SPECIAL REPORT

Thematic report: Prisoners

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2014 progress report

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Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2014 progress report

This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori, with technical support from Andrew J. Amato-Gauci, Anastasia Pharris, César Velasco Muñoz, Lara Tavoschi, Otilia Mårdh, Gianfranco Spiteri, Caroline Daamen, Pierluigi Lopalco, Denis Coulombier, Piotr Kramarz (ECDC), Dagmar Hedrich and Eleni Kalamara (EMCDDA).

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* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

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Abbreviations

ART	Antiretroviral therapy
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMIS	The European MSM Internet Survey
EU/EEA	European Union/European Economic Area
GARPR	Global AIDS Response Progress Reporting
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP	Needle and syringe programmes
OST	Opioid substitution therapy
PMTCT	Prevention of mother-to-child transmission
PWID	People who inject drugs
STI	Sexually transmitted infection
WHO	World Health Organization

HIV and prisoners

This report is based on data provided by countries for reporting on the Dublin Declaration[1] and summarises key issues related to HIV and prisoners in Europe and Central Asia. It also identifies priority options for action to improve the HIV response for this population.

Note on data sources

This report uses the latest data reported by countries in 2014 or 2012 by means of a Dublin Declaration questionnaire[2]. For the first time in 2014, the questionnaire asked for information on the scale at which interventions are provided for prisoners, the extent of stigma and discrimination they experience and their involvement in policy and implementation. It is important to note that these questions are open to interpretation by respondents. The questionnaire is available on the ECDC website.

HIV and prisoners: the situation

Data on the HIV situation and response in prisons is limited

Although there is comprehensive information on the prison population in the region, there is less data on the HIV epidemic and HIV interventions in prison settings. There are limitations to available data as most study sample sizes are variable or may not be representative. There is also little evidence on the effectiveness of HIV prevention interventions or the best approaches to implementing these interventions in prison settings. In addition, limited data are available concerning HIV transmission due to sex between men in prisons or concerning co-infections such as hepatitis C and tuberculosis. This lack of data hinders the planning and implementation of effective national responses.

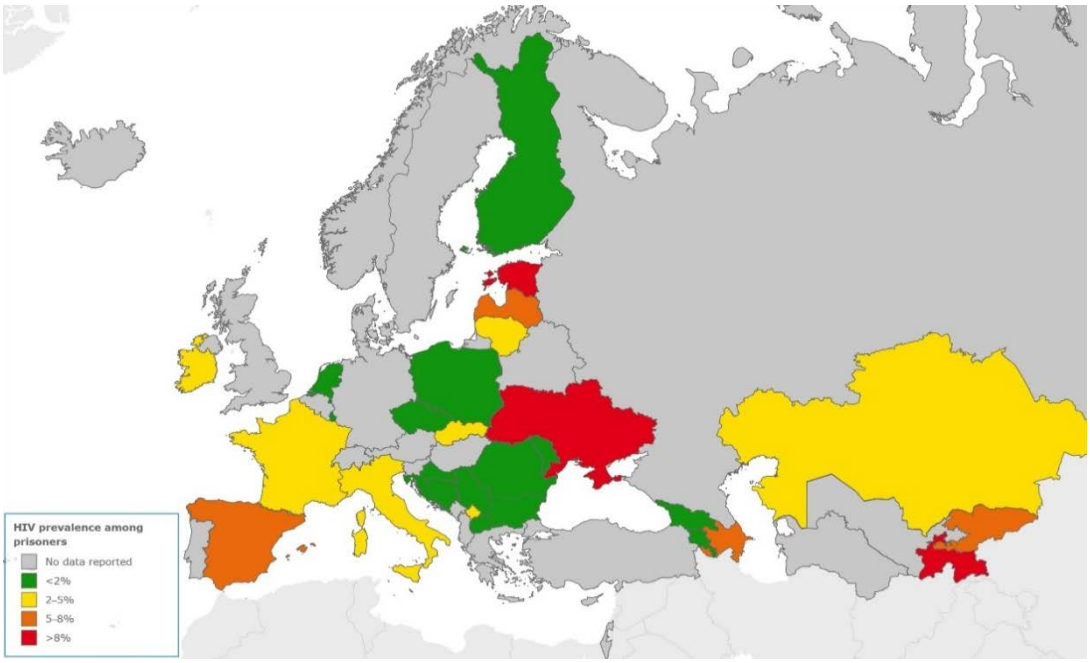
HIV prevalence varies widely among prison populations in the region

A total of 29 countries reported the most recent data on HIV prevalence in prisoners (17 EU/EEA and 12 non-EU/EEA countries) in 2014 or 2012 (see Figure 1). Reported prevalence ranged from 0% to 12%. Seven countries reported prevalence above 5% among prisoners (Azerbaijan, Estonia, Kyrgyzstan, Latvia, Spain, Tajikistan and Ukraine).

