

Management of COVID 19, HIV and other communicable diseases in Prison Settings

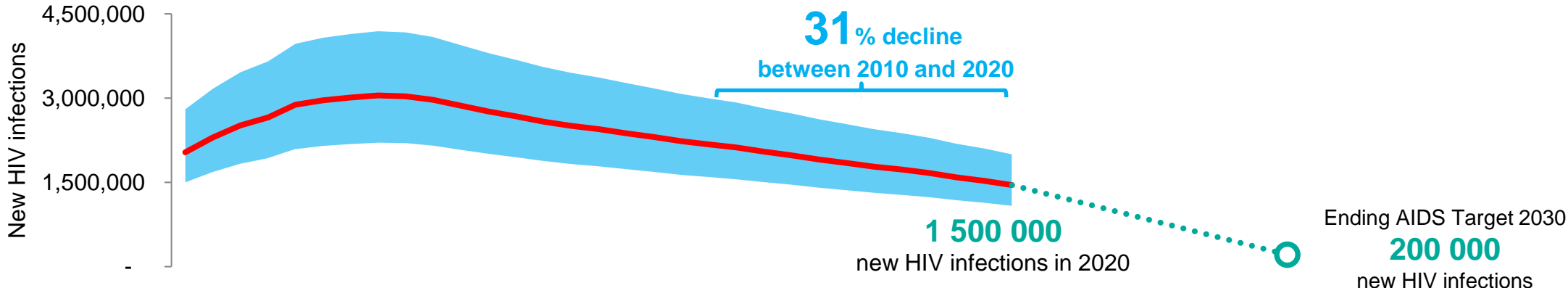
The new Global AIDS Strategy: Regional Perspective and Response

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Regional Director, a.i.
UNAIDS Asia and the Pacific
26 November 2021

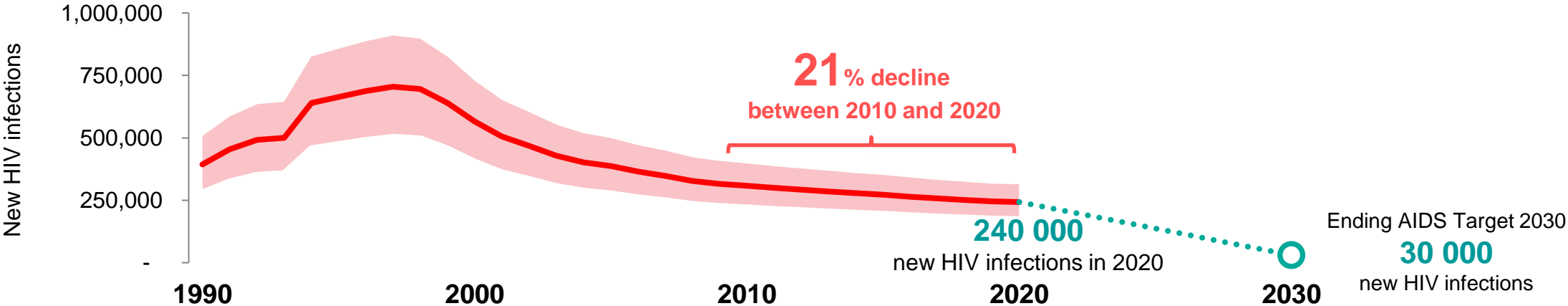


Progress in declining new infections globally and regionally, but during the past 10 years the decline in new HIV infections has stalled

Global



Asia and the Pacific



— New HIV infections

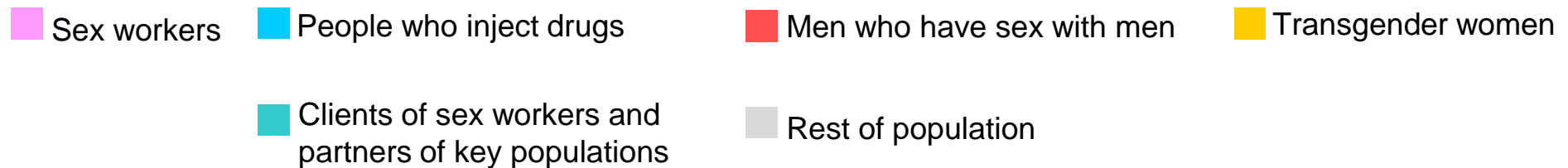
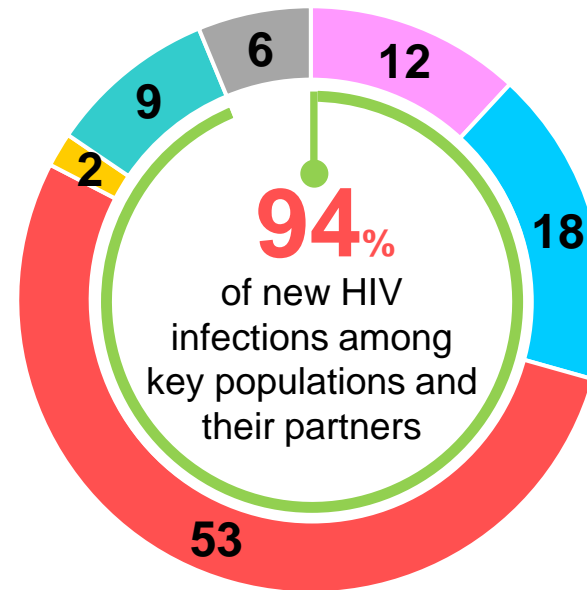
○ 2030 Fast-Track target*

*The 2030 target is equivalent to a 90% reduction since 2010.

