HIV/AIDS, SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS IN PRISONS

Report on a joint WHO/UNAIDS European seminar

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TARGET 5

REDUCING COMMUNICABLE DISEASE

By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.

ABSTRACT

Responding to the serious threat to public health posed by the high levels of HIV/AIDS, sexually transmitted diseases and tuberculosis in the European prison population, the WHO Regional Office for Europe and the Joint United Nations Programme on HIV/AIDS, in collaboration with the institutions participating in the WHO health in prisons project, organized a seminar of representatives of prison administrations and health care staff, national AIDS and tuberculosis programmes, nongovernmental organizations, and justice, interior and health ministries from 16 countries. The participants exchanged information on the current situation as to risk behaviour, risk factors and transmission of disease in prisons in Europe. They assessed progress in and possible barriers to the adaptation and application of the WHO guidelines on HIV infection and AIDS in prisons and the WHO strategy for tuberculosis control, and discussed models of good practice for prevention and care. Calling for urgent action from governments and the international community, the participants made recommendations on safeguarding the rights of all prisoners to receive health care, including preventive measures, equivalent to that available in the community, without discrimination.

Keywords

HIV INFECTIONS – prevention and control
ACQUIRED IMMUNODEFICIENCY SYNDROME – prevention and control
SEXUALLY TRANSMITTED DISEASES – prevention and control
TUBERCULOSIS – prevention and control
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## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>The situation of HIV/AIDS and tuberculosis in European prisons</td>
<td>2</td>
</tr>
<tr>
<td>Prevention and care of HIV/AIDS in prisons</td>
<td>2</td>
</tr>
<tr>
<td>Prevention and control of tuberculosis in prisons</td>
<td>3</td>
</tr>
<tr>
<td>European networks on prison health</td>
<td>3</td>
</tr>
<tr>
<td>Conclusions and recommendations</td>
<td>3</td>
</tr>
<tr>
<td>Annex 1 Participants</td>
<td>6</td>
</tr>
</tbody>
</table>
Introduction

The meeting was attended by 101 participants and hosted with the kind hospitality of the Polish Government. Participants included representatives of prison administrations, prison health care staff, national AIDS programmes and national TB programmes, nongovernmental organizations and ministries of justice, interior and health from Azerbaijan, Belarus, and Kazakhstan and the following countries participating in the WHO Health in Prisons Project: Bulgaria, Finland, France, Greece, Hungary, Latvia, the Netherlands, Poland, Portugal, the Russian Federation, Switzerland, Ukraine and United Kingdom. Further, representatives of the International Committee of the Red Cross, the European Network for AIDS Prevention in Prisons, the European Network of Drug and HIV/AIDS Services in Prison, the WHO Health in Prison Project, the United Nations Development Programme in Poland, Council of Europe, the Joint United Nations Programme on HIV/AIDS, WHO headquarters and the WHO Regional Office for Europe took part in the meeting. The Central Board of Prison Service of the Ministry of Justice in Poland was in charge of the local organization.

The advent of the AIDS epidemic has highlighted the role of prisons as important and critical settings for prevention and care of communicable diseases. There appears to be a relatively higher proportion of sexual and drug use-related risk factors for infection with HIV, other sexually transmitted diseases (STDs) and hepatitis among the prison population compared to the population in general, as well as other risk factors such as tattooing and piercing.

A particular serious health consideration is tuberculosis (TB) which can easily spread in overcrowded prison conditions. In many prisons systems, TB is the biggest single cause of death among prisoners. People with HIV are especially vulnerable to TB, and HIV-positive people dually infected with TB can transmit this disease to those not infected with HIV.

Incarceration in itself enhances the risk of contracting TB and may increase sexual and drug use-related risk behaviour. Further, it may prevent access of prisoners to the information and resources available to other population groups, hence increasing the vulnerability and the potential for transmission of HIV, STDs and TB among prisoners. The constant flux of people already infected or with high risk factors between prisons and the community further increases the potential for transmission within and from the prison population. Incarceration on the other hand represents an opportunity to reach vulnerable population groups whom otherwise may be difficult to reach.

WHO guidelines on HIV infection and AIDS in prisons were published by WHO in 1993, stating as a basic principle the right of all prisoners to receive health care, including preventive measures, equivalent to that available in the community without discrimination. Further, specific policies for the prevention of HIV/AIDS in prisons and care for HIV-infected prisoners should be defined as part of a wider programme for promoting health among prisoners. Progress in adapting and implementing the guidelines have been reported from some countries, but it is evident that major barriers persist in many countries. WHO guidelines on the management of tuberculosis in prisons, based on the WHO strategy for TB control, are in the process of development.

