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

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In 2022, the World Health Organization (WHO) published the *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (1).* These guidelines outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for five key populations (men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs and trans and gender diverse people).

In this policy brief, we give an update on those parts of the guidelines which are relevant for people in prisons and other closed settings.

Background

People in prisons[1] are disproportionately affected by HIV *(2)*, hepatitis B and C *(3, 4)*, STIs *(5–8)* and tuberculosis (TB) *(2, 9)*. This is partly the result of criminalization and arrest of groups – such as people who inject drugs and sex workers – already experiencing increased vulnerability and barriers to HIV prevention and treatment in the community. Despite this, HIV, TB, sexual health and hepatitis interventions are often unavailable in prisons *(10)*.

Transmission of HIV, STIs and viral hepatitis within prison through unprotected sex, sexual violence, sharing injection equipment, tattooing or vertical transmission is common. There is frequently an intersection with people in prisons and those who are poor, have limited education and come from socioeconomically deprived sectors of the population. In addition, in many prisons there is an overrepresentation of racial and ethnic minorities, all of whom face structural barriers in accessing health services inside and outside of prisons. In particular, the prevalence of substance use and dependence, and mental illness in prison populations is much higher than in the community, particularly for women *(11–13)*. Prison staff may also be affected by HIV, viral hepatitis, STIs, TB and other health issues, and may lack access to health services, particularly if they live in prison compounds with limited access to health services.

People in prisons also tend to have higher exposure to TB, including multi-drug resistant TB, because of factors including overcrowding, poor ventilation, inadequate nutrition and poor infection control practices. Despite the high prevalence of TB in closed settings, screening, diagnosis and treatment is often unavailable. Assuring equitable access to TB services for all people in prisons, regardless of HIV status, is critical for reducing the increased burden of TB among people in prisons.

Within prisons there is often a lack of access to prevention commodities such as condoms, sterile injecting equipment, sterile tattooing equipment, delays in diagnosis (due to insufficient laboratory capacity and diagnostic tools), inadequate treatment and poor nutrition. There are often transfers of people between prisons without continuity of treatment. Additionally, after release from prison there can be little support for ongoing health and social care, including discontinuation of treatments which may have started in prisons. There are high rates of drug-related mortality during the first couple of weeks after release *(14–16)*.

1 There are many different terms used to denote places of detention which hold people who are deprived of liberty because they are awaiting trial, or they have been convicted or they are subject to other conditions of security. Similarly, different terms are used for those who are detained. In this policy brief the term “prisons and other closed settings” refers to all places of detention within a country; the terms “people in prisons” or “detainees” refer to all those detained in criminal justice and prison facilities – which includes adult and juvenile males, females and trans and gender diverse people – during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing. The above terms do not formally include people detained for reasons relating to immigration or refugee status, those detained without charge, and those sentenced to compulsory treatment and to rehabilitation centres – including people who use drugs and sex workers. Nonetheless, most of the considerations in this policy brief may apply to these populations as well.

People in prisons are particularly affected by mental illness, with a reported high prevalence of psychotic illness and depression globally *(17)*, high rates of self-harm *(18)* and suicide *(19)*. Mental health services are essential for people in prisons and also after they have been released; people are dependent on the availability of a trained health care workforce in prisons and on the continuity of mental health services on release *(20)*.

Recommended package of health interventions

People in prisons' right to health services that are equivalent in scope and quality to those available outside of prisons is enshrined in several internationally recognized agreements and documents *(21)*. This requires prison services to offer health services and other measures to respect, protect and fulfil the right to health.

People in prisons are adolescents, adults, male, female, trans and gender diverse and have urgent, varied and complex health needs. For impact on HIV, viral hepatitis, TB and STIs, the package of interventions which prevent, diagnose and treat these diseases is essential, and should be provided within prisons and other closed settings, with continuity of services during inter- and intra-prison transfers and after release. Given that drug use and sexual activity are common in prisons, this package should include condoms and lubricant and harm reduction interventions (needle and syringe programmes, opiod agonist maintenance therapy (OAMT) and naloxone for overdose management).

