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International Labour Organization

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TECHNICAL BRIEF 2020 UPDATE

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

Since 2000, the global prison population has increased by 24 per cent, up to 175 per cent in South America and 122 per cent in south-eastern Asia.[1] The rise in the female prison population (53 per cent) is more than twice that of the male prison population (20 per cent).[2] It is estimated that at any given time more than 10.74 million people are held in prisons and other closed settings,* of whom more than a quarter are pretrial detainees.[3] Considering the turnover of the prison population, the total number of people who pass through prisons and other closed settings each year is much higher. Almost all of them will return to their communities, many within a few months to a year.

People in prison are 7.2 times more likely to be living with HIV than adults in the general population. Globally, it is estimated that 4.6 per cent of people held in prison are living with HIV.[4] Furthermore, it is estimated that 15.1 per cent of the total prison population have hepatitis C (HCV), 4.8 per cent have chronic hepatitis B (HBV) and 2.8 per cent have active tuberculosis (TB).[5] In countries with high incarceration rates of people who inject drugs, the prevalence of HIV in prisons can be 15 to 20 times that of the general population.[6] Both the overrepresentation of HIV key populations – for instance people who inject drugs and sex workers – among people entering prison, as well as HIV transmission within prison through unsafe sex, sharing injection equipment or mother-to-child, contribute to the elevated HIV prevalence. Although women represent a minority (6.9 per cent) of the prison population, they are generally at a higher risk for HIV than men in prison due to their different socioeconomic profile, particularly the relatively higher representation of people who use drugs and sex workers among women offenders.[7] For example, in west and central African prisons, the prevalence of HIV among women is almost double that of men (13.1 per cent vs 7.1 per cent), and in eastern Europe and central Asia, it is almost three times higher than among men (22.1 per cent vs 8.5 per cent).[8] The number of children deprived of liberty as a result of conflict with the law is estimated to be at least one million worldwide. Once in contact with a justice system that is unresponsive to children's needs, children deprived of liberty are at a heightened risk of abuse, violence, exploitation and health-related concerns including HIV.

HIV and TB are among the leading causes of morbidity and mortality in prisons and other closed settings and constitute a significant public health issue in all regions of the world. Risk of HIV infection affects people held in prison, those working in prisons, their families and the entire community. It is thus essential to provide HIV interventions in these settings, both for people held in prison and for those employed in prisons and closed settings.**,[9]

Access to HIV prevention, treatment and care programmes, however, is often lacking in prisons and other closed settings. Few countries implement comprehensive HIV programmes in prisons; many fail to link their prison programmes to the national AIDS, TB, public health or national occupational safety and health programmes, policies, guidelines or strategies; and many fail to provide adequate occupational health services to staff working in prisons.[10] In addition to violence, risk behaviours such as unsafe sexual activities and sharing of drug injection and skin penetration equipment, factors related to the prison infrastructure and prison management contribute to increased vulnerability to HIV, TB and other health risks in prison and other closed settings. These factors include overcrowding, poor prison conditions, corruption, denial, stigma and discrimination, violence, lack of protection for people held in prisons who are vulnerable to abuse, lack of training for prison staff, and poor medical and psychosocial services.[11]

* In this document, the term "prisons and other closed settings" refers to all – public and private – places of detention within a country, and the term "people in prisons" to all those held 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.

Addressing HIV in prisons cannot be separated from broader questions of criminal justice laws, policies and practices, including those related to drug use, sex work, same-sex relations and transgender people. Reducing pretrial detention and increasing the use of alternatives to imprisonment and non-custodial measures for children and for minor non-violent offences are all essential for an effective response to HIV and other health issues within prisons and other closed settings.

THE COMPREHENSIVE PACKAGE: 15 KEY INTERVENTIONS

Prevention of HIV, HBV and HCV

1. Information, education and communication
2. Condom and lubricant programming
3. Prevention of sexual violence
4. Needle and syringe programmes and overdose prevention and management
5. Opioid substitution therapy and other evidence-based drug dependence treatment
6. Prevention of transmission through medical and dental services
7. Hepatitis B vaccination and prevention of transmission through tattooing, piercing and other forms of skin penetration
8. Post-exposure prophylaxis of HIV

HIV, hepatitis diagnosis and treatment

9. HIV testing and counselling services
10. HIV treatment, care and support
11. Diagnosis and treatment of viral hepatitis

Prevention, diagnosis and treatment of TB

12. Prevention, diagnosis and treatment of tuberculosis

Gender responsive services

13. Sexual and reproductive health
14. Prevention of mother-to-child transmission of HIV, syphilis and HBV

Occupational safety and health

15. Protecting staff from occupational hazards

SCOPE AND PURPOSE

This technical brief is designed to support countries in mounting an effective response to HIV and related infections in prisons and other closed settings. It takes into consideration principles of international law and international standards, guidelines, declarations and covenants governing the treatment of people held in prisons, prison health,[12, 13] international standards of HIV programmes and medical ethics, as well as international labour standards.[14, 15, 16]

This brief is an update of the 2013 UNODC ILO UNDP WHO UNAIDS Brief HIV Prevention, Treatment and Care in Prisons and other Closed Settings: A Comprehensive Package of Interventions.[17] It reflects recent international developments including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), as well as new guidance for HIV response. The Nelson Mandela Rules make clear reference to addressing HIV, TB and other infectious diseases in prisons, as well as to the rights of people in prison, and stresses the importance of the continuity of healthcare services. This update also emphasizes the rules related to women in prison as described in the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules). In terms of HIV in prisons, the updated comprehensive package includes additional interventions regarding sexual and reproductive health, the prevention and management of overdose, and guidance for strengthening gender-responsive approaches and prevention of mother-to-child transmission. It also stresses the critical role of the community in developing and implementing effective HIV responses.

