

IPS Failures in Diagnosis and Treatment of Inmates with Hepatitis C

Position Paper

Physicians for Human Rights Israel

Writing & Research: Niv Michaeli | Translation: Lahad Lazar

This paper originated in prisoner requests to Physicians for Human Rights Israel (PHRI) which raised our concerns that prisoners were not being given the standard, recommended care in Israel for Hepatitis C. PHRI's inquiry suggests that the Israel Prison Service (IPS) is delaying performance of those tests that are vital for evaluating the state of the disease and the right time to start treatment, and that it often tries to avoid providing the expensive medication treatment included in the health basket^{*} on various bureaucratic pretexts. Furthermore, the IPS is not offering prisoners tests to screen for the virus, even though many of them belong to populations that are at a high risk for the disease, and contrary to recommendations by health organizations in Israel and abroad. This conduct reflects a policy that consists in avoiding screening and diagnosis in order to avoid the need to provide treatment. Those in charge of prisoner health are shirking their responsibility in this matter: The IPS's excuse for its inaction is a lack of budget and a lack of directions received from the Ministry of Health, while the Ministry of Health claims to have no authority over what happens in the prisons.

1) Hepatitis C and Prisoners

What is hepatitis C?

^{*} Translator's note: The health basket refers to a range of services and medications offered free of charge to Israeli citizens under Israel's National Health Insurance Law.

Hepatitis C is an infectious disease affecting the liver, which can cause serious illness like cirrhosis and liver cancer. Its prevalence in the general population in Israel is estimated at around 2%, with most patients likely to be undiagnosed as yet and unaware of their condition. In developing countries, hepatitis C is responsible for more than 50% of liver-cancer cases, approximately two thirds of liver transplants and around 350,000 annual deaths worldwide.¹

The Standard Treatment for Hepatitis C

In 2016, the World Health Organization (WHO) set its sights on eradicating hepatitis C by the year 2030.² Setting this ambitious goal has been made possible thanks to new medications that have hit the market in recent years, which produce healing in some 95% of patients within a short period of time and without significant side effects.

Prisoners as a Group at Risk

A common assumption among researchers and health organizations is that, in order to eradicate the virus, countries would have to invest particular efforts in treating the prisoner population. Studies worldwide indicate the significantly higher prevalence of the disease among prisoners than in the general population, with the figures possibly ranging between around 15%³ in Western European countries and up to nearly 30% in North America.⁴ The higher incidence of the disease among prisoners is usually attributed to the high ratio of individuals with a history of intravenous drug abuse, which constitutes a primary cause of infection and virus propagation. No comprehensive estimates of the infected prisoner population have been attempted in Israel, but the similar numbers in different Western countries make it reasonably safe to assume that the figures in Israel are not likely to be substantially different.

¹ Prof. Ziv Ben Ari, Director of the Center for Liver Diseases at Tel Hashomer Hospital, in a presentation given on the occasion of a discussion held by the Knesset's Special Committee on Drug and Alcohol Abuse, on 28 July 2015.

² world health organization combating Hepatitis B and C to reach elimination by 2030
<http://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en>

³Bob Bielen, Samya R. Stumo, Rachel Halford, Klara Werling, Tatjana Reic, Heino Stover, Geert Robaey & Jeffery V. Lazrus, *Harm reduction and viral hepatitis C in European prisons: a cross-sectional survey of 25 countries*, 15 Harm Reduction Journal, 25 (2018)

⁴ Sarah Larney, Hannah Kopinski, Curt G. Beckwith, Nickolas D. Zaller, Don Des Jarlais, Holly Hagan, Josiah D. Rich, Brenda J. van den Bergh & Louisa Degenhardt, *The incidence and prevalence of hepatitis C in prisons and other closed settings: Results of a systematic review and meta-analysis*, 58(4) Hepatology, 1215 (2013)

2) The Israeli Healthcare System's Policy on Hepatitis C

In recent years, a number of medical bodies in Israel have developed guidelines for detecting and treating hepatitis C patients. In 2013, for example, guidelines were published by the Israeli Task Force for Preventive Medicine and Health Promotion of the Israel Medical Association and the Israel Association of Family Physicians.⁵ The document identifies a number of primary high risk groups and recommends screening their members. The recommendation particularly targets individuals who have injected drugs using shared needles and syringes.

