

# UPDATE ON HIV IN PRISONS AND OTHER CLOSED SETTINGS

**Additional documents for this item:** N/A

**Action required at this meeting—the Programme Coordinating Board is invited to:**

- *Take note* of the report on HIV in prisons and other closed settings;
- *Note with concern* the lack of progress on HIV prevention, treatment and care for people in prisons and other closed settings;
- Recalling the decisions from the 49th PCB meeting in 2021, *acknowledge* the limited progress in HIV in prisons and other closed settings and urge Member States to renew their commitments to fast-track the implementation of priority actions on HIV in prisons and other closed settings in order to meet the 2025 targets;
- Further *call on* Member States, with the support of the Joint Programme and civil society organizations, to:
  - a. Collect disaggregated data on epidemiological trends on HIV and related service provision, and report progress through the Global AIDS Monitoring system;
  - b. Further improve collaboration between prison and public health departments, community-led services and other relevant stakeholders to strengthen comprehensive and integrated HIV, tuberculosis, sexually transmitted infection and viral hepatitis prevention, including the use of pre-exposure prophylaxis and diagnostic and treatment services, and ensure human rights protection and comprehensive care for people in prisons;
  - c. Noting with concern the remaining challenges related to HIV-related stigma and discrimination in prisons and other closed settings, eliminate discriminatory laws against key populations, create environments that are inclusive and supportive, and improve overall prison conditions to reduce HIV transmission in prison settings, including by encouraging, where applicable, the reduction of overcrowding in these settings;
  - d. Increase efforts to reduce stigma, violence and other human rights violations by law enforcement, prison staff, health-care providers and people in prison towards key populations and people living with HIV, while expanding access to HIV testing, treatment and care for survivors of violence in prison settings;
  - e. Adequately prioritize the allocation of resources for comprehensive HIV testing, treatment and care in prisons and other closed settings as part of national Sustainability Roadmaps;
- *Request* the Joint Programme to:
  - a. Scale up technical support to Member States by building capacity, developing standardized data collection tools and establishing monitoring frameworks to ensure the routine collection of disaggregated data in prisons. Promote collaboration between prison health services and national HIV programmes to assess progress towards the 2025 targets and address data gaps for consistent, data-driven interventions;
  - b. Provide technical support to Member States for improving the availability and quality of comprehensive, evidence-informed and gender-responsive interventions addressing HIV prevention, treatment and care in prisons;
  - c. Report to the Programme Coordinating Board on progress related to HIV among people in prisons and other closed settings.

**Cost implications for the implementation of the decisions:** *none*

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## Executive summary

1. Despite progress towards the global 2025 HIV targets, significant data gaps and inadequate service coverage persist among prison populations, who face disproportionate HIV risks infection due to the overrepresentation of key populations and unsafe conditions in prisons. The service gaps have been exacerbated by the decline in global funding for HIV responses in 2022, a shortfall that threatens achievement of the US\$ 29.3 billion in resources that are necessary to reach the 2025 goals. Immediate, targeted actions and a renewed commitment to fully finance the HIV response are essential to close the service gaps and prevent further setbacks in HIV prevention and care within prison settings.
2. Globally, imprisonment rates have returned to pre-COVID-19 levels, with an estimated total prison population of 11.5 million people worldwide. Prisons are operating above capacity in more than 60% of countries, which poses major challenges for the prevention, testing and treatment of HIV and other infectious diseases. Overcrowding not only increases the risk of HIV transmission in prisons, it hampers efforts to provide adequate care for people already living with HIV.
3. Globally, HIV prevalence remains higher among people in prison than in adults in the general population (an estimated 1.3% versus 0.7%), due to factors such as injecting drug use, sexual activity, lack of access to prevention and treatment services, and the overrepresentation of key populations in prison settings. Policy and programme implications include the need for comprehensive HIV care models, transitional care and a focus on harm reduction and mental health. Alternatives to imprisonment and decriminalization of key populations could significantly reduce HIV risks in these settings.
4. This report details the challenges and main achievements of countries in addressing HIV prevention, treatment and care in prisons and other closed settings, as well as support provided to them by the Joint Programme. It finds an overall lack of progress regarding the availability and coverage of comprehensive HIV services in prisons and other closed settings. It also notes setbacks in the provision of harm reduction services in prisons; limited reporting of prison HIV data; a lack of political will to reform laws and address health issues, including HIV, in prisons; and the overuse of pre-trial detention and imprisonment as a first response to minor offences. All these matters require urgent action by Member States.
5. Countries can work towards achieving the global HIV targets and ultimately ending AIDS as a public health threat by 2030 by focusing on legal, policy and criminal justice reform; reducing stigma and discrimination; ensuring equivalence of care (including harm reduction); integrating prison health into public health systems; working across sectors; involving community organizations; and allocating resources to improve health outcomes for people in prisons and other closed settings,
6. To ensure that the 95–95–95 targets for knowledge of HIV status, treatment initiation and viral suppression, as well targets for HIV prevention, among people in prison are met, the Joint Programme has formulated the following recommendations:
  - **Track indicators and measure progress.** Assess progress towards the 2025 targets among people in prison through regular surveys and country reports, programme data and studies focused on prison populations. Close collaboration between prison health services, national HIV programmes, and their respective monitoring and evaluation systems is essential. Efforts should be made to establish

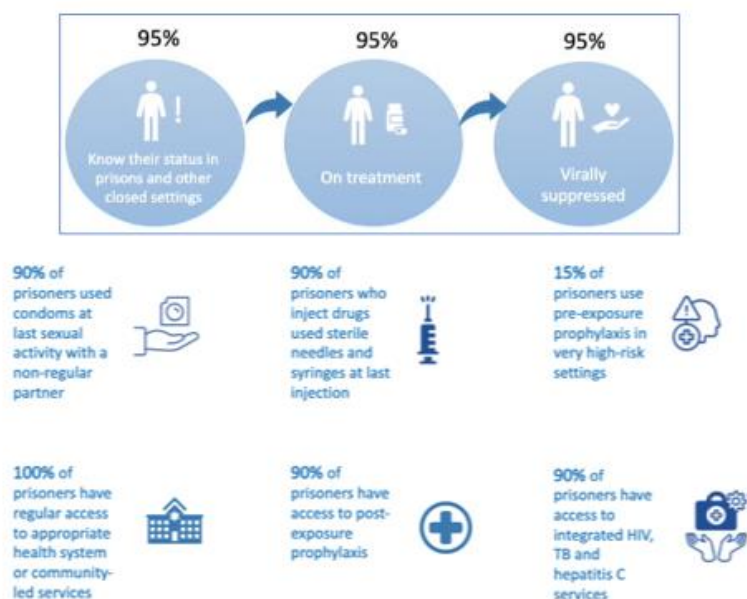
standardized tools and indicators for the routine collection of disaggregated data specific to people in prison.

- **Advocate for prison health.** Strengthen political commitment to ensure sustained progress in addressing HIV in prison settings. Raise awareness among policy-makers, legislators, and the public of the importance of prison health for public health, highlighting the realities of HIV transmission risks in prisons through high-risk behaviours such as unsafe drug use and unprotected sex. Encourage Member States to provide comprehensive HIV prevention, diagnosis, and treatment services to people in prisons and closed settings. Emphasize that a comprehensive response to HIV in prisons benefits both people in prison and in the wider community.
- **Foster a multisectoral approach.** Encourage Member States to actively engage with civil society organizations, public health institutions, law enforcement, prison administrations and other relevant stakeholders to strengthen service delivery, promote gender equality, ensure human rights protection and provide comprehensive care for people in prison.
- **Reduce stigma and violence.** Support Member States in reducing stigma, violence and other human rights violations by law enforcement, prison staff and health-care providers against key populations and people living with HIV, while expanding access to testing, treatment and care for survivors of violence in prisons.
- **Remove discriminatory laws.** Encourage Member States to eliminate discriminatory laws against key populations and create more inclusive and supportive environments for everyone, regardless of their sexual orientation or gender identity. By implementing evidence-based HIV prevention strategies, ensuring equal access to treatment and care, and improving overall prison conditions, it is possible to significantly reduce HIV transmission in prison settings.
- **Reduce prison populations.** Promote criminal justice reform and support Member States in reducing pre-trial detention periods and implementing alternatives to imprisonment for petty and non-violent offences including drug use.
- **Ensure adequate funding.** Encourage Member States to provide adequate funding for retaining trained and qualified prison health staff, improved HIV screening upon admission to prison, comprehensive HIV services and health monitoring in prisons, and for improved linkage to care after release. Encourage international donors to prioritize key populations, including people in prison. Without sufficient financial resources, efforts to improve prison health will remain limited.

