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POLICY BRIEF

HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions

Each year over 30 million men and women spend time in prisons and other closed settings,* of whom over one third are pretrial detainees. Virtually all of them will return to their communities, many within a few months to a year.

Globally, the prevalence of HIV, sexually transmitted infections, hepatitis B and C and tuberculosis in prison populations is 2 to 10 times as high, and in exceptional cases may be up to 50 times as high as in the general population. HIV rates are particularly high among women in detention. Risks affect prisoners, those working in prisons, their families and the entire community. For these reasons, it is essential to provide HIV interventions in these settings, both for prisoners and for those employed by prison authorities.**

However, access to HIV prevention, treatment and care programmes is often lacking in prisons and other closed settings. Few countries implement comprehensive HIV prevention, treatment and care programmes in prisons. Many fail to link their programmes in prisons to the national AIDS, tuberculosis or public health programmes. Many fail to provide adequate occupational health services to staff working in prisons. In addition to HIV risk behaviours, such as unsafe sexual activities and injecting drug use, factors related to the prison infrastructure, prison management and the criminal justice system also contribute to vulnerability to HIV, tuberculosis and other health risks in prisons. These factors include overcrowding, violence, poor prison conditions, corruption, denial, stigma, lack of protection for vulnerable prisoners, lack of training for prison staff, and poor medical and social services.

THE COMPREHENSIVE PACKAGE: 15 KEY INTERVENTIONS

1. Information, education and communication
2. HIV testing and counselling
3. Treatment, care and support
4. Prevention, diagnosis and treatment of tuberculosis
5. Prevention of mother-to-child transmission of HIV
6. Condom programmes
7. Prevention and treatment of sexually transmitted infections
8. Prevention of sexual violence
9. Drug dependence treatment
10. Needle and syringe programmes
11. Vaccination, diagnosis and treatment of viral hepatitis
12. Post-exposure prophylaxis
13. Prevention of transmission through medical or dental services
14. Prevention of transmission through tattooing, piercing and other forms of skin penetration
15. Protecting staff from occupational hazards

*In this paper, the term "prisons and other closed settings" refers to all places of detention within a country, and the terms "prisoners" and "detainees" to all those detained in those places, including adults and juveniles, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing.

**Those employed in prisons and closed settings could include prison officials—including government officials—security officers, prison wardens, guards and drivers, and other employees, such as food services, medical and cleaning staff.

SCOPE AND PURPOSE

This paper is designed to support countries in mounting an effective response to HIV and AIDS in prisons and other closed settings. It takes into consideration principles of international law, including international rules, guidelines, declarations and covenants governing prison health, international standards of medical ethics and international labour standards.

In providing guidance to national authorities charged with the management and oversight of prisons and closed settings, it is aimed at supporting decision makers in ministries of justice, authorities responsible for closed settings and ministries of health, as well as authorities responsible for workplace safety and occupational health, in planning and implementing a response to HIV in closed settings.

The 15 key interventions

The comprehensive package consists of 15 interventions that are essential for effective HIV prevention and treatment in closed settings. While each of these interventions alone is useful in addressing HIV in prisons, together they form a package and have the greatest impact when delivered as a whole.

1 Information, education and communication

Awareness-raising, information and education about HIV, sexually transmitted infections, viral hepatitis and tuberculosis are needed in all closed settings. Programmes delivered by the authorities or by civil society organizations should be supplemented by peer-education programmes, developed and implemented by trained fellow prisoners.

2 HIV testing and counselling

Prisoners should have easy access to voluntary HIV testing and counselling programmes at any time during their detention. Health-care providers should also offer HIV testing and counselling to all detainees during medical examinations, and recommend testing and counselling if someone has signs or symptoms that could indicate HIV infection, and to female prisoners who are pregnant. All forms of coercion must be avoided and testing must always be done with informed consent, pre-test information, post-test counselling, protection of confidentiality and access to services that include appropriate follow-up, antiretroviral therapy and other treatment as needed.

3 Treatment, care and support

In prisons, HIV treatment, including antiretroviral therapy, care and support, should be at least equivalent to that available to people living with HIV in the community and should be in line with national guidelines. Support, including nutritional supplements, should be provided to patients under treatment. Particular efforts should be undertaken to ensure continuity of care at all stages, from arrest to release.

