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HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings

A Framework for an Effective National Response

World Health Organization

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Purpose

The purpose of this document is to provide a Framework for mounting an effective national response to HIV/AIDS in prisons that meets international health and human rights standards, prioritizes public health, is grounded in best practice, and supports the management of custodial institutions.

The Framework sets out a series of 11 principles and 100 actions for the treatment of prisoners and the management of prisons with the objectives of

1. Providing prisoners with prevention, care, treatment, and support for HIV/AIDS that is equivalent to that available to people in the community outside of prison.
2. Preventing the spread of HIV (and other infections) among prisoners, to prison staff, and to the broader community;
3. Promoting an integrated approach to healthcare within prisons to tackle wider public health issues, both through improvements in health care in general and through improvements in general prison conditions and management.

It also suggests concrete strategies for implementing the Framework at the national level.

Background on HIV/AIDS in prisons

HIV/AIDS is a serious health threat for prison populations in many countries, and presents significant challenges for prison and public health authorities and national governments.

Worldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons. This situation is often accompanied and exacerbated by high rates of other infectious diseases such as hepatitis and tuberculosis. The generally accepted principle that prisons and prisoners remain part of the broader community means that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated action.

Internationally, high rates of HIV infection in prisons reflect two main scenarios:

a. Countries in which there are high rates of HIV infection among injecting drug users, many of whom spend time in prison, and some of whom continue to inject while incarcerated. In these countries, high rates of HIV (and HCV) infection are related primarily to sharing of injecting equipment outside and inside prison.
b. Countries (primarily in Africa) in which there are high rates of HIV infection in the general population, infection rates driven primarily by unsafe heterosexual sex. In these countries, high rates of HIV infection among prisoners are related to high rates of HIV infection in wider population as a whole. The continued spread of HIV within the prisons in these countries is related especially to sexual contact (primarily men having sex with men), as well as unsafe medical practices, rather than to injecting drug use.

Despite this situation, many countries have yet to implement comprehensive HIV prevention programmes in prisons, or achieve a standard of prison health care equivalent to the standard outside of prison, thereby jeopardizing the health of prisoners, prison staff, and the wider community.

Why is the Framework important?

The Framework is a tool to assist governments meet their international obligations on human rights, prison conditions, and public health.

Like all persons, prisoners are entitled to enjoy the highest attainable standard of health. This right is guaranteed under international law in Article 25 of the United Nations Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social, and Cultural Rights. Furthermore, the international community has generally accepted that prisoners retain all rights that are not taken away as a fact of incarceration, including the right to the highest attainable standard of physical and mental health. Loss of liberty alone is the punishment, not the deprivation of fundamental human rights. States therefore have an obligation to implement legislation, policies, and programmes consistent with international human rights norms, and to ensure that prisoners are provided a standard of health care equivalent to that available in the outside community. The Framework provides clear guidance to governments to assist them in meeting this obligation.

The vast majority of people committed to prison eventually return to the wider community. Therefore, reducing the transmission of HIV in prisons is an integral part of reducing the spread of infection in the broader society, as any diseases contracted in prison, or any medical conditions made worse by poor conditions of confinement, become issues of public health for the wider society when people are released. The Framework is also an important tool to assist governments promote public heath, and prevent the spread of HIV in prisons and in the wider society.

Contents of the Framework

The Framework provides governments with a comprehensive action plan to implement a response to HIV/AIDS in prisons based on accepted international standards and guidelines from the United Nations, the World Health Organization, and other international declarations, and that reflect principles of good prison management.

General principles for HIV/AIDS prevention and care in prisons

The Framework provides a series of eleven General Principles for HIV/AIDS prevention and care in prisons. These principles provide clear guidance to prison systems for developing and an effective response to HIV/AIDS in prisons. These principles include the following:

Good prison health is good public health

The vast majority of people committed to prison eventually return to the wider society. Therefore reducing the transmission of HIV in prisons is an important element in reducing the spread of infection in society outside of prisons.

Good prisoner health is good custodial management

Protecting and promoting the health of prisoners benefits not only the prisoners, but also increases workplace health and safety for prison staff.

Respect for human rights and international law

Respecting the rights of those at risk of or living with HIV/AIDS is good public health policy and good human rights practice. Therefore States have an obligation to develop and implement prison legislation, policies, and programmes consistent with international human rights norms.

Adherence to international standards and health guidelines

The standards and norms outlined in established international human rights instruments and public health guidelines should guide the development of responses to HIV/AIDS in prisons.

Equivalence in prison health care

Prisoners are entitled, without discrimination, to a standard of health care equivalent to that available in the outside community, including preventive measures.

Evidence-based interventions

The development of prison policy, legislation, and programmes should be based upon empirical evidence of their effectiveness at reducing the risks of HIV transmission, and improving the health of prisoners.

Holistic approach to health

HIV/AIDS is only one of many complex – and often related – health care challenges facing prison officials and prisoners. Therefore, efforts to reduce the transmission of HIV in prisons, and to care for those living with HIV/AIDS, must be holistic and integrated with broader measures to tackle inadequacies in general prison conditions and health care.

Addressing vulnerability, stigma, and discrimination

HIV/AIDS programmes and services must be responsive to the unique needs of vulnerable or minority populations within the prison system, as well as combat HIV/AIDS related stigma and discrimination.

Collaborative, inclusive, and intersectoral cooperation and action

While prison authorities have a central role in implementing effective measures and strategies to address HIV/AIDS, this task also requires cooperation and collaborative

action that integrates the mandates and responsibilities of various local, national, and international stakeholders.

Monitoring and quality control

Regular reviews and quality control assessments – including independent monitoring – of prison conditions and prison health services should be encouraged as an integral component of efforts to prevent the transmission of HIV in prisons and to provide care for prisoners living with HIV/AIDS.

Reducing prison populations:

Overcrowded prison conditions are detrimental to efforts to improve prison living standards and prison health care services, and to preventing the spread of HIV infection among prisoners. Therefore, action to reduce prison populations and prison overcrowding should accompany – and be seen as an integral component of – a comprehensive prison HIV/AIDS strategy.

Recommendations for action

In addition to the Guiding Principles, the Framework details 100 specific actions in nine separate areas. These actions provide concrete direction to prison systems in implementing a comprehensive and ethical approach to the management of HIV/AIDS in prisons. The nine areas identified for action include:

Political leadership

Recommendations to promote effective action to address HIV/AIDS in prisons by government officials, policy makers, and other relevant national and international stakeholders

Legislative and policy reform

Recommendations to create frameworks of legislation, prison policy, and prison rules that promote effective and sustainable responses to HIV/AIDS in prisons.

Prison conditions

Recommendations to house prisoners in conditions that meet the recognized minimum international standards.

Funding and resources

Recommendations to develop and implement national and international funding plans to address HIV/AIDS in prisons on the national, regional, and local levels.

Health standards and continuity of care and treatment

Recommendations to meet international obligations to provide health care within prisons equivalent to that available to the outside population, and to ensure continuity of

health care services between correctional institutions and jurisdictions, and between the prison and the community.

Comprehensive and accessible HIV/AIDS services

Recommendations to implement comprehensive HIV/AIDS prevention and education, voluntary counselling and HIV testing, HIV/AIDS care and treatment for prisoners, and drug dependence treatment programmes in prisons.

Staff training and support

Recommendations to provide all prison staff with the knowledge, training, and support on HIV/AIDS necessary to meet the requirements and responsibilities of their work.

Evidence-based practice

Recommendations to implement HIV/AIDS policies and programmes based upon established need, on empirical evidence of effectiveness, and evaluated models of best practice.

International, national, and regional collaboration

Recommendations to share knowledge and expertise on effective prison management and HIV/AIDS nationally and internationally, and to enhance the development of evidence-based practices by building upon the successes of other countries and jurisdictions.

Implementation at the national level

Finally, the Framework provides suggestions for implementing the recommendations at the national level, based upon successful experiences from other countries. This section offers concrete advice for building the momentum to create change, building the knowledge and expertise necessary to implement change, and building the capacity to implement and sustain the recommendations on the ground.

HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings

A Framework for an Effective National Response

INTRODUCTION 1

PURPOSE

The purpose of this document is to provide a framework for mounting an effective national response to HIV/AIDS in prisons* that meets international health and human rights standards, prioritizes public health, is grounded in evidence-based interventions and best practices,** and supports the good management of custodial institutions.

It reflects the consensus of the standards from recognized international and multilateral bodies of international governance, and the evidence on good prison management on issues related to HIV/AIDS.

Based upon this consensus, this framework sets out a series of guiding principles and recommended actions for the treatment of prisoners and the management of prisons with the objectives of:

1. Providing prisoners with prevention, care, treatment, and support for HIV/AIDS that is equivalent to that available to people in the community outside of prison;
2. Preventing the spread of HIV (and other infections) among prisoners, to prison staff, and to the broader community;
3. Promoting an integrated approach to healthcare within prisons to tackle wider public health issues, both through improvements in health care in general and through improvements in general prison conditions and management.

It also suggests concrete strategies for implementing the framework at the national level.

BACKGROUND ON HIV/AIDS IN PRISONS

HIV/AIDS is a serious health threat for prison populations*** in many countries, and presents significant challenges for prison and public health authorities and national governments. The generally accepted principle that prisons and prisoners remain part of the broader community means that the health threat of HIV/AIDS within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated action.

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* For the purposes of this document, the terms "prison", "penal institution", and "custodial institution" are used interchangeably to denote places of incarceration or detention.