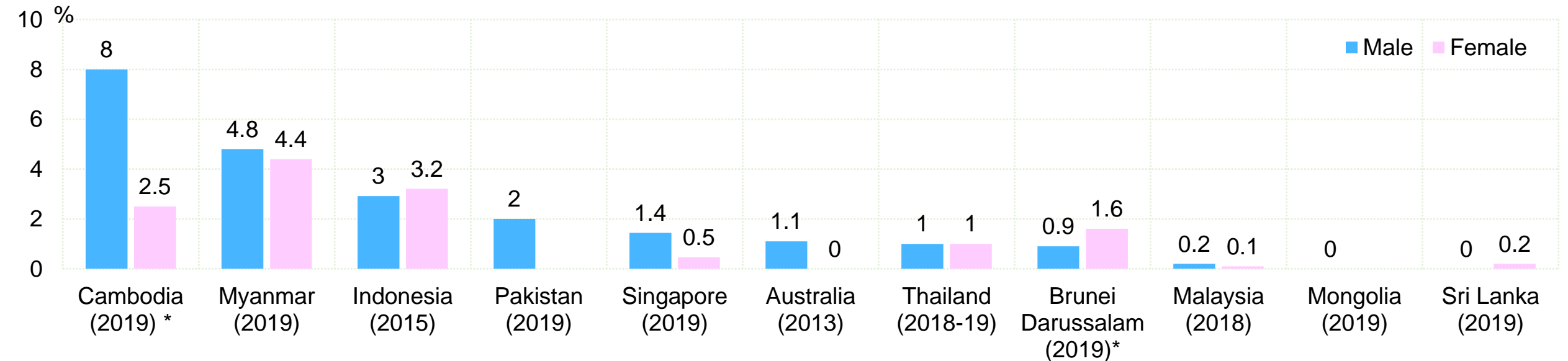
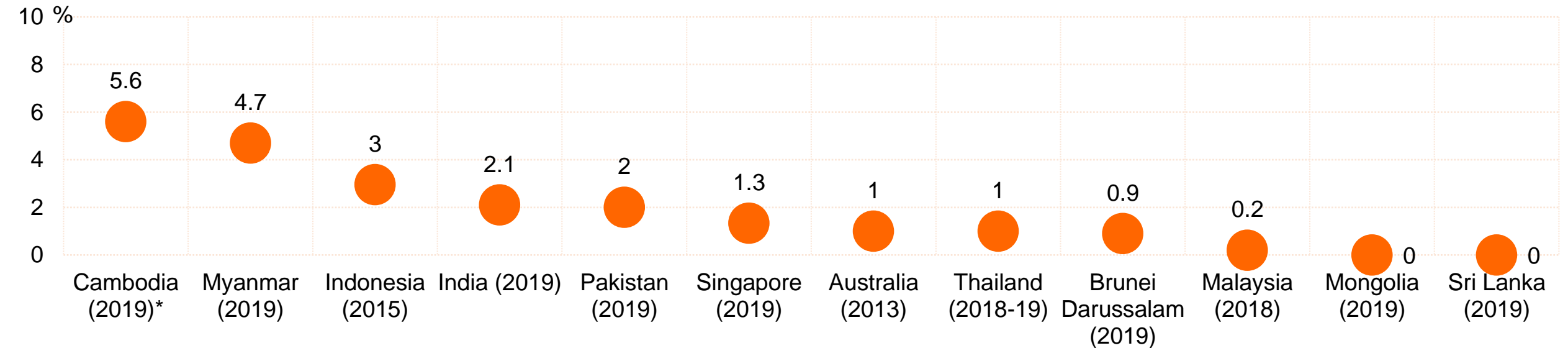


Need for focused response in HIV: Epidemic mostly affecting key populations and their partners

Distribution of new HIV infections by population, 2020



HIV prevalence among prisoners, countries where data are available, 2013-2019



* Brunei – Small sample size for female prisoners (n < 100); Cambodia – Programme data, small sample size for both male and female prisoners and not nationally representative data

Source: Prepared by www.aidsdatahub.org based on 1) Integrated Biological and Behavioral Survey surveys; 2) HIV Sentinel Surveillance surveys; and 3) Global AIDS Monitoring (GAM)



