

**EVALUATION AND RECOMMENDATIONS FOR THE
IMPROVEMENT OF THE HEALTH PROGRAMMES,
INCLUDING FOR THE PREVENTION AND
TREATMENT OF DRUG DEPENDENCE AND OF HIV
AND AIDS, IMPLEMENTED IN THE
ESTABLISHMENTS UNDER THE RESPONSIBILITY OF
THE FEDERAL PENITENTIARY SERVICE IN
ARGENTINA.**

A follow-up of the 2008 assessment

**REPORT OF THE UNODC MISSION
25-29 JULY 2011**

September 2011

Dr Fabienne Hariga

Senior Adviser

HIV/AIDS Section

VIENNA

Table of content

EXECUTIVE SUMMARY	5
INTRODUCTION.....	7
Prison population and repartition:	8
HIV in Argentina.....	9
Drug use in general population	11
Prison conditions	11
HEALTH STATUS OF PRISON POPULATION	14
Mortality.....	14
Morbidity.....	15
HIV, syphilis and hepatitis	15
Tuberculosis	16
Mental Health.....	17
Drug users in prisons and drug dependence.....	17
HEALTH POLICIES AND PROGRAMMES.....	18
Health policies.....	18
Resources in health sector:.....	19
Health programmes	20
Medical examination for new prisoners	20
Primary health care.....	20
Sexual health, reproductive health and prevention of cancer of uterus	20
Maternal and Child health	20
HIV/AIDS and Sexually Transmitted Infections programme.....	20
Tuberculosis programme.....	22
Hepatitis	23
Mental Health.....	23
Emergencies	24
Referrals	25
IMPLEMENTATION OF THE 2008 RECOMMENDATIONS.....	26
CONCLUSIONS AND RECOMMENDATIONS.....	29
RECOMMENDATIONS	31
Table 1 Modes of transmission of HIV per year according to the gender	9
Table 2: Life time prevalence of illicit drug (2010).....	11
Table 3: Number of cases of hepatitis.....	16
Table 4: Prison population and drug use.....	17
Figure 1: Prison population in Argentina.....	7
Figure 3 Prevalence rates among selected groups of population (UNGASS 2010).....	10
Figure 4: Mortality by causes (2005 - 2010).....	15
Figure 5: Number of cases of HIV, ART treatments and deaths	16
Figure 6: Tuberculosis in the SPF.....	16

Acronyms

ART	Antiretroviral therapy
AIDS	Acquired Immunodeficiency Disease Syndrome
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
OI	Opportunistic infections
OPS –PAHO	Organización Panamericana de la Salud – Pan-American Health Organisation.
SPF	Federal Penitentiary Service of Argentina – Servicio Penitenciario Federal Argentino
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crimes

The United Nations Office on Drugs and Crime thanks the authorities of the Ministry of Justice of the Nation and of the Federal Penitentiary Services for the support provided for the organisation of the mission. The perfect coordination of the activities proposed in the agenda, the provision of extended documentation, the access to multiple stakeholders and the human and material support provided during the mission, need to be particularly highlighted.

UNODC would like to thank all the health and safety staff who works in the various prisons visited for their willingness to share their knowledge and experience with the mission, and to the detainees for the warm reception and for accepting to patiently openly discuss and answer many questions

The mission has been particularly impressed by the enthusiasm and commitment of all staff at all level in both the Federal Penitentiary Service and the Ministry of Health, to provide services to the men, women and children living in prisons, with the objective of improving their living conditions and well-being.

EXECUTIVE SUMMARY

The Federal Penitentiary Service is responsible for the treatment of about 9500 prisoners, half of them remand prisoners, in 24 prisons and 10 jails. About 8% are women, 5% young adults and 20% foreigners.

With 32 deaths, the death rate in 2010 was about 3.3/10000. The first causes of deaths are AIDS and suicide, which is 10 times higher than in the general population. Remarkably in 2010 there was no report of death due to violence. The main causes of morbidity are mental health problem, including drug dependence. In 2010, there were 322 known HIV cases. The HIV prevalence is at least estimated at 3.2%. In some subgroups such as transgender this prevalence is higher than 60%. The TB detection rate is estimated at 746/100000 or 25 times higher than in the community.

Since 2008, the Federal Penitentiary Service has initiated an important reform of the prison system. This reform includes a greater attention to the needs of women, of mothers and their accompanying children, of young adults, of foreigner women, of transgender, gays and elderly. It also includes the introduction of programmes to prevent violence and to prevent suicide as well as an increased access to meaningful and gender as well as age specific meaningful cultural, educational and training activities. All these reforms have been accompanied by a better classification of prison population and the rehabilitation and building of some premises to better respond to the specific needs of the different sub-groups. The reform of the health programme includes a shift from a “medical approach” to a global health approach. If the conditions of imprisonment have been improved for these most vulnerable groups, problems remain severe in the other parts of the prison system such as in the reception units for example where poor conditions of hygiene, poor quality of water are reported.

All these reforms have been possible through the development of partnerships with the different relevant ministries such as the Ministry of Health, of Education, of Work, Employment and Social Security, Ministry of Social Development, and Ministry of Interior.

This reform is being possible through an increasing involvement of the MOH, especially on mental health, HIV, TB. Within MOH, a coordination unit has been established, and MOH became responsible for training, for quality control and for the provision on medicines and laboratory equipment. There is not yet a real health in prison programme. Mental health programme is being handed over to MOH, including a planned low threshold drug dependence /harm reduction programme.

Compare to the observations made in 2008, during our previous missions, progresses are very impressive.

During the mission it was observed that several areas needed further strengthening, such as the health information system, a structured collaboration with community services for better through care, further quality control of the different programmes including the HIV prevention and the HIV and TB programmes. The offer for evidence-based drug dependence treatment should be dramatically expanded and current programmes, such as the CRD, need to be evaluated. The MOH should develop a real health programme and its responsibility on the health, including on controlling the sanitation of the premises should be further expanded. Finally, the judicial authorities should be made aware that drug dependence treatment can only be effective if evidence-based and voluntary, and preferably in the community.

PREAMBLE

In July 2008, UNODC conducted at the invitation of the Federal Penitentiary System (SPF) of Argentina an assessment of the drug prevention and treatment programmes and the HIV programmes in the prisons under the authority of the SPF. The results and the recommendations of this evaluation were published in December 2008¹.

1. Since, in their efforts to improve the quality of the services to the population in prisons, the authorities have introduced many human rights and gender based reforms in the treatment of the prisoners, including their access to health care. In terms of access to health a major step is the signature, end of July 2008, of a memorandum of understanding between the Ministry of Justice and the Ministry of Health on health services in prisons. Since more than 20 directives and decrees have been published in relation to the health of prisoners.
2. In June 2011, the Sub-Secretary of Prison Management of the Ministry of Justice invited UNODC for a follow-up assessment mission (see annex 1). The main objectives of the mission, as clarified during the first meeting with the authorities were:
 - To assess progresses made in relation to the recommendations of the 2008 mission, specifically related to HIV/TB and drug dependence treatment;
 - Assess current situation of health in prisons programme and identify possible areas for further improvements.
3. The mission was conducted from 25-29 of July 2011. During the 5 day mission, the team had the opportunity to meet with key stakeholders including the Secretary of Justice, the sub-Secretary of prison management, the authorities of National Direction of the penitentiary services, National Advisory Commission on drugs, the MOH Coordination unit of prison health, and representative from different MOH programmes such as the National AIDS programme, the MCH programme, Cervix Cancer Prevention, Mental health and addiction and the persons responsible for the different health programmes in the Federal Penitentiary Services, the Commission on prisons of the National Public Defense Office as well as the Defensor in charge of people executing their sentence, the UNDP Resident Coordinator and representatives UNAIDS and from WHO (see detailed list of persons met in annex 2). The mission conducted field visits in the Federal Complex for Young Adults, the Unit 31 (CENTRO FEDERAL DE DETENCION DE MUJERES “NUESTRA SEÑORA DEL ROSARIO DE SAN NICOLAS) for women with children; the Unit 3 (INSTITUTO CORRECCIONAL DE MUJERES (U.3) for women and the unit for transgender (see detailed agenda in annex 3). In addition, the mission team was provided with an important documentation on the policies and programmes developed over the last 3 years. (see list of documents consulted in annex 4).
4. The UNODC team was composed of Fabienne Hariga, UNODC Senior Adviser (HIV in prisons settings) based in Vienna, and Carola Lew, UNODC HIV Adviser (Buenos Aires).

¹ ONUDC (2008) EVALUACIÓN Y RECOMENDACIONES PARA EL PERFECCIONAMIENTO DE LOS PROGRAMAS DE PREVENCIÓN Y ATENCIÓN AL USO DE DROGAS Y DEL VIH QUE SE IMPLEMENTAN ACTUALMENTE EN LOS ESTABLECIMIENTOS DEL SERVICIO PENITENCIARIO FEDERAL INFORME DE LA MISIÓN DE LA ONUDD 21-25 JULIO 2008 www.spf.gov.ar/pdf/informe_onudd.pdf (accessed 25 August 2011)

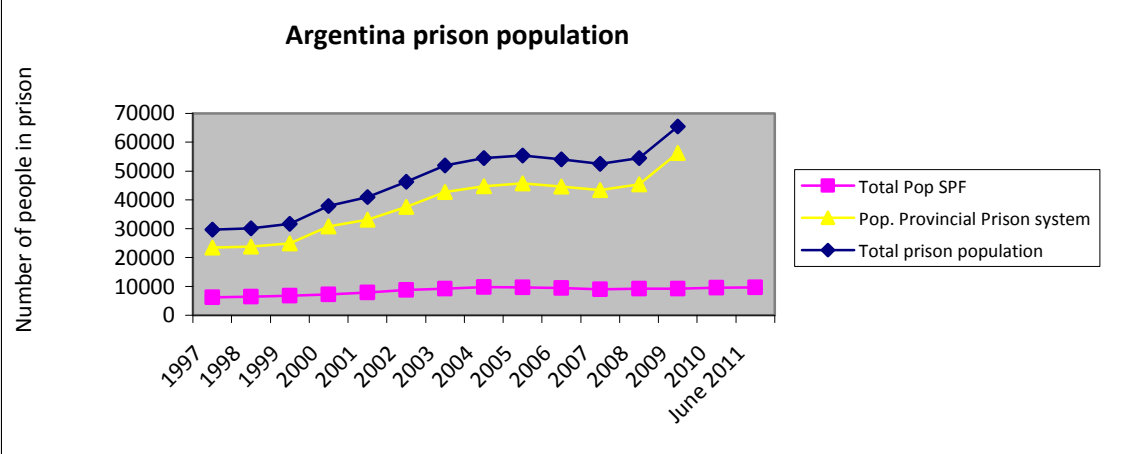
INTRODUCTION

- Argentina is a federal state, composed of 23 provinces and the autonomous city of Buenos Aires, with a population of about 40 millions (2008) inhabitants². By constitution, each province can develop its own public policies, especially in social matters and infrastructures.
- In December 2008, Argentina counted 54 537 prisoners or 60611 including people held in police detention cells³. These figures correspond to an incarceration rate per 100 000 inhabitants of respectively 137 and 152. In 2009, an important increase in the number of prisoners was observed, with a total of 65454 prisoners, corresponding to an incarceration rate of 162 per 100 000. This increase occurred mainly in the provincial prison system. (see figure 1).

Map 1: Argentina



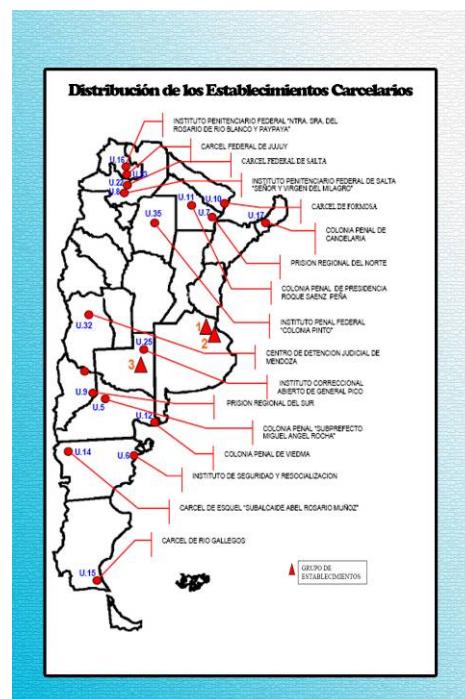
Figure 1: Prison population in Argentina



2 <http://data.un.org/CountryProfile.aspx?crName=ARGENTINA>
 3 <http://www.jus.gov.ar/media/108979/Informe%20SNEEP%20ARGENTINA%202008.pdf>

Map 2: Map of Federal Prison System establishments in Argentina:

7. Argentina counts different prison systems, namely the Federal Prison System and Provincial Prison Systems under the authority of provincial governments. More than 80% of prisoners in Argentina are under the responsibility of the Provincial systems. This report relates only to the Federal Prison System. The Federal Penitentiary Service is a security force of the nation, under the authority of the Ministry of Justice and Human Rights, whose mission is the custody of prisoners, and the enforcement of criminal sentences within the federal system prisons. The SPF implements its mandate in 4 Federal penitentiary complexes, 24 penitentiary units and 10 jails distributed in the provinces.



