

UPDATE ON HIV IN PRISONS AND OTHER CLOSED SETTINGS

Additional documents for this item: N/A

Action required at this meeting: The Programme Coordinating Board is invited to:

105. *Take note* of the report;
106. *Call on Member States to:*
 - a) introduce and scale up evidence-based, gender-sensitive and people-centred programmatic actions to ensure equal access for people in prisons and other closed settings to comprehensive and integrated HIV, tuberculosis and viral hepatitis prevention, diagnosis and treatment services, as well as to related health services and psychosocial support, including by reducing overcrowding in prisons;
 - b) reduce HIV-related stigma and discrimination in prisons and other closed settings, and create social, legal and policy environments that contribute towards improving HIV and related health outcomes for people in prisons and other closed settings; and
 - c) increase resources for HIV services in prisons and other closed settings, and integrate them into broader public health, social protection and community-based systems to ensure uninterrupted service access during stay, all stages of transfer, and after release;
107. *Request* the Joint Programme to:
 - a) accelerate technical support to members to introduce and scale up evidence-based, gender-sensitive and people-centred programmes in prisons and other closed settings to reach the 2025 targets;
 - b) support member states to generate, collect, analyse and strategically use disaggregated data on HIV and related health conditions in prisons and other closed settings, respecting confidentiality of medical information;
 - c) support partnerships between national authorities and civil society to improve access and uptake of HIV services by people in prisons and closed settings, including after release, and strengthen the involvement of people in prisons and formerly incarcerated people in national HIV responses; and
 - d) report to the Programme Coordinating Board on progress towards 2025 targets as related to people in prisons and other closed settings.

Cost implications for implementation of decisions: none

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
INTRODUCTION	5
CURRENT SITUATION OF HIV AND RELATED FACTORS IN PRISON AND OTHER CLOSED SETTINGS	8
High representation of key populations in prisons	8
Lack of comprehensive HIV interventions for people in prison	9
Legal and structural barriers to achieving the highest attainable standard of health for people in prison	11
Lack of political commitment to address HIV in prisons	11
Barriers to health care and HIV services in prison	11
Limited availability and access to services for women’s health and well-being in prison	11
Sexual and gender-based violence and exploitation	12
Lack of continuity of care and integration of prison public health	12
COVID-19 impact on prison populations and implications for sustainability of HIV services	12
Underuse of alternatives to imprisonment	13
New developments since 2017	13
GLOBAL COMMITMENTS TO ENSURE EVIDENCE-BASED, HUMAN RIGHTS AND PUBLIC HEALTH- BASED, COMPREHENSIVE HIV SERVICES IN PRISON SETTINGS	14
GLOBAL, REGIONAL AND COUNTRY RESPONSES AND INNOVATIONS SINCE 2017	15
Update on Joint Programme strategic approaches to HIV in prisons and other closed settings	15
Global/regional and country initiatives supported by the Joint Programme in 2018–2021	16
Eastern and southern Africa	17
Western and central Africa	17
Middle East and North Africa	18
Eastern Europe and central Asia	18
Asia and the Pacific	18
TOOLS AND PUBLICATIONS BY JOINT PROGRAMME COSPONSORS SINCE 2017 ..	20
CONCLUSIONS AND RECOMMENDATIONS	20

EXECUTIVE SUMMARY

1. HIV responses are largely failing key populations including people in prison and other closed settings. Since the update on HIV in prisons and other closed settings that was presented to the 41st meeting of the Programme Coordinating Board in 2017, the estimated prevalence of HIV infections among people in prisons and other closed settings increased from 3.8% to 4.3%. People held in those settings are now six times more likely to be living with HIV than adults in the general population.
2. People in prisons and other closed settings still face barriers to accessing evidence-based HIV prevention, testing, treatment and care. The numbers of countries providing HIV services have not significantly increased since last reporting. For example, the number of countries providing condoms and lubricants increased from 40 in 2017 to 45 in 2020; those with needle and syringe programmes increased from 8 to 10; and those providing opioid substitution therapy in prison increased from 52 to 59.
3. In 2016, the Joint Programme added requests for data regarding the HIV response for people in prisons to the Global AIDS Monitoring system. Information on hepatitis C infection or coinfection with HIV, and TB infection or coinfection with HIV was also sought in 2017. Data for HIV prevalence was more readily available; estimates for prevalence of hepatitis C and TB are less widely reported.
4. Available data from the Global AIDS Monitoring system show that average HIV prevalence among women in prison was 5.2% (n=63 countries) through 2020 and 2.9% (n=74 countries) among men. Among the four countries reporting for transgender people in prison, HIV prevalence was 55%. HIV prevalence was 2% among young people (under 25 years) in prison (n=32 countries) and 3.6% (n=46 countries) among people 25 years and older.
5. Addressing HIV in prisons is integrated into the core functions of the Joint Programme with United Nations Office on Drugs and Crime as the lead agency and the UNAIDS Secretariat coordinating actions, which include support to high-priority countries, generating strategic information, setting standards, building capacities, and global advocacy.
6. The *Global AIDS Strategy 2021–2026: End Inequalities. End AIDS* provides new impetus for action, in line with the 2030 Agenda for Sustainable Development Goals. The strategy uses an inequalities lens to identify and close remaining gaps and setting out clear coverage targets and priority actions, with an emphasis on HIV prevention and key populations.¹
7. In June 2021, the United Nations General Assembly adopted the *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, noting that key populations, including people in prisons and other closed settings, are more likely to be exposed to HIV and committing to tailor HIV combination prevention approaches to meet their diverse needs.
8. This report details the challenges and main achievements of countries and regions in addressing HIV prevention, treatment and care in prisons and other closed settings, as well as support provided to them by the Joint Programme on HIV/AIDS. It finds that

¹ UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services (<https://www.unaids.org/en/topic/key-populations>)

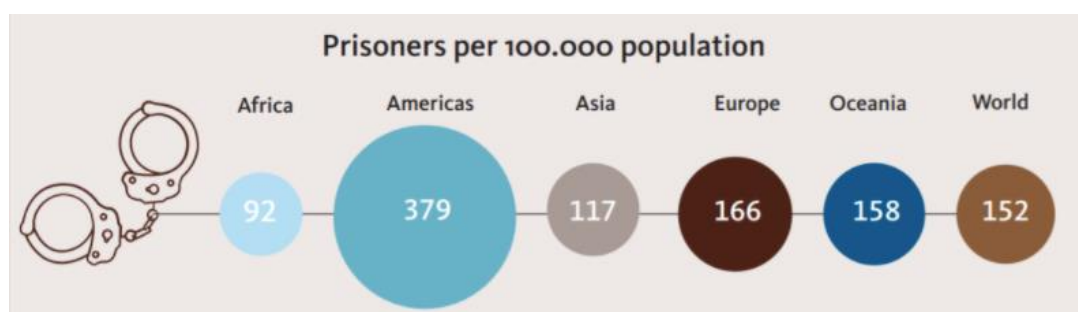
those efforts need to be intensified in light of the scale of the challenges to achieve the end of AIDS as a public health threat by 2030. To that end, several recommendations have been formulated by the Joint Programme to guide and support action under the new strategy.

- Ensure the achievement of the 95–95–95 targets for knowledge of HIV status, treatment initiation and viral suppression in prisons and closed settings, and track and measure the progress.
- Increase political commitment to address HIV and other communicable diseases, including tuberculosis in prison settings, in the context of challenges posed by the health and economic effects of COVID-19, including through preventing the use of custodial sentences for minor offences, reducing prison overcrowding and implementing measures for alternatives to imprisonment for women and juveniles, nonviolent offences, particularly for crimes not recognized under international law.
- Ensure domestic funding for HIV services in prisons by integrating them into public health systems, considering that interventions provided in prison settings ultimately benefit the community as a whole.
- Develop national strategies and guidelines for comprehensive health care that are tailored to the prison context, taking into account the specific needs of various populations in prison, including people living with HIV.
- Establish linkages with public health facilities for ensuring uninterrupted HIV services during stay, transfer and upon release from prison, and for improved data collection and monitoring of service provision in prison settings.
- Ensure meaningful engagement with civil society organizations as essential partners in addressing HIV in prison, by building their capacities and improving their resources.

