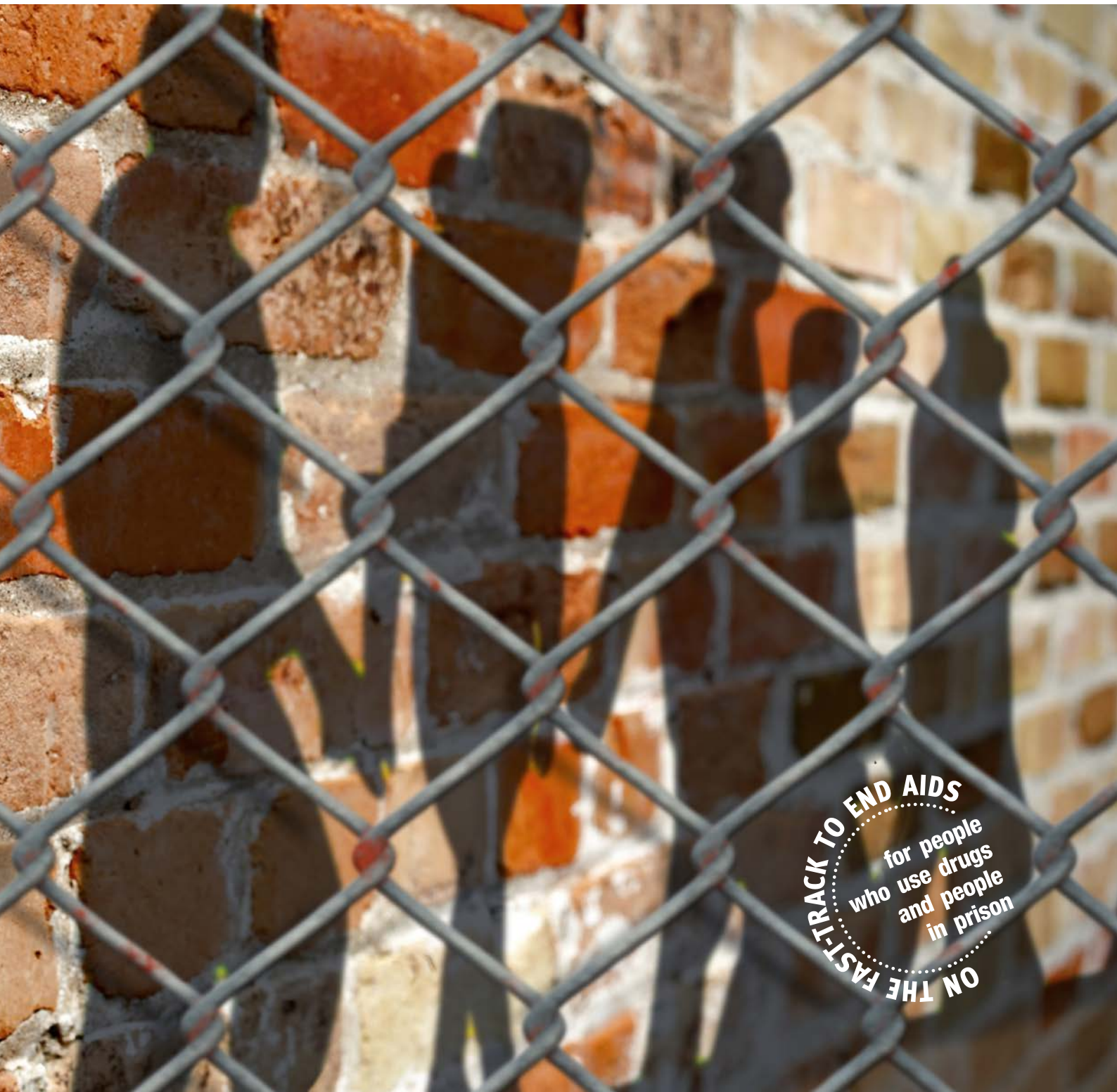




**UNODC**

United Nations Office on Drugs and Crime

# **FAST TRACK** TO END AIDS BY 2030: **FOR PEOPLE IN PRISON**



**ON THE FAST-TRACK TO END AIDS**  
for people  
who use drugs  
and people  
in prison

UNODC supports 35 high priority countries in addressing HIV in prisons with the aim of achieving Sustainable Development Goal target 3.3: to end the AIDS epidemic by 2030, including among people in prison.

