

# Prison Healthcare News

Newsletter of the project to promote better prison and public health in Eastern Europe and Central Asia

## Editorial

IN THIS FIFTH ISSUE of the newsletter we are glad to include an interview with Haik Nikogosian, from the WHO Regional Office for Europe (see pages 2 and 3). The Health in Prisons Project is one of Dr Nikogosian's responsibilities. WHO is the health body of the world community and WHO recognises that prison healthcare is important not just for the nine million or so prisoners in the world and the many personnel who look after them. It is also important for the public health of the wider society.

This edition also features a report on projects designed to improve continuity of TB treatment. We hope that the ideas developed in Moldova (see pages 4 and 5) about continuity of treatment between the institutions of the Ministry of Interior and those of the Ministry of Justice may be of interest to other countries facing the same problem.

Vivien Stern *Editor*  
Anton Shelupanov  
*Assistant Editor*

## Council of Europe Committee impressed with Russian prison healthcare staff

***In June 2003 the Council of Europe published for the first time a report of a visit by the European Committee for the Prevention of Torture to prisons in the Russian Federation. Health care was one of the major areas of concern for the Committee in its first visit to penitentiary institutions in Russia's Far East.***

The delegation from the Committee 'was impressed by the efforts of healthcare staff in the establishments visited to provide the best standard of care possible, despite often limited finances, equipment and

medication.' However, the Committee also noted some staff shortages and a number of problems with the treatment of people with TB and HIV infection. Treatment of TB patients was interrupted by transfers between different penitentiary institutions. In some institutions HIV positive prisoners were segregated although there is no medical justification for this.

In its reply to the CPT report the Russian government refers to some positive measures taken to implement the CPT's recommendations. In particular, the Ministry of Justice has instructed regional prison directorates to remove all shutters from the windows of prisoner accommodation to increase the amount of light and air in the cells.

### HIV in prisons in Estonia

Since June 2000, the number of HIV positive prisoners in prison in Estonia has increased each year. At the end of May 2003 there were more than 400 HIV infected persons in Estonian prisons, most of whom were intravenous drug users. This represents about 9% of the total prison population of Estonia.

*Baltic News Service, 11 June 2003*

#### page 2

**The PHN Interview**  
Dr Haik Nikogosian, WHO  
Regional Office for Europe

#### page 4

**New developments: Dealing with TB in the penitentiary system and afterwards**

#### page 6

**Highlights from reports of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)**

#### page 7

**News in Brief**

#### page 8

**Our readers write...**

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# The PHN Interview

PHN Assistant Editor Anton Shelupanov interviews  
**Dr Haik Nikogosian, WHO Regional Office  
 for Europe**

***Please tell us a bit about your background – where you were born, studied, worked before joining WHO?***

I am from Armenia, a country with rich history and traditions, including in medicine and health services. After graduating from the Armenian State medical university as a medical doctor in 1978 I spent three years in Moscow for PhD studies and then served as the founding chairman of the Armenian medical diagnostic center – a new type of multi-profile health care institution the model of which was later used in many major cities of the former Soviet Union. In early 1990s I was Professor and Chairman of the Armenian National Institute of Health, then spent a couple of years in the U.S. as researcher and visiting professor in the area of international health collaboration and technologies, being later appointed as the Minister of Health of Armenia in 1998.

***You were the Minister of Health in Armenia before joining WHO. What do you view to be priority healthcare issues in the region?***

The region faces numerous public health challenges, and the increasing burden of non-communicable diseases is of a particular concern. From the general policy point of view there is still a major need to put health onto a high political agenda, strengthening multisectoral collaboration and the role of other sectors for public health, increasing national capacity in emerging areas of public health, and closing the gap between east and west in health policies and indicators.

***Is health promotion an important aspect of WHO policy in the region?***

Yes, it is an issue of particular importance in WHO policy. The Organization's overall objective is "the attainment by all peoples of the highest possible level of health" and health promotion therefore has its central role in many areas of our work. The particular challenge I now see is increasing the profile of health promotion within the overall context of linkages between health and human development.

