered - voluntary HIV testing and radiology test to detect tuberculosis; (5) there are no clear procedures to ensure the right of detainee to independent medical examination, (6) the medicine provided to detainees in not sufficient (including dental supplies) and the detainees continue to buy the medicine with own money, anti-tuberculosis medicine procured with own resources by the detainees is administrated without direct supervision of medical staff, which can lead to the amplification of drug resistance and may deprive the detainees in the future of a corresponding treatment, because tuberculosis cannot be cured, (7) tuberculosis control measures in penitentiaries institutions are not observed: the ventilation systems in places of detention of persons with tuberculosis are not functional, the staff is not provided with respiratory masks, and the appropriate quantity of quarts lamps is missing, (8) insufficient financial support of the Government to implement health programmes in the penitentiary system, including failure to provide medicine of vital importance to treat the tuberculosis, HIV/AIDS infection, (9) the compassionate release due to severe illness is limited, due to severe criteria and long examination procedure, (10) gender specific matters in penitentiaries are not sufficiently ensured. The female detainees frequently do not receive the consultation of gynecologist; other gender related services are also not provided accordingly. Apparently, every female detainee benefits from monthly hygienic products and has the right to visit shower facilities once a week, but in practices, the need for hygienic products may arise at the moment of placing in detention, (11) Detainees do not benefit from national programmes implemented in the Republic of Moldova (for instance, mental health, cancer, diabetes, and heart diseases) and persons in detention do not have a status of insured within medical insurance funds. CfPT concludes that this practice is caused by considerable underfinance of health system, as well as insufficiency of essential medicine to observe the treatment schemes, according to the national programmes. It influences the aggravation of health status of detainees in institutions and may be labelled as inhuman and degrading treatment. [60], [61]

CfPT emphasis that the Republic of Moldova continues to be sanctioned by the European Court of Human Rights for overcrowded prisons.[62]

The CfPT notes the efforts of the MoJ to strengthen the management of the medical service in the prison system, but both major financial investments and investments in the human resources involved in the reorganization are needed. The poor provision of medical staff affects the prisoners' access to a medical examination. There is a constant turnover of medical staff, which is the greatest challenge for the provision of prisoners with access to healthcare. Following the reorganization of the prison system, medical positions were reduced in number and resulted with the lack of access of prisoners to healthcare due to the shortage of staff and the overwork of existing personnel. [63] The same serious situation was reported during the visit of the CPT in 2018[64] in one of the prisons

[60] 2017 NPM Moldova Annual report, http://irp.md/engine/download.php?id=599
[61] 2018 NPM Annual Report, http://ombudsman.md/wp-content/uploads/2019/07/Raport-anual-de-activitate-CpPT-2018_Engleza.pdf
[62] ee: Judgment Ostrovar v. Moldova, 2005; Istratii and others v. Moldova, 2006; Modârcă v. Moldova, 2007; Ciorap v. Moldova, 2007; Țurcan v. Moldova, 2007; I.D. v. Moldova, 2010; Arseniev v. Moldova, 2012; Plotnicova v. Moldova, 2012; Constantin Modârcă v. Moldova, 2012; Mitrofan v. Moldova, 2013; Ipati v. Moldova, 2013 etc.
[63] 2018 NPM Annual Report
[64] The Committee was surprised that at Soroca prison, which had a population of about 800, there had not been a doctor for more than a year. A team of four feldshers were present 24 hours a day in the institution, who tried to respond to the primary care needs of the prisoners. 2018 CPT visit Report, https://rm.coe.int/16809022b9

of the Republic of Moldova, and is considered unacceptable, having due regard to the fact that the prison hosted many prisoners suffering from chronic diseases such as diabetes and cancer. Such a state of affairs also violates the national laws[65] that require that each prison has at least one general practitioner, one dentist and one psychiatrist..