In July 2016, the Ministry of Health announced the promotion of a national program for early diagnosis of populations that are at risk for the disease.⁶ This forms part of a general national program devised by the National Council for Gastroenterology and the Israel Association for the Study of the Liver, which identified three higher-risk groups: individuals with a history of intravenous drug abuse; recipients of blood transfusion pre-1992 (the year when the blood bank started testing for the virus); and immigrants from the former Soviet Union, due to the health system's lax use of sterile syringes in various regions of the USSR. It should be noted, however, that despite the Ministry of Health's statements, a lot of criticism has been voiced by experts in the field and patient organizations that the program is not actually implemented and that the level of screening has remained low.⁷

In addition to recommendations for diagnosing and screening patients, the Ministry of Health has in recent years been promoting the inclusion of the new, expensive medications in the health basket. In 2015, some of the cures were included for patients in advanced stages, whereas, starting from 2018, entitlement for medication treatment was extended to include any hepatitis C carrier or patient who needed it, regardless of how far advanced the disease was.

3) Hepatitis C Treatment within the IPS

According to data supplied by the IPS in February 2017 in response to a freedom of information request submitted by the Israel AIDS Task Force, as of that time there

⁵ "Viral hepatitis C 2017 Treatment. Hepatitis C – treatment "
www.wikirefua.org.il/w/index.php_מסוג_נגיפית_כבד_דלקת_C_-2017_-_טיפול_-_Hepatitis_C_-_treatment

⁶ https://www.health.gov.il/NewsAndEvents/SpokemanMessegas/Pages/26072016_1.aspx

⁷ Haaretz 18/12/16 (Hebrew).

were 342 prisoners held by the IPS who had been diagnosed with hepatitis C, of whom only four had been treated with medication.⁸ In another report from the IPS, from July 2017, Director of the Medical Branch Dr. Geft stated that up to that month, some 10-20 prisoners had been treated that year with medication.⁹ These figures suggest that carriers are likely wildly under-diagnosed within the IPS and that even among those detected only few are treated with medication. In the following paragraphs, we shall elaborate on the various failures in the IPS's conduct in this area.

Avoidance of Early Detection Tests

In August 2016, after the Ministry of Health announced the finalization of the national program for detecting carriers of hepatitis C, PHRI asked the Ministry's Director General to devise a program for detecting and treating the disease in prisons as well. In the Ministry of Health's answer of 19 June 2016, then Director of Public Health Services, Prof. Itamar Grotto, noted that *"Under Israeli law, the Ministry of Health does not set policies on medical treatment of prisoners"*. Prof. Grotto further added that the IPS was involved in formulating the general program, and that administrative work was being carried out together with the IPS to implement a program for detecting and treating carriers in prisons.

However, while the Ministry of Health declares that it is not responsible for shaping policy on health issues in prisons, the excuse offered by the IPS for its failure to treat hepatitis C is that it has not received explicit directives to that effect from the Ministry of Health. Thus, for example, in a discussion on the subject held in the Knesset in 2015,¹⁰ Dr. Geft of the IPS explained that:

"We have a regulator. Over the years, the position of the Israel Prison Service, since this subject has implications that are not only medical, but many implications in other areas as well. We have a regulator... economic implications, security implications, and the like ... I say again that the Ministry of Health did not define prisoners as a population requiring screening for the early detection of hepatitis C".

⁸ IPS freedom of information officer letter, 12 Feb. 2017.

⁹ Dr. Leonid Geft, Director of the Medical Branch, in a discussion held by the Knesset's Special Committee on Drug and Alcohol Abuse, on 25 July 2017, p. 14.