## Introduction

7. Since 2021, progress has been made towards the 2025 global AIDS targets as set out in the Global AIDS Strategy 2021–2026,<sup>1</sup> including improvements in new HIV infections and AIDS-related deaths. Regarding the 95–95–95 targets, 86% [69–>98%] of people living with HIV knew their status, 89% [71–>98%] of those who knew their status were on treatment, and 93% [74–>98%] of those on treatment were virally suppressed in 2023.<sup>2</sup>

**Figure 1. Global targets 2025 for people in prison<sup>3</sup>**



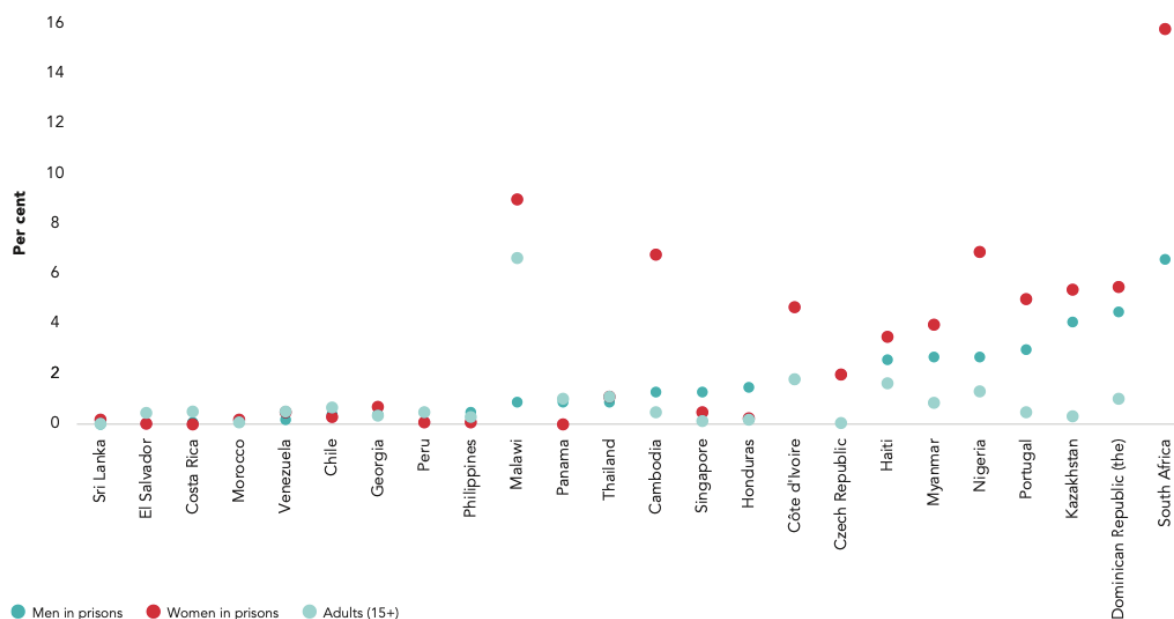
8. There are insufficient data to show progress globally for people in prisons and other closed settings<sup>1</sup> who are at higher risk of HIV infection. In 2023, only 11 of 27 reporting countries achieved the 90% target on coverage of safe injecting practices among people who inject drugs, but it is not known whether that includes prison populations (see graphic below). More targeted efforts are needed to collect data on HIV service coverage among this vulnerable group.

2025 TARGET	INDICATOR AND DATA SOURCE	CURRENT STATUS
<b>Ensure 90% sterile injecting equipment use during last injection among people who inject drugs</b>	Safe injecting practices among people who inject drugs, global, 2023 Source: Global AIDS Monitoring, 2024	Since 2019, among the 35 countries that reported the number of needles and syringes distributed per person who injects drugs per year by needle–syringe programmes, only three reported achieving the recommended more than 200 needles and syringes distributed per person who injects drugs  Only 11 of the 27 reporting countries achieved the 90% target on coverage of safe injecting practices

<sup>1</sup> In this paper, the term “prisons and other closed settings” refers to “all—public and private—places of detention within a country.”

9. Achieving the 2025 AIDS targets requires increased funding. At the end of 2023, US\$ 19.8 billion was available for the HIV response in low- and middle-income countries, about 59% of which came from domestic sources. However, this was far short of the US\$ 29.3 billion resource mobilization target for 2025.<sup>4</sup> Key populations and their partners accounted for more than half (55%) of all new HIV infections globally in 2022 (with 80% of those infections occurring outside sub-Saharan Africa),<sup>5</sup> which underscores the need to focus on these populations, who are also disproportionately represented in prison settings.
10. In many parts of the world, overuse of pretrial detention, criminalization of key populations and incarceration of non-violent offenders, including those with mental health or drug use disorders, lead to overcrowded prisons. Overcrowding poses challenges for HIV prevention, testing and treatment, as it increases the risk of HIV transmission within prisons and hampers efforts to provide adequate care for people already living with HIV.
11. Overcrowded facilities often have poor sanitation, which increases the risk of opportunistic infections, including tuberculosis (TB) for people living with HIV. Limited resources in overcrowded prisons can lead to food insecurity and poor nutrition, which weakens people's immune systems and accelerates disease progression. The stress and poor conditions in overcrowded prisons can negatively affect mental health, leading to negative coping strategies and risk behaviours and poor treatment adherence.<sup>6</sup>
12. Prisons with high turnover can act as "amplifiers" of infectious disease outbreaks, as seen during the COVID-19 pandemic.<sup>7</sup> Frequent movements of people in and out of facilities, mixing of populations from different areas, limited health and HIV screening and treatment, and release of individuals back into communities all contribute to the rapid spread of infections in correctional facilities and in the broader community.
13. With high turnover rates among prison staff, prisons lose staff who are experienced in infection control protocols. The constant need to train new employees puts a strain on resources and leads to inconsistent infection prevention practices<sup>8</sup> across shifts and over time<sup>9</sup> and creates vulnerabilities in the overall infection prevention strategy.
14. In 2023, the estimated global median prevalence of HIV among people in prisons was 1.3% (70 reporting countries), ranging from 0.6% in Latin America (11 reporting countries) to 2.7% in the Caribbean (six reporting countries). HIV prevalence in these settings is approximately twice as high than among adults aged 15–49 years in the general population (0.7% [0.6–0.8%])<sup>10 11</sup>

**Figure 2. HIV prevalence among adults (aged 15 years and older) and people in prisons and other closed settings, by sex, reporting countries, 2019–2023**



Source: Global AIDS Monitoring, 2020–2024 (<https://aidsinfo.unaids.org/>)