In providing guidance to national authorities charged with the management and oversight of prisons and other closed settings, this technical brief aims to support decision makers in ministries of justice, authorities responsible for prisons and other closed settings, and ministries of health, social protection, youth and children, gender, and of labour, as well as authorities responsible for workplace safety and occupational health. The brief provides guidance on planning and implementing an effective national response to HIV, hepatitis and TB in prisons and other closed settings. This technical brief can also be useful for non-governmental organizations advocating for or implementing HIV services in prisons, as well as for trade union officials advocating for health protection and safety in prisons.

The 15 key interventions

The comprehensive package consists of 15 interventions that are essential for effective HIV prevention, testing, treatment, care and support in prisons and other closed settings. While each of these interventions alone is useful in addressing HIV, 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 on HIV, viral hepatitis and TB, sexual and reproductive health, mental health, drug use and overdose prevention and management 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 a trained fellow.[18]

2 Condom and lubricant programming

In all closed settings, male and female condoms and condom-compatible lubricants should be provided free of charge to prevent HIV and other sexually transmitted infections. They should be made easily and discreetly accessible to all people in prisons and other closed settings at various locations without their having to request them and without their being seen by others.[19] Condoms and lubricants should also be provided for intimate visits.

3 Prevention of sexual violence

Policies and strategies for the prevention, detection, response to and elimination of all forms of violence, particularly sexual violence, should be implemented in prisons.[20, 21] Males and females in prison should always be held separately, and women held in prison should be under the exclusive supervision of female prison staff. Male staff entering women sections should always be accompanied by female staff.[22] Vulnerable people in prisons, such as young offenders should be held separately. Policies and strategies on placement in prison and other closed settings should reflect the needs and rights of persons of all sexual orientations and gender identities, avoid further marginalization and risk of violence, ill-treatment or physical, mental or sexual abuse, and be developed in consultation with the communities (Yogyakarta Principle 9 2006). Appropriate measures should be established to report and address instances of violence. People who have experienced violence should be provided with protection, psychological support, and health care including HIV testing, post-exposure prophylaxis for HIV and other sexually transmitted infections, HBV vaccination and emergency contraception, with consent and as appropriate. Where possible, alternatives to detention for offenders from vulnerable groups should be prioritized.

4 Needle and syringe programmes and overdose prevention and management

People who inject drugs in prison and other closed settings should have easy and confidential access to sterile drug injecting equipment, needles, syringes and paraphernalia, and should receive information on available needle and syringe programmes.[23, 24] People in prison and other closed settings should receive information on overdose risks, prevention and management. Naloxone should be made available to people held in prison, prison staff and other people in prisons and other closed settings who might witness an opioid overdose. It should also be given to people upon release from prison to prevent post-release overdose deaths.[25]

5 Opioid substitution therapy, and other evidence-based drug dependence treatment

Evidence-based drug dependence treatment with informed consent should be made available in prisons and other closed settings in line with national public health guidelines for the community and based on international guidelines. Considering that opioid substitution therapy is the most effective treatment for reducing HIV/HCV risk behaviours and for drug dependence treatment for people dependent on opioids, where it is available in the community, it should be accessible in prisons and other closed settings.[26, 27] Opioid substitution therapy is also effective in preventing opioid overdoses, both in prison and after release with linkages to care, support and social protection. Authorities should also provide a range of other evidence-based drug dependence treatment options for people in prison who need them.[28]

6 Prevention of transmission through medical and dental services

HIV and hepatitis can be easily spread through contaminated medical and dental equipment. Therefore, medical, gynaecological and dental service providers in prisons should adhere to strict infection-control and safe-injection protocols, and facilities should be adequately equipped for this purpose.[29, 30]

7 Hepatitis B vaccination and prevention of transmission through tattooing, piercing and other forms of skin penetration

Prisons should have a comprehensive hepatitis prevention programme, including the provision of free HBV vaccination for all people in prisons, free hepatitis A-B vaccination for those at risk, and other interventions to prevent transmission (including condoms and lubricant provision, needle and syringe programmes and drug dependence treatment as needed). Authorities should also implement initiatives, such as the provision of sterile equipment and training, to reduce risks of transmission of HIV and viral hepatitis through the sharing and reuse of equipment for tattooing, piercing and other forms of skin penetration. People in prison should also be informed of the risks of sharing shavers, scissors, clippers and toothbrushes.[31] Babies should receive the first HBV vaccine within 24 hours after birth and the complete HBV vaccine schedule according to the national immunization schedule.

8 Post-exposure prophylaxis

Post-exposure prophylaxis should be made accessible to people who have experienced sexual assault and to other people in prison potentially exposed to HIV through blood or sexual exposure. Clear guidelines should be developed and communicated to people held in prison, health-care staff, other professionals and employees in prison.[32, 33]

9 HIV testing and counselling

People in prison should have easy access to voluntary HIV testing services at any time during their detention. Health-care providers should also offer HIV testing and counselling to all people in prison during medical examinations and recommend testing to individuals with signs or symptoms suggesting HIV, TB infection or other opportunistic infections, including abnormal cervical cytology. HIV testing should also be offered to pregnant and nursing women in prison. 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 including prevention of mother-to-child transmission for pregnant or nursing women and other treatment as needed.[34] When offering HIV testing, providers should also consider testing for HBV and HCV and other sexually transmitted infections.