** For the purposes of this document, the term "evidence-based" is used to denote policies and programmes that have been shown through evaluation or research to successfully achieve identified outcomes (i.e. reduced HIV transmission, improved quality and standard of prison health care, improved workplace safety) while at the same time respecting or enhancing the protection of human rights of people in prison.

*** For the purposes of this document, the term "prisoner" is used broadly to refer to adult and juvenile males and females detained in criminal justice and correctional facilities during the investigation of a crime; while awaiting trial; after conviction and before sentencing; after sentencing. Although the term does not formally cover persons detained for reasons relating to immigration or refugee status, and those detained without charge, nonetheless much of the considerations in this paper may apply to them as well.

Worldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons. This situation is often accompanied and exacerbated by high rates of hepatitis C (HCV), tuberculosis (TB) (of which multi-drug resistant forms are becoming increasingly prevalent), sexually transmitted infections (STIs), drug dependence, and mental health problems in prison populations.

Inside prisons, the primary risk behaviours for the transmission of HIV are the sharing of injecting equipment and unprotected sex. Within the prison environment, additional risk factors can include the sharing or reuse of tattooing and body piercing equipment, the sharing of razors for shaving, and the improper sterilization or reuse of medical or dental instruments.

Internationally, high rates of HIV infection in prisons reflect two main scenarios:

a. Countries in which there are high rates of HIV infection among injecting drug users, many of whom spend time in prison, and some of whom continue to inject while incarcerated. In these countries, high rates of HIV (and HCV) infection are related primarily to sharing of injecting equipment outside and inside prison.

b. Countries (primarily in Africa) in which there are high rates of HIV infection in the general population, infection rates driven primarily by unsafe heterosexual sex. In these countries, high rates of HIV infection among prisoners are related to high rates of HIV infection in wider population as a whole. The continued spread of HIV within the prisons in these countries is related especially to sexual contact (primarily men having sex with men), as well as unsafe medical practices or sharing of razors etc., rather than to injecting drug use.

Mounting an effective response to HIV/AIDS in prisons is the responsibility of prison authorities and the controlling ministry; government ministries and departments with responsibilities for providing health services to the wider population, law enforcement, and legislative reform; civil society, non-governmental organizations (NGOs), and community-based organizations; and medical professionals working outside of prisons. Within this responsibility comes the obligation to seek and include the input and expertise of prisoners – especially prisoners living with HIV/AIDS – and their families.

Effective action to address HIV/AIDS must often be undertaken in the context of substandard or antiquated prison conditions. Overcrowding, violence, inadequate natural lighting and ventilation, and lack of protection from extreme climatic conditions are common in many prisons of the world. When these conditions are combined with inadequate means for personal hygiene, inadequate nutrition, lack of access to clean drinking water, and inadequate medical services, the vulnerability of prisoners to HIV infection and other infectious diseases is increased, as is HIV-related morbidity and mortality. Substandard conditions can also complicate or undermine the implementation of effective responses to HIV/AIDS by prison staff. Therefore, action to prevent the spread of HIV infection in prisons and to provide heath service to prisoners living with HIV/AIDS is integral to – and enhanced by – broader efforts to improve prison conditions.

BACKGROUND TO THE FRAMEWORK AND ITS RECOMMENDATIONS

The delivery of health services to prisoners is influenced by actions taken (or not taken) at a variety of decision-making levels – from individual prison staff to national governments and international assemblies. This framework therefore outlines guiding principles, recommendations for action, and implementation guidelines intended for the attention of all relevant stakeholders.

The development of integrated and consistent international, national, and local strategies – with shared priorities and principles – is imperative in implementing a comprehensive, ethical, and evidence-based response to HIV/AIDS, to promoting effective prison management practices, and to maximizing the use of available resources. Therefore, this Framework contains recommendations for action for the attention of:

- International bodies;
- National governments, including government bodies specifically tasked with HIV/AIDS (i.e., HIV secretariats, HIV/AIDS coordinating committees);
- National prison authorities/departments and the responsible Ministry (Justice, Interior etc.);
- Ministry of Health and the national public health service;
- Individual prison managers and prison staff;
- Civil society in general, in particular those bodies dealing with HIV, health, prisons, drugs and prison health.

In different countries, the power to change prison legislation, policy, and programmes rests with different authorities – in some cases government, in others senior prison officials, and in others local prison management. In some countries, changing prison legislation, policy, and programmes requires action by several levels of authority. Therefore, national governments are encouraged to adapt the actions of this Framework as necessary to meet their own decision-making structures. Different countries are also at different stages of development in implementing responses to HIV/AIDS in prisons. Therefore, governments are encouraged to use this Framework both as a tool to review the status of their current response to HIV/AIDS in prisons, and to identify concrete actions necessary to improve their current response.

INTERNATIONAL INSTRUMENTS AND GUIDELINES RELEVANT TO EFFECTIVE PRISON MANAGEMENT AND HIV/AIDS

Every country's response to HIV/AIDS in prisons is influenced by economic and social conditions, as well as by cultural, social, and religious traditions. However, these national and local conditions do not reduce or negate government obligation to meet recognized inter-

national prison, health, and human rights standards. International law is clear that a lack of resources does not excuse a State from its obligations to provide proper and humane prison conditions.[1]

Therefore, this framework builds on legal obligations, commitments, recommendations, and standards on HIV/AIDS, prison health, prison conditions, and human rights articulated in:

- Universal Declaration of Human Rights [1948]
- United Nations Standard Minimum Rules for the Treatment of Prisoners [1955]
- International Covenant on Civil and Political Rights [1966]
- United Nations Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [1982]
- United Nations Basic Principles for the Treatment of Prisoners [1990]
- Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment [1988]
- United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules) [1990]
- World Health Organization's Guidelines on HIV Infection and AIDS in Prisons [1993]
- Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons [April 1996]
- Recommendation No R (98)7 of the Committee of Ministers to Members States Concerning the Ethical and Organisational Aspects of Health Care in Prisons [Council of Europe: April 1998]
- International Guidelines on HIV/AIDS and Human Rights [1998]
- World Medical Association Declaration of Edinburgh on Prison Conditions and the Spread of Tuberculosis and Other Communicable Diseases [October 2000]
- Declaration of Commitment on HIV/AIDS ("UNGASS Declaration") [United Nations General Assembly Special Session on HIV/AIDS: June 2001]
- Prison, Drugs and Society: A consensus Statement on Principles, Policies and Practices [WHO Europe/Pompidou Group of the Council of Europe: September 2001]
- United Nations Committee on Economic, Social, and Cultural Rights: General Comment on the Right to the Highest Attainable Standard of Health. Twenty-second session, Geneva [2002]
- International Labour Office Code of Practice on HIV/AIDS and the World of Work [2002]

[1] United Nations Human Rights Committee "General Comment 21: Humane treatment of persons deprived of liberty (Art. 10)" (10 April 1992) Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies UN Doc.HRI/GEN/1/Rev.6 para 4.; *Poltoratskiy v Ukraine* (2003) ECHR 2003—V para 148.; *Womah Mukong v Cameroon* (Communication No. 458/1991) UN Doc CCPR/C/51/D/458/1991 para 9.3.

- Warsaw Declaration: A Framework for Effective Action on HIV/AIDS and Injecting Drug Use [November 2003]
- Moscow Declaration: Prison Health as part of Public Health [WHO Europe: October 2003]
- Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia [February 2004]
- Policy Brief: Reduction of HIV Transmission in Prisons [WHO/UNAIDS: 2004]
- Policy Statement on HIV Testing [UNAIDS/WHO: 2004]
- Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention [WHO/UNODC/UNAIDS: 2004]
- Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users: Evidence for action technical paper [WHO: 2004]
- Recommendation Rec (2006)2 of the Committee of Ministers to member States on the European Prison Rules [Council of Europe: January 2006]

HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings

A Framework for an Effective National Response

THE FRAMEWORK 2

GENERAL PRINCIPLES FOR HIV/AIDS PREVENTION AND CARE IN PRISON SETTINGS

The following principles reflect the international consensus on effective prison management and the ethical treatment of prisoners as defined in various international health, HIV/AIDS, and human rights instruments. Therefore, all decisions, actions, policies, and legislation affecting the management of HIV/AIDS in prisons and the treatment of prisoners should be informed by, and reflect, the following principles.

Good prison health is good public health

The vast majority of people committed to prison eventually return to the wider society. Therefore any diseases contracted in prison, or any medical conditions made worse by poor conditions of confinement, become issues of public health for the wider community when people are released. This relationship between prison health and overall public health is fundamental. Reducing the transmission of HIV in prisons is an important element in reducing the spread of infection in the broader society, and should not be left to prison authorities alone to address. Improving the health status of prisoners, and reducing the incidence of disease in penal institutions, benefits not only the prisoners, but also benefits prison staff and is an integral part of enhancing workplace health and safety.

Good prisoner health is good custodial management

The health of prisoners, and the conditions in which prisoners are housed, have significant implications for prison management. Protecting and promoting the health of prisoners benefits not only the prisoners, but also increases workplace health and safety for prison staff. Improving conditions that negatively affect prisoners' health, such as overcrowding, poor diet, and lack of purposeful activity, can help reduce tensions and violence within prisons, and increase the ability of prison staff to manage the institution effectively and safely. Improvements in prison health and prison conditions can also lessen workplace stress for prison workers, and improve job satisfaction, which can reduce staff burn out and turn over.

Respect for human rights and international law

Respecting the rights of those at risk of or living with HIV/AIDS is good public health policy and good human rights practice.[2]

[2] Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS ["UNGASS Declaration"], June 2001 states "Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS drives an effective response." Preventing the Transmission of HIV Among Drug Abusers: A Position Paper of the United Nations System (Approved on behalf of ACC by the High-Level Committee on programme at its first regular session of 2001, Vienna, 26-27 February, 2001), paragraph 25, states "Protection of human rights is critical to the success of prevention on HIV/AIDS. People are more vulnerable to infection when their economic, health, social or cultural rights are not respected. Where civil rights are not respected, it is difficult to respond effectively to the epidemic."

