



HIV/AIDS

Focus on HIV in prisons vital to end AIDS

13 December 2017 – Globally, more than 11 million people were incarcerated in prisons in 2016. Over-represented among this population are the people most vulnerable to HIV, including people who use drugs, sex workers, men who have sex with men, transgender people, and others who are most marginalized in communities.



Staff of Ugandan Prisons Service at a meeting.

WHO/J.Kisambu, 2017

Prisoners are disproportionately affected by HIV, tuberculosis, viral hepatitis and mental health issues. Despite this fact, comprehensive health services are rarely available within prisons.

Effective linkages between prisons and community health services are vital, as many people are transferred from one prison to another and/or are incarcerated repeatedly. Such linkages are particularly important to minimize the risk of interruptions in their access to essential health services, when they move from the community into prison or when they are released from prison back into the community.

The risk of treatment interruption poses both an individual and public health threat for those prisoners with HIV, tuberculosis and/or viral hepatitis. At the same time, interruptions in access to critical health commodities, including sterile needles and syringes and opioid substitution therapy for those who use drugs, along with condoms, put many prisoners at risk of acquiring HIV and/or hepatitis B and C.

Good beginnings in Uganda

Since 2016, the Uganda Prisons Service, in collaboration with the US Centers for Disease Control and Prevention, has been implementing a project that demonstrates how HIV antiretroviral therapy (ART) can be delivered and scaled up in prison settings.

In Uganda, the prevalence of HIV was estimated to be 15% among prisoners and 12% among prison staff in 2015, compared to 7.3% in the general population.



Prisoners waiting to be attended to at Mbarara Prison HIV Clinic, Uganda
WHO/J. Kisambu, 2017

Within the Uganda Prisons Service, only about 20% of prisons have health-care units, and less than 5% of these units provide comprehensive HIV services (including HIV testing, diagnosis, CD4 monitoring and onsite ART).

The project focuses on creating and improving linkages between prisons, and between prisons and communities, so that prisoners and staff can receive HIV treatment without interruption.

The development of a centralized internet-based prison medical records system captures data from each newly diagnosed client throughout the Uganda prison system to facilitate follow-up, both within the prison and after release.

Prisoners living with HIV who are due for release on completion of their sentences are engaged in pre-release counselling to facilitate their referral to the community-based HIV treatment services.

The involvement of community-based health workers, or so called "village health teams", ensures continuation of ART within the community, as they assist the ex-prisoners and staff in accessing community-based HIV treatment services.

The programme shows positive preliminary results: the number of HIV-diagnosed prisoners increased during the first 9 months of 2017. The percentage of clients diagnosed with HIV who were newly enrolled in treatment increased from 59.8% in the first quarter of 2017 to 75.7% in the third quarter. In June 2017, among those enrolled on treatment who had viral load tests, 93% were virally suppressed.

Wider implementation of WHO guidelines needed

As seen from this Ugandan example, HIV rates are often much higher among prison populations. Prisons present a good opportunity to provide health-care access to those who may not otherwise have regular access, and to improve the health of vulnerable groups and the communities they associate with.

WHO's 2016 "Consolidated guidelines on HIV prevention, diagnosis and treatment and care for key populations" recommended that the quality and scope of HIV services made available to people in prisons and other closed settings be equivalent to the HIV services being provided to the

broader community. However, more countries and communities need to make these recommendations a reality.

Attaining the global targets to end HIV as a public health threat will require improved health care, particularly HIV services within prisons where HIV risks and rates are high. Good linkages and collaboration between prisons and broader health services in countries are essential.

Related links

[Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations](#)

[People in prisons and other closed settings](#)

[More HIV news](#)