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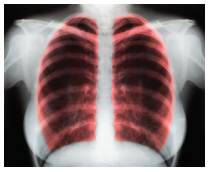

Minimum Standards for HIV and AIDS, TB, Hepatitis B and C, and Sexually Transmitted Infections Prevention, Treatment, Care and Support in Prisons in the SADC Region

ORIGINAL IN
ENGLISH

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ACRONYMS & ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
BCC	Behaviour change communication
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IEC	Information, education and communication
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NGO	Nongovernmental organisation
PMTCT	Prevention of mother-to-child transmission
PEP	Post-exposure prophylaxis
SADC	Southern African Development Community
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

1. BACKGROUND

The SADC region is at the epicentre of the global HIV and tuberculosis (TB) epidemics. The 2009 SADC HIV Epidemic Report showed that 10 out of 15 Southern African Development Community (SADC) Member States have high HIV prevalence. In those same Member States, TB prevalence rates ranged from 300 to 1000 cases per 100 000 population. The global TB prevalence rate was 139 per 100 000 cases. Other sexually transmitted infections (STIs), especially genital ulcer infections, are known to increase the risk of HIV transmission and acquisition. Prompt and appropriate treatment of STIs therefore can reduce individual risk of HIV infection. This makes high-quality STI programmes critical for controlling the HIV and AIDS epidemic, especially in key populations that face bigger risks of being exposed to HIV.

Prisons in the SADC region tend to be overcrowded. The average incarceration rate in the region is 157 per 100 000 inhabitants, and prison occupancy levels average at 138%. Evidence shows that overpopulated prisons constitute high-risk environments for disease transmission and make it difficult to provide adequate health services. Overcrowding reduces the quality and quantity of ventilation, lighting and sanitation for prisoners. This is particularly important in the spread of airborne disease such as TB. High rates of HIV co-infection, as well as multidrug-resistant TB, have been reported in prisons in the SADC region.

Most prisoners are sexually active males aged between 19 and 35 years, age groups in which HIV prevalence tends to be high. Prior to entering prison, many inmates would also have engaged in high-risk activities such as drug use (including injecting drug use), tattooing, sexual violence and other forms of violence. While in prison they are likely to be predisposed to a number of high-risk behaviours.

Most prisoners originate from deprived communities with relatively poor health status. The risk factors for communicable diseases in such communities are very similar to those found in prisons (including sex work and drug use). There tends to be over-representation of disease conditions in prisons, along with related high-risk behaviours—including unprotected sex between men (either consensual or coerced) and various forms of sexual abuse. Drug use (including unsafe drug injecting) and sharing of needles, blades and other sharp instruments for tattooing is also rife in prisoner populations.

The United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO) and other multilateral agencies have extensively studied the situations of prisoners worldwide with respect to communicable diseases such as HIV, TB and STIs. Globally, including in Africa, there is an abundance of evidence showing that the rates of these diseases tend to be higher in prison populations than in the general population. For example, recent estimates of HIV prevalence among inmates in African prisons have ranged from 6 to 50 times higher than among adults in the wider population. While the exact HIV infection levels in prisons in the SADC region are unknown, preliminary results of HIV situation and needs assessments currently being conducted in a number of SADC Member States (and supported by the UNODC) suggest that the global trend of higher HIV rates in prisons prevails also in the SADC region, especially among female prisoners.

The United Nations has established standard minimum rules for the treatment of prisoners. The standards emphasise the need to recognise prisoners' fundamental civil, political, social, economic and cultural rights irrespective of their detainee or prisoner situations. This implies a duty for the state to guarantee prisoners access to medical treatment, health care and social assistance, as well as the right to an adequate standard of living. The United Nations Standard Minimum Rules could serve as a starting point for the SADC Regional Guidelines if they are contextualised to fit the specific situations in the region.

The provision of adequate and quality medical care, coupled with good prison conditions, could promote the wellbeing of both prisoners and prison staff. Prison management should aim to have prisoners leave prison in the same or better health condition than when they entered. Prisoners are members of society; most of them are temporarily imprisoned and eventually return to their communities. Those with untreated communicable diseases are liable to transmit those diseases to other members of communities.

