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African HIV in Prison Partnership Network (AHPPN) Launched

Introduction

Africa, especially Sub-Saharan Africa, is the region most severely affected by HIV in the world. With almost two-thirds of all people infected with HIV living in sub-Saharan Africa, the African continent is the hardest hit by the HIV epidemic worldwide. This situation is also reflected in prisons. The high rates of HIV in prisons pose a serious threat for prison populations and in turn, the broader community. The lack of knowledge and education among prisoners regarding the risks of contracting and transmitting HIV, along with the absence of protective measures and proper health services in prisons, increases their risks of infection. Upon release, despite having been at high risk of exposure for HIV transmission while in prison, most return to the community where they may engage in pre-existing high risk activities for the transmission of HIV. These include sexual behaviour with multiple concurrent partners and injecting drug use (IDU), and as a result increase the risks of HIV infection for the broader community.

Prison and public health authorities and national Governments are therefore faced with significant challenges in dealing with HIV related issues in prison settings, which demand coordinated action. Furthermore, available information on the prevalence of HIV and IDU in prison settings is vague, drawn from statistically non-representative samples from a limited number of countries. For the most part, the HIV situation in prisons in Africa has been an inadequately addressed area and needs urgent attention, and political and financial support. Efforts to control the HIV epidemic that ignore the situation in prisons are unlikely to succeed.

African HIV in Prison Partnership Network (AHPPN) Overview

Considering the above issues, the United Nations Office on Drugs and Crime (UNODC), in partnership with the World Health Organization (WHO), the World Bank and UNAIDS, and with the financial support of the Swedish/Norwegian HIV/AIDS Team for Africa, took the lead in launching the African HIV in Prisons Partnership Network (AHPPN) during a Consultation forum held in Johannesburg, on 19 November 2009. Featuring an opening keynote address by the UN Secretary General's Special Envoy for AIDS in Africa, Ms. Elizabeth Mataka, the forum involved representatives from prison authorities, national aids councils, health, research and academic institutions, civil society and various United Nations Agencies from 16 African countries in Southern and Eastern Africa.

Through advocacy and facilitation of international, national and multi-sectoral cooperation and action the overall objective of the AHPPN is to support national Governments and other relevant stakeholders in their efforts to mount effective, human rights-based responses to HIV in prisons in Africa. Discussing the need to adopt this holistic way forward, Ms. Mataka noted during her keynote address that "we cannot work in silos...we need everyone, from Government officials, National AIDS Councils, law enforcement agencies, civil society organisations, prisoners and former prisoners, to truly reach the objectives of universal access to HIV prevention, treatment, care and support for this particular sub-population, but also with benefits for

society-at-large".

This integrated multi-sectoral approach to HIV and AIDS prevention, care, treatment and support strategies in prison settings in Africa will result in well articulated policies and programmes driven by Governments operating within the widely recognised international standards of human rights and medical ethics in their provision of health services for prisoners.

The Network will also serve as a forum to enhance capacity to address the broader corrections and prison reform challenges in Africa and support the work of both correctional services and national AIDS councils across the Continent. The Network will furthermore aim to ensure that HIV prevention, care, treatment and support programmes in prisons are developed and implemented on the basis of qualitative data and evidence-based successful practices.

Focussing on areas such as HIV and AIDS, tuberculosis, mental health, drug use and prison overcrowding, and by facilitating international cooperation and sharing of experiences, the AHPPN will provide and facilitate technical support to Member States, encouraging improved prison health services and overall prison management.

In order to support the Networks activities, an AHPPN website has been developed to facilitate information sharing and ideas generation. One of the key advantages of the website is the ability to connect individuals and organisations from across the Continent and globally and break the geographical divide while linking diverse people sharing a common interest.

The November 2009 Consultation forum which also acted as the inaugural event for the Network, offered the international, regional and national partners and members the opportunity to share information in key topic areas and establish synergies for continuing communication and dialogue. A principle outcome of the Consultation was the elaboration and adoption of the Regional Declaration of Commitment for HIV and AIDS Prevention, Care, Treatment and Support in Prisons in Africa.

Africa Declaration of Commitment for HIV and AIDS, Prevention, Care, Treatment and Support in Prisons

To provide principled direction and support to the AHPPN and its membership, participants of the inaugural Consultation forum undertook the elaboration of a Declaration of Commitment that was subsequently adopted as the "Southern and Eastern Africa Declaration of Commitment for HIV and AIDS Prevention, Care, Treatment and Support in Prisons in Africa". Developed in consideration of the social, cultural and economic context of Africa and to be used as the Framework for mounting effective responses to HIV and AIDS in prisons in the Region, this Declaration was a significant achievement at this early stage of the AHPPN. This was, however, only the beginning. Following the Consultation forum in Johannesburg the Declaration was reviewed by participants of the West and Central Africa Consultation on HIV in Prison and Among Injecting Drug Users, held in Côte d'Ivoire between 15 and 18 December 2009. After careful deliberation and discussion, and recognising the extensive and important work that was done at the Johannesburg Consultation, the participants of the West and Central Africa Consultation which comprised representatives of 11 countries of the Region unanimously agreed to adopt the Declaration as an "All African Declaration of Commitment". Please see below for the full text of the Declaration.

