

HIV AND PEOPLE IN PRISONS AND OTHER CLOSED SETTINGS

OVERVIEW

People in prisons and other closed settings are disproportionately affected by HIV. In 2023, HIV prevalence among people in these settings was two times higher than among adults aged 15–49 years in the general population¹. Lack of access to HIV treatment and prevention services in prisons and other closed settings remains a significant barrier to achieving social justice and equality and ensuring health for all people. Treatment coverage gaps are notable for people living with HIV in prisons and other closed settings. Among the 37 countries that reported on antiretroviral therapy coverage among people in prisons and other closed settings in recent years, only 18 countries reported above 95% coverage, and five countries reported less than 50%. HIV programmes are generally not available or tailored for women in prisons and other closed settings (1). A small but slowly increasing number of countries provide at least some HIV-related services in prisons and other closed settings.

¹ Unless otherwise specified, the source for all quantitative data is Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Intersecting inequalities related to gender, HIV status, sexual orientation and gender identity may increase challenges and vulnerabilities that some groups of people face in prisons and other closed settings. Cisgender and transgender men and women and gender diverse people in prisons and other closed settings may also be members of other key populations, especially where these populations are criminalized. The combination of these inequalities, stigma and discrimination, and lack of tailored HIV services increases the vulnerability of people living with HIV, particularly women, and people from key populations in prisons and other closed settings.

Transgender people have a higher prevalence of HIV and other sexually transmitted infections, and yet they often lack or are denied access to HIV and other necessary medical treatment while in prisons and other closed settings (2).

Women in prisons and other closed settings are at equally high risk of living with HIV as men in prisons and other closed settings. This may result in children born in prison being at risk of HIV (3). In prisons and other closed settings, women are especially vulnerable to sexual abuse, including rape, by male staff and other prisoners. Women are susceptible to sexual exploitation, especially if supervised by male staff, and may be forced to engage in sex to obtain goods (4). Although data are limited due to underreporting, sexual violence against men and adolescents in prisons and other closed settings is believed to be common (5). All survivors of sexual violence, including women, men, adolescent girls and boys, and people from key populations, require a multisectoral, survivor-centred response, with access to medical, psychosocial and counselling services that respond to trauma, including mental health, and sexual and reproductive health services (5). There is no consistent gender difference in HIV outcomes for women and transgender women in prisons and other closed settings (6).

Ensuring availability of HIV and harm reduction services after release from prison is essential to ensure continuity of support for people living with or affected by HIV. A literature review found that post-release programmes that ensured continued linkage to care improved viral load suppression (7). Dedicated and appropriately tailored interventions—including pre-release counselling and case management, post-release peer navigation, and psychosocial, socioeconomic and gender-responsive supports—are needed to guide justice-involved people living with HIV through the transition from accessing HIV care during incarceration and in the community after release (8).

