HIV in Prisons
Challenges and Opportunity

UNODC

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Responding to unmet needs
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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 average 23 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

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 Non-custodial Measures for Women Offenders (the Bangkok Rules)

- UNGA Political Declaration on HIV and AIDS

- UNAIDS Strategy 2016-2021
2030 Agenda for Sustainable Development

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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

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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

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

Source: Harm Reduction International Global State of Harm Reduction (2014)
NSP is available in prisons in only 8 countries (2014)

Source: Harm Reduction International
Global State of Harm Reduction (2014)

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Way Forward

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

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

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

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.

Improve quality and increase coverage of comprehensive HIV services.

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Thank You!

@UNODC_HIV

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