WHO guidelines on HIV infection and AIDS in prisons

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Preface to the electronic edition

This is an electronic, but otherwise unchanged, version of the 1993 original published by the WHO Global Programme on AIDS. A revision is not planned until the year 2000.

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These guidelines were prepared on the basis of technical advice provided to WHO prior to and during a consultation of experts convened in Geneva in September 1992. The consultation included representatives of international and nongovernmental organizations and government departments with a wide range of experience and background in the health, management, and human rights aspects of HIV/AIDS in prisons.

The guidelines provide standards - from a public health perspective - which prison authorities should strive to achieve in their efforts to prevent HIV transmission in prisons and to provide care to those affected by HIV/AIDS. It is expected that the guidelines will be adapted by prison authorities to meet their local needs.

A. General principles

1. All prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status or nationality.

2. The general principles adopted by national AIDS programmes should apply equally to prisoners and to the community.

3. In each country, specific policies for the prevention of HIV/AIDS in prisons and for the care of HIV-infected prisoners should be defined. These policies and the strategies applied in prisons should be developed through close collaboration among national health authorities, prison administrations, and relevant community representatives, including nongovernmental organizations. These strategies should be incorporated into, a wider programme of promoting health among prisoners.

4. Preventive measures for HIV/AIDS in prison should be complementary to and compatible with those in the community. Preventive measures should also be based on risk behaviours actually occurring in prisons, notably needle sharing among injecting drug users and unprotected sexual intercourse. Information and education provided to prisoners should aim to promote realistically achievable changes in attitudes and risk behaviour, both while in prison and after release.

5. The needs of prisoners and others in the prison environment should he taken into account in the planning of national AIDS programmes and community health and primary health care services, and in the distribution of resources, especially in developing countries.

6. The active involvement of nongovernmental organizations, the involvement of prisoners, and the non-discriminatory and humane care of HIV-infected prisoners and of prisoners with AIDS are prerequisites for achieving a credible strategy for preventing HIV transmission.

7. It is important to recognize that any prison environment is greatly influenced by both prison staff and prisoners. Both groups should, therefore participate actively in developing and applying effective preventive measures, in disseminating relevant information, and in avoiding discrimination.

8. Prison administrations have a responsibility to define and put in place policies and practices that will create a safer environment and diminish the risk of transmission of HIV to prisoners and staff alike.

9. Independent research in the field of HIV/AIDS among prison populations should been encouraged to shed light on - among other things - successful interventions in prisons. Independent examination by an ethical review committee should be carried out for all research procedures in prisons, and ethical principles must be strictly observed. The results of such studies should be used to benefit prisoners, for example by improving treatment regimens or HIV/AIDS policies in prisons. Prison administrations should not seek to influence the scientific aspects of such research procedures, their interpretation or their publication.

B. HIV testing in prisons

10. Compulsory testing of prisoners for HIV is unethical and ineffective, and should be prohibited.

11. Voluntary testing for HIV infection should be available in prisons when available in the community, together with adequate pre- and post-test counselling. Voluntary testing should only be carried out with the informed consent of the prisoner. Support should be available when prisoners are notified of test results and in the period following.

12. Test results should be communicated to prisoners by health personnel who should ensure medical confidentiality.

13. Unlinked anonymous testing for epidemiological surveillance should only be considered if such a method is used in the general population of the country concerned. Prisoners should be informed about the existence of any epidemiological surveillance carried out in the prison where they are, and the findings of such surveillance should be made available to the prisoners.

C. Preventive measures

(i) Education and information

14. Prisoners and prison staff should be informed about HIV/AIDS and about ways to prevent HIV transmission, with special reference to the likely risks of transmission within prison environments and to the needs of prisoners after release. The information should be coordinated and consistent with that disseminated in the general community. Information intended for the general public (through posters, leaflets, and the mass media) should also be available to prisoners. All written materials distributed to prisoners should be appropriate for the educational level in the prison population; information should be made available in a language and form that prisoners can understand, and presented in an attractive and clear format.