KEY MESSAGES

- National responses should align their prevention programmes to address the distribution of new HIV infections among people from key populations, including people in prisons and other closed settings. For example, it has been shown that implementing peer-led education programmes on HIV and sexually transmitted infection prevention, treatment, care and support can enhance knowledge and literacy of relevant health issues, and empower transgender people in prisons and other closed settings.
- An increasing number of countries provide some HIV-related services in prisons and other closed settings, but much stronger action is needed to protect against sexual violence in such settings.
- HIV services in prisons and other closed settings need to be gender-transformative and rights-based. This should include training of law enforcement officers on stigma and discrimination against people in prisons, with a particular focus on LGBTQI+ people.
- People currently or formerly in prisons and other closed settings are rarely engaged in HIV decision-making in many settings. Of 141 reporting countries, only 45 reported that people currently or formerly in prisons and other closed settings participated in the development of policies, guidelines and strategies affecting their lives. Countries and international development partners need to increase support for network strengthening and capacity-building of networks of people currently or formerly in prisons and other closed settings and include them in HIV governance mechanisms at the national, regional and global levels.
- Community organizations play a critical role in supporting people living in prisons and other closed settings. For example:
 - Prisoner Reintegration and Empowerment Organization (PREO), a community organization in Zambia, is engaged in nationwide advocacy focused on the rights of people in prisons and other closed settings and reintegration of people released from such settings. Building on a multistakeholder partnerships in the country, PREO supports the Zambia correctional service with educational programmes, income-generating activities and skills development, building schools and computer laboratories, buying equipment and educational materials, and giving starter packages to people released from prisons and other closed settings. PREO has been instrumental in establishing a halfway house in Lusaka to provide shelter, food, and medical and social services for people released from prisons and other closed settings (9).
 - In the Islamic Republic of Iran, years of experience has provided strong evidence demonstrating the effectiveness of the harm reduction programme on HIV control. The success of the programme is demonstrated by a significant reduction in HIV incidence and prevalence among people who inject drugs. This reduction has been particularly prominent among people in prisons and other closed settings. The prevalence of HIV among people in prisons and other closed settings has reportedly reduced to approximately 0.1%—an achievement that has been possible only by ensuring accessibility of harm reduction services to people in these settings (10).

KEY DATA²

Size estimate

A total of 94 countries have ever reported population size estimates for people in prisons and other closed settings. Among these, 53 refer to national estimates derived by probabilistic methods within the past five years.

HIV prevalence and coinfections

In 2023, the reported global median HIV prevalence among people in prisons and other closed settings is 1.3% (70 reporting countries), ranging from 0.6% in Latin America (11 reporting countries) to 2.7% in the Caribbean (six reporting countries).

The global median prevalence of tuberculosis and HIV coinfection is 0.1%, ranging from 0% to 19% (51 reporting countries). The median prevalence of HIV and hepatitis C virus coinfection in prisons and other closed settings ranges from 0% to 53% (51 reporting countries).

HIV services

Treatment coverage gaps are notable for people living with HIV in prisons and other closed settings. Among the 37 countries that reported on antiretroviral therapy coverage among people in prisons and other closed settings in recent years, only 18 countries reported above 95% coverage, and five countries reported less than 50% coverage. HIV programmes are generally not available or tailored for women in prisons and other closed settings (4).

A small but slowly increasing number of countries provide at least some HIV-related services in prisons and other closed settings. Between 2017 and 2024, 55 countries provided condoms and lubricants, nine had needle-syringe programmes, and 29 provided opioid agonist maintenance therapy to people in prisons and other closed settings.

Laws and policies

At least 156 countries have laws criminalizing HIV exposure, nondisclosure or transmission or prosecutions based on general criminal laws; 152 criminalize the possession of small amounts of drugs; 170 criminalize some aspect of sex work; 63 criminalize same-sex sexual activity; and 16 criminalize transgender people. A significant percentage of people in prisons and other closed settings have been convicted of offences related to their own drug use, engagement in sex work, same-sex sexual activity or their gender identity (5).

