



Analysis of the Prison Health System in the Kyrgyz Republic

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Abbreviations

CC – Correctional colony
CC KR – Criminal code of the Kyrgyz Republic
CEC KR – Criminal execution code of the Kyrgyz Republic
CFH – Center for Family health
CH – Central hospital
Chuyski RCTB – Chuyski Regional TB center
CI – Correctional institution
CMCC – Central medical consultation commission
DC - Detention center
DOTS – WHO strategy for TB control
DPE – Department of penal execution
DPD – District police department
FE – Forensic examination
FME – Forensic mental examination
GDPE – General department of penal execution
GP – Grant of parole
HCD – Health care department
IRH – Integrated regional hospital
KR – Kyrgyz Republic
MLC – Medical and labour commission
MDR TB – Multi-drug resistant tuberculosis
MIA KR – Ministry of Internal Affairs of the Kyrgyz Republic
MH KR – Ministry of Health of the Kyrgyz Republic
MJ KR – Ministry of Justice of the Kyrgyz Republic
NCTB – National center for TB control
NGO – Non-governmental organization
PE – Penal institutions
RCMH – Republican center for mental health
RNC – Republican narcological center
RP – Remand prison
SD – Special department
SMLC – Specialized medical and labour commission
TB – Tuberculosis
TB01 – Patient's card
TB03 –TB register
TB07 – Quarterly report on new cases and relapses
TB08 – Quarterly report on treatment outcomes
TWG – Thematic working group

Executive summary

This Report on the evaluation of health care in prisons in Kyrgyzstan presents the findings of the study conducted by the interagency working group in the correctional institutions of the country's penal system. The report includes not only a complete situation analysis of health care services in the GDPE system, but also practical recommendations on improving health care for the prison population.

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I. Introduction

In 2002 the Kyrgyz penal system was transferred from the Ministry of Internal Affairs and placed under the jurisdiction of the Ministry of Justice, which allowed starting the development and implementation of measures aimed at reforming it.

In 2003 Kyrgyzstan joined the WHO Health in Prisons Project, thus starting further comprehensive cooperation of prison health services with the public health sector, which is also reflected in the National program of reforming public health in the Kyrgyz Republic - "Manas Taalimi" - for the period 2006-2010. The main objective of the program is health promotion through better financial security, accessibility, efficiency, quality and transparency of health services.

Health issues, among others, were reflected in the conceptual framework for the development of the GDPE KR in the National program of reforming the Kyrgyz penal system until 2010 "UMUT", as approved by the Government Ordinance dated 10 March 2006:

- improvement of the regulatory framework governing the application of health interventions and interagency cooperation in the area of health;
- participation of the penal system in national programs on prevention of TB, HIV/AIDS, drug abuse, STDs, etc;
- strengthening of material and technical basis of health facilities;
- providing human resources and capacity building, etc.

During the past 3 years, over 20 international projects have been implemented in the GDPE system. In 2008, the ongoing projects were as follows:

- TB control (ICRC and "Medecins sans frontieres – Switzerland") and prevention of HIV/TB co-infection;
- Pre-release counseling and social follow-up for prisoners (AIDS Fund East-West);
- Harm reduction (Soros-Kyrgyzstan Foundation);
- Syringe and needle exchange for injection drug using prisoners (GFATM, WHO);
- Assistance to working groups on updating the legal framework on prevention, diagnostics and treatment of drug abuse, HIV/AIDS (UN Office on Drugs and Crime);
- Program for the rehabilitation of alcohol and drug dependent persons "Atlantis" (Soros-Kyrgyzstan Foundation, Soros-Poland Foundation, BOMCA/CADAP – EU/UNDP and CARHAP/DFID Programs);
- Project on preventing the spread of HIV/AIDS among the convicts in the penal system by establishing a service for social follow-up in correctional institutions and remand prisons of MJ KR (CARHAP), etc.

Thus, the total amount of investments attracted as part of international projects in 2008 was over \$3 million.

In order to strengthen interagency cooperation and coordination between all international donor organizations, the Interagency coordination board for health and social follow-up was established at the DPE MJ KR (May 2007).

At the same time, despite significant amounts of donor funds, the overall situation with health in prisons has remained unchanged and fragmentary.

The prisoners' morbidity pattern is still dominated by TB and respiratory diseases, gastro-intestinal and urinary disorders and communicable diseases.

In the pattern of mortality, the major cause of death is TB, with cardiovascular diseases, suicide and injuries being other major causes.

A major problem is that, due to the absence of production facilities, prisoners are not employed for most of the time, and doing nothing is becoming their way of life. Labor therapy is almost excluded from the process of reformation, which is contrary to the principles of the "UMUT" Program of reforming the penal system and has negative effects on the moral and psychological environment in correctional institutions.

No in-depth analysis of the problems of the prison health sector has been undertaken for a long time (about 10 years), which prevented specific measures from being implemented to improve the situation in prison health.

Therefore, the Interagency coordination board for health and social follow-up in the penal execution system of MJ KR (February 2008) decided to request the interagency Working group to conduct a study in order to develop recommendations regarding further improvement of health in prisons.

This Report is based on the study of the situation with health in prisons in the Kyrgyz Republic, which was ordered by Ordinance of the Ministry of Justice of the Kyrgyz Republic #39 of 05.03.2008.

Aim:

To conduct an analysis of prison health in the KR with a view to developing a strategy of improvement of prison health, enhancing intersectoral cooperation as part of the implementation of the National program of reforming the health system "Manas taalimi" and of the National program of reforming the penal system "UMUT", harmonizing activities with international requirements and recommendations on strengthening prison health systems and prisoners' health.

Objectives:

- Data collection and evaluation
- Identification of problems and needs (SWAT)
- Development of recommendations and suggestions for addressing the problems and meeting the needs as part of new strategies within the limits of resources available in the country.

Methods

The analysis was based on reports, statistics and information submitted to higher authorities by the Ministry of Justice of KR, and the legislation and regulations that have been in place for the past 2-3 years, as well as on the results of this study that was conducted in GDPE institutions, the information collected using the specially developed questionnaire and interviews with operative and health staff of the GDPE (see Annex 1).

During the assessment of health in prisons conducted from May to June 2008, the working group visited 14 institutions of the GDPE MJ KR system:

- 3 remand prisons: RP #1, #5, #50;
- 9 colonies (maximum security colonies #1 and #16, high security colonies #3, 8, 10, 19, 47; colony #2 (for women); educational institution #14 (for male minors); TB hospitals #27 and #31.

During the study, the working group was given an opportunity to visit the relevant sites of the GDPE institutions, to review relevant documentation and meet the administration and staff of the institutions to conduct interviews and discuss the issues of prison health.

Unfortunately, limited time and resources prevented the working group from interviewing prisoners on the issues of satisfaction with health services and on whether there were any out-of-pocket payments by the patients for health services in the DPE system.

II. General features of the Kyrgyz penal system

The General department of penal execution of the Ministry of Justice of the Kyrgyz Republic (GDPE MJ KR) is the main authority responsible for the operation of the penal system in the Kyrgyz Republic.

The structure of the GDPE MJ KR is composed of 32 penal institutions:

1. 11 penal institutions (camps) where prisoners reside in barracks:
 - 3 maximum security male colonies for repeated offenders;
 - 4 high security male colonies for first-time offenders who have committed serious and especially serious crimes;
 - 1 educational colony for male minors;
 - 1 correctional institution for women;
 - GDPE Central hospital at Correctional colony #47;
 - 2 TB hospitals;
2. 15 settlement colonies;
3. 6 remand prisons (RP).

As of 1 January 2009, GDPE institutions held 9,607 inmates.

The staff of the criminal execution system includes accredited personnel (officers) and civilian personnel (a ratio of 4.5:1). As of 1.01.2009, the approximate staff to prisoners ratio was 1:4.5

1. Provision of health services in the Kyrgyz penal system

The health service of the Kyrgyz penal system is organized according to the institutional principle; it reports to the GDPE administration and is responsible for all treatment and prevention activities in the penal system.

From the organizational point of view, the GDPE health service is not linked with the public health sector, operating in parallel to the general health system.

The structure of the GDPE health service (see Annex 2):

- Health department of the GDPE;
- 12 health units in correctional colonies;

- 4 health posts at remand prisons;
- 4 hospitals:
 - Central hospital (CC-47), hospital (CC-3);
 - 2 TB hospitals (CC-27, 31).

Each correctional institution or remand prison has special health units (HU), that provide outpatient and inpatient treatment. Inpatient facilities include the Central hospital at CC #47, general hospital at CC #3 and two specialist TB hospitals (CC #31 and 27).

As of 1.01.2009, the health staff list had 138 medical positions of which 60.8% were filled, and 129 paramedical/nurse positions (staffing rate 80.6%).

III. Findings

1. Organization of health services and quality assurance

Health services in remand prisons

All prisoners arriving in remand prisons are placed into quarantine cells, and for the first two days the health staff on duty perform initial assessment for physical injuries and diseases, and placement is decided upon: whether the prisoner will be placed in a common cell, hospital cell or the GDPE Central hospital.

During the first three days a check-up is performed, with all new prisoners undergoing chest radiography and blood testing for syphilis, and, voluntarily, for HIV. Results of all the assessments are attached to the outpatient cards, the examination register is kept, and relevant records are made in the outpatient card.