The international community has generally accepted that prisoners retain all rights that are not taken away as a fact of incarceration.[3] Loss of liberty alone is the punishment, not the deprivation of fundamental human rights. Like all persons, therefore, prisoners have a right to enjoy the highest attainable standard of health. This right is guaranteed under international law in Article 12 of the International Covenant on Economic, Social, and Cultural Rights, in Article 25 of the United Nations Universal Declaration of Human Rights[4] and in various other international covenants, declarations, or charters,[5] in particular General Comment No. 14 (May 2000) on the Right to the Highest Attainable Standard of Health adopted by the United Nations Committee on Economic Social and Cultural Rights.

International law also prohibits States from inflicting inhuman or degrading treatment on people in detention.[6] This prohibition specifically "compels the authorities not only to refrain from provoking such treatment, but also to take the practical preventive measures necessary to protect the physical integrity and the health of persons who have been deprived of their liberty."[7] It has been recognized that, "An inadequate level of health care

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[3] United Nations Human Rights Committee "General Comment 21: Humane treatment of persons deprived of liberty (Art. 10)" (10 April 1992) Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies UN Doc.HRI/GEN/1/Rev.6 para 3.

[4] International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 art 12). Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A(III) (UDHR) art 5.; International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 art 25.

[5] Numerous international instruments are relevant to the rights of prisoners in the context of the HIV/AIDS epidemic. These include the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the African Charter on Human and Peoples' Rights; the American Convention on Human Rights; the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights; the American Declaration of the Rights and Duties of Man; the [European] Convention for the Protection of Human Rights and Fundamental Freedoms; the European Social Charter. Most of these covenants, charters, and conventions are based on the United Nations Universal Declaration of Human Rights, which has the status of customary international law and as such is binding on all States. States that have ratified or acceded to any one of these covenants, declarations, or charters have agreed that they are legally bound to respect, protect, and fulfil human rights, including the right to equality and non-discrimination; the right to life; the right to security of the person; the right not to be subjected to torture or to cruel, inhuman, or degrading treatment or punishment; and the right to enjoyment of the highest attainable standard of physical and mental health. [G. Betteridge. Prisoners' Health & Human Rights in the HIV/AIDS Epidemic: Draft background paper for "Human Rights at the Margins: HIV/AIDS, Prisoners, Drug Users, and the Law—A satellite of the XV International AIDS Conference". Canadian HIV/AIDS Legal Network: Montreal (July 2004)].

[6] Universal Declaration of Human Rights (n 5) art 7.; Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, as amended) (ECHR) art 3.; American Declaration of the Rights and Duties of Man, OAS Res XXX adopted by the Ninth International Conference of American States (1948) reprinted in Basic Documents Pertaining to Human Rights in the Inter-American System OEA/Ser L V/II.82 Doc 6 Rev 1 at 17 (1992) art 25.; American Convention on Human Rights (entered into force 18 July 1978) OAS Treaty Series No 36 1144 UNTS 123 reprinted in Basic Documents Pertaining to Human Rights in the Inter-American System, OEA/Ser.L.V/II.82 doc. 6 rev.1 at 25 (1992) art 5.; African Charter on Human and Peoples' Rights (adopted 27 June 1981, entered into force 21 October 1986) (1982) 21 ILM 58 (Banjul Charter) art 5.

[7] *Pantea v Romania* (2005) 40 EHRR 26 para 189. For more on the positive obligation of States to safeguard the physical integrity of prisoners, see UN Human Rights Committee "General Comment 21: Humane treatment of persons deprived of liberty (Art. 10)" (10 April 1992) Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies UN Doc.HRI/GEN/1/Rev.6 para 3.; *Caesar v Trinidad and Tobago (Judgement)* Inter-American Court of Human Rights Ser C (11 March 2005) para 97.; *Minors in Detention v Honduras (Judgement)* Inter-American Commission on Human Rights Case 11.491 (10 March 1999) para 135.; *John D Ouko v Kenya* (2000) African Commission on Human and Peoples' Rights Comm No 232/99 para 23.

can lead rapidly to situations falling within the scope of the term "inhuman and degrading treatment."[8]

Therefore, international law mandates that States have an obligation to develop and implement legislation, policies, and programmes consistent with international human rights that promote health in prisons, and reduce the spread HIV infection as well as other infectious diseases.

Adherence to international standards and health guidelines

Numerous international instruments[9] and health declarations[10] detail the generally accepted rules, guidelines, principles, and standards related to prison conditions, prison medical care, and/or HIV/AIDS prevention and treatment in prison settings. The standards and norms outlined in these documents reflect established international human rights instruments and good public health practice, and should guide the development of appropriate, ethical, and effective responses to HIV/AIDS in prisons.

Equivalence in prison health care

Prisoners are entitled, without discrimination, to a standard of health care equivalent to that available in the outside community, including preventive measures. This principle of equivalence is fundamental to the promotion of human rights and best health practice within prisons, and is supported by international guidelines on prison health and prisoners' rights,[11] as well as national prison policy and legislation in many countries.

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[8] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment 3rd General Report on the CPT's activities covering the period 1 January to 31 December 1992 (1993) para 31.

[9] These instruments include the Basic Principles for the Treatment of Prisoners; the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment; the Standard Minimum Rules for the Treatment of Prisoners; and Recommendation No R (98)7 of the Committee of Ministers to Member States Concerning the Ethical and Organisational Aspects of Health Care in Prison.

[10] These declarations include the WHO Guidelines on HIV Infection and AIDS in Prisons; the Declaration of Commitment – United Nations General Assembly Special Session on HIV/AIDS; the International Guidelines on HIV/AIDS and Human Rights; and the Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia.

[11] United Nations Basic Principles for the Treatment of Prisoners states "Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation." Adopted by General Assembly Resolution 45/111, annex, 45 U.N. GAOR Supp. (No. 49A) at 200, U.N. Doc. A/45/49 (1990); United Nations Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states "Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained." Adopted by General Assembly resolution 37/194 of 18 (December 1982). World Health Organization Guidelines on HIV Infection and AIDS in Prisons states "All prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination…with respect to their legal status." (WHO, Geneva: 1993). p.4; UNAIDS's Statement on HIV/AIDS in Prisons states "With regard to effective HIV/AIDS prevention and care programmes, prisoners have a right to be provided the basic standard of medical care available in the community." Statement on HIV/AIDS in Prisons to the United Nations Commission on Human Rights at its Fifty-second session, April 1996.

Holistic approach to health

In many countries, HIV/AIDS is only one of many complex – and often related – health care challenges facing prison officials and prisoners.

For example, in many prison systems high rates of HIV infection are exacerbated by high rates of hepatitis B and C. Hepatitis B and C are infection driven largely by unsafe injecting practices, and can be prevented by providing measures that reduce the sharing or reuse of needles and syringes and other drug paraphernalia (hepatitis B is commonly transmitted sexually as well).

Many prison systems also have high rates of tuberculosis (TB). For people living with HIV/AIDS, TB is the single most common opportunistic infection accelerating the progress to AIDS. HIV infection greatly increases the risk of an individual developing active TB, and TB has been shown to increase the replication of HIV, thus accelerating the progression to AIDS. Responding to the management of tuberculosis and multi-drug resistant (MDR) tuberculosis in prison settings requires a comprehensive strategy that must be inclusive of all people living, working, and visiting prison settings and therefore must engage active multisectoral participation to ensure an effective public health response.

Many prisoners will have contracted sexually transmitted infections (STIs) outside of prison, and often come from populations lacking access to reproductive and sexual health services. Unprotected sex also takes place in prisons, thereby increasing the risk of transmission of STIs amongst prisoners, and if left untreated, to sexual partners in the community. The presence of untreated STIs also increases the risk of HIV transmission. Therefore prevention and regular screening and treatment of STIs increases the effectiveness of HIV prevention and treatment efforts.

In addition, many prison populations worldwide struggle to address other health care issues that are related to HIV/AIDS. High levels of mental illness and drug dependency among prisoners are common in many countries. Opportunistic infections (OIs) associated with HIV/AIDS, such as toxoplasmosis, are common in the developing world. Prevention of mother to child transmission (PMTCT) of HIV is important for pregnant women living with HIV/AIDS inside and outside of prisons. Overcrowding, poor conditions of confinement, and inadequate medical services exacerbate negative health impacts and complicate the provision of care by prison health staff.

Therefore, efforts to reduce the transmission of HIV in prisons, and to care for those living with HIV/AIDS, must be holistic in approach, and be integrated with broader measures to tackle inadequacies in general prison conditions and health care.

Evidence-based interventions

The development of prison policy, legislation, and programmes which are in conformity with international human rights norms should be based upon empirical evidence of their effectiveness at reducing the risks of HIV transmission, an assessment of the harms and

costs of HIV/AIDS and related risk behaviours in prisons, and the health of both the prison population and the public at large.[12] They should also be based upon recognized and evaluated models of best practice, whether national or international. Where such evidence does not exist, States nonetheless have an obligation to develop policy, legislation, and programmes consistent with the other principles outlined. The role of policy, legislative, and programmatic evaluation is crucial when determining the effectiveness of such initiatives.

Addressing vulnerability, stigma and discrimination

According to the Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS ["UNGASS Declaration"], "The vulnerable must be given priority in the response [to HIV/AIDS]".[13] This statement has particular relevance to the issue of prisons.

