

LEAVE NO ONE BEHIND: HIV TESTING, TREATMENT AND AIDS-RELATED MORTALITY AMONG PEOPLE IN PRISON

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Introduction:

HIV and TB are the main causes of mortality among prisoners globally. Burdened with a high prevalence of HIV and co-infections such as tuberculosis (TB), prisoners also face barriers accessing HIV prevention and treatment. Knowledge of one's HIV status is essential before initiating treatment, which can reduce mortality. Mortality rates continue to rise due to the inconsistent availability of HIV testing and treatment in prison. Global availability of post-exposure prophylaxis (PEP) to prisoners also varies. We aim to identify gaps in HIV testing and treatment and determine AIDS-related mortality rates among prisoners.

Methods:

In 2017, a global prison survey commissioned by the UNODC was disseminated to 189 countries, inviting prison authorities to participate. A systematic literature review was also conducted, covering information from 2013-2017. Data were collected on the availability of the 15 interventions in the UN Comprehensive Package, including HIV testing, treatment and AIDS-related mortality data.

Results:

HIV testing and treatment were provided in 78 and 86 countries respectively with treatment being unavailable in two countries. PEP was available in 44 countries yet unavailable in 51 countries. Between 2014-2017, 351 AIDS-related deaths and 173 HIV/TB-related deaths occurred among prisoners. One country in the Asian and Pacific region reported 126 AIDS-related deaths and 80 HIV/TB-related deaths during 2015-16, while one Eastern Europe and Central Asian country reported 110 AIDS-related deaths and 74 HIV/TB deaths.

Conclusion:

Mortality rates are likely to be higher due to low data availability and the HIV status of prisoners often unknown due to inadequate access to testing. Evidence-based action is needed to drive progress towards the target of; 90% diagnosed, 90% treated and 90% virally suppressed by 2020. Countries need support to scale-up testing and treatment. No one can be left behind, hard to reach populations such as prisoners must be included in the response.

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