Vulnerability and heightened risk of HIV acquisition among key populations

Men who have sex with men

26x

Transgender people

13x

Female sex workers

30x

People who inject drugs

29x

People in prisons and other closed settings

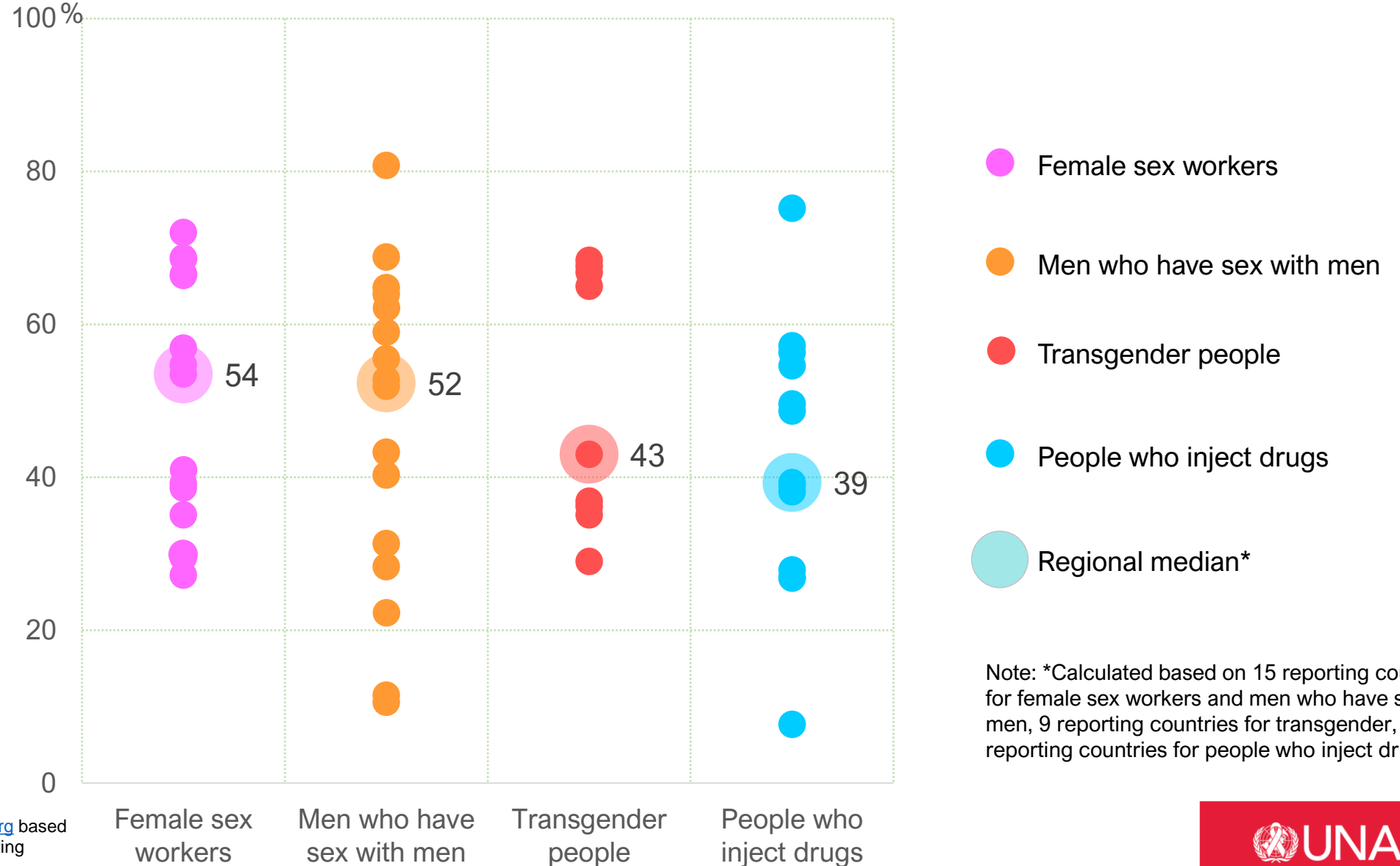
6x

higher risk of HIV acquisition than general population

Prisons, detention and rehabilitation centers are often comprised of people who are suspected of using drugs or being dependent on drugs, and people who have engaged in sex work

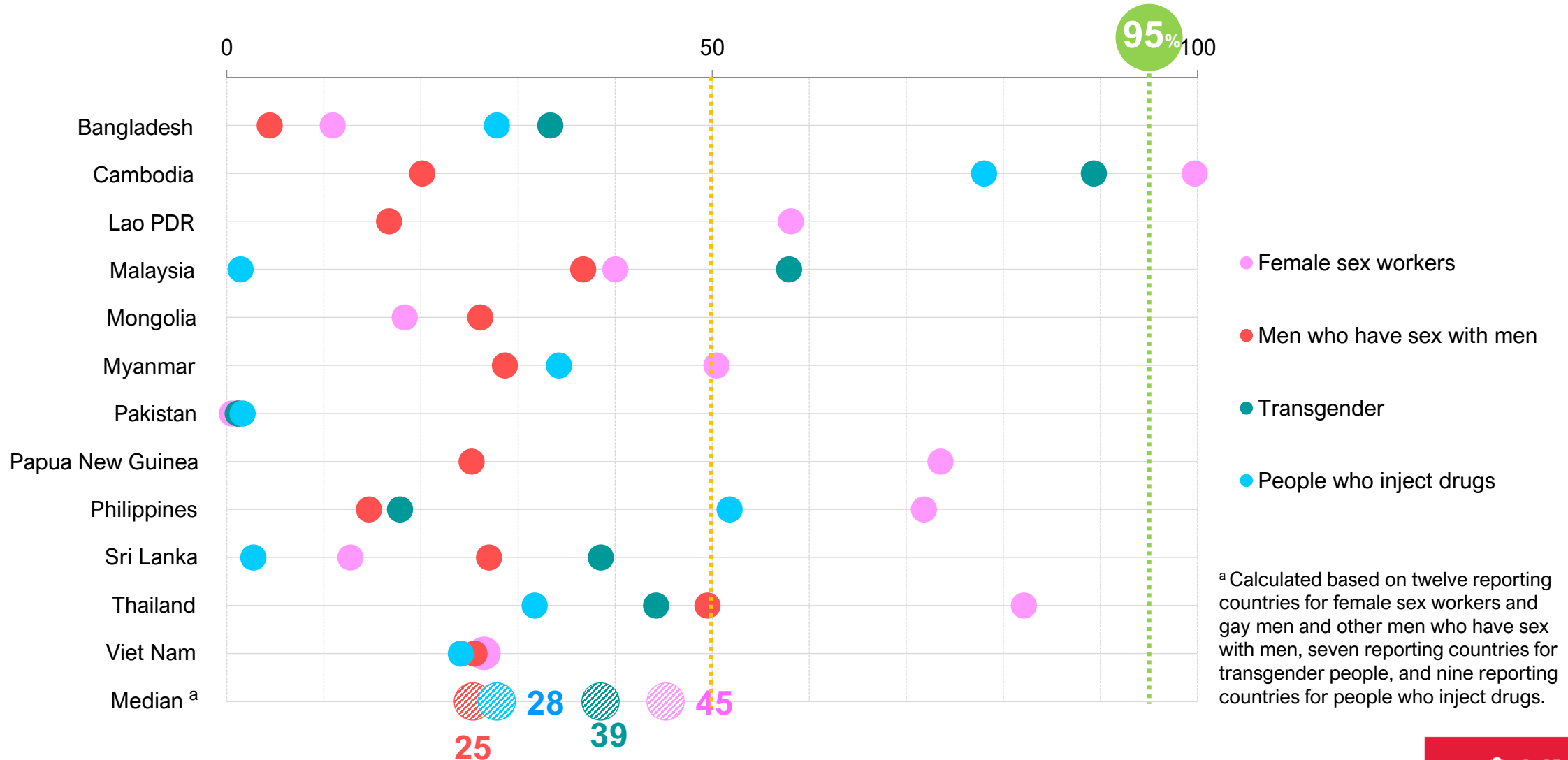
About half of key populations do not know their HIV status, but assisted testing and self-testing could increase the rates of HIV diagnosis