Regarding harm reduction services, the CfPT, mentioned[66] availability of the syringe exchange and condom distribution system for prisoners in 15 prisons, including in Bender region, which has been put in place by involving volunteers from among prisoners. Similarly, there is a programme of pharmacotherapy with methadone in the prison system, which is in place in 13 prisons, but there are a large number of cases of its discontinuation immediately after placement in detention, which suggests that the psychosocial support offered is not sufficient. The Council expresses its concern about the small number of patients enrolled in treatment and the high rates of abandonment (especially in Prison No. 13). Prisoners who accept the methadone treatment are frequently subject to isolation because of the influence of the criminal subculture, which may be a reason for the refusal of the treatment. Accordingly, the Council considers that the problem of under-use of treatment programs for opioid dependence has not been addressed, and persons seeking treatment have to be isolated, i.e. separated from the general mass of prisoners. The CfPT is concerned about the administration's inaction in ensuring access of prisoners placed in the general prison population to effective treatment for opioid addiction. The CfPT is concerned about the high rate of suicides, which is the second highest cause of death after cardiovascular disease. The lack of psychiatrists and the mental health strategy in the prison system, which is an environment where complex medical and psychological interventions are needed to exclude the suffering of prisoners and to ensure that the authorities fulfil their positive obligation to provide persons throughout their detention with medical monitoring and the prescribed treatment. Dental care is poor due to the acute shortage of medical staff and dental consumables. The CfPT notes that the phenomenon of self-harm and hunger strike among prisoners is on the increase. The practice of imposing disciplinary sanctions, including for self-harm, was found, which can be considered excessive and inhuman because sanctions are being imposed on persons suffering from mental health illness (instead of subjecting them to proper treatment).

Implementation strategy and barriers to access Harm Reduction Services

In a small country context as Moldova is, the implementation of harm reduction activities for the community and penitentiaries was concomitant, based on the provisions of the national TB and HIV programs. The financial support provided since the 2000s for the implementation of national programs at various stages by the Global Fund, UNODC, UNAIDS, Soros Foundation has contributed to the integration and alignment of prison practices to national standards of the diseases.

The *Baseline study into Criminal Subculture in Prisons in the Republic of Moldova*[67] finds that criminal subculture exists to a greater or less extent in all prisons in Moldova. Throughout the prison system and particularly in adult male establishments the subculture is enforced by centralized structures. Small groups of prisoner leaders enforce informal rules and produce punishment for those breaking the rules[68]. The influence of an illicit opioid market run by the informal prisoner authorities on access to MMT, as result the therapy is interrupted upon entry

[65] Enforcement Code of Republic of Moldova https://www.legis.md/cautare/getResults?doc_id=119760&lang=ro
[66] 2018 NPM Annual Report
[67] https://rm.coe.int/criminal-subculture-md-en-/1680796111
[68] 2018 CPT Moldova visit Report, https://rm.coe.int/16809022b9

into the penitentiary or pre-trial detention facilities. The detainees who use drugs are in a unfavorable situation because art. 217[5] of the Criminal Code provides for punishment for narcotic drug use in detention) and there is no independent doctor, who would respect only the medical ethics. The prison medical staff is not subordinated to the Ministry of Health and the decision of prison administration influences the medical decision to the detriment of the patient's interests.[69]

Another study provided with prisoners after release in Moldova[70] has pointed that people who inject drugs in Moldova are relatively well informed about OAT, they are embedded within a stigmatizing prison culture that is against it and therefore may be continuously exposed to and endorse negative myths about OAT. Similar to being the amplifiers of diseases, prisons may also serve as amplifiers of prejudice and stigmatizing attitudes toward OAT. Moreover, while other prisoners seem to be the source of most negative attitudes toward OAT, both physicians and family members also reinforce these notions, which may influence both prison- and community-based OAT expansion. Successful interventions, including peer-driven interventions, are likely to target primarily other prisoners, but comprehensively incorporate physicians, family and prison personnel. Results underscore the negative impact of within-prison harassment, as bullying was higher and personal safety lower among those that actually accessed within-prison OAT. In the presence of high levels of negative attitudes toward OAT by other prisoners, many prisoners do not access the treatment. These interpersonal negative influences contribute to the unwillingness expressed by the prisoners not on methadone to consider enrolling in treatment post-release, and the intention to discontinue it expressed by those who received methadone within prison. These effects undermine both within-prison and community OAT expansion efforts. Perpetuation of negative OAT attitudes and myths, alongside the increased harassment towards OAT patients, might be explained by within-prison instigated and perpetuated stigma and discrimination. Stigma is propagated to maintain power and to reinforce social hierarchies, and in controlled prison settings, would likely be wielded for power-related purposes. OAT patients are likely to feel stigmatized or discriminated against in prison individually and/or as a group, and may become alienated, ostracized, and harassed by other prisoners. Last, OAT implementation and enrollment in Moldovan prisons are influenced by ideological biases and myths that are largely formed, reinforced, and often magnified behaviorally in restricted prison settings.[71]