Unfortunately, there have been instances of poor coordination within the DPE health service, where outpatient cards are not transferred from one institution to another, there is no continuity in keeping case records, and the system of archives and issuing outpatients cards (or excerpts therefrom) to released prisoners is inadequate.

Assessment of prisoners upon admission to remand prisons

Daily *outpatient services* are provided by medical assistants in charge of each floor of the prison blocks in health rooms. Patients are received upon their request, and symptomatic treatment is performed in procedure units or in hospital cells, mostly using drugs in tablets. More complicated cases are referred to physicians that also receive patients on a daily basis. In addition, once a week the designated medical assistant together with the doctor in charge of the floor make rounds of the cells to detect sick persons and to inspect the sanitary condition in the cells. Every day a medical assistant sees about 11-12 people, and a general practitioner sees about 6-7 people.

Emergency care – medical units do not have a list of emergency conditions, nor standards for emergency care or post-syndrome sets with drugs. If necessary, an ambulance is called from the city health service. The same vehicle may be used, if needed, to deliver the patient to the Central hospital of the GDPE or civilian hospitals, under escort.

Specialist care

A dentist visits remand prisons 2 or 3 times a week in the mornings and only deals with removal of teeth. While there is a modern dental installation, dental tools and filling materials are lacking.

A psychiatrist sees outpatients with mental disorders and registers and observes mentally incompetent prisoners (following the findings of the forensic mental examination (FME)).

Once a week an RCMH expert commission conducts forensic mental examination of prisoners (2 to 12 persons) at the request of the judiciary and investigating authorities.

Twice a week an RNC expert commission conducts narcological expert examination of prisoners at the request of investigating authorities. The finding of the commission serves the basis for the court ruling on compulsory treatment of chronic alcoholics and drug users. When the court sentence contains a paragraph on compulsory treatment, prisoners are immediately referred from remand prisons to the GDPE Central hospital's narcological center for inpatient treatment.

Dermatologic and venereologic care is provided by the dermatologist employed under an individual agreement, who sees patients 3 times a week.

All patients with STDs are prescribed treatment which they undergo while being in the remand prison. Upon completion of the treatment, physicians at correctional institutions where these patients will be transferred are given recommendations on serological surveillance.

TB specialists of the remand prisons' health units consult and register patients and conduct additional assessment of all chest radiography-positive patients and TB patients. Patients with active, inactive and multi- and extra drug resistant forms of TB are kept separately in TB cells. All patients with active and severe destructive forms of TB undergo bacteriological sputum smear susceptibility tests in the Republican reference laboratory of the National center for TB control.

The provision of anti-TB and other drugs and medical supplies and the process of treatment itself is conducted with the direct participation of the international organization "Medecins sans Frontieres – Switzerland".

Organization of TB treatment in DPE

In 2008, a decrease in TB-related morbidity and mortality was observed in the GDPE institutions.

Increased numbers of new TB cases testify to a high detection rate, efficiency of bacteriological tests and improvements in health care quality.

Bacteriological sputum smear tests to detect active forms of TB are conducted in CC #3, 8, 21, 27 and 31. CC #1 conducts sputum smear tests at the TB hospital of CC #27, and other correctional colonies (#2, 10, 14, 16, 19, 23, 24, 25, 50) conduct these tests in local civilian health facilities.

National reference laboratory (NRL) at the National center for TB control conducts sputum smear tests for susceptibility to TB drugs for patients from RP-1 and TB hospitals at CC #27 and 31.

In 2008, 12,106 bacteriological tests were conducted (854 positive results), while in 2007, 5,200 such tests were conducted (752 positive results), and in 2006 - 9,537 tests were run, of which 2,167 were positive.

To enable early detection of TB cases, prisoners undergo fluorography. In April 2008, a mobile digital photofluorographic unit was purchased for the penal system with the financial support of ICRC.

Currently TB patients are treated in TB hospitals in CC #27 (treatment of multi-drug resistance TB patients) and CC #31 (treatment of susceptible and polyresistant TB).

In CC #2, 10, 31, 23, 24, 25 and 50, 344 TB patients receive treatment under the DOTS program. In institutions #27, 21 and 31, 104 patients receive treatment under the DOTS Plus program.

In order to improve the quality of treatment of chronic TB patients, an agreement was signed at the meeting of the Thematic working group on penal system with NTC and ICRC on the treatment of patients with MDR-TB under the DOTS Plus program; the program was initiated in October 2007 in the TB hospital of CC #27.

As of 31.12.2008, 100 prisoners received treatment. Each month, a council of physicians meets with the National focal point on MDR-TB at NTC to select patients, monitor and adjust treatment. Drugs for DOTS Plus and DOTS treatment are procured through the project of the 6th round of the Global Fund and the international organization "Medecins sans frontieres".

All MDR-TB patients undergo obligatory clinical and biochemical tests.

Modern statistical documentation was introduced in the health units of the GDPE in order to promote implementation of the DOTS Plus program. Together with the representatives of the Global Fund and the staff of NTC, the monitoring of TB control activities is conducted.

Training workshops on DOTS and DOTS Plus programs (prevention, treatment, adherence, etc.) for the health workers of the GDPE institutions and prisoners are conducted with the support of international organizations.

International organizations renovated TB cells and facilities in CC #2, 10, 14, 27 and 31 and RP #1, 3, 4 and 5.

In CC #21, 27 and 31 patients are provided with milk from the farm K-P #26, and also receive food packages owing to the financial support of "Medecins sans frontieres".

In CC #31 a pilot project on social follow-up of TB patients was implemented with the financial support of "Medecins sans frontieres". After release, drug resistant TB patients, as a rule, continue treatment in the civilian health sector.

HIV/AIDS

The issue of HIV spreading in the criminal execution system, as in the whole of the country, is closely related to the prevalence of drug abuse. Due to an increase in the number of injecting drug users in the country, their number is also increasing in correctional facilities.

The number of prisoners registered as drug users, as of 1 June 2009, was 461 person. Studies show that about 35% of prisoners are currently using drugs, of which up to 50% are injecting drug users.

Given below are epidemiological surveillance data on the prevalence of HIV in the GDPE institutions:

2004: 2.6%; 2005: 0.4%; 2006: 3.5%; 2007: 3.3%.

In 2008, 2,740 tests for HIV were performed among the prisoners, and 84 new HIV cases were detected. As of 1 June 2009, there were 171 PLWHs in the Kyrgyz penal system, 25 of whom had TB/HIV co-infection. As at the end of 2008, 9 PLWHs were receiving ARV therapy according to their indications.

The following programs are being implemented in the Kyrgyz penal system with a view to decreasing the prevalence of HIV/AIDS and other blood-borne infections and preventing and treating drug abuse:

1. Detoxification therapy.
2. Rehabilitation of alcohol and drug dependent persons under the "Atlantis" program: organization of self-help and peer support groups and involvement of addiction consultants (during the 5 months of 2009, 51 patient completed a full course of treatment).
3. "Syringe and needle exchange for injecting drug users": there are 14 Syringe exchange points (SEP) in 10 correctional colonies and 1 colony-settlement using a peer-to-peer scheme (as of 1 June 2009, they covered 4,997 people, and the number of regular participants was 1,100 people).
4. PCT – there are pretest counseling and testing (PCT) rooms in correctional institutions where all types of counseling are offered.
5. Peer education – the project was piloted in 2008, and in 2009 it was started in another institution of the GDPE MJ KR.
6. "The programme of methadone substitution maintenance therapy" – the project was launched on 15 January 2008 (as of 1 June 2009, the project had been implemented in 3 institutions of the GDPE MJ KR, the total number of patients admitted in the program being 144, with 94 patients participating in the program, of whom 13 are PLWHs).
7. Social management of prisoners – in 11 correctional colonies and 1 remand prison there are Social Offices where prisoners are prepared for release.

It should be noted that, during the first years, it was partially the GDPE health service and other units and services of the GDPE and MJ KR, and partially non-governmental and international organizations that were responsible for the management and coordination, strategic planning and development of the DPE policy in the area of HIV prevention in penal institutions. Having achieved significant progress in this area and having established partnerships with many international organizations, the MJ KR realized that it was necessary to develop a common, multisectoral and systemic approach to the planning and implementation of activities in prison health, and to establish mechanisms enabling coordination of activities of all stakeholders.

Table
Incidence of newly detected cases of HIV and TB (2006-2008)

Disease	2006 Abs./intens.	2007 Abs./intens.	2008 Abs./intens.

HIV (newly detected cases)	48/4.3	87/10.3	84/11.6
TB (newly detected cases)	533/47.8	346/41.0	356/49/5

Conclusions/results/discussion

The fact that the health department of the GDPE cannot make demands and discuss the issues of prison health with the leaders of the GDPE in a meaningful way, is a cause of some concern.

It should be noted that the duty to care for patients often comes into conflict with the attitude of the facility administration. Often the health service is in disagreement on matters of principle with the administration of correctional institutions over the issues of living conditions, food, delivery of health care to prisoners, epidemiologic surveillance, etc.

Health workers are requested to fulfill tasks that are not related to their professional duties, which negatively affects the relations of trust between the prisoners and health staff, thereby raising ethical issues of choice between one's obedience to the superiors and fulfilling one's professional duties.

The Health Board at the GDPE – a single collegiate body responsible for the methodological guidance and prompt action on all the health issues – is not functioning. GDPE Ordinance #376 of 16.07.2008 "On establishing the Health Board of the GDPE MJ KR" was only issued in July 2008, just at the time of the study.

