

Leave no one behind: HIV testing, treatment and AIDS-related mortality in prison

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Outline

- Prevalence of HIV & TB in prisons
- Factors contributing to disease transmission
- Access to healthcare/harm reduction
- Mortality
- Recommendations
- Conclusion



Burden of disease among prison populations

Health of prison populations is complex: multiple **life threatening** infections; **HIV, tuberculosis, hepatitis**

HIV is **5** times higher in prison than outside (UNDOC, 2018)

TB up to **23** times higher inside than outside (UNAIDS, 2016)



In 2015

HIV - **3.8%**
(389 000)

Active TB -
2.8%
(286 000)

(Dolan, 2015)

Overcrowding



56 countries **exceed** official capacity

13 countries **> double** capacity

10.35 million any given day
Vs
estimated **30** million per year
(WPB, 2018)



Key populations

- Men who have sex with men (MSM)
- People who inject drugs (PWID)
- Transgender people (TG)
- Sex workers (SW)

Criminalisation of risk behaviours > concentration



Risk behaviours



Drug **injection** & sharing syringes

Risky **sexual** activity



Unsafe **tattooing/piercing** practices



Limited access to healthcare



POLICY BRIEF

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

Each year, over 30 million men and women spend time in prisons and other closed settings,* of whom over one third are pretrial detainees.† Virtually all of them will return to their communities, many within a few months to a year.

Globaly, the prevalence of HIV, sexually transmitted infections, hepatitis B and C, and tuberculosis in prison populations is 2 to 10 times as high, and in some cases may be up to 100 times as high, as in the general population.‡ HIV rates are particularly high among women in detention. Risky affect prisoners, those working in prisons, their families and the entire community. For these reasons, it is essential to provide HIV interventions in these settings, both for prisoners and for those employed by prison authorities.¶¶

However, access to HIV prevention, treatment and care programmes is often lacking in prisons and other closed settings. Few countries implement comprehensive HIV prevention, treatment and care programmes in prisons. Many fail to link their programmes in prisons to the national AIDS, tuberculosis or public health programmes. Many fail to provide adequate occupational health services to staff working in prisons.¶ In addition to HIV risk behaviours, such as unsafe sexual activities and injecting drug use, factors related to the prison infrastructure, prison management and the criminal justice system also contribute to vulnerability to HIV, tuberculosis

*In this paper, it is used "prisons and other closed settings" refers to all places of detention within a country and its territories, including adult and juvenile, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and other sentencing.

†Prisoners employed in prison and closed settings could include prison officials, including prison guards, prison security officers, prison workers, guards, law enforcement, and other support staff, such as food services, medical and cleaning staff.

and other health risks in prisons. These factors include overcrowding, violence, poor prison conditions, corruption, denial, stigma, lack of protection for vulnerable prisoners, lack of training for prison staff, and poor medical and social services.¶ Finally, addressing HIV in prisons effectively cannot be separated from broader questions of criminal justice and national policy: in particular, reducing the excessive use of pre-trial detention and greatly increasing the use of non-custodial alternatives to imprisonment are essential components of any response to HIV and other health issues in prisons and other closed settings.

THE COMPREHENSIVE PACKAGE: 15 KEY INTERVENTIONS

1. Information, education and communication
2. Condom programmes
3. Prevention of sexual violence
4. Drug dependence treatment, including opioid substitution therapy
5. Needle and syringe programmes
6. Prevention of transmission through medical or 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. Prevention of mother-to-child transmission of HIV
13. Prevention and treatment of sexually transmitted infections
14. Vaccination, diagnosis and treatment of viral hepatitis
15. Protecting staff from occupational hazards



What did we do?

- 7 UNAIDS Regions
- Epidemiology of HIV and TB in prison
- Related mortality in prison
- Availability & coverage of 15 interventions in the **UNODC, ILO, UNDP, WHO, UNAIDS Comprehensive Package**
 - Testing & treatment for HIV and HIV/TB co-infection, PEP



How did we do it?

