



UNODC

United Nations Office on Drugs and Crime



PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV IN PRISON:

**MONITORING TOOL FOR
EPIDEMIOLOGICAL TRENDS
AND RELATED SERVICES**

Prevention of Mother-to-Child Transmission of HIV in Prisons:

Monitoring tool for epidemiological trends
and related services



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Preface

At its twenty-sixth session, in 2017, the Commission on Crime Prevention and Criminal Justice adopted resolution 26/2, on ensuring access to measures for the prevention of mother-to-child transmission of HIV in prisons. In 2019, in response to the resolution, UNODC, together with other UNAIDS co-sponsors, technical experts from Member States, members of community-based organizations and academia developed and published *Prevention of mother-to-child transmission of HIV in prisons: a technical guide*, based on relevant international guidelines. The technical guide is intended to support countries in increasing their capacity to eliminate mother-to-child transmission of HIV in prison and achieve the ultimate goal of ending HIV/AIDS as a public health threat by 2030, leaving no one behind.

In the resolution, the Commission requested UNODC, in collaboration with relevant co-sponsors, the secretariat of UNAIDS and experts, and in consultation with Member States, to develop measures for monitoring epidemiological trends in mother-to-child transmission in prisons and services to prevent such transmission, including by developing tools for data collection. It also invited Member States to provide national data, with due respect for the confidentiality of the health information of persons in prison.

The monitoring tool presented in this document has been developed within the above framework.

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List of acronyms

HIV	human immunodeficiency virus
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Office of Drugs and Crime
WHO	World Health Organization

In this tool, the term “prison” refers to all places of detention within a country, and “women in prison” refers to all women detained in these places, during the investigation of a crime, awaiting trial, after conviction, and before and after sentencing.

INTRODUCTION

Global targets for the prevention of mother-to-child transmission of HIV

In its report of November 2020, *Prevailing against Pandemics by Putting People at the Centre*, UNAIDS called on countries to make greater investments in the global epidemic responses to HIV and adopt a new set of bold, ambitious but achievable HIV targets. If these targets are met, the world will be back on track to ending HIV/AIDS as a public health threat by 2030.¹ The intermediate 2025 targets prioritize sexual and reproductive health services for women living with HIV and women at elevated risk of HIV infection. The following 2025 targets for sexual and reproductive health have been set:²

- 95 per cent of women of reproductive age in high HIV prevalence settings, within key populations and living with HIV, have their HIV prevention and sexual and reproductive health service needs met
- 95 per cent of pregnant women are tested for HIV, syphilis and hepatitis B surface antigen at least once and as early as possible. In high HIV burden settings, pregnant and breastfeeding women with unknown HIV status or who previously tested HIV-negative should be re-tested during late pregnancy (third trimester) and in the post-partum period
- 90 per cent of women living with HIV are on antiretroviral therapy before their current pregnancy
- All pregnant women living with HIV are diagnosed and on antiretroviral therapy, and 95 per cent achieve viral suppression before delivery
- All breastfeeding women living with HIV are diagnosed and on antiretroviral therapy, and 95 per cent achieve viral suppression (to be measured at 6–12 months)
- 95 per cent of HIV-exposed infants receive a virologic test and parents provided the results by age 2 months
- 95 per cent of HIV-exposed infants receive a virologic test and parents provided the results between ages 9 and 18 months
- 95–95–95 testing and treatment targets achieved among children living with HIV

¹UNAIDS, “UNAIDS calls on countries to step up global action and proposes bold new HIV targets for 2025”, 26 November 2020.

² UNAIDS, *Prevailing against Pandemics by Putting People at the Centre* (Geneva, 2020).

In 2014, WHO, with support from UNAIDS, UNICEF and UNFPA, published *Global Guidance on Criteria and Processes for Validation: Elimination of Mother-to-Child Transmission of HIV and Syphilis*. In public health, “elimination” is defined as reduction to zero of the incidence of a disease or infection in a defined geographical area. However, because both HIV and syphilis remain public health issues and prevention of mother-to-child transmission measures are highly but not fully effective, it is currently not feasible in most settings to reduce mother-to-child transmission of either infection to zero. Therefore, the goal for elimination of mother-to-child transmission initiatives is to ensure services to maintain mother-to-child transmission of HIV and syphilis at a very low level, such that it is no longer a public health problem.³

Within the above WHO framework, international and regional goals have been set and countries are scaling up programmes towards elimination of mother-to-child transmission of HIV and syphilis. In June 2015, Cuba became the first country to be validated for elimination of mother-to-child transmission of HIV and syphilis as public health problems and, since then, a further 11 countries or territories have achieved that same validation.⁴