HIV testing coverage among key populations in Asia and the Pacific, 2016-2020

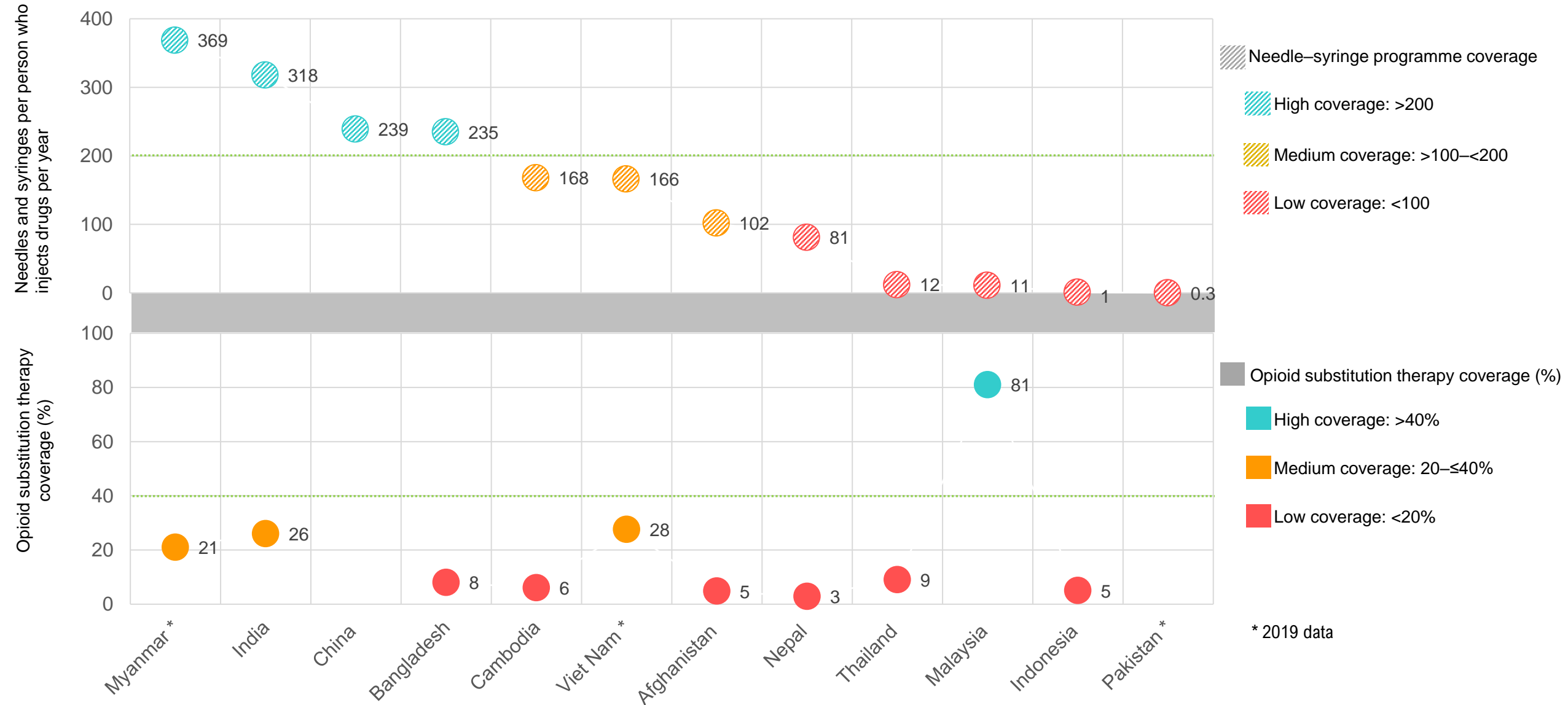


Lagging behind prevention targets : time to re-energize and make use of innovations and advances in HIV prevention

Prevention intervention coverage among key populations, select countries, Asia and the Pacific, 2016–2020



Status of needle–syringe programmes and opioid substitution therapy coverage among people who inject drugs in Asia and the Pacific, 2019-2020



A snapshot of inequalities: Availability of prevention and care services in prisons

	Needle and syringe programmes available in prisons	Opioid substitution therapy (OST) programmes available in prisons	Condoms and lubricants available to prisoners	HIV test systematically offered at entry and/or exit	Antiretroviral therapy accessible to all prisoners living with HIV	Hepatitis C treatment (using direct-acting antivirals) available in prisons
Afghanistan	No			Yes	Yes	No
Australia	No	Yes		Yes	Yes	No info
Bangladesh	No	No	No	No	Yes	No
Bhutan	No	No	No	Yes	No info	No info
Brunei Darussalam	No	No	No	No info	No info	No info
Cambodia	No	No	No	Yes	Yes	No info
China	No	No	No	Yes	Yes	Yes
Fiji	No	No		Yes	Yes	No info
India	No		No	No	Yes	No info
Indonesia	No	Yes		Yes	Yes	No
Japan	No	No	No	No	No info	No info
Lao PDR	No	No	No	No	Yes	No
Malaysia	No		No	Yes	Yes	Yes
Mongolia	No	No	No	No	No info	No info
Myanmar	No		No	Yes	Yes	No info
Nepal	No	No	No	No	Yes	No
New Zealand	No	Yes		Yes	Yes	No info
Pakistan	No	No	No	No	Yes	Yes
Papua New Guinea	No	No		No	No	No
Philippines	No	No		No	Yes	No
Republic of Korea	No	No	No	No info	No info	No info
Singapore	No	No	No	Yes	Yes	Yes
Sri Lanka	No	No	No	Yes	Yes	Yes
Thailand	No		Yes	Yes	Yes	No
Timor-Leste	No	No	No	No info	No info	No info
Viet Nam	No		No	Yes	Yes	No info

 Partially enabling and subject to significant limitations; some aspects of the law or policy are punitive

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring Reporting 2021 and UNAIDS and UNDP. (2021). Legal and policy trends. Impacting people living with HIV and key populations in Asia and the Pacific, 2014-2019.

