#1

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Page 1: Focus Group Discussion report to UNAIDS

Q1

Please share with us information about your organization

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Q2

What was the theme of your discussion?

Theme discussed:	**HIV in prison**
Participants (number, composition, anything else you would like to share about participation):	**47**
What was the geographical scope of the discussions: Global, regional, national, other?	**Global**

Q3

What were the main topics shared on the theme of your discussion to introduce the subject?(please share messages and/or data you used to guide your discussion)

a)	**Reaching people in need: Availability, accessibility, quality and coverage of HIV services for people in prison**
b)	**The structures that respond to HIV: Human and financial resources, domestic and international support, partnerships**
c)	**Contextual environment: Legislation, policies, strategies, culture, prison living and working environment**

Q4

People-centred response to HIV - key emerging issuesReaching the person

How do we see the current situation?	**Weak linkages between prison and community health care services, weak referral process leading to interruption of services, servies not evenly distributed across facilities, low coverage of HIV testing, ARVs not available everywhere, inadequate HIV prevention measures, services for PWUD need to reach out to those in need, lack of mental health programmes,**
What concerns us?	**COVID-19 has impacted the health system in prisons. There are no COVID-19 prevention measures in place before admitting newcomers. Lack of COVID-19 testing of newcomers and long waiting times for results.**
What gives us hope?	**Health care staff is enthusiastic and proactive in seeking alternate means for testing and treatment for infections. More CSOs are actively engaging with prison services to provide legal advice and psychosocial support.**
What constrains our ability to achieve our goals?	**Poor coordination of services between prisons and government structures. Punitive laws and policies regarding people who use drugs – In some countries, laws are too strict and need to be revised.**

Q5

People-centred response to HIV - key emerging issuesThe structures that respond to HIV

How do we see the current situation?	**Low resource allocation, some progress observed re NGO/CSO involvement and partnership, over last 20 years shift observed from MoJ to MoH playing a more active role in health care delivery in prisons, in some countries, suboptimal link between relevant government authorities, HIV no longer considered significant health threat in prison - replaced by HCV and now COVID-19. Focus on HIV has decreased with HIV now considered a chronic condition, data sharing not optimal in some countries, partnerships needed to support a comprehensive response and to avoid duplication/fragmented work, the symbolic inclusion of prisons is insufficient to have a real impact**
What concerns us?	**UNODC HIV in Prison comprehensive package not fully implemented, e.g. OST/NSP/condom provision is inadequate. HIV/AIDS treatment has improved, but the sustainability of HIV services in prisons is a challenge. While governments commit to having a treatment programme, they are not sustaining it. Lack of preparedness for COVID-19 in prisons – lack of inclusion in emergency health planning at the domestic level. How are countries to integrate COVID-19 into existing disease responses in prisons (testing, preventive measures, PPE, medical isolation)? Congestion is a serious concern regarding the contagious disease response including for COVID-19. Access to medication is a challenge due to the COVID-19 lockdown.**
What gives us hope?	**Due to increased international advocacy efforts, political will regarding the right to health in prison as increased in some countries. Evidence-based information is crucial. Early release schemes due to the COVID-19 pandemic. NGOs and CSOs' role in social integration has improved in some countries. Prison visibility will hopefully be enhanced in the new UNAIDS strategy. Lessons will be learned from the COVID-19 response.**
What constrains our ability to achieve our goals?	**Some countries report a sub-optimal link between the relevant government authorities, indicating a need for greater coordination. Sharing of information is sub-optional in many countries, and the evidence base is weak due to low prioritization of academic research in the field of prison health. The inclusion of the word prisoners in national strategies or responses is often only a symbolic gesture. HIV services are not sustained when donor funding for project ends.**

Q6

People-centred response to HIV - key emerging issuesContextual environment

How do we see the current situation?	**In Pakistan, prisons are overcrowded and show a high HIV infection rate. Currently, prison staff is being tested for COVID-19. In Iran, the current situation of HIV is better than it has been in the past. There has been a decrease in infections and an increase in the distribution of ART. However, monitoring of viral load is irregular. COVID-19 poses a threat to people living with HIV in Iranian prisons. In Mauritius, regular HIV testing and screening was done upon admission to prison, and those who tested positive received treatment. However, due to stigma and prejudice, no needle exchange programmes or condoms provision are available in prisons. Morocco has a problem with overcrowded prisons due to the criminalisation of drug use. There is a need to reinforce advocacy to repeal some laws. In South Africa and Lesotho, HIV has been side-lined due to COVID-19, which will lead to loss of significant data collection opportunities. Monitoring of prisons is absent in South Africa, and overcrowding remains high due to a high number of arrests for violations of state regulations. The situation regarding HIV and TB is unclear. Senegalese legislation is outdated and needs to be amended to address HIV adequately.**
What concerns us?	**In South Africa, due to COVID-19 and the absence of monitoring in prisons, it is difficult to ascertain the current situation regarding HIV infection rates, violence, sexual violence, which are a massive cause of HIV infections in prisons. Overcrowding is a major issue. Health systems are overburdened with testing the general population for COVID-19, which is hindering ongoing testing for HIV in prisons.**
What gives us hope?	**Now is the best time to approach governments to implement better measures to deal with health and safety needs in prisons. We need to prioritize the human rights of people in prison in our responses and put pressure on governments to do the same. Stigma in many countries around HIV and AIDS needs to be addressed, particularly in prisons.**
What constrains our ability to achieve our goals?	**High rates of stigma and discrimination around HIV and AIDS hinder the implementation of measures and strategies. The current focus on COVID-19 might marginalize HIV topics in the public health debate.**