¹⁰ Discussion held by the Knesset's Special Committee on Drug and Alcohol Abuse, on 28 July 2015.

When the IPS representative was told that the Ministry of Health's definitions of high risk groups included drug injectors, he replied: *"There is no such definition either. It defined a policy on methadone centers, not for the Israel Prison Service"*.

In February 2018, PHRI approached the IPS, together with the Israel AIDS Task Force and the Hetz organization for the rights of liver patients, regarding a series of failures in treating hepatitis C in prison. The IPS responded that *"The population of prisoners and detainees with hepatitis C is treated as per the instructions of the regulator—the Ministry of Health"*.¹¹

In light of the IPS's answer, these organizations asked the Ministry of Health to check whether there were special guidelines prescribed for the IPS that differed from common practice within the civil healthcare system or deviated from the recommendations of the medical associations. The Ministry answered that, to the best of its knowledge, and according to the IPS's representations, the medical services in prison followed the acceptable standard in Israel's primary healthcare system. As regards the directives, the answer read as follows:

"The Ministry of Health's directives for treating hepatitis C patients are based on a set of considerations, among them the guidelines of the relevant medical associations. The directives apply to the entirety of the healthcare system in Israel, with no rules or guidelines established individually for one entity or another".¹²

In June 2018, PHRI wrote to the IPS once again, requiring that it carry out checks to identify prisoners belonging to high risk groups, as per the definitions of the professional bodies. In answer to our letter, the IPS insisted that it was acting in accordance with the law and with Ministry of Health directives.¹³

The conduct described above suggests that the IPS is trying to avoid putting together a policy and taking effective steps, alleging that it was not so instructed by the Ministry of Health, while the latter declares that it does not have the authority to set prison policy and that the only policy it sets is general and not entity-specific. Without going into the whole debate of whether the Ministry of Health has a say as regards the IPS's medical system, the IPS's reply that it is not obligated to initiate action is unacceptable. The medical guidelines currently in place

¹¹ Letter by Dr. Myriam Madar, Director of the Medical Branch, dated 7 February 2018.

¹² Letter by Dr. Zion Schlussberg, Head of Special Populations Department, Ministry of Health, dated 22 April 2018.

¹³ Letter by Dr. Liav Goldstein, IPS Chief Medical Officer, dated 28 June 2018.

in Israel are clear, and are supposed to apply to the IPS even without it being expressly instructed by the Ministry of Health, and this as part of its obligation to ensure the prisoners' health as anchored in the Prisons Ordinance.

Moreover, the IPS itself says it acts in line with Ministry of Health directives. This is the place to note that implementation of the Ministry of Health's program for detecting carriers has indeed been significantly delayed across the board. However, contrary to the HMOs, which face a large target audience from which to track those within the high risk groups—information that is not necessarily available to the HMO—the prison population is targeted, and the IPS has the information pointing to those within it who belong to the high risk groups.

Delays in Running Tests to Assess the State of the Disease and in Providing Treatment

Once identified as carriers of the hepatitis C virus, individuals are usually required to undergo a number of tests to assess their condition and determine whether and how urgently they need treatment. A series of requests addressed to PHRI by prisoners paints a clear picture of significant delays in carrying out the tests, even after the prisoner had finally been diagnosed, which jeopardizes patient health. In this part, we shall bring several cases as examples to illustrate the long-lasting delays in providing medical treatment. These are based on information found in the medical records of prisoners as made available to us by the IPS. Furthermore, the cases also point to repeated IPS attempts to avoid providing prisoners the treatment, even after treatment was recommended for them on completion of the diagnosis process.