Nelson Mandela Rules and Bangkok Rules: Protecting the Rights of Persons Deprived of Liberty

Nelson Mandela Rules:
The United Nations
Standard Minimum Rules
for Treatment of Prisoners

- often regarded by States as the primary **source of standards relating to treatment in detention**
- **the key framework used by monitoring and inspection mechanisms in assessing the treatment of prisoners**

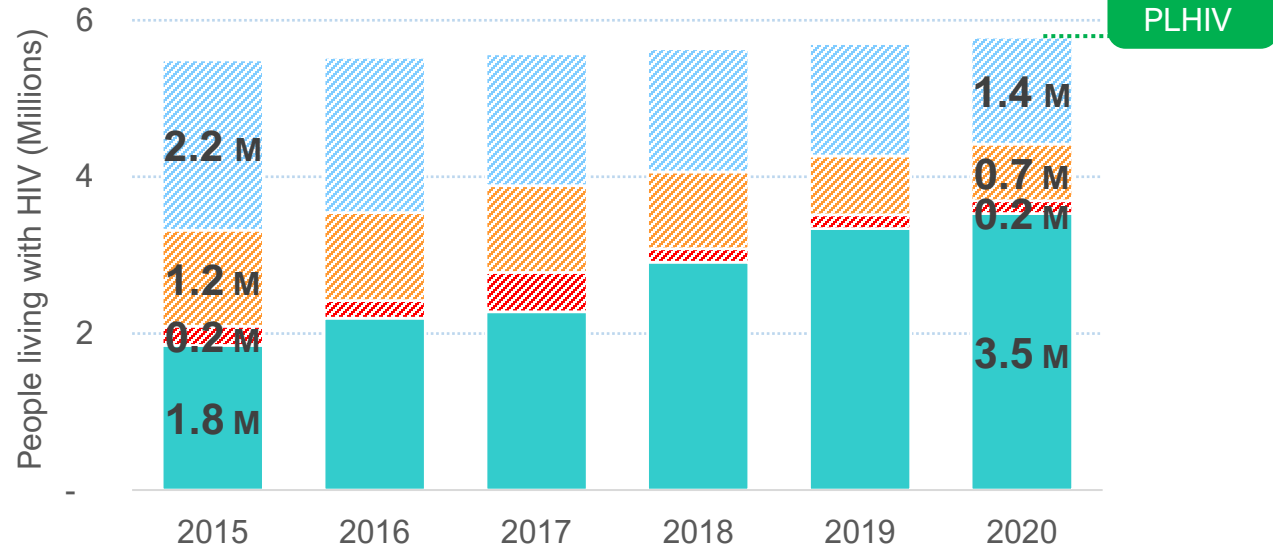
- emphasize that the provision of health care for prisoners is a State responsibility
- **the relationship between health-care professionals and prisoners is governed by the same ethical and professional standards as those applicable to patients in the community**

Bangkok Rules: The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders

- **fill a long-standing lack of standards providing for the specific characteristics and needs of women offenders and prisoners.**

Address inequalities, close the gaps along continuum of care cascade in all settings and maximize the benefits of U=U

Narrowing the gaps along the treatment cascade in Asia and the Pacific, 2015 -2020



■ PLHIV who do not know their HIV status

■ Gap between 1st and 2nd 95 targets (Know the status but not on ART)

■ Gap between 2nd and 3rd 95 targets (PLHIV on ART and do not have viral suppression)

■ PLHIV on ART with viral suppression

UNDETECTABLE = UNTRANSMITTABLE:

- ❑ PLHIV on antiretroviral therapy who have HIV viral suppression to undetectable levels will not transmit HIV sexually.
- ❑ Ensure that all PLHIV have access to quality treatment as soon as they are diagnosed and retain in care.
- ❑ U=U respond to stigma and motivate efforts to have viral suppression and continue follow-up care.
- ❑ Needs to have better access to viral load assays at affordable prices, combined with effective laboratory systems and robust health services.
- ❑ combination prevention strategies (including PrEP and Condom) remain a key part of the HIV response as primary prevention tools

Joint UN statement to permanently close compulsory drug detention and rehabilitation centres



JOINT STATEMENT

Compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of COVID-19

JUNE 1, 2020

Against the backdrop of COVID-19, recalling the 2012 Joint Statement on compulsory drug detention and rehabilitation centres¹ and the 2020 Joint Statement on COVID-19 in prisons and other closed settings², United Nations entities urgently appeal to Member States to permanently close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community as an important measure to curb the spread of COVID-19 and to facilitate the recovery and reintegration of those in the centres back into their families and communities.

The COVID-19 pandemic is posing multiple challenges to countries in Asia and the Pacific in designing and implementing response and recovery measures that are efficient and respect the rights of all people, with the objective of leaving no one behind. Among the groups particularly at risk of contracting the virus are people in compulsory drug detention and rehabilitation centers. They are often comprised of people who are suspected of using drugs or being dependent on drugs, people who have engaged in sex work, or children who have been victims of sexual exploitation.

Criteria for detention in these centres vary within and among countries, but people are often detained without sufficient due process, legal safeguards or judicial review in the name of "treatment" or "rehabilitation". They face higher vulnerabilities, including HIV, TB as well as COVID-19, as a result of sub-standard living conditions, including massive overcrowding and related challenges in maintaining physical distancing. Moreover, detention in these centres has been reported to involve forced labour, lack of adequate nutrition, physical and sexual violence, and denial or comparatively lower access to and quality of healthcare services.

1. http://files.unaids.org/en/media/unaids/contentassets/documents/document02/12/JC2310_Joint%20Statement%20March%20FINAL_en.pdf
2. https://www.ohchr.org/Documents/Events/COVID-19/20200513_PS_COVID_and_Prison_EN.pdf

In this global health emergency, United Nations entities reiterate their call on Member States that operate compulsory drug detention and rehabilitation centres to close them permanently without further delay, to release individuals detained as an important additional measure to curb the spread of COVID-19 and to refrain from the use of any other form of detention.

United Nations entities stand ready to work with Member States as they take steps to permanently close compulsory drug detention and rehabilitation centres and to transition to an evidence-informed system of voluntary community-based treatment and services that are aligned with international guidelines and principles of drug dependence treatment, drug use and human rights.