[1] WHO Regional Office for Europe. Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. [Internet]. 2004 [cited 1 June 2015]. Available from: http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/policy/guiding-policy-documents-and-frameworks-for-whoeuropes-work-on-hiv/dublin-declaration-on-partnership-to-fighthivaids-in-europe-and-central-asia

[2] European Centre for Disease Prevention and Control. Monitoring of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia – Questionnaire. Stockholm: ECDC; 2009. Available from: http://ecdc.europa.eu/en/healthtopics/documents/1009_questionnaire_to_monitor_dublin_declaration.pdf

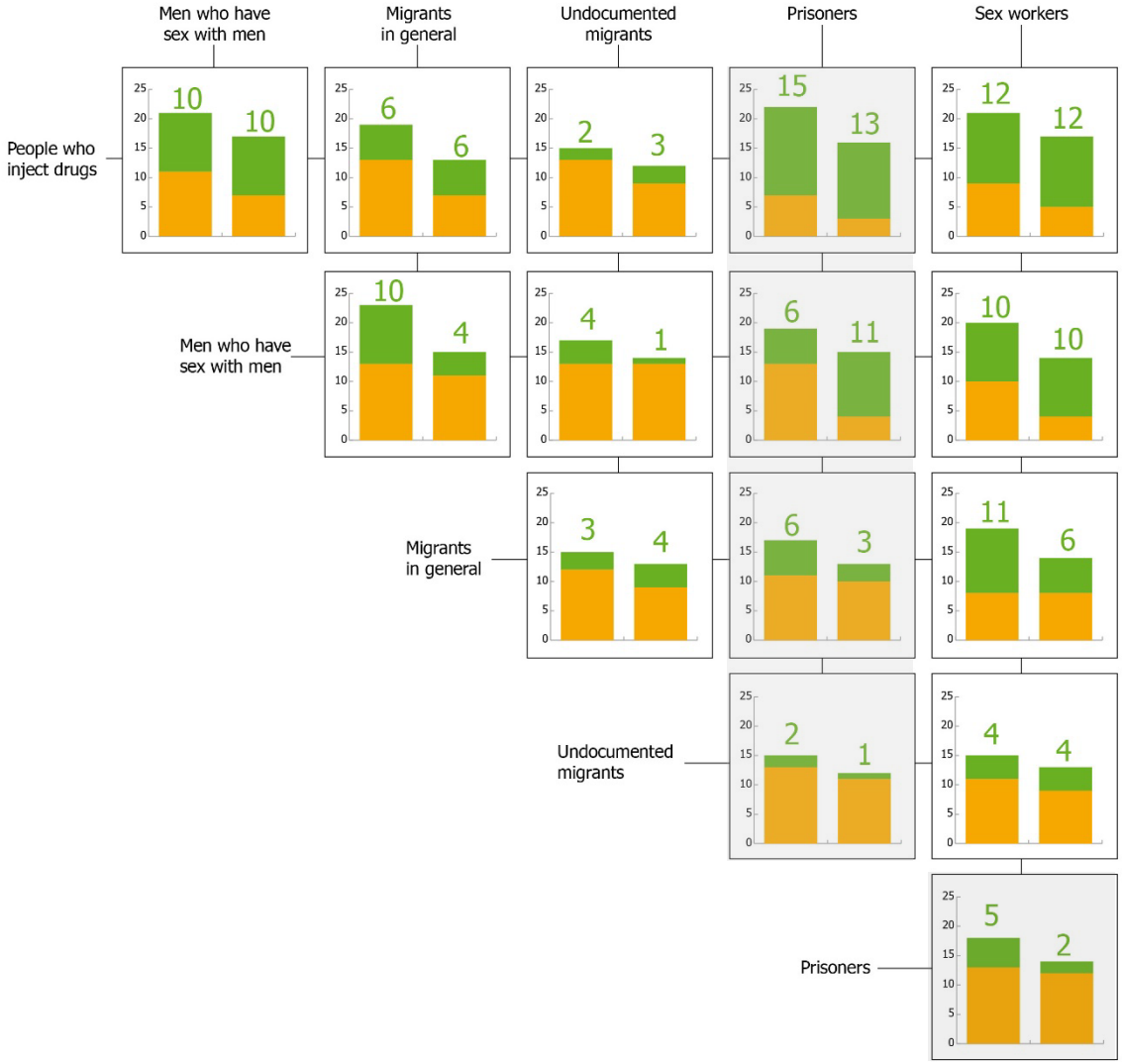
Figure 1. **Reported HIV prevalence among prisoners, 2011–2013**