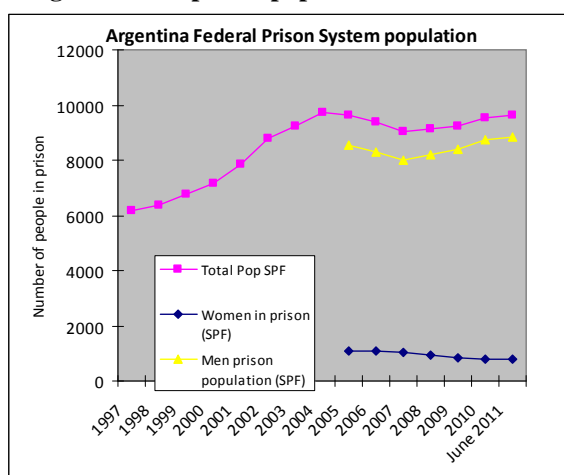
8. While in 2008 mission report it was noted that both the Federal and Provincial prisons systems were introducing reforms with little or no coordination nor consultation, the situation has changed in the reform of the health sector, mainly through the coordination ensured by MOH.

the situation has changed in the reform of the health sector, mainly through the coordination ensured by MOH.

Prison population and repartition:

9. In June 2011, the SPF counts 9634 detained persons, out of these 808 women (8,3%) and 581 young adults (5%). One observes a slight and regular increase in the total number of detainees, mainly due to an increase in the number of men. The number of women is decreasing.
10. Foreigners represent about a fifth (compare to a quarter in 2007) of the prison population, 18% of the men and 42% of the women.
11. Globally, more than half (52%) of the prison population are remand prisoners. This proportion is higher among young adults (72%), among women (61%) and among foreigners (61,5%). These figures are very similar to the situation observed in 2008 and indicate the absence of progress in the effectiveness of criminal justice. Most of the pre-sentenced prisoners will be in prisons for more than 18 months before getting sentenced and the regime, including the process of the treatment of the imprisonment, is similar as for sentenced people.

Figure 2: SPF prison population 1997-2011



sentenced prisoners will be in prisons for more than 18 months before getting sentenced and the regime, including the process of the treatment of the imprisonment, is similar as for sentenced people.

12. Women represent around 8% of the total prison population compare to 10% in 2007 and their number is decreasing. Five percents (5%) of them are young adults. Women are held in 6 different units, most of them located in the region of Buenos Aires. There are 47 mothers (6% of women in prisons) with their

children including 12 pregnant women. Pregnant and mothers with their children are held in specific units. In total 50 children between 0 and 4 years old are held with their mothers. As mentioned above, a very large part (42% in June 2010) of the women held in prisons are foreigners most of them are incarcerated for drug trafficking (“mulas”).

13. In July 2011, young adults (18-21 years old and up to 24 if entered the prison before 21) represented 5 % of the total prison population, 7% of the remand prisoners and 3 % of the sentenced prisoners. The proportions are similar among men and women. Only 28% of the young adults are sentenced. Eighty-eight percents (88%) of young men are Argentinean, compare to 66% of young women. Almost one third of the foreign young women adults (30%) and 37% of foreign young men are incarcerated for a crime related to drugs. Young men and women adults are held in prisons specifically dedicated to them. Young pregnant women or mothers are held together with the other mothers.
14. The proportion of detainees in prisons in Argentina for a drug related crime is very high and increasing regularly. For example in the province of Buenos Aires alone, this population represented 4.98% of the total population in 2007 compare to 9% in September 2010. This proportion is much higher among women than men.

HIV in Argentina

15. Argentina is a low prevalence country with a HIV prevalence among adults estimated at 0.4 %⁴ (2010) and with concentrated epidemics among MSM, transgender, sex workers and drug users. The majority of the population living with HIV lives the region of Buenos Aires, Santa Fe and Cordoba. In recent years, unprotected sex, both hetero and homosexual, has become the main route of HIV transmission in Argentina and one observes a continuous decrease of the contribution of IDU to the epidemic (see table 1). In 2007-2009, 503 IDU have been diagnosed with HIV compare to 2454 in 2001-2003⁵.

Table 1 Modes of transmission of HIV per year according to the gender (Ministerio de Salud)

	Varones			Mujeres		
	2001-2003	2004-2006	2007-2009	2001-2003	2004-2006	2007-2009
Total	10.865 100,0%	10.609 100,0%	8.846 100,0%	6.283 100,0%	6.675 100,0%	5.226 100,0%
Relaciones sexuales heterosexuales	36,8%	46,0%	48,5%	79,7%	86,3%	87,5%
Relaciones sexuales homosexuales	31,3%	31,9%	35,9%	----	----	----
Transmisión vertical	3,9%	2,5%	2,1%	7,6%	4,4%	3,6%
Uso de drogas inyectables	19,0%	11,5%	4,8%	6,2%	3,2%	1,5%
Hemofilia / transfusión	0,4%	0,4%	0,3%	1,0%	0,6%	0,4%
Otras	0,1%	0,1%	0,1%	0,1%	0,1%	0,2%
Desconocidas	8,6%	7,6%	8,4%	5,4%	5,4%	6,8%

Source: Boletín sobre el VIH-sida en la Argentina – Noviembre 2010

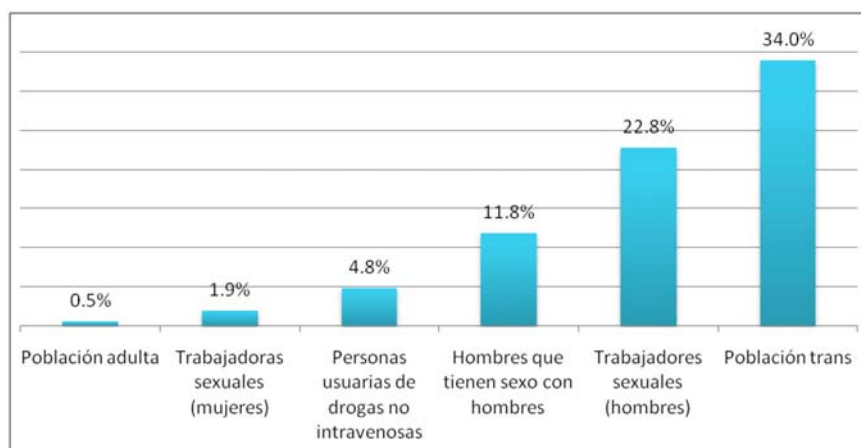
16. Among men, the transgender population is the most at risk with an estimate HIV prevalence of 34%, followed by male sex workers and MSM. The HIV prevalence among drug users (non injecting and injecting) is estimated at 4, 8%⁶ (see below figure 3).
17. In 2008, 998 men and 404 women died of SIDA, which corresponds to a mortality rate of 35,3 per million, respectively 51,3 for men and 19,8 for women.

⁴ Boletín sobre el VIH-sida en la Argentina, Ministerio de Salud (2010), N° 27, Año XIII, Noviembre 2010

⁵ See report 2008 for more information on the trends in the mode of use of drugs in Argentina.

⁶ ONUSIDA (2010) Informes de Progreso por País UNGASS 2010. Ginebra: ONUSIDA.

Figure 3 Prevalence rates among selected groups of population (UNGASS 2010)⁷



Source: ONUSIDA

18. Until very recently the national programme on HIV and AIDS was mainly oriented on the access to diagnosis and to treatment. Since 2009, the national AIDS programme includes prevention of HIV.

19. In terms of coverage of HIV services, Argentina reports:

- About 23% of the adult population knows their HIV status
- Coverage for ART treatment: 73%
- 81% of pregnant women with HIV received ART during pregnancy and 90% during delivery.
- 65 % newborn from PLWHIV tested for HIV
- More than 50% of the children born with HIV receive ART and Cotrimoxazol preventive therapy
- More than 70% of people co-infected with HIV and TB receive treatment for both diseases

20. In 2008, the national AIDS programme developed and started implementing the first prevention strategy⁸. Since 2010, this strategy includes population in prisons. Within this strategy, NGOs and CSOs have a major role, which is a new development within the HIV response in the country.

21. Since 2011, the HIV/AIDS programme also addresses hepatitis C diagnosis and treatment.

22. HBV immunization is part of the national child vaccination since 2000. The immunized cohort is only 11 years old or below currently. In other words, the prison population, older than 18, is not yet immunized against hepatitis B.

⁷ ONUSIDA (2011) ANÁLISIS REGIONAL CONSOLIDADO DE LOS INFORMES UNGASS PRESENTADOS POR 17 PAÍSES DE AMÉRICA LATINA EN 2010 <http://issuu.com/ONUSIDA/docs/informe-ungass-2011>

⁸ Ministerio de la Salud. Dirección de Sida y Enfermedades de Transmisión Sexual. PRESENTACIÓN DE LA POLÍTICA Y MATERIALES DE PREVENCIÓN EL MALETÍN: UN DISPOSITIVO DE CO-GESTIÓN. Buenos Aires. Abril 2010. <http://www.msal.gov.ar/sida/pdf/otras-publi/politicas-y-maletin-preventivo-13-5-10.pdf>

Drug use in general population

Table 2: Life time prevalence of illicit drug (2010)⁹

23. The survey on the use of drugs in the general population conducted in 2010 indicates that cannabis is the most commonly used illicit drug, with more than half of the population having at least once used marijuana. Compare to the 2006 survey, the use of crack is decreasing. The use of pasta base or PACO is stable and remains low. However in some groups of population this prevalence is much higher.

Cannabis	52,70%
Solvents	0,50%
Cocaine	3%
Pasta base	0,30%
Crack	0,10%
Ecstasy	0,70%
Heroin	0,10%
Stimulants	0,30%
Tranquilisers	3,40%

Prison conditions

24. The overall occupancy rate is 94% (June 2011). Currently, there is no overcrowding in the establishments under the authority of the SPF, nor globally nor at the level of the different establishments.
25. The establishments the mission visited were in good or very good conditions, especially the units for women and women with children. Some of the buildings are very recent or recently renovated. Common parts, cells, bathrooms are clean, well ventilated and well lighted.
26. The distribution of population groups between the different prisons and units has been reorganized, making more space for the women and children. Norms and standards for accommodation have been redefined, such as minimum space and volume per persons and number of showers and toilets, with differences according to the age of the buildings¹⁰.
27. Most prisoners are allocated in individual cells. In the newly built area for mothers with children, there is a bed for the accompanying child in each mothers' cell.
28. While the conditions in the prisons we visited are good or very good, the Prison's Commission¹¹ reported to the mission that the conditions in several other units of the system are below acceptable level: poor quality of food (safety), lack of water, and poor general conditions. As a consequence of these conditions, for example, epidemics of diarrheal diseases are observed during the summer.

9 Observatorio Argentino de Drogas (OAD). SECRETARIA DE PROGRAMACIÓN PARA LA PREVENCIÓN DE LA DROGADICCIÓN Y LA LUCHA CONTRA EL NARCOTRÁFICO (SEDRONAR) TENDENCIA EN EL CONSUMO DE SUSTANCIAS PSICOACTIVAS EN ARGENTINA 2004 - 2010 - POBLACIÓN DE 16 A 65 AÑOS (June 2011)

10 Expte. N° 39.458/2008 D.N. Resolución M.J.S y D.H. N° 2892 CONDICIONES BASICAS DE HABITABILIDAD DE LOS ESTABLECIMIENTOS DEPENDIENTES DEL SERVICIO PENITENCIARIO FEDERAL. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 296. BUENOS AIRES, 10 DE OCTUBRE DE 2008

Expte. N° 47.008/2009 D.N. Resolución D.N. N° 1188; DISTRIBUCION Y ALOJAMIENTO DE LOS INTERNOS PRIMARIOS; Servicio Penitenciario Federal Argentino - Boletín Público Normativo AÑO 16 N° 334 BUENOS AIRES, 22 DE JULIO DE 2009.