10 HIV treatment, care and support

In prisons, HIV treatment, 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 HIV guidelines for the community and based on international guidelines.***, [35] All people living with HIV should have access to antiretroviral therapy as soon as possible. Support, including nutritional supplements, therapeutic education, and support for treatment adherence, should be provided to patients under treatment. Efforts should be undertaken, in close collaboration with national health authorities and civil society organizations, to ensure continuity of treatment, care and support at all stages from arrest to post-release.

11 Diagnosis and treatment of viral hepatitis

Prisons should have a comprehensive hepatitis programme to prevent, diagnose[36, 37] and treat HBV and HCV[38] equivalent to those available in the community. People at risk should be offered HCV testing and when tested RNA positive, they should be offered immediate treatment according to national guidelines and based on international guidance documents.

12 Prevention, diagnosis and treatment of tuberculosis

Given the high risk for transmission of TB and high rates of HIV/TB co-infection in closed settings, all prisons should intensify active case-finding, provide isoniazid preventive therapy and introduce effective TB control measures.[39, 40, 41]

People newly admitted to prison and all people living with HIV should be screened for TB. Similarly, all people diagnosed with TB should be advised to have an HIV test. All people living with HIV without symptoms of active TB (no current cough, fever, weight loss or night sweats) should be offered isoniazid preventive therapy. Prisons and cells should be well ventilated, have good natural light and provide adequate personal space for their occupants. All people held in prison being assessed for TB, and those who have been confirmed to have active TB, should be medically isolated until they are no longer infectious. Education activities should cover coughing etiquette and respiratory hygiene. Tuberculosis programmes, including treatment protocols, should be aligned and coordinated with or integrated in national TB control programmes and work closely with HIV programmes. Continuity of treatment is essential to prevent the development of resistance and must be ensured at all stages of detention from arrest to post-release.

13 Sexual and reproductive health

Sexually transmitted infections, particularly those that cause genital and anal ulcers, increase the risk of transmission and acquisition of HIV. Screening, early diagnosis and treatment of sexually transmitted infections should be part of HIV prevention programmes in prisons in combination with the provision of condoms and lubricants.[42] People in prison should also have access to a full range of sexual and reproductive health care including free, voluntary and non-coercive contraceptive services and family planning, as well as screening for breast, cervical and anal cancer for women, men and transgender people. Pregnant and nursing women should have the same access to antenatal and postnatal care and adequate diet as do those in the community and be held in suitable accommodation for them and their children. Non-custodial measures for pregnant women and women with dependent children should be preferred when possible[43] (Bangkok Rules). Children and young people held in detention need access to gender-focused, human rights-based, comprehensive sexuality education.

*** See www.who.int/hiv/topics/treatment/en/ for the latest WHO guidelines on HIV/AIDS treatment and care.

14 Prevention of mother-to-child transmission of HIV, syphilis and HBV

The comprehensive range of interventions for prevention of mother-to-child transmission of HIV, syphilis and HBV, including primary prevention of HIV, family planning, antiretroviral therapy, and care of mothers living with HIV and their infants should be easily accessible to all women in prison including women living with HIV, pregnant women and breastfeeding mothers, in line with national guidelines for the community and based on international guidelines.[44, 45] Pregnant and nursing women should be recommended for testing for HIV, syphilis and active HBV, and provided with treatment as needed. Children born to mothers living with HIV, syphilis or HBV in prison should be followed up and provided with appropriate treatment and care in accordance with these guidelines. Women should deliver in hospitals outside prisons. Whether a woman delivers outside or inside the prison, instruments of restraint should never be used during labour, during birth or immediately after birth.

15 Protecting staff from occupational hazards

Occupational safety and health procedures on HIV, viral hepatitis and TB should be established for employees working in prisons and other closed settings. Prison staff should receive information, education and training by labour inspectors and specialists in medicine and public health to enable them to perform their duties in a healthy and safe manner. Prison authorities and employees should implement occupational safety and health procedures in prisons that are at least at the same level as in the community. Prison staff should never be subject to mandatory testing and should have easy access to confidential HIV and hepatitis testing as well as to TB screening. Employees should have free access to HBV 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 case of occupational exposure.[46] Workplace mechanisms for inspecting compliance with applicable standards and reporting occupational exposures, accidents and diseases should also be established.[47] All occupational safety and health policies and programmes, implemented in compliance with national policies and guidelines, must be periodically assessed and evaluated.

ADDITIONAL INTERVENTIONS

Additional important interventions include the distribution of toothbrushes and razors in basic hygiene kits, adequate nutrition, including nutritional supplements for people with HIV or TB, intimate visit programmes, mental health programmes, social protection services, palliative care and compassionate release for terminal cases. These additional interventions should not be overlooked considering they are critical to support prevention, diagnosis and treatment programmes. Similarly, pre-exposure prophylaxis should be made available for continuity or initiation according to national and international guidelines for the community.[48, 49]

GUIDING PRINCIPLES

1. Prison health is part of public health

The vast majority of people in prison eventually return to their communities. Any diseases contracted in closed settings, or made worse by poor conditions of confinement, become matters of public health.[50, 51] HIV, viral hepatitis, TB, and all other aspects of physical and mental health in prison 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.[52]

Equally important is ensuring continuity of care. To ensure that the benefits of treatments (such as antiretroviral therapy, TB treatment, viral hepatitis treatment or opioid substitution therapy) started before or during imprisonment are not lost, to prevent the development of resistance to medications and to reduce risks of overdose, provisions must be made, in close collaboration with public health services in the community, to allow people to continue their treatment without interruption at all stages of detention: during police and pretrial detention, in prison, during institutional transfers and after release. Assistance should be provided to people released from prisons to facilitate re-entry

into the community, including continuity of treatment and care, support and linkages to social protection services.