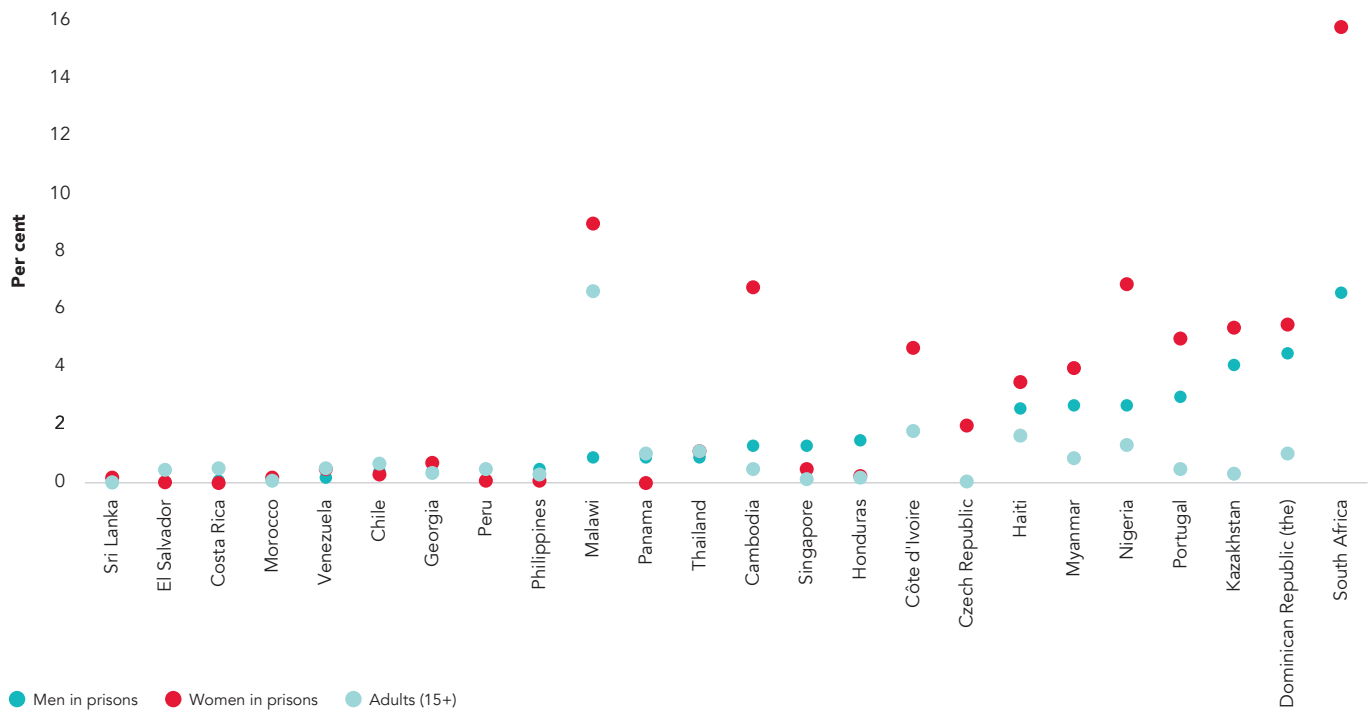
Sexual and reproductive health services

Women's specific health-care needs—including access to sexual and reproductive health services, treatment of infections, and nutrition and hygiene requirements—are often neglected in prisons and other closed settings. The limited access for women (and their children) to antenatal and postnatal care, labour and delivery services, and antiretroviral therapy poses a serious challenge to the health of mothers and prevention of vertical transmission of HIV, hepatitis B and syphilis (4).

² Unless otherwise specified, the source for all quantitative data is Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>). See also references in Laws and Policies Scorecard figures in regional factsheets.