Q7

Emerging patters - the person, the structures, the context

a)	**Improved collaboration is needed between stakeholders in the HIV in prison response, with better inclusion of prisons in public health responses, and ensured sustainability of health services by governments.**
b)	**Prison overcrowding needs to be addressed, especially in the context of COVID-19.**
c)	**A comprehensive HIV response is needed in prisons, including all key interventions such as NSP, OST and condom provision. For this, stigma and discrimination need to be reduced.**
d)	**The response to COVID-19 is threatening the sustainability of HIV services.**

Q8

Recommendations from Wolrd Cafe session

CONTINUE(what is working that we must continue to do?)	**Promote community service (and other alternatives) instead of imprisonment. Advocate for the government to strengthen human rights and gender-specific approaches to health in prison. Advocate for improvement of prison health governance in various countries. Support prison authorities via training on HIV and substance abuse, harm reduction services, and allow them to participate in the Global Fund Country Coordinating Mechanism (CCM) for HIV. Make a sustained effort for capacity building of prison staff. Support and advocate for HIV harm reduction services in prison. This needs to be scaled up significantly – both in quantity and in quality. As of 2019, only 54 countries were providing OST in at least one prison, and NSP was available in at least one detention in only 10 countries. Availability of methadone in prisons needs to be upscaled. Collect data on drug use and HIV in prisons. Data collection should be further disaggregated (including gender, race, and age) and rely on multiple sources – rather than on government data alone. Continue to address sexual violence in prisons also as a strategy to reduce HIV and STIs. Implement strategies for continuity and sustainability of interventions, programmes, and activities provided in prisons by NGOs and other stakeholders, despite the uncertainty around COVID-19. Strengthen coordination between CSOs and governments to allow strategies which have been initiated to grow. Work with communities and civil society, including incarcerated and formerly incarcerated people.**

STOP(what must we stop doing, that if we don't stop will ensure failure?)	**Ambiguous messaging by the UN system on decriminalisation of drug use and possession for personal use. Particularly problematic is some UN agencies' resistance to adopt the UN System Common Position on drug policy as the key policy reference: this may hinder UN and domestic efforts to achieve decriminalisation. Disproportionate punishment of drug offences. This has a particularly dire impact on women and ethnic minorities. Arrest and incarceration for drug offences have continued during the COVID-19 pandemic, with detrimental effects on individuals and on public health. Inadequate prison decongestion measures in the context of COVID-19, which has a negligible impact on reducing prison overcrowding. Particularly grave is the exclusion from eligibility for release people detained for drug offences in many countries, regardless of their health status and the prison system's ability to protect their health and safety. Discrimination in drug law enforcement (including arrest and incarceration) and targeting of black and brown individuals and communities. Excessive and ineffective reliance on – and funding of - criminal justice responses against public health responses, hindering of states' ability to effectively address HIV in prison and in the community. Isolating people who are living with HIV in prison, as this increases discrimination and stigma. Concealing same-sex activities in prisons, because considering it taboo does not stop it from happening. Measures and practices that are not backed by evidence: both in terms of HIV and drug control. Ignoring the fact that people in prison and prison health are inseparable from public health.**

START(what are we not doing that we have to start doing?)	**Support and advocate towards decriminalisation of drug use and possession for personal use. Criminalisation is the key legal barrier in reducing the spread of HIV. Establish alternatives for imprisonment for women (Bangkok Rules). Better data collection on drug use in prison and drug detention centres (disaggregated by gender, race, age, and status) and substantial engagement with communities and civil society in data collection and analysis. Make data transparent and accessible to civil society to ensure accountability and allow for more evidence-based research and advocacy. Strengthen engagement of health ministries and relevant authorities in health care and harm reduction in prison (as opposed to security/law enforcement). Extend coverage of HIV services to other detention settings, including immigrant detention. Attention is urgently needed to close down compulsory drug detention centres. Continue and upscale programmes in the comprehensive package for prisons, because many of these programmes are not sized for sufficient coverage and are only implemented in symbolic quantity. Start addressing sexual and gender-based violence in prison as a driver for HIV transmission, such as in South Africa. Address reproductive health needs of women living in prison and other closed settings. Implement mental health services in prisons, ensuring a proper handover to health services after release. Focus more on prison's staff occupational health, because the HIV vulnerability among them is as high as among people living in prison. Address all issues related to HIV: poverty, homelessness (keeping in mind the Maslow's triangle of needs) to provide tailored strategies for HIV prevention, treatment, and care. Make clear and persistent links between gender-based violence and HIV in the general population and sexual violence and HIV in prison through training, awareness-raising, and legislative and policy reform. Strengthen linkage between prisons and public health services in the community to ensure continuity of care after release and improve social integration. Assist governments regarding independent monitoring and oversight of prison facilities with transparency prioritized via regular and full data collection and dissemination. Address minors' unique vulnerabilities to sexual violence, mainly when housed with adults; and their consent to HIV/HCV treatment in prison and on return to their communities.**
What is the one key recommendation you want to reiterate for strong consideration?	**Address the issue of prison overcrowding by reviewing punitive laws, promoting alternatives to imprisonment.**

Q9

A final message to UNAIDS Progamme Coordinating Board on the Strategy

Include prison health reform that ensures an enabling environment for people living and working in prison.

Q10

What are some background documents or references you can share with us?

Notes Breakout Groups FGD HIV in Prison.pdf (154.5KB)