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UNHCR Director of the Regional Bureau for Asia and the Pacific

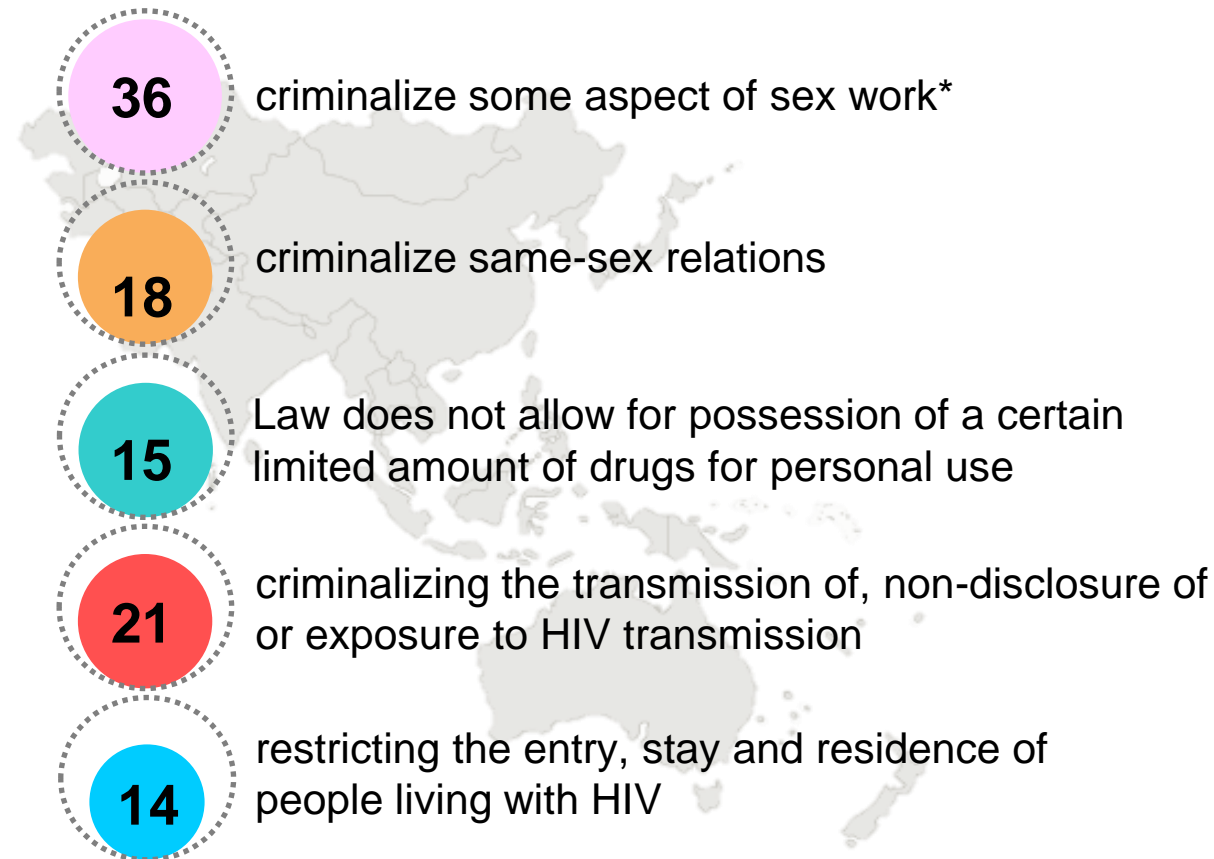

Ms. Cynthia Veliko
Regional Representative
OHCHR Regional Office for South East Asia

On 1st June 2020, United Nations entities urgently appeal to Member States to:

- permanently close compulsory drug detention and rehabilitation centres and
- implement voluntary, evidence-informed and rights-based health and social services in the community as an important measure to curb the spread of COVID-19 and to facilitate the recovery and reintegration of those in the centres back into their families and communities.

Response to pandemics must be guided by human rights principles and practices

Legal barriers to HIV response remain in 38 UN Member States in Asia Pacific



*Data for Timor-Leste not available

Status of compulsory detention centers and diversion from prisons to community services in Asia Pacific

	Compulsory centers for people who use drugs	Diversion from prisons to community services
Afghanistan	Yellow	Yellow
Australia	Green	Green
Bangladesh	Yellow	Yellow
Bhutan	Yellow	Green
Brunei	Red	Red
Cambodia	Red	Yellow
China	Red	Yellow
Fiji	Green	Red
India	Yellow	Yellow
Indonesia	Red	Yellow
Japan	Green	Yellow
Lao PDR	Red	Red
Malaysia	Red	Yellow
Mongolia	Yellow	Yellow
Myanmar	Yellow	Red
Nepal	Yellow	Yellow
New Zealand	Green	Yellow
Pakistan	Yellow	Red
PNG	Green	Red
Philippines	Red	Yellow
Republic of Korea	Yellow	Red
Singapore	Red	Yellow
Sri Lanka	Yellow	Red
Thailand	Red	Yellow
Timor-Leste	Green	Red
Viet Nam	Red	Yellow

Compulsory centers for people who use drugs

Green	Countries do not have compulsory centers for people who use drugs
Red	Countries* have compulsory centers operated by government agencies that meet the definition of compulsory centers for people who use drugs of the 2012 United Nations Joint Statement;
Yellow	Countries** have compulsory systems for treatment and rehabilitation that operate treatment centers that have some of the features of compulsory centres for people who use drugs as described in the 2012 United Nations Joint Statement

