# HIV AND PEOPLE IN PRISONS AND OTHER CLOSED SETTINGS

**HUMAN RIGHTS** FACT SHEET SERIES 2024

## OVERVIEW

It is estimated that on any given day in 2024, there were around 11.5 million people in prisons and other closed settings *(1)*.[1] Prisons and other closed settings have a high prevalence of HIV, hepatitis B and C, and tuberculosis (TB) infections.

**People in prisons and other closed settings are two times more likely to be living with HIV**

**than adults aged 15–49 years in the general population** *(2)*.

**Prisons and other closed settings are often seriously neglected in country responses to address HIV**. Access to HIV prevention, treatment and care services is often interrupted on admission, transfer and release *(3, 4)*.

**People in prisons and other closed settings have the right to the highest attainable standard of health and to accessible health services, including for HIV and TB, without discrimination. The services should be equivalent to those available in the community** *(5, 6)*.

[1] In this fact sheet, the term "prisons and other closed settings" refers to all places of detention within a country. People detained in criminal justice and prison facilities include adult and juvenile males, females, transgender people and gender diverse people detained during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing.

UNAIDS

# THE DATA

In 2023, the global median HIV prevalence of 1.3% among people in prisons and other closed settings (70 reporting countries)

**was twice that of the general adult population** (aged 15–49 years) *(2)*.

Among 51 reporting countries, **the prevalence in prisons and other closed settings of HIV and TB coinfection can reach up to 19%, which may include multidrug-resistant TB** *(2, 7)*.
**The prevalence of HIV and hepatitis C virus coinfection can reach up to 53%** *(2)*.

**It is estimated that approximately 2.2 million people are in prison who were sentenced for drug-related offences, of which 22% are for possession for personal use** *(8)*.

**Among countries reporting to UNAIDS on HIV services in prisons and other closed settings between 2017 and 2024** *(9)*:

**9** of 133 had needle–syringe programmes in at least one prison.

**29** of 132 had opioid agonist maintenance therapy programmes in at least one prison.

**53** of 128 had condoms and lubricants available in at least some prisons.

**113** of 134 had a policy that HIV testing was available at any time during detention or imprisonment.

**56** of 91 had hepatitis C treatment available in prisons.

Among the 37 countries that reported on antiretroviral therapy coverage among people in prisons and other closed settings between 2020 and 2024, **only 18 countries reported coverage above 95%, and five countries reported coverage below 50%** *(2)*.

## GLOBAL AIDS TARGETS 2025

**95% of people living with HIV in prisons and other closed settings know their HIV status, 95% who know their HIV-positive status are on treatment, and 95% on treatment have a suppressed viral load.**

**90% of people in prisons and other closed settings used condoms at last sexual activity with a non-regular partner.**

**90% of people who inject drugs in prisons and other closed settings used sterile needles and syringes at last injection.**

**15% of people in prisons and other closed settings use pre-exposure prophylaxis in very high-risk settings.**

**100% of people in prisons and other closed settings have regular access to appropriate health system or community-led services.**

**90% of people in prisons and other closed settings have access to post-exposure prophylaxis.**

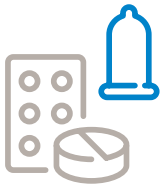
**90% of people in prisons and other closed settings have access to integrated HIV, TB and hepatitis C services.**

# INTERNATIONAL RIGHTS, OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

**People in prisons and other closed settings have the same rights as everyone else, except for lawful limitations caused by incarceration. People in prisons and other closed settings continue to have the rights to health, privacy, non-discrimination and freedom from violence** *(5, 6, 10)***. States have an obligation to provide medical treatment and preventive measures on an equal basis with those provided in the community; with specific needs of different populations met; and ensuring continuity of treatment and care, including for HIV, TB and other infectious diseases.** *(5, 11)*.

Health ministries should provide and be accountable for health services provided in prisons and other closed settings *(12)*.