15. Prison staff should receive HIV/AIDS prevention information during their initial training and thereafter on a regular basis.

16. Prisoners should receive HIV/AIDS education on entry, during their prison term, and in pre-release programmes. All prisoners should have an opportunity to discuss the related information with qualified people. Face-to-face communication, both in groups and on an individual basis, is an important element in education and information.

17. Consultation with, and participation of, inmates and staff in the development of educational materials should be encouraged.

18. In view of the importance of peer education, both prison staff and prisoners themselves should be involved in disseminating information.

19. Education on infection control should emphasize the principles of universal precautions and hygiene. The lack of any risk of HIV transmission as a result of normal everyday contact should he emphasized. Excessive and unnecessary precautions while handling HIV-infected prisoners should be avoided.

(ii) Sexual transmission

20. Clear information should be available to prisoners on the types of sexual behaviour that can lead to HIV transmission. The role of condoms in preventing HIV transmission should also be explained. Since penetrative sexual intercourse occurs, in prison, even when prohibited, condoms should be made available to prisoners throughout their period of detention. They should also be made available prior to any form of leave or release.

21. Prison authorities are responsible for combating aggressive sexual behaviour such as rape, exploitation of vulnerable prisoners (e.g., transsexual or homosexual prisoners or mentally disabled prisoners) and

all forms of prisoner victimization by providing adequate staffing, effective surveillance, disciplinary sanctions, and education, work and leisure programmes. These measures should he applied regardless of the HIV status of the individuals concerned.

(iii) Transmission by injection

22. As part of overall general HIV education programmes, prisoners should be informed of the dangers of drug use. The risks of sharing injecting equipment, compared with less dangerous methods of drug-taking, should be emphasized and explained. Drug-dependent prisoners should be encouraged to enrol in drug treatment programmes while in prison, with adequate protection of their confidentiality. Such programmes should include information on the treatment of drug dependency, and on the risks associated with different methods of drug use.

23. Prisoners on methadone maintenance prior to imprisonment should be able to continue this treatment while in prison. In countries in which methadone maintenance is available to opiate-dependent individuals in the community, this treatment should also be available in prisons.

24. In countries where bleach is available to injecting drug users in the community, diluted bleach (e.g. sodium hypochlorite solution) or another effective viricidal agent, together with specific detailed instructions on cleaning injecting equipment, should be made available in prisons housing injecting drug users or where tattooing or skin piercing occurs. In countries where clean syringes and needles are made available to injecting drug users in the community, consideration should be given to providing clean injecting equipment during detention and on release to prisoners who request this.

25. Prison health services must have adequate material and resources available to ensure that HIV transmission through the use of non-sterile equipment during medical procedures does not occur.

(iv) Use of other substances that may increase the likelihood of HIV transmission

26. Orally ingested or inhaled psychoactive substances, such as cocaine, solvents and alcohol, some of which are used to a considerable extent in different prison settings worldwide, may increase the likelihood of HIV transmission by impairing judgement and hindering the adoption of preventive measures by prisoners in circumstances where these measures would be required. Therefore, actual and potential users of psychoactive drugs should he made aware of this, as well as of other possible handful effects and consequences of these substances in the broader context of health education.

D. Management of HIV-infected prisoners

27. Since segregation, isolation and restrictions on occupational activities, sports and recreation are not considered useful or relevant in the case of HIV-infected people in the community, the same attitude should be adopted towards HIV-infected prisoners. Decisions on isolation for health conditions should be taken by medical staff only, and on the same grounds as for the general public, in accordance with public health standards and regulations. Prisoners' rights should not he restricted further than is absolutely necessary on medical grounds, and as provided for by public health standards and regulations. HIV-infected prisoners should have equal access to workshops and to work in kitchens, farms and other work areas, and to all programmes available to the general prison population.