15. Prisons also have high prevalence of TB and viral hepatitis. In 2019, the TB case detection rate in prisons globally was estimated at 53%, suggesting significant under-diagnosis.<sup>12</sup> For hepatitis C (HCV), studies from 1990 to 2020 showed a global prevalence in prison of 18%,<sup>13</sup> while pooled data from 2005 to 2015 showed a prevalence of 5.2% for hepatitis B (HBV).<sup>14</sup>
16. The reported median prevalence of HIV and TB coinfection ranges from 0% to 19% (51 reporting countries),<sup>15 16</sup> while the median prevalence of HIV and HCV coinfection in prisons is as high as 53% (51 reporting countries).<sup>17</sup> The prevalence of sexually transmitted infections (STIs) in prisons is 2 to 10 times higher than in the general population (and, in some cases, up to 50 times higher).<sup>18</sup> A recent review of substance use and mental health has shown that mental health issues and drug use disorders are also significantly more common in prison populations,<sup>19</sup> with people with a "triple diagnosis" of HIV, psychiatric disorder and substance use disorder found to spend on average 47 more months incarcerated over their lifetime compared with people with only a psychiatric diagnosis.<sup>20</sup>
17. The United Nations System Common Position on Incarceration<sup>21</sup> recognizes the vulnerability of people in prisons and the importance of addressing this to achieve the Sustainable Development Goals. The UN Common Position calls on Member States to shift policies towards prevention and alternatives to incarceration, such as diversion into treatment, pretrial options and alternatives to sentencing.
18. In December 2021, the 49th meeting of the UNAIDS Programme Coordinating Board (PCB) addressed the issue of HIV in prisons and other closed settings,<sup>22</sup> noting that they are often left behind in global HIV responses. Overcrowding and lack of access to health-care services were identified as key issues, prompting calls for legal and policy reforms. Non-custodial measures, partnering with community organizations and greater community engagement were discussed as potential solutions to support rehabilitation and address inequalities in HIV care for incarcerated individuals.
19. The decision points at that PCB meeting: (1) called upon Member States to reduce HIV-related stigma and discrimination in prisons and create enabling social, legal and policy



environments, and (2) requested the Joint Programme to accelerate technical support to Member States in collecting, analyzing and strategically using relevant data, and in strengthening partnerships between national authorities and civil society, to reach the 2025 targets.

20. The current report is an update on HIV in prisons and other closed settings. It describes progress made and actions taken since 2021 and outlines the main elements of a successful HIV response in these settings, in line with decisions taken at the 49th PCB meeting. It also presents the most recent epidemiological data on HIV, TB and viral hepatitis in prisons and other closed settings, as well as for related service provision.

## Current situation of HIV in prison and other closed settings and related factors

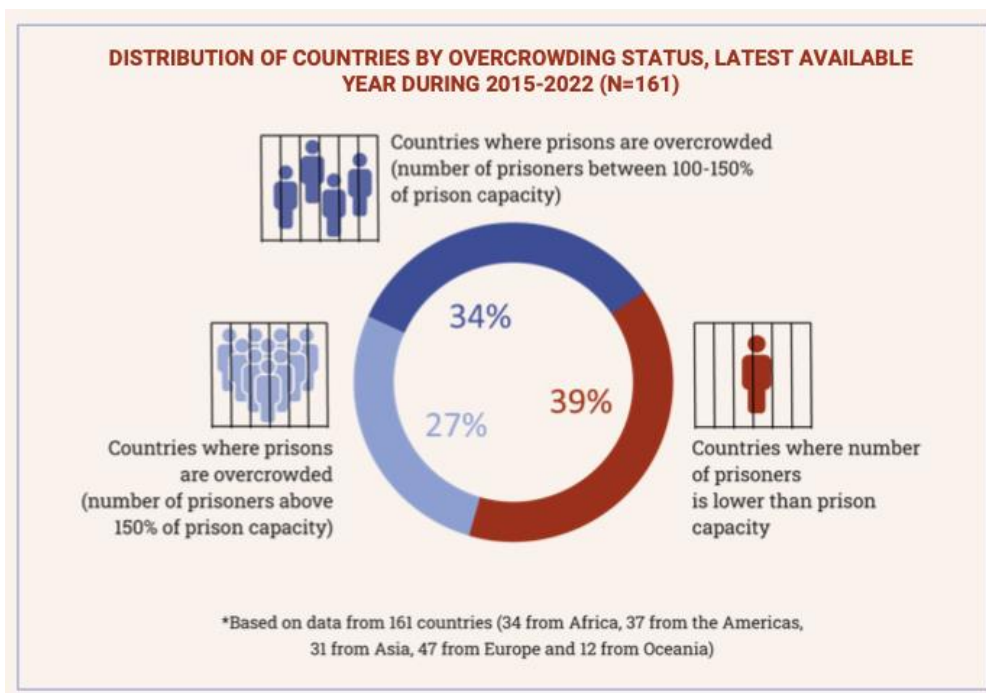
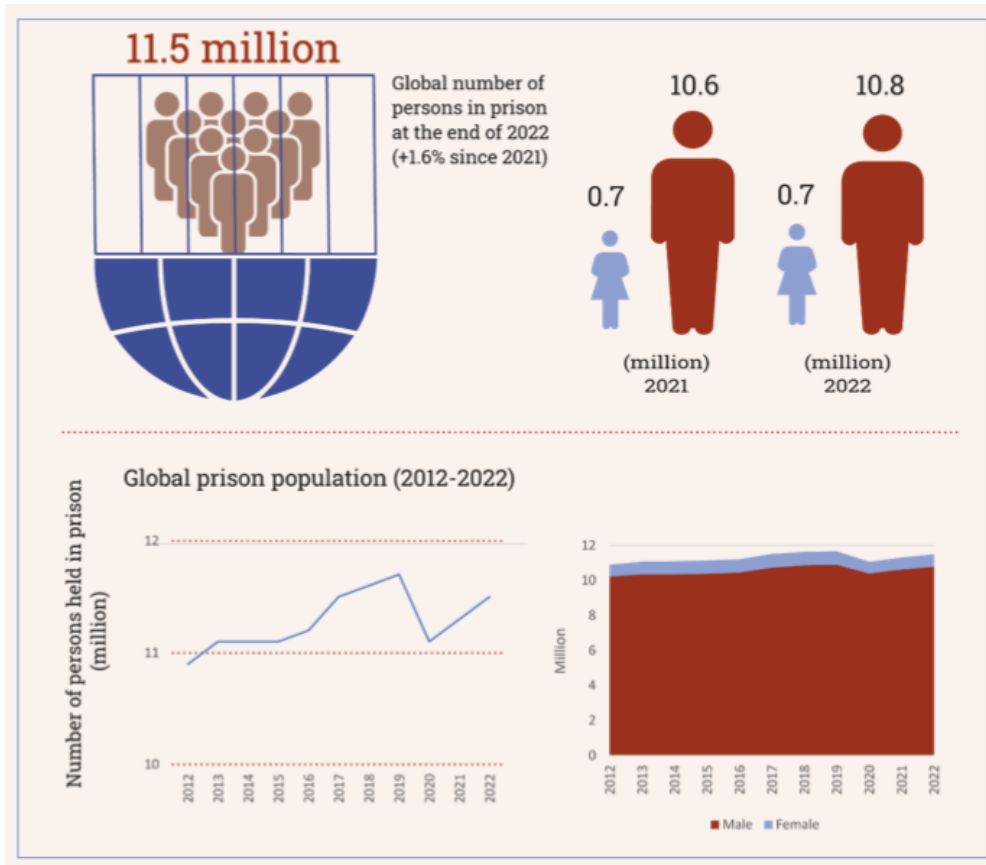
### Criminalization of key populations and its impact on HIV among people in prison

21. Key populations are disproportionately represented in prisons due to the criminalization of their behaviours, identities, or both. In mid-2024, according to UNAIDS, a significant number of countries still criminalized some aspect of sex work (170 countries) or the possession of small amounts of drugs (152 countries). Approximately one third of countries criminalized same-sex relations and 16 countries criminalized transgender individuals. Those laws are sometimes used interchangeably to target transgender people. Furthermore, the nondisclosure, exposure or transmission of HIV remains a criminal offense in most countries.<sup>23</sup>
22. The criminalization of key populations further exacerbates HIV risks in prisons by perpetuating stigma and discrimination, creating legal and structural barriers to HIV and health services, and disrupting HIV prevention, treatment and care when people cycle in and out of prison.
23. In WHO's recent consolidated guidelines regarding prevention, diagnosis, and treatment of HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations,<sup>24</sup> it recommends the removal of punitive laws, policies and practices targeting key populations. This includes advocating for the decriminalization of drug use or possession, diverse gender identities and sex work as part of the comprehensive package of interventions for the prevention of HIV, viral hepatitis and STIs.