Survey

- Online & paper based sent to prison departments in **189** countries
- Completed surveys from **49** countries (26%)

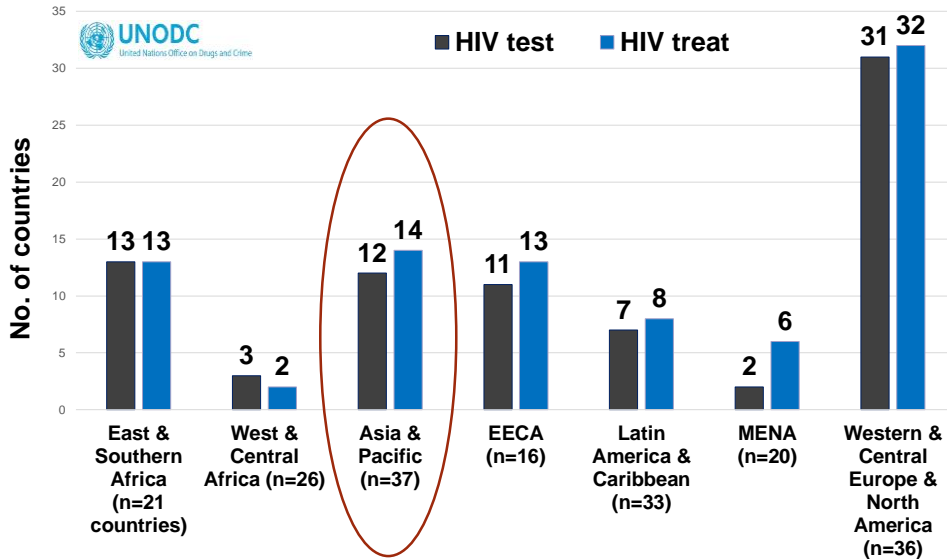
Literature

- Targeted calls for data & literature for 2013- 2017
 - resulted in unpublished data being collected



What did we find?

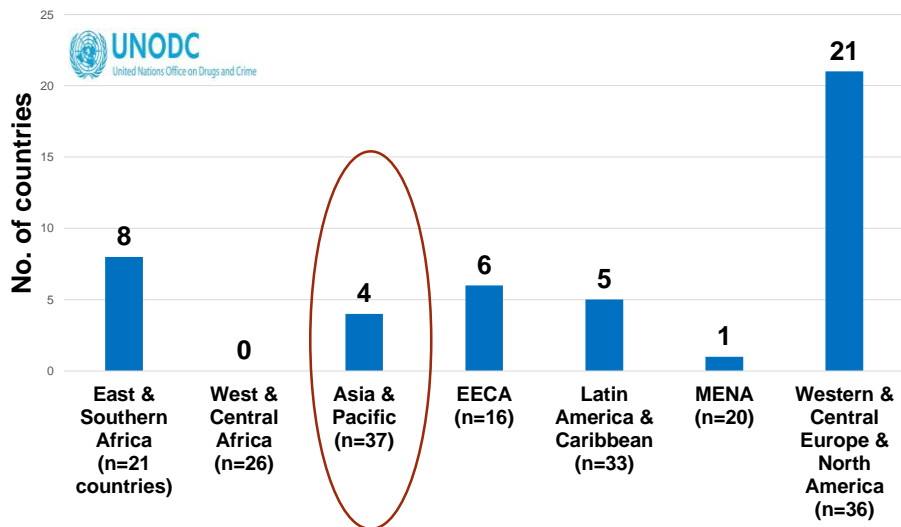
Availability HIV testing & treatment, by region