28. Isolation for limited periods may be required on medical grounds for HIV-infected prisoners suffering from pulmonary tuberculosis in an infectious stage. Protective isolation may also be required for prisoners with immunodepression related to AIDS, but should be carried out only with a prisoner's informed consent. Decisions on the need to isolate or segregate prisoners (including those infected with HIV) should only be taken on medical grounds and only by health personnel, and should not be influenced by the prison administration.

29. Disciplinary measures, such as solitary confinement for prisoners, including perpetrators of aggressive, or predatory sexual, acts or those who threaten such acts, should be decided upon without reference to HIV status.

30. Efforts should be made to encourage among prisoners supportive attitudes - towards, for example, those affected by HIV/AIDS - in order to prevent discrimination and to combat fear and prejudice about HIV-infected people.

E. Confidentiality in relation to HIV/AIDS

31. Information on the health status and medical treatment of prisoners is confidential and should be recorded in files available only to health personnel. Health personnel may provide prison managers or judicial authorities with information that will assist in the treatment and care of the patient, if the prisoner consents.

32. Information regarding HIV status may only be disclosed to prison managers if the health personnel consider, with due regard to medical ethics, that this is warranted to ensure the safety and well-being of prisoners and staff, applying to disclosure the same principles as those generally applied in the community. Principles and procedures relating to voluntary partner notification in the community should he followed for prisoners.

33. Routine communication of the HIV status of prisoners to the prison administration should never take place. No mark, label, stamp or other visible sign should be placed on prisoners' files, cells or papers to indicate their HIV status.

F. Care and support of HIV-infected prisoners

34. At each stage of HIV-related illness, prisoners should receive appropriate medical and psychosocial treatment equivalent to that given to other members of the community. Involvement of all prisoners in peer support programmes should be encouraged. Collaboration with health care providers in the community should he promoted to facilitate the provision of medical care.

35. Medical follow-up and counselling for asymptomatic HIV-infected prisoners should be available and accessible during detention.

36. Prisoners should have access to information on treatment options and the same right to refuse treatment as exists in the community.

37. Treatment for HIV infection, and the prophylaxis and treatment of related illnesses, should be provided by prison medical services, applying the same clinical and accessibility criteria as in the community.

38. Prisoners should have the same access as people living in the community to clinical trials of treatments for all HIV/AIDS-related diseases. Prisoners should not be placed under pressure to participate in clinical trials, taking into account the principle that individuals deprived of their liberty may not be the subjects of medical research unless they freely consent to it and it is expected to produce a direct and significant benefit to their health.

39. The decision to hospitalize a prisoner with AIDS or other HIV-related diseases must be made on medical grounds by health personnel. Access to adequately equipped specialist services, on the same level available to the community, must be assured.

40. Prison medical services should collaborate with community health services to ensure medical and, psychological follow-up of HIV-infected prisoners after their release if they so consent. Prisoners should be encouraged to use these services.

G. Tuberculosis in relation to HIV infection

41. The prison environment is often conducive to tuberculosis transmission and rates may he higher than in the general population. Furthermore, tuberculosis is increasingly associated with HIV/AIDS, so that the presence of HIV-infected prisoners may increase the risk of tuberculosis transmission. Vigorous

efforts are therefore needed to reduce the risks related to the environment (e.g., by improving ventilation, reducing overcrowding, and providing adequate nutrition); to detect cases of tuberculosis as early as possible through screening for tuberculosis on entry and at regular intervals during imprisonment, and through contact tracing; and to provide effective treatment.

42. Diagnostic screening for tuberculosis in prison staff should also be available. Treatment programmes for prisoners with tuberculosis should be available in prisons, and adequate follow-up should be ensured when treated prisoners are transferred or released.

43. Epidemiological surveillance of tuberculosis among prison inmates and prison personnel is needed. Special attention should be paid to the early detection of outbreaks of drug-resistant tuberculosis and their control by public health measures. In particular, strategies should be implemented to ensure that prisoners complete tuberculosis treatment regimens.

H. Women prisoners

44. Special attention should be given to the needs of women prisoners. Staff dealing with detained women should be trained to deal with the psychosocial and medical problems associated with HIV infection in women.