Communicable diseases in prisons therefore pose a serious threat to public health. Prisons represent a gap in what could and should be sound public health systems. This is due to the relatively poor quality of health services that are delivered in the prison sector, and because of poor prison conditions (including the physical environment, diet, ventilation and sanitation) that predispose inmates to communicable disease transmission and acquisition. It is critically important that prisons do not become incubators of communicable diseases. Prisons must contribute positively to broader efforts to control communicable diseases in the general population.

All SADC member states have mounted responses to communicable diseases in prison settings, although levels of implementation and commitment vary between Member States. In many Member States, prison settings are low on the development and resource allocation agendas. Only six SADC Member States (Botswana, Lesotho, South Africa, Swaziland, Tanzania and Zambia and Zimbabwe) have developed prison-specific health policies. However, some of the policies would benefit from being strengthened with respect to issues related to prisoners.

In order to establish the actual situation of HIV, TB, Hepatitis B and C, and STIs in prisons in the SADC region, Member States were invited to participate in a regional consultation meeting. The main objectives of the consultation were to:

- Discuss the current situation and prevalence of HIV and AIDS, TB, Hepatitis B and C and STI's in prisons in the region;
- Share experiences and results of recent surveys, and discuss available information to support decision-making and implementation of an appropriate response to address those diseases in prisons;
- Discuss current strategies and programmes employed by Member States to control the diseases;
- Discuss impediments to providing the full range of services to prevent and treat the diseases (such as laws, policies, etc);
- Make recommendations for the development of a regional response to address these diseases among prisoner populations (including modalities for access to treatment for foreign prisoners and onward care upon discharge from prisons); and
- Identify key stakeholders to support a regional response.

Participants in the consultation reviewed a draft Situation and Response Analysis Report on the status of policies for addressing communicable diseases in prisons in SADC countries. They also shared additional information about Member States' programmes, which helped enrich and finalise that report. In addition, delegates noted the related work which the SADC Secretariat has coordinated and which has led to the development of a set of regional Minimum Standards for communicable diseases—including for TB, malaria, Prevention of Mother-to-Child transmission of HIV (PMTCT), HIV testing and counselling, the military, as well as a framework addressing sexually transmitted infections, among others.

Delegates agreed that the Regional Minimum Standards for prisons should not duplicate other work. Instead the guidelines should identify appropriate linkages with prisons, and isolate only those aspects that are pertinent to the prison environment, while cross-referencing the other Regional Minimum Standards publications.

2. RATIONALE

The SADC Protocol on Health (Article 3) calls for:

- Identifying, promoting, co-ordinating and supporting activities that have the potential to improve the health of the population within the region; and
- Co-ordinating regional efforts on epidemic preparedness, mapping, prevention, control and, where possible, the eradication of communicable and non-communicable diseases.

Prison health forms part of community health. If neglected, prisons could become incubators for communicable diseases. Overcrowded prisons, and poor sanitation and ventilation offer ideal environments for the spread of communicable diseases. Most prisoners eventually return to their communities, and those that have acquired communicable diseases are at risk of transmitting those diseases to other members of the community.

Furthermore, Article 9 of the Protocol on Health mandates Member States to cooperate, harmonise and, where appropriate, standardise policies in the areas of case definition, disease notification, and the treatment and management of major communicable diseases. Articles 10 and 12 of the Protocol on Health specifically call on Member States to harmonise and, where appropriate, standardise policies on HIV and AIDS, STIs and TB.

Finally, at the meeting of SADC Ministers of Health in Swaziland in 2009, the Ministers tasked the SADC Secretariat to examine the HIV situation in prisons. UNODC has also recommended that decision makers and other key stakeholders (including nongovernmental organisations and prison administrations) engage in dialogue to make recommendations for interventions, and identify good practices and lessons for addressing HIV and AIDS in prisons. They recommended that legal reviews be conducted to promote an enabling environment for effective interventions, along with advocacy and a policy dialogue for the integration of policies on HIV in prisons into national and regional policy instruments.