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

People in prison should have access to medical treatment and preventive measures without discrimination on the grounds of their legal status. Health in prison is a right guaranteed to everyone in international law, as well as in international rules, guidelines, declarations and covenants.[53] 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.[54] Access to health services in prisons should be consistent with medical ethics, national standards, guidelines and control mechanisms for the community. 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 people in prison goes beyond simply diagnosing and treating diseases as they appear in individual persons. It includes issues of hygiene, nutrition, access to meaningful activity, recreation and sports, contact with family, and ensuring the rights to freedom from violence or abuse by other people in prison and freedom from physical abuse, torture and cruel, inhuman or degrading treatment at the hands of prison staff.[55] It also means ensuring access to accountability mechanisms, including independent oversight mechanisms and access to remedies where human rights have been violated.

Medical ethics should always guide all health interventions in closed settings. 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, in the case of children respecting their evolving capacities. Confidentiality of health information should be maintained and people living with HIV should not be segregated.[56] Qualified health officers responsible for the health care of people in prison must have the autonomy to decide on treatment needs for their patients, including referrals to public health services.

These principles recognize that some groups of people in prison, such as women, young people, people who use drugs, transgender people and men who have sex with men, have special needs to be addressed and are particularly vulnerable to stigma, discrimination and violence. They also recognize that the incarceration and institutionalization of children in conflict with the law should always be a last resort and for the minimum period,[57] and that children have particular vulnerabilities and risk factors requiring special consideration when implementing the comprehensive package, ensuring conformity with international human rights principles relating to children.[58]

Human rights protections and anti-discrimination laws apply on an equal basis to people in prison as to the general population. The principles also recognize that incarceration is not a treatment for people with a mental health condition or drug dependency. They also include safeguards against arbitrary arrest and extended pretrial detention, which are human rights violations and inextricably linked to overcrowding and the transmission of HIV, sexually transmitted infections, viral hepatitis and TB in prisons and other closed settings.

OTHER KEY 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 less effective.

1. Ensure that prisons and closed settings are included in national HIV, TB, hepatitis and drug dependence treatment programming

A health-in-prisons programme should be an integral part of national efforts to provide access to HIV, hepatitis and TB services, sexual and reproductive health services and to evidence-informed drug dependence treatment.[59] Prison health authorities should establish strong linkages with community-based care and involve outside service providers, including non-governmental organizations, in delivering care in prisons. Whenever adequate care cannot be provided in prisons, people in prison should be able to access health services in the community.

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

Before entering prison, many people have not had access to health care including for HIV, hepatitis, TB or drug dependence. 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. Health care should not be limited to medical care but should emphasize early disease detection and treatment, health promotion and disease prevention.[60] Addressing the health needs of people in prison will contribute to their rehabilitation and successful reintegration into the community, as well as to the control of HIV, HCV and TB in the entire community. In the long 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 prisons and other closed settings.[61]

3. Ensure the availability of gender-responsive interventions

Special attention should be given to the specific needs and concerns of women, men and transgender people. Women should

have access to all interventions in the comprehensive package, which should be tailored to their specific needs including, for example, their sexual and reproductive health.[62, 63, 64] Similarly, transgender people have specific health needs, including hormonotherapy, to be addressed according to national guidance and to be equivalent to services received in the community.[65] There is also a need for broader initiatives that acknowledge that the problems encountered by women, men who have sex with men, and transgender people 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 prison.[66]

4. Participation and community empowerment

Acknowledging the specific needs of adolescents and young people, women, men, people who inject drugs, transgender people and people living with HIV in prison is paramount to developing effective strategies. Representatives of different prison population subgroups need to be meaningfully included in the planning, implementing and monitoring of prison HIV, TB and hepatitis programmes. This is critical to ensure that these programmes are responsive to the different realities and needs of people in prisons. Self-help groups and peer-based or peer-led HIV, hepatitis, TB and overdoses interventions need to be supported in order to disseminate information, implement interventions, and support adherence to treatment and continuity of treatment and care in prisons and after release.

5. Address stigma and discrimination

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, transgender people, indigenous people, racial and ethnic minorities, and undocumented migrants. It is therefore essential to pay attention to their protection and to their needs in the effort to address HIV prevention, testing and treatment in closed settings.[67] Prison staff should undergo sensitization trainings to appropriately support HIV, viral hepatitis and TB prevention, treatment and care for all people in prison and to ensure that people are not discriminated or stigmatized because of their background. Similarly, information, education and communication programmes in prisons need to address HIV-related stigma and discrimination among people held in prisons.

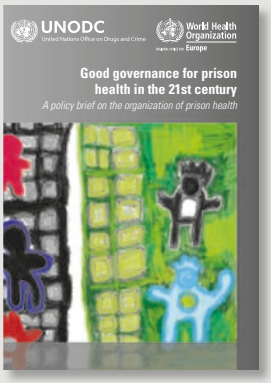
6. Undertake broader prison and criminal justice reforms

Addressing HIV in prisons and other closed settings cannot be separated from wider questions of human rights and of criminal justice 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 TB in prisons.

