

TECHNICAL FORUM: HIV PREVENTION IN PRISONS

Intercontinental Hotel, Lusaka, Zambia, 14-16 March, 2016

Meeting note

1. Objectives and nature of meeting

The objectives of the EHP SA technical forum on HIV prevention in prisons were to:

- Stimulate discussion, sharing of expertise and lessons learned to contribute to a robust regional body of knowledge on HIV prevention in correctional services;
- Discuss strategies to advance HIV prevention in correctional services; and
- Discuss the concept of Treatment as Prevention (TasP) in correctional services as part of a wider HIV prevention strategy for prisoners.

The meeting benefitted from high-level endorsement, with senior correctional facility staff from seven¹ countries in the region attending and actively participating. Representatives from Ministries of Health and National AIDS Councils (NACS) attended along with leading researchers, NGOs and other civil society groups.

The forum balanced factual presentations with interactive sessions and discussions. This informal approach allowed for a range of sensitive issues to be discussed. The mix of prison authorities, researchers and civil society representatives led to a constructive exchange of views and the workshop participants were able to network and establish new contacts and working relationships.

2. Information shared

EHP SA presented participants with an electronic resource pack containing a wide range of documents on HIV and TB in prisons, which will be updated regularly as new information become available. Presentations were made on:

- Health, HIV and human rights of prisoners: Presentations stressed that prisoners have the same rights to good health and quality health services as the general population, no matter what crimes they have committed. These rights need to be protected and promoted.
- Guidelines and standards for prisoners: World Health Organisation (WHO) guidelines on health and HIV for prisoners were presented.
- Best practices on health and HIV services in the region:
 - MSF Malawi presented a model integrated HIV/TB and primary health care programme in two central prisons, which is planned for national scale-up.
 - Lesotho Correctional Services presented comprehensive information on the HIV/TB situation in Lesotho prisons and HIV prevention programming.

¹ Zambia, Malawi, Tanzania, South Africa, Lesotho and Swaziland

- Sonke Gender Justice presented their EHPSA-funded programme that addresses sexual violence in prisons, analysing drivers of, and barriers to the prevention of HIV and sexual violence.
- Treatment as prevention (TasP): A comprehensive presentation covered the evidence for TasP and described the EHPSA-funded TasP implementation research programme in correctional facilities in South Africa and Zambia, to be conducted by the Aurum Institute, CIRDZ and the HIV TB Association.

For presentations see <http://www.ehpsa.org/evidence/research-into-practice/prisons-2016>

3. Discussion

Key issues and themes relating to HIV prevention in prisons were discussed.

3.1 The role and importance of leadership

In many countries leaders are already sensitised to the need for improved HIV services in prisons but are facing difficult obstacles such as funding and a socio-legal environment that prevents comprehensive HIV prevention in prisons. In some countries much more needs to be done to improve basic needs such as food, water, sanitation, hygiene facilities and accommodation.

3.2 Role of civil society

Important roles identified for civil society include: advocating for improved services for prisons; challenging restrictive laws, leveraging the opportunity that litigation has for other countries in the region; creating awareness in communities around the rights, needs and conditions of prisoners; challenging unhelpful cultural and religious norms; and using evidence to inform other sectors of society such as parliamentarians.

3.3 Role of research

Research plays an important role in telling us what works, stimulating debate, convincing others and increasing domestic and donor funding. Partnerships between researchers and government and/or civil society are important to ensure that research findings are taken up. Challenges with research include: the need to build capacity of policy makers to use research and to distinguish between good and bad research; the need for more reliable data on prisons in the region particularly around HIV incidence; the need to translate research into appropriate products for different audiences (eg prison officials, health care providers and prisoners themselves); and research agendas being set by traditional donors and not aligned with national policies or plans.

3.4 Financing for HIV prevention in prisons

A structured approach will facilitate financing for prisons. This includes: agreed priorities set out in national plans; quantification of domestic funding compared to needs, and the funding gap identified; coordination of funding by NACS or sectoral bodies; collaborative relationships between donors and correctional services stakeholders; and robust ‘business cases’ for prison programmes.

Approaches to funding include: the primacy of domestic funding - governments must be the anchor funder for sustainability and ownership and donors should fund gaps, particularly in areas where political will is lacking. Correctional services populations must be allocated appropriate proportions of national funds (eg for treatment and prevention). Funding must prioritise building capacity and skills to ensure sustainability. Flexibility in funding is needed to respond to evolving needs and to allow innovation

3.5 Enhancing overall prevention efforts in prisons

Key issues here include: reducing sexual violence by identifying vulnerable categories of prisoners; strengthening pre-exposure prophylaxis (PreP) programmes; implementing male medical circumcision (MMC) either within prisons or by external providers; improving nutrition to reduce sexual coercion; adhering to minimum standards such as the South African Development Community (SADC) guidelines. Socio-legal challenges to condom distribution must be examined.

3.6 Systems, processes and evidence requirements to rollout TasP in prison settings

Prison health systems are in deficit and there is a need to strengthen all the health systems building blocks in prisons. Inter-sectoral collaboration is important to strengthen health information systems and governance. Additional health workers are required and supply chain management must be improved for TasP to be sustainable.

3.7 Role of media

It is essential to educate and involve media on issues related to HIV prevention in prisons, as they link to the general public and can assist in addressing negative public perceptions. Partners are needed to actively bring media on board. Media should be familiar with the recommendations and guidelines on HIV in prisons and how far have they been published and endorsed by different countries. Media should be aware of the relationship between the epidemic inside and outside the prisons. Public health arguments about TB and HIV may be convincing to media.

3.8 Stigma

Communities generally have negative attitudes to prisoners believing that they should be punished and should not have rights. These attitudes influence governments, which may be unlikely to risk unpopular policies towards prisons. Innovative strategies are needed to educate communities to support prisoners and allow them to be reintegrated into society. Faith communities have an important role here. Internalised stigma and shame is also a barrier to reporting sexual violence and hinders post-exposure prophylaxis (PEP) programmes. Most countries have PEP programmes but usage seems to be minimal, though comprehensive data is lacking.

4. Conclusion and way forward

The meeting was successful in terms of its three stated objectives. Issues arising from the meeting for further discussion include:

- The meaning of a regional programme and the challenges of a regional perspective;
- Strategies to engage the media and educate communities; and
- The implications of TasP in correctional facilities.

EHPISA undertakes to profile and disseminate promising practices in relation to leadership, advocacy and research on HIV prevention in correctional facilities, and to play a role in knowledge translation in the form of additional bulletins on HIV prevention in correctional services. The resource pack will be updated and an email group will be established to keep participants informed of new research and developments in the field. Participants are also invited to document their innovations and share them with EHPISA and others.