11 Communication of Defensoría General de la Nación Comisión de Cárceles

Prevention suicide and violence

29. In 2009, the SPF introduced a new pilot programme of suicide prevention¹². This programme includes prevention, crisis response, and support to vulnerable people. This programme has been reviewed considering the poor results during observed the first year.
30. To prevent violence, in addition to further classification of the prisoners, conflict prevention and conflicts resolution measures have been taken. These consist in groups discussions and the establishment of “committees of conviviality”. The latter are established in each unit and are discussion spaces for the staff and prisoners to discuss problems and identify solutions. Staff have been trained in conflict resolution and prevention.

Programme for Primary inmates

31. In order to mitigate the negative effects of incarceration, primary inmates and inmates entering in prisons for less than 8 months are held in units separated from the rest of the population¹³. This measure is available for young adults, men and women adults. Specific programmes have been developed to support this group of population.

Work, education, cultural and recreational activities

32. A specific attention has been given to the provision of meaningful activities to all prisoners, adapted to their gender and age group. SPF has developed a national programme for cultural policies in penitentiary establishments¹⁴. Activities include theatre, music, and dance. In 2010, a *cultural centre* was established in the unit 3 for women. There are plans to establish a similar *cultural centre* in the federal complex for young adults.
33. Through cooperation with the Ministry of education, prisoners have access to education including university level. A specific effort is made to give access to training opening to meaningful and non stigmatising jobs through a partnership with the Ministry of Work, Employment and Social Security.
34. About 80% of the inmates have the opportunity to work.

Gender programme

35. The gender programme is implemented in close collaboration with the Ministry of Social Development and the Ministry of Health. The gender programme focuses essentially on women, but also includes a programme for transgender. The approach is very holistic and encompasses all different aspects and consequences of the imprisonment for the women. An important component of the programme also addressed the needs of women prison staff in prisons.

12 Expte. N° 45.186/2008 D.N. Resolución D.N. N° 1866 PROGRAMA MARCO DE PREVENCION DE SUICIDIOS PARA INTERNOS Apruébase, con carácter de Proyecto Piloto. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 304 BUENOS AIRES, 16 DE DICIEMBRE DE 2008.

13 Expte. N° 68.667/2007 D.N. Resolución D.N. N° 4.975 REGIMEN DE TRATO Y CONVIVENCIA PARA INTERNOS PRIMARIOS. Servicio Penitenciario Federal Argentino - Boletín Público Normativo, AÑO 15 N° 270 BUENOS AIRES, 15 DE ENERO DE 2008.

Expte. N° 08.040/2010 D.N. Resolución D.N. N° 241 DISTRIBUCION DE LA POBLACION PENAL DEL COMPLEJO PENITENCIARIO FEDERAL I - EZEIZA- Y DEL COMPLEJO PENITENCIARIO FEDERAL II -MARCOS PAZ. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 357 BUENOS AIRES, 10 DE FEBRERO DE 2010

14 Expte. N° 59. 612/2010 D.N. II - PROGRAMA NACIONAL DE POLITICAS CULTURALES EN ESPACIOS PENITENCIARIOS Y POST-PENITENCIARIOS Servicio Penitenciario Federal Argentino - Boletín Público Normativo, AÑO 17 N° 391 BUENOS AIRES, 9 DE AGOSTO DE 2010

Women programme

36. This women programme in prison in the SPF is a model of best practice, internationally recognised. Special attention has been provided to the needs of women and of their possible accompanying children. This has been established through the development of a “Gender policy and programme” (2010)¹⁵. This programme includes the (i) provision of space adapted to the needs of women, and especially for women with children; (ii) programmes to reduce violence and suicide; (iii) programme to improve the links between the mothers and their children living outside prisons; (iv) access to education (iv) tailored made health programme. The human resources capacity has been strengthened both in terms of number and education. About 60% of all security staff has been trained on the needs of women in prisons. “Peers to peers” programme for staff are implemented. The offer for psychological support has been increased. Specific health programme for women are implemented such as the prevention of cervix cancer and reproductive health.
37. Considering the very high proportion of foreigners, a specific programme has been developed for “English speaking women”¹⁶. Initiated in 2010, this programme, consisting in a tailored made multidisciplinary support, is implemented in two units (Module V, of the Federal Penitentiary Complex I – Ezeiza and Unit 31). The participation in the programme is voluntary. On the health aspects, the medical doctors affected to the programme must be bilingual.

Elderly women:

38. A part of the Unit 31 has been specifically organised and built to meet the needs of older women. Unfortunately due to space limitation, this unit has no individual cells and privacy seems limited compare to the other units for women.

Accompanying children:

39. With the publication of a law 26.472 allowing for domiciliary arrest of pregnant women and women with young children until the age of 5, the number of accompanying children has decreased. However the implementation of the law meets some difficulties. Indeed, considering that these mothers under domiciliary arrest cannot work, in order to benefit from this law these women need to have socio-economic support.
40. The Unit 31 has been specifically adapted to meet the needs of the children (0-4years old) and their mother. Specific areas for playing, outdoor and indoor, have been established. A kinder garden has been established but if mothers prefer, children can go to a kindergarten in the community. A paediatrician, working in close collaboration with the Maternal and Child health programme, is responsible for the health and follow-up of the children.
41. A survey on the development of the children accompanying their mothers in prison, conducted by the paediatrician of the SPF, indicates that their average birth weight was similar to the children in the general population. It also showed that 39% of these children suffered from emotional troubles¹⁷.

15 Expte. N° 05.727/2010 D.N. Resolución M.J.S.y D.H. N° 1.203. PROGRAMA DE GENERO EN LA POBLACION PENITENCIARIA FEDERAL Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 387 BUENOS AIRES, 8 DE JULIO DE 2010

16 Expte. N° 89.781/2008 D.N. Resolución D.N. N° 1969 PROGRAMA DE ASISTENCIA A LA INTERNA ANGLOPARLANTE Apruébase e Implementase - Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 307 BUENOS AIRES, 29 DE DICIEMBRE DE 2008.

17 Informe de Gestión Sanitario 2009-2010 del Servicio Penitenciario Federal, Título IV Atención Primaria de la Salud, Programa Materno Infantil, pág. 64 y sgtes. Disponible en: www.spf.gov.ar

Transgender programme

42. A specific unit has been established to hold the transgender population. Staff, women, has been trained to be able to understand and meet the needs of the population. Proposed education, work and other activities are designed based on the needs of the population. The day of our visit the unit hosted 11 detainees. All detainees expressed their great satisfaction with this arrangement in the classification. Their specific needs are addressed, including in terms of commodities. Out of these 6 (54%) are living with HIV compare to 37% HIV prevalence among transgender in the community. All current detainees living with HIV had relatively high level of CD4 and possibly a good immunity. However, this population should be particularly monitored and screened for TB, considering the high risk for epidemics in a population with low immunity.

Homosexual population

43. A specific unit has also been established for the gay population, who voluntary want to be separated from the general prison population. (The mission did not visit this unit). The HIV prevalence in this group of population is apparently very high too, with about half of them living with HIV.

Young adults programme

44. Specific attention is provided to the population of young adults and programmes tailored to their needs are being implemented. Young men adults are hosted in specific units, separated from the adults. Recently a unit to house young primary men has been established. Education opportunities and recreational and cultural activities as well as supportive programmes are specific to their age group.

Other Vulnerable population groups

45. People with handicapped and older prisoners are held in specific units adapted to their conditions and programmes tailored to their needs.

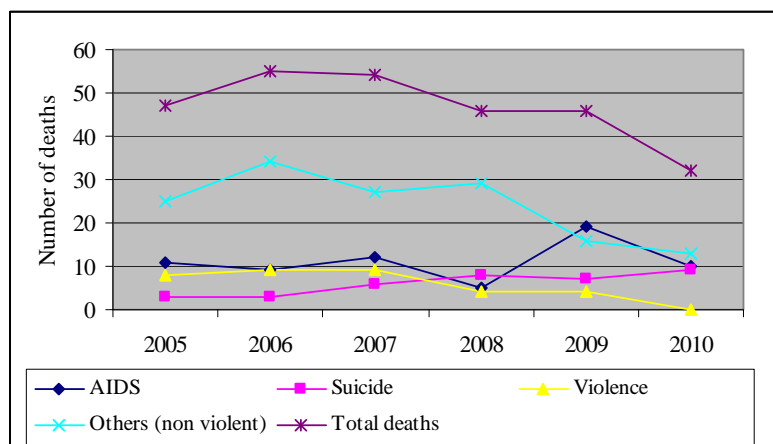
HEALTH STATUS OF PRISON POPULATION

Mortality

46. In 2010, the total number of deaths within the SPF was 32, indicating a small reduction, mainly due to the decrease in the number of natural deaths and due to violence. AIDS represents an important proportion of the causes of deaths. For example in 2009 and 2010 AIDS is responsible for respectively 41% and 33% of the total number deaths. Suicide is also an important cause of deaths and responsible for respectively 15% and 28% of the deaths in 2009 and in 2010. The suicide rate in prison (approximately¹⁸ 94,5 / 100 000) is more than 10 times higher than in the community (7.8/100 000). In view of these results, the suicide prevention programme, initiated in 2009, has been reviewed. In 2010 there was no death due to violence between inmates, which is an encouraging indicator of the effectiveness of the conflict prevention programme.

¹⁸ Considering the high turnover of the population in prisons, it would be more accurate to calculate the different rates using the number of person-year as denominator rather than the number of prisoners on one day in the year, especially for the calculation of mortality rates and of incidence rates.

Figure 4: Mortality by causes (2005 - 2010)



Morbidity

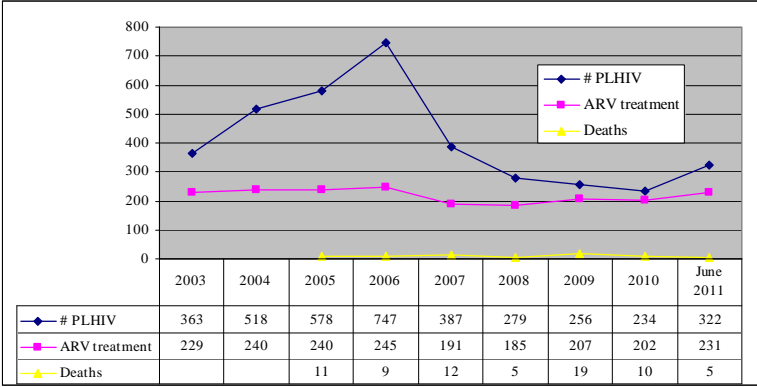
47. In 2008 and 2009, the health services was consulted about 250 000 times. In 2009, 4361 patients needed to be admitted in a hospital, 83% of them in the SPF hospitals. In 2008, only 53% of the 2398 patients admitted in a hospital were admitted in the SPF hospital. This evolution corresponds to the development of the capacity of the SPF in terms of in-patients. In 2009, 8343 patients have been referred to an out-patient clinic within the community.
48. In 2009, one observes a 50% decrease in the number of consultation for skin diseases compare to 2008, which is probably an indicator of the improvement of the sanitation and access to showers in the prison environment.
49. Based on the statistics on the number of specialised medical consultations in 2009, the first causes of morbidity are (1) Psychological (2) Psychiatric (3) dental (4) trauma (5) infectious diseases. The number of consultations for trauma has decreased by 50% in 2009 compare to 2008. This is also an indicator of the decrease level of violence within the system.
50. Data on morbidity are not available for the entire system and a monitoring system is currently under development.

HIV, syphilis and hepatitis

51. On 30th of June 2011, there were 322 (35 women and 287 men) known prisoners living with HIV, which corresponds to an estimate prevalence of 3% among men and 4% among women in prison. But the exact prevalence is not known considering these figures are only the known cases. More than two third (72%) were under ART treatment. ART is initiated according to National Guidelines¹⁹ when CD4 are below 350. Not knowing the exact number of people living with HIV and meeting the criteria for starting an ART treatment, it is not possible to estimate the coverage. All known cases with CD4 below 350 are under ART.