Consequently, the SADC Secretariat has coordinated the development of Regional Minimum Standards for the prevention, treatment, care and support for HIV and AIDS, TB, Hepatitis B and C, and STIs in prisons in SADC, which will serve as a harmonisation framework for Member States.

3. PURPOSE AND SCOPE OF THE REGIONAL MINIMUM STANDARDS

The main purpose of the Regional Minimum Standards is to establish the minimum requirements for prisons to effectively prevent, treat and control HIV and AIDS, TB, Hepatitis B and C, and STIs. The Minimum Standards also serve as a harmonisation framework for responses to these communicable diseases across all SADC prisons. They draw on international evidence-based standards, which have been adapted to the regional situation. They therefore have been refined to fit the epidemiological, social and political conditions characteristic of the SADC region, and they are derived from the SADC Minimum Standards related HIV testing and counselling, TB, STIs and Prevention of Mother-to-Child Transmission (PMTCT).

The Regional Minimum Standards also establish implementation mechanisms at national and regional levels, specifying the roles and responsibilities of all relevant stakeholders. Funding modalities and options are also suggested, and the importance of advocacy is highlighted.

4. GUIDING PRINCIPLES

4.1 Political commitment

The Minimum Standards will be highly dependent on the political commitment of each Member State to ensure the provision of comprehensive prison health services equal to services that are available outside prisons.

4.2 Public health

Universal access is a key principle for public health. Member States therefore must provide services that reach all members of society, including individuals in prisons and other places of detention.

4.3 Confidentiality

The principle of confidentiality regarding the medical status of individuals in prisons or other places of detention must be upheld.

4.4 Greater emphasis on human rights

Member States must uphold the human rights of individuals in prisons and other places of detention. Prisoners and detainees retain their human rights, except for the right to freedom of movement. They should be treated with respect at all times.

4.5 Equity

The provision of health services to the general population, and to persons in prisons and other places of detention must occur in accordance with the burdens of disease.

4.6 Compassion/ solidarity

Prisoners, especially those requiring special support due to illness, should be treated with compassion.

5. PROCESS FOR THE DEVELOPMENT OF MINIMUM STANDARDS

The Minimum Standards were developed through a consultative and participatory process that involved all Member States, as well as key partners. Initial steps included a desk review of the situations relating to HIV and AIDS, TB, Hepatitis B and C, and STIs in prisons in the SADC region.

Member States then participated in a consultation meeting through their respective Ministries of Health, Interior or Justice (depending on which is entrusted with custodial powers for prisons), National AIDS coordinating bodies, and other relevant organisations and institutes.

The second stage of the process involved the drafting of the Minimum Standards, based on information obtained from the desk review and the consultation meeting. A technical working group prepared the draft, which was then reviewed and refined at a consensus-building meeting in which all Member States participated.

The final stage entailed presentation of the draft Minimum Standards to Member States' Ministers of Health (and officials responsible for national HIV and AIDS responses) for approval. The final drafts of the Minimum Standards are to be presented to Ministers of Justice and/or Interior for endorsement.

6. SUMMARY OF FINDINGS FROM THE SITUATIONAL ANALYSIS

To inform the development of these Regional Minimum Standards, a situation analysis of HIV and AIDS, TB, Hepatitis B and C, and STIs in prisons in the SADC region was conducted. It was based on a desk review of relevant Member State documents and was supplemented with information on Member States' communicable disease programmes. Those sets of information and data were reviewed and discussed at a consultation meeting in which all Member States were invited to participate. The findings are discussed at length in the Assessment report; the key points are summarised below.

6.1 Prison health systems

Member States provide health services to prison populations either directly via the Ministry in charge of health or the Ministry in charge of prison administration. The former arrangement was found to be less effective, and in many ways limits adequate planning and delivery of health services in prisons and other places of detention. In order to overcome this weakness, most Member States have entrusted medical professionals with managing the delivery of health services in the prison sector. However, proper coordination with the public health system is still lacking.

There is a general lack of accurate information on communicable disease status and related matters in prisons in most Member States, due to poorly developed or absent disease surveillance systems in prison settings. This information gap hinders effective and efficient programming and planning for communicable diseases in the prison sector.