ADDITIONAL READING

The brief and its recommendations are based on a comprehensive review and analysis of evidence, on existing United Nations guidance and on an extensive consultation process regarding HIV in prisons. The updated brief builds on the literature review conducted in 2014 by WHO and the most recent international guidance documents for HIV prevention, treatment and care including the WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (2016) www.who.int/hiv/pub/guidelines/keypopulations-2016/en/

This brief is part of a set of documents produced by WHO, UNODC and UNAIDS that are aimed at providing evidence-based information and guidance to countries on HIV prevention, treatment, care and support in prisons and other closed settings.

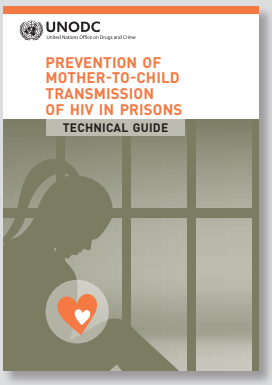


Good governance for prison health in the 21st century. A policy brief on the organization of prison health (2014)

The document reviews the reasons for the conclusion that prison health is public health, describes the legal cornerstones of prison health and the principle of equivalence and integration that should underlie it, lists the persistent shortcomings of current arrangements and spells out the meaning of good governance for prison health in the 21st century. www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf

A handbook for starting and managing needle and syringe programmes in prisons and other closed settings (2014)

This document compares the different models of needle and syringe programmes in prisons and provides practical guidance on how to implement them. It also addresses the prevention of overdose deaths in prisons and post-release.
www.unodc.org/documents/hiv-aids/2017/ADV_PNSP_REV_FEB2015with_cover1.pdf

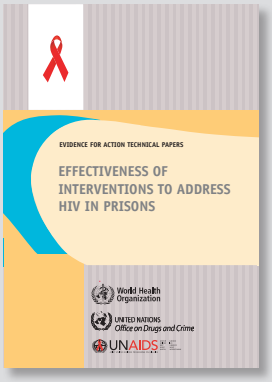


Prevention of Mother-to-Child Transmission of HIV in Prisons: A technical guide

This technical guide provides recommendations from a human rights and public health perspective and operational guidance to ensure implementation of services for the prevention of mother-to-child transmission of HIV for women and their children in prisons, focusing on overcoming the specific challenges of these settings.
www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/19-02279_Technical_Guide_PMTCT_ebook.pdf

Women and HIV in prison settings (2008)

This policy brief describes the essential needs of women in prison in relation to their situation and HIV. Available in various languages.
www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf



Evidence for action technical papers: Effectiveness of interventions to address HIV in prisons (2007)

These papers provide a comprehensive review of the effectiveness of interventions to address HIV in prison settings, including condom distribution, opioid substitution therapy, antiretroviral treatment, and needle and syringe programmes. Available in English and Russian.
https://apps.who.int/iris/bitstream/handle/10665/43760/9789241595780_eng.pdf?sequence=1
Further documents can be found on UNODC HIV in prisons webpage
www.unodc.org/unodc/en/hiv-aids/new/publications_prisons.html

HIV testing and counselling in prisons and other closed settings (2009)

This policy brief and its technical background document provide guidance on how to provide evidence-based and human rights-based access to HIV testing in prisons.
www.unodc.org/documents/hiv-aids/UNODC_WHO_UNAIDS_2009_Policy_brief_HIV_TC_in_prisons_ebook_ENG.pdf

- *Improve living 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 of personal hygiene, inadequate nutrition, poor access to clean drinking water and inadequate health services, the vulnerability of people in prison to HIV infection and other infectious diseases is increased, as is related morbidity and mortality. Therefore, efforts to implement the comprehensive package should go hand in hand with reforms aimed at addressing these underlying living and working conditions.

- *Reduce use of pretrial detention.* On average, people held in pretrial detention account for 27 per cent of all prisoners worldwide. In some countries this figure can reach up to 90 per cent of the prison population.[68] People in prison are frequently held in overcrowded, substandard conditions without medical treatment or measures for infection control. International standards clearly state that pretrial detention should be an exceptional measure used sparingly. Therefore, programmes that provide safe alternatives to pretrial detention, especially for persons accused of minor crimes, should be implemented.[69, 70]

- *Reduce incarceration of people who use drugs, sex workers, men who have sex with men and transgender people.* A significant percentage of the prison population comprises of individuals convicted of offences related to their own drug use, engagement in sex work, same-sex sexual activity or their gender identity. Many of the challenges arising from HIV in closed settings could be reduced if *(a)* non-custodial alternatives to imprisonment for minor non-violent offences are implemented; *(b)* drug laws are reformed to reduce incarceration for drug use and for possession of drugs for personal consumption;[71] *(c)* evidence-based services, including drug dependence treatment, are accessible in the community[72, 73] and *(d)* non-punitive laws, policies and practices related to key populations' behaviours are implemented.