¹⁹ Argentinean Society of infectious diseases. http://www.sadi.org.ar/files/SADI_SIDA_2010.PDF

Figure 5: Number of cases of HIV, ART treatments and deaths



52. The prevalence rate²⁰ of hepatitis A is very low and stable between 2009 and 2010. Prevalence rates of Hepatitis B and hepatitis C are low too, and below 1%. One observes an important increase, especially in the number of case of hepatitis B.

Table 3: Number of cases of hepatitis

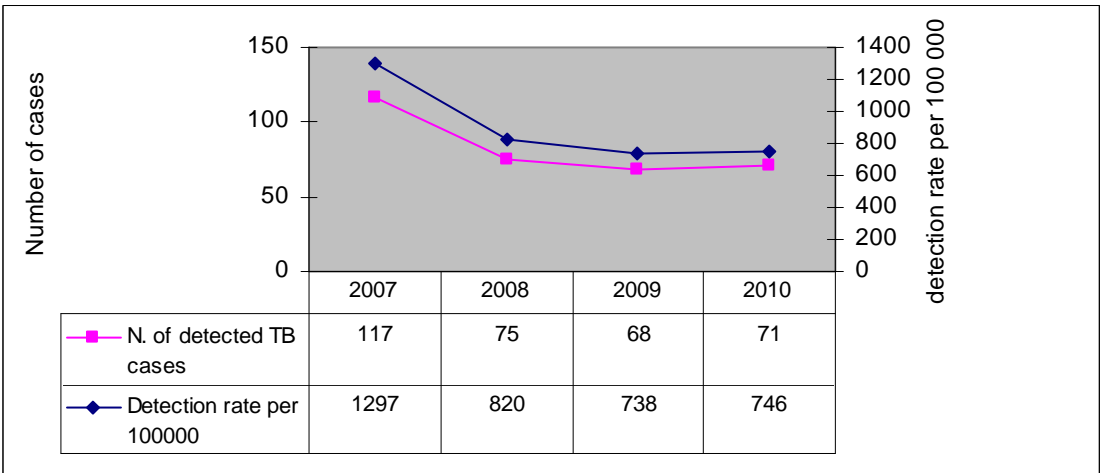
	HAV		HBV		HCV	
	N	%	N	%	N	%
2009	13	0,1%	27	0,3%	53	0,6%
2010	12	0,1%	56	0,6%	78	0,8%

53. Syphilis is much more common, with 285 cases diagnosed in 2010.

Tuberculosis

54. In 2010, 71 new cases of tuberculosis were diagnosed in the SPF. Compare to 2007, the detection rate of tuberculosis has decreased of more than 40%. However this rate of 746 / 100 000 inhabitants is more than 25 times higher than the general population rate. The total number of tuberculosis cases was 82 in 2009 and 95 in 2010. There is no information on the number of deaths due to tuberculosis.

Figure 6: Tuberculosis in the SPF



²⁰ Please see previous comments on the calculation of rates in prisons.

Mental Health

55. As in all prison systems in the world, the prison population is most affected by mental health diseases. Argentina is not an exception. As indicated above, the main causes for attending a specialised clinic are psychological or psychiatric problems.

Drug users in prisons and drug dependence

56. One of the main problems encountered in the prison population, based on information received by the different persons met, is the drug dependency. Similarly when the mission had the opportunity to discuss with young adults almost all of them mentioned problems linked to the use of drugs.

57. As indicated in the table below, in recent years data have been collected in different prisons systems and showed that a large proportion of the prison population have used drugs during their life. All these data indicate clearly that the profile of the population in prisons in terms of use of illicit drugs differs significantly from the one in the general population especially as it relates to use of cocaine (35% or more compare to 3%) and pasta base. If the most frequently reported drug is cannabis, cocaine and pasta coca as well as “tablets” are reported by a large proportion of the population.

Table 4: Prison population and drug use

	2008 survey Module IV CF1 (N=246) ²¹		2009 Survey Young adults SPF (N = 393) ²²		2009 Prisons provincial system (N = 2988) ²³	2010 General Population lifetime prevalence ²⁴
	N	%	N	%	%	%
Cannabis	169	69%	277	70%	55,50%	52,70%
Cocaine	85	35%	161	41%	45,60%	3%
Pasta Base	74	30%	131	33%	8,60%	0.3%
Crack					4,80%	0.1%
Ecstasy	13	5%	30	8%	7,80%	0.7%
Solvents	21	9%	39	10%	15%	0.5%
Heroin					4%	0.1%
Others	14	6%	28	7%		
Any illicit drugs					64.4%	

58. A survey conducted in 2009, among the prison population in the Provincial Prison system indicated that 64,4% of the 2988 respondents have used at least once an illicit drug,

²¹ Communication of the Comisión Asesora en materia de drogas del Jefe de Gabinete de la Nación – Documento VIH/SIDA- Usuario de drogas en contextos de encierro en la republica Argentina. 2011.

²² Informe jóvenes adultos 2010 Dirección Nacional del Servicio Penitenciario Federal, Ministerio de Justicia y Derechos Humanos de la Nación

²³ Observatorio Argentino de Drogas (OAD) Estudio nacional sobre consumo de sustancias psicoactivas y su relación con la comisión de delitos en población privada de libertad en Argentina, Buenos Aires, Diciembre 2009

²⁴ *ibidem*

compare to 17,1% observed in the general adult population in 2006. It also indicates that 5,1% of the people in prisons have injected drugs at least once during their life²⁵

59. In the same survey, 65,8 % of the respondents expressed that they think they need a drug dependence treatment, including 34% for problematic use of cannabis, 17,5 % for use of cocaine 3% for the use of pasta base and 13% for the use of tranquilizers.

60. There is no data available on other mental health diseases. At the time of the mission 513 patients were enrolled in one programme for drug dependence, which corresponds to only 5% of the prison population.

HEALTH POLICIES AND PROGRAMMES

Health policies

61. In 2008, the SPF established a direction of health, responsible for the development of health policy within the SPF. The basis for these policies is the rights of prisoners to health and the principle of equivalence of health care. The health services follow the primary health care model, including prevention, treatment, health promotion and rehabilitation.

62. Since, the SPF has been developing closer links with the MoH, in order to improve the quality of health programme in prisons, to harmonize health policies and programmes in prisons with the ones in the community. In July 2008, Ministry of Justice and Human Rights signed framework for cooperation with the MOH. Following this agreement several complementary agreements²⁶ were signed in order to establish the following programmes:

- HIV/AIDS and Sexually Transmitted Infections (October 2008),
- Mother and Child Health (October 2008),
- Eye Health and Blindness Prevention (October 2008),
- Sexual Health and Responsible Procreation (October 2008);
- Mental Health and Addictions (April 2009)²⁷,
- TB control and an Essential drug management system through the programme REMEDIAR (access to list of 64 essential drugs) (May 2009).
- Cervix Cancer Prevention (March 2010)

63. In 2010, with the publication of the national public policy for health care in prison settings²⁸ the MOH becomes clearly responsible for the development the strategies for

25 Observatorio Argentino de Drogas (OAD) Estudio nacional sobre consumo de sustancias psicoactivas y su relación con la comisión de delitos en población privada de libertad en Argentina, Buenos Aires, Diciembre 2009

26 Expte. N° 78.883/2008 D.N. ACUERDO COMPLEMENTARIO AL CONVENIO MARCO DECOOPERACION Y ASISTENCIA ENTRE EL MINISTERIO DE JUSTICIA, SEGURIDAD Y DERECHOS HUMANOS, EL COMITE CIENTIFICO ASESOR EN MATERIA DE CONTROL DEL TRAFICO ILICITO DE ESTUPEFACIENTES, SUSTANCIAS PSICOTROPICAS Y CRIMINALIDAD COMPLEJA Y EL MINISTERIO DE SALUD Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 300 BUENOS AIRES, 28 DE OCTUBRE DE 2008.

27

28 PUBLIC POLICIES FOR HEALTH CARE IN PRISON SETTINGS Chief National Cabinet of Ministers, Ministry of Justice, Security and Human Rights, Ministry of Health, Ministry of Social Development, Presidency of the Nation, Buenos Aires, 2010

prevention and treatment in prisons including for the quality of health care in coordination with the Ministry of Justice, of Social Development, and Work and Education.

64. Provision of health services remains the responsibility of MoJ and health staff is employed by SPF. The new Mental Health programme to be implemented in 2011 will be entirely under the responsibility of Ministry of Health, with the MoH providing also health staff to the SPF and two psychiatric units handed over to MoH (see below).
65. In 2009 a bio-ethical committee²⁹ has been established to monitor medical activities implemented in the department of psychiatry for men (Unit 20) in order to ensure that psychiatric treatments are evidence and human rights based. It has been decided to close the unit and to hand over mental health programme to MoH. The new Argentine Mental Health Interministerial Program (PRISMA), to be launched in August 1, 2011³⁰.
66. The medical file of each prisoner, including the results from the complementary X-Rays and laboratory exams, remains the property of the SPF and not the property of the prisoner. However, by regulation³¹, a summary of the medical file must be given to the prisoner when transferred to another prison or when released. This regulation does not follow the law 26529 on the Rights of the patients, clearly indicating that the patient is the owner of the medical file and must receive a copy of it within 48 hours of his request.

Resources in health sector:

67. The SPF has dramatically reinforced its human capacity to provide health care to the prison population at least equivalent to the community. All the functions within the prison system (health and others) have been revalorised through a significant salary increases and an intensive capacity building and training programme. The number of health staff has been increased by 35%.
68. The SPF prison health service counts 782 medical doctors, nurses and assistants, which corresponds to 12 detainees per professional. Except for the posts of directors, all MD are working maximum half time in the SPF and must have a medical activity outside prison. In particular, the service has 456 MD (about 225 full time equivalent MD), or 1 full time equivalent MD for 40 detainees, compare to an estimate 1 MD for 300 inhabitants in the general population. Considering the characteristics of the prison population and the relative very high demand for health care, the standards of the resources established within the SPH are relatively adequate. The service counts 288 beds for in-patients, or about one bed for 33 prisoners.
69. Cooperation with MOH has also increased the resources through the provision of training and medications such as essential drugs or reagents and equipment for the laboratories.
70. The MOH has established one unit to coordinate the health activities and programmes implemented in prisons in both the Federal and Provincial systems. The coordination unit

29 C.E. N° 37847/2010 DN. Comisión de Bio-Ética en el ámbito de la Dirección NACIONAL DE READAPTACIÓN SOCIAL dependiente de la SUBSECRETARIA DE ASUNTOS PENITENCIARIOS, para el seguimiento de la actividad médica que se desarrolla respecto de las personas alojadas en el Servicio Psiquiátrico Central de Varones (Unidad 20) del SERVICIO PENITENCIARIO FEDERAL. Ministerio de Justicia, Seguridad y Derechos Humanos BUENOS AIRES, 24 SEP 2009

³⁰ Boletín Oficial N° 32.203

³¹ Expte. N° 46.147/2008 D.N. Resolución D.N. N° 1.459 DIRECCION GENERAL DE REGIMEN CORRECCIONAL (DIRECCION PRINCIPAL DE TRATO Y TRATAMIENTO – DIRECCION DE SANIDAD) Instrúyase por su intermedio a las Direcciones de los Hospitales Penitenciarios Centrales, y a las Divisiones o Secciones Asistencia Médica, a fin de que realicen un Resumen de Historia Clínica, denominado en la terminología médica como "epicrisis". Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 294 BUENOS AIRES, 1 DE OCTUBRE DE 2008.

is manned by 2 professionals and 4 assistants. The coordination unit should become a national programme in 2012.

71. Drug management system: the MOH essential drugs (64) management system is implemented in the SPF and drugs provided by the MOH through the programme REMEDIAR.

Health Surveillance System

72. The health surveillance system is still weak, and it is difficult to have good information on the general health condition. For example while apparently diarrhoeal diseases are a major problem in the summer, probably preventable, there is no data or monitoring.

Health programmes

Medical examination for new prisoners

73. All persons entering the prison get a medical examination. This medical examination includes an anamnesis, a clinical examination, psychiatric and psychological examination. Thorax X-Ray, routine blood and urine analysis and EKG are proposed. HIV test with pre-counselling is proposed.

