UNODC/WHO/UNAIDS technical guidance template for GF HIV proposals R11 (and GF TB proposals)

UNAIDS I World Health Organization

Comprehensive HIV and TB programmes for people in detention

Rationale for including this activity in the proposal

Prisons are often left out of efforts of countries towards achieving universal access to HIV and TB prevention, care and treatment. UNODC, WHO and UNAIDS advocate for the implementation of evidence-based interventions that aim to ensure access for populations at higher risk. This includes a comprehensive programme for the prevention, treatment and care of HIV and TB among people who live in prisons and other closed settings [1]. This guidance describes how interventions for people who live in prisons are to be incorporated into country proposals to the Global Fund.

Situation analysis

Globally, at any given time there are over 10 millions people held in prisons, and more than half of them in pre-trial detention. Considering the high turnover in the prison population, each year over 30 millions people spend time in prisons, and most of them return to the community. These figures do not take into account the populations in compulsory drug dependence treatment centres, in institutions for children, or in police stations. Women in prisons represent a minority of the population (5-10%) but are at higher risk than men in prisons due to their particular profile[2]. Some women are accompanied by their young children or give birth while in prisons. In some regions of the world, people who use or inject drugs constitute the majority of the prison population. The prevalence of infectious diseases such as HIV, other sexually transmitted infections, viral hepatitis B and C, and tuberculosis among prison populations tend to be much higher (up to 50 times), than in the community. HIV and TB affect prisons in all the regions of the world. In many countries, TB is the first cause of mortality. The higher vulnerability of people entering in prisons together with overcrowding, poor hygiene and nutrition, violence, lack of accesss to basic health services and higher prevalence of various communicable diseases, are responsible for the high rates of morbidity and mortality related to HIV and TB.

All modes of transmission occurring in the community (blood, sexual and mother to child transmission) also occur in prisons. HIV is transmitted in prison settings through the sharing of contaminated injection equipment among people who inject drugs, unsafe sexual practices, unsafe skin piercing and tattooing practices or body modifications, and blood-to-blood transmission resulting from sharing of shaving razors, blood sharing/'brotherhood' rituals and the improper sterilisation or reuse of medical or dental instruments.

The health of staff working in prisons is also affected by the unsatisfactory prison conditions.

Objectives for this area

Preventing HIV and TB among people who are in detention – and providing them with effective treatment – are essential components of national HIV /TB responses, yet often present major challenges despite the evidence on their effectiveness[3]. Effective policies to prevent HIV, TB and viral hepatitis inside prisons and other correctional institutions are often hampered by the denial of the existence of the factors that contribute to the spread of HIV and TB. As a consequence, data are not (or poorly) collected in prisons. There is an urgent need for countries to collect evidence, develop appropriate responses and monitor the situation. Health care in prisons is often poor and operates in isolation from public health and community services. Continuity of care between community and detention centres is often disrupted. But prison health is an important element of public health as the HIV and TB situations in prisons and other closed settings affect the entire community.

Focus populations

- People who live in prisons and other closed settings (including pre-trial detention)
- People who use / inject drugs who live in prisons and other closed settings (including pre-trial detention)
- Other key populations including sex-workers, men who have sex with men (MSM), transgender people living in prisons and other closed settings (including pre-trial detention)

Key activities to consider

People in detention have the right to access health care equivalent to that available to the general community[4]. All HIV/TB prevention, treatment and care interventions, including harm reduction interventions, available in the community, should also be available for prisoners and prison staff. The following activities should be conducted in prisons, based on the specific situation in the country[5],[6],[7]

- **Situation assessment, surveillance of HIV, TB and viral hepatitis**
- **Access to information (IEC), peer education and outreach**
- **Access to Voluntary HIV Counselling & Testing (VCT)**
- **Prevention, diagnosis, treatment of STIs and condom programming**
- **Access to sterile drug injecting equipment (through needle and syringe programmes) and tattooing equipment**
- **Access to drug dependence treatment including opioid substitution therapy**
- **Access to antiretroviral drugs for treatment (ART), post-exposure prophylaxis (PEP) and PMTCT**
- **Access to protective equipment for staff**
- **Conjugal visiting rooms and prevention of sexual violence**
- **Universal precautions: safe medical & dental care**
- **HIV/TB collaborative programmes and prevention, diagnosis and treatment of TB**
- **Prevention, diagnosis and treatment of hepatitis B and C**
- **Access to palliative care and to compassionate release**
- **Ensure through-care: continuity of care for HIV, for TB and for drug dependence treatment**

Some countries implemented interventions and policies in prisons that are not based on evidence, such as compulsory HIV testing[8], compulsory drug dependence treatment, or isolation of people living with HIV. These interventions are not recommended and are not part of an effective HIV programme in prisons and other closed settings.