- *Access to legal aid.* All people arrested, detained or held in prisons should have access to independent legal aid including legal literacy, counselling and support for accessing alternatives to incarceration, appropriate health care or for reporting abuse and violence.[74]

- *End the use of compulsory detention for the purpose of treatment or rehabilitation.* In several countries, people identified as using drugs or engaging in sex work are detained in closed centres in the name of "treatment" or "rehabilitation". Such detention usually takes place without due process or clinical assessment. People held in these centres are often denied evidence-based drug dependence treatment as well as HIV-related and other basic health services. To protect their health and human rights, people held in these closed settings should be released, the centres should be closed and evidence-based drug dependence treatment, HIV and other health services should be provided in the community.[75] Similarly, people who do not adhere to their medical treatment, such as for TB or other diseases, should never be incarcerated for this purpose. People with mental health conditions should not be incarcerated but be provided with evidence-based and human rights-based mental health treatment and support in the community.

ADAPTING THE GUIDANCE TO NATIONAL AND LOCAL SITUATIONS

The comprehensive package and the recommendations in this technical brief are universally applicable to all prisons and other closed settings in all countries. To facilitate implementation at country level, 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 of health and labour, national AIDS committees, national TB and hepatitis programmes, national human rights institutions or other independent bodies responsible for oversight of closed settings, and civil society organizations, including those for people living with HIV, formerly incarcerated people, and other key populations. The comprehensive package and other recommendations should be integrated in national HIV, hepatitis and TB-related plans, and resources should be allocated for their implementation.[76]

Country-level strategic planning should be directed towards implementing, as soon as possible, all elements of the package, to achieve universal access to HIV prevention, testing and treatment, for people in prisons and other closed settings, and to contribute to the Sustainable Development Goal target 3.3 of ending the epidemics of AIDS and TB, and to combat hepatitis by 2030.[77] In places where people who inject drugs are detained or incarcerated, implementation of needle and syringe programmes and drug dependence treatment, in particular opioid substitution therapy, 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.

In addition, countries should include prison and other closed settings in their preparedness and response plans to health emergencies including pandemics, such as COVID-19, and natural or manmade disasters.[78]

ENDNOTES

[1] Walmsley R. World Prison Population List (twelfth edition). Institute for Criminal Policy Research, University of London: Birkbeck 2018 (www.prisonstudies.org/sites/default/files/resources/downloads/wppl_12.pdf).

[2] Walmsley R. World Female Imprisonment List fourth edition Women and girls in penal institutions, including pre-trial detainees/remand prisoners. World Prison Brief; Institute for Criminal Policy Research. University of London: Birkbeck, 2017 (www.prisonstudies.org/sites/default/files/resources/downloads/world_female_prison_4th_edn_v4_web.pdf).

[3] Walmsley, R. World Prison Population List (twelfth edition) London, Institute for Criminal Policy Research, 2018.

[4] Joint United Nations Programme on HIV/AIDS (UNAIDS). Global AIDS Monitoring (GAM) 2018.

[5] Dolan K. et al. "Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees." *The Lancet*, vol 388, issue 10049, 1089 – 1102 (www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30466-4/fulltext).

[6] Ibid.

[7] United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. Women and HIV in prison settings. Vienna: United Nations Office on Drugs and Crime; 2008 (www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf).

[8] Dolan K. et al. "Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees." *The Lancet*, vol. 388, issue 10049, 1089 – 1102 (www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30466-4/fulltext).

[9] International Labour Organization, Recommendation (No. 200) concerning HIV and AIDS and the World of Work, 2010. Available from www.ilo.org/aids/WCMS_142706/lang--en/index.htm.

[10] World Health Organization, International Labour Organization and Joint United Nations Programme on HIV/AIDS, "The Joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services: a guidance note" (www.who.int/occupational_health/publications/hiv_tb_guidelines/en/).

[11] United Nations Office on Drugs and Crime, World Health Organization and Joint United Nations Programme on HIV/AIDS, HIV in Places of Detention: A Toolkit for Policymakers, Programme Managers, Prison Officers and Health Care Providers in Prison Settings (Vienna, United Nations Office on Drugs and Crime, 2008). Available from www.unodc.org/documents/hiv-aids/V0855768.pdf.

[12] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) United Nations A/RES/70/175;2015 (www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/175).

[13] United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) (General Assembly resolution 65/229, annex).

[14] International Labour Organization, Forced Labour Convention, 1930 (No. 29).

[15] International Labour Organization, Abolition of Forced Labour Convention, 1957 (No.105).

[16] International Labour Organization, Recommendation (No. 200) concerning HIV and AIDS and the World of Work, 2010.

[17] UNODC ILO UNDP WHO UNAIDS. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions (UNODC, 2013). www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf.

[18] United Nations Office on Drugs and Crime, World Health Organization and Joint United Nations Programme on HIV/AIDS. A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings. (New York, United Nations, 2008) www.unodc.org/documents/hiv-aids/V0855768.pdf.

[19] World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS. Interventions to Address HIV in Prisons: Prevention of Sexual Transmission, Evidence for Action Technical Papers (Geneva, World Health Organization, 2007). http://apps.who.int/iris/handle/10665/43761.

[20] Ibid.

[21] World Health Organization, United Nations Office on Drugs and Crime, International Committee of the Red Cross. Prisons and Health. (Copenhagen: World Health Organization, Regional Office for Europe, 2014) www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1.

[22] United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) (General Assembly resolution 65/229, annex).

[23] World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS. Interventions to Address HIV in Prisons: Needle and Syringe Programmes and Decontamination Strategies, Evidence for Action Technical Papers (Geneva, World Health Organization, 2007). www.who.int/hiv/pub/prisons/prisons_needle/en/.

