SITUATION

Globally, at any given time, there are over 10 millions people held in prisons, and more than half of them in pre-trial detention. Considering the high turnover in the prison population, each year over 30 millions people spend time in prisons. Women represent a minority of the prison population (5-10%). Most of them will return to the community.

All modes of transmission occurring in the community (blood, sexual and vertical transmission) occur in prisons. HIV is transmitted in prison settings through the sharing of contaminated injection equipment among injecting drug users, unsafe sexual practices, unsafe skin piercing and tattooing practices and blood-to-blood transmission resulting sharing of razors for shaving, blood sharing/brotherhood' rituals and the improper sterilisation or reuse of medical or dental instruments.

The prevalence of HIV, other sexually transmitted infections, hepatitis C & B and tuberculosis among prison populations is much higher, up to 50 times, than in the community. HIV in prisons affects all the region of the world. Epidemics of HIV in prisons have been documented in several countries. TB is the primary cause of death in prisons in many countries. Prisons conditions affect the health of people in detention, staff and their respective relatives.

The populations most vulnerable to or affected by HIV are also communities at increased risk for criminalisation and incarceration. This has significant implications for prison, and health policy – and for human rights – and must be centrally addressed within comprehensive national and international responses to HIV in prisons.

Inside prisons, people living with HIV are often stigmatised. Fear of AIDS often places HIV-positive prisoners at increased risk of social isolation, violence, and human rights abuses from both prisoners and prison staff. They are also often discriminated and segregated and their rights are often not respected: lack of confidentiality; mandatory HIV testing or no access to ARV for example.

However, effective policies to prevent HIV inside prisons and other correctional institutions is often hampered by the denial of the existence of the factors that contribute to the spread of HIV: overcrowding, unsafe sexual activities, drug use, violence, gangs, lack of protection for the youngest, female and weakest inmates, corruption and poor prison management. These factors all create an environment that increases the vulnerability of prisoners to HIV infection and other diseases such as tuberculosis, hepatitis and other sexually transmitted infections.

All HIV prevention, treatment and care interventions, including harm reduction interventions, available in the community, must also be available for prisoners and prison’s staff. The rights of people in prisons and other closed settings to health care at least equivalent to the community are little or not observed in most countries in the world.

Health services in prisons often operate in isolation from community and public health services. Lack of interest and denial contribute to the poor attention provided to the health of prisoners.

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1 King’s college (2009). Prison population list 8th edition
**International level**

Governments have, through resolutions by the United Nations Economic and Social Council and the General Assembly, adopted a number of consensus documents, addressing the health of inmates of institutions of criminal justice, including the Standard Minimum Rules for the Treatment of Offenders (1955), procedures for the effective implementation of these rules (1984), Basic Principles for the treatment of Prisoners (1990), which states that “prisoners shall have access to health services available in the country without discrimination on the grounds of their legal situation”; and Standard Minimum Rules for Non-custodial Measures (1990). None of these documents specifically refers to HIV/AIDS transmission and its prevention. They therefore provide little guidance to governments on how to address issues related to the epidemic.

**Mandate of UNODC**

UNODC is the guardian of international standards and norms in crime prevention and criminal justice, and is mandated to support Member States in putting into practice these standards and norm.

Resolution 2006/22 invites UNODC to develop further tools and training manuals, based on international standards and best practices, in the area of penal reform and alternatives to imprisonment, in particular in the areas of prison management, legal advice and assistance and the special needs in prison of women and children, as well as of persons with mental illness and the physically challenged; to continue to provide advisory services and technical assistance to Member States, upon request, in the area of penal reform, including restorative justice, alternatives to imprisonment, HIV/AIDS in prisons and the special needs of women and girls in prisons; and to develop a programme of technical assistance for Africa in penal reform and provision of alternatives to imprisonment, building on the commitments made at the Round Table for Africa and in its Programme of Action, 2006-2010.

Within UNAIDS, UNODC is the lead agency on HIV prevention, treatment, care and support in prisons and closed settings.

2. **PURPOSE OF A COMPREHENSIVE PACKAGE**

The purpose of having an agreed upon comprehensive package of interventions for HIV prevention, treatment care and support in prisons is to guide and support governments in mounting an effective, gender sensitive and human rights based response to HIV. It also serves to provide consistent methods for monitoring progresses of the response.

In 2006, UNODC together with WHO, and UNAIDS published a “Framework for the development of an effective national response” to HIV and AIDS in detention, comprising 100 recommendations at different levels of interventions². However, currently there is no definition of an internationally agreed minimum package or comprehensive package of interventions that should be implemented in prisons.

There is a need to bring the “Prisons and closed settings” sector within countries efforts to address HIV and AIDS. The UNAIDS 2012 – 2015 strategy “Zero new infections, Zero stigma and discrimination, Zero AIDS-related death”, also included prisons. It will be important for

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countries to have clear guidelines on what and how to implement and monitor HIV response in prisons and closed settings in their countries.

This comprehensive package will be built on previous UNODC, WHO and UNAIDS guidelines on HIV in prisons and closed settings.

The further endorsement of the “comprehensive package” by the Programme Coordinating Board of UNAIDS, by the Commission on Crime Prevention and Criminal Justice and by the Commission on Narcotic Drugs will strengthen the capacity at all level, international and country levels, for addressing the needs and rights of people in prisons and other closed settings.

3. Process

In close collaboration with relevant co-sponsors, OHCHR and other relevant organisations, UNODC will develop a “comprehensive package for HIV prevention, treatment, care and support in prisons”.

A consultant will be recruited to prepare and support this work through conducting literature review, preparing draft comprehensive HIV in prisons package for consultations and finalising the document. An Expert Group Meeting will be organized to validate the document. Finally, a dissemination plan will be developed.

- **Development of a draft comprehensive package**

  The objective of the literature review will be to (i) identify sets of interventions that must be implemented in prisons and other closed settings considering the characteristics of the population and of the environment; (ii) to recommend a package of interventions to be included in a comprehensive package for review

  Technical background document and recommendations prepared by the consultant will be widely disseminated electronically for comments for a period of one month. Comments will be integrated to prepare a draft “Comprehensive package” to be discussed in the EGM. Draft will include indicators for monitoring and evaluation.

- **Expert Group Meeting (EGM)**

  A panel of about twenty experts, from different geographic origin and background, will be invited to participate in a 2-day consultation meeting to validate the package.

  The objective of the expert group meeting is to present and discuss the various elements to be included in the comprehensive package and to agree on a final package.

  Participants in the EGM, will be selected from research institutions, prison administration, MoH, international organizations and non-governmental organisations with an expertise in HIV and/or TB and/or health in prisons.

  UNODC staff, including from criminal justice section, will also contribute to the document.

  The outcome of the EGM will be the final “comprehensive package for HIV prevention, treatment, care and supports in prisons and other closed settings” including indicators for monitoring and evaluation

  The proposed dates for the Consultation are October 17-18, 2011 - Vienna

- **Finalisation and dissemination of the document**
Based on the results of the consultation, finalisation of the “HIV and AIDS in prisons and other closed settings comprehensive package” and dissemination. Dissemination plan will be developed by the consultant and will include the different relevant governing bodies.