Under the right to health, **states have an obligation to provide HIV and harm reduction, TB, sexual and reproductive health, mental health and other services** *(5, 27–33)*.



International human rights bodies and experts have recommended the decriminalization of consensual same-sex relations *(15)*, all aspects of sex work *(16–19)*, gender identity *(20)*, and HIV exposure, nondisclosure and transmission *(19)*, and to find alternatives to criminalization for drug use and possession for personal use *(19, 21)* as a critical element in protecting against rights violations and ensuring the enjoyment of rights, including the right to health *(22–24)*.

**The deprivation of liberty must only be on the grounds of, and in accordance with procedures established by, law. It cannot be arbitrary or discriminatory** *(13)***. Where appropriate, states should use noncustodial measures** *(5)***. Pretrial detention and imprisonment should be restricted to measures of last resort** *(13, 14)*.

**Gender-specific health-care services, at least equivalent to those available in the community, should be provided to women in prisons and other closed settings, including transgender women.** Women should be examined or treated by a female health service provider, if requested *(25, 26)*.

The United Nations Office on Drugs and Crime and the World Health Organization recommend 15 comprehensive and essential interventions for effective HIV prevention, testing, treatment and care in prisons and other closed settings, which reflect international obligations *(22, 24)*. In terms of HIV, the interventions include HIV prevention, testing and treatment, including condoms, lubricants and harm reduction services, and post-exposure prophylaxis; measures to address sexual and reproductive health; guidance for strengthening gender-responsive approaches and prevention of vertical transmission; and specific interventions for people from other key populations (such as gender-affirming care for transgender and gender diverse people), women, adolescents and young people *(3, 24, 26)*.

**People who use drugs have the right to continued access to harm reduction services including opioid agonist maintenance therapy, sterile needles and syringes and drug overdose prevention and management** *(31, 34)*. The intentional withholding of drug treatment may amount to a form of torture or ill-treatment *(35, 36)*.

**Compulsory treatment, rehabilitation and detention centres for drug use or sex work have been found to breach international human rights obligations, including the right to be free from torture and cruel, inhuman and degrading treatment. United Nations human rights bodies and experts and 12 United Nations agencies have called for their immediate closure** *(37–41)*.

Where transgender people in prisons and other closed settings are accommodated according to their birth gender, especially transgender women, this paves the way to sexual abuse and rape *(26, 42)*. **LGBTQIA+ people in prisons and other closed settings should have their concerns taken into account when making decisions on placement** *(26, 43–45)*.

**Training should be provided to prison personnel to address stigma and prevent violence and discrimination against people living with HIV and LGBTQIA+ people in prisons and other closed settings** *(26, 27, 46, 47)*.

Community-based organizations, and especially community-led organizations, must be involved in developing and implementing effective HIV responses from police engagement and pretrial dentition to to after release, including involving representatives from different prison population subgroups and key population-led organizations *(48)*.

# KEY RESOURCES FOR FURTHER INFORMATION

- United Nations General Assembly United Nations standard minimum rules for the treatment of prisoners ("the Nelson Mandela Rules"), 2015.
- UNODC The Bangkok Rules: United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders, 2011.
- United Nations General Assembly United Nations Standard minimum rules for non-custodial measures (the Tokyo Rules), 1990.
- UNAIDS and OHCHR International guidelines on HIV/AIDS and human rights: 2006 consolidated version, 2006.
- UNAIDS Global AIDS strategy 2021–2026. End inequalities. End AIDS, 2021.
- UNAIDS Preventing and responding to an HIV-related human rights crisis: guidance for United Nations agencies and programmes, 2024.
- UNODC Technical brief 2020 update: HIV prevention, testing, treatment, care and support in prisons and other closed settings—a comprehensive package of interventions, 2020.
- Global Fund Technical brief: addressing HIV and TB in prisons, pre-trial detention and other closed settings, 2020.
- UNODC, UNDP, UNAIDS, WHO and Penal Reform International Technical brief: transgender people and HIV in prisons and other closed settings, 2023.
- ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, et al. Joint UN statement calls for the closure of compulsory drug detention and rehabilitation centers, 2012
- UNAIDS, UNODC, UNFPA and WHO. Technical Guide. Prevention of Mother-to-Child Transmission of HIV in Prisons, 2020.

