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EHPSA EVIDENCE BRIEF
AUGUST 2018

HIV AND TB SERVICES AND SURVEILLANCE IN CORRECTIONAL FACILITIES:

AN ASSESSMENT OF POLICIES, PRACTICES, AND PERFORMANCE IN MALAWI, LESOTHO, NAMIBIA, SWAZILAND, AND ZAMBIA

CRITICAL REVIEW

INTRODUCTION

Correctional facilities are high-risk settings for the transmission of human immunodeficiency virus (HIV) and tuberculosis (TB). Features of a facility's physical and social environment, often coupled with socio-economic deprivation, can result in conditions that favour the spread of both diseases, especially in low- and middle-income countries.

The literature estimates HIV and TB prevalence among inmates in eastern and southern Africa (ESA) to be around 15.6% and 5.3% respectively, suggesting a higher prevalence among prison populations than in non-incarcerated populations. It is thus critical for inmates, as well as the external community, that high quality HIV and TB control programs are established and maintained within the correctional system.

While incarceration necessarily restricts liberty, inmates have a right to a minimum standard of health care at least equivalent to that in the community, including effective services along the entire continuum of HIV and TB prevention, treatment and care.

EHPSA commissioned Aurum Research Institute to assess the policies and practices related to HIV and TB data collection and surveillance in correctional facilities of Malawi, Namibia, Lesotho, Swaziland, and Zambia. The study aimed to provide a broad review of two topics: HIV and TB prevention and sexual health services and treatment in correctional facilities; and the collection of routine data collection and surveillance in correctional settings in the region.

This evidence brief is drawn from the full report of the Aurum study. The full report and a summary version are available at http://www.ehpsa.org/critical-reviews/prison-services . They should be consulted for references and additional information.

WHY THIS STUDY IS IMPORTANT

There is scant information on HIV and TB services in correctional facilities in the ESA region. A review of literature on HIV and TB in sub-Saharan African prisons, published between 2011-2015, identified data from fewer than half the countries in the region. It found that, where data were available, they were frequently of poor quality and rarely nationally representative.

The report, despite being limited to a review of selected facilities in five countries, contributes to filling a serious gap in understanding challenges and solutions to the provision of HIV and TB services in the region's correctional facilities.

APPROACH

This critical review employed a combination of literature and policy review, direct system observations, data analyses and key informant interviews. It took place between November 2017 and April 2018.

In total, the researchers visited 24 correctional facilities in the five countries, and conducted 99 interviews made up or 21 people in management positions (at site level or headquarters); 33 clinical staff (clinical officers, doctors and nurses), 21 ancillary workers (counsellors, patient attendants or lab technologists) and 25 peer educators.

KEY FINDINGS

1. HIV and TB services

HIV prevention: In most countries, measures for HIV prevention were lacking. In all the countries visited, except Lesotho, **condom provision** to inmates was prohibited, due to the criminalisation of men having sex with men. There were some instances where condoms were being provided at health facilities for use at exit, and not regulated. There was little knowledge or understanding of **sexual violence** and none of the facilities visited had any interventions to reduce the likelihood of such sexual relations, for example: protecting juveniles; or separating long-term inmates from short-term and/or remand detainees. In all countries, the Ministry of Health provides **post-exposure prophylaxis** (**PEP**) kits as required. The study found that staff and peer educators fully understood the importance of occupational exposure and exposure to blood during fights. All facilities had **HIV counselling and testing** (**HCT)** services and offer HCT on entry and to inmates diagnosed with TB. All sites offered psychosocial support provided by external experts. There were some issues around whether HCT was voluntary or mandatory and a concern that inmates are not encouraged to re-test while in the facility.

HIV treatment care and support services: These were generally good. Between 2016 and 2017, **universal test and treat** (UTT) programmes were successfully initiated and established as routine policy in all study countries, with counselling and ART initiation by a clinical officer, either on-site or at the District Health Office. UTT was found to be fully implemented in Malawi and Swaziland, where inmates are started on treatment on the day they are tested or very soon thereafter. In all the facilities, only those who had refused treatment were not on treatment. In Namibia and Lesotho, the researchers found that UTT had just been introduced as policy and was partially implemented by the time of the visits. **Linkage to care, post-release**, is a challenge in all study countries. However, Lesotho, Malawi and Swaziland pay particular attention to continuity of care for inmates who are released, though this may vary from facility to facility.

TB services: Screening services were generally available and well-implemented, however the use and availability of Xpert diagnostics needs to be fully implemented and staff trained. The use of isoniazid preventive therapy (IPT) was inconsistent. TB **infection control** measures varied. Facility infrastructure, particularly in cells, constituted the greatest challenge to TB infection control. There is a large emphasis on TB infection control in Swaziland. This includes attention to infection control in cells by opening windows and allowing inmates access to outdoor spaces during daylight.