6.2 Legal and policy environment

Some Member States have developed prison-specific policies related to communicable diseases, while others rely on national policies and strategies. However, most national policies or frameworks do not make explicit provision for prison settings.

Both drug use and sex between men are key factors in the transmission of communicable diseases in prison settings in the region. However, sex between men is criminalised in at least nine SADC Member States, and is severely stigmatised in all Member States. Drug use is also criminalised. This impedes implementation of comprehensive communicable disease prevention, treatment and care programmes for prisoners.

6.3 Human resource issues

Concerns were noted about the ability of prison staff to support the implementation of prison health services due to insufficient training and staff shortages. All Member States emphasised that capacity building is vital for the sound implementation of the Minimum Standards.

6.4 Prisoner and detainee issues

Prisoners in Member States tend to come from socio-economically disadvantaged sections of society. Their health status also tends to be poorer than average, even before they enter prison.

Major concerns were raised in relation to specific groups, notably women, juveniles and non-national prisoners. Member States reported experiencing challenges and lacking guidance for dealing with issues related to these groups. Some Member States do not offer certain services to non-national prisoners. Women and juvenile prisoners were acknowledged to be particularly vulnerable in prisons, where they are subject to sexual abuse by other prisoners and, in some cases, by prison staff. These groups also have limited access to health services that are tailored to their needs.

Member States are aware of the need to separate juveniles from the general prison population. However, implementation is hindered by overcrowding and the fact that some prisoners lack identity documents that would allow for appropriate classification. It was also found that large numbers of individuals in prison were awaiting trial. However, current programmes do not adequately address issues that pertain to awaiting-trial detainees. Member States indicated a need for guidance in this area.

6.5 Challenges

Member States highlighted the following challenges in relation to the provision of services for preventing and treating HIV, TB, Hepatitis B and C, and STIs:

- Overcrowding in prisons. This poses a serious threat to the control of disease in prison settings.
- Lack of continuation of care. Most Member States do not have a clearly defined referral system linking the prison health system with health services outside the prison system. This makes it difficult to follow-up ex-prisoners who are discharged while on treatment. It was also noted that some individuals entering prisons do not have documentation, which hinders their integration into a referral system.

- Non-supportive legal environment for the provision of some prevention materials. Males are the majority in prison populations. Sex in prisons is prohibited and sex between men is criminalized in most Member States. Although most Member States stated that the removal or revision of such laws could facilitate the provision of prevention materials and services inside prisons, stigmatisation of sex between men would still present a problem. This has been the experience in Member States that do not have laws that expressly forbid sex between men.

- Inadequate funding of the prison sector. This is a major concern in most Member States, and it limits the number and the extent of interventions that can be implemented.

- Provision of nutritional support for prisoners, especially those who require special care or who are on treatment. Stigma is a related challenge, since special diets could be viewed as an indicator of individuals' health or disease status.

7. REGIONAL MINIMUM STANDARDS

7.1 Enabling environment for Regional Minimum Standards

In order to facilitate the successful implementation of the Minimum Standards, Member States need to ensure that prisoners' basic necessities (such as shelter, water, food, sanitation, unrestricted access to basic medical care and respect for human rights) are met.

7.1.1 Legal framework

Member States should ensure that their governing legal frameworks do not contain laws that impede interventions for key populations such as men who have sex with men (MSM), and injecting drug users (IDU).

7.1.2 Policy development

Member States need to ensure that evidence-based, comprehensive policies on prison health are in place and that these outline procedures for infection control, treatment, care and support. Prison health policies should facilitate the provision of health services of a standard equal to those provided to the general population.

7.1.3 Reduction of imprisonment and pre-trial detentions

Member States should ensure that their justice systems are adequately capacitated and equipped to reduce pre-trial detention times.Member States should also ensure that strategies to reduce prison populations (such as non-custodial sentencing) are developed and implemented.

7.1.4 Social mobilisation and awareness raising

Member States must ensure that there are awareness-raising activities in place to promote the prioritisation of health service provision in prisons and other places of detention.