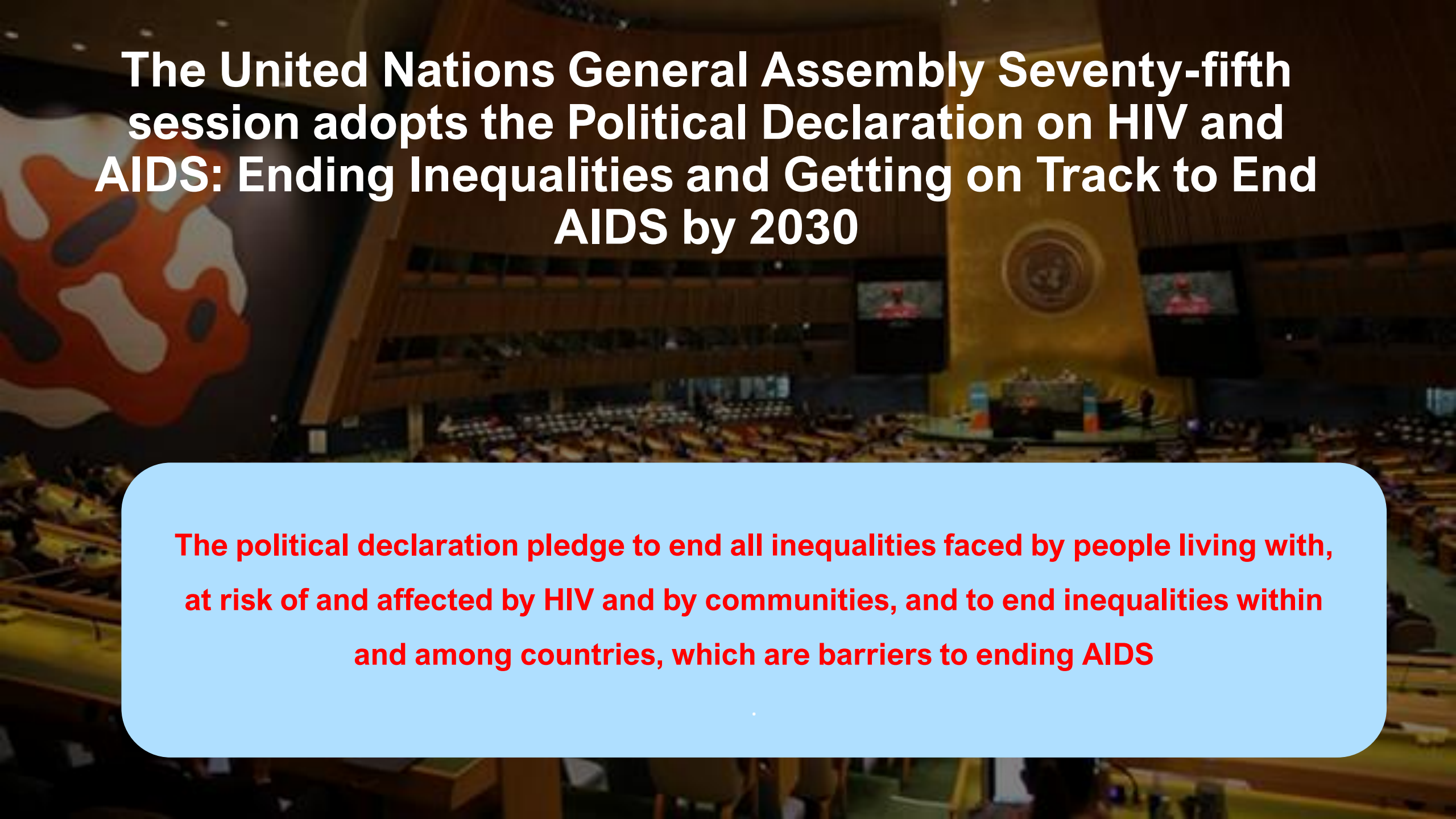
Diversion from prisons to community services

Green	Country has system for diversion of people who use drugs from prison or detention to treatment or services in the community without threat of legal sanctions for noncompliance
Red	No system for diversion of people who use drugs from prison or detention to treatment or other services
Yellow	Country has system for diversion of people who use drugs from prison or detention to treatment or services in the community, but with threat of legal sanctions for noncompliance

Note:

* in these countries, compulsory centers for “treatment” or “rehabilitation” of people who use drugs exist where due process rights are limited or absent or human rights violations have been documented

** countries with nongovernmental organization, faith-based or private centres where human rights abuses have been reported; punitive systems for compulsory treatment (or) rehabilitation but where there is insufficient information (e.g. evidence of human rights abuses, substandard conditions, absence of due process rights) to conclude that the centres fully meet the definition of the 2012 United Nations Joint Statement

The background of the image is a wide-angle shot of the United Nations General Assembly hall. The room is filled with delegates seated at desks arranged in a semi-circle. At the front, a large stage features the United Nations emblem on a tall, golden pillar. Two large screens on either side of the pillar show a speaker at a podium. The lighting is warm, and the overall atmosphere is formal and significant.

The United Nations General Assembly Seventy-fifth session adopts the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

