

PRISON | BERLIN, GERMANY

A GENDER APPROACH TOWARDS HCV MICRO-ELIMINATION IN PRISON

WHY DID WE ESTABLISH THIS MODEL?



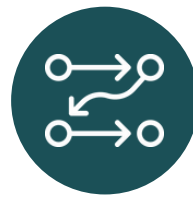
Female detainees represent around 5% of the whole detainee population in Berlin.



Due to compounding vulnerabilities, women, especially those with substance use disorders, may experience difficulties in accessing treatments in the community.



While hepatitis C (HCV) treatment became available in prison, access to specialised care was restricted and complex.



It was challenging for women in detention to enter the HCV specialised care pathway and gender-responsive healthcare services were lacking.



The appointment of a female infectious diseases specialist and awareness campaigns among healthcare staff led to the review and simplification of the HCV care pathway.

WHO ACCESSES OUR SERVICE?



- All women admitted to prison are entitled to prevention services for HCV, including screening and harm reduction for individuals with substance use disorders.
- Access to the HCV treatment programme is offered to all women with a diagnosis of chronic HCV infection, who stay in the prison for at least six months.
- While special attention is paid to the needs of women in prison, the HCV intervention is offered to all incarcerated individuals.

UP TO **50** CLIENTS
PER WEEK*

**Accessing any infectious disease service in the prison*

HOW IS IT FUNDED?



MINISTRY OF JUSTICE

We apply an integrated primary care approach and use every opportunity to offer testing, health education and treatment for HIV, HBV, HCV and STI's.

CHRISTIANE HAAS
INFECTIOUS DISEASE SPECIALIST
JUSTIZVOLLZUGSANSTALT BERLIN-PLÖTZENSEE

WHAT IS THE MODEL?



HCV SCREENING OFFERED ON ENTRY

Upon admission into prison all individuals receive an entry medical examination with the prison medical staff, where a screening test for HCV is offered using an opt-in approach upon written consent.



HCV SEROLOGICAL TESTING

Serological screening test for HCV is performed. If positive, HCV RNA test is performed on demand via reflex testing. Individuals with a positive HCV antibody test enter the HCV diagnostic pathway, including RNA confirmatory test and blood examinations.



LIVER DISEASE ASSESSMENT

An appointment for ultrasound to further assess liver status is provided and examination is delivered on an outpatient basis in the prison hospital. Following liver disease assessment, individual counselling and information is offered on how to avoid reinfection and a direct acting antiviral (DAA) prescription is made.



DIRECT ACTING ANTIVIRAL (DAA) TREATMENT

Individuals take DAA treatment using the directly observed treatment (DOT) approach. Testing is undertaken to confirm sustained virological response (SVR) after treatment completion when possible.



ONGOING AWARENESS

Efforts are made to promote knowledge and awareness about blood borne viruses, STI's, violence and sexual abuse among medical and custodial staff by the infectious disease doctor during regular staff meetings or onboarding sessions for new medical and custodial staff.

WHO DELIVERS OUR SERVICES?



ADDITIONAL SERVICES FOR WOMEN

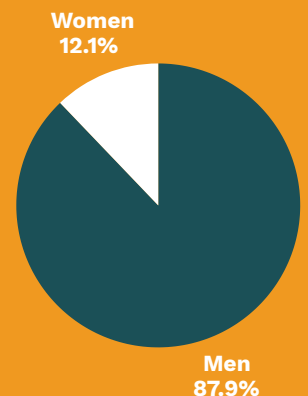


- Dedicated female general practitioner
- Needle and syringe programme (4x dispensing machines)
- Initiation or continuation of opioid agonist treatment (OAT)
- Screening for sexually transmitted infections (STIs)
- Screening for breast cancer
- Psychosocial support

POSITIVE OUTCOMES



During a time period of two years (Q III, 2021 – QIII, 2023) 107 patients - 94 men and 13 women - received DAA therapy for chronic hepatitis C infection.



Prisons are public health opportunities to address prevention and control of infectious diseases.

MARC LEHMANN
HEAD OF MEDICAL SERVICES
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IMPLEMENTATION BARRIERS & SOLUTIONS

BARRIERS



Shortage of healthcare staff working in prison and a limited understanding of prison health staff that women in prison have different primary healthcare needs to men.



SOLUTIONS

Efforts to engage healthcare staff working in prison were made through regular meetings and visits to the women's section of the prison.



Ensuring transitional care after release, given that continuity of treatment provision involved changes in funding organisations from the Ministry of Justice to Ministry of Health.



HCV-infected individuals were offered DAA treatment only if serving a sentence longer than six months. Individuals serving shorter sentences were informed about options for accessing treatment after release.



Access to treatment for migrants.



Overcoming the language barrier is key. Information and counselling is provided by a trained health provider and translated into the client's native language by an interpreter.

TOP TIPS FOR IMPLEMENTATION

1.

Have a good understanding of the prison system and identify key areas that need strengthening, such as staff education, allocation of resources and monitoring.

2.

Plan and implement person-centred integrated care by combining medical and psychosocial interventions and training your staff.

3.

Understand gender-specific needs and facilitate access for those needs.

4.

Conduct rigorous monitoring and evaluation to ensure programme efficacy