### Overcrowding and poor prison conditions

24. After a hiatus during the COVID-19 pandemic, the world prison population is again on the increase. Approximately 11.5 million people were detained globally in 2022—5.5% more than a decade earlier. The global prisoner-to-population rate was 140 persons per 100 000 people worldwide in 2022.<sup>25</sup> Men make up the vast majority (94%) of prisoners globally, totaling about 10.8 million, while women account for about 740 000 prisoners worldwide.<sup>26</sup> Prisons are overcrowded in more than 60% of countries, leading to concerns about the health and human rights of those detained.<sup>27 28</sup>

### Figure 3. Estimates of global prison populations and distribution of countries by overcrowding status, 2022



Source: Prison Matters 2024: Global prison population and trends; a focus on rehabilitation. Vienna: UNODC; 2024.

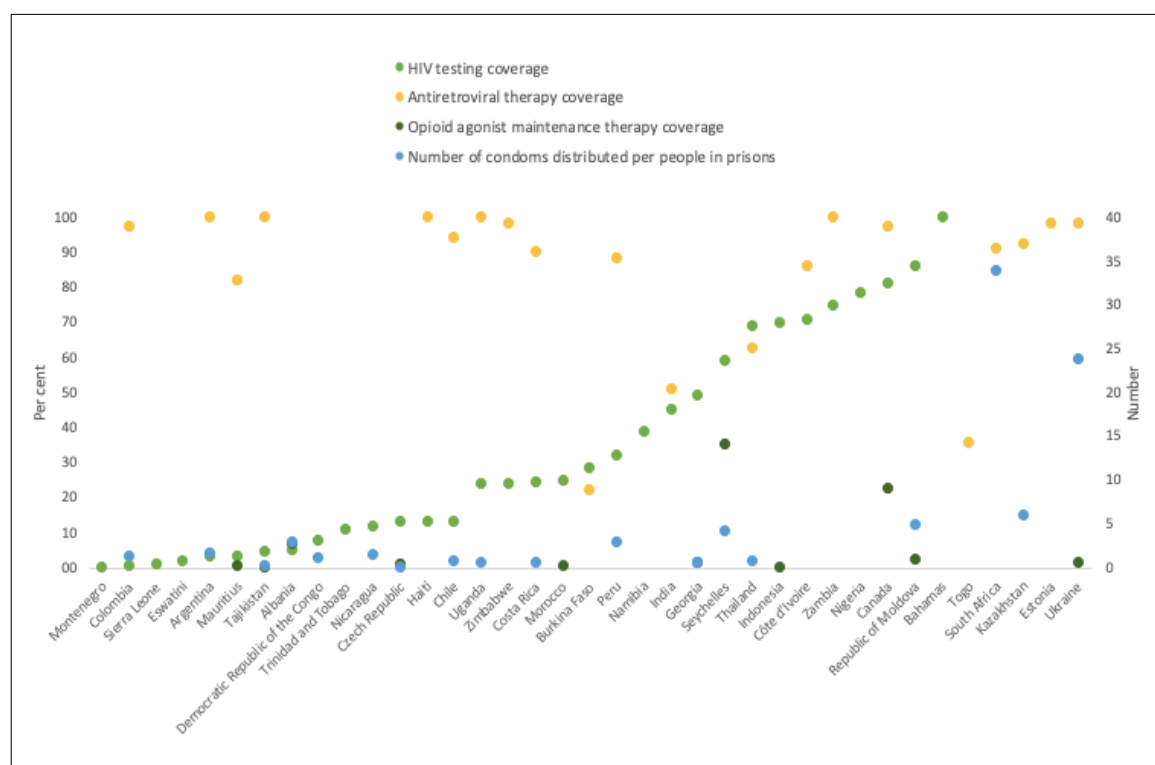
- Overcrowded facilities and poor living conditions (poor sanitation, food insecurity, inadequate nutrition, lack of health-care access and psychological stresses) violate peoples human rights and exacerbate existing health problems and risks for those living in prisons, their families and wider communities. This leads to increased prison

violence, including sexual coercion and rape, which elevates the risk of HIV transmission. Overcrowding also presents significant challenges for HIV prevention, testing and treatment in prisons and barriers to providing proper medical care and antiretroviral therapy (ART).<sup>29</sup>

### Limited access to comprehensive HIV prevention and treatment services including harm reduction

26. In 2023, only nine countries were providing needles and syringes in prisons, while 92 countries had operational needle and syringe programmes in the wider community in at least one site. Fifty-nine countries were offering opioid agonist therapy (OAT) in at least one prison (with Algeria initiating a programme in 2024), while 88 countries had at least one operational OAT programme in the wider community.<sup>30</sup> Most of the countries providing harm reduction services were in western Europe and North America. On a positive note, the number of countries providing condoms in prison settings increased from 45 in 2020 to 55 in 2023.<sup>31</sup>

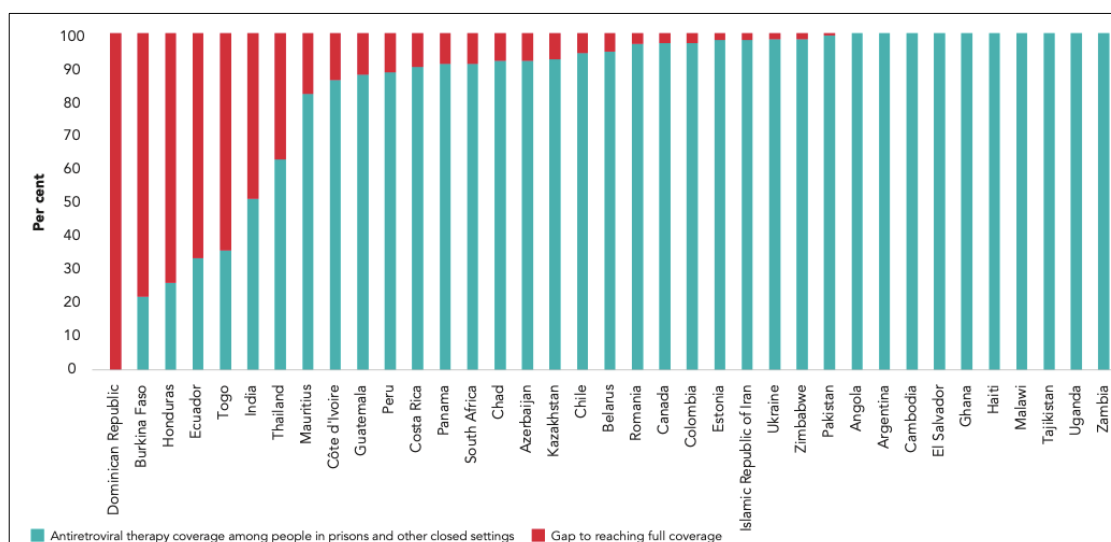
**Figure 4. HIV-related services coverage in prisons, countries with available data, 2019–2023**



Source: Global AIDS Monitoring, 2020–2024

27. There are notable ART coverage gaps for people living with HIV in prisons and other closed settings. Of the 37 countries which provided these data in recent years, only 18 countries reported coverage rates above 95%, while five countries reported rates below 50%.<sup>32</sup>

**Figure 5. Gaps in antiretroviral therapy coverage among people in prisons and other closed settings living with HIV, reporting countries, 2019–2023**



Source: Global AIDS Monitoring, 2020–2024

28. The status report on prison health in the WHO European Region 2022<sup>33</sup> reported that post-exposure prophylaxis (PEP) against HIV was available in all prisons in 75% of responding Member States (n=18) in 2020. However, less than 60% of those Member States were providing pre-exposure prophylaxis (PrEP) in all prisons.
29. Persistent stigma and discrimination against individuals living with HIV can hinder access to and utilization of HIV services. UNAIDS emphasizes the importance of a collective endeavour to eliminate HIV-related stigma, placing a strong emphasis on holding health-care providers accountable for preventing stigmatizing behaviours within health-care settings.<sup>34</sup>
30. There are valuable good practice examples of the provision of PrEP in prison settings, including in Zambia. In 2020/2021, researchers implemented a PrEP programme across 16 criminal justice facilities in four Zambian provinces.<sup>35</sup> Over 90% of people who tested negative for HIV and were eligible for PrEP opted to use this HIV prevention tool. The study showed high rates of PrEP uptake among incarcerated men and women, particularly among those aged 15–24 years. The study provides the first evidence globally on successful PrEP implementation in prison settings.