***How do you see harm reduction fitting into the overall health strategy in the region?***

I am the Head of the unit on Promoting Health in Lifestyle, Environment and Development, which, among the other topics, covers areas such as alcohol, drugs, tobacco and nutrition. For people addicted to either drugs, alcohol or tobacco we have developed recommendations for treatment, but we also think that this for many reasons must be followed by harm reduction strategies. As examples we have to prevent drug users being infected by hepatitis and HIV by ensuring a better practice for using syringes and needles and we recommend smoke free public places in order to protect non-smokers from the health hazard of passive smoking. So for many areas in both treatment and harm reduction/demand reduction, strategies go hand in hand.

***Many of our readers are prison medical professionals. Do you see prison health as being an important aspect of public health?***

Yes, prison health is an important component of public health and I see a clear need for this vision to be actively promoted. We in WHO established the Health in Prisons Project (HIPP) 8 years ago as another effort towards creating equity in health and to give extra attention in public health to disadvantaged groups. The HIPP aims at being a driving force towards innovation in prison health, and towards lifting up and linking prison health more closely with the overall public health framework. In practical terms it functions by regularly bringing together key actors in the field, creating a pool of knowledge and expertise and at the same time serving as a point of entry to strengthen prison health policies and programmes in individual countries and institutions.

The target audience is not only prisoners, but also staff, prisoners' families and local communities. Equally, health promotion and disease prevention are not just the responsibility of the clinical professionals in the prison, but can, and to be effective should, be built into every branch of prison management to create a whole climate for improving health.

***How ideally should prison and public health work together for the promotion of a healthy community?***

Ideally, prison health would be a part of general public health services, but this is only the case in a very few countries in the world. Our work aims at bringing prison health as close as possible to public health in its classical perception and therefore we have created a network with counterparts nominated both by the ministries of health and those in charge of prison health which most often is the ministry of justice.

***What are the priorities for public health services in the region in respect of prisons in their countries?***

In many countries the prison population has been steadily increasing over the past years, while the capacity of prison services has not kept the same pace. Overcrowding is an obvious cause or contributing factor to many of the health problems in prisons, most notably communicable diseases and mental health including the use of psychoactive substances.

Whilst these general features apply to prison health all over Europe, the situation is particularly serious in the countries of Central and Eastern Europe (CEE) and in the Newly Independent States (NIS), where substantial overcrowding goes hand in hand with massive health problems. The current health situation is most clearly exemplified in the case of tuberculosis in prisons in the NIS: the prison system serves as the pump for the dramatic TB epidemic which is unfolding in the Russian Federation and in other NIS. As everywhere else HIV infection is also more prevalent in the prison populations in the CEE and the NIS than in the general population. All other infectious diseases from skin diseases to STDs are also considerably more prevalent in the prison population. A closely associated pertinent threat is the current wave of drug abuse through this part of the world, which will exacerbate the already extremely difficult situation in prisons even further. The above mentioned should of course be considered as a major threat and challenge to public health.

***Do you see a link between prison conditions and the state of public health?***

Generally, the health status of prisoners is lower than in the rest of the population, the lower socio-economic strata of society being over-represented in the prison population.

I said earlier prison health is generally an integral part of the judicial or security system rather than of the health system, thus isolating health in prisons from the mainstream of public health and bringing along many questions about independence, quality,

accessibility and level of health services provided. My personal impression is that there is an association between the status of overall public health and prison health and countries with a well developed public health have also higher standards for prison health.

***Infectious diseases are a very serious problem. Do you think enough is being done to stem their spread and development in the region? What more can be done? What role can prison healthcare play in this process?***

The WHO DOTS programme is effective and should be offered everywhere in prisons. Another problem is the high number of drug users in prisons. If elsewhere in society the drugs problem has become so much more serious because of the concomitant spread of communicable diseases this applies in particular to the prison setting.

WHO are well aware that the provision of the means of prevention in prisons raises various practical problems and may pose conflicts with prison regulations. We very well know that prisons are not a normal condition. But a refusal to consider the opportunities for prevention as they are being put into practice outside the prison walls seems wrong.

Drug use in prison is clearly illegal, but everyone knows that it goes on – no prison system in the world has yet been able to effectively seal its inside environment from the introduction of drugs. On the outside it has been found that a multi pronged approach, ranging from the offer of drug free therapeutic communities, through community programs to substitution programs and programs on harm reduction can be effective in promoting health and reducing the burden of drug abuse in society and spread of diseases. Studies show that such programs also can work in prisons.