Primary health care

74. At the level of the penitentiary units, the following primary health care services are available: (i) out-patients consultation for all basics specialities; (ii) simples laboratory and XR; (iii) multidisciplinary psycho-medico social support.
75. Every three months, there is a follow-up and evaluation with a medical doctor, a psychologist, a nurse and dental assistant.

Sexual health, reproductive health and prevention of cancer of uterus

76. The sexual and reproductive health programme is still essentially addressing the women. There is no sexual health programme targeting the men in prison. The programme is implemented in collaboration with the MOH.
77. The population of the women in prison is a population at high risk for the cervix cancer. In March 2011, the first cervix cancer screening campaign was initiated with PAP and colposcopy. This campaign showed that 36% of the women were not aware of the risk of cervix cancer and 56% had never had a PAP. MOH has introduced this programme in the SPF through capacity building, and quality control of the laboratory for the PAP and workshops for the women in prison.

Maternal and Child health

78. The activities are implemented with MOH and the National Direction for mothers and children and are pluridisciplinary, involving all actors. There is also a programme to reinforce the links between fathers and their children.

HIV/AIDS and Sexually Transmitted Infections programme

79. Following the agreement signed with MOH³² complementary agreements and protocols have been developed and published through resolutions³³ on the implementation of clear

32 Expte. N° 78.883/2008. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 300 BUENOS AIRES, 28 DE OCTUBRE DE 2008.

protocols for HIV/AIDS prevention, diagnosis and treatment, and to facilitate linkages with the national programme for HIV.

Based on these protocols it is mandatory to implement in the SPF:

- Workshops on HIV and STIs
- Access to condoms to all inmates, independently to the access to conjugal visiting rooms
- Distribution of information material
- Access to the AIDS hotline 0-800
- Mandatory feed-back of the results of the HIV tests
- Strategies to increase adherence to treatment
- In case of transfer or release, provide the inmates with medication for 30 days and a summary of its clinical history

The national AIDS programme provides support to increase the capacity of SPF to manage the HIV programme in prisons. This support includes training of staff, quality control of laboratory, the development of a prevention programme, anti-stigma and discrimination programmes, condoms programming and standardization of the activities, including the workshops and organisation of the continuity of treatment and care after release. The national AIDS programme visits the SPF once per month.

Universal Precautions

80. A protocol has been developed to ensure the safety of dentistry material. During the visit we observed that health staff in medical units were not using properly the boxes for safe disposal of used syringes and needles.

HIV prevention: access to information, condoms and other prevention commodities

81. The prevention kit, (EL MALETÍN), information material on HIV and a strategy on how to implement HIV prevention developed by the national AIDS for the community is now distributed and used in the SPF. In addition group discussions and workshops are organised and conducted by health, education or social assistants. It was not possible to get a clear idea about the frequency and regularity of these activities.

82. Condoms, by regulation should be accessible to all inmates. During the visit we observed that this policy has been implemented differently according to the place. If condoms are

33 Resolución N° 1342 DNSPF del 3 de julio de 2009. Expte. N° 50.476/2008 D.N. Resolución D.N. N° 1.458 PROTOCOLO DE SOLICITUD DE CD4 Y CARGA VIRAL Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 294 BUENOS AIRES, 1 DE OCTUBRE DE 2008
Expte. N° 57.983/2008 D.N. Resolución D.N. N° 244 GUIA GENERAL DE BIOSEGURIDAD PARA EL CONTROL DE LA INFECCION EN LA PRACTICA ODONTOLOGICA Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 360 BUENOS AIRES, 24 DE FEBRERO DE 2010
Expte. N° 24.989/2009 D.N. Resolución D.N. N° 1.342 PROTOCOLO DE PREVENCIÓN, DIAGNÓSTICO, ASISTENCIA Y TRATAMIENTO EN MATERIA DE VIH-SIDA PARA EL SERVICIO PENITENCIARIO FEDERAL. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 16 N° 335 BUENOS AIRES, 30 DE JULIO DE 2009.
Expte. N° 57.983/2008 D.N. Resolución D.N. N° 1.450 GUIA GENERAL DE BIOSEGURIDAD PARA EL CONTROL DE LA INFECCION EN LA PRACTICA ODONTOLOGICA" Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 16 N° 335 BUENOS AIRES, 30 DE JULIO DE 2009.
Expte. N° 46.147/2008 D.N. Resolución D.N. N° 1.459 DIRECCION GENERAL DE REGIMEN CORRECCIONAL (DIRECCION PRINCIPAL DE TRATO Y TRATAMIENTO – DIRECCION DE SANIDAD) Instrúyase por su intermedio a las Direcciones de los Hospitales Penitenciarios Centrales, y a las Divisiones o Secciones Asistencia Médica, a fin de que realicen un Resumen de Historia Clínica, denominado en la terminología médica como "epicrisis". Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 294 BUENOS AIRES, 1 DE OCTUBRE DE 2008.

available in all the units we visited and boxes are filled with condoms these are not accessible. In one unit for young adults the plastic bag containing the condoms is closed and inmates have to ask them. In one CRD, condoms were not available at all. In the unit for transgender and MSM, prisoners get a quota per week, and dispensing boxes are only available in the conjugal visiting room.

83. In every sector there is a telephone prisoners can use to access the hotline 0-800-AIDS.

Post-Exposure Prophylaxis

84. Post exposure prophylaxis is available to both staff and prisoners in case of accidental exposure. Criteria used follow the guidelines of national AIDS direction, which is also providing ARV drugs needed for the treatment. It is unclear to the mission whether staff have been trained or if there is a written procedure communicated to all staff to be followed in case of accidental exposure.

HIV testing and syphilis tests

85. HIV tests are proposed during the medical examination conducted when a prisoner enters the prison. The policy clearly indicates that the tests must be confidential, voluntary, with informed consent and with pre- and post counselling. There is no data on the proportion of prisoners who accept the test (between 25% and 90% were reported according to the unit). All tests are accompanied by a pre-test counselling conducted by a psychologist. All results are returned to prisoner but based on what post-counselling is only provided to people with positive result. Prisoners can ask for a new test when they want.

Follow-up of PLWHIV and treatment

86. CD4 count and viral load are checked and a clear protocol has been established on how to request and conduct the tests. An agreement has been concluded with the National Administration of laboratories and health institutions, Dr. Carlos G. Malbrán. The authorization to conduct the test is given for one year and can be requested every 3 months.

87. ARV treatment and prevention of opportunistic infections are based on the national guidelines. Isoniazid Preventive Therapy (IPT) for prevention of tuberculosis is not offered to PLWH despite the higher risks due to prison conditions. Similarly Co-trimoxazol Preventive Therapy (CPT) to high risk patients is not available³⁴.

88. As mentioned earlier AIDS is one of the major causes of deaths within the SPF. In 2009, it was the first cause of deaths and responsible for 41% of the deaths and in 2010, responsible for 31%. This very high case fatality rate could be explained by the fact that PLWH entering the system have already an advanced stage of the disease. However, a review of all AIDS related deaths should be conducted to identify possible ways to reduce the mortality, for example through the introduction of IPT or CPT or other relevant measures.

Tuberculosis programme

89. A cooperation agreement has been established with the national tuberculosis programme to support and align the health programme of the SPF in terms of strategies, treatments

³⁴ WHO recommendation for CPT : HIV-positive adults and adolescents who have mild, advanced or severe symptoms of HIV disease, or a CD4 count below 350 cells per ml

protocols and monitoring. TB protocol has been revised and the DOTS³⁵ strategy has been introduced including directly supervised treatment to improve adherence to treatment. Staff within the SPF has been trained and drugs are supplied by the national TB programme. All new diagnosed cases are reported through the national TB programme notification system. The TB programme is also working in collaboration with the HIV programme.

90. During the visit however it was reported that there is no case-finding except for the medical examination of incoming prisoners and the delivery of the medication is not directly supervised in all units. As mentioned earlier, in some units such as the unit for transgender or MSM the HIV prevalence is very high and in the absence of TB prevention programme, there is a risk for TB epidemics.

Hepatitis

91. Hepatitis B immunization is provided to all prison staff but not to prisoners, except for immune-depressed prisoners. Considering the immunization of the general population started in 2000, as part of the immunization programme for children, the prison population is not yet protected.
92. Information is provided on the risk of transmission through tattoo and piercing.
93. Diagnosis and treatment of hepatitis B and C are provided.

Mental Health

94. In December 2010, the Ministry of Health has established a new Direction of Mental Health. With the signature of the agreement between the SPF and the MOH (PRISMA), an entire reform of mental health in prisons will be conducted through a national program for the evaluation and monitoring of mental health status of persons held in the penitentiary units. This reform includes the training of security staff, the closing of the unit 20, and the handover of the units for psychiatric cases to the MOH. The plan foresees:
- the establishment of a crisis centre within the general hospital of the SPF for common law prisoners
 - the construction of new building to hold psychiatric cases outside the penitentiary system
 - programmes for social inclusion of released prisoners through the establishment of half-way houses

The general concept is to separate the population incarcerated for mental health problem from common law prisoners, and provide psychiatric treatment outside the penitentiary system for those judged mentally not responsible for their acts.

Drug dependence treatment:

95. The drug dependence programme has currently 3 different types of programme
- o Five Centres for the Rehabilitation of Drug dependent (CRD) based on the therapeutic community model

35 WHO Stop TB DOTS Strategy (1) Political commitment with increased and sustained financing; (2) Case detection through quality-assured bacteriology; (3) Standardized treatment, with supervision and patient support; (4) An effective drug supply and management system; (5) Monitoring and evaluation system, and impact measurement

- AGA (Programa Asistencial Grupal para Adictos) is a programme of intensive psychological support for prisoners who do not meet the inclusion criteria of the CRD.
 - Therapeutic Integral and Multidisciplinary Programme (PROTIM) for drug dependent with other severe psychiatric disorder located in the annex of unit 20 in CPF1
96. There are currently 513 people (5% of the total prison population) under drug dependence treatment, 400 under AGA and 113 in the CRD. This offer is far below the theoretical demand. As indicated in a survey mentioned earlier, (see paragraph 59 page 18) more than 2/3 of the respondent estimated that they needed support and treatment for a problematic use of drugs.
97. Despite the absence of evaluation of the outcome of the programme, the therapeutic community model (CRD) has been expanded. The total capacity of the programme is 173 and in July 2011, there were 113 persons admitted in the CRD. This very intensive and high threshold programme developed for the treatment of drug dependant, enrolls not only drug dependant people but also drug users with no therapeutic indication. The CRD of unit 31 had the day of our visit 26 “residents”: 10 patients by order of the judge and 16 “volunteers”. In other words, 10 patients are under compulsory drug dependence treatment.
98. The AGA programme is a new programme, also high threshold programme, targeting prisoners drug dependant who do not meet the criteria for the CRD such as mothers with children. This programme has not been evaluated.
99. Considering that the “progresses” made by a patient enrolled in one drug dependence treatment affect directly the evaluation of the “penitentiary treatment” there is a clear confusion between the treatment of a health problem, drug dependence, and the penitentiary treatment.
100. Through the collaboration with the MOH, the SPF plans to expand the offer for drug dependence treatment, with the establishment of a new pilot ambulatory low threshold treatment programme for drug users and drug dependant, based on a harm reduction approach.
101. There are no structured linkages established with drug dependence treatment services in the community

Psychotherapy for sexual abusers

102. A specific protocol has been developed for the treatment³⁶ of sexual abusers.

Emergencies

103. Together with the MOH, the capacity to respond to medical emergencies has been strengthened. Both penitentiary staff and health staff of the SPF have been trained on first aid. Emergency cases are referred to the prison hospital or to a civil hospital according to the location.
104. In the unit for young adult there is a psychologist on duty 24h/24.

36 Expte. N° 78.583/2010 D.N. Resolución D.N. N° 1923. “ASPECTOS BASICOS PARA LA IMPLEMENTACION DEL PROGRAMA DE TRATAMIENTO PARA INTERNOS CONDENADOS POR DELITOS DE AGRESION SEXUAL. Servicio Penitenciario Federal Argentino - Boletín Público Normativo - AÑO 17 N° 401 BUENOS AIRES, 1 DE NOVIEMBRE DE 2010

Referrals

105. Cases in need for specialised treatment or diagnosis are referred to a public hospital. This referral system is not optimal due to lack of transportation capacity (missed appointments for example). In addition, all prisoners released from an hospital and transiting in the capital city for example, are often brought back to the admission part of the prison where conditions are very poor and violence very important. But these people are often sick or have just come from surgery, and are therefore particularly vulnerable. Considering that most of them were held in other units of the prison, they should be taken back to their unit or, if not possible, to the prison hospital or a unit suitable for their condition.