UNODC, a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), is the convening agency for HIV prevention, treatment and care among people in prison. UNODC supports governments and civil society organizations to implement large-scale and wide-ranging evidence-informed and human rights-based interventions, focusing on:

- **GUIDANCE:** developing normative guidance on HIV in prisons, including guidelines, tools, policy briefs and technical papers
- **ADVOCACY:** promoting human rights-based, gender-responsive, public health-centred and evidence-based approaches
- **POLICY:** supporting the revision, adaptation, development and implementation of effective legislation, policies and strategies, such as alternatives to imprisonment
- **TECHNICAL ASSISTANCE:** supporting the development and implementation of comprehensive evidence-based interventions for HIV prevention, treatment and care in prisons
- **CAPACITY-BUILDING:** strengthening the capability of national partners, including civil society organizations

The UNODC global HIV programme supports countries in their efforts to achieve universal access to comprehensive HIV prevention, treatment and care services for people in prison.

## FACTS AND FIGURES AT A GLANCE



**>11.5 million people** are held in prisons globally, at any given time.

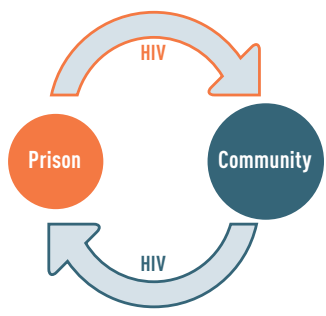
However, the annual global prison population is significantly greater due to high turnover.

Nearly **1/3** of the prison population is in pretrial detention.

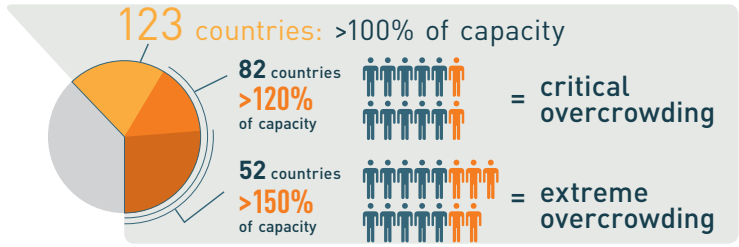


HIV and tuberculosis are among the main causes of death in prisons.

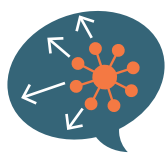
**<1 year** Most people in prison will return to their community, many in less than a year.



### Prison overcrowding



Total: 198 countries Source: World Prison Brief: [www.prisonstudies.org/highest-to-lowest/occupancy-level?field\\_region\\_taxonomy\\_tid=All](http://www.prisonstudies.org/highest-to-lowest/occupancy-level?field_region_taxonomy_tid=All)



Prisons are characterized by higher risks for the transmission of infectious diseases including HIV, along with limited access to health services.



Since around the year 2000, the world prison population total has grown by **27 per cent** to reach a staggering **140 per 100,000**.

People who use drugs can constitute up to **50 per cent** of the prison population.



Global median HIV prevalence in prison is 1.3 per cent, indicating that people in prison are **two times** more likely to be living with HIV than adults in the general population.

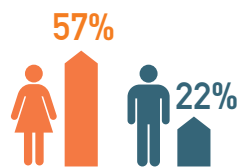
## HIV is transmitted in prisons through:

- Unprotected sexual contact, both consensual and coerced
- Sharing of contaminated injecting, tattooing and other body piercing equipment
- Use of contaminated medical or dental equipment
- Transmission from mother to child



HIV in prison settings affects all regions of the world, particularly sub-Saharan Africa, reflecting the high prevalence of HIV in the general population. This is also the case in Eastern Europe and Asia; however, the high prevalence in these regions reflects the large proportion of people in prison who use drugs.