Prison is a type of setting where prevention and care programs can be implemented. But there needs to be the political will, the knowledge and the resources to devote to these issues.

***Do you view mental health as a pressing issue? Do you think the problem is more serious in prisons?***

Mental health problems occur often among prisoners and even before going to prison. Therefore mental health and prison health has been a priority area in the Health in Prisons Project. Mental health in general is a major public health issue in the region. WHO plans to organize a European Ministerial Conference on mental health to be held in early 2005 seeking political response to the growing problem, and we hope that aspects related to prison and mental health can be highlighted among the other topics.

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## Dealing with TB in the penitentiary system and afterwards **Ensuring continuity of treatment**

*Patient mobility is one of the biggest risk factors for incomplete treatment inside or outside prisons. Incomplete treatment leads to a lower chance of cure and therefore increased transmission of TB.*

Tuberculosis Control in Prisons WHO/ICRC 2000

Ensuring continuity of treatment is a problem facing all TB programmes. It is a problem in civilian health services but in penitentiary systems it is even more of a difficulty since detainees are moved frequently because of the requirements of the police investigation, the trial and the sentence. When prisoners are released from prison their destination may be unknown or they may move frequently.

### Development in Moldova

Two initiatives to improve continuity of TB treatment have recently been carried out, with the support of Penal Reform International, one in Moldova and one in Georgia.

After a study visit to Georgia in 2002 a working group was set up in Moldova including representatives of the Ministries of Health, Justice and Interior, the National Tuberculosis Programme and a medical NGO, Reforme Medicale. The aim of the group was to make proposals to improve the treatment of TB in the penitentiary system. TB control in Moldova was based on the DOTs system and continuity of treatment was crucial.

The result of the work of the group was three new tools to improve TB treatment in Moldova.

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**1 An order (prikaz) on proper procedures for dealing with pre-trial prisoners in transit between police, the pre-trial prison (SIZO) and court. The order was signed and issued in March 2003.**

*The Order 109.96/134 24.03.2003 "On organising the health care for TB patients who are arrested or detained in the isolators (SIZOs) of the Police of the Ministry of Interior" was signed on March 24, 2003 (International TB Day) by the Ministers of Interior, Health and Justice.*

The group had identified the police stations as an important contributor to the problem of TB in prisons. In the isolators of the police departments detainees can spend up to a month under arrest, and detainees from the pre-trial detention centres of the Ministry of Justice are transferred there for the needs of their trial. Here TB control is easily disrupted because the facilities are overcrowded. There is a constant flow of people and a complete absence of medical staff and material resources for diagnosis, isolation, treatment and care for TB patients. The Ministry of the Interior was particularly concerned about the increasing number of cases of TB amongst its employees, as a result of this possible exposure at work.

Under the order an instruction was issued which sets out the following procedures to be carried out in police isolators:

- ▶ The investigator is obliged to question the arrested suspect regarding his TB status and inquire within three days at the Family Practice Centres (public health centres).
- ▶ If the diagnosis is confirmed – the investigator marks the file "TB patient", informs the staff of the police station and recommends isolation in a separate room or in a room with other TB patients and notifies the local public health TB coordinator.
- ▶ The TB coordinator will visit the police station at least once a week, and more often if necessary, to see the TB patients or TB suspects. The visits are documented in a register.
- ▶ Based on the recommendation of the TB coordinator, the TB patients who require treatment are transferred to the pre-trial detention centres (SIZOs) under the Ministry of Justice.
- ▶ The treatment of TB is provided by the health services of the pre-trial isolators (SIZOs) under the Ministry of Justice. Transfers of patients to the police isolators is forbidden, except in cases when this is necessary for reconstruction of the event or for the trial.

developments **new developments** new developments **new developments** new

- ▶ For all necessary interviews, the Ministry of Justice will ensure that the police investigators can have access to the detainees in a well ventilated and disinfected room.
- ▶ Persons arrested for administrative contraventions are treated by the civilian TB coordinator, with drugs from the civil health facility.
- ▶ When patients are transferred from the pre-trial isolators (SIZOs) of the Ministry of Justice to the police stations, the documents are marked "TB patient" and the patients are isolated and treated under the supervision of the civilian TB coordinator from the Family Practice Centre with drugs from the civil health facility.
- ▶ Ministry of Interior personnel must respect strict rules of personal hygiene to reduce the risk of infection.
- ▶ The health services of the Ministry of the Interior and the Ministry of Justice cooperate with the local health authorities of the Ministry of Health in monitoring the TB control activities, and report to their higher authorities.