Implementation of the 2008 recommendations

Progresses made on recommendations made in 2008³⁷:

A. On the organization of health care:

(i) A transfer of the responsibility of health care from the SPF to the MOH would allow for a public health approach of the health of the prison population, would facilitate the continuity of care, ensure the access to the same health programmes in prison as in the community”.

- Through the signature of the framework agreement between SPF, the Commission on drugs, the MOH and with the establishment of a coordination unit on prison health within the MOH, strong links have been established, with the national programmes on HIV, the TB programmes, the cervix cancer programme, the MCH, drug management (REMEDIAR). This coordination unit also works with the Provincial Penitentiary system.

B. On the HIV programme:

“There is a need to develop a comprehensive, sustainable, gender sensitive, and evidences based strategy and programme for HIV in prison settings. This should cover:

(ii) The collection of the evidences: the first priority is to conduct comprehensive assessment of the situation, including voluntary and anonymous behavioural surveys (sexual, injection of drugs, drug use, tattooing, piercing), serological surveys and assessment of the safety of dental and health care, assessment of risks for prison officers;

- Assessment of the safety of dental care has been conducted and weaknesses have been remedied through new protocols for the safety and new equipment.
- Behavioural and serological surveys have not been conducted³⁸.

(iii) “The review of practices and the development of standardized guidelines and protocols for prevention activities, for clinical management of HIV, hepatitis and tuberculosis patients, in line with national MOH guidelines;

- Protocols and guidance notes have been developed related to VCT, to the follow-up of people living with HIV, on biosafety, safety of dentistry, management of HIV programme in prisons, TB prevention and treatment. However as mentioned earlier, in this report the guidance are not known by all staff and therefore not followed.

(iv) “Capacity building: to assess the training needs, and develop a training programme on HIV prevention treatment and care;”

- Many capacity building activities have been undertaken in different areas and hundreds of staff have been trained, by MOH. Generally speaking, the implementation of each new programme is accompanied by intensive training activities for both security and health staff.

³⁷ The recommendations made in 2008 have been reorganised and are presented below in a different order than the one used in the 2008 report to facilitate the reading of the current report.

³⁸ During the current mission this possibility informal discussions have been initiated for possible collaboration to conduct this activity, including with UNODC, OPS and UNDP.

(v) “An access to all inmates to evidence based prevention measures and commodities: access to condoms, the access to safe injection equipment for injecting drug users, to safe piercing equipment, to drug dependence treatment and support;”

- Access to condoms: sexual relations are not denied anymore and condoms are available in all the places we visited. However, these are, most of the time, not very accessible.
- No other prevention commodities are available and prevalence of injection of drugs or piercing or other risky behaviours is not known;

(vi) *The implication of the inmates in the implementation of the activities and the development of the capacity of NGOs to increase their role in the activities of prevention, support and for the continuity of care;*

- The role of NGOs, and community services, especially in the health sector is still limited, ad hoc. There was no or little capacity building of NGOs. Peers prevention project for prisoners and capacity building of prisoners of prisoners as health agents are still planned.
- In particular NGOs are not consulted or involved in the development of policies and programme for prison.

(vi) *An improved access to a quality VCT for HIV and hepatitis;*

- The access to HIV testing and counselling has been much improved including in terms of quality. However, as mentioned above, post-counselling is not provided to person having a test with a negative result. Post-counselling is very important in terms of prevention as it reduces the risk for the person who tested negative after having taken a risk that he or she is invulnerable and it is a unique time to reinforce prevention message.

Monitoring an Evaluation

(vii) *An improved data collection and data analysis system, in particular as it relates to the prevalence and incidence of infectious diseases;*

- The notification of TB cases included within the national TB programme monitoring system will certainly improved the monitoring of TB in prisons. But generally speaking, the health information system still needs to be developed, implemented and used to monitor the health situation, to identify needs and plan for actions. There is information, such as for example everyone knows that there is an epidemic of diarrhea in the summer, but no info on numbers. There is a high mortality rate of people living with HIV but little investigation on the reasons.

(viii) *Evaluation of the programmes*

- Although during these last 3 years the numbers of new programmes and activities have been implemented the evaluation is limited, poor and most of the time limited to the process and not on the effects or impacts.

Coordination

(viii) *All the different actors should be mobilised to prepare, implement and monitor this (HIV) comprehensive programme. This could be done for example, through a working group including both external and internal actors from the prison administration: NGO, MOH, NAP, N. TB Programme, National Drug Agency.*

- The MOH coordination unit is coordinating within MOH and between MOH and SPF. Other collaborations have been established with other ministries such as Ministry of work and social affairs, ministry of education or Sedronar. NGOs are not part of the coordination bodies established.

D. On drug dependence treatments:

- Access of a wide range of evidence based drug dependence treatment modalities, adapted to the demand and needs of the different profiles drug dependant prisoner and equivalent to the offer within the community should be guaranteed;

- Implementation of a comprehensive drug dependence treatment programme that guarantee the continuity of treatment between the community and prison, both when people enter prison and upon release should be established;

- Development of standardized norms and protocols for drug dependence treatment adapted to the prison environment and capacity building of professionals involved in the treatment;

- Drug dependence treatment in prisons should be evaluated.

- A new programme, the Programa Asistencial Grupal para Adicciones (AGA), for people who cannot meet the inclusion criteria of the CRD has been developed. The programme was initiated less than one year ago and need to be evaluated.
- Despite the absence of evaluation, the therapeutic community model (CRD) has been expanded and host not only drug dependant people but also drug users with no therapeutic indication.
- SPF together with MOH is developing a very promising ambulatory treatment for drug users, partly based on the harm reduction approach.

To ensure the continuity of drug dependence treatment upon release, the cooperation with external drug dependency programme is required.

- There is no structured linkage established with drug dependence treatment services in the community.

To raise the awareness of judges on the interest of alternatives to imprisonment within the society especially for drug dependent people.

- Currently, there are people in prisons under compulsory drug dependence treatment. Some drug users have been sentenced by judges to both imprisonment and to drug dependence treatment in prisons, mainly to CRD. This constitutes a double sentence. In addition, compulsory drug dependence treatment is unethical and ineffective.
- The number of drug users and drug dependent men and women in the SFP remain very high.

CONCLUSIONS AND RECOMMENDATIONS

106. Since 2008, the Federal Penitentiary Service has engaged in tremendous reforms of the system, and of health programme in particular. The authorities should be commanded for these courageous, creative and ambitious reforms and for having achieved the implementation of so many and important changes. Initially the medical services in prisons consisted in having clinics to treat sick or wounded prisoners when necessary. The new approach to health in prisons is global, based on the concept of health promotion, addressing the environment, the person, the system and the services. All aspects of the prison system having an impact on the physical and mental health of the prisoners are considered: the prison condition; the classification system of the prisoners; the communication needs with outside world; the needs for meaningful educational and cultural activities; the access to work; the capacity of the staff working in prisons; the needs and protection of the most vulnerable such as women, children accompanying their mother, young male adults, transgender, gays and people with mental health diseases and the development of prevention programmes such as suicide and violence prevention programme.
107. The health and the quality of life of the people in prisons has become a clear priority the penitentiary administration, and are central in the policies developed and implemented in the system. Similarly, the health and the quality of working condition of prison staff has become a priority, increasing the level of satisfaction of prison staff.
108. Several elements played a major role to make these reforms possible:
- The training of staff and revalorisation of the functions: each new programme and reform is accompanied by capacity building, training activities including through peers of all staffs, specialised or not.
 - The opening to the “outside” world through a number of cooperation agreements including with the Ministries of education, of work, of culture, of Mother and Child, and Ministry of health creating links to increase the chance of people in prisons to have a life in dignity after release and to ensure more equity in the access to services.
 - A modification of the ratio health/security staff
 - The development of new regulations
109. Access to all treatments or medical investigations mentioned in this report are human rights based, voluntary and with informed consent. However the evaluation of the “penitentiary treatment” is directly linked to the participation and progresses made in the mental health programmes. In addition, the participation in some treatments such as drug dependence treatment can be mandated by the judge in addition to the imprisonment. Evidences show that coerced treatments are not the most effective treatment³⁹. Imprisonment is not drug dependence treatment.
110. The SPF has been very creative and innovative in identifying solutions and ways to improve prison conditions. The gender programme is an already internationally

39 UNODC (2010) From coercion to cohesion: Treating drug dependence through health care, not punishment. Discussion paper
http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf

recognised best practice. But other programmes such as the cultural programme should also be highlighted and cited as examples for other countries.

111. Last, but not least, the reform of the health system. Based on international recommendations and on the principle of “prison health is public health”, many countries are thinking or starting a hand over of health care from the prison administration. It is a long and difficult reform, for both the prison administrations and for the ministries of health. The changes, this shift of responsibilities implies, are most significant. For the prison administration it often means to move from a “medical approach” to a “health approach”; it means an opening to another governmental actor having priorities that do not include security. Ministries of Health, on their hand, have little experience with prison population and prison systems and have a lot to learn. It is a “cross- training” or cross fertilisation exercise that cannot be achieved in one day. The incremental approach adopted by the SPF might become an example of good practices for countries looking for models for shifting the responsibility of health in prisons to MOH.

RECOMMENDATIONS

- **Health programme**

The reform of health care and the increasing involvement of the MOH are remarkable. The involvement and the capacity of MOH to address health in prison should be further strengthened. It is recommended:

- The development of a genuine comprehensive health in prisons programme within the MOH, with clear objectives, monitoring and evaluation framework in line with standards, norms used in the community, including on prevention and health promotion;
- To pursue to incremental approach for the transfer of responsibility of health in prison to the MOH;
- To consolidate into a comprehensive guideline the various directives and training material and guidelines for health staff in prison to refer to. This will contribute to the quality control of health care in prisons, and to the sustainability of capacity building activities conducted by the MOH;
- To insert the training activities within the training curriculum of both prison officers and agents to ensure sustainability of the progresses;
- Considering that we noticed during this mission that “guidelines” such as VCT guidelines or TB guidelines are not always followed, it would be important for MOH to monitor their implementation;
- To further develop a health surveillance system for the prison population and when existing based and integrated within the national diseases surveillance systems.
- To structurally involve NGOs and Civil Society Organisations (CSOs) in the development, the implementation and the monitoring of intervention in prisons;
- To build the capacity for NGOs and CSOs on health in prison;
- In order to develop a real continuity of treatment and care between the community and the prison system and to ensure more equivalence between the two systems, to establish structured linkages between health and community services in the community and in prisons; Community services should be directly involved in the implementation of treatment, care and support in prisons. For example, drug dependence services from the community could become responsible for the implementation of low threshold drug dependence treatment in the prisons.

- **HIV/TB/syphilis**

As mentioned in this report the HIV programme has been dramatically strengthened. We identified some weaknesses that should be remedied. It is recommended:

- To conduct a seroprevalence and risk behaviours survey to get a real estimate of the prevalence of HIV and risk behaviours;
- To investigate the high mortality due to AIDS and possibly identify ways to reduce this mortality;
- To build the capacity of prisoners as “health agents” and structurally implement peers prevention projects and other IEC project;
- To evaluate the implementation of the condom policies to ensure not only their availability but also their accessibility;
- To review the VCT programme and ensure that staff is trained and provide post counseling after all test, positive and negative;
- To review universal precautions for staff in the health units;
- To implement safe tattooing/piercing programme, especially if the results of survey indicates prevalence of tattooing and piercing;
- To review national guideline for treatment of HIV and introduce Isoniazid Preventive Therapy (IPT) and Cotrimoxazol preventive therapy (CPT) in high risk settings such as prisons;
- To conduct TB case finding exercises in the different units of the prison; and,
- To monitor and report the number of deaths due to tuberculosis; and,
- To particularly monitor and introduce strong preventive measure for TB in units with high prevalence of HIV such as in the transgender unit or the unit for gays.

