



## On both sides of the prison walls—prisoners and HIV

"It is said that no-one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones."

*Nelson Mandela*

Few would refute that the most neglected and vulnerable of all populations in the global HIV/AIDS response are people who are incarcerated. Today, *The Lancet* continues its ongoing attention to HIV in marginalised populations with a collection of reviews on HIV and related infections in prisoners.<sup>1-6</sup> Prison populations are at especially high risk of HIV infections as a consequence of risk factors that are in play both before incarceration and once in prison where there are frequent opportunities for further transmission. Consequently, prisoners experience high HIV disease burdens. They have little or no access to HIV treatment, prevention, and care, and due to their legal status they are discriminated against by the criminal justice system, which in turn perpetuates the high HIV transmission rates. Globally, about 10·2 million men, women, and children are in prisons, detention, or some form of government custody at any given time.<sup>1</sup> Annually, an estimated 30 million people pass through some form of detention.<sup>7</sup>

This Series describes the unique and complex nature of an HIV epidemic in an understudied and underserved population. No other general medical journal has published such an extensive and in-depth global report on HIV in prisoners. We also highlight the often disparate HIV risks and health-care needs of incarcerated men and women. By doing so, we hope to bring widespread attention to prisoners as a key population in the HIV pandemic.

A substantial global increase in the population of prisoners and detainees during the HIV era is largely a result of failed prohibitionist drug policies.<sup>8</sup> This situation has been especially true in the USA, eastern Europe, central Asia, and southeast and east Asia where most prisoners are detained for drug-related offences. Substance users bear high burdens of HIV, hepatitis C, hepatitis B, and tuberculosis, including multidrug-resistant tuberculosis, and comorbidities such as substance use disorders and mental illnesses. Indeed, as Kate Dolan and colleagues<sup>1</sup> show, prison populations have a higher prevalence, and in some contexts a higher incidence, of these infections than in the general population. Furthermore, modelling

studies in this Series suggest incarceration of substance users and people who inject drugs drives transmission of HIV and tuberculosis within prisons and in their wider communities.<sup>1,6</sup> This finding is particularly relevant since most prisoners are eventually released. Re-entry to the community, linkage to care for persons newly released from prison, and the interactions of prison-acquired infections with community risks and vulnerabilities need to be addressed as part of a wider public health effort.

Despite the complex challenges of providing health care in a prison setting, the Series shows that quality clinical care can be provided,<sup>2</sup> and that prison harm-reduction and drug treatment programmes can substantially reduce disease transmission.<sup>3</sup> Unfortunately, in many parts of the world the reality for people deprived of their liberty is unjustly harsh. Human rights violations, such as denial of access to prevention and treatment, violence, and discrimination are common in prisons.<sup>4</sup> In addition, there is a flagrant disregard of the right to an adequate standard of health care, which is enshrined in international law.<sup>4</sup>

Africa, by far the region most affected by HIV globally, has among the most marginalised of all incarcerated populations as Lilangane Telisinghe and colleagues<sup>5</sup> show. Many prisoners in Africa face years in detention without ever being formally charged or tried for alleged offences. Pre-trial detention is a high-risk environment for disease exposure and for treatment interruptions for people on ongoing HIV or tuberculosis treatment. There needs to be an urgent reform of the criminal justice system and legislative reform to eliminate this hugely damaging practice.

On the global stage, much is spoken of the gains in HIV control, particularly in relation to the increasing numbers of people who have access to treatment and the reduction in AIDS-related deaths. Indeed, in response, UNAIDS have embarked on an agenda to accelerate efforts towards ending the AIDS epidemic by 2030. But one only has to look at the reported 2·1 million new HIV cases in 2015 to know intensifying more of the same will not be sufficient.<sup>9</sup> The 2016 UN High Level Meeting on Ending AIDS in June was a major setback for key populations because civil society and harm-reduction groups were excluded from participating. The language in the final resolution has left many feeling that key populations are yet again



Gary Calton/Prison Pictures

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being marginalised in the HIV/AIDS response, and this includes prisoners and detainees.<sup>10</sup>

As Archbishop Desmond Tutu’s message “Don’t forget the prisoner” reaffirms,<sup>11</sup> we have a moral and human imperative to provide treatment to prisoners since we have limited their ability to access care except through prison health. Only by fully including them and other marginalised populations in the global HIV/AIDS response, will the fast-track to accelerate the fight against HIV and to end the AIDS epidemic by 2030 become a reality.

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