Overlapping risk between prisoners and people who inject drugs is widely reported

In 2014, 28 countries (15 EU/EEA and 13 non-EU/EEA countries) reported overlapping HIV risk between prisoners and people who inject drugs (PWID) (see Figure 2). As PWID are over-represented among prisoner populations, high HIV prevalence rates among prisoners often reflect high prevalence among PWID in the wider population. In 2014, all seven countries that reported HIV prevalence above 5% among prisoners also reported high HIV prevalence among PWID in the general population (see Table 1).

Figure 2. Number of countries reporting evidence of overlapping risk between prisoners and other key populations*



Legend:

Y axis: Number of reporting countries
Left bar: EU countries
Right bar: Non-EU countries
Green: Number of countries reporting evidence of overlapping risk
Orange: Number of countries reporting no evidence of overlapping risk

** Note: Data on prisoners shown with grey overlay*

Box 1. Evidence of overlapping risk

Estonia cited a 2012 sub-national study that found 55% of people who inject drugs (PWID) had been in prison at least once in their lifetime and that 55% of them had injected drugs while in prison. The same study also found that 29% of PWID had injected drugs during their last imprisonment and 84% had used injecting equipment that someone else had already used.

Table. Reported HIV prevalence rates in prisoners and people who inject drugs

Countries	Prisoners	People who inject drugs
EU/EEA		
Estonia	12%	50–60%
Latvia	7%	24.5%
Spain	6%	16.4%
Non-EU/EEA		
Azerbaijan	5.8%	9.5%
Kyrgyzstan	7.6%	12.4%
Tajikistan	8.4%	13.5%
Ukraine	11%	19.7%

Prisoners experience high levels of HIV-related and general stigma and discrimination across the region

Government respondents stated that HIV-positive prisoners experience moderate or significant HIV-related stigma and discrimination in 25 of 41 countries that reported, and moderate or significant general stigma and discrimination in 28 of 41 countries that reported. Significant HIV-related stigma and discrimination was reported by four EU/EEA countries (Estonia, Hungary, Iceland and Romania) and two non-EU/EEA countries (Albania and Bosnia and Herzegovina). Significant general stigma and discrimination was reported by eight EU/EEA countries (Czech Republic, Denmark, Hungary, Ireland, Italy, Lithuania, Norway and Romania) and one non-EU/EEA country (Bosnia and Herzegovina). Only four countries reported that they had no HIV-related stigma and discrimination against prisoners (Czech Republic, Finland, Kazakhstan and Latvia).

