
International guidance on harm reduction interventions in prisons

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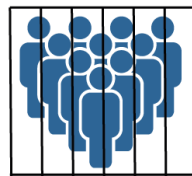
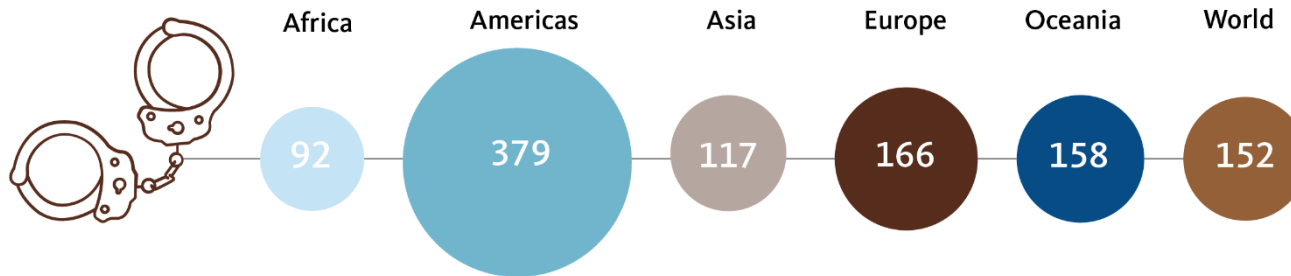
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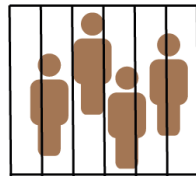


Data matters: Prison population and occupancy rates

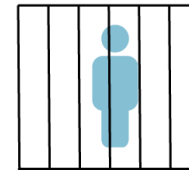
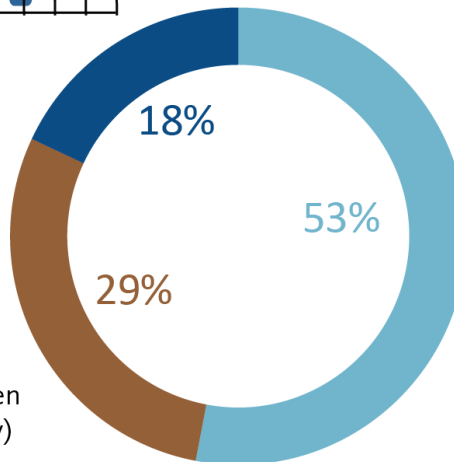
Prisoners per 100.000 population



Countries where prisons are overcrowded (number of prisoners above 150% of prison capacity)



Countries where prisons are overcrowded (number of prisoners between 100-150% of prison capacity)



Countries where number of prisoners is lower than prison capacity



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HIV prevalence in prisons

Global data:

- HIV prevalence **4.3%** (5.2% in women vs 2.9% in men)
- People in prison **5** times more likely to be living with HIV than adults in the general population



Regional data:

- 3.5% in western and central Africa
- 12% in eastern and southern Africa
- up to 11% in eastern Europe and central Asia
- up to 4.5% in western and central Europe and North America



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People who use drugs in prison

- 2.5 million people in prison estimated to be convicted of drug-related offences, 22% of them for drug possession for personal use
- Proportion of women (35%) imprisoned for drug related offences is higher than that of men (19%)
- No or limited provision for alternatives to imprisonment
- Lack of evidence-based harm reduction interventions in prison (only 59 countries reported to provide OAT for people who use drugs and 9 countries for NSPs).
- Risk of fatal drug overdose increases markedly in first 1-2 weeks of release (40 times more likely than general population in 1st week)



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Global commitments to responding to HIV in prisons

Global commitments:

Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS

- Ensure that key populations enjoy human rights, equality and dignity, free of stigma and discrimination

Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

- Prioritize HIV prevention and tailor HIV combination prevention approaches to meet diverse needs of key populations

E/RES/2021/26 adopted by Economic and Social Council (ECOSOC)