### **Legal and structural barriers to achieving the highest attainable standard of health for people in prison and lack of political will to effectively address HIV in prisons**

31. People in prisons and other closed settings tend to have poorer health compared to the general population, due to their disadvantaged backgrounds and unmet health-care needs. Providing equitable access to health-care in prisons is crucial for addressing these pre-existing health inequalities. However, legal and structural barriers, lack of political will to address HIV in prison and inconsistencies in upholding international human rights standards of equivalence of care make it difficult to ensure that people in prison receive at least the same standards of health care as are maintained in the wider community.<sup>36 37 38 39</sup>
32. Effective prison health care requires governance structures that ensure independence from prison administrations and avoid “dual loyalty”. This is often not the case when prison health is overseen by Ministries of Justice and/or Interior, rather than the Ministry of Health. Prison health services should be integrated into national health policies, yet often they are not, which leads to conflicts of interest and inadequate care.<sup>40</sup>

### **Insufficient gender-responsive health services**

33. Most prison systems are designed on male-specific models and fail to address the health needs of women (and their children) and transgender people, including their sexual and reproductive health, pre- and post-natal health and mental health needs, as well as needs stemming from histories of violence and abuse.<sup>41</sup> Although HIV prevalence is relatively high among women and transgender individuals in prisons, HIV programmes in prisons are generally not tailored for or available to them.<sup>42 43</sup>
34. Data gathered by UNODC in 2023 on service availability for prevention of vertical transmission of HIV show that this service is included in health services for women in prison in 17 of 30 high-priority countries.<sup>44</sup> To date, no reliable global data are available on the numbers of pregnant women in prison or children born or living in prison.<sup>45</sup>
35. In 2020, UNODC updated its technical brief entitled “HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions”. The document lists prevention of vertical transmission as a key intervention, along with additional interventions regarding sexual and reproductive health, and presents guidance for strengthening gender-responsive approaches. In 2022, UNODC published a tool for monitoring trends in the vertical transmission of HIV and availability of relevant services in prisons.<sup>46</sup>
36. Available data, for example from a study in the United States of America, suggest that transgender people are overrepresented in prison populations<sup>47</sup> and tend to have higher rates of HIV and other STIs compared to cisgender individuals.<sup>48</sup> Another study from the same country reported that transgender people were also up to 13 times more likely to experience assault in prison than their cisgender counterparts.<sup>49</sup> Yet transgender individuals are often denied access to gender-responsive health-care services, including hormone therapy and other gender-affirming treatments while incarcerated.<sup>50</sup>

### **Sexual and gender-based violence and HIV transmission**

37. Prisons are high-risk environments for sexual and gender-based violence, especially for vulnerable populations like women, juveniles, gay men and other men who have sex with men, and transgender individuals. These forms of violence in prisons are often under-reported and stigmatized, leading to health risks such as infectious diseases, physical harm and trauma.<sup>51 52 53</sup> The 2024 report by the Special Rapporteur on Torture highlights the ongoing challenge of such violence in prisons globally.<sup>54</sup>
38. Vulnerability to sexual and gender-based violence in prisons, which can increase the risk of HIV transmission, is influenced by various factors such as gender, ethnicity and drug use.<sup>55</sup> Women, especially those supervised by male officers in cells, are at a high risk of gender-based violence and HIV. Cisgender and transgender women, as well as men and juveniles, are also vulnerable to such violence and to HIV in prisons.<sup>56 57</sup> LGBTQI+ individuals face significant risks and often experience isolation, poor treatment and lack of appropriate health care. The risks of sexual and gender-based violence and HIV in prisons are elevated for people who use drugs, engage in sex work, have been trafficked, have experienced trauma, have disabilities, are foreign nationals, belong to specific racial groups, or have been incarcerated for child abuse. These individuals often struggle to access justice and receive necessary medical and trauma support while incarcerated.<sup>58 59 60</sup>
39. Prevention of sexual violence is a crucial component of the UNODC’s comprehensive package of 15 key interventions for an effective HIV response in prisons.<sup>61</sup> The

guidance emphasizes that all survivors of sexual violence require a multisectoral survivor-centred response, including access to medical, psychosocial and counselling services for trauma, as well as medical, mental health, legal and sexual and reproductive health services<sup>62</sup> and protection from retaliation.

### **Inadequate mental health support**

40. A recent global analysis<sup>63</sup> found that mental disorders were common in prison populations, with rates at least twice higher than in the general population. Depression (11%), post-traumatic stress disorder (10%), psychotic illness (4%), alcohol use disorders and drug use disorders were prevalent and often co-occurred. Drug use disorders and post-traumatic stress disorder were more common in women than in men. Transgender individuals faced disproportionately high rates of mental health issues due to experiences of transphobia.<sup>64 65</sup>
41. In addition to overcrowding and violence, societal misconceptions and the lack of community mental health services contribute to the inappropriate incarceration of individuals with severe mental health issues.<sup>66</sup> Mental health services in prisons are often under-resourced, under-staffed and inadequate, with limited access to treatment and medication.<sup>67 68</sup>

### **Emerging issues in prison**

#### *Mpox in prison settings*

42. **Mpox.** In 2022, a global outbreak of mpox, a viral illness caused by the monkeypox virus, led to the WHO declaring it a public health emergency of international concern. Prisons are considered settings where mpox could potentially spread due to close contact between individuals. In response, UNODC and the WHO European Regional Office published guidance for the prevention and control of mpox in prison among people living or working in prisons or visiting prisons.<sup>69 70</sup> In 2024, WHO, the UN High Commissioner for Refugees, the International Organization for Migration, and the World Food Programme issued public health advice on mpox for people in refugee camps, as well as other internally displaced people and migrants.<sup>71</sup>
43. In 2024, an outbreak of 45 suspected mpox cases was reported in two prison cells in the Democratic Republic of Congo. While prevalence data for mpox in prisons are not available, the high positivity rate among tested cases nationally (68% in 2023) suggests that undetected transmission may be occurring in community settings, possibly including prisons.<sup>72</sup>
44. Significant overlap between HIV and mpox infection is reported, with approximately 40% of recently diagnosed mpox cases occurring among people living with HIV.<sup>73</sup> This high rate of coinfection suggests that HIV status could play a role in mpox transmission. Studies have shown that people living with HIV, especially those with viraemia or untreated HIV, may experience more severe mpox symptoms and outcomes.<sup>74 75</sup>

#### *Ageing in prison*

45. Available data from developed countries show that more older persons are in prison than ever before, and the number has been growing at a faster rate than the general

prison population.<sup>2 76 3 77</sup> In the USA in 2020, over 40% of AIDS-related deaths in prisons from between 2016 and 2019 were among people in prison aged 55 or older, suggesting a higher prevalence of advanced HIV disease among older prisoners.<sup>78 79</sup> Prisons are not well-equipped to serve the health needs of older individuals, including end-of-life care,<sup>80</sup> and of people living with HIV who face stigma<sup>81</sup> and have limited access to specialists and geriatric care.<sup>82</sup>

46. In 2021, Penal Reform International together with the Association for the Prevention of Torture published a framework for preventive monitoring regarding older persons in prison,<sup>83</sup> in line with international human rights standards, to ensure that the rights of older persons in detention are protected.

### *Climate change*

47. The interactions between climate change and HIV are complex and not yet fully understood. Research shows that people who are most vulnerable to climate change are often also disproportionately affected by HIV.<sup>84 85</sup> In prison settings, the combination of climate change and HIV presents unique challenges. Extreme weather events can damage prison facilities and interrupt essential services, and extreme temperatures can affect the stability and efficacy of HIV medications.<sup>86</sup> Both climate change and HIV can increase stress, anxiety and depression among incarcerated individuals.