Supported by representatives from 27 African countries the AHPPN is proud of the development and adoption of the "African Declaration of Commitment for HIV and AIDS Prevention, Care, Treatment and Support in Prisons". As the foundation for the Network's operations, the Declaration will remain a fluid document leaving the opportunity for participants from other countries and events to subscribe to it. The Declaration can be accessed electronically and downloaded from the AHPPN website (www.ahppn.com).

Establishment of the AHPPN Steering Committee

During the initial AHPPN Consultation in Johannesburg it was agreed to establish a technical Steering Committee to advance the operationalisation of the Network and to provide direction, strategic advice and support to the Network and its Secretariat. More specifically, the purpose of the
Steering Committee, as a representative body of the Network membership, will be to contribute to the overall management of the Network through:

- Participating in planning and evaluation activities of AHPPN;

- Addressing important technical and practical issues of the Network;
- Building and expanding partnerships and resource mobilisation; and
- Enhancing synergies between the Network and international organisations.

The Consultation in Johannesburg was used as a forum to seek nominations for representation on the Steering Committee. The Consultation forum held in Côte d'Ivoire for West and Central Africa was also used as a platform to seek further membership on the Steering Committee.

The Steering Committee comprises, amongst others, African Commissioners of Corrections, members of civil society, National AIDS Committees/Public Health Officials and other UN and affiliated agencies.

The first meeting of the AHPPN Steering Committee was held on 30 and 31 March 2010. During the first meeting, the Steering Committee reviewed and elaborated the AHPPN Constitution. Following a round of consultation and further to the agreement of the Steering Committee the Constitution will be posted on the AHPPN website for a specified period of time prior to formal adoption. It was agreed that structure, membership and secretariat of Steering Committee, would be in accordance with and upon formal adoption of the Constitution.

The way forward

While young, the AHPPN has already begun establishing itself as the lead organisation for multi-sectoral cooperation and action to address HIV and AIDS in African prisons. It is the hope and intention of the AHPPN that the Declaration is signed by more countries so as to ensure that the objectives are achieved through consultation and ownership.

This, however, cannot happen alone and requires the buy-in and action of all actors. The Network's aim to bring together individuals, organisations and Governments is happening but we need your assistance to ensure that as we move forward sustainability is achieved and the momentum is maintained.

In this regard we encourage you to visit the AHPPN website and add your support to the Network by signing-up today.The active involvement of members is a critical aspect of the Network and a core component in ensuring that the AHPPN becomes the leading forum for addressing HIV and AIDS in prisons on the Continent.

For further information:

Mr. Brian Tkachuk
Regional Advisor: HIV/AIDS in Prisons - Africa
United Nations Office on Drugs and Crime (UNODC)
Pretoria, South Africa.
Telephone: +27 12 342 2424
Email: brian.tkachuk@unodc.org
Website: http://www.ahppn.com

African HIV in Prisons Partnership Network (AHPPN)African Declaration of Commitment for HIV and AIDS Prevention Care, Treatment and Support in Prisons (Adopted: Johannesburg, South Africa, 18 November

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PREAMBLE

Africa, especially sub-Saharan Africa, is the region most severely affected by HIV in the world. With almost two-thirds of all people infected with HIV living in sub-Saharan Africa, the African continent is the hardest hit by the HIV epidemic worldwide. This situation is also reflected in prisons. However, the HIV situation in prisons in Africa has been an inadequately addressed area and needs urgent attention, political and financial support. Efforts to control the HIV epidemic that ignore the situation in prisons will not succeed.

Prisoners are exposed to several HIV transmission risks whilst in custody: risks associated with

unprotected, forced and consensual sexual practices (especially "contextual MSM"), injecting drug use (IDU), tattooing/piercing, sharing of razors, hair clippers, through to pregnancy and breastfeeding and unsafe medical or dental care.

Although available information on the prevalence of HIV and IDU in prison settings in Africa is limited, there is evidence that heroin use is spreading in Africa, including in prisons. Subsequently sharing of injecting equipment among IDU has been established, thereby raising their vulnerability to contracting HIV, and Hepatitis B/C. The potential emergence of IDU as an additional significant route of HIV transmission warrants serious attention in the region.