The table below summarises policies and practises for TB and HIV services in the five countries. Key issues to note are the lack of provision of condoms and lubricants for prevention of HIV transmission within facilities in all countries except Lesotho; and the gap between policy and practice as regards regular testing of HIV and provision of PEP.

Table 1: Policy and practices for TB and HIV prevention and treatment services

	Policies					Practice				
	Malawi	Lesotho	Namibia	Swaziland	Zambia	Malawi	Lesotho	Namibia	Swaziland	Zambia
HIV Prevention										
Provision of condoms for prevention of transmission within facilities	N	Y	N	N	N	N	Y	N	N	N
Provision of lubricants for prevention of transmission within facilities	N	Y	N	N	N	N	Partial	N	N	N
HIV testing at regular intervals	N	N	N	Y**	N	Y	Y	Y	Partial	N
HIV testing offered on admission	N	N	N	N	N	Y	Y	Y	Y	Y
Use of rapid diagnostics for HIV testing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Provider Initiated HIV Counselling & Testing (PICT)	Unknown	N	N	Y	Y	N	N	N	Y	N
PEP for HIV	Y	Y	Y	Y	Y	Partial	Partial	Partial	Partial	Partial
Screening for STIs on admission	Y	N	Y	Y	N	Y	N	Y	Y	Y
Treatment of HIV and STIs										
Universal Test and Treat (UTT) for HIV	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Screening for TB										
Screening for TB on admission	Y	Y	Y	Y	N*	Y	Y	Y	Y	Y
TB Screening at regular intervals	Y	Y	Y	Y	N*	Y	Y	Y	Y	Y
Use of rapid diagnostics for TB screening (Xpert MTB/Rif Assay)	Y	N	N	Y	N*	Partial	Y	Partial	Y	Y
Treatment for TB										
Isolation of TB cases	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral for DR treatment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prevention of TB and other diseases										
Cotrimoxazole Preventive Therapy (CPT)	Y	Y	Y	Y	Y	Partial	Y	Y	Y	Y
Isoniazid Preventive Therapy (IPT)	Y	Y	Y	Y	Y	Partial	Y	Y	Y	Y

*National TB guidelines from 2006 – no guidelines specific to prisons and prisons not included in any of the national guidelines
**Guideline mentions prisoners mentioned as a key population who should be tested regularly

2. M&E systems

Many problems were identified with monitoring and evaluation (M&E) systems in all the countries, particularly in terms of the links between the Ministry of Health and Correctional systems.

Monitoring and evaluation was generally controlled by a dedicated M&E Unit collecting general information on all programmes within the correctional environment. While health indicators may be included, the staff in these units are not specialised in health information.

In addition to the Correctional Services M&E units, health departments are also interested in health outcomes in the facilities. Often, the Ministry of Health (MOH) requires another set of data, i.e. additional to that required by the Correctional Services M&E Unit. The indicators, definitions and timelines for Correctional Services are not aligned with MOH tools or indicators, with the facilities having to report to different entities using different reports each time. In Malawi and Swaziland, there was particularly good coordination between the MOH district staff and the correctional facility staff, with facility staff having a good understanding of what was required in terms of MOH documentation.

There was a general lack of standardised tools for reporting indicators specific to prison populations, very little analysis and trend reporting, and no mechanisms for feedback to facility clinics. On reviewing indicators from all countries, the researchers were able to determine coverage of HIV or TB services at specific time points with no cohort analyses and no systems to avoid duplication of inmates on transfer or release from facilities.

The study found that there was little use made of the information collected, whether for reporting or for programme improvement. In addition, it found that equipment and systems for data reporting were generally paper-based, and transmission of this information relied on physical transportation.

CONCLUSION

While services for HIV treatment and TB were generally adequate, the review found that HIV prevention services were seriously lacking. Lesotho was the only country that provided condoms to inmates, and there was little understanding of sexual assault and HIV transmission.

This situation is rooted in the fact that same-sex relations are criminalised in the region. The report suggests that governments could consult with countries, such as Lesotho, where same-sex intercourse is criminalised, but that have provided condoms for their health benefits. They could also learn from countries where these activities have been decriminalised. Repeat HIV testing would also improve understanding and provide evidence of HIV transmission within facilities.

Serious issues were found with M&E systems. The report suggests that these could be ameliorated, by short-term consultancy support to develop M&E tools which are standardised and aligned with the MOH tools.

REFERENCES

HIV and TB services and Surveillance in Correctional Facilities in Eastern and Southern Africa: Assessment of Policies, Practices, and Performance. Consolidated report for Malawi, Lesotho, Namibia, Swaziland and Zambia. Aurum Institute, July 2018.
Available at: http://www.ehpsa.org/critical-reviews/prison-services

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