HIV and prisoners: the response

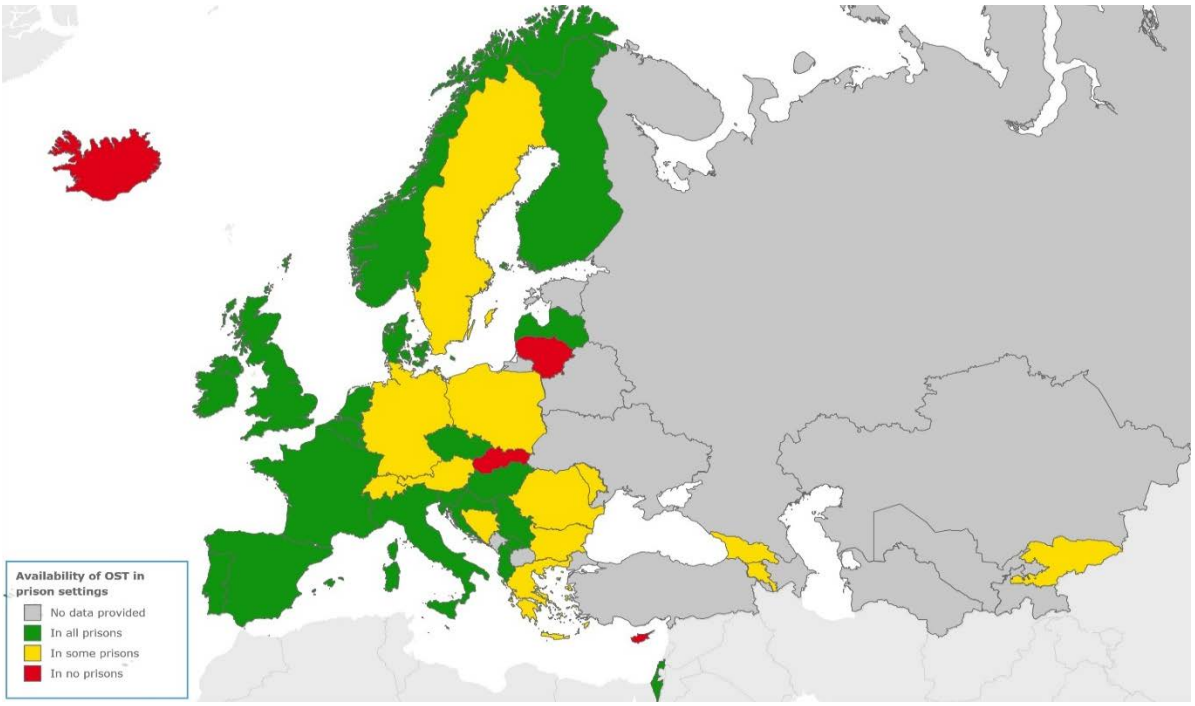
HIV prevention is reported to be delivered at scale in prisons across the region, but key prevention interventions are not widely available

Governments in 39 countries (21 EU/EEA and 18 non-EU/EEA countries) reported that HIV prevention programmes are delivered at scale in prisons. However, reported data on key prevention interventions – opioid substitution therapy (OST), needle and syringe programmes (NSP) and provision of condoms – suggest that this may not be the case.

Opioid substitution therapy is the most widely available prevention intervention in prisons in the EU/EEA; it is far less available in prisons in non-EU/EEA countries

Governments in 19 EU/EEA countries (out of 29 reporting this variable) stated that OST is available in all prisons and 15 reported that prisoners can initiate OST in prison. The situation is very different in non-EU/EEA countries, where only four governments reported that OST is available in all prisons and eight indicated that prisoners can initiate OST in prison. Although OST is available in many countries in the region, it is not available or is only available in a few prisons in a significant number of countries. Governments in four countries (Belarus, Finland, Georgia and Ukraine) identified OST as a specific gap in their HIV prevention services.