79 countries test

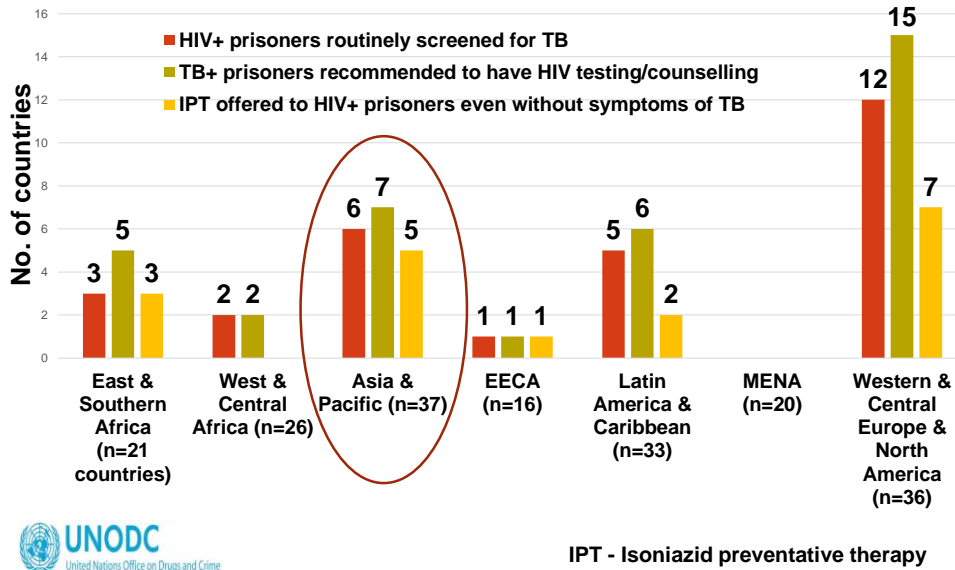
88 countries treat

Availability of PEP in prison, by region



45/189 countries provide PEP

Collaborative services to reduce burden of TB among PLWH in prison



High mortality; HIV, TB & HIV / TB (2015-17)

AIDS-related mortality

22 countries reported **299** deaths

TB-related mortality

23 countries reported **333** deaths

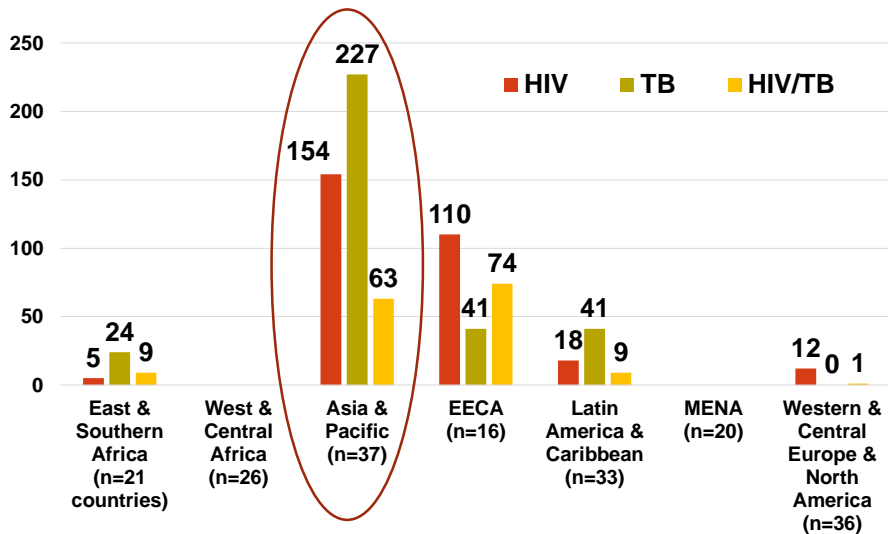
HIV / TB-related mortality

19 countries reported **156** deaths



788 total deaths

HIV, TB & HIV / TB mortality, by region (2015-17)



Recommendations

- Scale-up access to HIV & TB prevention, screening & treatment in prison
- Make UN's Comprehensive package available to all prison populations
- Adhere to UN's Mandela Rules – Right to Health
- Improve availability of data - Strengthen evidence-based response
- Provide guidance/support to prison authorities



Conclusions

- High prevalence of HIV & TB
- High levels of mortality
- Inadequate access to healthcare
- Criminalisation of drug use & sexual behaviours contribute to overcrowding
- Conclusions are limited due to lack data