The following major barriers to accessing Harm Reduction Services in Moldovan prisons are outlined:

A. Law, policy, regulation and normative frameworks

1. Reduced involvement of MoH in the activities performed by the medical staff in the penitentiaries, including the verification of the quality of the medical services available/provided to prisoners due to the subordination of the medical services in the MoJ / NAP.
2. The normative framework in the field of health in prisons is outdated, has obsolete provisions and contradicts international standards, including the management of infectious diseases (tuberculosis, HIV / AIDS, viral hepatitis and, of course, COVID-19);

[69] Council of Europe, *Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 28 January to 7 February 2020*, https://rm.coe.int/16809f8fa8

[70] Accessing methadone within Moldovan prisons: Prejudice and myths amplified by peers, 2015 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5592800/

[71] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5592800/

3. Criminalization of drug use in the places of detention, which results in limited access to Syringe Exchange Programs and methadone substitution therapy, despite their availability;

B. Services/resources

5. Insufficiency of medical staff in places of detention; 10 out of 17 penitentiaries do not have heads of medical services, responsible for the management of medical care in the penitentiary;
6. The accessibility of medical services at the penitentiary level depends on the qualification and abilities of the medical staff, and in the context of vacant managerial positions in the vast majority of penitentiaries that being a major barrier for detainees in access the medical care, including HIV, TB, OST and other harm reduction services.

C. Poor practices (eg. Failure to respect confidentiality)

7. Failure to respect the confidentiality of inmates' medical information is an issue that can influence the addressability and acceptability of medical services, including HIV and harm reduction services

D. Stigma and attitudes

8. Stigma and discrimination of the people who inject drugs included in OST and negative influence of the criminal subculture on enrollment and adherence, especially in the pretrial detention;

9. The IBBS 2020[72] results that indicate the practice of sharing the injection equipment indicate two important aspects - the diversification of the peer-to-peer offering model of harm reduction services and the quality of information and education of detainees upon admission to the penitentiary and during detention.
10. The inclusion in the treatment of OST only of the persons in the medical evidence, a mandatory condition for the Republic of Moldova, can be a barrier that reduces the attractiveness of the treatment and in prisons. This mandatory medical surveillance includes certain restrictions related to the driver's license, so after release the possibility of employment is limited (detainees often become taxi drivers).
11. Harm reduction services are poorly adapted to the special needs of women in detention, requiring clearer interventions in this group of detainees.
12. Juvenile detainees do not have access to harm reduction services, which is a national problem. There is no Standard Operating Procedures on ensuring access to HIV and drug testing and treatment.

COVID -19 and Harm Reduction Services in prisons

In order to diminish the risks of mass contamination, by the Parliament Decision no. 55, a state of emergency was declared on the entire territory of the Republic of Moldova for the period **March 17 – May 15, 2020**[73]. In connection with the alarming epidemiological situation in the country related to the registration of influenza cases, **on February 26, 2020**, the Order of the National Administration of Penitentiaries (ANP) no. 98 on intervention measures in the area of epidemic increase in the number of influenza cases, acute infections of the upper

[72] IBBS 2020 Report https://sdmc.md/wp-content/uploads/2020/12/IBBS_REPORT_MD_2020_FINAL_eng.pdf
[73] https://www.legis.md/cautare/getResults?doc_id=120817&lang=ro

respiratory tract and severe acute respiratory infection (SARI) 5. By this order, intervention measures were ordered in accordance with the recommendations of the WHO and the Ministry of Health, the quarantine period and the implementation, for 14 days, of measures to monitor (monitor) health (daily thermometry, assessment of clinical symptoms for acute respiratory infection).[74]

