Safeguarding medical education in conflict

Jenny Matthews/Panos

On May 23, during the World Health Assembly, the International Federation of Medical Students' Associations (IFMSA) presented *Attacks on Medical Education*, case reports collected by IFMSA member organisations in seven countries where violent conflict has affected medical education.

These accounts tell the story of bravery in the face of assault. In Venezuela, in May, 2017, Paúl Moreno, a 24-year-old medical student who had been providing medical assistance for those protesting Nicolás Maduro's Government, was mowed down by a truck during the protest. That same month, several Venezuelan medical education facilities were shot at, kept under siege, or burned by police or the National Guard, leading to the death of nursing student Augusto Pugas. The report concludes that obstruction of medical education mostly takes the form of barriers to access medical education rather than targeted strikes, although direct assaults on medical education facilities might be under-reported. In the occupied Palestinian territory, for instance, the medical faculty of the Islamic University in the Gaza Strip has been repeatedly bombed since it started its operation, every time weakening its infrastructure still further.

The IFMSA report is a qualitative pilot analysis. As such, it has some gaps to address. Experts on the situation in Syria told *The Lancet* that the report omits attacks on medical education by pro-Syrian Government forces, and that it fails to mention medical students in Syria who were killed, injured, arrested, or tortured, including those by the Syrian Government.

Attacks on medical education are likely to have long-term effects on staffing and rebuilding of the medical infrastructure in countries in conflict. However, without a systematic monitoring framework, the understanding of the potential scale of these attacks is limited. Researchers, public health experts, and civil society leaders should come forward to provide medical students' associations with the tools and data to document these assaults against medical education to safeguard the next generation of those who will be providing care. ■ *The Lancet*

For ***Attacks on Medical Education*** see https://drive.google.com/file/d/19xV8LCb1LsHnblgWcPA602c4yF__aM_t/view

Active case finding for communicable diseases in prisons

Marga Frontera/Getty Images

Last week, the European Centre for Disease Prevention and Control (ECDC) joined forces with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to release public health guidance on the prevention and control of communicable diseases in prisons. Aimed at planners and providers of health care for people over the age of 18 years in prison, the report documents the evidence behind active case finding options for the high-burden communicable diseases hepatitis B and C, HIV, other sexually transmitted infections, and tuberculosis.

The report concludes that testing for hepatitis B, hepatitis C, and HIV should be offered to all people in prison. Diagnosis and treatment will help to prevent further transmission both within the prison population and in the wider community. For tuberculosis, the report concludes that universal provider-initiated testing should be offered at the time of prison intake, followed by treatment to prevent further transmission. For latent tuberculosis, the evidence is less strong, but testing and treatment could be offered, at least for those at high risk of disease progression, if resources allow. For sexually transmitted infections, the evidence is less clear on the most effective timing or modality for active case finding, but provider-initiated testing leads to a higher uptake than client-initiated testing.

People in prison have a higher burden of HIV, hepatitis B and C, syphilis, gonorrhoea, chlamydia, and tuberculosis than the general population. Incarceration is linked with increased transmission rates due to overcrowding, high-risk sexual behaviour, injecting drug use, sharing injecting equipment, tattooing and piercing, and diet and hygiene. Diagnosis and treatment of this vulnerable population are essential to improve their health and to break transmission cycles within and outside prison walls.

In 2016, *The Lancet* published a Series of six papers on HIV and related infections in prisoners. Introducing that Series, Chris Beyrer and colleagues for the *Lancet* HIV in Prisoners Group said, "Global control of HIV, viral hepatitis, and tuberculosis will not be achieved without addressing the unmet health needs of prisoners". Implementing the ECDC/EMCDDA guidance on active case finding would be a good start. ■ *The Lancet*

For the **report on active case finding of communicable diseases in prison settings** see https://ecdc.europa.eu/sites/portal/files/documents/Active-case-finding-communicable-diseases-in-prisons.pdf

For more on **prisons and HIV** see **Comment** *Lancet* 2016; **388:** 1033–35 and **Series** pages 1089, 1103 and 1115