HIV/AIDS and incarceration are both affected by cultural, social, and economic environments. In many countries, the populations most vulnerable to or affected by HIV/AIDS are also communities at increased risk for criminalization and incarceration. In some countries, the populations with the highest rates of HIV infection are also disproportionately represented within the prisons. Many of the same cultural, social, and economic conditions and human rights abuses that increase vulnerability to HIV/AIDS also increase vulnerability to imprisonment. This has significant implications for social, economic, prison, and health policy – and for human rights – and must be centrally addressed within comprehensive national and international responses to HIV/AIDS in prisons.

Inside of prisons, people living with HIV/AIDS are often the most vulnerable and stigmatized segment of the prison population. Fear of HIV/AIDS often places HIV-positive prisoners at increased risk of social isolation, violence, and human rights abuses from both prisoners and prison staff. This fear is often driven by misinformation about HIV transmission, and the false belief that HIV infection may be spread by casual contact.

The fear of HIV/AIDS, and the social stigma of being known to be (or suspected of being) HIV-positive has negative effects on individuals and on the success of prison health programmes. Fear of discrimination deters prisoners from accessing voluntary HIV-testing and HIV/AIDS prevention and education measures, and discourages prisoners living with HIV/AIDS from seeking medical services and treatment. Therefore, combating HIV/AIDS-related discrimination in prisons is important to protecting the rights of prisoners living with HIV/AIDS and to increasing the effectiveness of HIV/AIDS prevention and testing

[12] For example, Preventing the Transmission of HIV Among Drug Abusers: A Position Paper of the United Nations System (Approved on behalf of ACC by the High-Level Committee on programme at its first regular session of 2001, Vienna, 26-27 February, 2001), paragraph 27, states "Interventions should be based on a regular assessment of the nature and magnitude of drug abuse as well as trends and patterns of HIV infection. Interventions need to be built upon knowledge and expertise acquired from research, including empirical knowledge about the social milieu around which drug taking revolves as well as lessons learned from the implementation of previous projects and interventions."

[13] Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS [aka UNGASS Declaration], June 2001.

services. All HIV/AIDS initiatives for prisoners and prison staff should therefore address HIV/AIDS-related discrimination as an integral component.

In developing responses to HIV/AIDS in penal institutions, it is also essential that programmes and services be responsive to the unique needs of vulnerable or minority populations within the prison system. Therefore, the needs of incarcerated women; children and young people; migrants; ethnic minorities; indigenous populations; men who have sex with men; lesbian, gay, bisexual, and transsexual and transgendered prisoners; sex workers; and injecting and other drug users; should be given particular priority and focus when developing HIV/AIDS services.

Collaborative, inclusive, and intersectoral cooperation and action

While prison authorities have a central role in implementing effective measures and strategies to address HIV/AIDS, this task is not solely the responsibility of prison systems. Maximizing the scope, quality, diversity, and effectiveness of prison-based HIV/AIDS prevention and care initiatives requires cooperation and collaborative action that integrates the mandates and responsibilities of various local, national, and international stakeholders.

The development and implementation of policies and initiatives to address HIV/AIDS in prisons should therefore involve input and support from relevant international bodies and organizations; all levels of national government (including those with responsibility for public health issues and medical services; prisons and places of detention; legislative frameworks; law enforcement and the courts; and the cultural, social and economic environments that affect those individuals and communities most vulnerable to HIV/AIDS and incarceration), civil society organizations (including non-governmental and community-based organizations, and those providing services for prisoners and former prisoners); prison staff and their representative organizations; researchers, and relevant professional organizations. It must also recognize the important role and expertise of prisoners and former prisoners, the families and friends of prisoners, and people living with HIV/AIDS, and provide mechanisms for their meaningful participation throughout the process of developing and implementing legislation, policy, and programmes.

Monitoring and quality control

Efforts to prevent the spread of HIV infection in prisons, and to care for prisoners living with HIV/AIDS, will only be successful if improvements in legislation and policy result in improvements to health care practice in prisons and the living conditions of prisoners.

It has been observed that in some countries, the quality of prison HIV/AIDS prevention and treatment services remains inadequate despite the existence of good national prison policy on HIV/AIDS. Reform of prison legislation and policy, while essential, is therefore not sufficient on its own. Governments and prison systems must take the steps necessary to implement legislation and policy "on the ground", and to ensure that these reforms are

successful in achieving the objectives of improving the living conditions of prisoners, the quality of prison health services, and the working conditions of prison staff.

Therefore, regular reviews and quality control assessments – including independent monitoring – of prison conditions and prison health services should be encouraged by both national and international bodies as an integral component of efforts to prevent the transmission of HIV in prisons and to provide care for prisoners living with HIV/AIDS.* This should include the development of public health surveillance systems and/or health care record management systems. Monitoring and evaluation is not only useful for assessing progress in improving the quality of prison health and HIV/AIDS services, it is also useful in securing financial support for prison programmes from national and international donors.

It is also important to promote consistency in national and international legislation, and national prison policy and rules, to ensure that they support the development of evidence-based responses in prisons; do not hinder the development, funding, or implementation of evidence-based HIV/AIDS prevention initiatives, drug treatment options, or access to HIV/AIDS treatment; and are consistent with international prison health and human rights standards. Therefore regular reviews – including independent audits – should be taken of prison legislation, policies, and rules that directly or indirectly affect HIV/AIDS prevention and medical care to ensure they are compatible with the objective of preventing the transmission of HIV in prisons and providing care for prisoners living with HIV/AIDS.

Reducing prison populations

Overcrowded prison conditions are detrimental to efforts to improve prison living standards and prison health care services, and to preventing the spread of HIV infection among prisoners.

Overcrowding presents barriers to implementing HIV/AIDS prevention and education efforts and creates conditions for increased prison violence (including sexual coercion and rape). Overcrowded living conditions also increase the likelihood that the health of prisoners living with HIV/AIDS will suffer through exposure to other infectious diseases and to unhygienic conditions, and create additional impediments to the ability of prison medical staff to provide adequate health services.

The overuse of incarceration of drug users is of particular concern. In many countries, a significant percentage of the prison population is comprised of individuals who are convicted of offences directly related to their own drug use (i.e. those incarcerated for the possession of small amounts of drugs for personal use, those convicted of petty crimes specifically to support drug habits). The incarceration of significant numbers of drug users increases the likelihood of drug use inside prisons, and therefore an increase in unsafe injecting practices and the risk of HIV transmission.

* For example, governments who have not already done so should begin by ratifying the Optional Protocol to the United Nations Convention against Torture, which creates national and international prison inspection mechanisms.

Action to reduce prison populations and prison overcrowding should accompany – and be seen as an integral component of – a comprehensive strategy to prevent HIV transmission in prisons, to improve prison health care, and to improve prison conditions. This should include the development of non-custodial strategies to reduce the over-incarceration of drug users, and to establish government targets for reducing prison overcrowding generally.

PROMOTING AN EFFECTIVE NATIONAL RESPONSE TO HIV/AIDS IN PRISONS – 100 ACTIONS

The development and implementation of an effective national response to HIV/AIDS in prisons requires action in numerous areas from a variety of stakeholders. This section outlines nine key areas, and suggests 100 actions to meet identified objectives.*

Political leadership

Objective: To promote effective action to address HIV/AIDS in prisons by government officials, policy makers, and other relevant national and international stakeholders.

Rationale: According to the Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS ["UNGASS Declaration"], "Strong leadership at all levels of society is essential for an effective response to the [HIV/AIDS] epidemic."[14] This is particularly true in the area of prisons.

In most countries, prison health standards and prison conditions suffer because of a lack of political and public interest in the well being of prisoners. Taking action to address the broad concerns raised by HIV/AIDS in prisons, and enabling prison authorities to implement effective policies and strategies, requires the political commitment to publicly identify prison health, improved prison conditions, and HIV/AIDS as issues demanding government action.

Government officials, senior prison authorities, the judiciary, senior heath officials, and other informed individuals and groups, including health professional associations, civil society organizations, people living with HIV/AIDS, prisoners/former prisoners, and prison managers and prison staff, have a crucial role to play in mobilizing political support for prison-based HIV/AIDS interventions, and in supporting government actions necessary to effectively combat HIV/AIDS in prisons.

Recommended actions

1. Acknowledge that high risk behaviours for the transmission of HIV occur within prisons (especially injecting drug use, sexual activity, and sexual abuse/violence).

* It is recognized that different countries are at different stages of development in addressing HIV/AIDS in prisons, and that some prison systems may already have taken action in some or even many of these areas identified.

[14] Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS [aka UNGASS Declaration], June 2001.

Official acknowledgement of the reality of high risk behaviours and HIV transmission in prisons is an essential first step in raising public awareness and in implementing effective responses. This acknowledgement should include public support for the need to develop and implement an evidence-based, ethical, and public health-driven response to HIV/AIDS in prisons.

2. Base decisions affecting prison health on evidence, recognized best practice, and on legal and ethical obligations, rather than on public opinion or political expediency. This should include support for innovative pilot projects that have the potential to change and improve prison conditions and health services, and support for mainstreaming such programmes as quickly as possible following successful evaluations.

Legislative and policy reform

Objective: To create frameworks of legislation, prison policy, and prison rules that promote effective and sustainable responses to HIV/AIDS in prisons.

Rationale: Under international human rights law, States have the primary responsibility for respecting, protecting and fulfilling human rights obligations, including the right of all persons to enjoy the highest attainable standard of health. These are rights enjoyed by all persons, including persons confined in penal institutions. Therefore national governments, and international assemblies, have an obligation to ensure that rights to health care are not denied to prisoners.