4 Prevention, diagnosis and treatment of tuberculosis

Given the high risk for transmission of tuberculosis and high rates of HIV-tuberculosis co-morbidity in closed settings, all prisons should intensify active case-finding, provide isoniazid preventive therapy and introduce effective tuberculosis control measures. In

particular, people living with HIV should be screened for tuberculosis and people with tuberculosis should be advised to have an HIV test. All people living with HIV without symptoms of active tuberculosis (no current cough, fever, weight loss or night sweats) should be offered isoniazid preventive therapy. Prisons and cells should be well ventilated and have good natural light. Tuberculosis patients should be segregated until they are no longer infectious, and education activities should cover coughing etiquette and respiratory hygiene. Tuberculosis programmes, including treatment protocols, should be aligned and coordinated with or integrated in national tuberculosis control programmes and work closely with the HIV programme. Continuity of treatment is essential to prevent the development of resistance and must be ensured at all stages of detention.

5 Prevention of mother-to-child transmission of HIV

The full range of prevention of mother-to-child HIV transmission interventions, including family planning and antiretroviral therapy, should be easily accessible to women living with HIV, to pregnant women and to breastfeeding mothers in prisons in line with national guidelines. Children born to mothers living with HIV in prison should be followed up, in accordance with those guidelines.

6 Condom programmes

In all closed settings, both for men and for women, condoms and water-based lubricant should be provided free of charge. They should be made easily and discreetly accessible to prisoners at various locations without their having to request them and without their being seen by others. Condoms should also be provided for intimate visits.

7 Prevention and treatment of sexually transmitted infections

Sexually transmitted infections, particularly those that cause genital ulcers, increase the risk for transmission and acquisition of HIV. Early diagnosis and treatment of such infections should therefore be part of HIV prevention programmes in prisons.

8 Prevention of sexual violence

Policies and strategies for the prevention, detection and elimination of all forms of violence, particularly sexual violence, should be implemented in prisons. Vulnerable prisoners, such as people with different sexual orientation, young offenders and women, must always be held separately from adult or male offenders. Appropriate measures should be established to report and address instances of violence.

9 Drug dependence treatment

Evidence-based drug dependence treatment with informed consent should be made available in prisons in line with national guidelines. Considering that opioid substitution therapy is the most effective drug dependence treatment for people dependent on opiates, where it is available in the community, it should be accessible in prisons. Authorities should also provide a range of other evidence-based drug dependence treatment options for prisoners with problematic drug use.

10 Needle and syringe programmes

Prisoners who inject drugs should have easy and confidential access to sterile drug injecting equipment, syringes and paraphernalia, and should receive information about the programmes.

11 Vaccination, diagnosis and treatment of viral hepatitis

Prisons should have a comprehensive hepatitis programme, including the provision of free hepatitis B vaccination for all prisoners, free hepatitis A vaccination to those at risk, and other interventions to prevent, diagnose and treat hepatitis B and C equivalent to those available in the community (including condom, needle and syringe programmes and drug dependence treatment as needed).

12 Post-exposure prophylaxis

Post-exposure prophylaxis should be made accessible to victims of sexual assault and to other prisoners exposed to HIV. Clear guidelines should be developed and communicated to prisoners, health-care staff and other employees.

13 Prevention of transmission through medical or dental services

HIV and hepatitis can be easily spread through the use of contaminated medical or dental equipment. Therefore, prison medical, gynaecological and dental service providers should adhere to strict infection-control and safe-injection protocols, and facilities should be adequately equipped for this purpose.

14 Prevention of transmission through tattooing, piercing and other forms of skin penetration

Authorities should implement initiatives aimed at reducing the sharing and reuse of equipment used for tattooing, piercing and other forms of skin penetration, and the related infections.

15 Protecting staff from occupational hazards

Occupational safety and health procedures on HIV, viral hepatitis and tuberculosis should be established for employees. Prison staff and workers in prisons should receive information, education and training by labour inspectors and specialists in medicine and public health enabling them to perform their duties in a healthy and safe manner. Prison staff should never be subject to mandatory testing and should have easy access to confidential HIV testing.