The lack of a common methodological approach to the organization of health care in the GDPE system is a significant limitation. Ordinance of the MJ KR #67 of 26.04.2006 "On adopting the Instruction on the procedure of providing outpatient and inpatient care to prisoners and detainees" does not fully reflect the necessary amount of health care that should be provided in the DPE system (in health units and hospitals).

A system of recording prisoner morbidity is lacking in correctional facilities, which affects the credibility of data on the health status of prisoners.

There is no centralized statistical database, and no analysis of reports from the institutions is undertaken. Moreover, there are no data on age and sex of prisoners – this type of registration has been lacking since the Soviet times.

The GDPE health units are not adequately monitoring the health of prisoners during their stay in prisons; routine medical check-ups are not organized.

Regrettably, the GDPE health facilities are not prepared to provide emergency care. As a rule, health workers go on urgent duty; as necessary, ambulance is called and, according to indications (after obtaining a permission) the patient is taken in an ambulance (under escort) to civilian health facilities. In such cases the correctional facility provides all the necessary materials and supplies.

Mechanisms of cooperation with the civilian health sector with a view to providing qualified specialist health care to female prisoners and minors are not established.

Inpatient care in the health units of CCs of the GDPE is basically nonexistent, with no resources available. Old treatment regimens are used, and a selective study of case histories shows that

there occur instances of polypragmasy and inappropriate terms of inpatient treatment of prisoners, which is probably due to the pressure on health workers from the inmates.

The GDPE health facilities are not equipped with special motor vehicles.

It is to be regretted that instances of insufficient control of the hygienic condition in some HCUs have been reported (cleaning is not sufficiently/regularly organised). Clear job descriptions for health personnel, guidelines and clinical protocols for primary and secondary health care, and the list of services that should be provided by specialists – all of which could improve the quality of services delivered – are lacking.

Currently, quality is only assured owing to experience and knowledge of the health personnel and managerial skills of the administration of CCs.

Recommendations:

The results of the analysis indicate the need for the following priority activities:

- To turn the GDPE health department into an autonomous department or unit within the structure of the Ministry of Justice. Autonomous management of the health department will allow priorities to be defined from the perspective of prisoners' health and resources to be allocated accordingly. The head of the health department should be given the status of the chief medical officer of the Ministry of Justice, which would make the health service independent from the other divisions within the MJ and make its decisions in the area of health mandatory for all the units in the criminal execution system (see Annex 3).
- Regulations of the health department/division should be developed. The structure of the health department/division could be as follows:
 1. Head of the health department/chief medical officer of MJ KR
 2. Inspector – general practitioner
 3. Inspector – physician dealing with social and epidemiologically significant infections (diseases)
 4. Inspector – physician dealing with the organization of narcological and psychotherapeutic care;
 5. Epidemiological surveillance inspector.
- In order to improve the quality of health care provided in the GDPE institutions and to implement a common approach to evidence-based diagnostics, treatment and prevention, clinical protocols approved by the civilian sector should be developed/adopted and implemented. Therefore, the Ministry of Health should provide the GDPE health service with clinical protocols, and organize training courses on evidence-based medicine for the prison health personnel.
- Interference with the professional activities of health workers and pharmacists from the administration of the colonies should not be allowed, except in the event of health workers violating rules of conduct or laws of the Kyrgyz Republic, and it should be prohibited to involve the health personnel of correctional institutions in the functions of the operating personnel.
- The activities of the Health Board at the GDPE health department should be renewed. This board should perform the function of an advisory body on matters of treatment, prevention and sanitary and counter-epidemic activities in the GDPE system.
- An emergency care service should be set up at the Central hospital of GDPE/CC #47 (see Annex 4) in order to provide qualified emergency care directly in correctional institutions, and, if necessary, to transport patients into the GDPE treatment facilities.

- A regular mobile medical team at the CH GDPE should be established for systematic consultations and routine preventive check-ups of all prisoners in the GDPE correctional institutions, to promote timely and/or early detection of diseases. The mobile team could be staffed with health specialists from the correctional institutions (e.g. CC #3).

The team should include the following specialists (7 all in all)

- a surgeon or physician
- a neuropathologist
- an ophthalmologist
- an otolaryngologist
- a dermatovenereologist
- a medical assistant – laboratory worker;
and a driver.

The team should be equipped with portable diagnostic equipment, including rapid test kits.

- Specific arrangements should be developed to ensure delivery of qualified health care to female prisoners and minors in the nearby general health system facilities.
- Isolation wards in correctional institutions' hospitals should be set up for infected patients before their referral to the GDPE health facilities, as appropriate.
- A major factor in strengthening interagency cooperation is the implementation of contract-based relations with civilian health services to enable consultations, laboratory and diagnostic tests and training programs.
- In order to control communicable and socially significant diseases, measures should be taken to improve living conditions of the prisoners, in addition to the use of modern diagnostic and treatment methods, regular supply of drugs and medical supplies, adequate nutrition and qualified personnel. This includes addressing the problem of overcrowding, creating conditions for observing sanitary norms and rules of personal hygiene, improving natural lighting and ventilation in rooms, organizing physical exercise for prisoners and promoting healthy lifestyles.
- Quality assurance should be promoted through the certification of the health personnel, development of regulatory documents and implementation of clinical protocols adopted in the civilian sector.
- The GDPE health department should estimate the financial resources needed for the implementation of the abovementioned activities.

2. Policy and planning

Analysis of the legal framework regulating the activities of the GDPE health service (see Annex 5).

A strategic approach and planning of activities in areas of public health, epidemiological data collection and delivery of health services to prisoners is lacking.

The analysis found that some of the necessary regulations on the activities of the GDPE health service and health care delivery are currently lacking.

Departmental ordinances on the implementation of the national programs such as "Manas Taalimi", "Tuberculosis – 3" etc., are lacking (there have been separate ordinances of the MJ KR and GDPE on HIV/AIDS).

The existing legislative documents are not systemized, medical records are inaccurate, unified medical forms are lacking.

The GDPE health department receives reports according to the forms approved by the Ministry of Health and submits them to the National statistical committee in accordance with the schedule. Although medical records of the penal system are well-adapted to the civilian records, it is of particular concern that data processing and analysis are lacking: morbidity and mortality coding is incorrect; the annual reports only contain absolute figures on prisoner health status, HCU and hospital activities, disaggregated by colonies and remand prisons and annual trends.

During the study a special focus was on the contents of the laws and regulations: the contents of some sections of the existing regulations do not fully correspond to the titles, concrete recommendations on some issues are lacking, there are instances of methodological and legal inconsistency, and some documents are overlapping.

For instance, the fundamental Ordinance of the MJ KR "On establishing the procedure for providing outpatient and inpatient care to prisoners" #67 of 26.04.2006 was developed on the basis of an old Soviet-time ordinance. This ordinance lacks specificity, does not reflect all the necessary amount of care and has not been agreed upon with the Ministry of Health of the KR, as regards, for instance, Section 2 "Management of hospitals":

- the title of the section "Amount of health care in health units" does not correspond to the contents (item 44, item 46), and duplicates the section on "Management of inpatient care in HCUs of institutions";
- item 22 provides for a register of preliminary appointments, which is not included in the list of medical documentation approved by the GDPE on 07.05.2008.

The list of syndrome-specific kits and the drugs and tools to be contained therein to enable delivery of care, as approved by the GDPE on 16.05.2008, was not agreed upon with the Ministry of Health (emergency department), and guidelines on the provision of emergency care in accordance with clinical protocols are lacking.

Ordinance of MJ KR #98 of 08.06.2004 "On establishing the procedure for referring prisoners to inpatient care and indications for hospitalization in the hospitals of the GDPE MJ KR" duplicates items 44, 47, 48, 49 and 50 of Ordinance #67 of 26.04.2006.

Items 1, 2, 3, 4 and 6 of Section 2 "Management of hospitals" do not correspond to the title of the section.

The Ordinance of the MJ KR "On establishing medical labour commissions" of 09.06.2008 established the new structure of medical and labour commissions (MLC) and special medical and labour commissions (SMLC) and abolished the previous Ordinance #38 of 01.03.2006, including the Regulations of MLCs, established by Ordinance #37 of 03.03.2003. Therefore, as at the date of inspection, the activities of MLCs and SMLCs were not regulated by any documents.

The existing instruction on the medical examination of patients in the penal system, established by the GDPE on 16.05.2008, is not adapted to the current situation of HCUs in correctional colonies (staffing, treatment and diagnostic infrastructure) and, therefore, is impracticable.

Ordinance of the MJ KR #48 of 25.04.2007 "On establishing the instruction on the procedure and conditions of providing narcological care to persons with mental and behavior disorders

caused by substance abuse in the GDPE institutions" approved by the Ministry of Health was not to be found in the health department. Items 13 and 16 of the Ordinance in themselves contradict the very principle of compulsory treatment ordered by court, practically nullifying items 3-11.

Regulations of the prescription of clinical and dietary nutrition are lacking.

There has been no ordinance regulating the management of health care for female prisoners and minors.

There is no systematic registration of postgraduate education and qualification categories of physicians and paramedical personnel, and human resource planning is lacking.

The amount of up-to-date medical literature that is used in the civilian health system (reference manuals, clinical protocols, etc.) is absolutely insufficient in HCUs of correctional colonies.

