Southern and Eastern Africa Declaration of Commitment for HIV and AIDS Prevention Care, Treatment and Support in Prisons in Africa

(Adopted: Johannesburg, South Africa, 18 November 2009)

PREAMBLE

Africa, especially sub-Saharan Africa, is the region most severely affected by HIV in the world. With almost two-thirds of all people infected with HIV living in sub-Saharan Africa, the African continent is the hardest hit by the HIV epidemic worldwide. This situation is also reflected in prisons. However, the HIV situation in prisons in Africa has been an inadequately addressed area and needs urgent attention, political and financial support. Efforts to control the HIV epidemic that ignore the situation in prisons will not succeed.

Prisoners are exposed to several HIV transmission risks whilst in custody: risks associated with unprotected, forced and consensual sexual practices (especially "contextual MSM"), injecting drug use (IDU), tattooing/piercing, sharing of razors, hair clippers, through to pregnancy and breastfeeding and unsafe medical or dental care.

Although available information on the prevalence of HIV and IDU in prison settings in Africa is limited, there is evidence that heroin use is spreading in Africa, including in prisons. Subsequently sharing of injecting equipment among IDU has been established, thereby raising their vulnerability to contracting HIV, and Hepatitis B/C. The potential emergence of IDU as an additional significant route of HIV transmission warrants serious attention in the region.

In addition to individual risk behaviours, prison structural issues, such as prison overcrowding, inadequate nutritional provisions, poor hygiene conditions, inadequate health services, and violence in custody, contribute to making prisons high-risk environments for the transmission of HIV, tuberculosis (TB), and other communicable diseases.

Existing data suggest high HIV prevalence rates amongst African prisoners compared with the general adult population. Several sub-Saharan African countries report prison populations with an HIV prevalence of above 25%. Such rates are double or triple the HIV prevalence among the adult population in these countries.

Within sub-Saharan African populations 70% of people with TB are HIV positive, with TB causing up to 40% of AIDS deaths, and in many countries in Southern and Eastern Africa, TB is the first reason of death in prisons.

Due to overcrowding, poor ventilation and inadequate health care this interaction between HIV and TB is the most likely explanation for the massive increase in death rates occurring in Eastern and Southern African prisons.

A large proportion of prisoners come from poor communities with low educational standards and high rates of unemployment, homelessness and crime, all associated with increased risk of HIV and TB.

Inadequate knowledge and education amongst prisoners and prison staff about the risks of contracting and transmitting HIV, along with the absence of protective measures and proper health

care services, increases their risks of infection. Within this environment the risks for staff by occupational exposures and in turn, their families, also increase.

Furthermore, in most African prisons, health services are generally poor, ill equipped and understaffed, or even non-existent. There is either little or no access to HIV and other STI prevention or treatment services. The access to voluntary counselling and testing (VCT) and to HIV and AIDS treatment is often non-existent. These institutional and individual risks all have serious impacts on rates of HIV infection, the rate of progression of HIV to AIDS and the incidence of opportunistic diseases. Some people already enter the prison system with compromised health situations. The poor health situation of prisoners is often accompanied and exacerbated by high rates of communicable diseases (hepatitis, tuberculosis, sexually transmitted infections, complications of influenza, and malaria).

Most prisoners are incarcerated for short periods of time; the turnover rate seems to be roughly three times the number in custody. Upon release, and despite having been at high risk of exposure for HIV transmission whilst in prison, most return to the community where they engage in pre-existing patterns of sexual behaviour of multiple concurrent partners and/or high risk drug using behaviour. The spread of the virus is eminent. Thus, prisoners after release are an extremely vulnerable group. Systems of referral between prisons and community healthcare, social services, and harm reduction services for drug users are often lacking. In many countries little attention is given to the sensitive health care situation and the particularly increased vulnerability of prisoners on release from prisons, marked especially by discontinuity of care and treatment.

FUTURE PERSPECTIVES

It is guaranteed under international law in the United Nations *Universal Declaration of Human Rights* that prisoners have the same right to health as individuals outside. The lives and health of people in prison settings are connected to those of people outside prison in many ways. Protection of prisoners means protection of broader communities. Protecting prisoners will also protect prison staff, who also have a right to be protected against HIV, hepatitis, and TB in prisons. In some countries high rates of HIV prevalence amongst prison staff members also subjects them to stigma and discrimination. They and their families should also be integrated into HIV and TB prevention, treatment, care, and support strategies.

HIV presents significant challenges for prison and public health authorities and national Governments. The generally accepted principle that prisons and prisoners remain part of the broader community means that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated action and comprehensive approaches.

Although there is a growing recognition that prisons present a high risk environment for the transmission of HIV, serious gaps in most countries' responses remain. Coordinated country responses are needed, because HIV and more generally health in prisons is not only a prison issue, but requires responses from all surrounding health, welfare and support institutions.

Strategies to address health promotion and subsequently HIV in prisons are isolated and not well positioned within national HIV action plans and strategies. This is happening in spite of the fact that the very nature of imprisonment provides a window of opportunity for screening, counselling and treating this population effectively.