International and national legislative and policy frameworks, and national and local prison policies and rules, directly affect prison management and prison regimes, and have the potential to promote or impede progress in reducing HIV transmission in prisons and caring for those living with HIV/AIDS in penal institutions. Therefore, national and international legislative and policy reform – as well as reform of prison policy and rules – should accompany the development and implementation of an effective and ethical response to HIV/AIDS in prisons, and to health care in prisons in general.

Reform of national and international legislation

National and international legislation can influence the development and implementation of prison policies, prison rules, and prison programmes. Therefore the actions taken at the national and international levels can make an important contribution to creating an environment that promotes and encourages the development of effective prison management, prison health programmes, and the ethical treatment of prisoners.

In line with various United Nations instruments, legislative and policy reforms necessary to meet the objective above should be pursued in areas including:

3. Criminal laws and penalties, with the objective of reducing the criminalization of non-violent drug offences and significantly reducing the use of incarceration for non-violent drug users.

4. Drug control laws and penalties, with the objective of ensuring that these laws and their interpretation and enforcement are complementary to HIV/AIDS strategies and do not hinder HIV/AIDS prevention or access to HIV/AIDS treatment.

5. Sentencing laws and practices, with the objective of developing alternatives to prison and non-custodial diversions for people convicted of offences related to drug use so as to significantly reduce the number of drug users sent to prison, the overall prison population, and levels of prison overcrowding.[15]

6. Drug control laws and medical services, with the objective of creating a legal framework for the provision of substitution treatments such as methadone to drug users outside and inside of prison.

7. Prison legislation and policy, with the objective of ensuring that all HIV prevention, care and support measures and drug dependence services available outside of prisons are also provided to prisoners

Reform of prison policy and rules

While legislation and standards governing prison regimes are established at the national and international levels, their implementation often falls to local and regional prison management and staff who have day-to-day responsibility to provide for the housing and medical care of prisoners. Defining principles of good prison management in relationship to HIV/AIDS is therefore useful in assisting prison officials and staff to maximize the effectiveness and quality of HIV/AIDS prevention and care, in providing guidance when addressing HIV/AIDS issues, and in promoting a consistent standard and quality of care within prisons, and between prisons.

If not already in existence, prison systems should develop, implement, and make publicly accessible written policies and prison rules related to prison health, prison conditions, and prison HIV/AIDS programmes and services. Written policies and rules, and their proper implementation, are essential in the effective management of prisons, the training and support of prison staff, the ethical and humane treatment of prisoners, and the development of consistent and equitable standards within prisons and between prisons.

Prison systems should implement policies that:

8. Ensure proper classification and separation of prisoners based upon factors such as gender, age (children and adults), legal reason for their detention, and security level.

9. Ensure that prisoners and prison staff are guaranteed protection against discrimination on grounds including gender, age, race, ethnicity, culture, religion, language, sexual orientation, gender identity, and HIV status.

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[15] In keeping with United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules, U.N. Doc. A/45/110, Annex) which states "Member States shall develop non-custodial measures within their legal systems to provide other options, thus reducing the use of imprisonment, and to rationalize criminal justice policies, taking into account the observance of human rights, the requirements of social justice and the rehabilitation needs of the offenders".

10. Ensure the adequate provision of trained and qualified medical staff in prisons (i.e. registered nurses, adequate ratios of physicians to prisoners, etc.) and adequate healthcare infrastructure.

11. Integrate prison health service provision into public health structures, and enhance collaboration between public health, social services, and drug services and prison health systems and staff.

12. Provide and facilitate access to prisons for national or international bodies or organizations with oversight or monitoring functions.*

Prison systems should implement rules that:

13. Ensure that prisoners and staff are not subjected to mandatory HIV testing.

14. Ensure that prisoners are not subjected to mandatory or random drug testing, as such testing has been shown to encourage drug injecting (often using unsafe injecting practices).[16]

15. Ensure that prisoners are not involuntarily segregated or isolated based upon their HIV status, and are not housed, categorized, or treated in a fashion that discloses their HIV status.

16. Ensure voluntary drug dependence treatment for prisoners who use drugs.

17. Guarantee the confidentiality of prisoners' medical information. [Such information should be securely stored and only accessible to medical personnel. Medical information and records should not be shared with others without the prisoner's consent except in exceptional circumstances that should be clearly defined in policy that reflects the same principles and ethical and legal standards as non-consensual disclosure of medical information of patients in the outside community. The policy should also contain specific sanctions for prison staff found to be in breach of the confidentiality policy.]

18. Ensure that prison records or files are not marked or labelled in a manner that discloses HIV status.

19. Ensure that prisoners living with HIV/AIDS are not prohibited from participation in prison programming, work, recreational, or social activities because of their HIV status.

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* Nationally this could include elected officials, members of the judiciary, office of the ombudsmen, national human rights commission, NGOs and independent legal and health experts and prisoners' friends, families, and children. Internationally this could include international agencies and bodies (i.e. regionally a body such as the CPT, and globally the United Nations) and international NGOs.

[16] With respect to the public health impacts of urinalysis testing for illicit drugs in prison, see generally: SM Gore, AG Bird, AJ Ross. Prison rights: mandatory drugs tests and performance indicators for prisons. *British Medical Journal* 1996; 312(7043): 1411-1413. See also M MacDonald. Mandatory Drug Testing in Prisons. The University of Central England in Birmingham: January 1997, and R Lines, R Jürgens, G Betteridge, H Stover, D Latiscevschi, J Nelles. Prison Syringe Exchange: Lessons from a Comprehensive Review of International Evidence and Experience. Montreal: Canadian HIV/AIDS Legal Network, 2004.

20. Ensure that the provision or denial of substitution treatment, or access to any other treatments, is not used for disciplinary or punitive reasons, or as a reward for good behaviour.

21. Ensure that informed consent is sought and secured non-coercively before HIV/AIDS testing or medical interventions/treatments are provided to prisoners, that the process of securing consent specifically allows prisoners to refuse such testing and treatments, and that prisoners living with HIV/AIDS are not subjected to mandatory medical treatment.

22. Recognize that consensual sexual activity occurs in prisons, and ensure that consensual sexual activity is not penalised as this will discourage prisoners accessing condoms.

23. Ensure that non-consensual sex, coerced sex, bullying, and rape are prohibited; that structures and processes to punish and/or segregate sexual predators are outlined; and that comprehensive and compassionate care and counselling for survivors of sexual violence is provided.

24. Support normative sexual behaviour and relationships, including providing facilities for conjugal/private visits.

Prison conditions

Objective: To house prisoners in conditions that meet the recognized minimum international standards.

Rationale: Prison conditions are integrally linked to prison health, and have the potential to affect the health of prisoners in positive or negative ways. Minimum standards for the housing and treatment of prisoners are defined by international agreement.[17]

In the context of HIV/AIDS, substandard living conditions can increase the risk of HIV transmission among prisoners by promoting and encouraging drug use in response to boredom or stress (most often involving unsafe injecting practices) and by enabling prison violence, fighting, bullying, sexual coercion, and rape. Substandard prison conditions can also have a negative impact on the health of prisoners living with HIV/AIDS by increasing their exposure to infectious diseases such as tuberculosis and hepatitis; housing them in unhygienic and unsanitary environments; confining them in spaces that do not meet the minimum requirements for size, natural lighting, and ventilation; limiting access to open air and to educational social or work activities, and by failing to provide them with access to proper healthcare, diet, nutrition, and/or clean drinking water, and basic hygiene. Substandard prison conditions and the consequent stressors can also negatively affect the mental health of prisoners, or exacerbate pre-existing mental health problems.

[17] United Nations Standard Minimum Rules for the Treatment of Prisoners. (Economic and Social Council resolution 663 C(XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977).

Actions to improve prison conditions

25. Improve prison conditions to meet minimum international standards, and take specific, concrete steps to achieve that objective.

26. Eliminate overcrowding, poor sanitation, unhygienic living environments, and poor lighting and ventilation in prisons, and take specific, concrete steps to achieve those objectives.

27. Provide a standard of prison medical services, including mental health services, that meets the principle of equivalence, and take specific, concrete steps to achieve that objective.

28. Ensure that proper diet, nutrition, and access to clean drinking water is provided to all prisoners, and that prisoners' diets take into account the specificity of their health conditions.

29. Reduce prison violence, bullying, sexual coercion, and rape, and take specific, concrete steps to achieve that objective. This should include ensuring that staffing levels are sufficient to properly manage prison units, ensure the safety of prisoners and prison staff, and decrease the risk of sexual abuse of prisoners.

30. Ensure that prisoners are provided with the opportunity to engage in purposeful activities (educational, vocational, recreational, social, rehabilitation, etc.).

Funding and resources

Objective: (a) To develop and implement multisectoral national and international funding plans and resources to address HIV/AIDS in prisons in a comprehensive, effective, and sustainable manner; *(b)* To provide sufficient and sustainable resources to effectively and comprehensively address HIV/AIDS in prisons on the national, regional, and local levels.

Rationale: According to UNGASS, "The HIV/AIDS challenge cannot be met without new, additional and sustained resources."[18] Therefore in order to effectively address the range of challenges that HIV/AIDS poses to the effective and ethical management of prisons, and to meet recognized international standards on prison health and prison conditions, it is imperative that both national governments and the international community provide the substantial and sustained resources necessary to develop and implement comprehensive, evidence-based interventions.

Recommended actions

31. Allocate sufficient and sustained funding for evidence-based health programmes and strategies that comprehensively respond to the management of HIV/AIDS and associated issues including hepatitis, TB (including multi-drug resistant TB), STIs, opportunistic infections, mental illness, and drug dependence.