The aim of the joint UNAIDS/WHO European seminar on HIV/AIDS, STDs and TB in prisons was to further stimulate and encourage the adaptation and application of the WHO guidelines on HIV/AIDS and the WHO strategy for TB control mentioned above, and to develop standards for health promotion and disease prevention activities for prisons in this area. The seminar was
organized in collaboration with the “Health in Prisons Project” network in Europe, using this network as a vehicle to ensure integration in a wider programme for promoting health among prisoners. The specific objectives of the meeting were:

- to exchange information on the current situation with regard to risk behaviour, risk factors and transmission of HIV/STD and TB in prisons in Europe,
- to monitor progress in adapting and applying WHO guidelines on HIV/AIDS, and to introduce the WHO strategy on TB control in prisons,
- to present models of good practice for prevention and care of HIV/AIDS, STDs and TB in prisons,
- to identify barriers for introducing WHO guidelines and possible solutions,
- to develop standards for prevention and care of other communicable diseases, in particular STDs.

The situation of HIV/AIDS and tuberculosis in European prisons

There is a highly composite epidemiological situation with regard to communicable diseases in European prisons. HIV and TB are present in most European prison systems and the rates among prison populations in many European countries are at levels many times higher than those in the general population. In some countries more than one fifth of the prison population is HIV-positive. In other countries the prevalence of HIV/AIDS in prisons is still very low, as well as the number of intravenous drug users imprisoned. The low HIV prevalence situation in these countries does not, however, appear to be stable. Some of the countries are already experiencing a very rapid increase of HIV rates in the prison populations, and there are indications that a similar development may occur in most countries, if timely action is not taken.

The TB situation is particularly worrying in some of the newly independent states. With some quarter of a million adult cases estimated last year in the general population of the newly independent states and eastern Europe, TB has become a significant health problem for people both outside and within penal institutions. Because the disease is airborne, overcrowded prisons provide ideal conditions for transmission between prisoners, staff and visitors. WHO estimates that in some prisons in the newly independent states, 10% of inmates may be sick with TB. Further, such conditions also render TB treatment difficult with the result, that in some prisons, more than 20% of inmates sick with tuberculosis die. In spite of such high risks, there are prisoners who seek infection to avoid hard prison labour. Successful treatment is hampered by multi-drug-resistant strains of tuberculosis, and inadequate and often inappropriate treatment. TB also thrives where there is HIV. People with HIV are much more likely to develop TB because HIV suppresses the immune system. The high prevalence of HIV in prisons is a contributing factor to the high rates of TB in some prisons in southern Europe.

Prevention and care of HIV/AIDS in prisons

The results of a survey on policies for HIV/AIDS prevention and care conducted in 23 European prison systems, involving 387 000 inmates in 20 countries, showed that information to inmates and prison staff is provided in most systems. Condoms are distributed in 18 systems, injection material disinfectant is made available in 11 systems, and methadone maintenance is only available in 8 systems. Systematic HIV testing of all prisoners at entry is still carried out in a number of countries, while isolation of HIV positive prisoners is implemented in 6 systems. The results of this survey indicated that the HIV/AIDS prevention measures recommended by the 1993 WHO Guidelines on HIV infection and AIDS in prisons have been applied only partially.
There is, however, a positive trend in comparison with past surveys conducted in the early 1990s, especially regarding the increasing availability of condoms and disinfectant material. The adoption of HIV/AIDS prevention measures implies several moral, cultural, and legal dilemmas, which a society may find it difficult to confront, not only in prisons but also in the community. An analysis of HIV/AIDS prevention policy in prison conducted in four European countries revealed that management of HIV prevention and care in prisons mirrored the philosophy and strategies of prevention and care prevailing in the community at large. Delays in the introduction of new approaches do, however, occur in the prison systems due to the separation between prison and society and the prevailing custodial role of the prison system.

**Prevention and control of tuberculosis in prisons**

DOTS (Directly Observed Treatment, Short-course) is the name for a comprehensive strategy which primary health services around the world are using to detect and cure TB patients. As part of the DOTS strategy, health workers counsel and observe their patients swallowing each dose of a powerful combination of medicines, and the health services monitor the patients’ progress until each is cured. Political and financial commitment and a dependable drug supply are essential parts of the DOTS strategy.

The implementation of WHO’s DOTS strategy is also the only method to effectively cure the vast majority of prisoners suffering from TB, and to prevent the development of multi-drug resistant TB. A direct experience of implementation of the DOTS strategy in a prison in Baku shows how very good results may be achieved in difficult conditions. TB transmission practically stopped, and mortality decreased substantially. More comprehensive efforts must, however, also be made to address the factors associated with poor TB control in prison, including overcrowding, poor hygienic conditions and malnutrition.

**European networks on prison health**

Efforts in HIV prevention, TB control and care for those affected are most likely to succeed if they are planned as integrated parts of a wider programme for disease prevention and health promotion in prisons. The WHO Health in Prisons Project may serve as a vehicle for such efforts. The project has been established as a European network for promotion of health in its broadest sense within the prison community through exchange of experiences and the identification and fostering of good practices in prison health and health promotion.