Thus, one should note that the level of competence of health workers in the areas of records management, regulatory and methodological documents of the GDPE and reforms in the civilian health system, is low.

However, by the time the drafting of this report was finished, the legal and regulatory framework of the GDPE health service had significantly improved.

Recommendations:

The GDPE health department should develop a collection of legal and regulatory documents on health care in the GDPE institutions, including such issues as clinical and dietary nutrition, and publish the necessary amount of copies. This calls for the following measures to be undertaken:

- Put in order and systemize the existing legal and regulatory documents.
- Review the existing regulations with due regard to duplication and overlapping, contradictions, loss of practicability, and avoid large numbers of unnecessary intermediate regulations.
- Train the health workers of HCUs and hospitals in the procedures of record keeping (including the coding of morbidity and mortality) and analysis of the health status of prisoners, and in records management.
- Review the fundamental Ordinance of the MJ KR #67 of 26.04.2006 "On adopting the Regulations on providing outpatient and inpatient care to prisoners and detainees" as regards the content of care in health units and hospitals of DPE.

Develop:

- Intra-agency plans of the implementation of a long-term strategy that includes integration/cooperation of all vertical programs and funds, including:
 - the National program of reforming public health in the Kyrgyz Republic "Manas Taalimi" for 2006-2010;
 - the National program "Tuberculosis – 3" for 2006-2010;
 - the National program "Mental health in Kyrgyzstan for 2001-2010";
 - the program of government guarantees in providing health care to the people of Kyrgyzstan for 2008;
 - the targeted program "Viral hepatitis in the Kyrgyz Republic, 1999-2010".

Other developments should include:

- Human resources development strategy supported by the relevant regulatory framework.
- Ordinances:
 - joint Ordinance of MJ KR and MH KR "On TB care";
 - joint Ordinance of MJ KR and MH KR "On health care for women and minors";
 - Ordinance of MJ KR "On establishing the List of forms for primary medical documentation and records".
- Regulations:
 - On emergency care in the system of DPE MJ KR
 - On the mobile team of CH GDPE;
 - On the procedure of certifying health workers' fitness for their current positions and awarding (validating) a qualification category (including matters of payment for having a qualification category).

3. Funding

In all recent years, one of the major problems has been insufficient funding of the penal system. In relation to minimal needs, the amount of funding is only 36%.

Since 1993, the debt of the GDPE institutions' production facilities before the budget (taxes and insurance payments) has reached 27.6 million som, which prevented the development of production. In 2008, the following tools were developed and adopted: the resolution by the Kyrgyz Government "On granting the GDPE institutions an extension on debt repayment of taxes and insurance, interest and penalties"; the Law on "Restructuring the arrears of interest, penalty fees, financial and penalty sanctions and bad debts"; and the Law on "On absolving insurance premium payers from the payment of financial sanctions and penalty fees for delayed and/or incomplete payment of their insurance premium". In 2008, these regulations and laws allowed 10 GDPE organizations to discharge the tax debt to the tune of 1919.5 thousand som, and 6 organizations were able to discharge the insurance premium debt of 381.4 thousand som.

In order to raise additional funds and provide work for prisoners, the administration of the GDPE has been attempting to reconstruct certain types of production facilities and renew economic activities in colonies where all the equipment had disappeared since the collapse of the Soviet Union.

For instance, in CC-14 the following activities were developed:

- 1) A self-financed farm: 17 cows, 50 pigs, 76 chickens and a horse.
- 2) A clothing shop that makes bags and is designed to employ 30 people (only 3 people are currently employed there). It is financed by the institution and cooperates with private enterprises on a contractual basis.
- 3) Carpentry works that produces benches (timber received from local religious groups as humanitarian aid).
- 4) Production of iron lighting fittings, tin feeders for fish (currently used rather as a training workshop) is financed by the institution.

Each year certain funds are allocated by the government to the penal system. In 2006, 300.9 million som was allocated (that is, not for the central apparatus but to the subordinate organizations), while in 2007 the amount was 403.6 million som. Regrettably, in 2008 funds

allocated to the GDPE institutions decreased by 38.2 million som (365.4 million som). For 2009, the planned amount of funds is 451.1 million som, which is 85.7 million som, or 23% more than in 2008 (compared to 2007, the increase is only 11%). This is an alarming trend, given the current inflation. Moreover, these funds do not cover the amount needed for the effective functioning of the GDPE system. Also, such funding of the GDPE system by the state certainly is not helping the state perform its duty to maintain the penal system.

In line with the global humanization of society, the Kyrgyz Republic has pledged to promote adequate conditions for prisoners. However, today the picture is quite opposite. An example of this is the amount of the state budgetary allocations for GDPE.

Another major issue is the allocation of funds for "buildings and facilities" and "machinery and equipment", which have been decreasing every year. Current spending on these accounts is even lower than in 2006. Such amount of funding does not allow any renewal of medical equipment in the GDPE system or renovation of hospital facilities to be carried out, and, naturally, no renewal of the "production base" is possible.

In recent years, budgetary allocations for the procurement and renovation of medical equipment and renovation of HCU facilities have been inadequate. Most of the donor funding for the renovation of buildings and facilities and procurement of machinery and equipment is received through vertical programs, such as programs on HIV/AIDS and TB (CC #16, 27 and 31 and remand prisons); other diseases, however, are lacking attention and funding.

In 2008, in order to retain professional staff in the GDPE system and to recruit new human resources, the Ordinance of the President of the Kyrgyz Republic on increasing the salaries of the GDPE staff was adopted, but, unfortunately, it did not bring about a corresponding increase in the qualification of the personnel.

Accounts of spending on health services do not match the accounts of the health system. On 1 January 2010, the Ministry of Finance plans to introduce international accounting forms (C-1 system) across the country.

Recommendations:

- In the situation of a significant shortage of budgetary funding of the penal system, in order to promote its normal functioning urgent measures are needed to improve the quality of management of all institutions. These do not require additional financial outlays.
- In the process of planning health expenditures, it is recommended for the budget to take account of the need to provide health services to prisoners in the GDPE system in the public health system and to have the GDPE health professionals trained in the system of the Ministry of Education.
- Develop a legal framework defining the mechanisms of payment to the Ministry of Health specialists for their consultations.
- In order to raise additional funds and provide prisoners with work, the GDPE administration should rebuild production facilities and renew economic activities in colonies.
- Gradual implementation of the mandatory health insurance system for prisoners is needed:

Stage 1 – women and minors

Stage 2 – male prisoners.

- A scheme needs to be developed whereby tax deductions from production facilities in correctional colonies could be used to pay off health insurance fees for the health care provided at the secondary/tertiary levels of the health system.
- The donors' attention should be drawn more to the issues of strengthening the health system and issues of strengthening public health in the penal system.

4. Human resources

Personnel turnover and difficulties in recruiting qualified staff are major problems affecting the health service and all the GDPE units in general.

Health workers staffing rate

	2003	2004	2005	2006	2007
Staffing rate	86.7%	82.9%	84%	84.7%	86.5%

Despite measures taken by the Kyrgyz government to strengthen the human resource base of the GDPE, such as increasing salaries, applying a higher coefficient of work experience (1:1.5, and 1:2 in TB facilities), 50%-discount on utility charges, free travel in public transport, attempts to attract new prison staff have fail so far. For instance, most correctional institutions are located far away from the routes of public transport, there are insufficient budgetary funds to pay benefits to staff, and the lower salaries and benefits they receive do not follow the general trend towards price increases in the country. Therefore, work in the GDPE system is not considered prestigious, and those who are employed are young professionals without sufficient practical and professional experience, which negatively affects the quality of health services.

One cannot but observe the apparently low level of competence of health workers in such areas as records management, regulations and guidelines of the GDPE and the civilian health system reforms.

The lack of systematic regular continuous education of health workers both in their specialty and on specific issues of prison health prevents effective skills upgrading and staff training from being achieved, which significantly undermines the quality of health care in correctional institutions. For example, during the last 5 years the majority of health staff have not participated in continuous education courses and have no qualification categories; e.g., in CC #1 the position of dermatovenereologist (a full-time staff unit) is occupied by a physician without relevant specialist training.

In many health facilities of the GDPE suboptimal staffing policy is observed, for instance, in CC #3 in the absence of dental, physiotherapeutic and functional equipment there are staff units of a dentist, physiotherapist and functional specialist (a half-time staff unit each) that are vacant most of the time, while in CC #2 there is a dental set but there is no position of dentist on the staff list.

The lack of motivation also leads to the loss of practical skills in providing appropriate health care, which in turn results in declining authority of health workers among the prisoners.

Issues of a safe working environment for health workers are not addressed, which in the atmosphere of security violations committed by prisoners prevents the recruitment of new personnel.

Conclusions and recommendations:

The human resource aspect of the penal system reform should be viewed as one of its most important components. Positive relationships between prisoners and health staff need to be established, which in turn requires a high level of professional skills of the personnel.