On April 6, 2020, with the support of UNODC Moldova, the first in the region operational procedures on the management of Covid-19 in Moldovan penitentiaries[75] were developed and implemented. In addition to scenarios and reaction mechanisms in different situations (suspicious case of employee or detainee, transfer from another penitentiary, release), insurance with protective equipment, waste management resulting from medical activity, SOP has a separate chapter on ensuring continuity of treatment in chronic diseases (including TB, HIV, OST). Recognizing the overrepresentation of marginalized populations in prisons, the risks of communicable diseases transmission at the time of release, and the unhealthy living conditions in most correctional facilities, the SOP put accent to the WHO recommendations on "close links or integration between public health services and prison health."[76] The WHO has also noted the need for "partnerships between corrections-based and external service providers"[7] in order to provide "effective and continuous services for prisoners."[77] These UNODC SOP were the basis of all subsequent orders developed by the NAP, including testing and treatment of COVID. There are no national provisions in the decisions issued by the Government, MoH on detainees as a priority risk group for COVID-19. The initiative of the UNODC Moldova and NAP Medical Directorate contributed to the inclusion of penitentiary medical staff in training related to biological sampling for COVID testing of detainees and cooperation with local public health authorities in receiving samples taken from penitentiary medical staff. The treatment of COVID in detainees was performed in the penitentiary hospital in a specially created section; severe forms of the disease were transferred to civilian hospitals. Currently available testing: PCR, rapid tests.

The medical staff was additionally trained in May 2021 (on-line) organized by the National Agency of Health Public, WHO on Procedures registration, right of patients to register national vaccination, rules of transportation, storage and administration of vaccines, recording reactions adverse etc. COVID vaccination of detainees is available in all penitentiary institutions since May 2021 and is done voluntarily by signing the informed consent with received vaccines from MoH: AstraZeneca, Jansen, Pfizer.

The first case of COVID in detainees was identified on 22 April 2020 in a person extradited from Ukraine. In total, there tests provided since the beginning of the pandemic - 714. Total detainees confirmed positive since the beginning of the pandemic - 208, no deaths.

There no statistics regarding number of the tested prisons staff because of the medical assistance provided in the civilian sector individually. Total COVID-19 prison staff confirmed positive since the beginning of the pandemic - 452 cases, including 3 deaths.

[74] https://promolex.md/wp-content/uploads/2021/03/Raport-Mmonitorizare-1_-Covid-19-%C3%AEn-penitenciare.pdf
[75] SOP on COVID-19 management in Moldovan Prisons, 06.04.2020
https://drive.google.com/file/d/1u2ZcAVzdRQQy4ovfPi8_cxuTwh_oPHpR/view
[76] https://www.euro.who.int/__data/assets/pdf_file/0007/98971/E94242.pdf
[77] https://apps.who.int/iris/handle/10665/326483

At September 14, 2021, detainees have been immunized completely according to the scheme of vaccination; 36.94% of detainees (2351 from 6364 adults), of which 2061 men (34.4% from 5988 in evidence) and 290 women (77% from 376 in evidence). The first dose is received by 1867 prisoners.

The provision of personal protective equipment (PPE) was made from the NAP budget by redistributing the planned resources for healthcare and with the support of donors: Council of Europe, Global Fund, Soros Foundation Moldova, UNODC Moldova. There were also centralized distributions from MSMPS of PPE and other equipment for patient care (mobile oxygen sources, mechanical fans). The NAP budget in 2020 were concluded in the fight with COVID-19: 9 contracts in the total amount of 653789,8194 lei (37 330,4 USD). Also on this segment, humanitarian aid amounting to 1784760.75 lei (101 907 USD) was received.

E-justice rooms to prevent the spread on COVID-19 are refurbished and equipped by UNODC in the 4 pretrial detention prisons.[78] Unfortunately, the prison authorities have not implemented measures to release certain groups of vulnerable detainees from detention (such as persons in pre-trial detention for minor or nonviolent offenses, detainees with pre-existing illnesses, detainees over 60 years of age, etc.) in order to reduce overcrowding in prisons and , of the risks associated with COVID-19.