Employees should have free access to hepatitis B vaccination and easy access to protective equipment, such as gloves, mouth-to-mouth resuscitation masks, protective eyewear, soap, and search and inspection mirrors, and to post-exposure prophylaxis in cases of occupational exposure. Workplace mechanisms for inspecting compliance with applicable standards and reporting occupational exposures, accidents and diseases should also be established.

ADDITIONAL INTERVENTIONS

Some other interventions have not been included in the package of 15 key interventions but nevertheless are important and should not be overlooked. These include the distribution of toothbrushes and shavers in basic hygiene kits, adequate nutrition, intimate-visit programmes, palliative care and compassionate release for terminal cases.

GUIDING PRINCIPLES

1. Prison health is part of public health

The vast majority of people in prisons eventually return to their communities. Any diseases contracted in closed settings, or made worse by poor conditions of confinement, become matters of public health. HIV, hepatitis and tuberculosis and all other aspects of physical and mental health in prisons should be the concern of health professionals on both sides of the prison walls. It is pivotal to foster and strengthen collaboration, coordination and integration among all stakeholders, including ministries of health and other ministries with responsibilities in prisons, as well as community-based service providers.

Equally important is ensuring continuity of care. In order to ensure that the benefits of treatment (such as antiretroviral therapy, tuberculosis treatment, viral hepatitis treatment or opioid substitution therapy) started before or during imprisonment are not lost, as well as to prevent the development of resistance to medications, provision must be made to allow people to continue these treatments without interruption, at all stages of detention: while the person is in police and pretrial detention, in prison, during institutional transfers and after release.

2. Human rights approach and principle of equivalence of health in prisons

Prisoners should have access to medical treatment and preventive measures without discrimination on the grounds of their legal situation. Health in prison is a right guaranteed in international law, as well as in international rules, guidelines, declarations and covenants. The right to health includes the right to medical treatment and to preventive measures as well as to standards of health care at least equivalent to those available in the community. Access to health services in prisons should be consistent with medical ethics, national standards, guidelines and control mechanisms. Similarly, prison staff need a safe workplace and have the right to proper protection and adequate occupational health services.

Protecting and promoting the health of detainees goes beyond simply diagnosing and treating diseases as they appear in individual detainees. It includes issues of hygiene, nutrition, access to meaningful activity, recreation and sport, contact with family, freedom from violence or abuse by other detainees and freedom from physical abuse, torture and cruel, inhuman or degrading treatment at the hands of prison officers.

Medical ethics should always guide all health interventions in closed settings, and therefore interventions should always be geared towards the best interests of the patient. All treatments should be voluntary, with the informed consent of the patient, and people living with HIV should not be segregated.

These principles recognize that some groups of prisoners have special needs to be addressed and that incarceration is not a treatment for mentally ill people or for drug dependent people, for example. The principles also include safeguards against arbitrary arrest and extended pretrial detention, which are inextricably linked to overcrowding and the transmission of HIV, sexually transmitted infections, viral hepatitis and tuberculosis in closed settings.

GOOD-PRACTICE RECOMMENDATIONS

The following good-practice recommendations focus on ensuring an enabling and non-discriminatory environment for the introduction and implementation of the comprehensive package of HIV interventions. In the absence of such conditions, implementation could be challenging and intervention could be less effective.

1. Ensure that prison settings are included in national HIV, tuberculosis and drug dependence treatment programming

A health-in-prisons programme should be an integral part of national efforts to provide access to HIV and tuberculosis services, as well as to evidence-based drug dependence treatment. Prison authorities should establish strong linkages with community-based care and involve outside service providers in delivering care in prisons. Whenever adequate care cannot be provided in prisons, detainees should be able to access health services in the community.

2. *Adequately fund and reform health care in closed settings*

Health-care budgets for prisons must reflect the relatively greater needs of the prison population, and health care in these settings should be recognized as an integral part of the public health sector. It should not be limited to medical care, but should emphasize early disease detection and treatment, health promotion and disease prevention. Qualified health officers must have the autonomy to decide the treatment needed for their patients, including on transfers to public health services. Addressing detainees' health needs will contribute to rehabilitation and successful reintegration into the community. In the longer term, transferring control of health in closed settings to public health authorities will have a positive impact on both prison and public health in general, and specifically on the delivery of the comprehensive package of HIV interventions in closed settings.