45. Women prisoners, including those who are HIV-infected, should receive information and services specifically designed for their needs, including information on the likelihood of HIV transmission, in particular from mother to infant, or through sexual intercourse. Since women prisoners may engage in sexual intercourse during detention or release on parole, they should be enabled to protect themselves from HIV infection, e.g., through the provision of condoms and skills in negotiating safer sex. Counselling on family planning should also be available, if national legislation so provides. However, no pressure should be placed on women prisoners to terminate their pregnancies. Women should be able to care for their young children while in detention regardless of their HIV status.

46. The following should be available in all prisons holding women:

- gynaecological consultations at regular intervals, with particular attention paid to the diagnosis and treatment of STDs
- family planning counselling services oriented to women's needs
- care during pregnancy in appropriate accommodation
- care for children, including those born to HIV-infected mothers
- condoms and other contraceptives during detention and prior to parole periods or release.

I. Prisoners in juvenile detention centres

41. Health education programmes adapted to the needs of young prisoners should he organized to foster attitudes and behaviour conducive to the avoidance of transmissible diseases including HIV/AIDS. Decisions concerning children and adolescents, such as notifying parents of their children's HIV status, or obtaining consent to treatment should be taken on the same grounds as in the community, with due regard for the principle that the best interests of the child are paramount.

J. Foreign prisoners

48. The needs of foreign prisoners should he respected without discrimination. Prison authorities should he trained to respond to requirements such as assistance with languages, oral contact with families and counselling services. Adequate measures should be adopted to provide for the protection of HIV-infected foreign prisoners in the case of prisoner transfer/exchange programmes between different countries, extradition proceedings and other interchanges.

K. Semi-liberty and release

49. Prisoners should not be excluded from measures such as placements in semi-liberty hostels or centres, or any other type of open or low-security prison, on the grounds of their HIV status, nor should such placement he contingent upon disclosure of HIV status.

50. Community-based medical care, psychological support and social services should be organized for HIV-infected prisoners to facilitate their integration into the community after release.

L. Early release

51. If compatible with considerations of security and judicial procedures, prisoners with advanced AIDS should he granted compassionate early release, as far as possible, in order to facilitate contact with their families and friends and to allow them to face death with dignity and in freedom.

52. Prison medical services should provide full information on such prisoners' health status, treatment needs and prognosis, if requested by the prisoner, to the authorities competent to decide upon early release. The needs of those prisoners without resources in the community should be taken into account in any early release decision.

M. Contacts with the community and monitoring

53. Cooperation with relevant nongovernmental and private organizations, such as those with expertise in AIDS prevention, counselling and social support, should be encouraged. HIV-infected prisoners should have access to voluntary agencies and other sources of advice and help.

54. Independent organizations concerned with prisoners' interests should have access to HIV-infected prisoners, if the prisoners so wish, and should draw attention to any instances of substandard care, discrimination, non-respect of ethical principles or deviation from established prison policies and procedures to ensure the humane treatment of prisoners.

55. Regular visits to, and supervision of, all prison establishments should be carried out by public health authorities independent of prison administrations.

56. Prisoners should he able to complain to an independent competent body about substandard treatment, discrimination or non-respect of basic ethical principles in relation to HIV/AIDS, and effective redress should be available.

N. Resources

57. Adequate resources for prison health care, for related staffing and for specific HIV/AIDS-related activities should be ensured by authorities. The resources made available should be used for preventive measures, counselling, outpatient consultation, medication, and hospitalization.

O. Evaluation and research

58. Studies concerning HIV/AIDS in prison populations are recommended in order to establish an adequate information base for planning policies and interventions in this field. Such studies could investigate for example the prevalence of HIV infection or the frequency of risk behaviours for HIV transmission.

59. The implementation of interventions by prison authorities to prevent the transmission of HIV and to provide care to those affected by HIV/AIDS should be evaluated. Such evaluations should be used by prison administrations to improve the design and implementation of interventions.