Continuity of services on the prevention, diagnosis and treatment of other diseases among detainees requires more attention. MoH has not established clear regulations for detainees, different types of services and institutions, in order to ensure access to medical services in safe conditions, for cases when medical care in the penitentiary cannot be provided or postponed. There are cases of refusal to provide medical care to detainees in the civilian medical institution, including on vital indications, indicating the reason for the impossibility of ensuring access in institution to security escort.

At the same time, in April 2020 there was a risk of discontinuation of methadone insurance for pharmacological treatment at the national level due to depletion of the stock of the medicine. The situation in prison was solved by internal within medical service transfers of the necessary quantity of medicine but that needs a considerable efforts and commitment of the prisons directors because of the strict evidence procedures and special condition for transportations.

In prisons, since August 2020 buprenorphine administrated patients were transferred to methadone due to an ongoing stock out in the prison system. This change was apparently done with the consent of patients but is questionable due to dependent position of the prisoners to administration.

Due to the establishment of the special regime in penitentiaries and the technical failures of the mobile installation, the planned radiological control for the detection of tuberculosis in detainees was not performed twice a year in accordance with national provisions and international recommendations.

There was the stock out of the TB treatment medicines in prisons during 2020, including for the DR-TB. This issue was solved by MoH (NTP) support.

Existing systemic problems in prisons have been shaped by the COVID-19 pandemic. In particular, the issue of medical staffing, poor cooperation and low involvement of MSMPS in the health of detainees was emphasized. Thus, this population group is not found in the national public health priorities, being ignored the international

[78] https://anp.gov.md/camere-de-e-justitie-la-distanta-au-fost-deschise-patru-izolatoare-din-moldova

recommendations, and the Medical Directorate NAP has insufficient human and financial resources for the complex management of the situation.

Evidence-based decisions: operational and clinical research in prisons

922 new HIV cases were reported in 2019 in the Republic of Moldova, and 5.1% were attributed to the transmission as a result of injected drug use. In 2020, the estimated number of people who inject drugs in the country is 27,500 people, including 22,780 people and HIV prevalence among people who inject drugs of 10.3% on the right bank and 4,720 people and HIV prevalence among people who inject drugs of 20% on the left bank of Nistru river.[79]

A size estimate of the number of people who use drugs in penitentiaries was undertaken in 2016.[80] The size of the group of detainees who injects drugs in the penitentiaries on the right bank of the Dniester River at the end of the year was estimated at 700 persons. The annual size of the group of people who inject drugs in prisons was estimated at 1,600 detainees or about 15% of persons who were in prisons.

Integrated Bio-Behavioral Survey (IBBS) is conducted in prisons on a regular basis and includes data on prevalence, accessibility of HR services, and knowledge-integrated indicators among prisoners (2007, 2009, 2013 and 2016 based on the same methodology). IBBS results amongst inmates show a decrease in blood-borne diseases such as HIV and viral Hepatitis (see the table No 5).

Table No 5. Main IBBS 2007-2016 indicators for prisoners in Moldova, %

Indicators	2007	2010	2012	2016
Average Age	33,0	33,6	34,8	35,9
% of people who inject drugs in the last year	4,7	3,0	2,7	4,2
% usage of sterile equipment in the last month	100,0	100,0	100,0	100,0
% integrated indicator regarding the knowledge/ information about HIV/AIDS	30,8	43,4	44,0	45,5
% integrated indicator regarding the knowledge/ information about TB	-	-	79,7	77,6
HIV Prevalence %	4,2	3,4	1,9	3,8
HVB Prevalence %	11,3	16,3	13,1	5,1
HVC prevalence %	21,0	15,5	8,6	16,2

[79] Dermatology and Communicable Diseases Hospital, *Monitoring the HIV infection in the Republic of Moldova in 2019*, https://sdmc.md/wp-content/uploads/2021/02/MD_Raport_anual_HIV_RO_2019_FINAL_DB-modificat.pdf
[80] http://www.ccm.md/sites/default/files/2018-02/Raport_estimare_CDI_penitenciare_2016.pdf