Other networks include the European Network on HIV/AIDS Prevention in Prisons, and the European Network of Drug and HIV/AIDS Services in Prison, both funded by the European Union. Activities include epidemiological investigations on the prevalence and risk factors for HIV/AIDS in prisons, analysis of services available to incarcerated drug addicts, and the creation of a forum for exchange of experiences among prison administrators. These networks involve mainly member states of the European Union, but may serve as resource networks for prison authorities in all European countries.

**Conclusions and recommendations**

The participants unanimously endorsed the following conclusions and recommendations.

The high levels of HIV/AIDS, sexually transmitted diseases (STDs) and tuberculosis (TB) in the European prison population, and their rapid increase in many countries, pose a serious threat to public health. Deeply concerned with this development, representatives of prison administrations, prison health care staff, national AIDS programmes and programmes for control of TB, nongovernmental organizations and ministries of justice, interior and health from 16 countries
attended the joint WHO/UNAIDS European seminar on HIV/AIDS, Sexually Transmitted Diseases and Tuberculosis in Prisons. The meeting was organized in collaboration with the WHO Health in Prisons project, with the kind hospitality of the Polish Government. Calling for the urgent attention and action of governments and the international community, participants made the following conclusions and recommendations.

All prisoners have the right to health care, including preventive measures, without discrimination and equivalent to what is available in the community.

Prisons are not closed-off worlds. The high and, in some countries, rapidly rising levels of HIV/AIDS, STDs, TB and multi-drug resistant TB among prisoners and in the general population, clearly show that the health of prisoners and prison staff is becoming a public health priority of concern to society in general.

Several factors enhance the spread of HIV, STDs and TB in prisons, including:

- overcrowding, malnutrition and poor hygienic conditions;
- the fact that prisoners often come from poor, deprived and marginalized population groups, which are particularly vulnerable to STDs, HIV and TB infection;
- the fact that illegal risk behaviour such as injecting drug use and sex among prisoners occur and that injecting drug users in many countries constitute a large proportion of the prison population;
- the lack of access of the prison population to prevention means and medical care at standards equivalent to what is available in the community.

Prisons can constitute an important setting for health promotion and disease prevention, providing access to an audience of persons belonging to vulnerable and otherwise often hard to reach population groups.

Governments should acknowledge the urgent need to allocate adequate financial and human resources for health promotion and disease prevention programmes for prisoners and prison staff, and in particular for STD/HIV prevention, control of TB and care for those affected. Supplies of anti-TB medicines must be secured.

STD/HIV prevention, TB control, and care for those affected in prisons should be based on the general principles adopted by national AIDS programmes and TB control programmes, in accordance with international recommendations.

Measures for STD/HIV prevention, control of TB and care for those affected in prisons should be complementary to and compatible with those in the community.

The specific needs of prisoners and prison staff should be addressed as integral parts of national AIDS programmes and TB control programmes and in a multisectoral effort actively involving prisoners, prison administrations, prison health service staff, ministries of justice, interior and health and nongovernmental organizations. Special attention should be paid to the avoidance of discrimination, addressing the special needs of women prisoners, young prisoners and prisoners belonging to mobile populations and ethnic minorities.
Overcrowding, malnutrition and poor hygienic conditions in prisons must be overcome in the interest of public health in all our societies. Consideration should be given to reforms of the penal and sentencing systems that would contribute to the reduction of overcrowding such as efforts:

- to avoid criminalization of users of illicit drugs
- to reduce remand imprisonment, and
- to develop alternatives substituting imprisonment.

Efforts to reduce the public health impact of the rapid increase of injecting drug use currently unfolding in many eastern European countries should be strengthened through demand and harm reduction approaches.

Current policies and practices in some countries on mandatory HIV testing of prisoners, segregation of those found positive and lack of confidentiality have not been shown to reduce HIV transmission. They violate the human rights of prisoners and should be replaced by programmes for prevention, voluntary testing, counselling, care and anti-discrimination, in accordance with the strategies recommended by WHO and UNAIDS.

In each country, specific policies and strategies for prevention of HIV and control of TB in prisons, and care for affected prisoners should be defined, based on the adaptation to local needs of the WHO guidelines on HIV infection and AIDS in prisons and the WHO strategy on TB control, Directly Observed Treatment Short-course (DOTS). These strategies should be incorporated into a wider programme of promoting health among prisoners and prison staff.

WHO and UNAIDS should ensure that the WHO guidelines on HIV infection and AIDS in prisons and the WHO DOTS strategy become widely known and available to governments, to prison authorities, prison health service staff, and nongovernmental organizations. Guidelines on TB control in prisons should be produced by WHO and the International Committee of the Red Cross and widely disseminated.

WHO and UNAIDS should mobilize and coordinate international assistance to countries, facilitating the development and implementation of national policies for prevention of STD/HIV and control of TB in prisons, and care for affected prisoners, through advocacy, health education, establishment of pilot projects, and sharing of information on models of good practice. The WHO Health in Prisons project can function as a vehicle for these efforts.
Annex 1

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