3. *Ensure the availability of gender-responsive interventions*

Particular attention should be given to the specific needs and concerns of women. Women should have access to all interventions in the comprehensive package, but these interventions should be tailored to their specific needs and include, for example, attention to women's sexual and reproductive health needs. There is also a need for broader initiatives that acknowledge that the problems encountered by women in prisons often reflect, and are augmented by, their vulnerability, especially to sexual violence, and the abuse many of them have suffered outside or inside the prisons.

4. *Address stigma and the needs of particularly vulnerable people*

Some people are particularly vulnerable to abuse and to HIV and other negative health outcomes in prisons, including people who use drugs, young adults, people with disabilities, people living with HIV, transgendered persons and other sexual minorities, indigenous people, racial and ethnic minorities, and people without legal documents or lacking legal status. Paying particular attention to their protection and to their needs in efforts to address HIV prevention and treatment in closed settings is therefore essential.

5. *Undertake broader prison and criminal justice reforms*

Addressing HIV in prisons effectively cannot be separated from wider questions of human rights and reform. Conditions in prisons, the way in which they are managed, criminal justice and national policy: all have an impact on the responses developed to address HIV, hepatitis and tuberculosis in prisons.

- *Improve conditions.* Overcrowding, violence, inadequate natural lighting and ventilation, and lack of protection from extreme climatic conditions are common in closed settings in many regions of the world. When these conditions are combined with inadequate means for personal hygiene, inadequate nutrition, poor access to clean drinking water and inadequate health services, the vulnerability of people in prisons to HIV infection and other infectious diseases is increased, as is related morbidity and mortality. For those reasons, efforts to implement the comprehensive package should go hand in hand with reforms aimed at addressing these underlying living and working conditions.

- *Reduce the excessive use of pretrial detention.* Pretrial detainees account for over a third of all the people in prisons around the world. Prisoners are frequently held in overcrowded, substandard conditions without medical treatment or any measures for infection control. International standards clearly state that pretrial detention should be an exceptional measure used sparingly. Therefore, programmes providing safe alternatives to pretrial detention for persons accused of low-level crimes should be implemented.

- *Reduce incarceration of people who use drugs and people with mental-health problems.* A significant percentage of the prison population comprises individuals convicted of offences related to their own drug use, who are drug dependent or live with mental-health problems. Many of the problems created by HIV infection, drug use and mental-health issues in closed settings may be reduced if *(a)* non-custodial alternatives to imprisonment are implemented in the community; *(b)* drug laws are reformed to reduce incarceration for drug use and for possession of drugs for personal use; and *(c)* evidence-based services, including drug and mental-health treatment, are accessible in the community.

- *End the use of compulsory detention for the purpose of "drug dependence treatment".* In a number of countries, people identified as using drugs are detained in closed centres in the name of "treatment" or "rehabilitation". Such detention usually takes place without due process or clinical assessment. Prisoners are often denied

evidence-based drug dependence treatment and HIV-related and other basic health services. To protect their health and other human rights, prisoners should be released and the centres closed. Until they are closed, providing HIV interventions in the centres is required, but without legitimizing the existence of those centres.

ADAPTING THE GUIDANCE TO NATIONAL AND LOCAL SITUATIONS

The comprehensive package and the recommendations in this paper should be implemented in all prisons and other closed settings in a country. To this end, a national coordination mechanism should be established and composed of key national stakeholders, including the ministries and other authorities responsible for prisons, other relevant ministries such as those for health and labour, national AIDS committees, national tuberculosis programmes and civil society, including organizations of people living with HIV. The comprehensive package and other recommendations should be integrated in national AIDS and tuberculosis-related plans, and resources should be allocated for their implementation.

Country-level strategic planning should be directed towards implementing, as soon as possible, all elements of the package and achieving universal access to HIV prevention, treatment, care and support for people in prisons and other closed settings. In countries with injecting drug use, implementation of drug dependence treatment, in particular opioid substitution therapy, and needle and syringe programmes in prisons should be a priority. At all stages, harmonization with activities in the community is critical for the continuity of prevention, treatment, care and support services.

ADDITIONAL READING

This policy brief and its recommendations are based on a comprehensive review and analysis of the evidence, on existing United Nations guidance and on an extensive consultation process regarding HIV in prisons. For more details and for a complete list of references, see the technical background paper on HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions, at www.UNODC.org/AIDS.

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