"We have no money to cover the treatment"

A case handled by the Public Defense¹⁴ was heard in August 2015 by the District Court wherein a 45-year old criminal prisoner with hepatitis C at an advanced stage (F3) petitioned against the IPS demanding to be given the treatment recommended for him in June 2015 by the liver clinic at the Beilinson Medical Center, a treatment included in the health basket. At the preliminary hearing of the petition in October, the IPS representatives claimed they were unable to cover the expensive treatment and asked to postpone the decision pending discussions with the Ministry of Health, the Ministry of Finance and the Ministry of Public Security. In January 2016, the IPS representatives reported that they were still holding talks with the relevant ministries. In another

¹⁴ Civil petition 28629-08-15.

hearing, in March 2016, the IPS representative said that a solution was not yet found for the funding issue, and that the Ministry of Health had announced that the matter was not within its responsibility. Consequently, she asked that the petition be stricken, on grounds that the IPS was acting reasonably. In May 2016, almost a whole year after the physicians at Beilinson recommended medical treatment for the prisoner, the court ruled that the IPS had to provide the treatment and that bureaucratic procedures between the different authorities involved in arranging the funding could not serve to justify the withholding of treatment.

"Buying the medication was not authorized for budgetary reasons"

Y., a 54-year old criminal prisoner, incarcerated since 2009, was diagnosed as a carrier of hepatitis C in 2010 following complaints of significant weight loss. According to his medical record, he was seen in October 2014 by a hepatologist, who recommended abdominal and liver ultrasound along with a number of blood tests to assess the disease. Having completed the recommended tests within about two months, Y. was referred to the hepatologist for a follow-up visit. However, he ended up being once again examined by a hepatologist only in June 2015, after which he underwent a FibroTest—an advanced blood test that makes it possible to evaluate liver damage. While the FibroTest was performed in July 2015, it was only in February 2016 that Y. went back to the liver expert with the results, despite the result being F4. This is the highest result possible on the test, which indicates cirrhosis. His blood tests during the period likewise pointed to problems in liver functions. The hepatologist's February examination also yielded a recommendation to start Y. on treatment as soon as possible. In the IPS's medical record, the prison doctor notes, in April 2016, that the medication had not yet been provided to the prisoner since it was not yet approved for budgetary reasons. A note in May states that approval for buying the medication was yet to be granted. At this point Y. understood that he was not getting the treatment he needed, and turned to PHRI. PHRI, in turn, had its lawyer address the IPS in July 2016, emphasizing that the IPS must give Y. the medication treatment, especially since it was included in the health basket, and that if they failed to do so soon, PHRI would represent him in a petition against the IPS. Only after this letter was Y. granted the medical treatment. In Y.'s case, it took no less than 17 months from his first examination by a hepatologist until completion of the diagnosis and the recommendation to start treatment, followed by a further four months for treatment to actually start.

"An exceptions committee's approval is required for the drug due to its high cost"

Z., a criminal prisoner aged 39, was diagnosed with hepatitis C in 2015 after blood tests he was referred to due to continuing weakness indicated liver dysfunctions. He was seen by a hepatologist in April 2015, and subsequently underwent a FibroTest to evaluate how far advanced the disease was. But it was only a year later, in April 2016, that Z. returned for a visit to the liver expert with the results of the test, where it was determined that the disease was not progressing at that stage and that there was therefore no need for treatment. In October 2016, Z. was referred for follow-up by a liver expert due to deteriorating liver functions. However, it was only in March 2017, more than five months after the recommendation, that Z. was examined at a liver clinic, which recommended abdominal ultrasound and a FibroTest. It was also determined that Z. had to be checked for the anemia from which he suffered. In July 2017, Z. did a FibroTest, which showed the disease to be at an advanced stage (F3-F4). As a result, he was referred to a follow-up visit at a liver clinic, to which he was supposed to be taken by the IPS in August. However, the appointment was cancelled due to a shortage of wardens to accompany him. Z. was only examined at a liver clinic in October, at which point the treating physician determined that medication treatment had to begin shortly, but not before completing the anemia checks and the abdominal ultrasound advised in his case almost eight months earlier.