*This fact sheet is produced by UNAIDS as a reference on prisons, HIV and human rights. It does not include all recommendations and policies relevant to the issues covered. Please refer to the key resources listed above for further information.*

## REFERENCES

1. 2024 Prison Matters. Global prison population and trends. Vienna: United Nations Office on Drugs and Crime; 2024.
2. Global AIDS monitoring, 2020–2024. Geneva: Joint United Nations Programme on HIV/AIDS.
3. Technical brief 2020 update: HIV prevention, testing, treatment, care and support in prisons and other closed settings—a comprehensive package of interventions. Vienna: United Nations Office on Drugs and Crime; 2020.
4. Technical brief: addressing HIV and TB in prisons, pre-trial detention and other closed settings. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2020.
5. A/RES/70/175. United Nations standard minimum rules for the treatment of prisoners ("the Nelson Mandela Rules"). New York: United Nations General Assembly; 2016 .
6. A/HRC/42/L.11. Human rights in the administration of justice, including juvenile justice. Geneva: United Nations Human Rights Council; 2019.
7. Moreira TR, Passos IBJ, Bueno JVL, Maffacciolli R, Colodette RM, Miguel PS. Prevalence of multidrug-resistant tuberculosis in prisons: Systematic review and meta-analysis. Indian J Med Microbiol. 2022;40(2):193–199. .
8. World drug report: book 6. Vienna: United Nations Office on Drugs and Crime; 2020.
9. Global AIDS monitoring, 2017–2024. Geneva: Joint United Nations Programme on HIV/AIDS.

10. E/C.12/2000/4. General comment no. 14: the right to the highest attainable standard of health (Art. 12). United Nations Committee on Economic, Social and Cultural Rights; 2000.

11. CCPR/C/UGA/CO/2. Concluding observations on the second periodic report of Uganda. United Nations Human Rights Committee; 2023.

12. Good governance for prison health in the 21st century. Copenhagen: World Health Organization Regional Office for Europe and United Nations Organization on Drugs and Crime; 2013.

13. Resolution 2200A. International covenant on civil and political rights. New York: United Nations General Assembly; 1966.

14. CCPR/C/NAM/CO/3. Concluding observations on the 3rd periodic report of Namibia. United Nations Human Rights Committee; 2024.

15. CCPR/C/50/D/488/1992. Toonen v. Australia. Communication no. 488/1992. United Nations Human Rights Committee; 1994.

16. CEDAW/C/FJI/CO/4. Concluding observations on the fourth periodic report of Fiji. United Nations Committee on the Elimination of Discrimination against Women; 2010.

17. Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, United Nations Working Group on Discrimination Against Women and Girls. A guide on the human rights of sex workers. Geneva: United Nations Human Rights Council; 2024.

18. A/HRC/WG.11/39/1. Guidance document of the Working Group on Discrimination Against Women and Girls: eliminating discrimination against sex workers and securing their human rights. Geneva: United Nations Human Rights Council; 2024.

19. A/79/177. Report of the Special Rapporteur on the right to the highest attainable standard of physical and mental health: harm reduction for sustainable peace and development. New York: United Nations General Assembly; 2024.

20. A/77/235. Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz. New York: United Nations General Assembly; 2022.

21. E/C.12/PHL/CO/5-6. Concluding observations on the combined fifth and sixth periodic reports of the Philippines. United Nations Committee on Economic, Social and Cultural Rights; 2016.

22. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2022.