INTRODUCTION

9. Worldwide, nearly 12 million people are held in prisons on any given day. There were an estimated 152 prisoners for every 100 000 people globallyⁱ in 2019, compared with 145 per 100 000 reported in 2018.ⁱⁱ These numbers exclude police/administrative custody and do not reflect the actual numbers of people who move in and out of prison annually, which remains undetermined.ⁱⁱⁱ

Figure 1. Estimated numbers of people held in prisons, by region, 2019

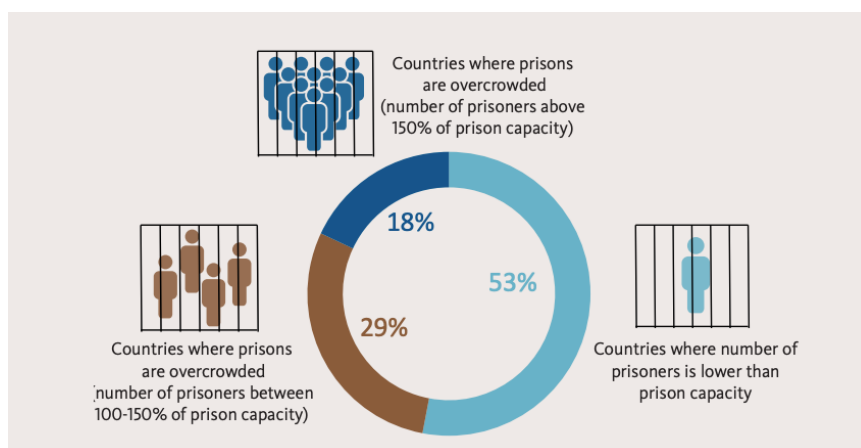


Source: Data Matters. Vienna: UNODC; 2021 (https://www.unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf).

10. HIV, tuberculosis (TB) and viral hepatitis (notably Hepatitis C) and now COVID-19 are of major concern for people in prisons and other closed settings. UNAIDS estimates that 4.3% of the global prison population is living with HIV^{iv} (which means people in prison are six times more likely to be living with HIV than adults in overall population).^v

11. Among the almost 12 million people held in prisons and other closed settings,² over 3 million are in pretrial detention,^{vi} over 740 000 are women,^{vii} over 410 000 are juveniles, and over 19 000 are children living in prison with their mothers. Most people detained in prison globally are men (93%), but in the past 20 years the number of women in prisons has increased at a faster pace than men.^{viii}
12. Although women represent a minority (7%) of the prison population, they are more likely to living with HIV than men in prison and women in the wider community. The types of activities and circumstances that bring more women into contact with the criminal justice system (sex work, drug use and poverty) are similar to those that put them at increased risk of HIV infection.^{ix x xi}
13. Ethnic minorities and indigenous people are disproportionately likely to be imprisoned.^{xii} Stigma and discrimination, marginalization and poor access to prevention interventions also expose these populations to heightened risks of HIV transmission while imprisoned.
14. People in prison have a disproportionately high rate of mental health conditions, including depression and are at heightened risk of suicide.^{xiii} Depression, fear and anxiety have been linked to risk behaviours and to abuse by other people in prison, to late HIV testing, and if infected, to nonadherence to treatment.^{xiv xv xvi} Widespread stigma and discrimination towards people with mental health issues, poor understanding of mental health, and a lack of training and support for prison staff hinder access to mental health care.
15. North America, sub-Saharan Africa and eastern Europe have experienced a long-term decrease in imprisonment rates (up to 27% decrease since 2000), while other regions, such as Latin America and Oceania, have seen a rise in imprisonment rates of up to 68%.^{xvii} As of October 2021, approximately 120 countries and territories were reported to have prison occupancy levels of over 100% and occupancy levels exceeded 200% in 21 countries.^{xviii}

Figure 2. Percentages of countries with overcrowded prisons



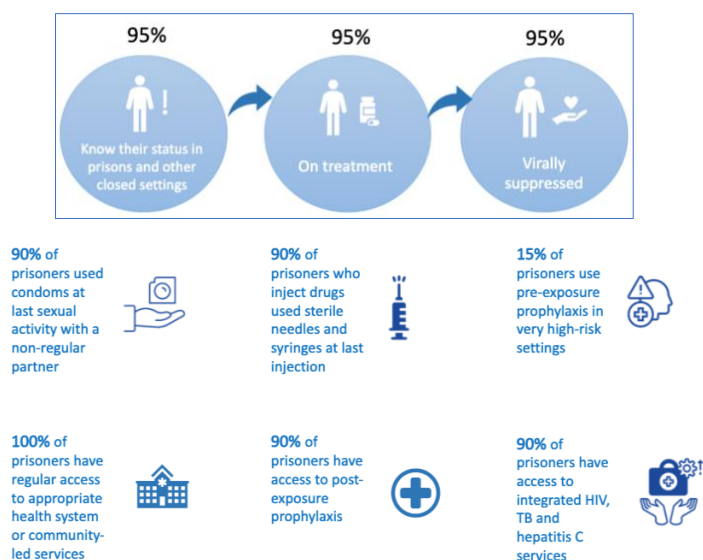
Source: Data Matters. Vienna: UNODC; 2021 (https://www.unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf).

² In this paper, the term “prisons and other closed settings” refers to all (public and private) places of detention within a country, and the term “people in prison” refers to all people held in those places, including adults and juveniles, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing

16. Over-crowding, increasing prison populations and high turnover rates (including frequent movement of people between prison facilities) increase the risk of transmission of HIV, TB and other infections not only in prisons, but also in the wider community.^{xix}
17. HIV exists in prison settings in all regions of the world, although HIV prevalence within prison populations differs from region to region. The regional average of HIV prevalence is high in sub-Saharan Africa (3.5% in western and central Africa, and 12% in eastern and southern Africa). HIV prevalence reaches up to is estimated at 11% in eastern Europe and central Asia, up to 4.5% in western and central Europe and North America, and between 1.6% and 6.9% in countries in the Caribbean.^{xx}
18. Prison systems and the nearly 12 million people held in prison have been disproportionately affected by the COVID-19 pandemic. By July 2021, nearly 550 000 people living and working in prisons in 122 countries were estimated to have tested positive for the virus, with close to 4,000 fatalities in at least 47 countries.^{xxi}
19. The higher prevalence of HIV and TB in prisons, coupled with congested settings, puts people living and working in prison at higher risk of being infected with SARS-Cov2^{xxii} and at higher risk of serious health consequences when infected, compared with the general population.^{xxiii} Conversely, the focus on preventing and controlling COVID-19 in prisons may adversely affect the availability and accessibility of prevention, testing, treatment and care services for HIV, TB and viral hepatitis.
20. In December 2017, the 41st meeting of the Programme Coordinating Board (PCB) of UNAIDS discussed the issue of HIV in prisons and other closed settings. At that meeting, the PCB requested the Joint Programme to:
 - support members in collecting and analysing disaggregated data on health conditions and services in prisons, respecting confidentiality of medical information;
 - support members, communities, including civil society organizations and relevant stakeholders, to enhance coordinated rights-based, nondiscriminatory and people-centred national responses that are tailored to address gender inequalities in order to improve the availability, accessibility, acceptability, continuity and quality of comprehensive prevention, treatment and care services for HIV and coinfections for people in prisons and other closed settings, as defined in the update on HIV in prisons and other closed settings (UNAIDS/PCB (41)/17.23) including key populations, during stay, all stages of transfer, and after release;
 - continue to support members to review discriminatory laws, policies and practices that lead to the disproportionate incarceration of people living with and most affected by HIV; and
 - report on progress and concrete actions taken on this topic at a meeting of the PCB in 2020.
21. Due to challenges posed by the COVID-19 pandemic in 2020 and to support the timeliness of the reporting, this agenda item was postponed to December 2021.
22. This report is a Joint Programme update on the 2017 report on HIV in prisons and other closed settings.^{xxiv} It describes key changes that have occurred and actions taken, and outlines the main elements of a successful HIV response in these settings, in line with decisions taken at the 41st PCB.

23. This report also presents the most recent data on the epidemiological situation in prisons and other closed settings in relation to HIV, TB, viral hepatitis B and C, and COVID-19, as well as describing the impact of COVID-19 on the sustainability of comprehensive HIV services in these settings.
24. The 2021 Global AIDS Update^{xxv} reports that people in prisons and other closed settings are often not provided HIV services despite their elevated risk of HIV and other communicable diseases.
25. The Special Session of the PCB in March 2021 adopted the Global AIDS Strategy 2021–2026, which uses an inequalities lens to identify and close remaining gaps and setting out clear coverage targets and priority actions, with an emphasis on HIV prevention and key populations.^{xxvi}
26. The Global AIDS Strategy^{xxvii} notes that progress against HIV remains fragile in many countries and acutely inadequate among key populations. The Strategy promotes the scale-up of proven HIV interventions to combat these inequalities.