People in prisons have broader health needs, and the package of interventions includes mental health and hazardous or harmful drug and alcohol use screening and treatment; sexual and reproductive health interventions; and prevention, screening and treatment of cervical and anal cancers. Importantly, TB prevention, screening and treatment should be implemented in all prisons and closed settings.

Crucial to ensuring access to health services for people in prisons is maintaining continuity of care when people move between prisons, when people are released from prison and, in some cases, when people are re-incarcerated. This requires developing formal or informal relationships between health and social services, both in prison and in the community. Prison can be a critical setting in a person's life course where unmet health needs can be identified and addressed. However, for health improvements achieved in prison to be maintained over the life course, continuity of care between prison and community health systems is vital *(22)*.

Recommended package of enabling interventions

Key population members are overrepresented in prisons because of criminalization of their behaviours, or identities or both. WHO recommends removing punitive laws, policies and practices for all key populations, including calling for decriminalization of drug use or possession, of diverse forms of gender identity and sexuality and of sex work as part of the comprehensive package of interventions for the prevention of HIV, viral hepatitis and STIs.

While criminalization of drug use or possession, of diverse forms of gender identity and sexuality and of sex work continues, imprisonment is overused and often seen as the only response to criminalized behaviour. Excessive use of pretrial detention is also common; in combination these responses lead to overcrowding within prisons and jails. Recognizing the vulnerability of people in prisons due to overincarceration, overcrowding, poor prison conditions and limited access to health care services, and the acknowledging the importance of addressing this to achieve the sustainable development goals, the UN common position on incarceration calls for support for member states to shift policies towards prevention and alternatives to incarceration *(23)*. Alternatives to incarceration include those that can be applied pre-arrest, including diversion into treatment, pretrial and alternatives to sentencing *(24)*.

Violence in prisons is common and often clandestine because of the fear of reprisal when it is reported, therefore it is easily underreported, overlooked or underestimated *(25)*. Structural barriers within prisons, in particular regarding violence – including sexual and gender-based violence – need to be urgently addressed; these are essential and priority interventions for impact. It is also important to develop measures for safe reporting and protection of victims.

Stigma and discrimination against people in prisons is common, particularly upon release, leading to avoidance of health care services, marginalization and isolation. For those in prison, living with HIV, viral hepatitis, TB, drug dependence or mental illness increases stigma and isolation *(26)*. Addressing stigma and isolation experienced by people within prisons and after release is complex and requires sensitization of both health care staff within prisons and of those providing care to prisoners in the community, as well as, among other interventions, social and housing support *(27, 28)*.

Recommended package for people in prisons and other closed settings

NB These interventions are not in order of priority.

The interventions listed here have been categorized as follows:

1. **Essential for impact: enabling interventions**
   This includes all interventions recommended to reduce structural barriers to health services access for key populations.
2. **Essential for impact: health interventions**
   This includes health sector interventions that have a demonstrated direct impact on HIV, viral hepatitis and STIs in key populations.
3. **Essential for broader health**
   This includes health sector interventions to which access for key populations should be ensured, but do not have direct impact on HIV, viral hepatitis or STIs.

Essential for impact: enabling interventions

Removing punitive laws, policies and practices

Reducing stigma and discrimination

Community empowerment

Addressing violence

Essential for impact: health interventions

Prevention of HIV, viral hepatitis and STIs

Harm reduction (needle and syringe programmes, OAMT and naloxone for overdose management)

Condoms and lubricant

Pre-exposure prophylaxis (PrEP) for HIV

Post-exposure prophylaxis (PEP) for HIV and STIs

Prevention of vertical transmission of HIV, syphilis and hepatitis B virus (HBV)

Hepatitis B vaccination

Diagnosis

HIV testing services

STI testing

Hepatitis B and C testing

Treatment

HIV treatment

Screening, diagnosis, treatment and prevention of HIV-associated TB

STI treatment

HBV and hepatitis C virus (HCV) treatment

Essential for broader health: health interventions

Anal health

Conception and pregnancy care

Contraception

Mental health

Prevention, assessment and treatment of cervical cancer

Safe abortion

Screening and treatment for hazardous and harmful alcohol and other substance use

Tuberculosis prevention, screening, diagnosis and treatment

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