The Lancet: Criminal justice reforms could reduce national HIV and tuberculosis burdens in sub-Saharan Africa

• “God has not forgotten the prisoner...But we have forgotten, and we must do better”, writes His Grace, Archbishop Desmond M Tutu

Overcrowded prisons, high rates of pre-trial detention and poor prison conditions are creating dangerous risk environments for the spread of infections in sub-Saharan Africa. With millions of people passing in and out of prison, the failure to meet the needs of this population can drive the epidemics of HIV and tuberculosis across the region – both in prisons and the wider community.

The findings are part of a major new Series on HIV and related infections in prisoners published in The Lancet and being presented at the International AIDS Conference in Durban, South Africa.

Urgent criminal justice reforms to reduce the number of individuals in pre-trial detention and to alleviate overcrowding, together with the massive scale-up of proven harm reduction and treatment strategies in prisons (eg, HIV and TB testing, antiretroviral therapy (ART), and condom distribution), could reduce national HIV and TB burdens in sub-Saharan Africa, say the authors.

Where data are available, levels of HIV and tuberculosis are substantially higher among prisoners than in surrounding communities [1]. For example, HIV prevalence is around three times higher among prisoners in eastern and southern Africa than the civilian population (15.6% vs 4.7%); whilst levels of HIV infection tend to be higher among female prisoners than male prisoners, particularly in west and central Africa (13% vs 7%). Very high tuberculosis prevalence is also reported among prisoners (for example, one study reported that 1 in 6 prisoners in parts of west Africa had tuberculosis) (Paper 3, table 1).

Almost half of countries in sub-Saharan Africa report that prisons are at 150% capacity or higher. Gross overcrowding, high rates of pre-trial detention and insanitary and violent conditions reported in some prisons, make them a dangerous risk environment for the spread of infections (Paper 5, table). But these health issues do not remain confined to prisons. Almost all prisoners eventually leave prison, and along with prison staff, can act as a bridge for the spread of undiagnosed and untreated infections in the community.

International human rights law requires countries to maintain adequate prison conditions and provide a minimum level of care at least equivalent to that in the wider community (Paper 4, panel). Yet, HIV and tuberculosis prevention and care in prisons is uncommon, severely underfunded and often impeded by discrimination, restrictive prison rules, and shortages of skilled health workers. For example, condom provision is illegal in many sub-Saharan African countries. The fact that in many countries, prison health services are isolated from national public health programmes and the ministry of health has exacerbated the issue.

But, examples of promising practices exist in several countries. For example, routine voluntary screening for HIV and tuberculosis has been introduced upon entry to South African and the largest Zambian prisons; in South Africa the prison population declined from 187036 prisoners in 2004 to 157170 in 2014, which was attributed in part to pre-trial detention reforms that created non-custodial alternatives like release on a warning for non-violent prisoners and the use of electronic monitors; and prisoners in Rwanda, South Africa, Zambia, and Zimbabwe are involved in providing a range of services themselves including health education and symptom screening.
However, these examples are the exception. “Dedicated resources for health as well as reforming laws and policies that result in lengthy pre-trial detention will be crucial to reducing prison populations that put large numbers at risk of potentially life-threatening infections”, says author Salome Charalambous from the Aurum Institute in South Africa. [2]

Powerful political commitment and financial investment is needed to scale up effective prevention and treatment interventions, policies, and programmes identified in the Series. The authors make several recommendations to reform access to health care for prisoners and after release in sub-Saharan Africa—leading with the urgent need to recognise the contribution of prison health to health inequalities. Other recommendations include addressing the fundamental right of prisoners to a minimum standard of health care at least equivalent to the wider community; gathering more comprehensive evidence for action; developing country-level guidance policy to ensure prisoners are included in national HIV/tuberculosis programmes; and providing sustained funding for health-service delivery in prisons.

In a Comment introducing the Series, Dr Pam Das, Senior Executive Editor Dr Richard Horton, Editor-in-Chief of The Lancet say, “Africa, by far the region most affected by HIV globally, has among the most marginalised of all incarcerated populations. Many prisoners face years in detention without ever being formally charged or tried for alleged offenses. Pre-trial detention is a high risk environment for exposure and also for treatment interruptions for persons ongoing HIV or TB treatment. There needs to be an urgent reform of the criminal justice system and legislative reform to eliminate this hugely damaging practice.”

In an accompanying Comment, Series authors Professor Chris Beyrer from John Hopkins Bloomberg School of Public Health, Baltimore, USA, Professor Adeeba Kamarulzaman from the University of Malaya, Kuala Lumpur, Malaysia, and Professor Martin McKee from London School of Hygiene & Tropical Medicine, London, UK as well as co-authors from The Lancet HIV in Prisoners Group call for urgent reform. They write, “The Mandela Rules [approved by the UN General Assembly in December, 2015] provide benchmarks to achieve meaningful reform in access to health care for those detained...Meeting community standards of care in correctional settings, especially in low-income and middle-income countries, will require political will, financial investment, and support from medical and humanitarian organisations across the globe, but it can and must be done. Global control of HIV, viral hepatitis, and tuberculosis will not be achieved without addressing the unmet health needs of prisoners.”

NOTES TO EDITORS:
[1] The authors note that most countries in sub-Saharan Africa do not collect or report on the levels, rates, or clinical outcomes of HIV and TB infection in prisoners. The findings are based on data from 36 studies on HIV and TB in sub-Saharan Africa published between 2011 and 2015. Data were only available for 24 of 49 countries in the region and were often of poor quality and rarely nationally representative (Paper 5, panel 3). They also conducted interviews with experts and did case studies of prison health policies and services in Zambia, South Africa, Malawi, Nigeria, and Benin. They reveal many distressing accounts of appalling conditions and extreme delays in trials and sentencing (Paper 5, panels 1 and 2).
[2] Quotes direct from authors and cannot be found in text of paper.

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