7.2 Admission

Member States must ensure the provision of services that will facilitate a smooth transition of new prisoners into the prison setting. This can be achieved by identifying factors that may have to be addressed to prevent new prisoners from transmitting or acquiring infections. Assessment at admission should also be geared to identify prisoners who require continuation of treatment and care for communicable diseases, as well as other factors that need attention.

The following should steps should be performed:

7.2.1 Prevention

A comprehensive health assessment must be conducted for all persons admitted to prison and other places of detention to provide a baseline of their general health status and particularly in relation to HIV and AIDS, TB, Hepatitis B and C and STIs. This assessment should be used to guide the provision of prevention, treatment and care services, as required.

All assessments should be done in accordance with existing national testing policies and the relevant Regional Minimum Standards. The latter include the Regional Minimum Standards for Harmonised Guidance on HIV Testing and Counselling; Regional Minimum Standards for Harmonised Approaches to the Prevention of Mother-to-Child Transmission of HIV in the SADC region; Regional Minimum Standards for the Prevention, Treatment and Management of Tuberculosis in the SADC region; the Regional Minimum Standards for the harmonised Control of HIV and AIDS, Tuberculosis and Malaria among the Military in the SADC region; and the Regional Framework for the Prevention and Control of Sexually Transmitted Infections in the SADC region.

Officials should ensure that new prisoners or detainees receive—within 24 hours of admission and with their informed consent—the following:

- A health questionnaire (including questions on substance abuse, know-your-status, coughing, STIs, mental health, etc.);
- Provision of information on safety, procedures, complaints mechanisms, and access to post-exposure-prophylaxis (PEP). These materials must be communicated verbally as well as developed in accessible language and formats, and should include images to enhance understanding;
- Screening for HIV, TB and STIs; and
- An offer of pregnancy examination and testing for women to allow for appropriate treatment and care, and to initiate or continue PMTCT, as needed.

Prisoners and detainees should be provided with information education and communication (IEC) materials, behaviour change communication (BCC) and other materials for the prevention of infectious diseases. The information should be presented specifically at admission to new prisoners and detainees as well as periodically to inmates. All incoming prisoners and detainees should be assessed for substance abuse. Irrespective of their status, they should be thoroughly educated on the dangers of sharing drug-injecting instruments (particularly the dangers of acquiring and transmitting HIV and Hepatitis).

7.2.2 Treatment

All prisoners who already are on treatment or who have been identified as requiring treatment for communicable and other diseases should be offered such treatment in accordance with Member States' national guidelines. Relevant Regional Minimum Standards and other Frameworks should also be followed, as appropriate.

Prisoners must receive treatment in order to reduce disease-related morbidity and mortality, decrease disease transmission inside and beyond prisons, and to prevent the development of drug-resistant micro-organisms (due to poor treatment adherence or inconsistent medication). Treatment that is provided as a result of consultation and diagnosis should be in the best interests of the individual prisoner or detainee, and should be comparable to treatment that can be accessed outside prison. Treatment for all communicable diseases must be offered to all prisoners regardless of their nationality and in accordance with national guidelines.

7.2.3 Care and support

Prison health services should provide education on how prisoners infected with HIV, TB, Hepatitis B and C, or STIs can best manage their health. Education should be coupled with the provision of necessary materials and services to support medication. Member States should ensure that all prisoners receive good nutrition.

Member States should ensure that psychosocial support is available to prisoners and detainees, as appropriate and in accordance with national guidelines. Prison authorities should facilitate the establishment of support groups and peer education services.

7.3 During prison term

Member States must ensure that prevention, treatment, care and support services are available to prisoners and detainees for the duration of their imprisonment or detention.