The total female prison population has increased by 57 per cent since 2000, compared to 22 per cent for the male prison population.



**7% of global prison population but > HIV prevalence**

Women in prison represent around 7 per cent of the global prison population; however, HIV prevalence among women in prison is always higher than among men in prison.

HIV prevention, treatment and care services are often interrupted when people are admitted to prisons, transferred between penal institutions and upon release. This has negative consequences for the health of individuals and the community.



## Factors contributing to HIV, viral hepatitis and tuberculosis transmission in prisons:

- Excessive use of incarceration and pretrial detention
- Overcrowding, violence and lack of protection for vulnerable people in prison
- Lack of gender-responsive interventions
- Poor access to medical and social services
- Stigma and denial
- Isolation of prison health services from public health programmes
- Limited capacities and resources
- Poor ventilation, natural light, hygiene and nutrition
- Lack of continuity of health-care services
- Health-care services in prisons are not always equivalent to those provided in the community

## WHAT WORKS? A PUBLIC HEALTH AND HUMAN RIGHTS APPROACH

- The effectiveness of HIV interventions in prisons has been documented and published.
- Key HIV interventions, coupled with measures addressing criminal justice, human rights and prison reforms, can reduce HIV transmission in prisons.





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## THE 15 KEY INTERVENTIONS

The comprehensive package consists of 15 interventions essential for effective HIV prevention and treatment in closed settings. While each of these interventions alone is useful in addressing HIV in prisons, together they form a package and have the greatest impact when delivered as a whole.

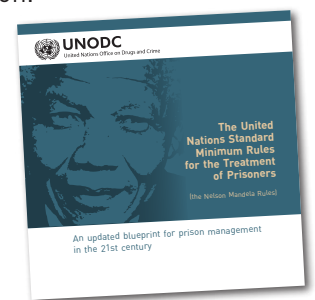
1. Information, education and communication
2. Condom and lubricant programmes
3. Prevention of sexual violence
4. Needle and syringe programmes and overdose prevention and management
5. Opioid substitution therapy and other evidence-based drug dependence treatment
6. Prevention of transmission through medical and dental services
7. Prevention of transmission through tattooing, piercing and other forms of skin penetration
8. Post-exposure prophylaxis
9. HIV testing and counselling
10. HIV treatment, care and support
11. Prevention, diagnosis and treatment of tuberculosis
12. Vaccination, diagnosis and treatment of viral hepatitis
13. Sexual and reproductive health
14. Prevention of mother-to-child transmission of HIV, syphilis and HBV
15. Protecting staff from occupational hazards

## INNOVATIONS

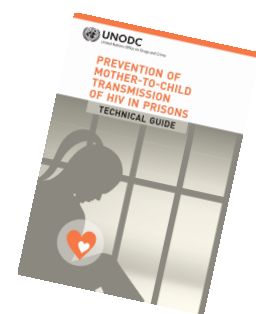
→ The UNAIDS Strategy 2016-2021 acknowledges existing gaps in adequate health services in prisons and provides for a specific result area on tailored HIV prevention services for key populations, including people in prison. It also promotes a public health approach in prisons and alternatives to incarceration.

→ The 2015 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) indicate that:

- The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care as those available in the community, free of charge and without discrimination on the grounds of their legal status.
- Health-care services should be organized in close relationship with the general public health services and should ensure continuity of treatment and care, including for HIV.



→ Technical Guide "Prevention of mother-to-child transmission of HIV in prisons"



In this document, the terms "prison" refers to all places of detention within a country and "people in prison" refers to all people detained in those places, including adults and juveniles, during the investigation of a crime, while awaiting trial, after conviction, and before and after sentencing.



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