- Scale up HIV services and ensure that they reach key populations

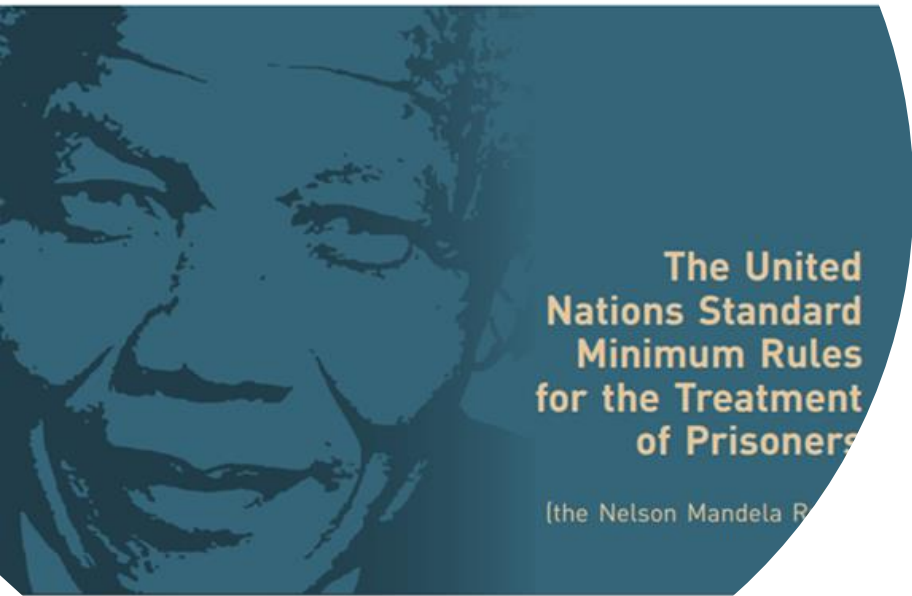
- United Nations System Common Position on Incarceration April 2021



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The United Nations Standard Minimum Rules for the Treatment of Prisoners

(the Nelson Mandela Rules)

relationship between the physician or other health-care
prisoners shall be governed by the same ethical
standards as those applicable to patients

THE NELSON MANDELA RULES

Rule 24

1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community and should have access to health-care services free of charge without discrimination on the grounds of their legal status.

2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.