- **Drug dependence treatments**

In order to improve the access to evidence based, human rights based drug dependence services as well as to ensure the continuity of treatment and support after release, it is recommended:

- To expand the offer to low threshold ambulatory drug dependence, harm reduction and support services similar to the community and quickly implement the new programme for low threshold drug dependence treatment developed by the MOH;
- To engage with community services and external drug dependence services to provide treatment and support within the prison system;
- To review the inclusion criteria for drug dependence treatment, especially high threshold programmes such as CRD and exclude all people who are not drug dependant;
- To make a clear distinction between mental health or other health measures such as drug dependence treatment from the “penitentiary treatment”; and,
- Establish collaboration and partnership with SEDRONAR to establish a sustainable and solid mechanism for the continuity of treatment.

- **General hygiene, food and water quality:**

In order to ensure that general hygiene of the units, and safety of food and drinking water, it is recommended that:

- Inspections of the conditions of hygiene, quality of water, and food safety to be conducted by external official inspection bodies/ public health authorities;
- To seek advice and recommendations from institute of hygiene;
- Kitchen staff to be trained on food safety and hygiene in kitchen;
- To ensure access to enough safe drinking water in all units of the system.

- **Gender programme:**

With the further improvement brought to the programmes for women, the inequity between the conditions for women and men has increased

In order to address the needs of the men too, it is recommended:

- to implement screening programmes for cancers affecting men according to age group
- to implement sexual and reproductive health programmes for men
- to improve housing condition for men as it is being done for women.

- **Referrals**

In order to avoid missed appointments and to avoid housing of wounded or sick prisoners in inadequate location, it is recommended:

- To review the processes of the referrals to external clinics to ensure that prisoners are housed in the appropriate units even temporary considering with their conditions and vulnerability; and
- To review resources needed to ensure that transportation capacity is adequate.

- **Monitoring and Evaluation**

- There is a need to strengthen the capacity of the SPF/MOH to evaluate the different initiatives implemented in prisons. Evaluation should not be limited to process but also on the impact of the projects in relation to the objectives and expected outcome of the different initiatives.
- Indicators used for monitoring health in the community should be used to monitor the health and the health programmes in prisons.

ANNEXES

Annex 1 Letter of invitation Ministry of Justice to UNODC

2011 – Año del Trabajo Decente, la Salud y Seguridad de los Trabajadores



Ministerio de Justicia
y Derechos Humanos



Buenos Aires, **14 JUL 2011**
Ref.: NOTA-S04:0016260/2011
Cooperación Técnica ONUDC

Señor
Representante Regional de la
Oficina de Naciones Unidas contra la
Droga y el Delito en Brasil y Cono Sur
Lic. Bo Mathiasen
Su Despacho

De mi consideración:

Tengo el agrado de dirigirme a usted, en el marco de las recomendaciones que oportunamente hicieron expertos de la Oficina de las Naciones Unidas contra la Droga y el Delito.

Al respecto, y con el fin de profundizar la implementación de políticas públicas en materia sanitaria, consideramos importante la posibilidad de contar con una Misión de Cooperación Técnica para que realice una nueva evaluación sobre esta temática entre los días 25 y 29 de julio de 2011.

En este sentido, nuestro interés radica en llevar adelante un análisis y evaluación para el fortalecimiento de los programas sanitarios, en especial la prevención y tratamiento del VIH/SIDA y del abuso de drogas en los establecimientos penitenciarios del Servicio Penitenciario Federal.

Esta cooperación internacional resultaría muy oportuna y conveniente, teniendo en cuenta que el Convenio de Cooperación y Asistencia firmado entre esta Cartera y la de Salud cuenta con un alto grado de ejecución y posibilitaría la realización de nuevas recomendaciones en este aspecto.

Por ello, solicito tenga a bien considerar la posibilidad de que se lleve a cabo esta Misión, para la cual este Ministerio de Justicia y Derechos Humanos afrontaría los gastos de pasajes, y aquellos correspondientes a la estadía del experto designado para tal tarea.



Ministerio de Justicia
y Derechos Humanos



En tal sentido, en caso de considerar viable la solicitud, y a los efectos de iniciar la tramitación de los pasajes y eventuales, le solicito remita la documentación y datos necesarios de la persona que se designe.

Sin otro particular, saludo a usted muy atentamente.

Dr. Julio Allak
MINISTRO DE JUSTICIA
Y DERECHOS HUMANOS

Annex 2: List of persons met

Lista de personas que participaron en reuniones

Aclaración: Dra Daniela Arcuri, Asesora de la Subsecretaría de Gestión Penitenciaria acompañó todas las actividades.

El Dr. Natello y la Sra. Daró del SPF acompañaron todas las visitas a unidades penitenciarias

SPF: Servicio Penitenciario Federal

MS: Ministerio de Salud

SGP: Subsecretaría de Gestión Penitenciaria

CA: Comisión Asesora en materia de drogas del Jefe de Gabinete de la Nación

25/07/2011

Ministerio de Justicia

1. Dr. Julián Álvarez, Secretario de Justicia de la nación
2. Dr. Alejandro Marambio, Subsecretario de Gestión Penitenciaria
3. Dr. Martín Vázquez Acuña, Juez de la Nación
4. Dr. Juan Gregorio Natello, Director de Régimen Correccional – SPF
5. Dr. Daniel Pagliaro, Director de Salud – SPF
6. Dr. Raúl Jacobs, Jefe de Asistencia Médica – SPF
7. Laura Daró, Directora de Trato y Tratamiento – SPF
8. Marta Ferradas, Programa de prevención de cáncer uterino, MS
9. Alejandro Diaco, Unidad Coordinadora de salud en contextos de encierro, MS
10. Guido Sintas, Unidad Coordinadora de salud en contextos de encierro, MS
11. Fernando Silva Nieto, Dirección Nacional de Sida y ETS, MS
12. Juan Sotelo, Dirección Nacional de Sida y ETS, MS
13. María Inés Diana, Dirección de Salud materno infantil
14. Romina Tello Cortes, CA
15. Yago Di Nella, Director Nacional de Salud Mental y Adicciones

26/07/2011

Complejo Federal de Jóvenes Adultos

16. Damián Braccelarghe, Director
17. Dra Andrea Grimberg, SGP
18. Lic. Candelaria Morales Castro, SGP
19. Dr. Olleta, médico de Complejo

ONUSIDA

20. Rubén Mayorga, UCC Cono Sur

OPS

21. Hugo Cohen, Asesora Regional en salud mental, OPS

27/07/2011

Unidad 31

22. Sonia Álvarez, Directora

23. Clemente Berardi, Jefe Médico

24. Graciela Ferreti, Dirección de Sanidad

25. Daniel Arturo, psicólogo, División Asistencia Médica

26. Noelia Díaz, ginecóloga División Asistencia Médica

27. Laura Arnal, Sección Asistencia Social

28. Mariana Reino, SSGP

Reunión con asesores en SGP

29. Alejandro Marambio

30. Daniela Arcuri

31. Digo Urribarri

32. Emiliano Blanco

33. Andrea Grinberg

34. Candelaria Morales

35. Aída Di Lodovico

Defensoría General de la Nación

Comisión de Cárceles

36. Dra. Silvia Martínez

37. Dra. Catalina Heilbron

Defensoría de Ejecución Penal

38. Dr. Rubén Alderete

28/07/2011

Unidad 3

- 39. Juan Carlos Beltramo, Director
- 40. Anam maría Herrera, Subdirectora
- 41. Laura Spezamonte, Jefa Médica
- 42. Marcela Ciccero, Jefa Equipo terapéutico de CRD
- 43. Daniel Pagliaro, Jefe de Asistencia Médica
- 44. Luis de Carolas, inféctologo
- 45. Daniel Jalom, Jefe de psicólogos
- 46. Juan Carlos B, Unidad 27
- 47. Mariana Reino, Asesora SGP

Oficina de Coordinador Residente

Martín Santiago, CR

Rubén Mayorga, UCC

Annex 3: Programme of the mission

Evaluación de la Oficina de Naciones Unidas contra la Droga y el Delito

VISITA DE LA EXPERTA EN MATERIA DE VIH/SIDA: DRA. FABIENNE HARIGA

FECHA TENTATIVA: 25 AL 29 DE JULIO DE 2011

ORGANIZADOR: MINISTERIO DE JUSTICIA Y DERECHOS HUMANOS

ORGANISMOS INVOLUCRADOS:

- Ministerio de Justicia y DDHH: Ministro de Justicia, Secretaría de Justicia, Subsecretaría de Gestión Penitenciaria, Dirección Nacional del Servicio Penitenciario Federal
- Ministerio de Salud de la Nación: Subsecretaría de Salud Comunitaria, Unidad Coordinadora de Salud Penitenciaria, Programas: VIH/SIDA y ETS, Salud Sexual y Procreación Responsable, Maternidad e Infancia, Salud Mental y Adicciones, Control de Tuberculosis, Prevención del Cáncer Cérvico Uterino, Remediar.
- Jefatura de Gabinete de Ministros: Comisión Nacional Asesora en materia de Drogas.
- Defensoría General de la Nación: Comisión de Cárceles.
- Defensorías ante los Juzgados de Ejecución Penal.
- Agencias: Organización Panamericana de la Salud y Oficina de Naciones Unidas en materia de VIH/SIDA.

ESTABLECIMIENTOS PENITENCIARIOS A VISITAR:

COMPLEJO FEDERAL DE JÓVENES ADULTOS

UNIDAD 31

UNIDAD 3

Cronograma de actividades:

24/07	25/07	26/07	27/07	28/07	29/07
Arribo al Aeropuerto Internacional de Ezeiza	Reunión con el Sr. Secretario de Justicia, Subsecretario de Gestión Penitenciaria, Director Nacional del Servicio Penitenciario Federal	Visita al Complejo Federal de Jóvenes Adultos (Almuerzo en unidad)	Visita a la Unidad 31 (Almuerzo en unidad)	Visita a la Unidad 3 (Almuerzo en unidad)	Reunión de cierre con el Sr. Ministro de Justicia y todos los actores
Traslado al Hotel	Almuerzo				Almuerzo
	Reunión con la Comisión Nacional Asesora en materia de Drogas	Reunión con las agencias: Coordinador Residente,	Reunión con la Comisión de Cárceles y las Defensorías de	elaboración de conclusiones generales	Traslado desde el Hotel al Aeropuerto

	Reunión con la Unidad Coordinadora de Salud Penitenciaria del Ministerio de Salud y representantes de los programas	ONUSIDA y OPS	Ejecución Penal		Partida desde el Aeropuerto Internacional de Ezeiza
	Fin de la jornada	Fin de la jornada	Fin de la jornada	Fin de la Jornada	Fin de la jornada