### **Lack of continuity of care upon release**

48. The transition from prison back to the wider community is a period of increased vulnerability for released individuals, especially those with chronic health conditions such as HIV and TB. Linking recently released individuals to community HIV care is crucial for maintaining viral suppression, preventing HIV transmission, avoiding drug resistance and improving overall health outcomes. Studies show that without additional support, only about 30–35% of people successfully link to HIV care within three months of release.<sup>87 88</sup>
49. Drug overdose, particularly opioid overdose, is a leading cause of death among people recently released from prison. The risk is especially high during the first two weeks after release from prison.<sup>89</sup> One study reporting data for 2014–2018 showed that opioid overdose risk was 10 times greater for people recently released from prison than in the general population, and that women experienced a significantly higher rate of opioid overdose than men after release.<sup>90</sup>
50. The Status Report on Prison Health in the WHO European Region 2022<sup>91</sup> reported that, upon release, less than 50% of responding Member States (n=18) provided support services to help people leaving prison register with community health services, while less than 40% of Member States provided people with medication for all their health conditions.

### **Lack of meaningful engagement of community-led organizations**

<sup>2</sup> Across Europe, the average proportion of the prison population who are over the age of 50 increased from 11.7% in 2013 to 15.3% in 2019, and ranges from 7% in Moldova and Russia to over 30% in Bulgaria and Liechtenstein. See Council of Europe, Annual Penal Statistics SPACE I reports, ([wp.unil.ch/space/space-i/annual-reports](http://wp.unil.ch/space/space-i/annual-reports)).

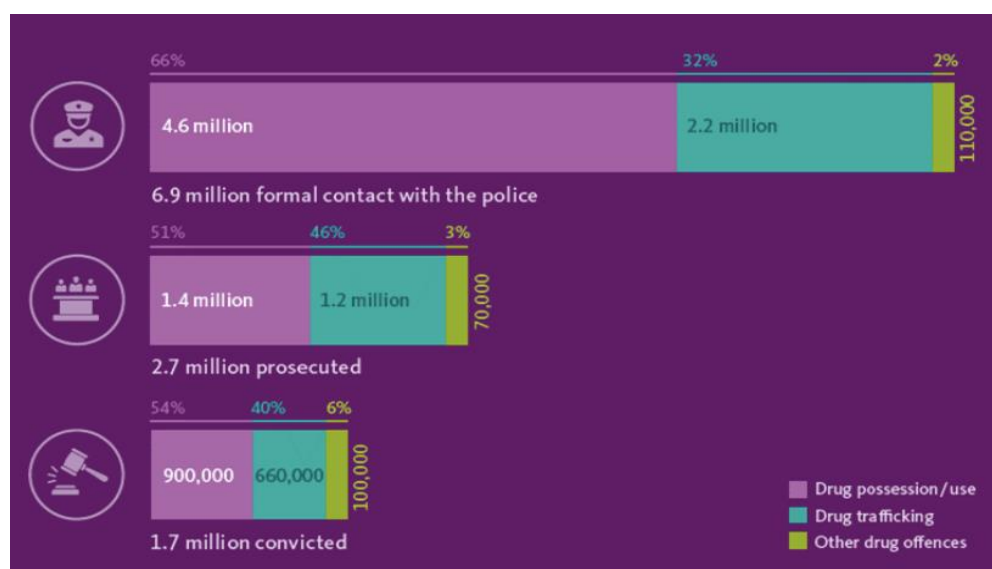
<sup>3</sup> Figures are available in Penal Reform International's Global Prison Trends series at: [www.penalreform.org/resource/global-prison-trends](http://www.penalreform.org/resource/global-prison-trends).

51. Community-led organizations have long been the backbone of the HIV response.<sup>92</sup> However, such organizations are often not adequately engaged or resourced to provide HIV services in prisons. This stems from insufficient political commitment to address HIV in prison settings, a lack of domestic funding for prison HIV services and a failure to integrate prison health services into public health systems. By more effectively leveraging community-led organizations, including developing prison health strategies that involve community organizations, prison HIV programmes could significantly improve their reach, effectiveness and sustainability.

### Overuse of incarceration, underuse of alternatives to imprisonment, and prolonged pre-trial detention periods

52. In the context of the criminalization of drug use or possession, of various forms of gender identity and sexuality, and of sex work, imprisonment is overused and often treated as the only response to criminalized behaviour. The United Nations System Common Position on Incarceration is based on the understanding that no one should be subjected to arbitrary arrest or detention and that the deprivation of liberty in response to a criminal charge or offence should constitute a measure of last resort, with due consideration first being paid to non-custodial sanctions or measures.

**Figure 6. Estimated annual number of people in the criminal justice system for drug offences, 2022 or latest available data**



Sources: UNODC, responses to annual report questionnaire, United Nations Survey of Crime Trends and Operations of Criminal Justice Systems, other governmental publications.

53. Drug-related offenses, for example, account for a significant portion of prison populations in many countries,<sup>93 94</sup> even though empirical research suggests that high rates of imprisonment for drug offenses may have limited effectiveness<sup>95 96</sup> and that policymakers should pursue alternative strategies that are more effective and that cost less than imprisonment. The United Nations System Common Position on Drug Policy (2023)<sup>97</sup> commits to supporting the development and implementation of policies that prioritize people, health and human rights by implementing evidence-based drug policies that focus on prevention, treatment, and support. This involves promoting a shift towards public health approaches in drug policies and interventions.
54. Excessive use of pretrial detention is also common and is often a first resort. Between 2000 and 2022, an average of 30% of the global prison population—approximately 3.4



million individuals—was held in pre-trial detention despite the presumption of innocence. The global proportion of pre-trial detainees has consistently stayed at this level for decades, disproportionately impacting vulnerable groups.<sup>98</sup>

55. One of the most promising alternatives to current practices is to divert drug offenders into treatment and rehabilitation programmes instead of incarceration. Drug courts, which in some countries provide comprehensive services and individualized care, have been shown to be an effective way to treat offenders with serious addictions.<sup>99</sup>

### **New developments and innovations**

56. There have been several developments in the improvement of access to HIV and related health services and the enhancement of health monitoring in prisons and other closed settings.
57. In 2022, WHO released a new "Status report on prison health in the WHO European Region".<sup>100</sup> It provided an overview of prison health across that region, along with individual country profiles, detailed data and access to the Health in Prisons European Database, which features additional country-level information. The report represented a major collaborative effort between WHO, Member States and partners to provide a comprehensive picture of prison health at regional and country levels.
58. In 2020, UNODC established the first-ever Informal CSO Group on Health in Prison,<sup>101</sup> to enable community-led organizations to participate in international discussions on prison health. Members share information and engage in joint advocacy at international events, including meetings of the UNODC Commission on Crime Prevention and Criminal Justice, the Commission on Narcotic Drugs, and the UNAIDS PCB.
59. A positive impact of the COVID-19 pandemic has been the emergence of telehealth and digital platforms as major innovations in prison health care, with prisons increasingly using telehealth for mental health services, drug treatment and general health-care provision.<sup>102</sup> Video-based telehealth consultations can reduce costs and also offer real-time diagnosis from trained medical professionals, thus eliminating the need to transport individuals to off-site hospitals.

## **Global, regional, and country responses and innovations since 2021**

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

60. The UNODC Strategic Vision for Africa 2030,<sup>103</sup> reinforced by the UNODC corporate strategy 2021–2025,<sup>104</sup> outlines how UNODC and Member States will strengthen responses to drug control, organized crime, terrorism, corruption and illicit financial flows in Africa to accelerate the continent's progress towards the Sustainable Development Goals and the aspirations of the African Union's Agenda 2063: The Africa We Want.<sup>105</sup> One focus is the improvement of responses to drug use and HIV prevention, treatment and care, including for people in prison, by providing technical assistance and normative support and by working with civil society to enhance the coverage and quality of services.