Figure 3. Global targets 2025 for people in prison^{xxviii}



27. The Political Declaration on HIV/AIDS, which the United Nations General Assembly adopted in June 2021, notes that key populations are more likely to be exposed to HIV. It expresses deep concern about stigma, discrimination, violence and restrictive and discriminatory laws and practices that target people living with, at risk of and affected by HIV, as well as laws that restrict their movement or access to services. In the Political Declaration, countries commit to tailoring HIV combination prevention approaches to meet people's diverse needs.

CURRENT SITUATION OF HIV AND RELATED FACTORS IN PRISON AND OTHER CLOSED SETTINGS

High representation of key populations in prisons

28. The groups at highest risk of infection with HIV are often also those at increased risk for incarceration, such as gay men and other men who have sex with men, transgender people, people who inject drugs, and sex workers and their clients, because in many countries, these behaviours, same-sex relations and gender expression are criminalized by law.^{xxix}

Lack of comprehensive HIV interventions for people in prison

29. UNODC, ILO, WHO, UNFPA, UNAIDS and UNDP promote a comprehensive package of 15 interventions that are essential for effective HIV prevention, testing, treatment, care and support in prisons and other closed settings.^{xxx} While each of these interventions alone is useful in addressing HIV, together they form a package and have the greatest impact when delivered as a whole.

THE COMPREHENSIVE PACKAGE: 15 KEY INTERVENTIONS (2020 UPDATE)

Prevention of HIV, Hepatitis B and Hepatitis C

1. Information, education and communication
2. Condom and lubricant programming
3. Prevention of sexual violence
4. Needle and syringe programmes and overdose prevention and management
5. Opioid substitution therapy and other evidence-based drug dependence treatment
6. Prevention of transmission through medical and dental services
7. Hepatitis B vaccination and prevention of transmission through tattooing, piercing and other forms of skin penetration
8. Post-exposure prophylaxis for HIV

HIV, hepatitis diagnosis and treatment

9. HIV testing and counselling services
10. HIV treatment, care and support
11. Diagnosis and treatment of viral hepatitis

Prevention, diagnosis and treatment of TB

12. Prevention, diagnosis and treatment of tuberculosis

Gender-responsive services

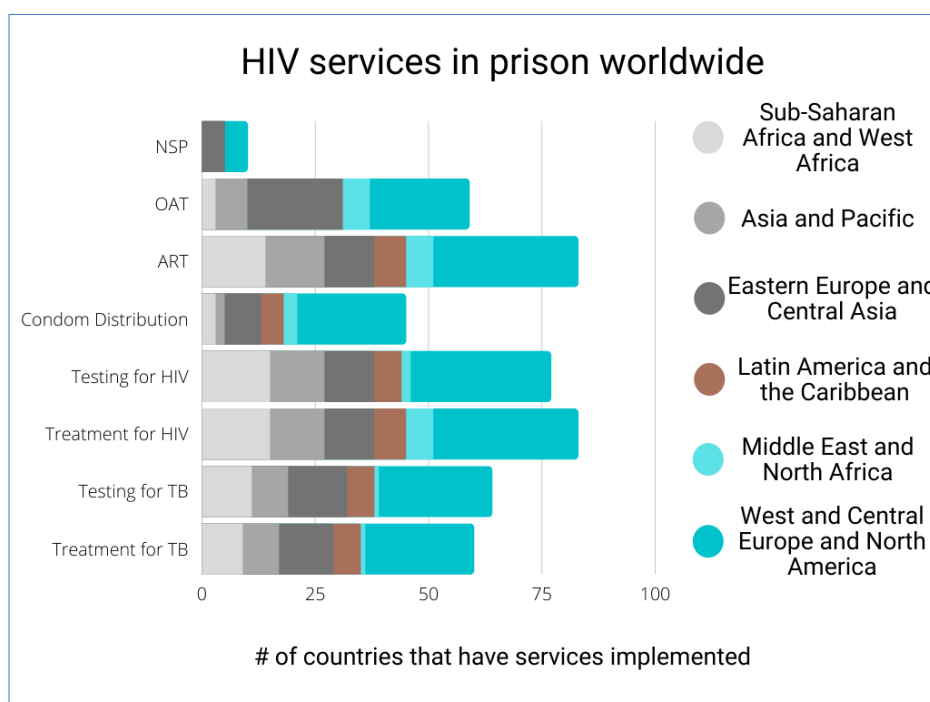
13. Sexual and reproductive health
14. Prevention of mother-to-child transmission of HIV, syphilis and hepatitis B infection

Occupational safety and health

15. Protecting staff from occupational hazards

30. In 2020, only 45 out of 189 countries reported condom provision; 79 countries reported HIV testing; 88 countries reported antiretroviral therapy provision; 59 countries reported opioid substitution therapy provision for people who use drugs; and only 10 countries had needle and syringe projects in prison settings.^{xxxii xxxiii}

Figure 4. HIV-related services in prison, by region



Source: UNAIDS country reports 2017–2020 (GAM 2020); Global State of Harm Reduction, 2020.

31. The frequency of multi-use injecting equipment is very high among people who inject drugs in prisons. After release from prison, injecting-related risk behaviour has been shown to increase, which also elevates transmission levels of HIV and other infections^{xxxiii} and contributes to high overdose rates.^{xxxiv}

32. Good practices on HIV service provision in prison settings include:

Moldova. In 2020 and 2021, 15 of the 17 prisons in Moldova were awarded the National Commission on Accreditation and Health, demonstrating that all health-care services in prisons are now provided at the same level as in the wider community. In 2021, the national prison administration provided 142 000 syringes to needle and syringe projects in prisons, and a team of five civil society organizations ensured the scaling-up of HIV testing in prisons.

Ukraine. In Ukraine, an opioid substitution therapy programme was started in 2021. It is serving 72 people in six penal institutions, with plans to expand the programme to six more facilities. A needle and syringe programme is also being piloted.

Canada. Since 2018, the Correctional Service of Canada has been rolling out a prison needle exchange programme in federal institutions across the country. Consistent with the Canadian Drug and Substances Strategy, the programme is based on comprehensive and informed evidence. It complements existing Correctional Service harm reduction measures and health-care services to limit infections in federal institutions and ensure that people released from prison reintegrate into the community in a healthy and safe manner. To date, the programmes is being implemented at 11 federal institutions.^{xxxv}

Legal and structural barriers to achieving the highest attainable standard of health for people in prison

33. Many people who are living with HIV or who are at heightened risk of becoming infected with HIV are imprisoned due to overly punitive laws, the absence of protective laws and policies, and inadequate access to justice. At least 96 countries criminalize HIV exposure, nondisclosure and/or transmission, 111 criminalize the use or possession of drugs for personal use, 134 criminalize some aspect of sex work, 72 criminalize same-sex sexual activity and 22 criminalize and/or prosecuted transgender persons.^{xxxvi}
34. Excessive use of pretrial detention has been identified as another major contributor to prison overcrowding worldwide. Despite the international legal obligation that people awaiting trial not automatically be detained in custody, pretrial detainees make up a sizeable portion of the prison population in many countries.^{xxxvii}
35. Overcrowding badly affects the quality of nutrition, sanitation and hygiene, health services, rates of transmission of HIV and other infections, the provision of care to vulnerable groups, and the physical and mental health of people in prison.^{xxxviii}

Lack of political commitment to address HIV in prisons

36. Often the health of people in prison is not a political priority. Fragmented organizational arrangements for planning, funding and commissioning, poor management and inadequate personnel and resources for health care lead to inefficiencies and gaps in services. Availability, accessibility and coverage of evidence-based HIV prevention, testing, treatment and care services remain poor. These services are also unevenly distributed across prisons. Sustainability of these services is jeopardized by reliance on donors and a lack of government resource allocation.^{xxxix xl}
37. Many countries fail to link their prison programmes to national AIDS, TB, public health or national occupational safety and health programmes, policies, guidelines or strategies. Many also fail to provide adequate occupational health services for staff working in prisons.^{xli} The lack of coordination with and subsequent isolation from public health programmes results in limited access to HIV testing and treatment. It also elevates the HIV risk of people in prison.