Figure 3. Reported availability of OST in prisons, 2014

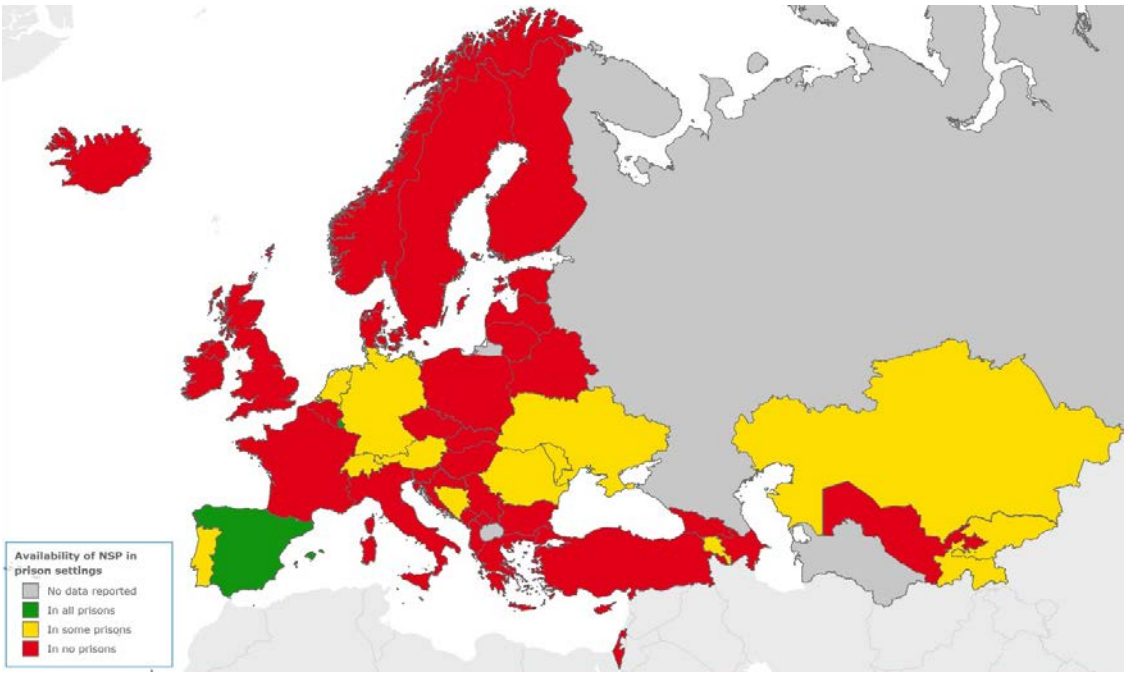


Despite the overlap between prisoners and PWID, needle and syringe programmes are not available in prisons in most countries

In 2014, only two EU/EEA countries (Luxembourg and Spain) reported that NSP are available in all prisons. Only 15 government respondents (seven EU/EEA and eight non-EU/EEA countries) reported any availability of NSP in prisons; 33 government respondents (23 EU/EEA and 10 non-EU/EEA countries) reported that NSP were not available at all. There is a mismatch between the large number of countries reporting that HIV prevention is delivered at scale[3] in prisons and the small number of countries reporting that they provide NSP in prisons.

[3] In the ECDC questionnaire to monitor the implementation of the Dublin Declaration, 'at scale' was defined as 'at the scale required to meet the needs of the majority of the key population'

Figure 4. Reported availability of NSP in prisons, 2014



In most countries condom programmes are not delivered at scale in prisons

Although 23 EU/EEA governments reported that free condoms are available in prisons, only nine reported that they are available in all prisons, while seven reported they are not available in any prison. Similarly, 14 non-EU/EEA countries reported that free condoms are available in prisons. However, only five reported that they are available in all prisons, while five reported they are not available in any prison. Given the low cost and the relative ease with which condom distribution programmes can be implemented, the number of countries delivering free condoms at sufficient scale to protect the health of the prison population is considered to be very low.

There are significant gaps in HIV prevention services for prisoners

Twenty EU/EEA and 10 non-EU/EEA governments reported that there are gaps in HIV prevention services for prisoners. Governments in three countries (Denmark, Finland and France) identified NSP in prisons as an HIV-related policy or legal issue that needs to be addressed. Thirteen countries identified NSP as a specific gap in prevention services in prisons (Bulgaria, Denmark, Estonia, Finland, Georgia, Germany, Greece, Iceland, Latvia, Norway, Serbia, Ukraine and the UK). Two of these countries cited needles as a potential risk in prison settings (Bulgaria and the UK). Eight EU/EEA governments specifically mentioned the provision of condoms as a gap (Estonia, Germany, Greece, Iceland, Ireland, France, Sweden and the UK).

Box 2. Examples of gaps and challenges in prison HIV prevention services

- Harm reduction programmes in prisons (Albania, Belarus, Hungary, Italy, Portugal)
- Needle and syringe programmes in prisons (Bulgaria, Denmark, Estonia, Finland, Georgia, Germany, Greece, Iceland, Latvia, Norway, Portugal, Serbia, Slovakia, Ukraine, UK)
- Access to condoms (Estonia, Germany, Greece, Iceland, Ireland, Latvia, France, Slovakia, Sweden, UK)
- OST in prisons (Belarus, Finland, Georgia, Greece, Ukraine)
- HIV education for prison medical staff (Albania, Moldova, Netherlands)
- Lack of financial resources (Croatia, Greece, Moldova, Spain)
- Tattooing (Germany, Latvia)
- Structural and organisational characteristics of penitentiary institutions (Italy)
- Confidentiality (France)
- Overcrowding (Greece, France)
- Post-exposure prophylaxis (France)
- Availability of rapid tests (Latvia)
- Insufficient medical staff and low salaries (Lithuania)
- Hepatitis C patients must be referred for care and treatment (Malta)
- Myths about HIV prevention in prisons (Moldova)
- Coverage of HIV prevention programmes (Romania)
- Decentralised management of prisons (Switzerland)
- HIV surveillance in prisons (Turkey)
- Access to ART and treatment adherence (UK)
- Reporting on sexual violence in prisons (Netherlands).

