



EVIDENCE FOR ACTION TECHNICAL PAPERS

EFFECTIVENESS OF INTERVENTIONS TO ADDRESS HIV IN PRISONS



**World Health
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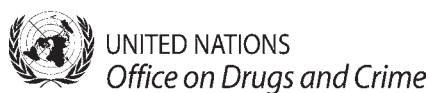
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PREFACE

The global environment for the HIV response has shifted substantially towards a massive scaling up of prevention, treatment and care interventions. In particular, Governments made an unprecedented commitment during the United Nations Special Session on HIV/AIDS in 2001 to halting and reversing the epidemic by 2015. More recently, at the 2005 World Summit and at the 2006 High Level Meeting on AIDS, Governments committed to pursue all necessary efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010. In support of this, substantial additional resources to fund an expanded response have become available, including through the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Governments face the challenge of translating these commitments into practical programmes, which includes implementing a comprehensive range of interventions to address HIV transmission related to injecting drug use, including in their prison systems. This publication is part of a series of Evidence for Action Technical Papers, which aim to make the evidence for the effectiveness of interventions to manage HIV in prisons accessible to policy-makers and programmers. The series consists of:

1. Four papers that consider the effectiveness of a number of key interventions in managing HIV in

prisons, including:

- needle and syringe programmes and decontamination strategies;
- prevention of sexual transmission;
- drug dependence treatments; and
- HIV care, treatment and support.

2. A comprehensive paper on *Effectiveness of Interventions to Address HIV in Prisons* which (1) provides more detailed information about the interventions covered in the four above mentioned papers; and (2) reviews the evidence regarding HIV prevalence, risk behaviours and transmission in prisons, as well as other interventions that are part of a comprehensive approach to managing HIV in prisons, including HIV education, testing and counselling, and other programmes. This paper is available, in electronic format only, at <http://www.who.int/hiv/idu/>.

WHO, UNODC and UNAIDS recognise the importance of this review in supporting the implementation and scale up of evidence-based interventions in prison settings aimed at HIV prevention, treatment and care.

A NOTE ON TERMINOLOGY

In some jurisdictions different terms are used to denote places of detention, which hold people who are awaiting trial, who have been convicted or who are subject to other conditions of security. Similarly, different words are being used for various groups of people who are detained.

In this paper, the term 'prison' has been used for all places of detention and the term 'prisoner' has been used to describe all who are held in such places, including adult and juvenile males and females detained in criminal justice and prison facilities during the investigation of a crime; while awaiting trial; after conviction and before sentencing; and after sentencing. Although the term does not formally cover persons detained for reasons relating to immigration or refugee status, those detained without charge, and those sentenced to compulsory treatment and rehabilitation centres as they exist in some countries, nonetheless most of the considerations in this paper apply to them as well.

EXECUTIVE SUMMARY

BACKGROUND

HIV hit prisons early and hit them hard. The rates of HIV infection among prisoners in many countries are significantly higher than those in the general population. HCV seroprevalence rates are even higher. While most of the prisoners living with HIV or AIDS in prison contract their infection outside the institutions before imprisonment, the risk of being infected in prison, in particular through sharing of contaminated injecting equipment and through unprotected sex, is great. Studies from around the world show that many prisoners have a history of problematic drug use and that drug use, including injecting drug use, occurs in prison. Outbreaks of HIV infection have occurred in a number of prison systems, demonstrating how rapidly HIV can spread in prison unless effective action is taken to prevent transmission.

The importance of implementing HIV interventions, including drug treatment programmes, in prisons was recognized early in the epidemic. After holding a first consultation on prevention and control of HIV in prisons in 1987, WHO responded to growing evidence of HIV infection in prisons worldwide by issuing guidelines on HIV infection and AIDS in prisons in 1993. The guidelines emphasize that “all prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination”. This was more recently re-affirmed in the 2006 framework for an effective national response to HIV/AIDS in prisons, jointly published by the United Nations Office on Drugs and Crime (UNODC), WHO, and UNAIDS.

An increasing number of countries have introduced HIV programmes in prisons since the early 1990s. However, many of them are small in scale, restricted

EVIDENCE OF THE EFFECTIVENESS OF INTERVENTIONS TO ADDRESS HIV IN PRISONS: CONCLUSIONS AND RECOMMENDATIONS

HIV/AIDS education

A few evaluations have indicated improvements in levels of knowledge and self-reported behavioural change as a result of prison-based educational initiatives. However, most studies concluded that the effectiveness of current educational efforts in influencing prisoners’ behaviour and in reducing HIV transmission among prisoners remains largely unknown and that simply providing information on HIV and the harms associated with risk behaviours is not enough. In particular, studies have pointed out that education and counseling are not of much use to prisoners if they do not have the means to act on the information provided while they are in prison.

Based on the data available and extrapolating from the literature on community-based programmes, education programmes in prisons are more likely to be effective if developed and delivered by peers.

Therefore, it is recommended that:

1. Recognizing that prisons are important settings for informational and educational programmes for both prisoners and staff about HIV and other infectious diseases, prison systems should establish well-designed programmes in all prisons.
2. Where possible, education delivered for prisoners

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