Annex 4: Documents consulted

1. Informe de Actividades en Materia Sanitaria SPF, Dirección de Sanidad (2011),
2. Políticas públicas en materia sanitaria en contextos de encierro. Jefatura de Gabinete de Ministros, Ministerio de Justicia, Seguridad y Derechos Humanos, Ministerio de Salud, Ministerio de Desarrollo Social (2010)
3. Boletín sobre el VIH-sida en la Argentina, Ministerio de Salud (2010), N° 27, Año XIII, Noviembre 2010
4. Observatorio Argentino de Drogas (OAD). SECRETARIA DE PROGRAMACIÓN PARA LA PREVENCIÓN DE LA DROGADICCIÓN Y LA LUCHA CONTRA EL NARCOTRÁFICO (SEDRONAR) TENDENCIA EN EL CONSUMO DE SUSTANCIAS PSICOACTIVAS EN ARGENTINA 2004 - 2010 - POBLACIÓN DE 16 A 65 AÑOS (June 2011)
5. Observatorio Argentino de Drogas (OAD) ESTUDIO NACIONAL SOBRE CONSUMO DE SUSTANCIAS PSICOACTIVAS Y SU RELACIÓN CON LA COMISIÓN DE DELITOS EN POBLACIÓN PRIVADA DE LIBERTAD EN ARGENTINA, Buenos Aires, Diciembre 2009
6. Informe de gestión 2007-2010 Dirección Nacional del Servicio Penitenciario Federal, Ministerio de Justicia y Derechos Humanos de la Nación,
7. Informe jóvenes adultos 2010 Dirección Nacional del Servicio Penitenciario Federal, Ministerio de Justicia y Derechos Humanos de la Nación
8. Informe, Misión de cooperación técnica de la oficina de naciones Unidas contra la Droga y el Delito en materia sanitaria en cárceles federales, Subsecretaria de Gestión Penitenciaria – Secretaria de Justicia, Ministerio de Justicia y Derechos Humanos de la Nación, 25/07/2011.
9. Programa de Genero; Dirección Nacional del Servicio Penitenciario Federal, Ministerio de Justicia y Derechos Humanos de la Nación
10. Programa de Tratamiento ambulatorio para consumidores y abusadores de sustancias psicoactivas, Servicio Penitenciario Federal (2010),
11. Decree N°303, March 26Th, 1996 and N°18, January 9th, 1997. General Pre-trial Regulations
12. Expte. N° 54.516/2007 D.N. Resolución D.N. N° 3.074. PROCEDIMIENTO DE REQUISA DE INTERNO. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 14 N° 254 BUENOS AIRES, 4 DE SEPTIEMBRE DE 2007.
13. Expte. N° 68.667/2007 D.N. Resolución D.N. N° 4.975 REGIMEN DE TRATO Y CONVIVENCIA PARA INTERNOS PRIMARIOS. Servicio Penitenciario Federal Argentino - Boletín Público Normativo, AÑO 15 N° 270 BUENOS AIRES, 15 DE ENERO DE 2008.
14. Expte. N° 45.186/2008 D.N. Resolución D.N. N° 1866 PROGRAMA MARCO DE PREVENCION DE SUICIDIOS PARA INTERNOS Apruébase, con carácter de Proyecto Piloto. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 304 BUENOS AIRES, 16 DE DICIEMBRE DE 2008.
15. Expte. N° 50.476/2008 D.N. Resolución D.N. N° 1.458 PROTOCOLO DE SOLICITUD DE CD4 Y CARGA VIRAL Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 294 BUENOS AIRES, 1 DE OCTUBRE DE 2008.
16. Expte. N° 46.147/2008 D.N. Resolución D.N. N° 1.459 DIRECCION GENERAL DE REGIMEN CORRECCIONAL (DIRECCION PRINCIPAL DE TRATO Y TRATAMIENTO – DIRECCION DE SANIDAD) Instrúyase por su intermedio a las Direcciones de los Hospitales Penitenciarios Centrales, y a las Divisiones o Secciones Asistencia Médica, a fin de que realicen un Resumen de Historia Clínica, denominado en la terminología médica como “epicrisis”. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 294 BUENOS AIRES, 1 DE OCTUBRE DE 2008.
17. Expte. N° 39.458/2008 D.N. Resolución M.J.S y D.H. N° 2892 CONDICIONES BASICAS DE HABITABILIDAD DE LOS ESTABLECIMIENTOS DEPENDIENTES DEL SERVICIO PENITENCIARIO FEDERAL. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 296. BUENOS AIRES, 10 DE OCTUBRE DE 2008.
18. Expte. N° 48.729/2008 D.N. Resolución D.N. N° 1.536 SISTEMA DE MENSAJERIA ELECTRONICA Apruébase con carácter provisorio Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 298 BUENOS AIRES, 23 DE OCTUBRE DE 2008.
19. Expte. N° 78.883/2008 D.N. ACUERDO COMPLEMENTARIO AL CONVENIO MARCO DECOOPERACION Y ASISTENCIA ENTRE EL MINISTERIO DE JUSTICIA, SEGURIDAD Y DERECHOS HUMANOS, EL COMITE CIENTIFICO ASESOR EN MATERIA DE CONTROL DEL TRAFICO ILICITO DE ESTUPEFACIENTES, SUSTANCIAS PSICOTROPICAS Y CRIMINALIDAD COMPLEJA Y EL MINISTERIO DE SALUD PARA: A) LA IMPLEMENTACION DE POLITICAS PÚBLICAS CONJUNTAS EN MATERIA DE SALUD SEXUAL Y

PROCREACION RESPONSABLE. B) LA IMPLEMENTACION DE POLITICAS PÚBLICAS CONJUNTAS EN MATERIA DE SALUD OCULAR Y PREVENCIÓN DE LA CEGUERA. C) LA IMPLEMENTACION DE POLITICAS PÚBLICAS CONJUNTAS EN EL AREA MATERNO INFANTIL, SALUD INTEGRAL DE LA MUJER, LA NIÑEZ Y LA ADOLESCENCIA. D) LA IMPLEMENTACION DE POLITICAS PÚBLICAS CONJUNTAS EN MATERIA DE PREVENCIÓN Y LUCHA CONTRA VIH SIDA Y ENFERMEDADES DE TRANSMISION SEXUAL Y ENFERMEDADES VINCULADAS. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 300 BUENOS AIRES, 28 DE OCTUBRE DE 2008.

20. Expte. N° 89.781/2008 D.N. Resolución D.N. N° 1969 PROGRAMA DE ASISTENCIA A LA INTERNA ANGLOPARLANTE Apruébase e Implementase - Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 15 N° 307 BUENOS AIRES, 29 DE DICIEMBRE DE 2008.
21. Expte. N° 47.008/2009 D.N. Resolución D.N. N° 1188; DISTRIBUCION Y ALOJAMIENTO DE LOS INTERNOS PRIMARIOS; Servicio Penitenciario Federal Argentino - Boletín Público Normativo AÑO 16 N° 334 BUENOS AIRES, 22 DE JULIO DE 2009.
22. Expte. N° 24.989/2009 D.N. Resolución D.N. N° 1.342 PROTOCOLO DE PREVENCIÓN, DIAGNOSTICO, ASISTENCIA Y TRATAMIENTO EN MATERIA DE VIH-SIDA PARA EL SERVICIO PENITENCIARIO FEDERAL. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 16 N° 335 BUENOS AIRES, 30 DE JULIO DE 2009.
23. Expte. N° 57.983/2008 D.N. Resolución D.N. N° 1.450 GUIA GENERAL DE BIOSEGURIDAD PARA EL CONTROL DE LA INFECCION EN LA PRACTICA ODONTOLOGICA” Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 16 N° 335 BUENOS AIRES, 30 DE JULIO DE 2009.
24. C.E. N° 37847/2010 DN. Comisión de Bio-Ética en el ámbito de la Dirección NACIONAL DE READAPTACIÓN SOCIAL dependiente de la SUBSECRETARIA DE ASUNTOS PENITENCIARIOS, para el seguimiento de la actividad médica que se desarrolla respecto de las personas alojadas en el Servicio Psiquiátrico Central de Varones (Unidad 20) del SERVICIO PENITENCIARIO FEDERAL. Ministerio de Justicia, Seguridad y Derechos Humanos BUENOS AIRES, 24 SEP 2009
25. Expte. N° 08.040/2010 D.N. Resolución D.N. N° 241 DISTRIBUCION DE LA POBLACION PENAL DEL COMPLEJO PENITENCIARIO FEDERAL I - EZEIZA- Y DEL COMPLEJO PENITENCIARIO FEDERAL II - MARCOS PAZ. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 357 BUENOS AIRES, 10 DE FEBRERO DE 2010
26. Expte. N° 06001/2010 M.J.S. y D.H. N° 060 CONVENIO MARCO DE COOPERACION Y ASISTENCIA Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 359 BUENOS AIRES, 22 DE FEBRERO DE 2010
27. Expte. N° 57.983/2008 D.N. Resolución D.N. N° 244 GUIA GENERAL DE BIOSEGURIDAD PARA EL CONTROL DE LA INFECCION EN LA PRACTICA ODONTOLOGICA Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 360 BUENOS AIRES, 24 DE FEBRERO DE 2010
28. Expte. N° 62.938/2009 D.N. Resolución D.N. N° 845 CLASIFICACION Y AGRUPAMIENTO DE LOS ESTABLECIMIENTOS DE EJECUCION DE LA PENA DEL SERVICIO PENITENCIARIO FEDERAL. Servicio Penitenciario Federal Argentino. Boletín Público Normativo AÑO 17 N° 379 BUENOS AIRES, 30 DE ABRIL DE 2010.
29. Expte. N° 05.727/2010 D.N. Resolución M.J.S.y D.H. N° 1.203. PROGRAMA DE GENERO EN LA POBLACION PENITENCIARIA FEDERAL Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 387 BUENOS AIRES, 8 DE JULIO DE 2.010
30. Expte. N° 59. 612/2010 D.N. II - PROGRAMA NACIONAL DE POLITICAS CULTURALES EN ESPACIOS PENITENCIARIOS Y POST-PENITENCIARIOS Servicio Penitenciario Federal Argentino - Boletín Público Normativo, AÑO 17 N° 391 BUENOS AIRES, 9 DE AGOSTO DE 2010.
31. Expte. N° 78.047/2010 D.N. Resolución D.N. N° 1.803 RECAUDOS ANTE EL REQUERIMIENTO DE HISTORIAS CLINICAS EFECTUADAS POR PARTE DE PERSONAS FISICAS, JURIDICAS U ORGANISMOS GUBERNAMENTALES Y NO GUBERNAMENTALES Instruyese a los titulares de Complejos, Unidades, Institutos, Servicios y Organismos. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 396 BUENOS AIRES, 21 SEPTIEMBRE DE 2010
32. Expte. N° 62.913/2010 D.N. CONVENIO DE COOPERACION EDUCATIVA Servicio Penitenciario Federal Argentino - Boletín Público Normativo - AÑO 17 N° 397 BUENOS AIRES, 28 SEPTIEMBRE DE 2010.
33. Expte. N° 54.561/2010 D.N. Resolución D.N. N° 1.841 PROGRAMA DE SALUD PARA LA POBLACION PENAL EN LA ORBITA DEL SERVICIO PENITENCIARIO FEDERAL. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 398 BUENOS AIRES, 29 SEPTIEMBRE DE 2010.
34. Expte. N° 78.583/2010 D.N. Resolución D.N. N° 1923. “ASPECTOS BASICOS PARA LA IMPLEMENTACION DEL PROGRAMA DE TRATAMIENTO PARA INTERNOS CONDENADOS POR DELITOS DE AGRESION SEXUAL.

35. Expte. N° 31.601/2010 D.N. Convenio M.J.S. y D.H. N° 639 CONVENIO DE COOPERACION Y ASISTENCIA ENTRE EL MINISTERIO DE JUSTICIA, SEGURIDAD Y DERECHOS HUMANOS DE LA NACION Y EL MINISTERIO DE TRABAJO, EMPLEO Y SEGURIDAD SOCIAL DE LA NACION. Servicio Penitenciario Federal Argentino Boletín Público Normativo AÑO 17 N° 381 BUENOS AIRES, 18 DE MAYO DE 2011
36. Law 24660 Execution of Freedom's privative punishment
37. Law 25871 (MIGRATIONS) Promulgated January 20th.of the year 2004.
38. AIDS and Sexually Transmitted Diseases Programme. Prevention, Diagnose, Assistance and Treatment Protocole for HIV/AIDS Resolution N° 1342. (2009)
39. Documento VIH/SIDA. Usaría de drogas en contextos de encierro en republica Argentina. Commission Drugs
40. Catálogo de materiales gráficos y preventivos; Herramientas para el Trabajo de equipos de salud/educación. Ministerio de la Salud. Dirección de Sida y enfermedades de transmisión sexual.
41. Programa Nacional de prevención del Cáncer Cérvico Uterino. Propuesta para ser implementadas en el ámbito de los servicios penitenciarios federales y provinciales. Ministerio de la Salud. July 2011.
42. Actividades realizadas desde Maternidad e infancia (Desarrollo infantil) Ministerio de la Salud. 2011
43. Síntesis Semanal de la población penal general alojada al 22/07/2011. Servicio Penitenciario Federal. Dirección Judicial.
44. CICAD/UNODC (2010) Consumo de Drogas en Población Privada de Libertad y la Relación entre Delito y Droga. Cuarto Informe Conjunto. SISTEMA SUBREGIONAL DE INFORMACIÓN E INVESTIGACIÓN SOBRE DROGAS EN ARGENTINA, BOLIVIA, CHILE, COLOMBIA, ECUADOR, PERÚ Y URUGUAY.
45. ONUSIDA (2011) ANÁLISIS REGIONAL CONSOLIDADO DE LOS INFORMES UNGASS PRESENTADOS POR 17 PAÍSES DE AMÉRICA LATINA EN 2010. Oficina Regional de Apoyo para América Latina . Junio 2011