Barriers to health care and HIV services in prison

38. In addition to a lack of political commitment and poor integration into public health, a lack of human and financial resources to provide equivalence of care via adequate health facilities, prison staff training, sufficient numbers of qualified health-care staff, prevention commodities, medical supplies, functioning inventory and supply chains, appropriate transportation and storage, quality assurance and monitoring and evaluation of services, represent serious barriers to access to health care, including for HIV services in prisons and other closed settings. Even when health-care services are in place, a lack of trust, practices of stigma and discrimination, violence, and breaches of medical ethics may hinder uptake.

Limited availability and access to services for women's health and well-being in prison

39. Women's specific health-care needs—including access to sexual and reproductive health, treatment of infections and nutrition and hygiene requirements—are often neglected in prison settings.^{xlii xliii xliiv} The limited access for women (and their children)

to antenatal and postnatal care, labour and delivery services and antiretroviral therapy poses a serious challenge to the prevention of mother-to-child transmission of HIV, hepatitis B and syphilis.^{xlv} As a result, infants born in prisons are at high risk of acquiring HIV.

40. In many countries, women, children and juveniles are often excluded from accessing health-care services due to restricted opening hours of prison clinics, controlled access and/or delays in treatment or transport to outside health facilities.^{xlvi} Furthermore, HIV programmes are generally not available to or tailored for women in prison.

Sexual and gender-based violence and exploitation

41. Although data are limited due to under-reporting, sexual violence against men and boys in prisons and other closed settings is believed to be common. Such violence can take many forms, including rape, gang rape, sexual slavery, enforced nudity and sexual coercion.^{xlvii}
42. LGBTI (lesbian, gay, bisexual, transsexual, intersex) people report higher rates of sexual, physical and psychological violence in prison settings than the general prison population, and violence against these individuals is prevalent in prisons, according to the UN Special Rapporteur on torture.^{xlviii xlix}

Lack of continuity of care and integration of prison and public health

43. Access to HIV prevention, treatment and care services is often interrupted on admission, transfer, and release from prison. ^l Police arrest and pretrial detention centres are often not equipped for health-care provision. Legal constraints may also hinder continued provision of prevention tools such as condoms, needles and syringes, or of opioid substitution therapy, overdose prevention medication such as naloxone, antiretroviral therapy, services for preventing mother-to-child transmission, or treatment for TB, hepatitis C and other sexually transmitted infections. These shortcomings compromise the gains of treatment for HIV and TB.
44. For people who inject opioids, the risk of overdose increases upon release. Within the first two weeks of release, people who inject drugs are almost 13 times more likely to die from drug-related overdose than individuals not formerly incarcerated.^{lii liii}
45. To assess whether and where programmes currently link people released from prison to services in the community, the Joint Programme has added a continuity of care question to the National Commitments and Policies Instrument.

COVID-19 impact on prison populations and implications for sustainability of HIV services

46. The COVID-19 pandemic is one of the most severe public health challenges of the past century. National responses, however, have largely neglected prison populations. Despite prisons being highly conducive to transmission of COVID-19 (due to overcrowding, poor living conditions, limited options for physical distancing, and poorer health profiles of people in prison), many countries have lacked COVID-19 prevention measures in prisons. In some countries, prisons are not even included in emergency health planning.
47. Inadequate efforts to decongest prison settings via release schemes and alternative/community sentencing, together with continued committals, have

contributed to high rates of COVID-19 acquisition and mortality among people in prison.^{liii liv}

48. Due to the COVID-19 pandemic, some countries shifted priorities and resources, which hindered the delivery and continuity of essential public health services, including comprehensive programmes for HIV prevention, treatment, care and support for people in prison.

Underuse of alternatives to imprisonment

49. Addressing HIV in prisons cannot be separated from broader questions of criminal justice laws, policies and practices, including those related to drug use, sex work, same-sex relations and transgender people. Reducing pretrial detention and increasing the use of alternatives to imprisonment and noncustodial measures for children and for minor nonviolent offences are essential for an effective response to HIV and other health issues within prisons and other closed settings.^{lv}
50. Many of the challenges associated with HIV prevention, treatment and care in closed settings can be reduced by using noncustodial alternatives to imprisonment. However, despite the existence of international standards on alternatives to imprisonment^{lvi} and even though general crime trends often do not correlate with overall imprisonment rates,^{lvii lviii} incarceration is often the default or only option for addressing criminal behaviours. Investments in the availability, quality and use of noncustodial measures continue to be overlooked.^{lix}
51. As a result of a limited range of alternatives to incarceration provided in law, courts may lack the necessary options to ensure that imposed sentences are proportionate to the gravity, nature and circumstances of an offence. More often, however, the problem is a reluctance to apply noncustodial options that are provided for in national law. This may be due to a lack of awareness of, or confidence in, their effectiveness, or a lack of perceived public support, or insufficient health-care, housing and social welfare services. The absence or inadequacy of the entities and infrastructure required to implement alternatives to incarceration, including restorative justice approaches, compounds the problem.^{lx}

New developments since 2017

52. Some positive new developments have taken place since 2017 to improve access to HIV and related health services in prisons and other closed settings. A number of these are described below.
53. The *Regional strategy for HIV prevention, treatment and care and sexual and reproductive health rights among key populations*^{lxi} (Southern African Development Community, 2018). Key outcomes of the strategy include elimination of stigma and discrimination against key populations, especially at service provision points, reduction of violence against key populations, scale up of evidence-informed and results-oriented HIV and sexual and reproductive health programmes, especially for young key populations, and a reduction in legal, policy and cultural barriers impeding their access to those services.
54. *Regional strategy for HIV, tuberculosis, hepatitis B & C and sexual and reproductive health and rights among key populations* (Economic Community of West African States, July 2020). This aims to create an enabling legal, social and economic environment in West Africa to facilitate access for key populations, including people in prison, to comprehensive and tailored HIV, TB, viral hepatitis, and sexual and

reproductive health services. Objectives include strengthening national and regional coordination and leadership, and the management of health information relating to key populations to guide the development of evidence-based policies and programming.

55. The European Monitoring Centre for Drugs and Drug Addiction is collecting data from 27 Member States, Norway and Turkey on the prevalence of HIV among people in prison, along with information on HIV prevention, testing, and treatment interventions carried out in prisons. In 2018, the European Centre for Disease prevention and Control and the Monitoring Centre jointly published the report, *Public health guidance on prevention and control of blood-borne viruses in prison settings*.^{lxii} In 2021, the Monitoring Centre published a report, *Prison and drugs in Europe*,^{lxiii} which includes the latest available data on prevalence of HIV among people in prison and on interventions implemented in prison settings to address HIV.
56. The *EU drugs strategy 2021–2025*^{lxiv} includes prison as a strategic priority is aimed at addressing the health and social needs of people who use drugs in prison settings and after release. Its four priority areas are to:
 - ensure equivalence and continuity of health-care provision in prison settings;
 - implement evidence-based measures to prevent and reduce drug use and its health consequences, including measures to address the risk of drug-related deaths and the transmission of blood-borne viruses;
 - provide overdose prevention and referral services to ensure continuity of care on release; and disrupt the channels that supply illicit drugs and new psychoactive substances into prisons.^{lxv}
57. In 2019, the French Ministry of Solidarity and Health and the Ministry of Justice adopted a roadmap targeting 28 priority actions for 2019–2021, based on the "health/prison" strategic actions plan on health policy for people in prison adopted in 2017. Seven of the actions concern treatment for people in prison with drug dependence, including monitoring, harm reduction, continuity of care after release and community health care.^{lxvi}

GLOBAL COMMITMENTS AND STRATEGIES TO ENSURE EVIDENCE-BASED, HUMAN RIGHTS AND PUBLIC HEALTH-BASED, COMPREHENSIVE HIV SERVICES IN PRISON SETTINGS

58. The *Global AIDS Strategy 2021-2026—End Inequalities. End AIDS*^{lxvii} (March 2021). To break down barriers to achieving HIV outcomes, Result Area 5 aims at ensuring that people living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination.
59. The *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*^{lxviii} (June 2021) reaffirms the commitment to end the AIDS epidemic by 2030. It expresses concern about stigma, discrimination, violence and laws that restrict the movement or access to services for people living with, at risk of and affected by HIV, including key populations. It commits to prioritizing HIV prevention and ensuring that by 2025, 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options, by tailoring HIV combination prevention approaches to meet the diverse needs of key populations.
60. Resolution *E/RES/2021/26* adopted by the Economic and Social Council (ECOSOC, July 2021) calls for urgent action and partnerships among Member States, the UN system, civil society, local communities, the private sector and other stakeholders to

scale up evidence-based HIV prevention, testing, treatment, care and retention services, including access to safe, effective, quality and affordable medicines, including generics, to ensure that those services reach the people who need them the most, including adolescent girls and young women, as well as key populations that epidemiological evidence shows to be globally at higher risk of HIV infection.