According with the last 2020 IBBS Report[81], In 2019, approximately 9300 adults (≥15 years) were living with HIV in Republic of Moldova. While HIV prevalence is low (0.3%) in the general population, prevalence has been found to be higher among the key populations at higher risk of HIV, including people who inject drugs, female sex workers (FSW), men who have sex with men (MSM) and prisoners. In the HIV Integrated Biological and Behavioral Surveillance (IBBS) surveys conducted in 2016, HIV prevalence among people who inject drugs ranged from 13.9% to 29.1%, for FSW ranged from 3.9% to 22.3%, for MSM ranged from 4.1% to 9% and for *prisoners was 3.8%.* 2020 IBBS finds that people who inject drugs have high HCV prevalence. The spread of HCV among this group is likely attributed to needle and paraphernalia sharing practices (30% of people who inject drugs reported indirect sharing and 4% direct sharing of syringes; *22% of people who inject drugs who were in prison shared injecting equipment in prison*). High percentages (from 40% to 48%) of people who inject drugs had been imprisoned and about half of them had injected drugs while in prison. The sharing of injecting equipment in prison is higher than out of prisons. Policies for punishing and imprisoning people who inject drugs for drug use, including carrying sterile needles, should be evaluated. *Although prisons provide HIV testing, treatment, and linkage to care programs, as well as harm reduction services, for people who inject drugs while they are in prison, there is still a lot of risk behaviors.*

The study "***Opioid substitution treatment services assessment in Moldova***" (2016)[82] mentions that less than 3% of the estimated people who inject drugs use methadone substitution treatment, therefore, this effort has a limited impact on the prevalence of injected drug use. Prescription of methadone treatment depends on the registration for medical surveillance, which triggers other limitations (for instance, for obtaining the driving license or authorization to possess weapons). The registration process and lack of option for anonymous treatment is a major barrier in attracting patients to the OST.

[81] https://sdmc.md/wp-content/uploads/2020/12/IBBS_REPORT_MD_2020_FINAL_eng.pdf
[82] David Otiashvili, *Opioid substitution treatment services assessment in Moldova*, 2016, http://www.pas.md/en/PAS/Studies/Details/75

Annex 1. Availability of the comprehensive HIV prevention package of 15 interventions in the penitentiary system of the Republic of Moldova, 2021

15 Interventions	**Pre trial detention prisons, including women and juvenile offenders**				**Prisons, men** **Prisons No 8 and No12 are on the conflict zone, uncontrolled by RM authorities (de facto Transnistria Region), but the NAP has 2 prisons**										**Women, including girls**	**Juve niles, men**	**Prison hospital**
Prison number, N=17	**5**	**11**	**13**	**17**	**1**	**2**	**3**	**4**	**6**	**8***	**9**	**12***	**15**	**18**	**7**	**10**	**16**
Official capacity, N=6735	170	258	570	516	336	286	307	713	693	279	464	261	470	652	231	64	462
No of prisoners at 01.07.2021, N=6423	150	283	904	245	341	341	395	703	722	95	485	125	489	626	291	35	206
Occupancy rate, 95,4%	88	110	159	47	102	119	129	99	104	34	104	48	104	96	126	55	45
Information, education and communication	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV testing and counselling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	X
HIV treatment, care and support	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	x	X
TB Prevention,[1] diagnosis[2], treatment[3]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[12]	X[123]
viral hepatitis Diagnosis[1], treatment[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[2]	x[1,2]
Sexual and reproductive health	x	x	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	x
Prevention of mother-to-child transmission of HIV, syphilis, HBV	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	N/A	X
Condom and lubricant program	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	X
Prevention of sexual violence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	x	X
OST	X	X	X	X	X	N/A	X	X	X	N/A	X	N/A	X	X	X	N/A	X
Needle and syringe programs[1], **o**overdose management[2]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	N/A[1]
Post-exposure prophylaxis of HIV	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Prevention of transmission through medical and dental services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VHB vaccination, prevention of transmission through tattooing, piercing and other forms of skin penetration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Protecting staff from occupational hazards	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

*Women in pretrial detention: 57 women (No 5 – 2, No 11 -18, No 13 -55, No 17 -0)

** Juvenile offenders in pretrial detention: 23 persons, all men, (No 5- 0, No11-4, No 13 -11, No 17 -3)