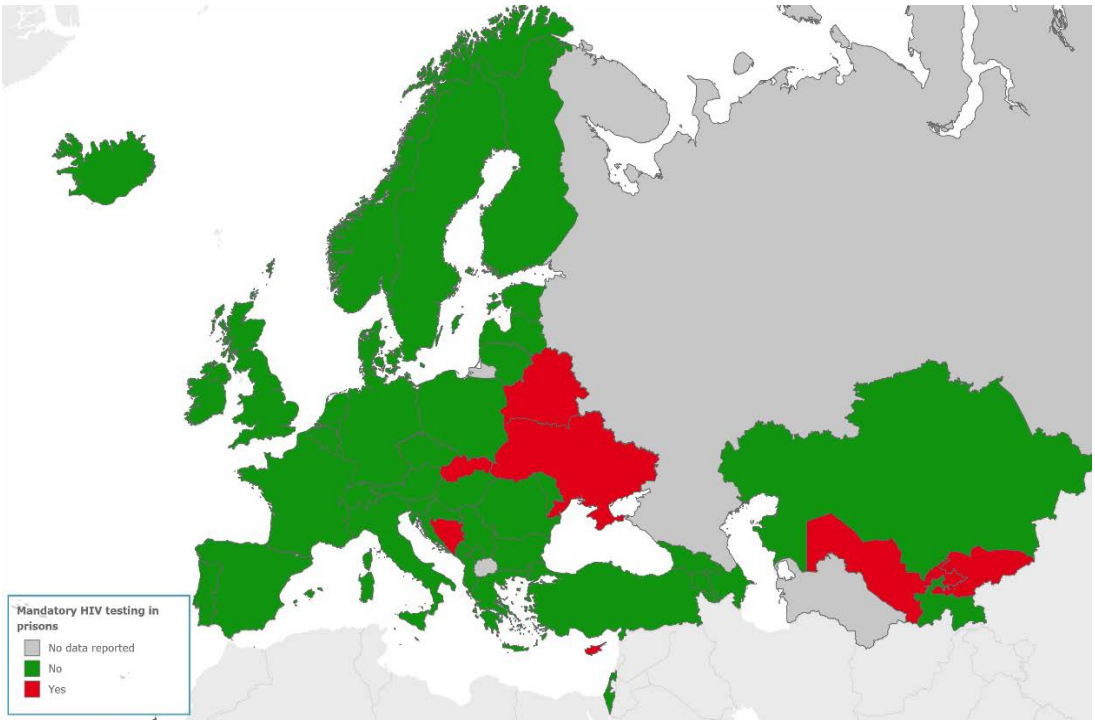
Voluntary HIV testing is widely available in prisons

Governments in 28 EU/EEA and 18 non-EU/EEA countries reported that they deliver HIV testing in prisons at scale. Twenty-two EU/EEA and nine non-EU/EEA countries reported that voluntary testing is available in all prisons; while six EU/EEA and six non-EU/EEA countries reported that voluntary testing is available in some or most prisons. No EU/EEA countries and only two non-EU/EEA countries reported that voluntary testing is not available at all.

In 2014, government respondents in seven countries (Bulgaria, Estonia, Israel, Kazakhstan, Latvia, Portugal and Romania) reported that they no longer conduct mandatory HIV testing. However, seven countries in the region reported mandatory HIV testing in prisons, including two EU/EEA countries (Cyprus and Slovakia) and five non-EU/EEA countries (Belarus, Bosnia and Herzegovina, Kyrgyzstan, Ukraine and Uzbekistan).[4]

[4] In Bosnia and Herzegovina, Kyrgyzstan and Ukraine, civil society reported that mandatory HIV testing is not carried out in prisons.