In addition to individual risk behaviours, prison structural issues, such as prison overcrowding, inadequate nutritional provisions, poor hygiene conditions, inadequate health services, and violence in custody, contribute to making prisons high-risk environments for the transmission of HIV, tuberculosis (TB), and other communicable diseases.

Existing data suggest high HIV prevalence rates amongst African prisoners compared with the general adult population. Several sub-Saharan African countries report prison populations with an HIV prevalence of above 25%. Such rates are double or triple the HIV prevalence among the adult population in these countries.

Within sub-Saharan African populations 70% of people with TB are HIV positive, with TB causing up to 40% of AIDS deaths, and in many countries in Southern and Eastern Africa, TB is the first reason of death in prisons.

Due to overcrowding, poor ventilation and inadequate health care this interaction between HIV and TB is the most likely explanation for the massive increase in death rates occurring in Eastern and Southern African prisons.

A large proportion of prisoners come from poor communities with low educational standards and high rates of unemployment, homelessness and crime, all associated with increased risk of HIV and TB.

Inadequate knowledge and education amongst prisoners and prison staff about the risks of contracting and transmitting HIV, along with the absence of protective measures and proper health care services, increases their risks of infection. Within this environment the risks for staff by occupational exposures and in turn, their families, also increase.

Furthermore, in most African prisons, health services are generally poor, ill equipped and understaffed, or even non-existent. There is either little or no access to HIV and other STI prevention or treatment services. The access to voluntary counselling and testing (VCT) and to HIV and AIDS treatment is often non-existent. These institutional and individual risks all have serious impacts on rates of HIV infection, the rate of progression of HIV to AIDS and the incidence of opportunistic diseases. Some people already enter the prison system with compromised health situations. The poor health situation of prisoners is often accompanied and exacerbated by high rates of communicable diseases (hepatitis, tuberculosis, sexually transmitted infections, complications of influenza, and malaria).

Most prisoners are incarcerated for short periods of time; the turnover rate seems to be roughly three times the number in custody. Upon release, and despite having been at high risk of exposure for HIV transmission whilst in prison, most return to the community where they engage in pre-existing patterns of sexual behaviour of multiple concurrent partners and/or high risk drug using behaviour. The spread of the virus is eminent. Thus, prisoners after release are an extremely vulnerable group. Systems of referral between prisons and community healthcare, social services, and harm reduction services for drug users are often lacking. In many countries little attention is given to the sensitive health care situation and the particularly increased vulnerability of prisoners on release from prisons, marked especially by discontinuity of care and treatment.

FUTURE PERSPECTIVES

It is guaranteed under international law in the United Nations Universal Declaration of Human Rights that prisoners have the same right to health as individuals outside. The lives and health of people in prison settings are connected to those of people outside prison in many ways. Protection of prisoners means protection of broader communities. Protecting prisoners will also protect prison staff, who also have a right to be protected against HIV, hepatitis, and TB in prisons. In some countries high rates of HIV prevalence amongst prison staff members also

subjects them to stigma and discrimination. They and their families should also be integrated into HIV and TB prevention, treatment, care, and support strategies.

HIV presents significant challenges for prison and public health authorities and national Governments. The generally accepted principle that prisons and prisoners remain part of the broader community means that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated action and comprehensive approaches.

Although there is a growing recognition that prisons present a high risk environment for the transmission of HIV, serious gaps in most countries' responses remain. Coordinated country responses are needed, because HIV and more generally health in prisons is not only a prison issue, but requires responses from all surrounding health, welfare and support institutions.

Strategies to address health promotion and subsequently HIV in prisons are isolated and not well positioned within national HIV action plans and strategies. This is happening in spite of the fact that the very nature of imprisonment provides a window of opportunity for screening, counselling and treating this population effectively.

In the past, most-at-risk populations which were the principal focus of HIV responses in only American, European and Asian countries are now rapidly becoming of a greater importance in Africa. This is because most African countries actually exhibit evidence of a mixed-epidemic profile which means that new infections are driven by both the mainstream population and the most-at risk populations.

Thus, on top and interrelated with the growing spread of IDU on the African continent (for sub-Saharan Africa, the estimated HIV prevalence among IDUs is more than 12%), HIV in prison settings can no longer be ignored and is now emerging more as an issue throughout the Continent.

