



UNODC

United Nations Office on Drugs and Crime

Exclusion is not an option

Turning the HIV tide **in prisons**



HIV in prison and other closed settings: **facts at a glance**

- ...❖ Every year, 30 million men and women spend time in prisons
- ...❖ One-third of the prison population is in pre-trial detention and presumed to be innocent¹
- ...❖ Most incarcerated people will return to their community, many within a few months to a year
- ...❖ HIV prevalence in prisons can be 2 to 10 times, in some cases up to 50 times, higher than in the community
- ...❖ HIV prevalence among women in prisons is always higher than among men in prisons
- ...❖ HIV and tuberculosis are the main causes of death in prisons
- ...❖ Antiretroviral, tuberculosis and drug dependence treatment are often interrupted when people enter the prison system or when they are released
- ...❖ HIV in prison settings affects all regions of the world especially sub-Saharan Africa, reflecting the high prevalence in the general population, and in Eastern Europe and Asia, reflecting the high prevalence of injecting drug use

1. Open Society Justice Initiative, 2011. Pretrial Detention and Health: Unintended Consequences, Deadly Results

HIV in prisons and other closed settings: How are they linked?

❖ All modes of transmission occur in prisons

- Transmission through unsafe homosexual and heterosexual intercourse, both consensual and coerced
- Transmission through the sharing of injection, tattooing and other body piercing equipment
- Transmission through unsafe medical, dental and gynaecological practices
- Transmission from mothers to children

❖ Other factors contribute to HIV, hepatitis and tuberculosis transmission in prisons:

- Overuse of imprisonment and of pre-trial detention for people who use drugs and sex workers
- Overcrowding
- Violence
- Poor medical and social services
- Denial of risky behaviours occurring in prisons
- Lack of protection for vulnerable prisoners
- Stigma
- Isolation of prison health services from public health services
- Lack of training for prison staff
- Poor ventilation and poor natural light
- Corruption
- Poor diet



What works to prevent HIV and other infections in prisons settings?

- ❖ Research shows the effectiveness of interventions in prisons and the feasibility of reaching zero new infection.
- ❖ Key HIV interventions, coupled with measures addressing, among others, overcrowding, prison conditions, prevention of violence, access to justice, human rights and prison reforms, can stem HIV outbreaks in prisons.

UNODC and partners, have developed a comprehensive package of interventions for people incarcerated and for people who work in prisons. The proposed interventions aim at protecting prisoners and staff from HIV infection and other communicable diseases, and ensuring access to treatment and other services.

Each of these interventions alone are useful, but have the greatest impact when delivered together.

- Information, education and communication
- HIV testing and counselling
- Treatment, care and support
- Prevention, diagnosis and treatment of tuberculosis
- Prevention of mother-to-child transmission of HIV
- Condom programmes
- Prevention and treatment of sexually transmitted infections
- Prevention of sexual violence
- Drug dependence treatment
- Needle and syringe programmes
- Vaccination, diagnosis and treatment of viral hepatitis
- Post-exposure prophylaxis
- Prevention of transmission through medical or dental services
- Prevention of transmission through tattooing, piercing and other forms of skin penetration
- Protecting staff from occupational hazards



Photo © Joao Silva, The New York Times

These photos do not show nor intend to show, people living with HIV, or the extent of HIV in any specific prison



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UNODC: responding **comprehensively in prisons and other closed settings**

Within UNAIDS, UNODC is the convening agency for HIV prevention, treatment, care and support in prisons and other closed settings. Together with other co-sponsors, UNODC assists countries to achieve universal access to the full spectrum of recommended HIV interventions.

UNODC has over 100 HIV-focused staff members based in 42 countries, UNODC provides technical assistance reaching over 100 countries in Eastern Europe and Central Asia, South and South East Asia, Latin America and the Caribbean and Africa, including specifically dedicated HIV Prison Advisors at headquarters and in the field. UNODC does this through:

- ❖ Targeted advocacy to reduce stigmatization and discrimination and to promote human rights-based, gender responsive and public health centred approaches to criminal justice and treatment of prisoners;
- ❖ Support the review, adaptation, development and implementation of effective legislation and policies, including an alternative to imprisonment;
- ❖ Support the development and implementation of comprehensive, evidence-based HIV strategies and programmes;
- ❖ Building the capacities of national partners—including government agencies, civil society and community-based organizations—to ensure that people in prisons receive the quality HIV services that are tailored to their needs.

In the field of HIV in prisons, UNODC supports regional HIV and prison networks; the African HIV Prison Partnership Network (AHPPN) and the Monitoring Centre for HIV and Prisons in Latin America and the Caribbean.

You want **to know more?**

Key recommended UNODC documents on HIV in prisons and other closed settings:

UNODC/EMCDDA. 2010, HIV in prisons: Situation and needs assessment toolkit

UNODC/WHO/UNAIDS. 2009, Policy Brief and technical paper: HIV testing and counselling in prisons and other closed settings

UNODC/UNAIDS. 2008, HIV and AIDS in places of detention: A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings

UNODC/WHO/UNAIDS. 2008, Women and HIV in Prison Settings

UNODC/WHO/UNAIDS. 2006, HIV/AIDS Prevention, Care, Treatment, and Support in Prison Settings. A Framework for an Effective National Response.

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