61. The *Outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem*^{lxix} calls for promoting and strengthening regional and international cooperation in developing and implementing treatment-related initiatives, enhance technical assistance and capacity-building and ensure nondiscriminatory access to a broad range of interventions. They include psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as rehabilitation, social reintegration and recovery-support programmes, as well as access to such services in prisons and after imprisonment, with special attention to the needs of women, children and youth.
62. The *United Nations standard minimum rules for the treatment of prisoners (the Nelson Mandela Rules)* (December 2015)^{lxx} provide guidance on all aspects of prison management, from admission and classification to the prohibition of torture and limits on solitary confinement, as well as on health care, recruitment and training of prison staff, as well as disciplinary sanctions.
63. The *United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders (the Bangkok Rules)* (December 2010)^{lxxi} provide guidance to policy-makers, legislators, sentencing authorities and prison staff to reduce the imprisonment of women, and to meet the specific needs of women, including for health care, in case of imprisonment.

GLOBAL, REGIONAL, AND COUNTRY RESPONSES AND INNOVATIONS SINCE 2017

Update on Joint Programme strategic approaches to HIV in prisons and other closed settings

64. The *Common United Nations System Position on Drug Policy*^{lxxii} (November 2018) commits to ensure the provision of drug prevention, treatment, rehabilitation and general support services, including health care and social protection in prison settings. It commits to ensuring that those services are equivalent to and that they provide continuity of care with those in the community. It also commits to promoting alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use, and to promoting the principle of proportionality, to address prison overcrowding and overincarceration by people accused of drug crimes.
65. The *2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)*^{lxxiii} is a blueprint of the Joint Programme support to implement the Global AIDS Strategy. It calls for the Joint Programme to work with countries, communities, partners and other key stakeholders to support the scale-up of combination HIV prevention in prisons and detention settings.
66. The *UNODC Strategy 2021–2025*^{lxxiv} (December 2020). By broadening and deepening cooperation with national criminal justice authorities and partnering with civil society organizations, UNODC commits to help countries implement the Nelson Mandela Rules on prison management and the Bangkok Rules on the treatment of women in prison and to bolster access to health for all in prison settings. Key outcome area 5 includes comprehensive and gender-responsive penal and prison reforms

implemented to reduce the overuse of imprisonment, prison overcrowding and other prison challenges.

67. *Statement of the Joint UN Programme on HIV/AIDS (UNAIDS) Interagency Working Group on Key Populations on HIV services in the context of COVID-19*^{lxv} (July 2020) calls to ensure that quality, nondiscriminatory HIV prevention, treatment, care and support services, and health services in general, are available for key populations in the context of the COVID-19 pandemic.
68. *UNODC, WHO, UNAIDS and OHCHR Joint Statement on COVID-19 in Prisons and Other Closed Settings*^{lxvi} (May 2020) calls for enhancing prevention and control measures in prison settings, as well as increasing access to quality health services, including uninterrupted access to the prevention and treatment of HIV, TB, hepatitis and opioid dependence. It urges authorities to ensure uninterrupted access and flow of quality health commodities to prisons and other places of detention. It also calls for staff, health-care professionals and service providers working in closed settings to be recognized as crucial workforces for responding to the COVID-19 pandemic and who therefore should receive appropriate personal protective equipment and support.
69. The *WHO Prison Health Framework: a framework for assessment of prison health system performance*^{lxvii} (2021) is aimed at improving assessments of prison health system performance and the quality of data collected by the periodic Health in Prisons European Database surveys. One area of the framework covers health service delivery (including assessment of signs and symptoms of infectious diseases); availability of screening for TB, HIV, hepatitis B and C, and sexually transmitted infections; and provision of HIV treatment.
70. In partnership with governments, other UN entities, academia and civil society, UNDP has developed and is rolling out the *International Guidelines on Human Rights and Drug Policy*^{lxviii} (November 2020) and the *Guidance for Prosecutors on HIV-related Criminal Cases*^{lxix} (June 2021). They include specific provisions in the context of drug offenses and HIV transmission, exposure and nondisclosure and alternatives to imprisonment.

Global/regional and country initiatives supported by the Joint Programme in 2018–2021

71. The Joint Programme supports countries in achieving universal access to HIV prevention, treatment, and care for comprehensive HIV services for people in prison. It does this by building national capacities to respond to HIV in prisons, by developing normative guidance documents, and by supporting civil society engagement in the HIV response in prisons.
72. The Joint Programme continually holds interactive regional trainings for various stakeholders, as well as support in developing guidelines and standard operating procedures for ensuring access to comprehensive HIV, TB, viral hepatitis and sexually transmitted infection testing, treatment and care for prison populations; service provision for preventing mother-to-child transmission in prisons; and for the prevention and control of COVID-19 in prison settings. UNODC has also supported the provision of preventive commodities for people living and working in prison in many of its high-priority countries.
73. The Joint Programme supports the meaningful engagement of civil society organizations to support national responses to HIV in prison settings. This includes

capacity building, sharing of information and good practices, and providing catalytic funding to initiate or scale up effective HIV services for people in prison.

74. In 2020, UNODC provided small grants to civil society organizations for training and capacity building to reduce HIV transmission among people in prison in five countries. This support covers various HIV thematic areas including prevention, testing, treatment, and care for coinfections, as well as sexual and reproductive health, harm reduction and continuity of care.

Eastern and southern Africa

75. The *Strategy for sexual and reproductive health and rights in the SADC region, 2019–2030*.^{lxxx} This strategy was developed with the technical support of the UN 2gther 4 SRHR Programme (UNAIDS, UNFPA, UNICEF and WHO), UNESCO and “SheDecides”. It builds on progress made in the region, guided by the *Sexual and reproductive health strategy 2006–2015*, in improving sexual and reproductive health and rights also for key populations.
76. UNODC’s regional programme, *Supporting regional compliance with HIV, health and human rights principles for people in prison settings of sub-Saharan Africa*, facilitated the procurement of medical equipment and supplies for the newly-established Female Centre at Namibia Correctional Service to improve the quality-of-service delivery and access to prevention of mother-to-child transmission services for women and their babies in prison.
77. In Malawi, with support from UNODC, prison health clinics were established in 2020/2021 and are providing health care to approximately 1,200 people living and working in four prisons. Ventilation of prison cells, sanitation facilities and access to water was improved in nine prisons, which is also contributing to preventing COVID-19 transmission among people living and working in prison. The Malawi Prisons Service is among the few in the region to conduct self-assessment, using a UNODC toolkit, of compliance with the Nelson Mandela Rules.
78. In Kenya, with support from UNODC, standard operating procedures were developed for HIV testing services, as well as national guidelines and standard operating procedures for eliminating vertical transmission of HIV and for providing sexual and reproductive health and rights services in prison settings. In addition, the first opioid substitution therapy centre began operating in 2020. It provides methadone to people from one maximum security prison and in the surrounding community, thus obviating the need to transfer patients from prison to the main community opioid substitution therapy clinic during the COVID-19 pandemic.

Western and central Africa

79. In 2020/2021, UNODC, the National AIDS and STD Control Programme and the Nigerian Correctional Service collaborated on establishing a *National care and referral model for HIV and other health conditions in custodial centres*. The document provides guidance for improving health-care services for HIV, TB, hepatitis B and C, sexually transmitted infections, substance use disorders, and other health conditions for people in prison and upon release.
80. UNICEF supports governments and civil society organizations in diverting children from formal criminal justice proceedings. With UNICEF’s support, in 2018 the Ministry of Community Development and Social Services in Zambia developed a National Diversion Framework^{lxxxi} to assist law enforcement agencies, social welfare,

public prosecutors, magistrates and NGO service providers to respond to child offending by way of diversion out of formal court proceedings, in accordance with the UN Convention on the Rights of the Child. The National Framework was also developed in the context of national reform efforts, aimed at bringing the Zambian child justice system in line with international standards.