7.3.1 Prevention

Member States should ensure that they offer the following general prevention services to prisoners and detainees during their term in prison:

- Tailored IEC and BCC to compliment and refresh information packages that are provided upon entry;
- Periodic screening for all communicable diseases, in accordance with national guidelines;
- HIV testing and counselling (HTC) in accordance with both national guidelines and the SADC Minimum Standards;
- Antiretroviral therapy (ART) provision for all inmates, in accordance with National policies and guidelines;
- Needle and syringe programmes, and opioid substitution therapy for drug users according to national policies and guidelines;
- PEP for all rape victims and persons who have been exposed to contaminated body fluids in accordance with national policies;
- PMTCT services for all pregnant, HIV-positive female prisoners and detainees according to national policies and guidelines;
- Condom programming;

- Hepatitis B vaccination, according to national guidelines;
- Male medical circumcision, in accordance with national guidelines;
- Mechanisms for reporting incidents involving stigma and discrimination, coupled with adequate education and information to ensure protection against discrimination due to disease status, sexual orientation or any other classification;
- Access to rehabilitation programmes and recreational activities, including sports, study, culture and spiritual activities;
- STI diagnosis and control as per national guidelines and the Regional Framework for the Prevention and Control of Sexually Transmitted Infections in the SADC region; and
- Isoniazide preventive therapy for eligible prisoners and detainees as per national guidelines.

7.3.2 Treatment

Member States should provide the same services outlined in the section on Admission (see 7.2.2 above), along with periodic tests to guide continued treatment (including CD 4 cell count tests).

7.3.3 Care and support

The following measures are required as part of care and support for communicable diseases:

- Education and the necessary materials and services should be provided to support treatment of inmates who are infected with HIV, TB, Hepatitis B and C, or STIs;
- Sustainable cooperation and communication links should be established between custodial and community health services;
- Terminally ill prisoners or detainees should be granted early release on medical grounds;
- Palliative care should be available to all terminally ill prisoners who cannot be released;
- Psychosocial support should be available to all who require it; and
- The facilitation of support groups and peer education activities should be considered.

7.4 Release

The measures listed below should be in place when prisoners are scheduled for release or transfer to another prison or place of detention.

7.4.1 Prevention

Prisoners and detainees scheduled for release or transfer should be offered a comprehensive health assessment to establish their status on exit and to institute follow-up care that may be required. Prisoners and detainees scheduled for release or transfer should be offered counselling, which should include information and education packages that are relevant outside prison.

7.4.2 Treatment

Prison authorities must constantly cooperate and communicate with health service providers outside the prison system, as well as with other prisons, to ensure continuity of treatment after release or transfer. Prison authorities should ensure that prisoners or detainees who are scheduled for transfer or release have referral letters to facilitate continuation of treatment at their new locations. Prison authorities should ensure that prisoners or detainees have sufficient medication for 72 hours upon exit or transfer.

7.4.3 Care and support

Prison authorities should establish sustainable cooperation and communication links between custodial and community health services to ensure continuity of care. Prison authorities should ensure that terminally ill prisoners or detainees are granted early release on medical grounds and that they receive adequate information and letters of reference to health facilities near their places of residence after release.

Ex-prisoners and, where necessary, their families must be informed on how to access their nearest health services. Prison authorities should provide adequate information about support groups near the new residences of ex-prisoners or ex-detainees.

7.5 Groups with special needs

Member States must ensure that prison authorities are adequately trained to manage special groups—defined here as “circumstantial” children, children in conflict with the law, women, prisoners who are physically or mentally challenged, non-national prisoners, and prisoners who are lesbian, gay, bisexual or transgender. These groups require special arrangements over and above those needed for interacting with the general prison population.

7.5.1 "Circumstantial" children

Member States should provide adequate supervised facilities for children of female prisoners when they are not with their mothers. Member States should provide appropriate health care services for children younger than five years who are living with their parents in prison, in accordance with their national guidelines.

Member States should ensure that children have access to pre-primary education, in accordance with national regulations.

7.5.2 Children in conflict with the law

Prison authorities should ensure that juveniles are separated from older prisoners. Juveniles should receive sufficient education about their heightened vulnerability to sexual abuse and other forms of violence that put them at higher risk for acquiring communicable diseases. Prison authorities must establish confidential complaints mechanisms to counteract abuse. Prison authorities should ensure that materials and services for the prevention of disease transmission are available to juveniles. Prison staff should ensure that sufficient psychosocial support is available to combat substance abuse (especially drug injection), tattooing and other blood-shedding activities.