In these circumstances, Z. turned to PHRI, who filed a petition on his behalf in December 2017, demanding that the IPS complete the medical checks within reasonable delay and grant him the treatment he needed. The court instructed the IPS to complete the anemia checks as soon as practicable, which ended up happening only in March 2018. During the hearing, the IPS representatives argued that even if, after completing the diagnosis, Z. was found to require treatment, this would necessitate the approval of the IPS exceptions committee in view of its high cost. The court rejected this position of the IPS, ruling that the medication's inclusion in the health basket does not warrant bringing the matter before the exceptions committee, and that the IPS should provide it.¹⁵

Even though Z. finally completed the diagnosis at the beginning of March and could have already commenced the treatment then, he was told by the prison

¹⁵ Civil petition 21852-04-18

infirmery that ordering the medications required special approvals due to their high costs. Even after several letters addressed by PHRI to the IPS during March 2018, Z. was not yet started on his treatment. Consequently, PHRI filed another petition in his name demanding that the treatment be given to him. This time around, the IPS came up with a new argument, never before mentioned at any stage, to explain its failure to provide the treatment, namely its obligation, as a public entity, to hold a tender for entering an agreement with a medication supplier, which caused delays in purchasing the medications. On 7 May 2018, the court ordered the IPS to furnish a schedule for completing the tendering and contracting procedures, and two days later the IPS made it known that Z. had begun receiving his medication treatment—more than 18 months after he had started his examination process, and some eight months after it was determined that he should begin treatment as soon as possible.

Other cases handled by PHRI suggest that, at times, the IPS does not even notify patients that they are entitled to medication treatment and that many of them are not even aware of its existence; as a result, they sometimes refrain from insisting on completing their medical diagnostic process, or refuse to go out for examinations involving long rides in rough conditions. In addition, prisoners in the advanced stages of their medical checks have reported to PHRI that they have been told by the prison infirmery team that because these treatments were expensive, they required special approvals.

The cases described above show that prisoners are forced to wait for extended periods of times—sometimes even longer than 18 months—to complete the tests required before starting treatment, whereas the standard times for running these tests in the HMOs range from two to four months (as we found out by consulting physicians working in primary healthcare). Another problem emerging from prisoner accounts is that in cases where medication treatment was recommended, the IPS puts up obstacles for patients on various bureaucratic pretexts. As a result, many prisoners are forced to petition the court or address the IPS through attorneys or organizations providing aid to prisoners, such as PHRI, in order to complete the checks and receive their medication treatment.

In a discussion held at the Knesset committee on Drug and Alcohol Abuse, an IPS representative noted that in the beginning of 2017, prison infirmaries were briefed to refer those prisoners known to be carriers of hepatitis C to medical examination, with the result that 10 to 20 carriers had been treated with medication by July 2017. The

dialogue that ensued between the committee chair, MK Tamar Zandberg, and the IPS representative, Dr. Geft, provides some explanation of this conduct:¹⁶

Zandberg: "You realize that these are numbers; to say that they are low is an understatement, and if anything, they prove feet dragging at best, or an extreme reluctance to address the problem at worst. Because why is it that all those 200 never got to see a doctor in six months?"

Geft: "... We do want to treat the patients... At the same time, I cannot ignore the objective difficulties in this area... among them budgetary difficulties... Currently, the entire budget available to the medical department for buying medications stands at 20 million shekels. According to the calculations done here, just treating those 200 individuals... the budget we are talking about is supposed to be much much bigger".

PHRI insists that the lack of dedicated budget in the IPS to treat hepatitis C patients cannot serve to justify an ongoing policy of turning a blind eye and even attempts to avoid providing medication treatment on the part of the prison medical system. It is the responsibility of the IPS to report to and warn the Ministry of Health and the other relevant players about the full scope of the problem and about the number of prisoners who are carriers and need further examination and treatment.