In order to continue the necessary activities aimed at selecting and efficiently distributing the health personnel and to conduct training and continuous education, the following measures are required:

- Develop the human resources policy and strategy, taking account of the necessary financial resources, and relevant regulations.
- Conduct regular (every 5 years) certification of fitness for the positions held (in strictly professional terms) and for awarding and validating qualification categories by certification commissions of the Ministry of Health (professional associations), and define the procedure for the payment of remuneration for the category thus awarded.
- The GDPE health department should identify target groups and topics for training courses, and train all the management staff of HCUs in providing primary health care (through Kyrgyz State Medical Institute for Post-Diploma Education (KSMIPDE)) and public health service.
- The training center should develop programs, curricula and teaching methods and identify persons who will conduct expert evaluation of the training programs. Training courses for the DPE health workers on prison health and international health service standards should be conducted on a regular basis.
- Address (by concluding agreements) the issue of financing of internship (residency) from the funds of the Ministry of Justice for the graduates of Kyrgyz State Medical Academy (KSMA) – future staff members of the GDPE health service who would then be appointed to positions in CCs.
- The Ministry of Health should address the issue of an annual quota to be allocated to the GDPE MJ health institutions for continuous education of medical and paramedical personnel in KSMIPDE free of charge or through the provision of targeted grants from international organizations.
- Resources should be raised for the training of the executive staff of the health department at leadership courses provided by the Center for health promotion of the MH KR in order to raise awareness of the implementation of the health reform program and further improvement of the GDPE health service.
- Develop and introduce the subject of "prison health" in the curricula of KSMA, KSMIPDE and at the GDPE training centre; i.e., this section of medicine should be incorporated into under- and postgraduate education.
- To revise the medical staff distribution in the hospitals and HCUs of correctional colonies and remand prisons. All inactive or inefficiently used positions should be redistributed among the newly established services.

The most efficient model staff list for a correctional colony health unit looks as follows:

1. Head of the health unit – physician (1.0 = full-time)
2. General practitioner - 1.0
3. Dentist 1.0
4. Medical assistant – 1.0-2.0 (depending on the colony's occupancy rate)
5. Pharmacist 1.0
6. Obstetrician-gynecologist (for a female colony)

7. Laboratory assistant – 0.5 (this position is usually occupied by a contracted specialist from the civilian sector as his/her second job).
 - Prison health professionals should be more actively engaged in workshops, trainings, scientific conferences and innovative projects in the civilian health sector.
 - It should be suggested for the Ministry of Justice to consider retaining health workers of the DPE system, on a voluntary basis, for another 5 years after reaching the retirement age.
 - Health personnel should be trained in using national clinical protocols.

5. Drug management

Drugs are purchased in a centralized way through the GDPE. Every year, a certain sum is allocated by the GDPE to correctional institutions; for instance, in 2007 this sum was about 100,000 som. Anti-TB drugs are supplied in a centralized way through the Ministry of Health and international organizations.

The head of the pharmacy receives drugs from the GDPE Central pharmacy storage facility once a month. If necessary, on a weekly basis head nurses of the units receive drugs on request from the head of the pharmacy; there is no specific schedule for the days when drugs are issued. Circulating nurses, in turn, receive drugs from the head nurse each day. The head of the pharmacy records all the names and amounts of drugs in the register of receipt and use of drugs. The head nurse is responsible for the drugs register and the register of the drugs written off, including tablets, injection drugs, vitamins, potent drugs, humanitarian aid, drugs in ampoules, etc.

The procurement of drugs and medical supplies is performed by the GDPE without any coordination with the Ministry of Health and not in accordance with the List of essential drugs approved in the civilian health sector.

Regrettably, the study found drugs with short shelf-lives, drugs that are usually prescribed at the secondary level of health care or drugs procured without considering the seasonal character of morbidity.

ABC/VEN analysis is not conducted when planning procurements.

Experts operating similar types of equipment are not involved in the procurement of medical equipment, which leads to inefficiency in planning and procurement. For instance, in the process of procuring of and developing specifications and cost estimates for dental equipment, small tools and necessary supplies were not purchased, and as a result this equipment is not used (CC #16, RP #1).

Storage of reagents in some HCUs does not follow relevant regulations.

Circulating nurses do not know the regulations of storage of open containers of drugs.

Recommendations:

- In order to improve drug management, drug procurement should be accompanied by ABC/VEN analysis, morbidity and priority diseases in the country should be considered, and the List of essential drugs of the civilian health sector and clinical protocols approved by the MH KR consulted.

- Health staff should be trained in planning/forecasting (ABC/VEN analysis) and drug management.
- A List of essential drugs for the health facilities of the penal system should be developed.

6. Infrastructure, equipment and food

The infrastructure of most of the GDPE institutions is rather similar (see Annex 6).

Most of the buildings, structures and facilities used for living, accommodation, prisoners' everyday needs, as well as HCUs, are obsolete (their depreciation period has expired) and in bad repair. Heating problems lead to prisoners' complaints about constant cold in autumn and winter, which raises serious concerns about the forthcoming heating season.

There is a persistent problem of the lack or extremely poor condition of plumbing and inadequate water supply (including drinking water); waste removal is irregular and wastes usually accumulate on the territory of the institutions.

Due to the lack of budgetary funds, no renovation of facilities or procurement of medical equipment, utensils and furniture have been performed for a long time.

It is only during the past 2-3 years that the material and technical base of the health facilities of CC #16, 27, 31 and 47 and of RP #1 and 50, etc., has significantly improved, exclusively owing to the funds provided by international organizations (ICRC, GFATM, "Medecins sans frontieres", WHO, BOMCA/CADAP etc.).

The health of prisoners, especially those with TB, in correctional institutions depends directly on the nature and quality of nutrition.

The GDPE procures food supplies in a centralized way on a public bidding basis, except for RP #3 and 5 and CC #10 due to their remote location.

Recently, some improvements in prisoners' nutrition have been noticed, however the quality of food and calorie content and diversity of the diet do not correspond to the adopted norms, which is mainly caused by the lack of budgetary funds.

In practice, the GDPE institutions receive only about 60% of the scheduled funds.

The diet lacks meat and dairy products and vegetables, and fruits are totally excluded. The amount of bread is sufficient, but the quality is substandard.

To a large extent, the diversity of the prisoner's nutrition depends on the amount of food packages received from families; it should be mentioned that the GDPE administration does not object to prisoners receiving such packages. Food supplies received from families in most institutions are kept in living facilities due to the lack of refrigerators.

Meals are taken outside cafeterias because they are not functioning due to the lack of furniture and tableware.

There is a practice of improving prisoners' nutrition by setting up auxiliary farms (for instance, in CC #26 an animal farm is being developed with the 350,000 euro received from the German Government).

Recommendations:

- Develop a list of essential medical equipment and medical supplies; this list should be included in the procurement plan.
- In order to improve prisoners' nutrition, the practice of development of production facilities and auxiliary farms should be continued.

IV. Discussion and recommendations

Lack of measures aimed at reforming prison health causes disharmony with the national health system and the decrease in efficiency and quality of services for prisoners.

Prison health is developing as a parallel entity, although it should be a part of the national health system.

The Ministry of Health should act as a coordinator in the area of health delivery, including prison health.

This analysis will contribute to the development of the concept of prison health reform by the specialists of the Ministry of Justice in collaboration with the Ministry of Health of the Kyrgyz Republic. The reform will reflect the following issues:

- Political governance of health issues by the MJ KR
- Strengthening the coordinating function of the MH KR
- Updating the legal and regulatory framework for the delivery of health services to prisoners
- Reinvestment of saved funds in the interest of prison health
- Strengthening priority programs (TB, HIV, maternity) and their integration into public health
- Development of the mechanism of mandatory health insurance for prisoners;
- Institutionalization of the programs for the training of health workers of the prison sector (continuous education) within the MH KR.

Health policy in the penal system should be integrated and combined with the national health policy.

Prison health should be able to provide medical, dental and mental health services and implement preventive strategies and hygiene surveillance comparable to the services provided to the general population.

A reform process is only possible if there is political commitment on the part of the MJ. It can be supported by donors and technical agencies as it is fully compatible with the general trends of the national health system development.

The results of the analysis lead to the following practical recommendations:

- To turn the GDPE health department into an autonomous department or unit within the structure of the Ministry of Justice. Autonomous management of the health department will allow priorities to be defined from the perspective of prisoners' health and resources

to be allocated accordingly. The head of the health department should be given the status of the chief medical officer of the Ministry of Justice, which would make the health service independent from the other divisions within the MJ and make its decisions in the area of health mandatory for all the units in the criminal execution system.

- The structure and regulations of the GDPE health department should be developed, and the time-frame for the reorganization of the service should be established.
- In order to improve the quality of health care provided in the GDPE institutions and to implement a common approach to evidence-based diagnostics, treatment and prevention, clinical protocols adopted in the civilian health sector should be developed/adapted and implemented. Therefore, the Ministry of Health should provide clinical protocols to the GDPE health service, and organize training courses on evidence-based health care for the prison health professionals.
- The work of the Health Board at the GDPE health department should be renewed. This Board should perform the function of an advisory body on treatment, prevention and hygienic and counter-epidemic activities in the GDPE system.
- An emergency care service should be set up at the Central hospital of GDPE/CC #47 (see Annex 4) in order to provide qualified emergency care directly in correctional institutions, and, if necessary, to transport patients into the GDPE health facilities.
- A regular mobile health team should be established at CH GDPE to conduct systematic consultations and regular preventive check-ups of all prisoners in the GDPE correctional institutions, in order to ensure timely and/or early detection of diseases among prisoners. Staffing of the mobile team with health specialists could be provided at the expense of the redundant staff in correctional institutions (e.g. CC #3).
- Specific arrangements should be made to ensure delivery of qualified health care to female and minor prisoners in the nearby general health system facilities.
- Isolation wards in correctional institutions should be set up for infected patients to be kept in before they are escorted to the GDPE health facilities, as appropriate.
- A major factor in strengthening interagency cooperation is the implementation of contract-based relations with civilian health services to enable consultations, laboratory and diagnostic tests and training programs.
- In order to control communicable and socially significant diseases, measures should be taken to improve living conditions of the prisoners, in addition to the use of modern diagnostic and treatment methods, regular supply of drugs and medical supplies, adequate nutrition and qualified personnel. This includes addressing the problem of overcrowding, creating conditions for observing sanitary norms and rules of personal hygiene, improving natural lighting and ventilation in rooms, involving prisoners in physical activity and promoting healthy lifestyles.
- Quality assurance should be promoted through the certification of the health personnel, development of regulatory documents and implementation of clinical protocols adopted in the civilian sector.
- The GDPE health department should estimate the financial resources needed for the implementation of the abovementioned activities.