[18] Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS [aka UNGASS Declaration], June 2001.

32. Ensure that programmes and strategies to promote prison health, improve prison conditions, and address HIV/AIDS are resourced to the greatest extent possible from national budgets.

33. Identify prisoners as a key vulnerable population when allocating national and international resources to combat HIV/AIDS.

34. Expand the parameters of existing national and international funding earmarked for vulnerable populations to encompass prisoners, recognizing that in many countries the populations most vulnerable to HIV/AIDS are also disproportionately represented in penal institutions.

35. National AIDS Committees and Country Coordinating Mechanisms should ensure that existing funding proposals are inclusive for the management if HIV/AIDS in prison settings.

36. Maximize support and encouragement of peer-based HIV prevention, education, counselling, and care initiatives. Increasing the role of prisoners in developing and providing health programmes and services increases the capacity of prisons to respond to HIV/AIDS.

37. Ensure that prisoners have access to antiretroviral (ARV) therapies under national treatment roll-outs or the WHO/UNAIDS "3 by 5" initiative, and that this programme and other similar programmes include prison-specific components and targets.

38. Dedicate specific funding and resources for HIV/AIDS programmes and services within national prison budgets, and dedicate specific funding for prison initiatives within national HIV/AIDS, health, and drugs budgets.

39. Review the impact of drug control and enforcement programmes in combating the transmission of HIV/AIDS in prisons, and examine the re-allocation of funding from ineffective or counter-productive programmes into new health-based initiatives.

40. Ensure that non-governmental organizations are provided with sufficient funding from national and international sources to play an integrated and effective role in prison HIV/AIDS programmes and services, and that sufficient and sustainable resources and other supports to are provided to outside medical, drug dependence treatment, mental health, and social services to enable them to provide post-release care for ex-prisoners.

Health standards and continuity of care and treatment

Objective: (a) To meet the international standards of providing health care within prisons equivalent to that available to the outside population, and *(b)* To ensure continuity of health care services between correctional institutions and jurisdictions, and between the prison and the community.

Rationale: The international community has agreed that prisoners are entitled without discrimination to access to a standard of health care – including preventive measures – equivalent to that available in the outside community. The structure and management of prison health services have the potential to promote or impede progress towards this objective, and therefore promote or impede success in reducing the spread of HIV/AIDS in prisons, and caring for those living with HIV/AIDS.

Recommended actions

41. Ensure that all necessary health care is provided to prisoners free of charge and without discrimination at a level equivalent to that in the community, including referral and access to community health services when necessary. This should include HIV prevention measures, voluntary HIV testing with pre- and post-test counselling (VCT), drug treatment services, HIV/AIDS treatment (including antiretroviral treatments) and care, mental health services, palliative care interventions, and measures to prevent mother to child transmission of HIV.

42. Ensure that existing national disease programmes (specifically those for HIV and TB), in particular access to national drug treatment protocols and national prevention strategies, and fully integrated into the prison health system.

43. Integrate and resource actions to promote prison health within national and international strategies that address HIV/AIDS, drug use, and access to health services, with a particular emphasis on vulnerable populations, including young people and women.

44. Integrate prison health into wider community health structures, and assign responsbility for the management and provision of prison health services to those same ministries, departments, and agencies providing health services to the general population. Where this is not achievable in the short term, action should be taken to significantly improve cooperation and collaboration between prison health services and community health services.

45. Ensure that in countries where any prison management function, including the housing and security of prisoners, medical care, or the provision of any other non-custodial services is contracted to the private sector, that all contractual agreements between governments/government agencies and private providers include binding obligations to meet specifically defined international health standards, and that such agreements be flexible so as to allow the immediate incorporation of improvements in best practice. Such agreements should be open to public scrutiny and enforcement.

46. Commit to respecting and supporting principles of ethical medical care, including confidentiality of medical information and records, informed consent of patients, and the independence of medical decision-making from prison management and security, and take specific, concrete steps to achieve that objective.

47. Ensure that the relationship between health care worker and prisoner is governed by the same ethical principles as between the physician and any other patient, and is not unduly influenced by prison management or security.

48. Create functioning systems of referral and cooperation between medical services, mental health services, social services, drug dependence services (including substitution treatment), and HIV prevention services inside and outside of prisons to ensure continuity of care and treatment between correctional institutions and jurisdictions, and following release.

49. People in prison have the same right to medical confidentiality as patients in the wider population. However, in prisons the manner of providing medical services and treatments to people living with HIV/AIDS may inadvertently disclose their HIV status. Therefore every effort must be made to ensure that accessing health services does not breach patient confidentiality.

50. Provide access to effective and timely treatment of tuberculosis inside prisons and ensure proper follow up when prisoners are released.

51. Encourage the involvement of NGOs and professionals from outside the prisons in providing comprehensive and multi-faceted health, mental health, social, drug dependence, and HIV prevention services to prisoners, and create structures to enable the families of prisoners living with HIV/AIDS to access prisons and take a constructive and active role in providing care and support.

52. Ensure sufficient training and resources to prevent the transmission of HIV (and hepatitis) via reused, unsterilized, or improperly sterilised medical, surgical, and dental equipment, and through blood transfusion.

Comprehensive and accessible HIV/AIDS services

Objective: *(a)* To provide prisoners with information on HIV/AIDS; *(b)* To provide prisoners with the means to protect themselves against HIV/AIDS infection; *(c)* To provide effective and compassionate medical care and support to prisoners living with HIV/AIDS, reflecting the highest attainable standard of care in the community; *(d)* To provide prisoners living with HIV/AIDS with the means to protect themselves from re-infection and/or co-infection with hepatitis B and C, and/or tuberculosis.

Rationale: Providing prisoners with the knowledge and means to protect themselves against HIV infection, and providing effective care treatment and support to prisoners living with HIV/AIDS, are the ultimate objectives of a comprehensive HIV/AIDS strategy in prisons. As noted above, effective control of HIV/AIDS in prisons has important public health consequences beyond prisons.

Clearly defining the key elements of a comprehensive strategy can assist prison management in implementing necessary programmes and services, and assist in measuring progress towards achieving this objective. Therefore, actions should be taken in the following four areas.

HIV prevention

Recommended actions

53. Provide on a continuing bases access to accurate, non-judgemental, and accessible information on HIV/AIDS in various formats. This should include clear and unambiguous information on routes of transmission, the types of behaviours (i.e. unsafe sexual activity, syringe sharing, unsafe tattooing and body piercing) that pose a risk of HIV transmission, the proper and effective use of comprehensive HIV/AIDS prevention, care and support measures, and correct myths and misinformation about routes of transmission. Information should be accessible in a confidential and non-discriminatory fashion.

54. Deliver HIV/AIDS education/information as one component of a broader comprehensive programme of health education that also includes education on healthy lifestyles (nutrition, exercise, smoking etc), mental health promotion, TB, hepatitis, sexual health, drug use, harm reduction, STI prevention, and HIV testing and treatment opportunities for HIV-positive prisoners.

55. Ensure that the content and messages of educational materials are specific and relevant to the realities of, and resources available in, the prison environment and that materials respect and are relevant to differences in gender, age, race, ethnicity, culture, religion, language, literacy level, sexual orientation, and gender identity.

56. HIV prevention initiatives for women should reflect the fact that in many countries women face increased vulnerability to HIV infection, have higher rates of HIV infection in prisons than men, engage in risk behaviours differently than male prisoners, and generally serve shorter prison sentences than men.

57. Ensure that the content of educational programmes for prisoners combats AIDS-related discrimination; homophobia and the stigma associated with same-sex sexual relationships; and discrimination associated with sex work and drug use.

58. Provide access for national preventive mechanisms, non-governmental organizations and other professionals from outside the prison system to assist in the provision of educational interventions.

59. Encourage and support the development of peer-based education initiatives and educational materials designed and delivered by prisoners themselves. This is particularly crucial for populations with low literacy levels, where face-to-face educational interventions are critical.

60. Ensure the measures available outside of prisons to prevent transmission of HIV through the exchange of bodily fluids are also available in prisons. This should include providing access to the full range of prevention commodities to prevent HIV transmission through unsafe sex, needle sharing, unsafe tattooing, and joint use of razors in those countries where these measures are available in the outside community, e.g., condoms, sterile needles and syringes, razor blades and sterile tattooing equipment. HIV prevention measures should be accessible in a confidential and non-discriminatory fashion.

61. Provide prisoners with access to HIV prevention measures prior to any form of leave or release.

Voluntary counselling and testing

Recommended actions

62. Provide access to voluntary, confidential HIV testing with counselling for prisoners where such testing is available in the outside community. This should include access to anonymous HIV testing in jurisdictions where such testing is available outside of prisons.

63. Ensure prisoners are provided with sufficient information to enable them to make an informed choice about whether to undertake test or to refuse testing if they so choose.

64. Ensure well-informed pre- and post-test counselling as a mandatory component of HIV testing protocols and practice, and ensure effective support is available to prisoners when receiving test results and in the period following.

65. Ensure the confidentiality of HIV test results of prisoners.

66. Ensure that informed consent and pre- and post-test counselling are mandatory for all HIV testing practices in prisons – including diagnostic testing, the use of rapid test kits, and testing as part of post-exposure prophylaxis protocols.

Care, treatment and support

Recommended actions

67. Provide at no cost access to appropriate and professional HIV/AIDS care, treatment and support equivalent to that available in the outside community, including access to diagnostics, antiretroviral treatment, proper diet, health promotion options, and adequate pain management medications.

