
SPECIAL
PROGRAMME
ON AIDS

STATEMENT FROM THE
CONSULTATION ON
PREVENTION AND CONTROL
OF AIDS IN PRISONS

GENEVA
16-18 NOVEMBER 1987

134020

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

World Health Organization

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.



WORLD
HEALTH
ORGANIZATION

Consultation on prevention and control of AIDS in prisons

A Consultation on Prevention and Control of AIDS in Prisons was convened by the World Health Organization's Special Programme on AIDS from 16-18 November 1987 in Geneva. A total of 37 specialists from 26 countries participated, including experts in public health, prison and medical administration, prisoner care, occupational health and safety, epidemiology and health policy.

Introduction

The Consultation addressed four key aspects of prevention and control of human immunodeficiency virus (HIV) infection and AIDS in prisons:

1. general principles regarding the provision of health care in prisons;
2. identification of HIV-infected prisoners and associated informed consent, confidentiality and counselling issues;
3. information and education needs of prison staff, prisoners and their families;
4. management approaches to care for asymptomatic HIV-infected prisoners and for those with AIDS-related complex (ARC) or AIDS.

The Consultation noted that there is a wide variation between and within different countries regarding:

1. the number of HIV-infected persons and persons with AIDS in prisons (generally reflecting the prevalence of HIV infection in the community);
2. the policies and practices adopted by prison administrations to control the spread of HIV infection;
3. the relative importance of the different HIV transmission modes;
4. the proportion of those convicted of crimes who are sentenced to imprisonment.

The Consultation developed the following consensus statement:

- A. Control and prevention of HIV infection must be viewed in the context of the need to improve significantly overall hygiene and health facilities in prisons.
- B. In many countries there may be substantial numbers of prison inmates who have a history of high-risk behaviours, such as:
 - intravenous drug use;
 - prostitution.In addition, situational homosexual behaviour may occur as a consequence of heterosexual deprivation, characteristic of prison conditions.

Prison authorities therefore have a special responsibility to inform all prisoners of the risk of HIV infection from such behaviours. Prisons provide an opportunity to inform and educate large numbers of persons who may have engaged, or may be likely to engage, in HIV high-risk behaviours. Many of these persons are unlikely to have received such education in the general community.

- C. The general principles adopted by National AIDS Programmes should apply equally to prisons as to the general community. The policies of prison administrations should be developed in close cooperation with health authorities. The responsibility of prisons' medical services to provide independent advice in the interest of prisoners must be recognized. Prison policies should be clearly defined in guidelines available to the general public and should include the following concepts:

-
1. Prison administrations should recognize their responsibility to minimize HIV transmission in prison (and consequently in the general community when prisoners are released).
 2. Prisoners should be treated in a manner similar to other members of the community, with the same right of access to:
 - a. educational programmes designed to minimize spread of the disease, including up-to-date information on AIDS and preventive measures;
 - b. testing for HIV infection (serological testing) on prisoner request, with confidentiality of results, timely pre- and post-test counselling, and support from appropriately trained persons acceptable to the prisoner;
 - c. medical, nursing, inpatient and outpatient services of the same quality as those for AIDS patients in the community at large;
 - d. information on treatment programmes and the freedom to refuse such treatment.
 3. In addition, prisoners with AIDS should be considered for compassionate early release to die in dignity and freedom;
 4. Prisoners should not be subjected to discriminatory practices relating to HIV infection or AIDS such as involuntary testing, segregation or isolation, except when required for the prisoner's own well-being.
 5. All prison staff should receive up-to-date information and education on AIDS prevention and control in prisons, as part of broader training in occupational health and hygiene. Information on AIDS should include recognition of possible AIDS-associated conditions and guidance on the most humane management of HIV-infected prisoners.
- D. Homosexual acts, intravenous drug abuse and violence may exist in prisons in some countries to varying degrees. Prison authorities have the responsibility to ensure the safety of prisoners and staff, and to ensure that the risk of HIV spread within prison is minimized. In this regard, prison authorities are urged to implement appropriate staff and inmate education and drug-user rehabilitation programmes. Careful consideration should be given to making condoms available in the interest of disease prevention. It also recognized that, within some lower-security correctional facilities, the practicability of making sterile needles available is worthy of further study.
- E. Decisions regarding testing and/or screening should be considered in the context of informed consent, the ability to maintain confidentiality and the provision of positive assistance to affected individuals.
- F. The WHO projections for growth in HIV infection and the numbers of ARC and AIDS cases suggest that in the coming years prison and health authorities will need to devote considerable additional human and financial resources to the management of AIDS in prisons. This should not be at the expense of other health-related activities in prisons. Rather, AIDS prevention and control programmes in prisons should be regarded as part of the broader national AIDS control measures and receive resources accordingly.
- G. Governments may also wish to review their penal admission policies, particularly where drug abusers are concerned, in the light of the AIDS epidemic and its impact on prisons.

The Consultation recommended that:

- the WHO Special Programme on AIDS draws the attention of countries to the consensus statement of this Consultation;
- countries be encouraged to include representation on their National AIDS Committees of prison medical services and prisons administrations;
- the Special Programme on AIDS develop guidelines and strategies to evaluate the impact of AIDS prevention and control programmes in prisons and include a report on prisons in its annual report on AIDS;
- WHO investigate, at the global level, means of fostering consideration of broader health management issues in prisons.

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas une publication officielle de l'Organisation mondiale de la Santé (OMS) et tous les droits y afférents sont réservés par l'Organisation. S'il peut être commenté, résumé ou cité sans aucune restriction, il ne saurait cependant être reproduit ni traduit, partiellement ou en totalité, pour la vente ou en à des fins commerciales.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.