The GDPE health department should develop a collection of legal and regulatory documents on health care in the GDPE institutions, and publish the necessary amount of copies. This requires the following measures to be taken:

- Put in order and systemize the existing legal and regulatory documents.
- Review the existing regulations for possible duplication and overlapping, contradictions, loss of practicability, and avoid large numbers of unnecessary intermediate regulations.

- Train the health workers of HCUs and hospitals in the procedures of record keeping (including the coding of morbidity and mortality) and analysis of the health status of prisoners, and in records management.
- Review the fundamental Ordinance of the MJ KR #67 of 26.04.2006 "On adopting the Regulations on providing outpatient and inpatient care to prisoners and detainees" as regards the content of care in health units and hospitals of DPE.

Develop:

- Internal plans of the implementation of a long-term strategy that includes integration/cooperation of all vertical programs and funds, including:
 - the National program of reforming public health in the Kyrgyz Republic "Manas Taalimi" for 2006-2010;
 - the National program "Tuberculosis-3" for 2006-2010;
 - the National program "Mental health in Kyrgyzstan for 2001-2010";
 - the program of government guarantees in providing health care to the people of Kyrgyzstan for 2008;
 - the targeted program "Viral hepatitis in the Kyrgyz Republic, 1999-2010".
- Human resources development strategy supported by the relevant regulatory framework.
- Ordinances:
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 - On the procedure of certifying health workers' fitness for their current positions and awarding (validating) a qualification category (including issues of payment for having a qualification category).
- In the situation of a significant shortage of budgetary funding of the penal system, in order to promote its normal functioning urgent measures are needed to improve the quality of management of all institutions. These do not require additional financial outlays.
- In the process of planning health expenditures, it is recommended for the budget to take account of the need to provide health services to prisoners in the GDPE system in the public health system and to have the GDPE health professionals trained in the system of the Ministry of Education.
- Develop a legal framework defining the mechanisms of payment to the Ministry of Health specialists for their consultations.
- In order to raise additional funds and provide prisoners with work, the GDPE administration should rebuild production facilities and renew economic activities in colonies.
- Gradual implementation of the mandatory health insurance system for prisoners is needed:

Stage 1 – women and minors

Stage 2 – male prisoners.

- A scheme needs to be developed whereby tax deductions from production facilities in correctional colonies could be used to pay off health insurance fees for the health care provided at the secondary/tertiary levels of the health system.
- The donors' attention should be drawn more to the issues of strengthening the health system and issues of strengthening public health in the penal system.

The human resource aspect of the penal system reform should be viewed as one of its most important components. Positive relationships between prisoners and health staff should to be established, which in turn requires a high level of professional skills of personnel.

In order to continue the necessary activities aimed at selecting and efficiently distributing the health personnel and to conduct training and continuous education, the following measures are required:

- Develop the human resources policy and strategy, taking account of the necessary financial resources, and relevant regulations.
- Conduct regular (every 5 years) certification of fitness for the positions held (in strictly professional terms) and for awarding and validating qualification categories by certification commissions of the Ministry of Health (professional associations), and define the procedure for the payment of remuneration for the category thus awarded.
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- The training center should develop programs, curricula and teaching methods and identify persons who will conduct expert evaluation of the training programs. Training courses for the DPE health workers on prison health and international health service standards should be conducted on a regular basis.
- Address (by concluding agreements) the issue of financing of internship (residency) from the funds of the Ministry of Justice for the graduates of Kyrgyz State Medical Academy (KSMA) – future staff members of the GDPE health service who would then be appointed to positions in CCs.
- The Ministry of Health should address the issue of an annual quota to be allocated to the GDPE MJ health institutions for continuous education of medical and paramedical personnel in KSMIPDE free of charge or through the provision of earmarked grants from international organizations.
- Resources should be raised for the training of the executive staff of the health department at leadership courses provided by the Center for health promotion of the MH KR in order to raise awareness of the implementation of the health reform program and further improvement of the GDPE health service.
- Develop and introduce the subject of "prison health" in the curricula of KSMA, KSMIPDE and at the GDPE training centre; i.e., this section of medicine should be incorporated into under- and postgraduate education.
- To revise the medical staff distribution in the hospitals and HCUs of correctional colonies and remand prisons. All inactive or inefficiently used positions should be redistributed among the newly established services.

The most efficient model staff list for a correctional colony health unit looks as follows:

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 6. Obstetrician-gynecologist (for a female colony)
 7. Laboratory assistant – 0.5 (this position is usually occupied by a contracted specialist from the civilian sector as his/her second job).
- Prison health professionals should be more actively engaged in workshops, trainings, scientific conferences and innovative projects in the civilian health sector.
 - It should be suggested for the Ministry of Justice to consider retaining health workers of the DPE system, on a voluntary basis, for another 5 years after reaching the retirement age.
 - Health personnel should be trained in using national clinical protocols.
 - In order to improve drug management, drug procurement should be accompanied by ABC/VEN analysis, morbidity and priority diseases in the country should be considered, and the List of essential drugs of the civilian health sector and clinical protocols approved by the MH KR consulted.
 - Health staff should be trained in planning/forecasting (ABC/VEN analysis) and drug management.
 - A List of essential drugs for the health facilities of the penal system should be developed.
 - Develop a list of essential medical equipment and medical supplies; this list should be included in the procurement plan.
 - In order to improve prisoners' nutrition, the practice of development of production facilities and auxiliary farms should be continued.

V. Conclusion

Health care in the penal system to a large extent is focused on treatment rather than large-scale activities aimed at health promotion and prevention.

Inadequate quality and accessibility of health care and prevention services provided to the prison population, lack of implementation of evidence-based clinical treatment protocols and inefficient use of drugs with proven effect all lead to a significant gap in the level of prison health services compared to the civilian health sector.

Raising awareness of prisoners about prevention and their health-related rights and duties will significantly improve the effect of preventive activities of the health staff of the penal system.

Development and implementation of motivational schemes aimed at increasing professional responsibility of health workers and autonomy and responsibility of the GDPE health facilities in matters of quality improvement, increase in the level of professional qualification of health personnel at all the levels of medical education with the use of quality management methods, and the use of evidence-based medicine and clinical and economic analysis can lead to significant progress in prison health and improvement in the quality of health care in prisons.

Cooperation with NGOs should be developed with due regard to their capacity and resources, especially in health promotion.

Prisons are a part of our society. Therefore, reducing morbidity in prisons by improving the quality of care, creation of decent social and hygienic living conditions and organization of balanced nutrition and occupation of prisoners may serve as a guarantee for the safety of the general public and against the risk of being infected with a socially significant disease, especially HIV or TB. It also improves morale and the psychological climate in prisons, thus facilitating social rehabilitation of prisoners after release, which will be profitable for society at large.

VI. Annexes

Annex 1

Questionnaire for the evaluation of health in prisons

I. General information:

- Limit of the institution's capacity (what is the design capacity of the institution)
- The current number of inmates
- The highest number of prisoners in the institution that has ever occurred (what was it caused by)

II. Infrastructure (health units/hospitals in correctional institutions)

III. Medical equipment:

- List of equipment procured by the institution
- List of equipment received through the GDPE
- Funds allocated to the institution for the purchase of medical equipment

IV. Health personnel of the institution (human resources):

- Distribution of the personnel (the number of staff positions of the health personnel in the institution)
- Actual occupation rate of staff positions
- Conditions of employment
- Working conditions (salaries, working hours, list of duties, plan of work, number of visits per day per doctor, per nurse, per medical assistant)
- Professional skill level of the health personnel (continuous education, trainings, workshops)
- The system for assessment of professional skills of the health personnel (health workers' level of competence)

V. The legal and regulatory framework (availability of documents regulating the activities of health personnel)

VI. Organization of health services:

- The organization of the system of health services provided to the prison population at the institutions (outpatient care, inpatient care, emergency care, dental care, narcological care, TB care, HIV/AIDS care, care for STDs)
- Ties with the civilian sector (primary, secondary and tertiary levels of health care)
- Records and registration documentation (outpatient cards, case histories, registers, accounting/reporting forms, etc.)