68. Ensure that access to clinical trials, investigational therapies, non-conventional therapies, and alternative therapies is the same for prisoners as for people living outside of prisons. Such participation should only take place with expressed and informed consent, and prisoners should not be placed under pressure or intimidation to participate, nor be allowed to participate without their knowledge.

69. Ensure that prevention and treatment of STIs, TB, and hepatitis and other opportunistic infections are provided as key components of comprehensive HIV/AIDS care.

70. Ensure that prisoners are provided with information on HIV/AIDS treatments and therapies sufficient to enable them to make an informed choice about their treatment options, and that they are able to refuse treatment if they so choose.

71. Provide appropriate reproductive health and gynaecological care services for all women.

72. Provide quality obstetrical care for HIV positive pregnant women in prison, including antiretroviral therapy on a continuous basis, and prophylaxis for the infant during and post-delivery to ensure that vertical transmission of the infection is interrupted.

73. For infants kept in detention with their mother, provide paediatric care for those infants found to be HIV positive.

74. Encourage the participation of non-governmental organizations and other professionals from outside the prison system in providing care, treatment, and support services.

75. Provide access to effective, appropriate, and compassionate palliative care that meets standards available in the wider community.

76. Provide options for the early release for prisoners in advanced stages of HIV-related illness.

Drug dependence treatment

Recommended actions

77. Ensure that prisoners have access to the same drug treatment and counselling programmes available to the population outside prisons, including drug free options, drug free living areas, pharmacologically-supported drug treatment, and options to reduce the harms of drug use. This should include no-cost access to methadone maintenance and other substitution treatments for opioid-dependent prisoners in jurisdictions where substitution treatment is available outside of prisons (including both the continuation of substitution treatment for people accessing treatment when incarcerated and the initiation of substitution treatment during incarceration for those who qualify, based upon the same criteria for initiating substitution treatment outside of prisons). Where no substitution treatment is available in the outside community, the prison authorities should add their voice to lobby for changes in policy and legislation to make such treatment nationally available, including within prisons.

78. Encourage the development and support of self-help and peer-support groups that raise the issues of HIV/AIDS from the perspective of prisoners and drug users themselves.

79. Ensure that NGOs and experts from outside the prison system are involved in the development and provision of drug treatment services

80. Create functioning systems of referral and cooperation between drug treatment services inside and outside prisons to improve continuity of drug services upon imprisonment and after release.

Staff training and support

Objective: To provide all prison staff with the knowledge, skills, and training on HIV/AIDS necessary to meet the requirements and responsibilities of their work.

Rationale: HIV/AIDS has implications for the professional duties and responsibilities of prison staff, and for workplace safety and security.

Staff education and support is essential to create optimal conditions to ensure a safe and healthy environment for prisoners, staff, and visitors, and to enable to provision of HIV/AIDS related interventions in a comprehensive manner. The provision of prevention, care, treatment, and support programmes for prison staff should be at least as comprehensive as those for prisoners, as staff are more likely to support HIV/AIDS related interventions for prisoners if they also have access to a comparable package of services. Therefore it is essential that all prison staff receive regular training, education, and support on HIV/AIDS and related issues.

Recommended actions

81. Provide education on HIV/AIDS and other communicable diseases, routes of transmission in the workplace, confidentiality, drug use, HIV prevention measures, HIV testing and treatment opportunities, drug dependence treatment, universal precautions and use of protective equipment, and the rationale and content of prison rules and policies related to HIV/AIDS to all prison staff as part of their initial training, and update this training on a regular basis during the course of employment. Ensure that all staff receive regular training.

82. Consult with staff on the development of education materials and programmes and the methods of delivering training programmes, and encourage and support the development of staff peer education initiatives and materials by for prison staff.

83. Ensure that the training of prison staff addresses HIV/AIDS-related discrimination; homophobia; reduces staff opposition to the provision of HIV prevention measures to prisoners; emphasises the importance of confidentiality and non-disclosure of HIV status and medical information; and promotes the compassionate treatment of prisoners living with HIV/AIDS.

84. Ensure that the content of all training is specific to the duties and responsibilities of the various categories of prison staff (i.e. security staff, medical and nursing staff, etc.) and that it is relevant to the specific realities of the prison environment.

85. Provide regular training to prison health care workers to enable them to maintain and improve their skills and knowledge current with developments in all health areas, in particular drug dependence treatment and HIV/AIDS prevention, care, and treatment.

86. Implement policies and training to minimize the risk of workplace exposure (i.e. needle-stick injuries).

87. Provide mechanisms to ensure a safe physical environment such as hand washing stations, health waste management and disposal, appropriate ventilation systems (especially for the accommodation of patients with smear positive tuberculosis), and utilizing universal precautions.

88. Ensure that all prison staff are provided hepatitis B vaccinations at no cost.

89. Ensure that in the event of potential workplace exposure to HIV, prison staff have access to appropriate post-exposure prophylaxis and counselling.

90. Ensure that health insurance plans for prison staff are inclusive for coverage of anti-retroviral treatments.

Evidence-based practice

Objective: To implement HIV/AIDS policies and programmes based upon established need and on empirical evidence of effectiveness, and evaluated models of good practice.
Rationale: Effective and ethical public health practice mandates that policies and programmes to promote health and prevent disease transmission be based on an objective assessment of the needs of the target population and on empirical evidence of the effectiveness of the interventions. Therefore prison health policies and programmes must also be based on both the needs of the specific prison population and on evidence-based and evaluated models of good practice, and their outcomes properly evaluated.

Recommended actions

91. Assess the situation of HIV seroprevalence and high risk behaviours in prisons through the implementation of methodologically and ethically sound research initiatives in which the participation of prisoners is secured without coercion.

92. Implement evidence-based comprehensive HIV/AIDS prevention interventions, and systems of care for those living with HIV/AIDS.

93. Evaluate interventions using methodologically and ethically sound evaluation tools, and adapt/change interventions as necessary based upon the evaluation outcomes.

94. Document and share research, evaluations, and models of good practice.

95. Prioritize funding and resources for interventions that demonstrate a needs and evidence base.

International, national and regional collaboration

Objective: To share knowledge and expertise on effective prison management and HIV/AIDS to enhance the development of evidence-based practices.

Rationale: Sharing and disseminating international, national, and regional experience in addressing HIV/AIDS in prisons is essential in the promotion of effective and evidence-based responses.

Recommended actions

96. Provide the services of experts and technical advisors on effective and ethical prison management and HIV/AIDS to countries that request such assistance.

97. Collaborate with prisons/jurisdictions that have implemented successful HIV/AIDS programmes, and adapt these interventions to meet the specific conditions and needs in other prisons/jurisdictions.

98. Promote national and international training and seminars on HIV/AIDS and prisons to share experiences and examples of evidence-based practice.

99. Build international, national, and regional networks where good practice models can be exchanged, including the participation of non-government service providers and researchers.

100. Document and disseminate research, evaluations, and models of good practice on HIV/AIDS and effective prison management nationally and internationally.

HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings

A Framework for an Effective National Response

IMPLEMENTING THE FRAMEWORK AT NATIONAL LEVEL

3

Guidelines and strategies to address HIV in prisons are only useful if they are implemented, and are used to change prison policies and health services. Therefore, developing a national implementation plan to move forwards the recommendations and actions identified in the Framework is essential. Section 3 suggests concrete actions that can be taken at national level to organize the implementation of the actions in the Framework.

BUILDING MOMENTUM

Identify and educate key stakeholders

It is essential to identify the key national officials and experts with the mandate, ability, and expertise to develop and implement the strategy. This should include representatives from sectors including the Ministry of Prisons, the Ministry of Health, the National HIV/AIDS Strategy, the National Drugs Strategy, and from NGOs and community experts. It is imperative to identifying key stakeholders with the seniority to make decisions and commitments – including commitments regarding funding and budgeting – on behalf of their departments or ministries.

Include prisons representatives within existing national and regional HIV/AIDS coordinating bodies

Representatives from the prison system and/or the controlling ministry should be included as members of existing national and regional coordinating committees on HIV/AIDS (i.e. Presidential Councils on AIDS, National Coordinating Committees, etc.) This is essential to ensuring that prison issues are included with holistic discussions of a national response to HIV/AIDS, that prisons are included within grants from international donors, and that the needs of prison systems are considered when allocating national and international funding and resources.

Identify and support "champions" to lead implementation efforts

It has been the experience in some countries that progress in implementing HIV/AIDS strategies in prisons has been significantly helped by the work of one or a small number of individuals within the system who have committed themselves to advocating internally for change. Therefore, a component of identifying key stakeholders should also include the identification and promotion of "champions" within the system. These individuals should be tasked with – and supported in – promoting the strategy nationally (internally within government and externally with the public). These champions should be supported in developing expertise on the issue of HIV in prisons, and to act as key centres of knowledge and information for the system as a whole.

Encourage the development of local and regional working committees of HIV/AIDS in prisons, and/or inclusion of prisons within existing local/ regional HIV/AIDS coordinating committees

Moving prison HIV/AIDS strategies from the policy stage to the implementation stage requires the support and cooperation at the local and regional levels. Therefore raising awareness of HIV/AIDS in prisons issues at the local and regional levels is essential. If local or regional coordinating committees on HIV/AIDS exist, prison representatives should be included on these committees in the same way as at the national level. At the same time, the inclusion of HIV/AIDS issues – with representation from the relevant representatives from the health sector – should be encouraged within existing local and regional committees of prison officials.

Build regional networks and collaborations

The national coordinating committee on HIV/AIDS and the national "champions" should collaborate in the building of regional networks of countries working on implementing HIV strategies in prisons. Such regional networks can provide important pools of knowledge and experience, especially in comparing "like with like" (i.e. countries in the same region, with similar prison systems and resource bases). Documenting and sharing research and experiences through such networking should be a priority.