4) Treatment of Hepatitis C in Prisons around the World

The big challenges confronting the IPS medical system are not unique to Israel. The appearance of the new medications on the market has sparked debates in many countries about the desirable policy on hepatitis C in prisons, as regards both the performance of tests to screen carriers and making the expensive treatment available. A number of countries have already implemented programs to treat hepatitis C inside prisons.

Spain: The Spanish correctional system offers prisoners the chance to carry out tests to screen for hepatitis C.¹⁷ The availability of the medication treatment varies between

¹⁶ Discussion in the Knesset's Special Committee on Drug and Alcohol Abuse, on 25 July 2017.

¹⁷ Response levels vary in the different provinces, in which tests are carried out using different techniques. Crespo J, Llerena S, Cobo C, Cabezas J. Is HCV elimination possible in prison? *Rev Esp Sanid Penit.* 2017 Dec;19(3):70-73.

the country's different provinces and does still not include all prisoners who have the disease; in 2017, more than 1,200 prisoners were treated in Spain.¹⁸

England: In England, the prison medical services were handed over to the civil healthcare system already a decade ago, which guarantees the same medication treatment to prisoners as all other English citizens. Moreover, since 2013 a program is in place in prisons to detect blood-borne viruses, including hepatitis B and HIV on top of hepatitis C. As of November 2017, the program was operative in around 75% of adult correctional facilities in England, whereas the remaining ones are due to join the program in the course of 2018.¹⁹ Data on the ratio of prisoners receiving treatment and being followed up by a liver expert are due to be published later this year.

Sweden: Sweden too offers prisoners the chance to be tested for hepatitis C, and experts travel to remote prisons to assess the condition of those diagnosed as carriers; as of 2015, approximately 90% of the prisoner population was screened for the virus. Entitlement for treatment accords with the standard practice in the country's healthcare system (starting from the F2 stage).²⁰

We can thus see significant advances in different countries of the world in terms of detecting and treating carriers of hepatitis C in prisons. Despite the challenges stemming from the high costs of treatment, more countries are adopting a policy of proactive screening for the virus within the prisoner population. Against this background, the inaction in this area on the part of the authorities in Israel stands out unfavorably, not least after entitlement for medication treatment has already been set in law and a budget was allocated accordingly as part of the updates to the health basket.

It should be noted that in 2014, the World Health Organization published guidelines for detecting and treating carriers of hepatitis C in correctional facilities;²¹ one of the main recommendations included in the document was to perform tests for detecting the virus within at-risk populations. The document does not stop at defining people

¹⁸ Health in Prisons European Database.

¹⁹ National engagement event for blood-borne virus (BBV) opt-out testing in prisons in England, November 2017 Public Health England. It should be noted that despite the significant increase in the number of individuals tested following the program, response rates to the test among prisoners are low, at around one quarter of those offered the test.

²⁰ The Northern Dimension Partnership in Public Health and Social Wellbeing newsletter 1/2017.

²¹ Guidelines for the Screening, Care and Treatment of Persons with Hepatitis C Infection. Geneva: World Health Organization; 2014 April.

with a drug-injection background as a high risk group, but defines anyone who is or has been incarcerated as a higher risk.

5) Implications of the IPS's Failures

The IPS's failures, as detailed above, prevent detection of the carriers and the administration of medication treatment before they reach advanced stages of the disease, which might lead the cirrhosis and liver cancer, to requiring a liver transplant and even death. Taking into account the disease's typical course and the fact that carriers can live many long years without experiencing significant symptoms, experts estimate that the healthcare system in Israel is expected to find itself having to deal, in the coming years, with a sharp increase in complications related to the disease and with the resulting work load and high cumulative costs.²²

Moreover, the IPS's conduct also exposes both other prisoners and the general population to infection. The fact that carriers are not diagnosed means that there is no organized policy for preventing infection. Thus, for example, an IPS procedure for treating HIV carriers establishes that in order to prevent infection due to shared use of shaving razors among prisoners, prisoners diagnosed with HIV are to be supplied with personal electric shavers.²³ On the other hand, to the best of our knowledge, there are no procedures in place in the IPS for preventing infection with hepatitis C.