Middle East and North Africa

81. In Tunisia, the General Directorate of Prison and Re-education and the Ministry of Justice jointly with UNODC selected a CSO in 2019 to implement HIV and Hepatitis C screening services in six prison facilities. As a result, 6,000 people had access to evidence-based HIV and hepatitis C services. In addition, the civil society organizations built the capacities of 500 prison staff members, 75 medical doctors and nurses and 20 psychologists and social workers on the provision of these services. In 2020/2021, UNODC, through national consultations, developed a comprehensive National Drug and HIV Strategy for both community and prison settings.
82. In Tunisia and Morocco, UNODC supported the General Delegation for Prison Administration and Reintegration in the implementation of measures outlined within the national frameworks for COVID-19 prevention and control in prisons, particularly with regard to digitization and telemedicine, to support the update of the Delegation's health information system, and to facilitate daily database updates to monitor screening, treatment and management of COVID-19, HIV, TB, sexually transmitted infections, maternal and child health, hunger strike, mental health and addiction treatment, including methadone dispensing.
83. In Egypt, UNODC developed a comprehensive mapping guide of primary, secondary and tertiary health-care centres, and emergency hot-line services in all 27 governorates to help national authorities and released people access different vital health services at the community level, to ensure continuity of care and other health interventions in prison settings upon release.
84. Under Global Fund programmes, UNDP supported Afghanistan, Iran (Islamic Republic of) and Tajikistan in reaching people in prison with tailored combination prevention services.

Eastern Europe and central Asia

85. In Tajikistan, UNODC, as a member of Technical Working Group on Health in Prison, is advocating for AIDS Centre staff to have access to prison facilities. It was agreed that a specialist of the AIDS Centre would monitor the availability and quality of HIV treatment and prevention services in prisons on a regular basis. Services for opioid substitution therapy were introduced in two prison facilities.
86. The *Status report on prison health in the WHO European Region*^{xxxii} (2019) presents an analysis of data collected between 2016 and 2017 on the health status of people in prisons in 39 countries in the WHO European Region. The data include prevalence and service availability for HIV, viral hepatitis and other sexually transmitted infections. The information is being used with WHO guidance on health in prisons to inform and influence policy-makers in improving the health outcomes of people in prison.

Asia and the Pacific

87. Many countries in East and Southeast Asia have compulsory detention and rehabilitation centres for people who use drugs. As part of advocacy efforts to

transition to voluntary community-based treatment and services for people who use drugs, a joint UN statement on compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of COVID-19^{lxxxiii} was signed by Regional Directors of 13 UN agencies from 16 Regional Offices in the region. The statement calls on UN Member States to permanently close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community.

88. In 2020, UNODC supported the Directorate General of Corrections in Indonesia in developing a Prison Health Information System. A screening, testing and treatment programme for HIV, TB and sexually transmitted infections in prison settings was implemented in 2020 and has facilitated improved access to health services for almost 31 000 people in prison.
89. In Pakistan, a situation and needs assessment for HIV, TB and viral hepatitis was conducted in a prison in Sindh province in 2020. This provided the basis for building linkages between the prison and local community health sector. The linkages led to an increase in information and education, screening, testing, treatment and counselling for HIV, TB and viral hepatitis, the establishment of a post-release referral mechanism for continuity of care, as well as tools to monitor the sustainability of these activities.
90. In 2018, with Joint Programme support, the National AIDS Control Organization in India developed operational guidelines for a comprehensive action plan to respond to HIV/TB in prisons and other closed settings, based on international standards and guidelines. In 2019, the National AIDS Control Organization for the first time included people at central prisons among HIV surveillance population groups, following global recommendations and local evidence. In 2019, a behavioural and biological assessment of vulnerabilities to HIV, other blood-borne viruses and TB was conducted by UNODC under a Global Fund Programme in the State of Gujarat. It was the basis for consultations with the Additional Director General of Police and Inspector General of Prisons, the Gujarat State AIDS Control Society and prison officials regarding potential policy changes and the provision of harm reduction services in prisons.
91. In 2020, UNDP Thailand, in collaboration with UNODC, published an international literature review mapping good practices regarding access to healthcare services for transgender people in prisons and closed settings.^{lxxxiv} The report presents policy options and good practices from jurisdictions across the world. UNDP Thailand also developed guidelines and standard operating procedures to promote evidence-based and human rights-informed interventions by correctional officers for improved management of transgender people in prison.

Latin America and the Caribbean

92. UNODC, UNDP, the National Council of Justice and the National Penitentiary Department in the Ministry of Justice in Brazil together are developing a thematic book on HIV prevention, testing, treatment, and care. They are also carrying out extensive training for around 500 professionals from Social Protection Service (APEC) who provide psychosocial support to people in contact with the criminal justice system and to people released from prison and their families.
93. In Guatemala, the Joint Programme is supporting efforts to enhance the HIV response in prison settings in the context of the Global Fund project with strong coordination between the Global Fund principal recipient (Institute of Nutrition of Central America and Panama), the Directorate of the Penitentiary System of the Ministry of Interior, the National HIV Programme of the Ministry of Health and Social Assistance, and technical

collaboration of UNAIDS. The project is being implemented in five prisons in the country, and includes an Information Education and Communication (IEC) strategy, testing for HIV and syphilis, and delivery of condoms and lubricants. The project also involves the development of a comprehensive policy on the management of HIV in the Penitentiary System to ensure access of prisoners to HIV prevention, treatment, support and care measures and services in each penitentiary centre. The country is finalizing the "Basic guidelines, for promotion, prevention and care of STIs/HIV for people deprived of liberty" as part of the above-mentioned comprehensive policy. The project has also recognized the importance of the strategic information on HIV and STIs to persons deprived of liberty. In this regard a "Sero-prevalence and Behavioral Health Survey study of HIV and syphilis in persons deprived of liberty" has been implemented in 2020-2021.

TOOLS AND PUBLICATIONS BY JOINT PROGRAMME COSPONSORS SINCE 2017

94. *PMTCT technical guide*^{lxxxv} (February 2020). In response to the resolution of the 26th session of the Commission on Crime Prevention, UNODC, UNFPA, WHO, UN Women and UNAIDS developed a technical guide on preventing vertical transmission of HIV in prisons.
95. *PMTCT monitoring and evaluation tool*. In response to the resolution of the 26th session of the Commission on Crime Prevention, the Joint Programme has developed a monitoring tool for epidemiological trends in mother-to-child transmission and for monitoring and evaluating related services in prison. The tool will be field tested in Indonesia before finalization in 2021.
96. *Updated Comprehensive Package of interventions for prison populations*^{lxxxvi} (November 2020). This technical brief provides guidance to national authorities for planning and implementing an effective response to HIV, viral hepatitis and TB in prisons. It reflects international approaches and new guidelines for HIV prevention, treatment and care, and includes additional interventions regarding sexual and reproductive health, as well as the prevention and management of opioid overdose.
97. The *United Nations System Common Position on Incarceration*^{lxxxvii} (April 2021) is aimed at reducing the overreliance on incarceration and reducing prison populations, strengthening prison management, improving prison conditions and advancing the rehabilitation and social reintegration of offenders.

CONCLUSIONS AND RECOMMENDATIONS

98. Prison populations have been systemically left behind in the global response to HIV and continue to face severe inequalities that limit their access to HIV services.
99. Aggravating this situation is the shift in focus to preventing and controlling COVID-19 in prison settings. The Joint Programme stresses the importance of ensuring that quality, nondiscriminatory HIV prevention, treatment, care and support services, and health services in general, are available for people in prison, including in the context of the COVID-19 pandemic.
100. Gender- and age-responsive policies, strategies and services (for women including young women and adolescent girls, juveniles, LGBTI persons and children accompanying their mothers) are limited or altogether lacking in some countries and need to be implemented or scaled up. Women in prison should always be held separately from men, and juveniles should be held separately from adults.^{lxxxviii}