## 2 An updated diagnosis guideline for penitentiary healthcare personnel.

This guideline was approved by an order of the Penitentiary Administration. The guideline follows good practice in taking prisoners through a questionnaire about their health and then referring the ones with suspicious symptoms for a sputum test. This procedure takes the place of mass x-ray procedures and is more efficient and less costly. These diagnosis guidelines have been distributed by the Penitentiary Administration to all the medical departments. All detainees will be screened on entry, and then regularly. The system has already been introduced and is showing results. TB cases have been referred from colonies more regularly than in the past when only seriously ill TB patients or patients discovered after the annual visit of the mobile X-ray unit were referred. However the working group intends to undertake a campaign of "technical marketing" of the system and explain the benefits of continuous, cheap case finding to doctors, nurses, and prisoners throughout 2003.

*"Transfers of prisoners with TB should be planned wherever possible in collaboration with health personnel..."*

*Tuberculosis Control in Prisons WHO/ICRC 2000*

## 3 Continuity guidelines setting out the correct procedure for released prisoners.

*These guidelines set out the implications of the Governmental decision 662 of July 19, 2002 "On improving the TB situation in prisons and on health care and social assistance to patients released from prisons".*

The guidelines specify that two weeks before the prisoner is released, the Penitentiary Health Service of the Ministry of Justice must inform the TB Institute of the Ministry of Health. The TB institute will then pass this information to the local TB coordinator. The prisoners will be given a transfer form, a copy of the treatment card, and a summary from the treatment card. This will ensure that the TB coordinator has a clear picture of where the prisoner reached in treatment, and can safely continue the standardised treatment in a correct dosage and for a correct interval of time. Officially, the responsibility for execution of this procedure lies with the deputy ministers of Health, Interior and Justice.

### Research Programme in Georgia

In Georgia a high percentage of prisoners leaving prison in the course of their TB treatment fail to complete it. To deal with this problem a working group has been established made up of personnel from the National TB Programme and staff from the penitentiary TB programme. The working group has decided to start by analysing the reasons behind the high default rate in Georgia. It will then draw up policy guidelines, based on the results of the research. Civilian and prison doctors, psychologists and epidemiologists have been involved in designing the research project.

So far three target groups have been identified for the research. A detailed questionnaire has been designed. The questionnaire has been tested on a sample of prisoners in the prison hospital and receiving TB treatment. Following these tests of the questionnaire 400 interviews are being conducted. The research should produce valuable data on personal motivation for treatment and other possible reasons for poor adherence to treatment.

## Highlights from reports of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

*The European Committee for the Prevention of Torture and Other Inhuman and Degrading Treatment or Punishment is the only inspection mechanism of places of detention that allows citizens of a state to inspect the institutions of another state and report their findings. In Prison Healthcare News we bring to the attention of our readers comments made by the CPT on prison health in the countries they inspect. We do this not to highlight the shortcomings of the countries visited but to give an insight into what standards the CPT expects and what role it expects prison healthcare staff to fulfil.*

### First published report of a visit to the Russian Federation highlights healthcare concerns

In June 2003 the Council of Europe published for the first time a report of a visit to the Russian Federation. The published report is of the third periodic visit to the Russian Federation. The reports of the first two periodic visits have not yet been published. Health care was one of the major areas of concern for the Committee in all its visits.

The third visit took place from 2–17 December 2001. The places visited included places of detention in two far eastern regions of Russia, the territories of Khabarovsk and Primorskyi. The Committee noted that the healthcare staff in the penitentiary institutions they visited were impressive but the Committee also highlighted a number of problems.

According to the Committee a new system of dividing the medical room in SIZO No 1 in Vladivostok into sections with a section behind bars was not acceptable. Prisoners who came for medical examinations, and in particular those who came to give blood samples, were held behind the bars and had to put their arms through for treatment. The Committee considered such a system inhuman and degrading for both the prisoners and the personnel and recommended that it should be ended.