6) Summary and Recommendations

The prisoner population is considered, according to the definitions of various health organizations in Israel and abroad, a population at increased risk for having within it hepatitis C carriers. In 2016, the Ministry of Health announced the promotion of a program for the early detection of carriers, which also established that many of the prisoners are at an increased risk. Despite this, and despite professional recommendations, the IPS is not proactively screening prisoners for the virus. Even in cases where prisoners are diagnosed as carriers or with the disease and are advised by expert physicians to start medication treatment, the IPS stalls and even withholds treatment, on the pretext of lacking budgets for the expensive medications. The IPS is justifying its failures by saying it has no explicit directives from the Ministry of

²² See note 1.

²³ Procedure 05-2001 on IPS readiness to treat AIDS patients and HIV carriers.

Health; the Ministry of Health, for its part, is having a hard time implementing the national program it has initiated, declaring that it is not within its power to set prison policy and that it does not instruct specific actors but the healthcare system as a whole. This reality, where the different authorities keep passing the buck between them as regards prisoner health, is made possible by the fact that the IPS medical system is not subordinated to or overseen by a medical entity. According to the Ministry of Health's interpretation, the National Health Insurance Law does not apply to prisoners, and hence the Ministry has no real authority to oversee and monitor what goes on in the prison medical system. Adopting this controversial interpretation reduces to the very minimum the Ministry's involvement in what goes on inside the prisons.

Alongside the IPS's assertions that it is under no obligation to run tests for detecting carriers, economic considerations are also at play behind its avoidance of them: Detecting carriers among the prisoner population would naturally increase the number of prisoners for whom it would have to provide additional tests and subsequently medication treatment. The economic consideration also appears to be a major cause of the significant delays in carrying out tests to assess the state of the disease in prisoners found to be carriers and of the IPS's repeated attempts to avoid providing treatment to prisoners who have been determined to need it.

The IPS's failures are preventing detection of the carriers and provision of treatments before they reach advanced stages of the disease, whose progress can be a threat to their lives. Furthermore, they make it impossible to develop an effective policy for preventing infection inside prisons.

PHRI recommendations are as follows:

- A. The IPS should, as soon as possible, launch a program under which it will proactively offer prisoners in high risk groups for hepatitis C to carry out tests to screen for the virus. Studies have found this policy of detecting carriers among at-risk populations and treating the disease with the new medications to be the most cost-effective.²⁴
- B. Alongside the screening program, the IPS should act to raise awareness of the disease, its prevention, the tests required and the medication treatment among the prisoners themselves, with a view to encourage a high response rate to undergoing the tests and the treatment. This process can be undertaken in collaboration with non-governmental organizations involved in this area.

²⁴ See note 1.

- C. The IPS should work with hospitals to organize special days in prisons and hospital liver clinics to run tests for multiple prisoners identified as carriers at a time in order to assess their condition. Arrangements of this kind could drastically reduce the numerous delays currently interfering with the performance of the tests by the IPS.
- D. The IPS should come up with a special procedure regulating the process of screening, diagnosing and treating hepatitis C carriers, including a policy on preventing infection.
- E. The Ministry of Health and the Ministry of Public Security should work out a way to regulate the question of funding treatment for prisoners. Within the general population, entitlement to treatment was provided for within the framework of expanding the health basket and the specific budget allocated for that purpose; since, according to the Ministry of Health's interpretation, the National Health Insurance Law does not apply to prisoners, the responsibility for funding their treatment falls to the IPS, whose budget has not currently been adjusted accordingly.
- F. The Minister of Health and the Ministry of Health should use the powers vested in them by virtue of the National Health Insurance Law to promote an oversight and control mechanism over the prison medical system, as has also been recommended in the past by the committee reviewing the medical services in the IPS (the Yisraeli Committee).