



HIV in prisons

Prisons are extremely high-risk environments for transmission of HIV, due to overcrowding, poor nutrition, limited access to health care, continued drug use, unsafe injecting practices, unprotected sex and tattooing. In addition, many inmates come from marginalized populations – such as injecting drug users (IDU) – and already experience an elevated risk of HIV.

HIV/AIDS is a serious problem for prison populations across Europe and central Asia. The incarceration rates in some countries in eastern Europe are among the highest in the world. For example, the incarceration rate in the Russian Federation in 2008 was 629 persons per 100 000, second only to rates in the United States of America. Typical rates in western European countries are 50–100 people per 100 000.

In most countries of the European Region, rates of HIV infection are many times higher in prisoners than in the population at large. Studies in European countries have found great variations in rates of HIV infection among prisoners. An estimated 10 000 prisoners are living with HIV in Ukraine. Five countries report HIV prevalence among the general prison populations at rates greater than 10%, including Estonia (9% to 90% at the various prisons), Lithuania (Alytus Prison 15%), Romania (13% overall), Slovakia (0% to 34%) and Ukraine (0% to 26%). Authorities in the Russian Federation reported a steady increase in the prevalence of HIV infection in the overall prison population from 1.2% in 2007 to 1.7% in 2009. According to sentinel surveillance in Tajikistan, the HIV prevalence among prisoners exceeded 8% in 2007. In 2009, the Republic of Moldova reported an HIV prevalence rate of 3.5% among the incarcerated population. High rates in prisoners have been reported in some western European countries as well, such as Portugal (11% in 2000). In contrast, other western European countries introduced successful prevention interventions targeting IDU early in the epidemics. Due in part to these interventions, HIV prevalence rates among prisoners in western Europe are typically less than 1%. In most countries, HIV prevalence in female prisoners is even higher than in male prisoners.

Major HIV outbreaks occurred among prisoners in Glenochill, Scotland in 1993 and in the Alytus prison in Lithuania in 2002.

The HIV situation within prisons is exacerbated by high rates of tuberculosis (often multidrug-resistant), sexually transmitted infections, hepatitis B and C and poor general health.

Few HIV preventive measures

Some (pilot) HIV prevention (harm reduction) programmes have been introduced in prisons in eastern Europe and central Asia. However, most countries in eastern Europe and central Asia offer few adequate HIV preventive measures in prisons, although they have been shown to be effective elsewhere, primarily in western European countries.

Successful HIV preventive measures in prisons include provision of:

- HIV/AIDS education and information;
- clean needles and syringes;
- drug treatment (including opioid substitution therapy); and
- condoms.

Denying access to such measures places people in prisons at increased risk of HIV infection. It also places prisoners living with HIV at increased risk of declining health, coinfection with tuberculosis and hepatitis, and ultimately death.

The failure to implement comprehensive programmes known to reduce the risk of HIV transmission in prisons and to promote the health of prisoners living with HIV is often related to lack of political will, concerns about security and mistaken assumptions that such programmes will encourage injecting drug use and unsafe sexual behaviour. In addition, many governments lack the resources and technology to

meet the overwhelming need. This public health crisis requires urgent attention and action.

Governments' obligation

Under national and international law, governments have a moral and ethical obligation to prevent the spread of HIV/AIDS in prisons and to provide proper and compassionate care, treatment and support for those infected.

The course of action is clear. Policies and programmes that effectively reduce the spread of HIV in prisons and provide care, treatment and support for prisoners living with HIV/AIDS already exist in several countries and should be replicated elsewhere. People in prisons have the same right to health and health care, including preventive measures, as those outside, and their lives and health are connected to those outside in many ways. Protecting prisoners' health protects general public health.

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<http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/hivaids/policy/policy-guidance-for-key-populations-most-at-risk2/hiv-in-prisons>