COMMITMENT

We, the participants to the Southern and Eastern African Consultation forum for the launch of the HIV in Prisons Partnership Network, held in Johannesburg, South Africa, on 17-18 November 2009, and we also the participants of the West and Central Africa Regional Consultation on HIV in Prisons and Among Injecting Drug Users held in Grand Bassam Cote d'Ivoire on December 15-18, 2009, coming from Government, National AIDS Coordinating Bodies, National Prisons Services and Civil Society Organisations, bilateral and multilateral organisations, regional bodies, of 27 countries,[1] recognise this network brings together scientific expertise, knowledge and experiences in HIV and AIDS prevention, treatment, care and support in prison settings in Africa;

1. Acknowledging people deprived of their liberty as a vulnerable population who deserve special consideration for the protection of their rights;

2. Taking cognisance that our region is in dire need of comprehensive criminal justice system reform;

3. Conscious there is a significant gap in understanding and capacity to address the magnitude of the epidemic of blood-borne viral infections (HIV, hepatitis) STIs TB and other communicable diseases within the prison communities and its multiplier effect on the societies at large;

4. Cognisant that HIV prevention, treatment, care and support services are not accessible to all prisoners and prison staff in our countries;

5. Recognising the efforts being made by the national governments and international and other national stakeholders in addressing HIV and AIDS challenges in prison settings;

6. Conscious that not all political and professional leadership places HIV prevention, treatment, care and support in prisons high on the national public health agenda;

7. Taking into account the fact that in many countries prisoners, prison staff, and other stakeholders are not sufficiently involved in the design and implementation of prison HIV and AIDS programmes;

8. Recognising the special vulnerability to HIV infection of children, juveniles, women, people with disabilities, and sexual minorities in prisons;

9. Acknowledging the fact that HIV, TB, and STIs services are often not well coordinated and integrated resulting in ineffective management of these infections;

10. Recognising the need for sustained qualitative and quantitative research to inform HIV and TB interventions in prison settings;

11. Recognising that people in the prison communities infected with HIV and AIDS need supplementary nutrition;

12. Recognising that a comprehensive package[2] to address HIV and AIDS is not necessarily available and accessible to prison communities; and

13. Concerned by lack of support services provided to the families of prisoners and the post-release care.

We, the participants of the Southern and Eastern Africa Consultation forum and the West and Central Africa Consultation on HIV in Prisons and amongst Injecting Drug Users commit ourselves to:

1. Promote and protect the rights of people deprived of their liberty in the prison setting;

2. Advocate for criminal justice system reform aimed at improving prison conditions, especially reducing overcrowding, developing alternatives to imprisonment, and reducing the vulnerability of prisoners;

3. Encourage the Special Rapporteur on Prisons and Conditions of Detention of the African Commission on Human and People's Rights to continue to advocate for improved prison conditions in the context of TB, HIV, and AIDS;

4. Support the development of a comprehensive knowledge-based prison health care system;

5. Provide comprehensive, evidence-based TB, HIV, and AIDS prevention, treatment, care and support to all members of the prison community;

6. Encourage national governments and international partners to allocate more resources to TB, HIV and AIDS prevention, treatment, care and support in prisons;

7. Increase the knowledge about TB, HIV, and AIDS, and other risks among prisoners and prison staff;

8. Emphasise the need for capacity building and institutional strengthening as vital to the success of HIV interventions;

9. Advocate for professional and political leadership, and community involvement for an effective response to HIV in prisons;

10. Promote and support participatory approaches whereby prisoners, prison staff, and other stakeholders are consulted in the design, implementation and evaluation of prison HIV programmes;

11. Take measures to address the specific needs of children, juveniles, women, people with disabilities, and sexual minorities in prisons;

12. Promote and support comprehensive, coordinated and integrated approaches towards HIV, AIDS and TB in prison settings and upon prisoner's release;

13. Advocate for and facilitate valid, ethical, comprehensive research and disseminating it to improve practices and leverage prison-related policy and legislative reforms;

14. Report and make information available that will assist us in monitoring and evaluating progress achieved regarding the commitments expressed;

15. Pursue comprehensive and sustainable sources of nutritional support; and

16. Engage actively as members of the African HIV in Prisons Partnership Network (AHPPN).

Endnotes

[1] Angola, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Cote d'Ivoire, Benin, Sierra Leone, Burundi, Togo, Cape Verde, Senegal, Ghana, Cameroon, Burkina Faso, Nigeria, the East Africa Community, African Correctional Services Association (ACSA), World Bank, UNODC, ESTHER.

[2] Comprehensive Package consisting of: Needle and syringe programmes (NSP); Opioid Substitution Therapy (OST); Voluntary HIV Counselling and Testing (VCT); Anti-Retroviral (ART); Sexually transmitted Infections (STI) Prevention and treatment; Condom Programming for IDUs and Partners; Targeted information, education and communication (IEC); Hepatitis diagnosis, treatment (A,B,C) and vaccination for A & B; Tuberculosis (TB) prevention, diagnosis and treatment.

CSPRI welcomes your suggestions or comments for future topics on the email newsletter.
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