INTERVENTIONS TO ADDRESS HIV IN PRISONS HIV CARE, TREATMENT AND SUPPORT
(WHO/UNODC,UNAIDS, Geneva, 2007)

Table of Contents



## Executive Summary

HIV hit prisons early and hit them hard. The rates of HIV infection among prisoners in many countries are significantly higher than those in the general population. HCV seroprevalence rates are even higher. While most of the prisoners living with HIV in prison contract their infection outside the institutions before imprisonment, the risk of being infected in prison, in particular through sharing of contaminated injecting equipment and unprotected sex, is great. Outbreaks of HIV infection have occurred in a number of prison systems, demonstrating how rapidly HIV can spread in prison unless effective action is taken to prevent transmission.

The importance of implementing HIV interventions in prisons was recognized early in the epidemic. After holding a first consultation on prevention and control of HIV in prisons in 1987, WHO responded to growing evidence of HIV infection in prisons worldwide by issuing guidelines on HIV infection and AIDS in prisons in 1993. With regard to health care and prevention of HIV, they emphasized that, “all prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status or nationality.” This was re-affirmed in the 2006 framework for an effective national response to HIV/AIDS in prisons, jointly published by the United Nations Office on Drugs and Crime (UNODC), WHO, and UNAIDS.

Since the early 1990s, various countries have introduced HIV programmes in prisons. However, many of them are small in scale, restricted to a few prisons, or exclude necessary interventions for which evidence of effectiveness exists. There is an urgent need to introduce comprehensive programmes (including information and education, particularly through peers; needle and syringe programmes; drug dependence treatment, in particular opioid substitution therapy; provision of condoms; voluntary HIV testing and counselling; and diagnosis and treatment of STIs) and to scale them up rapidly. As part of these programmes, prison systems should provide HIV care

equivalent to that available in the community, including antiretroviral treatment.

**Provision of HIV care, treatment and support**

The advent of combination antiretroviral therapy (ART) has significantly decreased mortality due to HIV and AIDS in countries where ART has become accessible. There has been a parallel decrease in the mortality rate among incarcerated individuals in prison systems in those countries. Providing access to ART for those in need in the context of prisons is a challenge, but it is necessary and feasible. Studies have documented that, when provided with care and access to medications, prisoners respond well to ART. Adherence rates in prisons can be as high or higher than among patients in the community, but the gains in health status made during the term of incarceration may be lost unless careful discharge planning and linkage to community care are undertaken.

As ART is increasingly becoming available in developing countries and countries in transition, it will be critical to ensure that it also becomes available in the countries' prison systems. Ensuring continuity of care from the community to the prison and back to the community, as well as continuity of care within the prison system, is a fundamental component of successful treatment scale-up efforts.

Making opioid substitution therapy (OST) available in prisons to people dependent on opioids is strongly recommended. In addition to its role in the treatment of opioid dependence and the prevention of HIV transmission, OST has proven effective in facilitating delivery of and adherence to ART among people dependent on opioids. Many injecting drug users with HIV will spend time in prison, and they need to be able to access both OST and ART without interruption, including when transferring from the community to the prison and vice versa.

In the context of efforts to increase access to HIV care and treatment, including ART, it will be important to also increase access to HIV testing and counselling in prisons. In contrast, policies of mandatory testing and segregation are counterproductive and can have negative health consequences for segregated prisoners.

Finally, other measures could also have a positive impact on HIV care, treatment and support in prison. These include ensuring that prison health care be appropriately and sufficiently funded and evolve from the "sick call" model employed in many prison systems into a proactive system that emphasizes early disease detection and treatment, health promotion, and disease prevention. In the medium and longer-term, transferring control of prison health to public health authorities could also have a positive impact. Health care in prisons can be delivered more effectively by public health authorities than by prison management, if sufficient resources are provided and freedom of action of the new prison health authorities is guaranteed.

It is therefore recommended that:

1. Prison authorities should ensure that prisoners receive care, support and treatment equivalent to that available to people living with HIV in the community, including ART.
2. As ART is increasingly becoming available in developing countries and countries in transition, actors at the international, national, regional, and local levels should

ensure that it also becomes available in the countries' prison systems.

3. Particular efforts should be undertaken by prison authorities, working with the other components of the criminal justice system and with external health authorities and NGOs, to ensure continuity of care, including ART, from the community to the prison and back to the community, as well as within the prison system.
4. Where OST is available in the community, it should also be available in prisons, so that people on OST and ART are able to access both without interruption.
5. In the context of efforts to increase access to ART, prison systems should provide easy access to HIV testing and counselling. In particular, voluntary HIV testing and counselling should be:
    - made easily accessible to prisoners upon entry and during imprisonment
    - confidential, and everyone being tested should give informed consent and receive pre-and post-test counseling
    - closely linked to access to care, treatment, and support for those testing positive, and be part of a comprehensive HIV programme that includes access to prevention measures.

    In addition, countries need to appropriately and sufficiently fund prison health care and may want to consider transferring control of prison health to public health authorities.