7.5.3 Women

Women prisoners must have access to health services that take into account their special health care needs. Prison health services must have confidential complaints mechanisms, especially for women who have been victims of violence and/or sexual abuse. Information on how to use those mechanisms should be provided to all women upon entry into the prison or place of detention.

Prison staff must treat women humanely and refrain from using body-restraints, especially with pregnant women. Women should have access to comprehensive maternal and child health services, and adequate supplementary feeding should be available to pregnant and nursing mothers. Adequate psychosocial support should be offered to women who are imprisoned or detained.

7.5.4 Physically challenged persons

Member States should ensure that separate housing facilities are available to physically handicapped prisoners and detainees. Member States must ensure that Information, Education and Communication (IEC) as well as Behaviour Change Communication (BCC) materials that are tailored for hearing and sight impaired prisoners or detainees are available as required.

7.5.5 Mentally challenged persons

Separate housing facilities should be provided to mentally challenged prisoners and detainees. Linkages should be created between prison health and mental health services in order to provide appropriate treatment of mental conditions. Prison authorities should ensure that psychosocial support is available to mentally challenged prisoners and detainees. Member States should make tailored IEC and BCC materials available to mentally challenged prisoners and detainees.

7.5.6 Lesbian, gay, bisexual and transgender persons

Services for preventing and treating communicable diseases in lesbian, gay, bisexual and transgender persons should be tailored to their circumstances and needs, and should fit the national guidelines.

7.5.7 Elderly persons

Elderly prisoners and detainees must be separated from other prisoners and detainees, and geriatric health services must be available and accessible to them.

7.6. Workplace programmes

7.6.1 Staff wellness (including stress management)

Prison staff wellness and stress management programmes must be in place and must be based on international standards. Staffing levels must match the workloads. Protective clothing and equipment must be provided to all prison staff.

7.6.2 Capacity building

Prison staff members must be adequately and routinely trained with respect to HIV and AIDS, TB, Hepatitis B and C, STIs and nutrition. The training must be appropriate for the prison environment. Prison authorities must facilitate and support workshops, seminars and conferences on HIV and AIDS, TB, Hepatitis B and C, and STIs.

7.6.3 Post-exposure prophylaxis

PEP should be provided to employees who have been exposed to HIV infection during the performance of their duties within 72 hours of such exposure and in accordance with national guidelines.

Protocols for preventing and dealing with exposure to contaminated blood and/or other bodily fluids must be developed and implemented.

7.6.4 HIV testing and counseling

HIV testing and counselling must be offered in accordance with both the national guidelines and the approved Regional Minimum Standards for HIV Testing and Counselling.

7.7. Monitoring, evaluation and research

7.7.1 Periodic surveys

A comprehensive and simple medical register should be kept for all prisoners to facilitate follow-up and to provide necessary data (for disease surveillance etc.).

Prison authorities should allow and facilitate access by external institutes or organisations to prisons and places of detention for disease surveillance purposes.

Member States should ensure that prison health staff are adequately trained in data gathering.

7.7.2 Monitoring and evaluation mechanisms in Member States

Successful implementation of the Minimum Standards should be supported by a monitoring and evaluation (M&E) plan. Such plans should link with and reinforce existing M&E systems for HIV and AIDS, TB, Hepatitis B and C, and STIs. To that end, Member States shall:

- Hold bi-annual with all relevant stakeholders meetings to monitor progress;
- Monitor case detection, sero-conversion and smear conversion, and treatment outcomes of patients, and ensure that TB data and data utilisation information is complete;
- Develop plans for supportive supervision;
- Share data and other relevant information with the SADC Secretariat on an annual basis; and
- Produce annual reports on the status of HIV and AIDS, TB, Hepatitis B and C, and STIs prevention, treatment, care, support and related activities.

7.7.3 Monitoring and evaluation mechanisms in the SADC Secretariat

The SADC Secretariat will play a key role—through routine reporting and documentation—supporting and facilitating Member States' M&E work and ensuring that the Minimum Standards are implemented and followed.

