

Facts and Figures HIV and Prisons

- 30 million people in closed settings every year
- Predominantly male
- People who use or inject drugs can constitute up to 50% of the prison population
- Over-representation of key populations

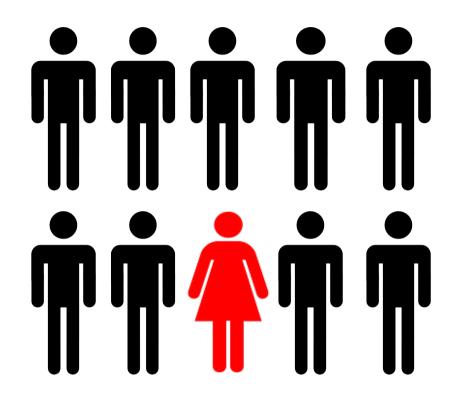
HIV, Hep B & C and TB In Prisons

- Prevalence of HIV,
 hepatitis B & C and TB
 among prison populations
 2 to 10 times higher
- TB incidence rates average23 times higher



Women and Juveniles in Prisons

- Women represent 5-10% of the prison population
- Women in prison have a higher HIV prevalence and also face a particularly higher risk of contracting TB
- Sexually transmitted infections and HIV are prevalent among detained youths



Prison Conditions

Prison Occupancy Rates in 2010 - 2011



Overcrowding, poor ventilation and other substandard living conditions can increase the risk of HIV transmission and TB infection among people living in prisons

Global Commitment to Uphold the Rights of People Living in Prisons

- The revised UN Standard Minimum Rules for the treatment of Prisoners (the Nelson Mandela Rules)
- The Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders (the Bangkok Rules)
- UNGA Political Declaration on HIV and AIDS

UNAIDS Strategy 2016-2021

2030 Agenda for Sustainable Development



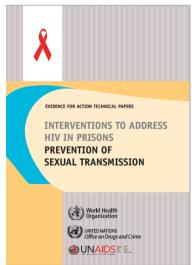






What works: UNODC ILO UNDP WHO UNAIDS Comprehensive Package





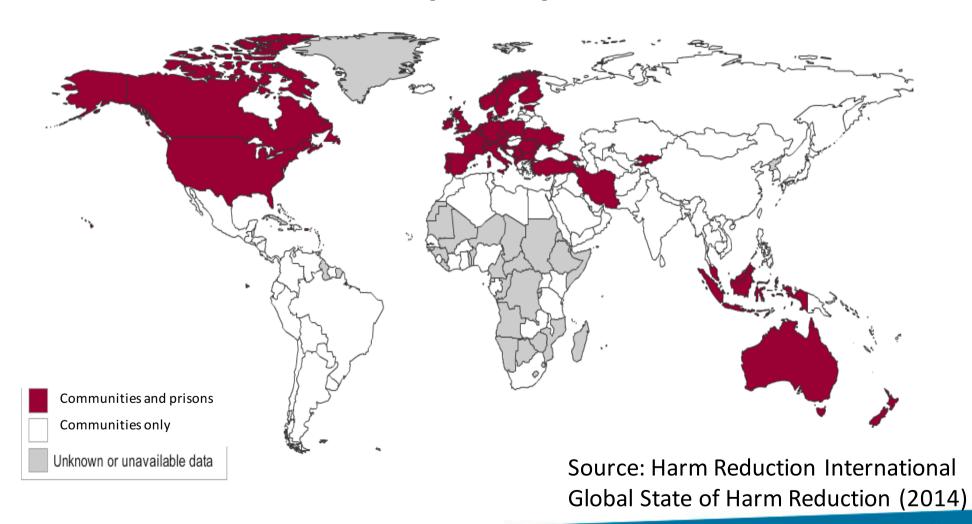
- 1. Information, education, communication
- 2. Condom programmes
- 3. Prevention of sexual violence
- 4. Drug dependence treatment including OST
- 5. Needle and syringe programmes
- 6. Prevention of transmission through medical services
- 7. Prevention through tattooing, piercing and other skin penetration
- 8. Post exposure prophylaxis
- 9. HIV testing & counselling
- 10. HIV Treatment, care and support
- 11. Prevention, diagnosis and treatment of TB
- **12. PMTC**
- 13. Prevention of STIs
- 14. Vaccination, diagnosis & treatment of hepatitis
- 15. Protecting staff from occupational hazards

Gaps in HIV services in prisons

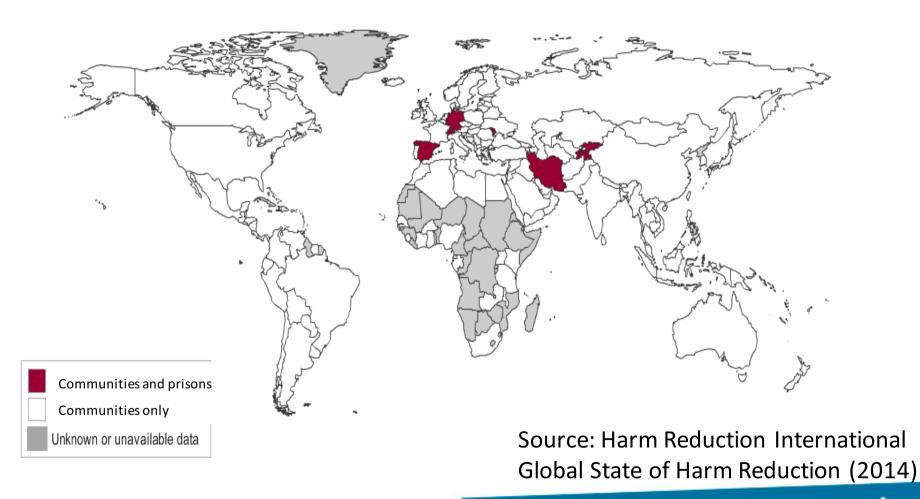
- Health care in prison settings is typically limited and often not equivalent to those provided in the community
- Lack of continuity of care, integration, SRH and PMTCT
- Mandatory HIV testing and lack of confidentiality

 Absence or limited harm reduction services in prisons, especially opioid substitution therapy (OST), the needle and syringe programme (NSP) and condom provision

OST is available in prisons in only 43 countries (2014)



NSP is available in prisons in only 8 countries (2014)



Way Forward

Extend evidence-informed, rightsbased, age and gender-responsive HIV prevention treatment and care measures to all people in prisons and other closed settings

Institute stronger accountability and improved availability of strategic information to guide policies, strategies and actions

To end the AIDS
epidemic by
2030, leaving no
one behind
including people
living in prisons

Improve quality and increase coverage of comprehensive HIV services

Align efforts to develop and implement prison reform initiatives including improving the working and living conditions

Take joint actions to develop and implement criminal justice reform programmes including alternatives to incarceration

Thank You!