VII. Drug management:

- The drug procurement mechanism
- Funds allocated by the GDPE to the institution for the purchase of drugs
- Allocation of funds from the state budget per one prisoner
- Centralized drug supply (through the GDPE system)
- The mechanism of the use of drugs
- Record management

VIII. Funding:

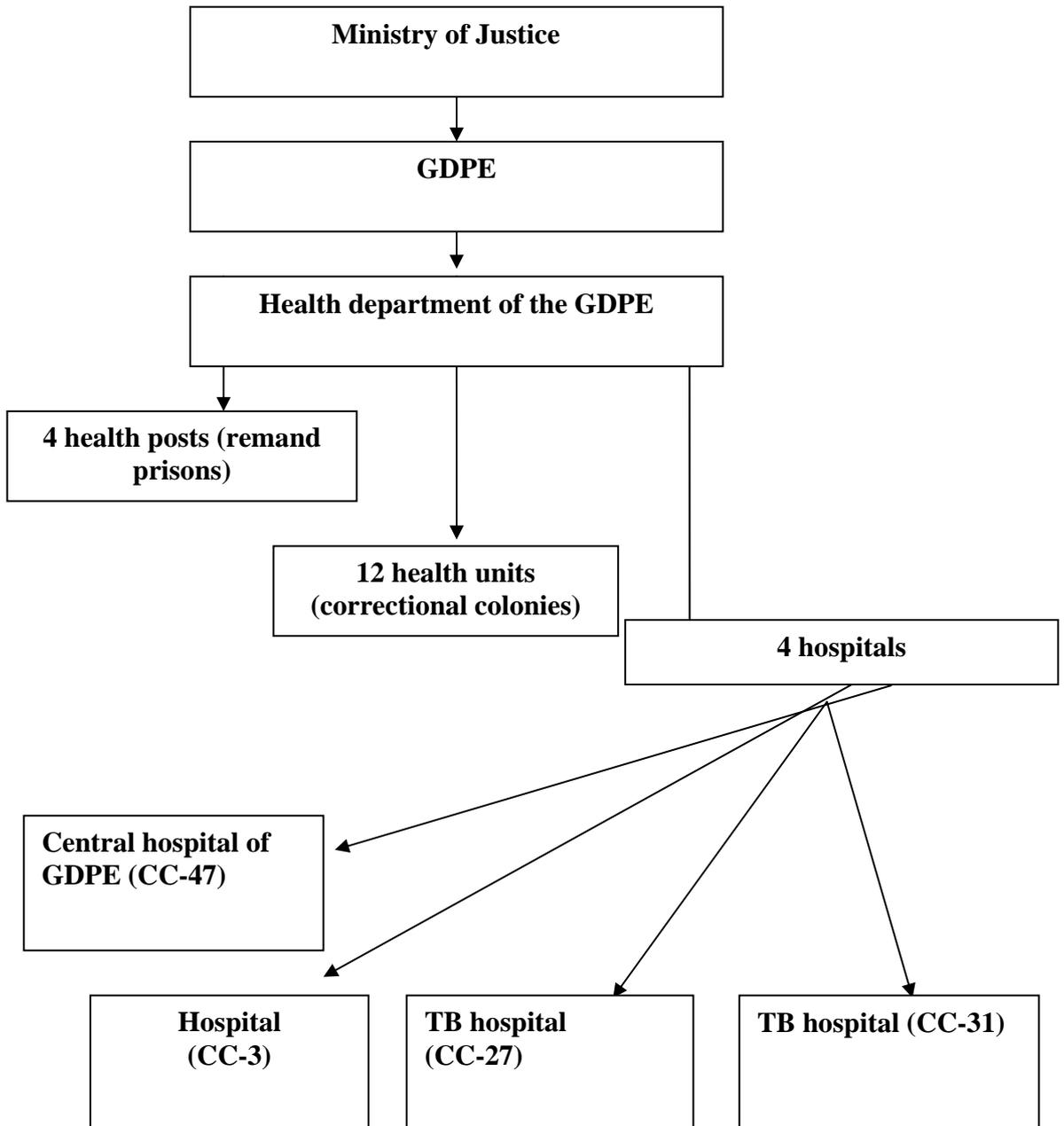
- Availability of formal production facilities (as an additional source of funds for the institutions – special funds)
- Funds for food (per prisoner; quality of nutrition)

IX. Sanitation and counter-epidemic activities

X. Projects supported by extra-budgetary funds (international organizations, NGOs, etc.).

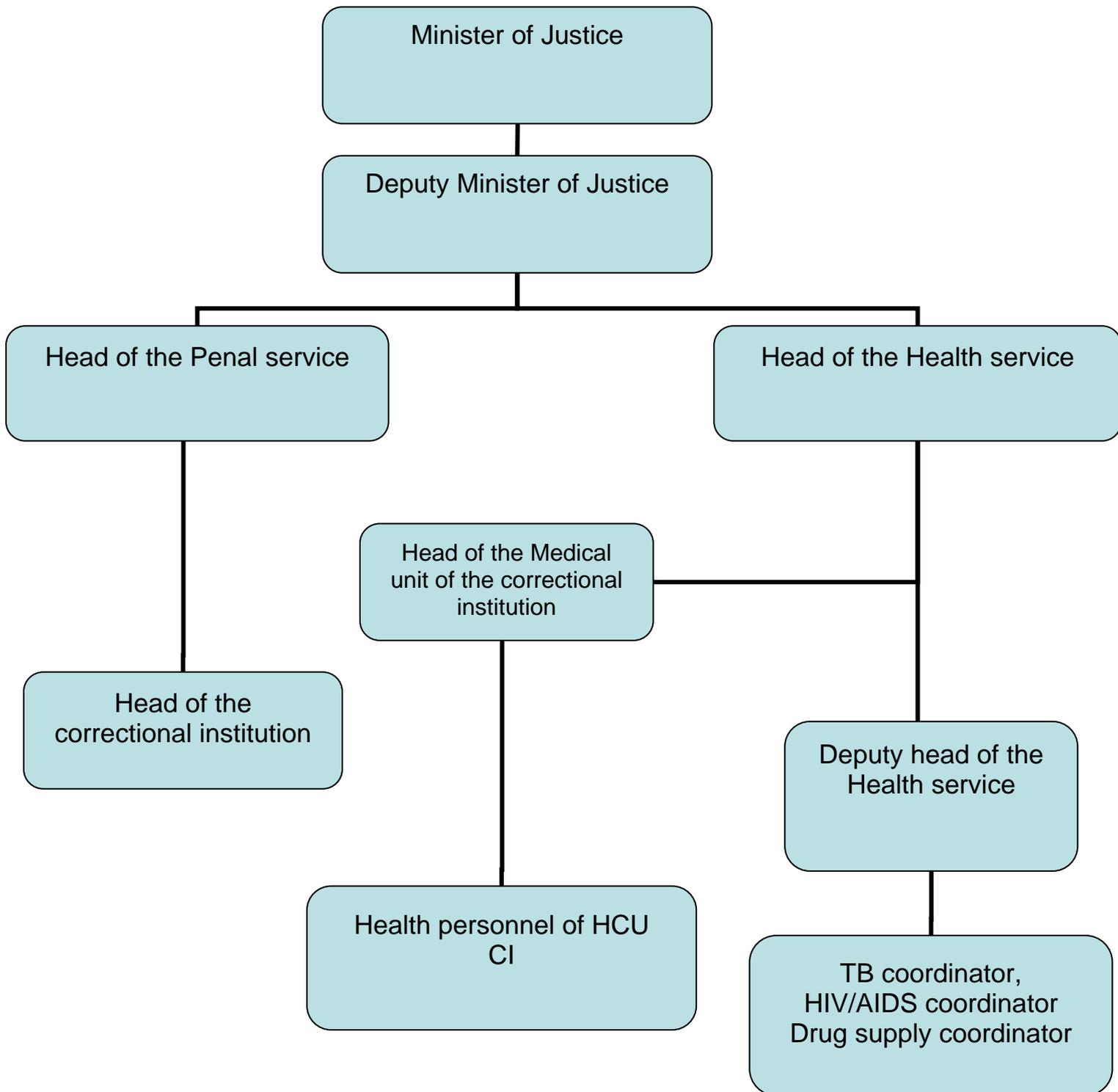
Annex 2

The structure of the health service of the GDPE of the Ministry of Justice of the Kyrgyz Republic



Annex 3

The proposed structure of the health service of GDPE of the Ministry of Justice of the Kyrgyz Republic



Annex 4

Organization of emergency care in the institutions of GDPE of the Ministry of Justice of Kyrgyz Republic

Objectives

1. To establish an emergency care center for the penal system at the Central hospital of the GDPE at CC-47
 - in order to set up a resuscitation and intensive therapy ward for emergency cases a major renovation of the facility is needed, and appropriate equipment and instruments/devices need to be purchased;
 - major renovation of the facility is needed, and appropriate equipment and instruments/devices need to be purchased to furnish the room for the medical assistant on duty;
 - an ambulance needs to be purchased for emergency calls and transportation of emergency cases; appropriate equipment, technical maintenance and fuel and lubricants must be provided;
 - the following staff units must be established for round-the-clock operation:
4 medical assistants, 4 drivers, 1 physician-resuscitation specialist
2. Training workshops on paramedical care should be conducted for medical assistants in the GDPE institutions in order to provide timely and adequate resuscitation and antishock measures in HCUs of correctional institutions.
3. Training workshops on pre-hospital care for physicians in GDPE institutions in order to provide relevant resuscitation and antishock measures in pre-hospital care in HCUs of correctional institutions.
4. Training of medical assistants and the resuscitation specialist of the Center of emergency care.