101. Prison staff, health-care professionals and service providers working in prisons and other closed settings are a crucial workforce for responding to HIV and related health conditions—and COVID-19—and should receive due recognition and appropriate training, remuneration and working conditions.
102. Excessive use of incarceration and pretrial detention leads to overcrowding and other challenges for ensuring quality HIV and other health-care services for people in prison. Legal, policy and criminal justice reform is needed to address these issues. Using noncustodial measures as an alternative to imprisonment contributes directly to reducing the prison population and better supports the rehabilitation and reintegration prospects of offenders, which in turn results in long-term alleviation of prison overcrowding.
103. In the long term, a whole-of-government approach to prison health will reduce HIV risks and improve the performance of national HIV responses, improve the linkage of people in prison to community health facilities upon release, and improve governmental credibility based on increased efforts to protect human rights and reduce health inequalities.^{lxxxix}
104. Partnering with and procuring services from civil society organizations are potentially powerful but underutilized options for reaching hard-to-reach populations, such as people in prison and other closed settings, with HIV and other health services. Although the pivotal roles of communities are recognized in HIV governance, their meaningful engagement in national systems for health as leaders, decision-makers and partners remains limited.
105. Prioritizing prison populations as a key population is urgently needed to meet the targets of the UNAIDS Strategy 2021–2025 and put the world back on-track to end AIDS as a public health threat by 2030.
106. To that end, several recommendations have been formulated by the Joint Programme to guide and support action under the new strategy.
 - Ensure the achievement of the 95–95–95 targets for knowledge of HIV status, treatment initiation and viral suppression in prisons and closed settings, and track and measure the progress.
 - Increase political commitment to address HIV and other communicable diseases, including tuberculosis in prison settings, in the context of challenges posed by the health and economic effects of COVID-19, including through preventing the use of custodial sentences for minor offences, reducing prison overcrowding and implementing measures for alternatives to imprisonment for women and juveniles, nonviolent offences, particularly for crimes not recognized under international law.
 - Ensure domestic funding for HIV services in prisons by integrating them into public health systems, considering that interventions provided in prison settings ultimately benefit the community as a whole.
 - Develop national strategies and guidelines for comprehensive health care that are tailored to the prison context, taking into account the specific needs of various populations in prison, including people living with HIV.
 - Establish linkages with public health facilities for ensuring uninterrupted HIV services during stay, transfer and upon release from prison, and for improved data collection and monitoring of service provision in prison settings.
 - Ensure meaningful engagement with civil society organizations as essential partners in addressing HIV in prison, by building their capacities and improving their resources.

PROPOSED DECISION POINTS: The Programme Coordinating Board is invited to:

107. *take note* of the report;
108. *Call on* Member States to:
- a. introduce and scale up evidence-based, gender-sensitive and people-centred programmatic actions to ensure equal access for people in prisons and other closed settings to comprehensive and integrated HIV, tuberculosis and viral hepatitis prevention, diagnosis and treatment services, as well as to related health services and psychosocial support, including by reducing overcrowding in prisons;
 - b. reduce HIV-related stigma and discrimination in prisons and other closed settings and create social, legal and policy environments that contribute towards improving HIV and related health outcomes for people in prisons and other closed settings; and
 - c. increase resources for HIV services in prisons and other closed settings, and integrate them into the broader public health, social protection, and community-based system to ensure uninterrupted service access during stay, all stages of transfer, and after release;
109. *request* the Joint Programme to:
- a. accelerate technical support to members to introduce and scale up evidence-based, gender-sensitive and people-centred programmes in prisons and other closed settings to reach the 2025 targets;
 - b. support members to generate, collect, analyse and strategically use disaggregated data on HIV and related health conditions in prisons and other closed settings, respecting confidentiality of medical information;
 - c. support partnerships between national authorities and civil society to improve access and uptake of HIV services by people in prisons and closed settings, including after release, and strengthen the involvement of people in prison and formerly incarcerated people in national HIV responses; and
 - d. report to the Programme Coordinating Board on progress towards 2025 targets as related to people in prisons and other closed settings.

[References follow]

References

ⁱ Data Matters. Vienna: UNODC; 2021 (https://www.unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf).

ⁱⁱ World Prison Population List (12th Edition) 2018 World Prison Brief. London: Institute for Crime & Justice Policy Research; 2018.

ⁱⁱⁱ Global Prison Trends 2020. Bangkok: Penal Reform International / Thailand Institute of Justice; 2020.

^{iv} Global AIDS Monitoring data, 2020.

^v Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. A/RES/75/284. New York: UN General Assembly; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf)

^{vi} World Pre-trial/Remand Imprisonment List. Fourth Edition. International Center for Prison Studies; 2020.

^{vii} Lenihan T. Addressing the 105 000 increase in the global female prison population, ten years after the Bangkok Rules were adopted. Penal Reform International; 2020 (<https://www.penalreform.org/blog/addressing-the-105000-increase-in-the-global-female>).

-
- viii Data Matters. Vienna: UNODC; 2021 (https://www.unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf).
- ix Wise A. In Prison, Women Are 9 Times More Likely to Be HIV-Positive. *The Nation*; 2017 (<https://www.thenation.com/article/archive/in-prison-women-are-9-times-more-likely-to-be-hiv-positive/>).
- x Pillay N, Chimnga D, Van Hout MC, Gender Inequality, Health Rights, and HIV/AIDS among Women Prisoners in Zimbabwe. *Health and Human Rights Journal*, 2021;23:225-236
- xi Women in Prison, HIV and Hepatitis C. Ottawa: Canadian HIV/AIDS Legal Network; 2020 (<https://whai.ca/wp-content/uploads/2020/01/Women-in-Prison-HIV-and-Hepatitis-C.pdf>).
- xii Global Prison Trends 2021. Ethnic minorities and indigenous peoples. Penal Reform International; 2021 (<https://www.penalreform.org/global-prison-trends-2021/ethnic-minorities-and-indigenous-peoples/>).
- xiii https://www.euro.who.int/__data/assets/pdf_file/0020/250283/Fact-Sheet-Prison-and-Health-Eng.pdf
- xiv Rane MS, Hong T, Govere S, Thulare H, Moosa M-Y, Celum C, Depression and Anxiety as Risk Factors for Delayed Care-Seeking Behavior in Human Immunodeficiency Virus-Infected Individuals in South Africa. *Clin Infect Dis*. 2018;67(9):1411-1418.
- xv Othieno CJ, Okoth R, Peltzer K, Pengpid S, Malla LO. Risky HIV sexual behaviour and depression among University of Nairobi students. *Annals of general psychiatry*. 2015;14(1):16.
- xvi Arseniou S, Arveniti A, Samakouri M, HIV infection and depression. *Psychiatry Clin Neurosci*. 2014;68(2):96-109
- xvii Data Matters. Vienna: UNODC; 2021 (https://www.unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf).
- xviii World Prison Brief (https://www.prisonstudies.org/highest-to-lowest/occupancy-level?field_region_taxonomy_tid=All)
- xix HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions. Technical brief 2020 update. Vienna: UNODC; 2020.
- xx Global AIDS Monitoring, 2020
- xxi Mitigating the disruptive impact of infection prevention and control measures in prisons: core principles and recommendations. COVID-19 guidance note. Vienna: UNODC; July 2021.
- xxii Elbek O. COVID-19 pandemic threatening prison population. *Turk Thorax J*. 2020;21(6):433–437.
- xxiii Mitigating the disruptive impact of infection prevention and control measures in prisons: core principles and recommendations. COVID-19 guidance note. Vienna: UNODC; July 2021.
- xxiv 41st PCB Meeting, 12–14 December 2017, Geneva. Agenda item 6: Update on HIV in prisons and other closed settings (https://www.unaids.org/sites/default/files/media_asset/20171123_UNAIDS_PCB41_HIV-in-prisons_17-23_EN.pdf).
- xxv Confronting Inequalities—Global AIDS Update 2021. Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update>).
- xxvi Report of the Special Session of the PCB. Geneva; UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/PCB48_Report_Special_Session_EN.pdf).
- xxvii Global AIDS Strategy 2021–2026—End Inequalities. End AIDS. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).
- xxviii HIV and people in prisons and other closed settings. Human Rights Fact Sheet Series. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/06-hiv-human-rights-factsheet-prisons_en.pdf).
- xxix Global AIDS Monitoring, 2020.
- xxx HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions. Technical brief 2020 update. Vienna: UNODC; 2020.
- xxxi The global state of harm reduction. London: Harm Reduction International; 2020 (https://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf).
- xxxii Global AIDS Monitoring, 2020.
- xxxiii The Harms of Incarceration: The evidence base and human rights framework for decarceration and harm reduction in prisons. London: Harm Reduction International; 2021 (file:///Users/karimabenamara/Downloads/HRI_Briefing_Prisons_June2021_Final1.pdf).
- xxxiv <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>
- xxxv The Prison Needle Exchange Program. Ottawa: Correctional Service Canada; 2020 (<https://www.csc-scc.gc.ca/health/002006-2004-en.shtml>).
- xxxvi Global AIDS Monitoring, 2020.