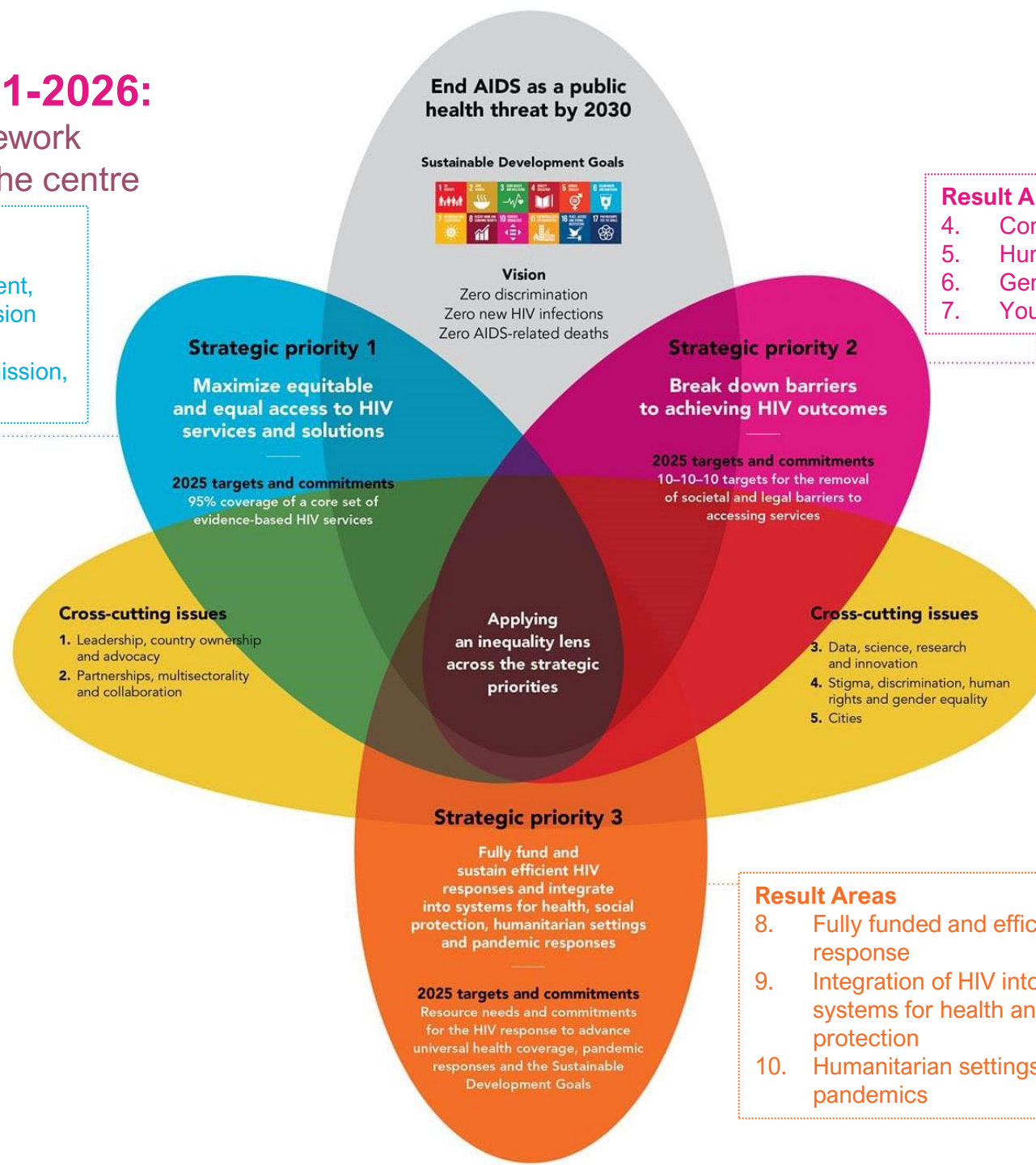
The political declaration pledge to end all inequalities faced by people living with, at risk of and affected by HIV and by communities, and to end inequalities within and among countries, which are barriers to ending AIDS

GLOBAL AIDS STRATEGY 2021-2026:

an inequalities framework that puts people at the centre

Result Areas

1. HIV prevention
2. HIV testing, treatment, care, viral suppression and integration
3. Vertical HIV transmission, paediatric AIDS



Result Areas

4. Community-led responses
5. Human rights
6. Gender equality
7. Young people

Result Areas

8. Fully funded and efficient HIV response
9. Integration of HIV into systems for health and social protection
10. Humanitarian settings and pandemics

The Global AIDS Strategy, 2021-2026: End Inequalities. End AIDS.

10%

LESS THAN 10%
of PLHIV and key populations
experience stigma and
discrimination

LESS THAN 10%
of PLHIV, women and girls and
key populations experiencing
gender-based inequalities and
gender-based violence

LESS THAN 10%
of countries have punitive laws
and policies

2025 HIV targets



*People living
with HIV
and communities
at risk
at the centre*

95%

95% of people at risk of HIV use
combination prevention

95-95-95% HIV testing, treatment &
viral suppression among adults and
children

95% of women access sexual and
reproductive health services

95% coverage of services for
eliminating vertical transmission

90% of PLHIV receive preventive
treatment for TB

90% of PLHIV and people at risk are
linked to other integrated health
services

Ambitious Targets and Commitments for 2025

The Global AIDS Strategy targets and UN Political Declaration commitments related to people in prisons and other closed settings

GLOBAL AIDS STRATEGY 2021-2026
END INEQUALITIES.
END AIDS.



90%

have access to integrated TB, hepatitis C and HIV services

90%

have condom and lubricant use at last sex

15%

PrEP use in very high-risk settings and, 5% PrEP use in high-risk settings

90%

access to sterile needles and syringes

100%

regular access to appropriate health system

- ❖ Commit to **prioritize HIV prevention** and to ensure tailoring HIV combination prevention approaches to meet the diverse needs of key populations, including among sex workers, men who have sex with men, people who inject drugs, transgender people, **people in prisons and other closed settings** and all people living with HIV
- ❖ Commit to **achieve the 95–95–95 testing, treatment and viral suppression targets** within all demographics and population groups, including key populations, and geographic settings



UNITED NATIONS
GENERAL ASSEMBLY

POLITICAL DECLARATION
ON HIV AND AIDS:
ENDING INEQUALITIES AND
GETTING ON TRACK TO END
AIDS BY 2030

Seventy-fifth session
Agenda item 110
Implementation of the Declaration of
Commitment on HIV/AIDS and the
political declarations on HIV/AIDS

THE GENERAL ASSEMBLY
Adopts the political declaration
entitled "Political Declaration on
HIV and AIDS: Ending Inequalities
and Getting on Track to End AIDS
by 2030" annexed to the present
resolution.

74TH PLENARY MEETING
8 JUNE 2021

WAY FORWARD:

Regional Priorities to End Inequalities and End AIDS



- ❖ Emphasize rights-based approaches in policies and programmes, and tackle harmful social norms in all settings including prisons and closed settings.
- ❖ Modernize differentiated service delivery, including scale-up of combination HIV prevention (particularly PrEP and harm reduction interventions), self-testing, multimonth dispensing, and maximizing the benefits of U = U (Undetectable = Untransmittable).
- ❖ Eliminate stigma and discrimination and other barriers to equitable service coverage.

PEOPLE CENTRED RESPONSE



INNOVATIONS



HUMAN RIGHTS



WAY FORWARD:

Regional Priorities to End Inequalities and End AIDS



- ❖ Mobilize sustainable domestic financing for prevention and treatment.
- ❖ Ensure inclusive and gender-responsive approaches, especially for young key populations.
- ❖ Reframe country responses to address inequalities through civil society and community engagement.

PEOPLE CENTRED RESPONSE



INNOVATIONS



HUMAN RIGHTS



THANK YOU!