In their response the Russian authorities signalled their acceptance that this system was unacceptable and reported that instructions had been given for the bars to be removed.

Some shortcomings in the procedures for dealing with tuberculosis cases were noted. Prisoners infected with TB were transferred between penitentiary

institutions and their treatment was interrupted as a result. In Khabarovsk there had been no bacteriological tests of sputum samples for about a year because there was no co-operation between the local public health care system and the penitentiary administration. The Committee urged that the screening of prisoners for TB be brought into line with recognised standards and bacteriological sputum testing be carried out.

#### HIV positive prisoners

The Committee noted both good and bad practice in dealing with HIV positive prisoners. In the two colonies they visited in Khabarovsk Territory HIV positive prisoners lived in separate dormitories from the other prisoners but used the same bathroom and refectory and mixed with other prisoners for work and for education. However, in the two institutions in Primorski Territory, HIV positive prisoners were kept quite separate from the other prisoners. In SIZO No 1 in Vladivostok HIV positive prisoners were held in a very overcrowded, dark and unhygienic dormitory. The only activity for them was outdoor exercise and they were taken into the exercise yards through a narrow passageway with bars, which the Committee describes as 'resembling that used to take animals out into an arena.' According to the personnel, this system was used to prevent the prisoners having any contact with the staff. A dog was usually employed in the exercise yard as extra security when the prisoners were using it.

The CPT welcomed the changes to the Penal Enforcement Code of the Russian Federation of March 2001 which stated that HIV positive prisoners need not be held in separate institutions and noted that 'there is no medical justification for segregating a prisoner solely on the grounds that he is HIV positive.' They recommended that discrimination against such prisoners in the institutions they had visited should no longer be permitted. In their response the Russian

Government reported that segregation of prisoners in the Primorski Territory institutions had now ceased. The cells in Vladivostock SIZO had been improved and the separate exercise yards abolished.

The Committee discovered during its visit to Khabarovsk territory that patients in civilian hospitals were given drugs for the treatment of both multi-drug resistant TB and HIV but these were not available to prisoners. The Russian authorities stated that the medical units in the colonies could not afford to buy these drugs. The CPT noted in response:

*'that a greater involvement of the Ministry of Health and the regional healthcare committees in the provision of healthcare in the prison system would help to ensure implementation of the fundamental principle of equivalence of health care in prison with that in the outside community.'*

The Committee was also concerned about the way mentally disturbed or suicidal prisoners were handled. In two of the colonies the Committee visited they found that disturbed prisoners were normally held in the disciplinary units (ShIZO) until their condition improved. This was, in the view of the Committee, a completely inappropriate method of dealing with such prisoners and they urged the prison administration to find more suitable accommodation.

Report to the Russian Government on the visit to the Russian Federation carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 17 December 2001, Strasbourg, 30 June 2003

## News in Brief

### Australia

On 2 and 3 April 2003 over 150 people met in Brisbane at the 2nd Australian Conference on Prisoner Health – "Human Rights, Human Wrongs, ... Human Costs". This conference affirmed the commitment of the Public Health Association of Australia for monitoring and seeking to improve the impact of Australia's detention and incarceration policies on public health.

In assessing the four years which have passed since the previous conference, it was noted that there had been both positive and negative developments. The Conference resolved to call upon Australian state governments to imprison fewer ill people and to improve the standards of healthcare in prisons. The conference also noted its concern over the treatment of Aboriginal prisoners.

Source: Conference Rapporteur's Report

### Kazan, Russia

Forty-two teenage prisoners at a Kazan colony for young offenders cut their veins on 7 May 2003. Eight of the injured were hospitalised. The prisoners were protesting at demands by the prison administration that they had to keep the rules of the institution. The prisoners were given psychological counselling and the situation in the institution is under control. Over 200 teenagers between the ages of 14 and 18 are held at the institution.

Source: Interstat.ru, RFE/RL, Tatarstan Ministry of Justice

### Oregon, USA

The Oregon Statesman reports that in Oregon Hepatitis C rates are on the rise among prisoners, but few get treatment. Prison officials estimate that about 30 percent of Oregon's 3,500 prisoners are infected with hepatitis C. Some advocates say that is a conservative estimate. Only a small fraction of infected prisoners have received expensive treatment for the disease, which can cause liver damage, cirrhosis and cancer.