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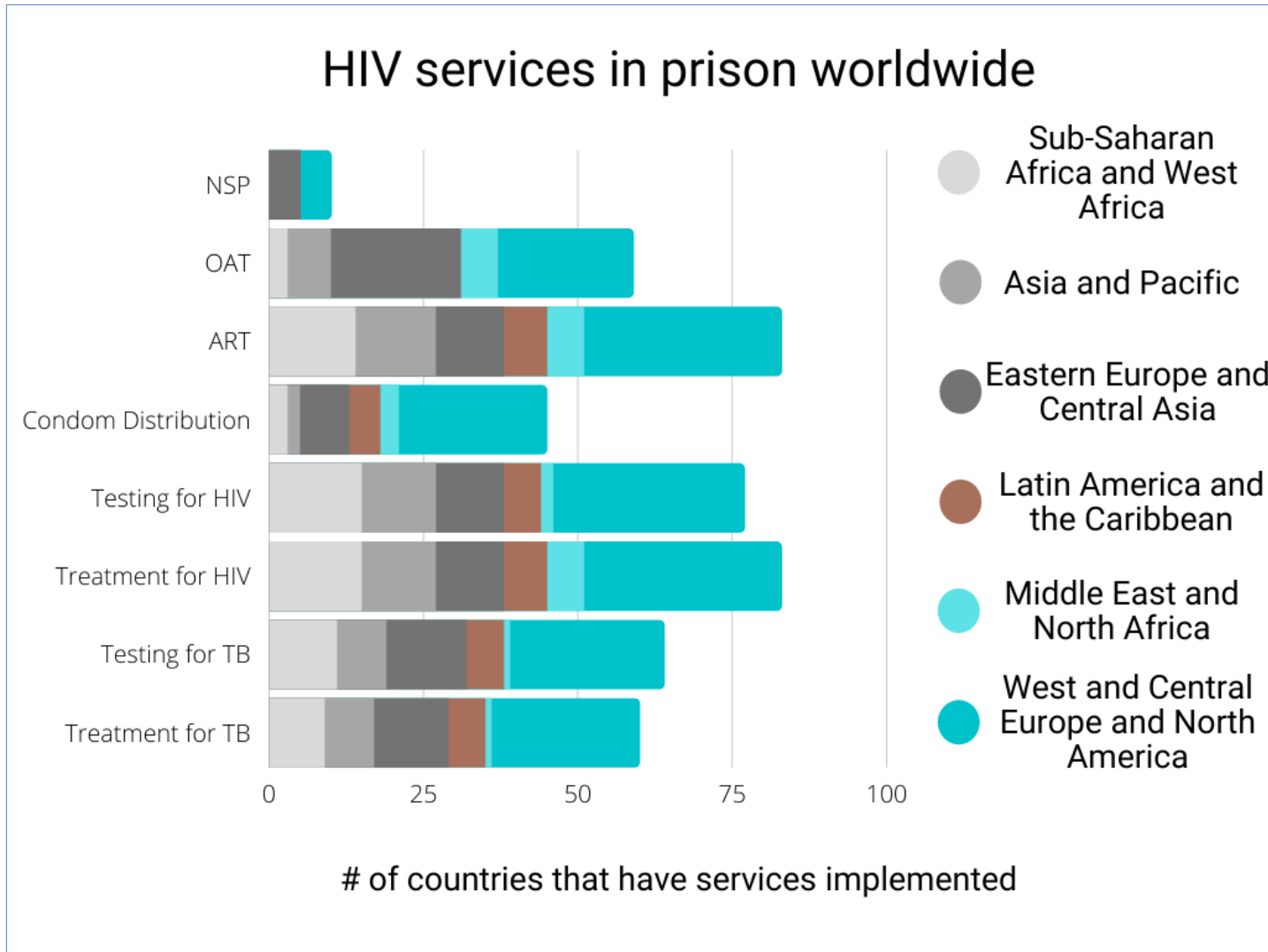
The Comprehensive Package: 15 Key Interventions



Prevention of HIV, HBV and HCV
 HIV, hepatitis diagnosis and treatment
 Prevention, diagnosis and treatment of TB
 Gender responsive services
 Occupational safety and health



Global AIDS Monitoring 2020: HIV service coverage



Key messages

- People in prison systemically left behind in the global HIV response
- Availability and sustainability of HIV services in prison threatened by crises
- Need for scaled up gender- and age-responsive services
- Call for legal, policy and criminal justice reform to address overcrowding
- Partnership with civil society organizations for better reach

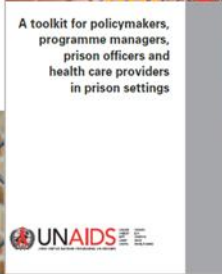
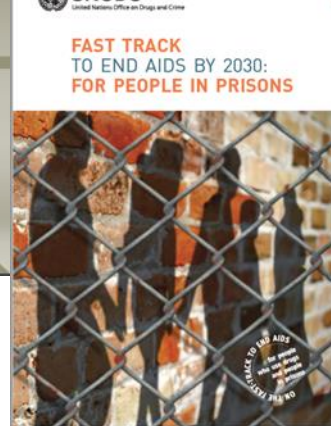
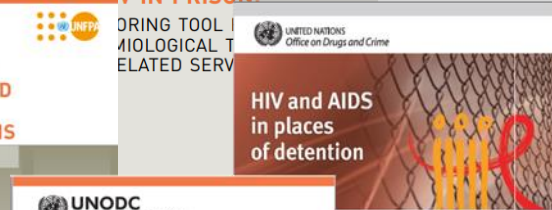
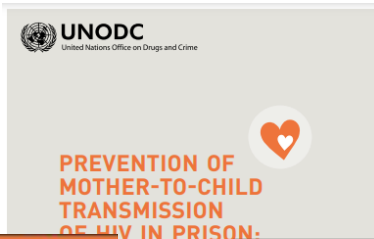


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Technical guidance and tools





THANK YOU



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