### **Global, regional, and country initiatives supported by the Joint Programme in 2021-2024**

61. The Joint Programme contributes to attaining universal access to HIV prevention, treatment and care by supporting countries to provide comprehensive services for people in prison. This is achieved through enhancing national capacities to address HIV

within prison settings, creating normative guidance materials and promoting civil society involvement in the HIV response within prison settings.

62. The Joint Programme conducts regular interactive regional trainings for a range of stakeholders, supports health data collection and monitoring, as well as the development of guidelines and standard operating procedures to ensure access to comprehensive testing, treatment and care for HIV, TB, viral hepatitis and other infections among prison populations. UNODC also supports the provision of preventive commodities for people living and working in prisons in several of its high-priority countries.

#### *Sub-Saharan Africa*

63. UNODC has been supporting Lesotho, which has the second highest adult HIV prevalence in the world (estimated at 19% in 2023),<sup>106</sup> in developing its Correctional Comprehensive Health Policy and Strategic Plan to address the health needs of people living and working in prison, with a particular focus on HIV. The Government approved the plan in 2023 and it is now operational.
64. In 2022, in coordination with the National Institute of Health in Mozambique, the national prison authority conducted a survey to estimate the prevalence of HIV, syphilis and viral load among people in prison. Results showed a high prevalence of HIV (25% in men and 32% in women) and syphilis (11% in men, 3.6% in women), highlighting the urgent need for effective interventions.<sup>107</sup>
65. In Nigeria in 2023, UNODC and the Global Fund supported the National AIDS and STIs Control Programme in developing an integrated HIV and viral hepatitis training manual for custodial centres and other closed settings (currently in progress).
66. In 2022–2023, Tanzania Health Promotion Support provided GeneXpert machines and LED microscopes to facilitate TB diagnosis in prisons. Standard operating procedures, including recommendations for sexual and reproductive health and prevention of vertical transmission of HIV, were finalized and disseminated.

#### *Middle East and North Africa*

67. With UNODC's support, Algeria initiated its OAT programme in 2022 and extended it to cover prisons in 2024. In 2023, UNODC and UNAIDS supported the development of national guidelines for methadone treatment, a national drug and harm reduction strategy, and standard operating procedures for OAT in the country.
68. In 2023, UNODC received approval from Egypt's Ministry of Interior to expand the prison health programme to additional prisons housing over 28 000 men and 10 000 women. Due to this project, a total of over 75 000 individuals, including 38 000 in prison and 40 000 family members in the wider community, are benefiting from evidence-based prevention and treatment services for HIV, TB, viral hepatitis, STIs, and noncommunicable diseases.
69. In 2023, UNODC also developed gender-sensitive guidelines for addressing TB in closed settings in Egypt, as well as guidelines on health services for women in prison covering reproductive health, gynaecological care, mental health support and gender-based violence prevention. Furthermore, UNODC subcontracted civil society organizations to deliver services to approximately 25 000 people released from prison and their families in several governorates of Egypt. Those services include prevention and treatment for HIV and other communicable diseases, and are tailored to the specific needs of prison populations.

70. In Morocco in 2022, UNODC supported five central prisons in providing comprehensive health-care services including prevention, treatment, and care for HIV, HBV, HCV and syphilis, as well as primary health care. Approximately 9,300 people in prison, including 258 women and 432 juveniles, received access to voluntary and confidential HIV testing and were clinically screened for TB. OAT programmes benefited 189 people in prison, including eight women. UNODC also supported the implementation of the National Health Strategy in Prisons (2022–2026),<sup>108</sup> which also addresses the specific health needs of women in detention.
71. In 2024, UNAIDS, UNODC, UNDP Sudan conducted a rapid situation assessment in selected prisons in South Sudan of risk behaviours for HIV, STIs, TB, viral hepatitis and drug abuse, as well as service responses. The assessment yielded comprehensive baseline information for defining recommendations to improve the prison infrastructure and the availability of and quality of health services.

#### *Eastern Europe and central Asia*

72. The ongoing war in Ukraine has severely disrupted prison services related to health and HIV, making it difficult to obtain updates on the epidemiological situation and service coverage. The conflict has shifted resources away from health and HIV in prisons, making it challenging to deliver essential services to key populations, including people in prison. In regions affected by the war, people in prison are often cut off from humanitarian aid and essential resources, including health and HIV services. Despite these challenges, UNODC is maintaining technical support to relevant prison authorities. In 2023, UNODC supported the civil society organization „Free Zone“ in providing HIV and harm reduction services to key populations and refugees in neighbouring countries. The project supported individuals in and released from prison by preparing them for release, aiding in reintegration, and ensuring access to medical and social services. They provided social services to 1,242 individuals, including counselling, transportation, nutritional support and referrals for specialized medical care.
73. In Kyrgyzstan in 2023, with UNODC technical support, the prison OAT programme was expanded to include a facility in Chui oblast, specifically targeting people sentenced to life imprisonment. In 2022–2023, UNODC supported a needs assessment for women in prison and it trained prison staff to better support them and raise awareness on health issues and rights. With UNODC's support, Public Foundation Istihsan, a civil society organization, implemented a project providing services including psychosocial and medical care, legal aid and document recovery at the only female prison in Chui oblast.
74. In 2023, UNODC contributed to improving health-care services in Moldova's prisons. It provided technical assistance and guidance during implementation of an electronic system for OAT medication distribution, and facilitated the procurement and installation of medical and professional training equipment for gynaecological services. It also successfully advocated for HBV vaccination and supported the institutionalization of clinical protocols for syphilis in prison settings. These initiatives led to increased vaccination coverage, improved health-care standards and better service delivery within Moldova's prison system.
75. In 2022, UNODC advocated for Tajikistan's Ministry of Justice to increase the number of OAT sites in closed settings. This led to the creation of OAT sites in two prisons and at a pretrial detention facility. In 2023, UNODC provided funding for the renovation and equipment of the OAT site at the pretrial facility, which began operating on December 1, in commemoration of World AIDS Day.

#### *Asia and the Pacific*

76. In 2022–2023, UNODC conducted training sessions for prison health staff on disability and gender awareness in Afghanistan, distributing dignity kits to over 3,000 women in prison. UNODC partnered with UN Women to support women's rights in prisons in Kabul, Herat, and Kandahar provinces. The project aims to assist 1,000 women in prison, including those who use drugs and have experienced violence.
77. In 2022, UNODC supported the establishment of the National Steering Committee on Prison Intervention in Bangladesh. Through advocacy efforts, UNODC facilitated the initiation of a national sero-surveillance study on HIV, syphilis, hepatitis and TB in prisons, funded by the Global Fund. The study was conducted in December 2023 and was the first of its kind in Bangladesh.
78. In 2023, UNODC in collaboration with the Gujarat State AIDS Control Society and the State Prison Department, created a standard operating procedure for providing essential HIV services for transgender individuals in correctional settings. It emphasizes the importance of understanding the specific needs of transgender people and incorporating evidence- and human rights-based interventions into prison policies.
79. In 2023, UNODC provided 7,500 release packages containing health information on various conditions, masks and other essentials to people recently released from prison in Myanmar. UNODC also organized disability dialogues and gender training sessions for prison staff and distributed dignity kits to women in prisons.

#### *Latin America and Caribbean*

80. In 2022, Brazil took steps to improve prison health services by launching a pilot project in Sergipe state. The project—a collaboration between UNODC, Programme Fazenda Justiça and the Ministry of Health—aimed to enhance health care access for people in prison, focusing on HIV, TB, hepatitis, STIs and leprosy.