Often countries lack data on the situation and needs of the population in detention and staff working in these settings[9] [10]. An assessment of the situation can be included within global fund proposals. It is also important to ensure that existing national HIV and TB monitoring and surveillance systems include the population in prisons.

Suggested key indicators

As a matter of principle all indicators, output, outcome and impact indicators, used to monitor activities within the community, including harm reduction indicators, should be used in the prisons settings. However, in order to monitor the situation in closed settings, these indicators should be disaggregated not only by gender and age group but also by settings.

Linkage with other interventions

The activities should be delivered using a range of modalities, including community outreach and peer-to-peer work, and should be implemented in close collaboration with national health programmes for HIV, TB, drug dependence treatment and sexual and reproductive health. National guidelines for HIV, TB, drug dependence treatment and for sexual and reproductive health, should be implemented in the prison settings. Services should also be delivered within a human rights and public health approach, alongside supportive legal and policy frameworks (or advocacy for their development).

Approach to costing

Global Fund resources should be used to fund evidence-based activities, including those targeting populations in prisons. As such, the Global Fund is the major source of international funding in low- and middle-income countries.

According to Global Fund policy, all proposals in the Targeted Funding Pool must focus 100 percent of their budget on underserved and populations at higher risk and/or highest-impact interventions within a defined epidemiological context [11][10]. In addition, lower-middle and upper-middle income countries applying to the General Funding Pool must focus fifty percent and one hundred percent, respectively, on these populations and/or activities – and low income countries are strongly encouraged to do so as well. The performance-based funding model of the Global Fund is also designed to encourage the inclusion of activities with proven and measurable impacts, and the Technical Review Panel consistently places emphasis on activities that demonstrate value for money[12] [11]. The monitoring of the interventions for prison populations, requires for the countries submitting application for TB or HIV to Global Fund to clearly identify activities and related budgets targeting the prison populations.

Type and sources of technical assistance which may be required during implementation

Applicants are advised to make use of the full range of information notes and guidance provided by the UNODC, WHO and UNAIDS and the Global Fund, as well as the technical assistance on offer from partners, and the numerous technical guides and support documents available – some of which are listed at the end of this note.

Main stakeholders at country level should be involved in implementing programmes.

Links to key reference materials

1 UNODC/WHO/UNAIDS (2006) HIV Prevention treatment care and support in prisons: a framework for an effective national response www.unodc.org/pdf/HIV-AIDS_prisons_July06.pdf

2 UNODC/UNAIDS Women and HIV in prison settings www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf

3 WHO, UNODC, UNAIDS (2007). Evidence for action: effectiveness of interventions to address HIV in prisons. www.who.int/hiv/pub/idu/prisons_effective/en/index.html

4 Health in Prisons, a WHO guide to the essentials in prison health http://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf

5 UNODC/WHO/UNAIDS (2008) HIV and AIDS in places of detention: A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings www.unodc.org/documents/hiv-aids/V0855768.pdf

6 WHO/UNODC/UNAIDS (2008) Policy Guidelines for Collaborative TB and HIV Services for Injecting and other Drug Users: an integrated approach http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf

7 USAID/TBCTA/ICRC Guidelines for control of tuberculosis in prisons www.tbcta.org//Uploaded_files/Zelf/GuidelineTBPrisons1252321251.pdf

8 UNODC/WHO/UNAIDS (2009) Policy Brief: HIV testing and counselling in prisons and other closed settings. http://www.unodc.org/documents/hiv-aids/UNODC_WHO_UNAIDS_2009_Policy_brief_HIV_TC_in_prisons_ebook_ENG.pdf

9 UNODC /EMCDDA 2010 HIV in prisons: Situation and needs assessment toolkit (Advance copy) http://www.unodc.org/documents/hiv-aids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf

10 UNODC Protocol on Assessing Drug Use and HIV in Prison Settings (2009) http://www.unodc.org/documents/hiv-aids/publications/UNODC_MENA_2009_Protocol_on_assessing_drug_use_and_HIV_in_prison_settings_-EN.pdf

11 The Global Fund (2011). Information Note: Eligibility, Counterpart Financing and Prioritization.

12 The Global Fund (2011). Information Note: Value for Money.

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org