23. Joint United Nations Programme on HIV/AIDS, Office of the United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme, United Nations Development Programme, United Nations Population Fund, et al. Joint United Nations statement on eliminating discrimination in health care settings. Geneva: Joint United Nations Programme on HIV/AIDS; 2017.

24. United Nations Office of Drugs and Crime, World Health Organization. Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people in prisons and other closed settings. Geneva: World Health Organization; 2023.

25. A/C.3/65/L.5. United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders (the Bangkok Rules). New York: United Nations General Assembly; 2011.

26. United Nations Office on Drugs and Crime, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS, World Health Organization, Penal Reform International. Technical brief: transgender people and HIV in prisons and other closed settings. Vienna: United Nations Office on Drugs and Crime; 2023.

27. CAT/C/KAZ/CO/3. Concluding observations on the third periodic report of Kazakhstan. United Nations Committee against Torture; 2014.

28. A/HRC/50/53. Human rights and HIV/AIDS: report of the United Nations High Commissioner for Human Rights. Geneva: United Nations Human Rights Council; 2022.

29. A/HRC/56/L.13. Human rights in the context of HIV and AIDS. Geneva: United Nations Human Rights Council; 2024.

30. CAT/C/AUT/CO/7. Concluding observations on the seventh periodic report of Austria. United Nations Committee Against Torture; 2024.

31. CCPR/C/NLD/CO/5. Concluding observations on the fifth periodic report of the Netherlands. United Nations Human Rights Committee; 2019.

32. E/C.12/THA/CO/1-2. Concluding observations on the combined initial and second periodic reports of Thailand. United Nations Committee on Economic, Social and Cultural Rights; 2015.

33. E/C.12/NOR/CO/5. Concluding observations on the fifth periodic report of Norway. United Nations Committee on Economic, Social and Cultural Rights; 2013.

34. CAT/C/BRA/CO/2. Concluding observations on the second periodic report of Brazil. United Nations Committee Against Torture; 2023.

35. CAT/C/RUS/CO/6. Concluding observations on the sixth periodic report of the Russian Federation. United Nations Committee Against Torture; 2018.

36. Istanbul Protocol: manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment. United Nations Office of the High Commissioner for Human Rights; 2022.

37. A/HRC/47/40. Arbitrary detention relating to drug policies: study of the Working Group on Arbitrary Detention. United Nations Human Rights Council; 2021.

38. E/C.12/BLR/CO/4-6. Concluding observations on the fourth, fifth and sixth periodic reports of Belarus. United Nations Committee on Economic, Social and Cultural Rights; 2013.

39. A/HRC/22/53. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Mendéz. Geneva: United Nations Human Rights Council; 2013.

40. Joint UN statement calls for the closure of compulsory drug detention and rehabilitation centers. Geneva: International Labour Organization, Office of the High Commissioner for Human Rights, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund, United Nations High Commissioner for Refugees, United Nations Children's Fund, United Nations Office on Drugs and Crime, United Nations Entity for Gender Equality and the Empowerment of Women, World Food Programme, World Health Organization and Joint United Nations Programme on HIV/ AIDS; 2012.

41. Risks, rights and health. New York: Global Commission on HIV and the Law; 2012.

42. Handbook on prisoners with special needs. Vienna: United Nations Office on Drugs and Crime; 2009.

43. The Yogyakarta Principles. Geneva: 2006.

44. Yogyakarta Principles plus 10. Geneva: 2017.

45. A/HRC/35/23. Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings: note by the Secretariat. Geneva: United Nations Human Rights Council; 2017.

46. CAT/C/CRI/CO/2. Concluding observations on the second periodic report of Costa Rica. United Nations Committee against Torture; 2008.

47. A/HRC/56/49/Add.1. Visit to the United Kingdom of Great Britain and Northern Ireland: report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz. Geneva: United Nations Human Rights Council; 2024.

48. Community-led AIDS responses: final report based on the recommendations of the multistakeholder task team. Geneva: Joint United Nations Programme on HIV/AIDS; 2022.