#### **Tools and publications provided by the Joint Programme and other stakeholders since 2021**

81. **Technical brief: Impact of gender-based violence on health and HIV among people in prisons and other closed settings (in progress).** This brief, prepared by UNODC and other UNAIDS Cosponsors, emphasizes the importance of addressing the vulnerabilities and health needs of people in prison in relation to gender-based violence and HIV. It highlights the need for providing relevant health-care services, such as trauma-informed support and HIV treatment.
82. **Criminal justice reform with human rights at its core (2024).**<sup>109</sup> Prison Reform International's new five-year strategy aims to improve the criminal justice system by focusing on rehabilitating, reintegrating and empowering individuals, upholding human rights in daily practice, and reducing criminalization and imprisonment. It introduces eight goals to achieve a human rights-based approach, including involving people with lived experience in criminal justice reform efforts.
83. **Placement of trans and non-binary people. A guide for prisons (2024).**<sup>110</sup> This guide, prepared by Prison Reform International and Transgender Europe, sets out a human rights-based framework for the placement of trans and non-binary people in prison. The guide shares promising practices and contributes to supporting prison systems in creating safer and more inclusive environments for trans and non-binary people in detention.

84. **WHO Consolidated guidelines on HIV, viral hepatitis, and STI prevention, diagnosis, treatment, and care for key populations (2022).**<sup>111</sup> These guidelines outline a public health response for five key populations (gay men and other men who have sex with men, trans and gender-diverse people, sex workers, people who inject drugs, and people in prisons and other closed settings). They present and discuss new recommendations and consolidate a range of recommendations and guidance from current WHO guidelines.
85. **Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people in prisons and other closed settings: policy brief (2023).**<sup>112</sup> This policy brief, prepared by UNODC and WHO, includes an update on those section of WHO Consolidated guidelines that are relevant for people in prisons and other closed settings.
86. **Prevention of mother-to-child transmission of HIV in prisons: monitoring tool for epidemiological trends and related services (2022).**<sup>113</sup> In response to the resolution of the 26th session of the Commission on Crime Prevention, the Joint Programme developed a tool for monitoring epidemiological trends in vertical transmission and for monitoring and evaluating related services in prison. Results of field testing in Indonesia contributed to the finalization of the tool in early 2022. It is now being implemented in 10 sub-Saharan countries.
87. **Technical brief: transgender people in prisons and other closed settings (2022).**<sup>114</sup> This technical brief, prepared by UNODC and other Cosponsors, describes guiding principles and targeted interventions for supporting countries to reduce the risk of HIV infection and transmission among trans people in prisons and other closed settings and to provide them with adequate and accessible health-care services.

## Conclusions

88. Since 2021, progress has been made towards the 2025 global AIDS targets as set out in the Global AIDS Strategy 2021–2026, including improvements in new HIV infections and AIDS-related deaths. However, for people in prisons and other closed settings, who are at higher risk of HIV infection, more targeted efforts are needed to ensure comprehensive HIV services and robust health monitoring are available for this vulnerable and marginalized population.
89. There is a lack of progress in the availability and coverage of comprehensive HIV services in prisons, including setbacks in the provision of harm reduction services, limited reporting of prison HIV data, a lack of political will to reform pertinent laws and address health issues including HIV in prisons, and the overuse of pre-trial detention and imprisonment as a first response to minor offences. All these areas require urgent action by Member States.
90. Countries can move closer to achieving the global 95–95–95 targets and ultimately ending AIDS as a public health threat by 2030 by focusing greater efforts on legal, policy and criminal justice reform; reducing stigma and discrimination; ensuring equivalence of care (including harm reduction); integrating prison health into public health systems; working across sectors; involving community organization; and allocating resources to improve health outcomes for people in prisons and other closed settings.
91. To ensure that the 95–95–95 targets for knowledge of HIV status, treatment initiation and viral suppression among people in prison are met, the Joint Programme has formulated the following recommendations:

- **Track indicators and measure progress.** Assess progress towards the 2025 targets among people in prison through regular surveys and country reports, programme data and studies focused on prison populations. Close collaboration between prison health services, national HIV programmes, and their respective monitoring and evaluation systems is essential. Efforts should be made to establish standardized tools and indicators for the routine collection of disaggregated data specific to people in prison.
- **Advocate for prison health.** Strengthen political commitment to ensure sustained progress in addressing HIV in prison settings. Raise awareness among policy-makers, legislators and the public of the importance of prison health for public health, highlighting the realities of HIV transmission risks in prisons through high-risk behaviours such as unsafe drug use and unprotected sex. Encourage Member States to provide comprehensive HIV prevention, diagnosis and treatment services to people in prisons and closed settings. Emphasize that a comprehensive response to HIV in prisons benefits people in prison and in the wider community.
- **Foster a multisectoral approach.** Encourage Member States to actively engage with civil society organizations, public health institutions, law enforcement, prison administrations and other relevant stakeholders to strengthen service delivery, promote gender equality, ensure human rights protection and provide comprehensive care for people in prison.
- **Reduce stigma and violence.** Support Member States in reducing stigma, violence and other human rights violations by law enforcement, prison staff and health-care providers against key populations and people living with HIV, while expanding access to testing, treatment and care for survivors of violence in prisons.
- **Remove discriminatory laws.** Encourage Member States to eliminate discriminatory laws against key populations and create more inclusive and supportive environments for everyone, regardless of their sexual orientation or gender identity. By implementing evidence-based prevention, ensuring equal access to treatment and care, and improving overall prison conditions, it is possible to significantly reduce HIV transmission in prison settings.
- **Reduce prison populations.** Promote criminal justice reform and support Member States in reducing pre-trial detention periods and implementing alternatives to imprisonment for petty and non-violent offences, including drug use.
- **Ensure adequate funding.** Encourage Member States to provide adequate funding for retaining trained and qualified prison health staff, for improved screening upon admission to prison, for comprehensive HIV services and health monitoring in prisons, and for improved linkage to care after release. Encourage international donors to prioritize key populations, including people in prison. Without sufficient financial resources, efforts to improve prison health will remain limited.

### Proposed decision points

92. The Programme Coordinating Board is invited to:

- *Take note* of the report on HIV in prisons and other closed settings
- *Note with concern* the lack of progress on HIV prevention, treatment and care for people in prisons and other closed settings;
- Recalling the decisions from the 49th PCB meeting in 2021, *acknowledge* the limited progress in HIV in prisons and other closed settings and urge Member States to renew

their commitments to fast-track the implementation of priority actions on HIV in prisons and other closed settings in order to meet the 2025 targets;

- Further *call on* Member States, with the support of the Joint Programme and civil society organizations, to:
  - a. Collect disaggregated data on epidemiological trends on HIV and related service provision, and report progress through the Global AIDS Monitoring system;
  - b. Further improve collaboration between prison and public health departments, community-led services and other relevant stakeholders to strengthen comprehensive and integrated HIV, tuberculosis, sexually transmitted infection and viral hepatitis prevention, including the use of pre-exposure prophylaxis, diagnostic and treatment services, and ensure human rights protection and comprehensive care for people in prison;
  - c. Noting with concern the remaining challenges related to HIV-related stigma and discrimination in prisons and other closed settings, eliminate discriminatory laws against key populations, create environments that are more inclusive and supportive, and improve overall prison conditions to reduce HIV transmission in prison settings, including by encouraging, where applicable, the reduction of overcrowding in these settings;
  - d. Increase efforts to reduce stigma, violence and other human rights violations by law enforcement, prison staff, health-care providers and people in prison towards key populations and people living with HIV, while expanding access to HIV testing, treatment and care for survivors of violence in prison settings;
  - e. Adequately prioritize the allocation of resources for comprehensive HIV testing, treatment and care in prisons and other closed settings as part of national Sustainability Roadmaps.
  
- *Request* the Joint Programme to:
  - a. Scale up technical support to Member States by building capacity, developing standardized data collection tools and establishing monitoring frameworks to ensure the routine collection of disaggregated data in prisons. Promote collaboration between prison health services and national HIV programmes to assess progress towards the 2025 targets and address data gaps for consistent, data-driven interventions;
  - b. Provide technical support to Member States for improving the availability and quality of comprehensive, evidence-informed and gender-responsive interventions addressing HIV prevention, treatment and care in prisons;
  - c. Report to the Programme Coordinating Board on progress related to HIV among people in prisons and other closed settings.

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