Responsibilities will vary, but include:

- Coordinating the reporting of the status of HIV and AIDS, TB, Hepatitis B and C, and STIs in prisons in the region;
- Facilitating and supporting information-sharing on HIV and AIDS, TB, Hepatitis B and C, and STIs between Member States;
- Facilitating and supporting the adoption of standard indicators, such as:
- Number of countries with developed plans to meet the Minimum Standards;
- Number of countries with established policies for sharing information on prisons and places of detention;
- Number of countries mobilising additional resources for HIV and AIDS, TB, Hepatitis B and C, and STIs prevention, treatment, care and support, and control in prisons and places of detention; and
- Number of countries reporting on core indicators to the SADC Secretariat.

8. IMPLEMENTATION MECHANISMS

The implementation mechanisms identify the key stakeholders and describe their roles in implementing the Regional Minimum Standards. The mechanisms also provide guidance for financing the agreed Minimum Standards.

8.1 SADC Secretariat

The SADC Secretariat will coordinate the overall implementation and monitoring of the Minimum Standards on behalf of the Ministers of Home Affairs, Justice and Health. Its specific responsibilities will include:

- Advocating for implementation of effective prison health programmes in the SADC region in relation to the commitments made by Member States (such as the SADC Protocol on Health, and the Maseru Declaration on HIV and AIDS);
- Facilitating the domestication of the regional guidelines;
- Facilitating skills transfers and the sharing of good/innovative practices, benchmarking of Member States and providing a platform for sharing of good practices;
- Coordinating partners for resource mobilisation and technical support in the region; and
- Coordinating regional training programmes on the control of communicable diseases.

8.2 Member States

Member States' Ministers of Home Affairs and Justice, in collaboration with their Ministers of Health, will oversee and monitor the implementation of the regional Minimum Standards.

Member States shall take a lead role in ensuring that the Minimum Standards are integrated into the annual work plans of their prison health programmes.

Member States shall ensure that prisons health programmes involve all relevant Ministries and key stakeholders in the public and private sectors (for example, donors, WHO, development partners, community-based organisations, the private sector and training institutions) in identifying their roles in the implementation of the various activities outlined in the Minimum Standards.

Member States shall identify challenges to the implementation of each Standard, the specific shortcomings that prevent Standards from being met, and the barriers and opportunities for meeting each standard.

Member States shall develop a detailed financial plan and provide resources for supporting the implementation of the harmonised Minimum Standards.

8.3 Other stakeholders

Other stakeholders include UN agencies, bilateral donors and development partners, local and international NGOs, community-based organisations and communities, the private sector and research and training institutions. All are essential for the successful implementation of the Minimum Standards.

8.3.1 UN agencies and other development partners

The roles UN Agencies and other development partners will vary, but will include:

- Assisting in updating and developing new programmatic/clinical guidelines;
- Linking Member States with new technologies and tools for diagnostics;
- Supporting resource mobilisation to assist in implementing activities for the control of communicable diseases in prisons; and
- Assisting with inputs for harmonising the management protocols to support implementation of health programmes in prisons.

8.3.2 Local and international donors and NGOs

These stakeholders are expected to play several roles, including:

- Assisting in the implementation of agreed Minimum Standards;
- Advocating for stronger control of communicable disease in prisons;
- Augmenting resources to ensure implementation of the Minimum Standards;
- Assisting in disseminating best practices within the region;

- Providing additional human resources as needed to support implementation of the Minimum Standards;
- Supporting integration of HIV and AIDS, TB, STI, and Hepatitis B and C services into the overall prison health care services; and
- Providing feedback to Member States on progress or otherwise in the implementation of the Minimum Standards.

9. FINANCING MECHANISMS

Implementation of the Minimum Standards may require additional financial resources from each Member State. Funding for the activities required to meet the Minimum Standards will be allocated within the national budgets of Member States, if those activities are not currently provided for in prison health budgets.

Member States shall ensure that:

- Areas that require additional financial resources are identified, with the participation of all relevant stakeholders (including UN agencies, donors, development partners and NGOs);
- Each area that requires improvement is costed, for example; and
- Prison health programmes should receive endorsement from the relevant Ministries in cases where additional finances are required.

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