### Karelia, Russia

An expert from the Council of Baltic Sea States has visited prisons in Karelia. He reported that the DOTS strategy for treating TB has greatly advanced in the penitentiary system there. The treatment results have improved. The treatment completion rate was 73% in 2002. The aim of the CBSS project there is to achieve a cure rate of 85%.

Source: CBSS Communicable Diseases Task Force

### Azerbaijan

From 2 to 4 April 2003, the delegation of the International Committee of the Red Cross and the Azerbaijani Ministry of Justice hosted an international seminar on health in prisons. Some 55 participants met for three days to debate and share their experiences of health care in the penitentiary system. This event gave medical personnel working in Azerbaijani prisons an opportunity to assess the main medical challenges to prisoners' well-being, and to increase their knowledge of international requirements regarding health management and relationships with inmates. The participants included medical specialists and government officials from Azerbaijan, together with specialists from other countries and from various organizations.

Source: www.icrc.org

## Our readers write ...

### *Dear colleagues,*

Since March 2003 the Committee on Execution of Penalties in the Ministry of Internal Affairs (CEP MIA) and the United Nations Development Programme (UNDP) have been working on a 12 month project, the "Prevention of HIV/AIDS among prisoners in the prison (Reformatory school 15/1) in Minsk. The idea of the project emerged due to the increased number of the HIV positive cases among prisoners in the country. On 1 May 2003, in penitentiary institutions there were 1 131 HIV-infected prisoners or 22.5% of the total number of HIV persons identified in the country. We can predict with assurance a further growth in the number of HIV cases in imprisonment institutions, since HIV is spread among a drug user population involved in criminal activities.

This project aims to deal with the problems of HIV-infected persons in penitentiary institutions which is the continuation of the project earlier implemented by UNAIDS and the Mogilev center for AIDS prevention in Shklov "HIV/AIDS/STIs prevention in the penitentiary". The main goal of the previous project was the elaboration of an HIV/AIDS prevention strategy in Belarus prisons.

Though this project is a continuation of the Shklov project, it also includes modern internationally recognized methods of HIV prevention in prisons. The innovative aspect of the project is that confidential needle-exchange will be organized among imprisoned drug users so as to reduce risk of HIV infection .

The main (immediate) objective of the project is prevention of HIV/AIDS spread among prisoners, personnel and visitors of the Reformatory school 15/1 through training in risk reduction , as well as creating among prisoners and personnel a more humane and non-discriminating attitude towards HIV-infected prisoners.

The strategic components of the project are scientific, educational, preventive and humane.

The project would contribute to the integration of efforts by the Government, state and non-governmental organizations of Belarus to prevent HIV spread among prisoners and personnel of penitentiary institutions.

To ensure this effective implementation, the project will set up an infrastructure that will develop:

- ▶ Recommendations on legal support of needle-exchange among imprisoned drug users;
- ▶ A model of HIV/AIDS prevention among prisoners and personnel of the penitentiary.

It is expected to attain the following results during implementation and on completion of the project:

- ▶ Conduct of behavioural surveys among prisoners and personnel of the Reformatory school to study modes of HIV/AIDS spread, prevention methods and necessity of mandatory testing for HIV;
- ▶ Elaboration and drafting of educational programmes for prisoners and personnel;
- ▶ Distribution of protection means (syringes/needles, condoms, bleaching materials) among prisoners;
- ▶ Development and adaptation of training materials for specialists to work with HIV positive persons, provision of psychological and social support for them;
- ▶ Elaboration and distribution of education materials on issues of HIV/AIDS prevention
- ▶ Setting up of an infrastructure in the CEP MIA for development of the HIV/AIDS prevention model for penitentiary institutions and for its introduction into the penitentiary system of Belarus
- ▶ Development of the partnership relationship of the project

We strive for a fruitful and long-lasting co-operation. In this respect we will be interested in building business contacts, exchanging experience and information, provision of information about the project implementation and resources mobilization for the further development of the project.

*Sincerely yours,*

Savischeva Larissa

Project manager in Belarus

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