Prevention, testing, treatment and care of HIV, HCV and other infections in prisons and other closed settings

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People in prison A systematically neglected part of community

Vulnerabilities and risk factors

- Overcrowding
- Overrepresentation of key populations
- Weaker health profile
- Poor prison conditions
- Poor prison management
- Insufficient mental health support
- Limited access to health care services
- Isolation from public health system
- Stigma, discrimination and violence

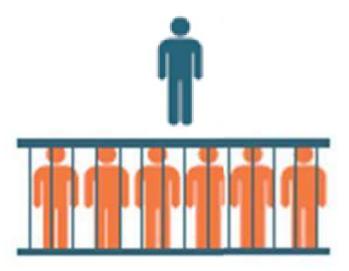






Facts

- People in prison are 6 times more likely to be living with HIV than adults in the community; HIV/AIDS and TB are among the main causes of death in prison
- In prison:
 - ➢ 4.3% HIV
 - ➢ 15.1% HCV
 - 4.8% chronic HBV
 - 2.8% active TB
 - ? COVID-19



Sources:

- UNAIIDS GAM report 2020
- Dolan et al. (2016) Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. The Lancet, 388, 1089-1102.
- Fazel, Yoon and Hayes (2017) Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. Addiction 112







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International standards for health and human rights for people in prison

- Sustainable Development Goals (SDG 3, 5, and 16)
- United Nations Standard Minimum Rules for the Treatment of Prisoners (**the Nelson Mandela Rules**)
- Outcome document of the 2016 UNGASS Special Session on the World Drug Problem
- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)
- Global AIDS Strategy 2021-2026: End Inequalities. End AIDS
- 2021 Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030





The Nelson Mandela Rules

- Treat all people in prison with respect
- Consider individual needs of prisoners
- Same standards of health care as in the community
- Organise health-care services to ensure continuity of care
- Qualified health-care professionals shall interview and examine everyone on admission and thereafter as necessary
- Medical examinations shall be undertaken in full confidentiality
- Same ethical and professional standards as in the community





Guiding principles

- Access to medical treatment and preventive measures without discrimination
- Access to health services in prisons consistent with medical ethics
- Safe workplace and adequate occupational health services for prison staff
- Access to meaningful activity, recreation and sports, and contact with family
- Rights to freedom from violence or abuse by other people in prison
- Right to freedom from physical abuse, torture and cruel, inhuman or degrading treatment at the hands of prison staff
- Access to accountability mechanisms
- All treatment should be voluntary, with informed consent
- Confidentiality of health information





Global AIDS Strategy 2021–2026 End Inequalities. End AIDS

- Inequalities led to disparities in access, HIV infections and AIDS-related deaths
- COVID-19 brought inequalities to the forefront and exposed fragility of gains made
- Use inequalities lens to close gaps that prevent progress towards ending AIDS. Strategic Priorities:
 - 1. Maximize equitable and equal access to HIV services and solutions
 - 2. Break down barriers to achieving HIV outcomes
 - 3. Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.





2021 Political Declaration on HIV and AIDS

Ending inequalities and getting on track to end AIDS by 2030 (June 2021)

- Key populations more likely to be exposed to HIV
- Stigma, discrimination, violence
- Restrictive and discriminatory laws and practices
- Commits to prioritizing HIV prevention and ensuring that by 2025,
 95 per cent of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options by tailoring HIV combination prevention approaches to meet the diverse needs of key populations including people in prison





UNODC promotes

- Reduce overcrowding:
- Prison health is public health: prison as an integral part of national response
- Promote compliance with international standards / Nelson Mandela Rules
- Consider populations with special needs
- Reduce stigma, discrimination and rights violations / Reporting measures
- Continuity and sustainability of HIV prevention, treatment and care services
- Ensure linkages to community health facilities
- Improve M&E





Comprehensive Package of Interventions: HIV prevention, testing, treatment and care in prisons and other closed settings





Prevention of HIV and HCV HIV diagnosis and treatment Prevention, diagnosis and treatment of hepatitis and TB Gender responsive services Occupational safety and health





Testing and treatment

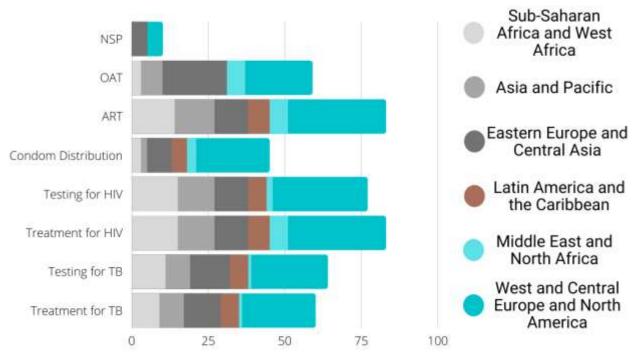
- Be voluntary and easily accessible
- Require informed consent
- Be confidential and accompanied by
 - high-quality pre-test information
 - > quality assurance mechanisms
 - post-test counselling





Service coverage

HIV services in prison worldwide



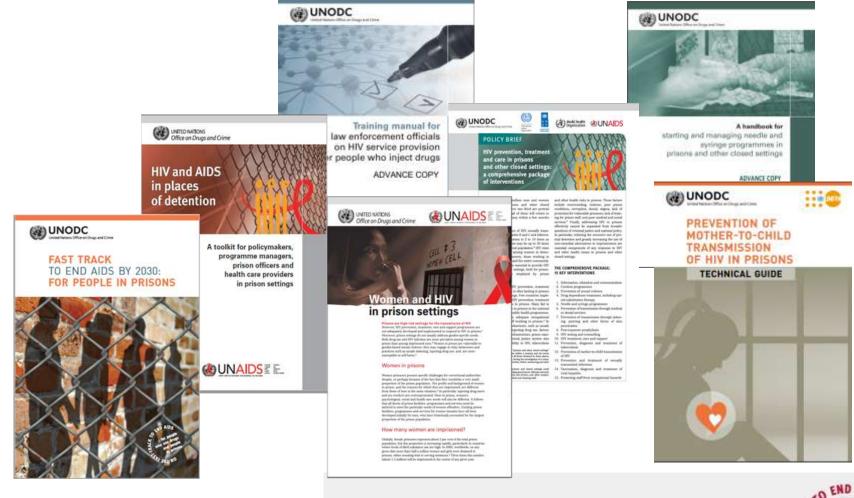
of countries that have services implemented



Data source: UNAIDS country reports 2017-2020 (GAM 2020); Global State of Harm Reduction (HRI) 2020



Technical guidance and tools







COVID-19: Human rights considerations

- Decongest prison cells and improve prison sanitation
- Maintain prisoners' access to open air; use rotating system
- Ensure contact with the outside world. Provide alternatives to visits such as telephone or Skype calls
- Grant continued access to legal advisors and representatives of external inspection bodies
- Reduce stigmatization or discrimination
- Ensure continuity of services and commodities for people with special needs
- All the above apply equally to persons in medical isolation





Technical guidance and tools

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