Figure 1

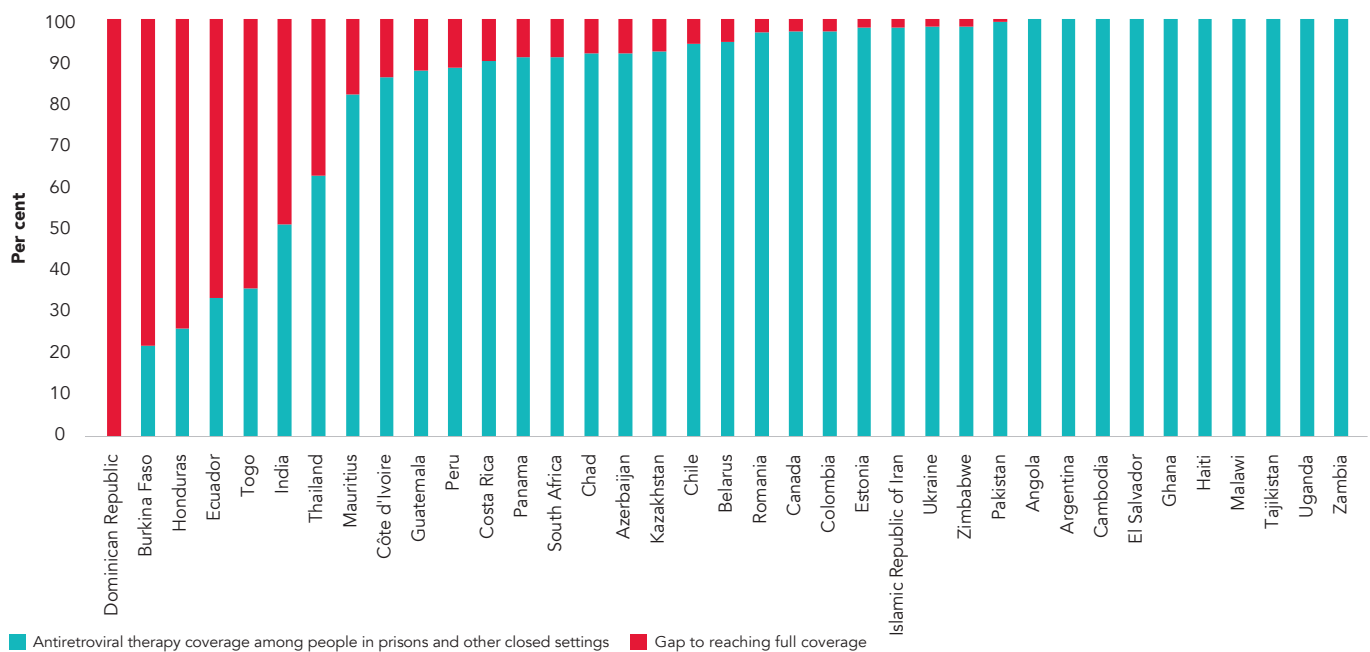
HIV prevalence among adults (aged 15+ years) and people in prisons and other closed settings, by sex, reporting countries, 2019–2023



Source: Global AIDS Monitoring, 2020–2024 (<https://aidsinfo.unaids.org/>).

Figure 2

Gap in antiretroviral therapy coverage among people in prisons and other closed settings living with HIV, reporting countries, 2019–2023



Source: Global AIDS Monitoring, 2020–2024 (<https://aidsinfo.unaids.org/>).

REFERENCES

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- 2 Transgender people and HIV in prisons and other closed settings. Vienna: United Nations Office on Drugs and Crime; 2022 (https://www.unodc.org/documents/hiv-aids/2022/2225461_Transgender_HIV_E_eBook.pdf).
- 3 Handbook on women and imprisonment, 2nd edition. Vienna: United Nations Office on Drugs and Crime; 2014 (https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf).
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- 5 That never happens here: sexual and gender-based violence against men, boys, and/including LGBTIQ+ persons in humanitarian settings. Geneva: International Committee of the Red Cross; 2022 (https://www.icrc.org/en/download/file/229528/that_never_happens_here_report_-_sexual_violence.pdf).
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- 10 SaberiZafarghandi MB, Eshrati S, Shoorsan A, Kohzadi A. Addiction treatment and harm reduction programs in prisons: lessons from Iran. Preprint, 2024 (<https://doi.org/10.21203/rs.3.rs-3931219/v1>).

For additional information and data on HIV and people in prisons and other closed settings, see:

2024 global AIDS update. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 (<https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>).

2024 global AIDS update factsheets. Geneva: Joint United Nations Programme on HIV/AIDS; (<https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>).

Key populations atlas. Geneva: Joint United Nations Programme on HIV/AIDS (<https://kpatlas.unaids.org/dashboard>).

HIV and people in prisons and other closed settings: human rights fact sheet series 2021. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (<https://www.unaids.org/en/resources/documents/2021/06-hiv-human-rights-factsheet-prisons>).