Annex 5

List of legal and regulatory documents for the health service of the GDPE MJ KR

- Ordinance of MJ KR #137 of 05.09.2002 "On passing medical examinations by the DPE staff".
- Ordinance of MJ KR and MH KR #175/484 of 21.11.2002 "On the procedure for release of prisoners on medical grounds".
- Ordinance of MJ KR and MIA KR #190/525 of 19.12.2002 "On cooperation between the health services of the MIA and the MJ".
- Ordinance of MJ KR #80 of 12.05.2004 "On approving the Regulations of handling narcotic, psychotropic and poisonous medications and precursors in the health facilities of the GDPE MJ KR".
- Ordinance of MJ KR, MH KR and the Ministry of Labor and Social Security (MLSS) KR #97/264/68 of 4.06.2004 "On measures of reforming health in prisons".
- Ordinance of MJ KR #98 of 08.06.2004 "On approval of the procedure for referral of prisoners for inpatient treatment and indications for hospitalization in the facilities of the GDPE MJ KR".
- Ordinance of MJ KR # 149 of 23.12.2005 "On approval of the Instruction on the prevention of sexually transmitted diseases and HIV among prisoners in the DPE MJ KR institutions".
- Ordinance of MH KR and MJ KR #184/89 of 07.04.2006/21.06.2006 "On measures to enhance HIV/TB co-infection control in the Kyrgyz Republic".
- Ordinance of MJ KR #67 of 26.04.2006 "On approval of the procedure for the organization of outpatient and inpatient care for prisoners".
- Ordinance of MJ KR #18 of 26.01.2006 "On approval of the guidebook on the calculation and analysis of the health status indicators of the prisoners and of the work of health units of the GDPE MJ KR".
- Ordinance of MJ KR and MH KR #130 of 11.09.2006 "On improving the cooperation between MJ and MH KR in TB control in the institutions of DPE".
- Ordinance of MJ KR #123 of 28.08.2006 "On establishing the Narcological center".
- Ordinance of MJ KR # 07 of 26.07.2006 "On approval of the instruction on the procedure of transfer of prisoners".
- Ordinance of MH KR and MJ KR #610/167 of 14/16.11.2006 "On the organization of sentinel epidemiological surveillance of HIV in the Kyrgyz Republic".
- Ordinance of MJ KR #48 of 25.04.2007 "On approval of the instruction on the procedure and conditions for providing narcological care to persons with mental and behavior disorders caused by substance abuse in the GDPE institutions".
- Ordinance of MH KR and MJ KR #46/15 of 7.02.2007 "On urgent measures to control HIV/AIDS epidemic based on the results of the sentinel epidemiologic surveillance in the Kyrgyz Republic".
- Ordinance of MJ KR #51 of 3.05.2007 "On approval of the Regulations of the procedure for rewarding and providing material incentives for the staff of GDPE MJ KR".

Annex 6

Infrastructure and equipment: CC-19, CC-27 (TB hospital), RP-5, CC-47 (Central hospital)

In **CC #19**, the HCU is located on the ground floor of the administration building and has three wards with a total of 8 beds. On the whole, the building is in a satisfactory condition, but requires renovation.

The office of the head of the HCU and the SEP room have been renovated, and furniture has been purchased using GFATM funds. At the time of the visit, the procedure room was being repaired using the funds of the institution. The dental surgery needs renovation, and the dental chair is the only piece of equipment currently available.

In **CC #27** (TB hospital) there are two buildings. The first one is a three-storey building of the TB hospital. The first floor is occupied by administrative offices, a reception room, an X-ray room and a laboratory; on the second floor is the first MDR-TB unit with 50 beds; and the third floor is occupied by the second MDR-TB unit with 50 beds.

The building has been renovated; furniture and equipment have been purchased with the funds of ICRC, GFATM and SCO (the Swiss Cooperation Office).

The second building is the HCU building transformed into the third MDR-TB unit for patients at the maintenance stage of DOTS Plus treatment.

Both buildings have central water supply. The laboratory is provided with a system of uninterrupted power supply.

Currently, 97 MDR-TB patients receive treatment in the three units.

The facility is equipped with the following medical equipment purchased with ICRC funds:

- an X-ray installation (2007);
- office equipment, domestic electrical appliances, refrigerators;
- laboratory equipment for biochemical analyses and sputum smear analyses (a biological safety locker, two microscopes, two refrigerators, a water heater);
- an "UAZ" automobile for transporting drugs and blood samples for HIV/AIDS tests, for carrying health workers on visits, etc.

Remand prison #5: the HCU building is located in Block one and houses the office of the head of the HCU, a procedure room (also used as a dressing station and check-up room), a drug store-room, an X-ray room; also, there is one room in Block 2 that is used as a procedure room. The building is in bad repair and needs renovation. The inpatient unit has 8 beds.

Functioning medical equipment includes an X-ray installation which often goes out of order because of overloading, a digester (1977) and a refrigerator. The centrifuge, gynecological chair and short-wave UV equipment are all out of order.

CC #47

Health unit and Central hospital

The maximal capacity of the correctional institution is 500 inmates.

- the number of prisoners as of 2.04.2008 – 173 people
- in the Central hospital as of 2.04.2008 – 125 people
- maximal capacity of CH – 350 people
- the drug treatment unit – 73 people

The HCU is located on the third floor of the administrative building and consists of five rooms. The building lacks sewage and water supply systems (except for the ground floor).

The units includes:

- a physician's room (also used as SEP): the room has been renovated and new furniture has been purchased with GFATM funds;
- a procedure room (SEP room): renovation has been carried out with GFATM funds; there are no metal bars on the windows, drugs are stored in two strongboxes and a refrigerator;
- a psychosocial counselling room ("Koz Karash"): it has been renovated and furniture has been purchased with the support of the Soros Foundation;
- the office of the head of the HCU: no renovation, medications and syringes for SEP are stored in the office;
- an orderly's room (one of the prisoners): no renovation;
- an isolation ward for the temporary stay of prisoners before hospitalization; intravenous infusions are conducted in the room; it is equipped with 4 old beds, no renovation, and is in a satisfactory condition.

Central hospital

1. *The surgery unit* – design capacity of 60 beds, currently has 56 beds, of them 48 are occupied. The procedure room, documentation room, doctors' lounge (not functioning – renovation needed), dressing room, head nurse's office, doctors' lounge for 2 doctors, office of the head of the unit, matron's room, back room (for waste storage, etc.). The building is supplied with cold water and electricity; all rooms need renovation and are in a satisfactory condition; many rooms and wards are misused (orderlies and other healthy prisoners live there, etc.).

The clinical laboratory: the condition of the room is similar to that of other rooms; the following tests are performed: general blood and urine tests, expanded blood tests, hemoglobin blood tests, leucoformula calculation. There is central water supply with cold water.

The biochemical laboratory: the following tests are performed: blood sugar, general bilirubin, creatinine test, blood urea, rest nitrogen, AST, ALT. Reagents for the tests are procured in a centralized way through the GDPE, and the head of the laboratory receives them from the GDPE on request.

The surgery block: last time essential equipment for the surgery block was purchased in a centralized way though the GDPE in 1996 (ALV installation, A/Cs, quartz lamps, pedal suction pumps, surgery lamp, coagulator, electric suction pump, digesters, wheel stretchers, stretchers, portable ALV installation (dissembled, not functioning), etc. In 2005, a new digester was purchased with the GDPE funds, but it has not been installed and therefore is not functioning.

The X-ray room: needs renovation, there is an old X-ray installation purchased with the GDPE funds, which often goes out of order (last time it was repaired with ICRC funds); also there is a new mobile X-ray installation, purchased by the GDPE in 2006.

The physiotherapy room: operational; the equipment is obsolete.

The dental surgery: mostly, teeth extractions are performed, no therapeutic visits. Equipment: a drill, a dental chair, a dry-air sterilizer, a side table.

The head nurse's office: purchased drugs are stored; they are regularly received by the head nurse from the pharmacy store-room on request, if necessary, but no fixed days for receiving.

2. *The mixed unit:* a dermatovenereological unit with 25 beds (5 beds occupied), a neurological unit with 20 beds (7 beds occupied, 5 people were actually found in the unit), an infection unit with 25 beds (8 beds occupied). There is water supply with cold water.

3. *The therapeutic unit* has 70 beds (16 beds occupied), 3 wards are used for prisoners' recreation, the equipment consists of an operational ECG installation.

4. *The detoxification and substitution treatment unit:* 66 beds, water supply not functioning, the unit consists of 5 wards; renovation has been performed with BOMCA CADAP funds.

5. *The court-ordered compulsory treatment unit:* 60 beds, renovated with the funds of BOMCA CADAP and the Soros Foundation. Currently, there are 76 patients in the unit for detoxification therapy and court-ordered compulsory therapy.

6. *"Atlantis"* – design capacity 24 beds, renovated with the funds of the Stefan Batory Foundation and the Soros Foundation; equipment and furniture have been purchased with the funds of from the Soros Foundation.

7. *The administration block:* the office of the head of the hospital, conference hall, store-room, toilets, washroom, office of the head of the CH unit, archives, ophthalmologist's room, pre-test counseling room, offices of the head nurse, security team, deputy head of the hospital, and orderlies' room. The administrative block is practically not functioning, the building is bad repair, and rooms need renovation.