Figure 5. **Mandatory HIV testing in prisons, 2014**



HIV treatment is widely available in prisons

Governments in 29 EU/EEA and 17 non-EU/EEA countries (17 EU/EEA and 11 non-EU/EEA civil society respondents) reported that HIV treatment is delivered at scale for prisoners. Government respondents reported that HIV treatment is not delivered at scale for prisoners in only two countries (Italy and Ukraine); civil society respondents reported this in five countries (Denmark, Italy, Lithuania, Slovakia and Ukraine). Governments in 23 EU/EEA and 14 non-EU/EEA countries reported that HIV treatment is available for prisoners who test positive for HIV. No government or civil society respondents reported that treatment was not available to prisoners.

Hepatitis C testing and treatment are provided in prisons in the EU/EEA, but are less available in non-EU/EEA countries

Governments in 20 EU/EEA countries reported that hepatitis C (HCV) testing is available in all prisons; and seven countries reported it is available in some or most prisons. Government respondents in 24 EU/EEA countries reported that treatment is available for prisoners who test positive for hepatitis C; three countries reported that treatment is not available. Among non-EU/EEA countries, only seven governments reported that hepatitis C testing is available in all prisons and five reported that it is available in some or most prisons. Five governments reported that testing is not available at all. Treatment was only reported to be available by seven governments; seven reported that it was not available.

Prisoners have had little or no involvement in developing HIV-related policies or implementing HIV-related programmes

Governments in 16 EU/EEA and seven non-EU/EEA governments reported that prisoners have no involvement in HIV-related policy development. Civil society views were similar, with 12 EU/EEA and seven non-EU/EEA respondents reporting no involvement. Governments in 18 EU/EEA and five non-EU/EEA countries reported that prisoners have no involvement in HIV programme implementation. Civil society respondents generally agreed with government and 14 EU/EEA and 12 non-EU/EEA respondents reported no involvement.

Conclusions

There are limited data available on HIV in prison, including data on HIV prevalence, incidence and most-at-risk prison populations. Lack of data hinders the ability of countries to plan, budget for and implement HIV programmes in prison settings. However, data provided through the Dublin Declaration reporting highlight a number of key issues.

There is a clear overlap in many countries between prisoners and other risk populations, particularly PWID. Opioid substitution therapy, needle and syringe programmes and condom provision are proven prevention approaches for prisoners most at risk of HIV infection. However, coverage with these interventions in the region is low: in most countries NSP and condoms are not widely available in prisons and OST is available in prisons in very few non-EU/EEA countries.

In a number of countries there are political, legal and regulatory barriers to introducing or expanding harm reduction programmes in prisons. There is a need to strengthen the evidence base on the feasibility and effectiveness of harm reduction interventions in prison settings, including learning lessons from countries that are implementing such interventions in prisons.

The situation is more positive concerning HIV testing and HIV treatment, both of which are reported to be available in prisons in the majority of countries in the region. However, further work needs to be done to make testing and treatment for hepatitis C more widely available, especially in non-EU/EEA countries.

Priority options for action

Strengthen and expand targeted HIV prevention interventions and HCV programmes for prisoners

- Scale up provision of opioid substitution therapy, needle and syringe programmes and condoms in prisons.
- Improve awareness of policy-makers, prison managers and staff, and healthcare professionals working in prison settings of the public health importance of preventing and controlling drug-related infectious diseases among prisoners.
- Scale up provision of screening and treatment for hepatitis C and other co-infections in prisons, particularly in non-EU/EEA countries.

Improve data on HIV and other infectious diseases among prisoners

- Enhance monitoring of HIV and HCV incidence and prevalence among prisoners and sub-groups of prisoners at increased risk.
- Collect data on drug injecting and sexual risk behaviour in prison settings.
- Strengthen the evidence base on harm reduction interventions in prisons, including learning lessons about feasibility and effectiveness from countries in the region that are implementing such interventions.
- Improve the availability and quality of epidemiological and behavioural data through joint funding, capacity building and harmonised data collection tools.

Improve collaboration on issues related to HIV and prisoners

- Promote regional sharing of evidence and experience and increased dialogue and collaboration between countries and between government and civil society.
- Strengthen links at country level between the health, justice and social service sectors.
- Strengthen collaboration between infectious disease prevention and drug treatment networks in prisons and outside.

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