In the past, most-at-risk populations which were the principal focus of HIV responses in only American, European and Asian countries are now rapidly becoming of a greater importance in Africa. This is because most African countries actually exhibit evidence of a mixed-epidemic profile which

means that new infections are driven by both the mainstream population and the most-at risk populations.

Thus, on top and interrelated with the growing spread of IDU on the African continent (for sub-Saharan Africa, the estimated HIV prevalence among IDUs is more than 12%), HIV in prison settings can no longer be ignored and is now emerging more as an issue throughout the Continent.

COMMITMENT

We, the participants to the first African HIV in Prisons Partnership Network, held in Johannesburg, South Africa, on 17-18 November 2009, coming from Government, National AIDS Coordinating Bodies, National Prisons Services and Civil Society Organisations, bilateral and multilateral organisations, regional bodies, of 16[1] countries, recognise this network brings together scientific expertise, knowledge and experiences in HIV and AIDS prevention, treatment, care and support in prison settings in Southern and Eastern Africa.

1. Acknowledging people deprived of their liberty as a vulnerable population who deserve special consideration for the protection of their rights;

2. Taking cognisance that our region is in dire need of comprehensive criminal justice system reform;

3. Conscious there is a significant gap in understanding and capacity to address the magnitude of the epidemic of blood-borne viral infections (HIV, hepatitis) STIs TB and other communicable diseases within the prison communities and its multiplier effect on the societies at large;

4. Cognisant that HIV prevention, treatment, care and support services are not accessible to all prisoners and prison staff in our countries;

5. Recognising the efforts being made by the national governments and international and other national stakeholders in addressing HIV and AIDS challenges in prison settings;

6. Conscious that not all political and professional leadership places HIV prevention, treatment, care and support in prisons high on the national public health agenda;

7. Taking into account the fact that in many countries prisoners, prison staff, and other stakeholders are not sufficiently involved in the design and implementation of prison HIV and AIDS programmes;

8. Recognising the special vulnerability to HIV infection of children, juveniles, women, people with disabilities, and sexual minorities in prisons;

9. Acknowledging the fact that HIV, TB, and STIs services are often not well coordinated and integrated resulting in ineffective management of these infections;

10. Recognising the need for sustained qualitative and quantitative research to inform HIV and TB interventions in prison settings;

[1] Angola, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, the East Africa Community, African Correctional Services Association (ACSA), UNAIDS, WHO, UNODC.

11. Recognising that people in the prison communities infected with HIV and AIDS need supplementary nutrition;

12. Recognising that a comprehensive package[2] to address HIV and AIDS is not necessarily available and accessible to prison communities; and

13. Concerned by lack of support services provided to the families of prisoners and the post-release care.

We, the participants to the African HIV in Prisons Partnership Network commit ourselves to:

1. Promote and protect the rights of people deprived of their liberty in the prison setting;

2. Advocate for criminal justice system reform aimed at improving prison conditions, especially reducing overcrowding, developing alternatives to imprisonment, and reducing the vulnerability of prisoners;

3. Encourage the Special Rapporteur on Prisons and Conditions of Detention of the African Commission on Human and People's rights to continue to advocate for improved prison conditions in the context of TB, HIV, and AIDS;

4. Support the development of a comprehensive knowledge-based prison health care system;

5. Provide comprehensive, evidence-based TB, HIV, and AIDS prevention, treatment, care and support to all members of the prison community;

6. Encourage national governments and international partners to allocate more resources to TB, HIV and AIDS prevention, treatment, care and support in prisons;

7. Increase the knowledge about TB, HIV, and AIDS, and other risks among prisoners and prison staff;

8. Emphasise the need for capacity building and institutional strengthening as vital to the success of HIV interventions;

9. Advocate for professional and political leadership, and community involvement for an effective response to HIV in prisons;

10. Promote and support participatory approaches whereby prisoners, prison staff, and other stakeholders are consulted in the design, implementation and evaluation of prison HIV programmes;

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[2] Comprehensive Package consisting of:

- Needle and syringe programmes (NSP)
- Opioid Substitution Therapy (OST)
- Voluntary HIV Counselling and Testing (VCT)
- Anti-Retroviral (ART)
- Sexually transmitted Infections (STI) Prevention and treatment
- Condom Programming for IDUs and Partners
- Targeted information, education and communication (IEC)
- Hepatitis diagnosis, treatment (A,B,C) and vaccination for A & B
- Tuberculosis (TB) prevention, diagnosis and treatment

11. Take measures to address the specific needs of children, juveniles, women, people with disabilities, and sexual minorities in prisons;

12. Promote and support comprehensive, coordinated and integrated approaches towards HIV, AIDS and TB in prison settings and upon prisoner's release;

13. Advocate for and facilitate valid, ethical, comprehensive research and disseminating it to improve practices and leverage prison-related policy and legislative reforms;

14. Report and make information available that will assist us in monitoring and evaluating progress achieved regarding the commitments expressed;

15. Pursue comprehensive and sustainable sources of nutritional support; and

16. Engage actively as members of the African HIV in Prisons Partnership Network (AHPPN).