[24] United Nations Office on Drugs and Crime. A handbook for starting and managing needle and syringe programmes in prisons and other closed settings. Advance copy (Vienna, United Nations Office on Drugs and Crime, 2014) www.unodc.org/documents/hiv-aids/2017/ADV_PNSP_REV_FEB2015with_cover1.pdf.

[25] World Health Organization. Preventing overdose deaths in the criminal-justice system. Updated 2014. (Copenhagen, World Health Organization, 2014). www.euro.who.int/en/publications/abstracts/preventing-overdose-deaths-in-the-criminal-justice-system-2014.

[26] World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS. Interventions to Address HIV in Prisons: Drug Dependence Treatments, Evidence for Action Technical Papers (Geneva, World Health Organization, 2007). http://apps.who.int/iris/bitstream/handle/10665/43759/9789241595803_eng.pdf?sequence=1.

[27] R. Jürgens, A. Ball and A. Verster, "Interventions to reduce HIV transmission related to injecting drug use in prison", *Lancet Infectious Diseases*, vol. 9, no. 1 (2009), pp. 57-66.

[28] World Health Organization. Clinical guidelines for withdrawal management and treatment of drug dependence in closed settings. (Manilla: World Health Organization, Regional Office for Western Pacific, 2009) (www.wpro.who.int/publications/docs/ClinicalGuidelines_forweb.pdf.

[29] World Health Organization, Revised Injection Safety Assessment Tool (Tool C – Revised): Tool for the Assessment of Injection Safety and the Safety of Phlebotomy, Lancet Procedures, Intravenous Injections and Infusions (Geneva: World Health Organization, 2008). Available from www.who.int/infection-prevention/tools/injections/ToolC-revised.pdf.

[30] World Health Organization. guideline on the use of safety-engineered syringes for intramuscular, intradermal and subcutaneous injections in health care settings. (Geneva: World Health Organization, 2016).

[31] World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS. Interventions to Address HIV in Prisons: Needle and Syringe Programmes and Decontamination Strategies. (Geneva: World Health Organization, 2007) www.who.int/iris/handle/10665/43758.

[32] World Health Organization and International Labour Organization. Post-exposure Prophylaxis to Prevent HIV Infection: Joint WHO/ILO Guidelines on Post-exposure Prophylaxis (PEP) to Prevent HIV Infection (Geneva, World Health Organization, 2007). Available from www.who.int/hiv/pub/guidelines/PEP/en/.

[33] The Joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services: a guidance note, 2010. htm www.who.int/occupational_health/publications/hiv_tb_guidelines/en/.

[34] United Nations Office on Drugs and Crime, World Health Organization and Joint United Nations Programme on HIV/AIDS. "HIV testing and counselling in prisons and other closed settings: policy brief" (2009). www.unodc.org/documents/hiv-aids/UNODC_WHO_UNAIDS_2009_Policy_brief_HIV_TC_in_prisons_ebook_ENG.pdf.

[35] World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach – 2nd ed. (Geneva: World Health Organization, 2016) http://apps.who.int/iris/bitstream/handle/10665/208825/9789241549684_eng.pdf?sequence=1.

[36] World Health Organization. Guidelines on hepatitis B and C testing. Geneva: WHO; 2017. http://apps.who.int/iris/bitstream/handle/10665/254621/9789241549981-eng.pdf;jsessionid=09376449B48132AF233955FB28F0825C?sequence=1.

[37] World Health Organization. Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection. Geneva:WHO; 2015 http://apps.who.int/iris/bitstream/handle/10665/154590/9789241549059_eng.pdf?sequence=1.

[38] World Health Organization. Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. Geneva: World Health Organization; 2018 http://apps.who.int/iris/bitstream/handle/10665/273174/9789241550345-eng.pdf?ua=1.

[39] World Health Organization, Guidelines for Intensified Tuberculosis Case-finding and Isoniazid Preventive Therapy for People Living with HIV in Resource-constrained Settings (Geneva, 2011).

[40] United States Agency for International Development, Tuberculosis Coalition, International Committee of the Red Cross. Guidelines for control of tuberculosis in prisons. Washington, DC: United States Agency for International Development; 2009 (http://pdf.usaid.gov/pdf_docs/PNADP462.pdf).

[41] World Health Organization, United Nations Office on Drugs and Crime, International Committee of the Red Cross. Prisons and Health. Chapter 8. TB prevention and control care in prisons. (Copenhagen: World Health Organization, Regional Office for Europe, 2014). www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2014/prisons-and-health/report-by-chapters/chapter-8.-tb-prevention-and-control-care-in-prisons.

[42] World Health Organization Sexually transmitted and reproductive tract infections. www.who.int/reproductivehealth/publications/rtis/clinical/en/.

[43] United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) (General Assembly resolution 65/229, annex).

[44] World Health Organization. Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis, 2nd edition. Geneva: WHO; 2017 www.who.int/reproductivehealth/publications/emtct-hiv-syphilis/en/.

[45] Pan American Health Organization. EMTCT Plus. Framework for elimination of mother-to-child transmission of HIV, Syphilis, Hepatitis B, and Chagas. Washington, D.C.: PAHO; 2017. http://iris.paho.org/xmlui/bitstream/handle/123456789/34306/PAHOCHA17009-eng.pdf?sequence=1&isAllowed=y.

[46] World Health Organization and International Labour Organization, Post-exposure Prophylaxis to Prevent HIV Infection.

[47] International Labour Organization, Recommendation (No. 200) concerning HIV and AIDS and the World of Work, 2010.