-
- xxxvii International Covenant on Civil and Political Rights, art. 9, para. 3.
- xxxviii United Nations System Common Position on Incarceration. April 2021 https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf
- xxxix Van Hout MC, Stöver H, Benamara K, Bauer P, Salah E. 90-90-90: catalysing the response to HIV by enhancing prison visibility in the Joint United Nations Programme on HIV and AIDS (UNAIDS) strategy beyond 2021. *Public Health*. 2021;190:e5-e6
- xl World Drug Report 2019, booklet 2.
- xli The Joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services: a guidance note. Geneva: WHO (www.who.int/occupational_health/publications/hiv_tb_guidelines/en/).
- xlii Bastick M, Townhead L. Women in prison: a commentary on the United Nations Standard Minimum Rules for the Treatment of Prisoners. Geneva: Quaker United Nations Office; 2018.
- xliii Handbook on Women and Imprisonment: 2nd edition, with reference to the United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders (The Bangkok Rules). Vienna: UNODC; 2014 (www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf).
- xliv Final independent evaluation of Project XSS V02 HIV prevention, treatment, care and support in prison settings in sub Saharan Africa. Vienna/New York: UNODC/UN; 2017 (www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2017/XSSV02_independent_project_evaluation_report_2017.pdf).
- xlv Bastick M. Townhead L. Women in prison: a commentary on the United Nations Standard Minimum Rules for the Treatment of Prisoners. Geneva: Quaker United Nations Office; 2018.
- xlvi Baseline assessment on regional and beneficiary country HIV/AIDS and SRHR minimum standard compliance for prison populations. Vienna: UNODC; 2019.
- xlvii Preventing and Addressing Sexual and Gender-Based Violence in Places of Deprivation of Liberty Standards, Approaches and Examples from the OSCE Region. 2019: OSCE/ODIHR; Poland
- xlviii Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 5 January 2016, A/HRC/31/57.
- xlix Preventing and addressing sexual and gender-based violence in places of deprivation of liberty standards, approaches and examples from the OSCE Region. Warsaw: OSCE Office for Democratic Institutions and Human Rights; 2019.
- l The Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical brief: addressing HIV and TB in prisons, pre-trial detention and other closed settings. Geneva: The Global Fund; 2020
- li Needham Waddell E, Baker R, Hartung DM et al. Reducing overdose after release from incarceration (ROAR): study protocol for an intervention to reduce risk of fatal and non-fatal opioid overdose among women after release from prison. *Health Justice* 2020; 108:18.
- lii Joudrey PJ, Khan MN, Wang EA. A conceptual model for understanding post-release opioid-related overdose risk. *Addiction Science & Clinical Practice*, 2019; 14:Article Number 17
- liii WHO. Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance. Copenhagen: WHO Regional Office for Europe; 2021.
- liv UNODC. COVID-19 preparedness and responses in prisons: position paper. Vienna: UNODC; 2020.
- lv HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions. Technical brief update. Vienna: UNODC; 2020.
- lvi United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules) (<https://www.ohchr.org/documents/professionalinterest/tokyorules.pdf>).
- lvii Lappi-Seppälä T. Causes of prison overcrowding. Twelfth United Nations Congress on Crime Prevention and Criminal Justice, Salvador, Brazil, 12–19 April 2010.
- lviii Roeder O, Eisen L-B, Bowling J. What caused the crime decline? New York: Brennan Center for Justice, York University School of Law; 2015.
- lix United Nations System Common Position on Incarceration; April 2021 (https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf).
- lx United Nations System Common Position on Incarceration; April 2021 (https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf).
- lxi Regional Strategy for HIV prevention, treatment and care and sexual and reproductive health rights among key populations. Gaborone: SADC; 2018 (https://www.sadc.int/files/2715/3060/7629/SADC-regional-strategy-hiv-srhr-key-pops_FINAL.pdf).

-
- lxii Public health guidance on prevention and control of blood-borne viruses in prison settings. ECDC/EMCDDA; 2018 (https://www.emcdda.europa.eu/publications/joint-publications/ecdc/guidance-blood-borne-viruses-in-prison_en).
- lxiii Prison and drugs in Europe: current and future challenges. European Monitoring Centre for Drugs and Drug Addiction; 2021 (https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en).
- lxiv European Union drugs strategy 2021–2025. Brussels: Council of the European Union; 2021 (<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=uriserv:OJ.CI.2021.102.01.0001.01.ENG>).
- lxv European Drug Report: Trends and Developments, 2021. European Monitoring Centre for Drugs and Drug Addiction (<https://www.emcdda.europa.eu/system/files/publications/13838/TDAT21001ENN.pdf>).
- lxvi European Drug Report. Trends and Developments. 2021. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (<https://www.emcdda.europa.eu/system/files/publications/13838/TDAT21001ENN.pdf>).
- lxvii Global AIDS Strategy 2021–2026—End Inequalities. End AIDS. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).
- lxviii Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. A/RES/75/284. New York: UN General Assembly; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf).
- lxix Outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem (<https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>).
- lxx The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) 2015 (https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf).
- lxxi The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) 2010 (https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf).
- lxxii Common United Nations system position on drug policy. Annex I United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration. 2018 (https://unsceb.org/sites/default/files/imported_files/CEB-2018-2-SoD.pdf).
- lxxiii 2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) (https://www.unaids.org/sites/default/files/media_asset/PCBSSOct_2022-2026_UBRAF_Framework_EN.pdf).
- lxxiv UNODC Strategy 2021–2025 (https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_63Reconvened/ECN72020_CRP22_ECN152020_CRP3_V2007057.pdf).
- lxxv Ensuring access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic. Statement of the Joint UN Programme on HIV/AIDS (UNAIDS) Interagency Working Group on Key Populations on the need to ensure access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic (<https://www.who.int/news/item/13-05-2020-unodc-who-unaids-and-ohchr-joint-statement-on-covid-19-in-prisons-and-other-closed-settings>).
- lxxvi UNODC, WHO, UNAIDS and OHCHR Joint Statement on COVID-19 in Prisons and Other Closed Settings. 2020 (https://www.unodc.org/documents/Advocacy-Section/20200513_PS_covid-prisons_en.pdf).
- lxxvii WHO Regional Office for Europe. The WHO Prison Health Framework. A framework for assessment of prison health system performance (<https://apps.who.int/iris/bitstream/handle/10665/344561/9789289055482-eng.pdf?sequence=3&isAllowed=y>).
- lxxviii International guidelines on human rights and drug policy. New York: UNDP; 2020 (<https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>).
- lxxix Guidance for prosecutors on HIV-related criminal cases. New York: UNDP; 2021 (<https://www.undp.org/publications/undp-guidance-prosecutors-hiv-related-criminal-cases>).
- lxxx Strategy for sexual and reproductive health and rights in the SADC region, 2019–2030 (<https://hivpreventioncoalition.unaids.org/resource/strategy-for-sexual-and-reproductive-health-and-rights-in-the-sadc-region-2019-2030/>).
- lxxxi Zambia Ministry of Community Development and Social Services. Juvenile Justice. National Diversion Framework; 2018 (<https://www.unicef.org/zambia/media/1306/file/Zambia-diversion-framework-2018.pdf>).
- lxxxii Status report on prison health in the WHO European Region. WHO Regional Office for Europe; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/329943/9789289054584-eng.pdf>).
- lxxxiii <https://unaidsapnew.files.wordpress.com/2020/05/unjointstatement1june2020.pdf>
- lxxxiv Mapping good practices for the management of transgender prisoners. Literature review. Bangkok: UNDP; 2020. (https://www.th.undp.org/content/thailand/en/home/library/democratic_governance/mapping-of-good-practices-for-the-management-of-transgender-pris.html).

^{lxxxv} Prevention of mother-to-child transmission of HIV in prisons. Vienna: UNODC; 2020.

^{lxxxvi} HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions. Technical brief update. Vienna: UNODC; 2020.

^{lxxxvii} United Nations System Common Position on Incarceration. Vienna: UNODC; April 2021
(https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf).

^{lxxxviii} United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) Rule 13.4 (<https://www.ohchr.org/documents/professionalinterest/beijingrules.pdf>).

^{lxxxix} WHO Regional Office for Europe, UNODC. Good governance for prison health in the 21st century. A policy brief on the organization of prison health. WHO 2013

[Document ends]