Establish a concrete multi-year work plan and assess regularly

The existing national coordinating body on HIV/AIDS should develop a multi-year work plan for implementing the Framework, identifying concrete objectives, deadlines, and naming those with responsibility for carrying out specific actions. Given that different countries are at different stages in addressing HIV/AIDS in prisons, the coordinating body may also use the Framework as a tool to assess the current national response, and prioritize areas for action. This work plan should be reviewed on at least an annual basis to ensure that progress is being made towards the objectives identified.

BUILDING KNOWLEDGE

Develop data on HIV/AIDS and risk behaviour among prisoners

Compiling accurate information on HIV prevalence and risk behaviours in prisons is essential in creating an appropriate national response. Information should be gathered by epidemiological studies, compiling information from prison medical service, compiling information from community drugs, sexual health, HIV services, etc. Data from both the national and local levels are valuable.

Raise national awareness of HIV/AIDS and prisons issues among decision-makers

Many of the government officials who need to be involved in developing and implementing the strategy may be unfamiliar with the issue of HIV/AIDS in prisons. Many key decision-makers in the areas of prisons, health, drugs, etc. will also need education on the importance of the issue, and on international best practice models. Therefore, raising education and awareness is important component of progressing the implementation plan. This should include providing information on HIV prevalence in prisons, public health context of prison health, legal and ethical obligations of governments, and examples of international best practice.

Increase professional training opportunities on HIV/AIDS in prisons, and prison health generally

Building knowledge and expertise on HIV/AIDS issues requires training and development of relevant professionals. Therefore, training and education on HIV/AIDS in prisons – and prison health generally – should be incorporated not only within the training for general prison staff, but also in the curriculum of colleges and universities training physicians, nurses and other medical workers, drug dependence counsellors, social workers, and other professionals who may contribute to developing prison HIV/AIDS programmes.

Utilize technical assistance from other countries and study tours of national prison officials to other countries where necessary to support the development and implementation of HIV/AIDS initiatives

Many countries have taken steps to address the issue of HIV in prisons. Some have developed comprehensive and diverse responses, while others have implemented more limited responses in a limited number of areas. All of these experiences are valuable, and should be examined in developing national responses and implementing the Framework. This can include the use of study tours to countries that have implemented HIV programmes to examine these programmes, and in utilizing the technical assistance of experts from others countries. Many prison officials have commented on the value of seeing HIV/AIDS and harm reduction programmes “in action”, rather than only discussing them in the abstract. The value of comparing “like with like” examples, and learning from the experiences of countries with similar social, economic, and political circumstances, should be prioritized.

BUILDING CAPACITY

Develop collaboration between prison and community services in order to promote quality and sustainability

Establishing effective working links between prison-based services and community services is essential in implementing a comprehensive HIV strategy in prisons. Such collaboration

can improve the standards of care in prisons, support prison staff (including providing opportunities for training), ensure that prison services reflect current national best practice, ensure the sustainability of prison programmes, and improve post-release follow-up for prisoners upon release. The building of these collaborations should therefore be a key element in the work of the Inter-ministerial Committee and the local Implementation Teams. Working relationships should be developed in areas including medical services, HIV/AIDS services, sexual health services, women's health services, drug services, voluntary HIV testing services, substitution treatment services, youth services, and public health services.

Learn from community practice, but develop responses based on the prison setting

In many countries there exists an opportunity to learn from community experience in developing HIV programmes in prisons. HIV prevention programmes targeted at injecting drug users in the community, for example, can be a valuable guide in the development of effective initiatives in prisons. However, while community experience and evidence is valuable, programmes and services must be geared for the specifics of the prison environment.

Use of new projects, and mainstream quickly based upon evaluations

Time limited projects may be utilized as a tool in developing and implementing new or innovative programmes. These projects may be valuable in developing staff and prisoner education, HIV prevention measures, drug treatment services, and medical services. In addition to providing an opportunity to test project implementation processes and evaluate programme outcomes, projects may be used to encourage change in staff culture, and promote wider support for the implementation of HIV programmes and services. It is essential however that these projects not delay action on HIV in prisons, nor be used as an end unto themselves. Projects should always be designed as a stepping-stone to wider implementation of programmes, rather than a reason to delay or prevent wider implementation, and should be mainstreamed rapidly upon completion. This should include the development of "model regions" in which wider integrated responses within prisons, and between the prison and the community, are established and evaluated.

Identify and link into existing networks

One of the easiest ways to begin to learn from international experiences is to link into existing regional and international networks that focuses on HIV/AIDS and/or drug services in prisons (i.e. WHO Health in Prisons Project, European Network of Drug Services in Prisons, Harm Reduction Knowledge Hubs, UN theme groups, etc.).

Sustaining funding

Adequate funding is key to implementing the actions in the Framework, and national governments and the international donors should address issues of HIV in prisons as a pri-

mary concern in developing national HIV and public health strategies. At a national level, integrating prison health within community health requires the commitment to open up public health funds to prison initiatives. Therefore, the parameters of any funding allocated to national HIV/AIDS strategies, national drug strategies, national HIV treatment roll-outs, public health programmes, women's health, youth health, and public medical care should be expanded to incorporate prisons. Similarly, the parameters of national funding to prisons and drug law enforcement should also be expanded to include HIV prevention initiatives. In assessing the issue of prisons, national governments should consider the overall cost savings of taking action to prevent the spread of HIV among prisoners and the broader community.

International donors must also dedicate specific funding to prison HIV projects, and expand the parameters of current funding to include prisons. This is particularly true in current funding dedicated at vulnerable and marginalized populations, as in many countries the communities most affected by HIV infection are also over-represented in the prisons. National Inter-ministerial Committees and international funders should work collaboratively to ensure that funding is targeted at the areas of greatest need, and that initiatives are based upon evidence-based practice. Sustainability of projects must always be considered as a priority issue in identifying initiatives and allocating funds.

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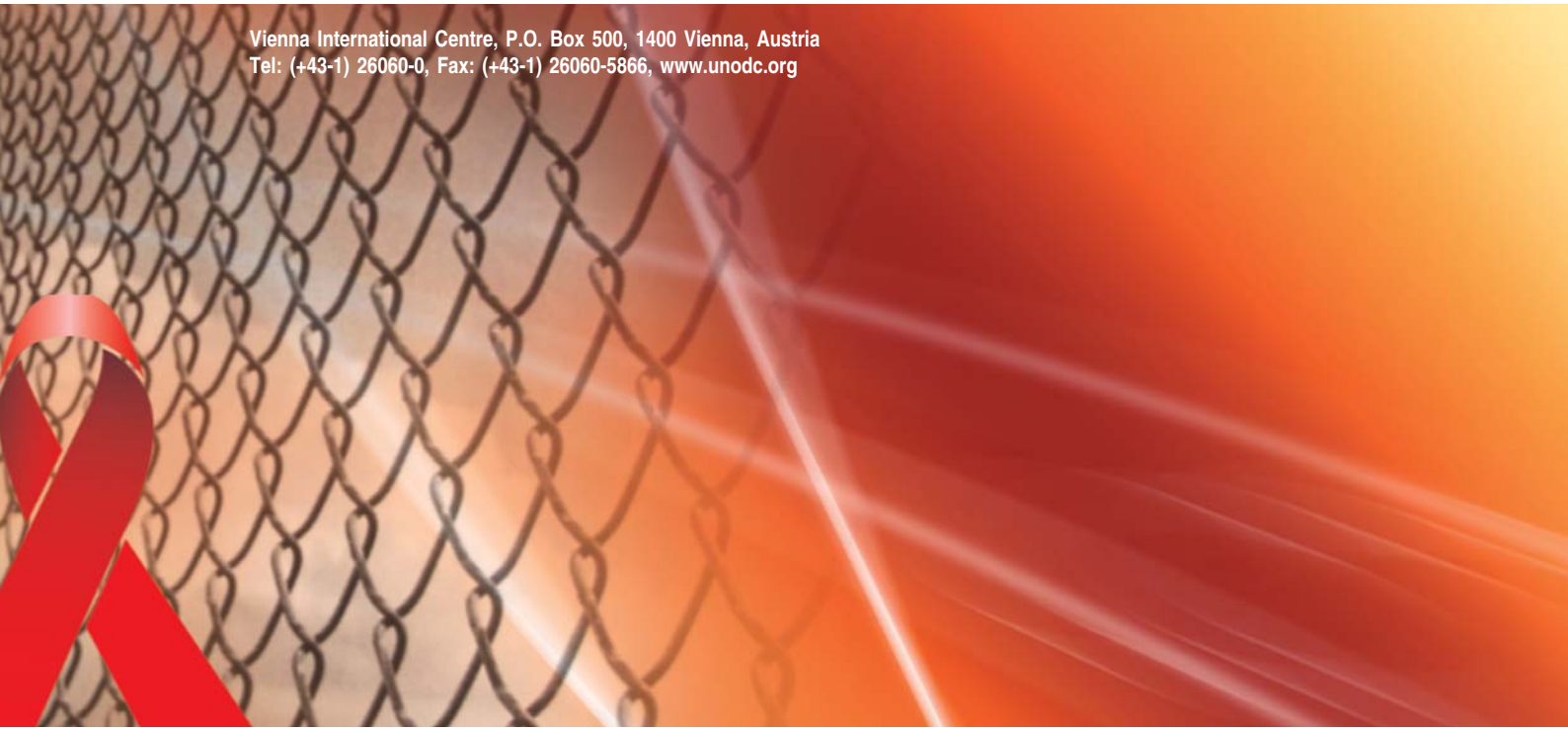

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