[48] World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations – 2016 update (Geneva: World Health Organization, 2016) www.who.int/hiv/pub/guidelines/keypopulations-2016/en/.

[49] World Health Organization. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. (Geneva: World Health Organization, 2015) http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_ eng.pdf

[50] See, e.g. World Health Organization, Regional Office for Europe, Declaration on Prison Health as Part of Public Health, adopted at the joint World Health Organization/Russian Federation International Meeting on Prison Health and Public Health, held in Moscow on 24 October 2003. www.euro.who.int/__data/assets/pdf_file/0007/98971/E94242.pdf.

[51] The Madrid Recommendation: Health Protection in Prisons as an Essential Part of Public Health, adopted at a meeting held in Madrid on 29 and 30 October 2010. Available from www.euro.who.int/__data/ assets/pdf_file/0012/111360/E93574.pdf.

[52] World Health Organization, United Nations Office on Drugs and Crime. Good governance for prison health in the 21st century. A policy brief on the organization of prison health. (Copenhagen: World Health Organization, Regional Office for Europe, 2014). www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf.

[53] Revised United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) United Nations A/RES/70/175; 2015 (www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/175).

[54] Basic Principles for the Treatment of Prisoners (General Assembly resolution 45/111, annex).

[55] Revised United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) United Nations A/RES/70/175; 2015 (www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/175).

[56] Principle 1, of the Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment (General Assembly resolution 37/194, annex).

[57] A/Res/40/33 (1985) United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules).

[58] United Nations Rules for the Protection of Juveniles Deprived of their Liberty United Nations A/RES/45/113; 1990.

[59] United Nations Office on Drugs and Crime, World Health Organization and Joint United Nations Programme on HIV/AIDS, HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response (Vienna, United Nations Office on Drugs and Crime, 2006). www.unodc.org/documents/hiv-aids/HIV-AIDS_prisons_Oct06.pdf.

[60] World Health Organization, United Nations Office on Drugs and Crime, International Committee of the Red Cross. Prisons and Health. (Copenhagen: World Health Organization, Regional Office for Europe, 2014). www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1.

[61] World Health Organization, United Nations Office on Drugs and Crime. Good governance for prison health in the 21st century. A policy brief on the organization of prison health. (Copenhagen: World Health Organization, Regional Office for Europe, 2014). www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf.

[62] United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS, "Women and HIV in prison settings" (2008). www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf.

[63] B. van den Bergh and others, "Women's health in prison: action guidance and checklists to review current policies and practices", (Copenhagen, World Health Organization, Regional Office for Europe, 2011).

[64] World Health Organization. Consolidated guideline on sexual and reproductive health and rights of women living with HIV. (Geneva: World Health Organization, 2017). http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1.

[65] Implementing comprehensive HIV/STI programmes with transgender people: practical guidance for collaborative interventions, 2016. www.undp.org/content/undp/en/home/librarypage/hiv-aids/implementing-comprehensive-hiv-and-sti-programmes-with-transgend.html.

[66] United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) (General Assembly resolution 65/229, annex).

[67] World Health Organization, United Nations Office on Drugs and Crime, International Committee of the Red Cross. Prisons and Health. Chapter 17. Prisoners with Special Needs. (Copenhagen: World Health Organization, Regional Office for Europe, 2014). www.euro.who.int/__data/assets/pdf_file/0005/249206/Prisons-and-Health,-17-Prisoners-with-special-needs.pdf?ua=1

[68] Walmsley R. World Pre-trial/Remand Imprisonment List (3rd Edition) www.prisonstudies.org/sites/default/files/resources/downloads/wptril_3rd_edition.pdf.

[69] J. Csete, "Consequences of injustice: pre-trial detention and health", *International Journal of Prisoner Health*, vol 6, no. 2 (2010), pp. 47.

[70] United Nations Office on Drugs and Crime. Handbook on Strategies to Reduce Overcrowding in Prisons. Criminal Justice Handbook Series. (New York: United Nations, 2013). www.unodc.org/documents/justice-and-prison-reform/Overcrowding_in_prisons_Ebook.pdf.

[71] United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration CEB/2018/2.

[72] United Nations Office on Drugs and Crime. Handbook of Basic Principles and Promising Practices on Alternatives to Imprisonment, Criminal Justice Handbook Series (United Nations publication, Sales No. E.07.XI.2).

[73] United Nations Office on Drugs and Crime, "From coercion to cohesion: treating drug dependence through health care, not punishment", discussion paper based on a scientific workshop, Vienna, 28-30 October 2009 (2010). Available from www.unodc.org/docs/treatment/Coercion_Ebook.pdf.

[74] A/RES/67/187 United Nations Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems. https://undocs.org/A/Res/67/187.

[75] International Labour Organization and others, "Joint statement: compulsory drug detention and rehabilitation centres" (2012). Available from www.unaids.org/en/media/unaids/contentassets/documents/ document/2012/JC2310_Joint%20Statement 6March12FINAL_en.pdf.

[76] United Nations Office on Drugs and Crime, World Health Organization and Joint United Nations Programme on HIV/AIDS. HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response (Vienna, United Nations Office on Drugs and Crime, 2006).

[77] A/RES/70/1 –Transforming our world: the 2030 Agenda for Sustainable Development www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

[78] UNODC, WHO, UNAIDS, OHCHR Joint Statement on COVID-19 in prisons and other closed settings (2020) www.unodc.org/documents/Advocacy-Section/20200513_PS_covid-prisons_en.pdf.

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