The processes and criteria to validate elimination of mother-to-child transmission of HIV and syphilis were developed by WHO to apply a standard approach across a wide range of epidemiological and programmatic contexts. These elimination criteria must be achieved in a manner that protects and respects the human rights of women and promotes gender equality. The criteria also seek to ensure that representatives of civil society and of communities of women living with HIV are involved in the validation effort.⁵

The following strategies are important components of successful elimination of mother-to-child transmission programmes:

- Interruption of transmission through quality antenatal care and prevention services that provide timely identification and treatment of pregnant women living with HIV (or syphilis), their sexual partners, and their infants
- Reduction in the number of HIV and/or syphilis infections among pregnant women through:
 - Prevention of HIV and/or syphilis infection in women of reproductive age, including in pregnant and breastfeeding women who tested negative for HIV and their sexual partners
 - Promotion of a healthy reproductive life, including prevention of unintended pregnancies and support for safer conception⁶ among women known to be living with HIV

³ WHO, *Global Guidance on Criteria and Processes for Validation: Elimination of Mother-to-Child Transmission of HIV and Syphilis*, 2nd ed. (Geneva, 2017).

⁴ Countries that have received WHO validation are Cuba (2015), Armenia (HIV only), Belarus, Republic of Moldova (syphilis only), Thailand (2016), Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, Saint Kitts and Nevis (2017), Malaysia (2018), Sri Lanka and Maldives (2019) (WHO, Sexual and reproductive health, “WHO validation for the elimination of mother-to-child transmission of HIV and/or syphilis”. Available at www.who.int/reproductivehealth/congenital-syphilis/WHO-validation-EMTCT/en/).

⁵ Ibid.

⁶ “The safer conception package includes HIV counseling and testing, screening for sexually transmitted infections and cervical cancer, antiretroviral therapy initiation and management, viral load monitoring, counseling on the fertile window and timed condomless sex, self-insemination instruction, pre-exposure prophylaxis and partner HIV disclosure support.” (Sheree Schwartz and others, “Clients’ experiences utilizing a safer conception service for HIV affected individuals: implications for differentiated care service delivery models”, *Reproductive Health*, vol. 16, Suppl. 1, art. 65 (May 2019)).

- Prevention, treatment and care of HIV and syphilis in general, focusing on key populations (including sex workers, people who use drugs, and men who have sex with men) to decrease prevalence
- Promotion and protection of the human rights and gender equality of women living with HIV
- Greater engagement of women living with HIV in HIV programming, decision-making and service delivery

In 2020, UNODC updated its technical brief entitled “HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions”, in which prevention of mother-to-child transmission is listed as a key intervention, to include, among others, additional interventions regarding sexual and reproductive health and guidance for strengthening gender-responsive approaches.

BACKGROUND

Why a monitoring tool?

Monitoring and evaluation are the processes that allow policymakers and programme managers to assess how service provisions are organized and provided; how the provision of services evolves over time; and how programmes or services are implemented to change a situation and have an overall impact on achieving policy targets.

Strategic information provides the critical evidence that policymakers and service providers need in order to make informed decisions that improve programmes at all levels. The availability of information is central to the accountability and transparency of decision-making by policymakers.⁷

A monitoring tool on prevention of mother-to-child transmission of HIV in prison could foster United Nations inter-agency cooperation in monitoring progress towards common targets and in mainstreaming priorities related to women's and children's health care in various monitoring frameworks.

Within countries, a tool could support processes aimed at the inclusion of prisons in national health policies and regulatory frameworks, as well as monitoring systems, thus implementing the principle of equivalence of care and improving the coverage of data collected.

A monitoring tool could also support the provision of information from prison systems towards monitoring and validation programmes promoted by UNAIDS and WHO on evaluating progress towards global targets in the fight against HIV.

A monitoring tool should prioritize evidence-based public health and human rights approaches.

⁷ WHO, *Consolidated HIV Strategic Information Guidelines: Driving Impact through Programme Monitoring and Management*, (Geneva, 2020).

How the tool was developed

The monitoring tool was developed between November 2020 and June 2021, taking into account contributions and reflections collected during an expert group meeting held on 17 and 18 November 2020, with the participation of representatives of Member States from both public health-care and prison health-care systems, independent experts and representatives of international organizations, United Nations agencies and civil society organizations.

The monitoring tool was field tested between October and December 2021 in Indonesia, in cooperation with the Directorate General of Corrections of Indonesia, two women's prisons and two civil society organizations operating within the prison health-care and rehabilitation programme of Indonesia. The results of the field testing contributed to the finalization of the tool in early 2022.

Who is the tool for?

The tool is intended for prison health-care staff with coordination roles who are in a position to provide the information requested. This information should be available either centrally or through contacts within the prison administration, depending on the way data collection and information flow are organized in each country.

Other actors with specific expertise and direct experience in data and services covered by the monitoring tool can and should also be engaged in the process. Hearing different perspectives generates a more comprehensive and holistic understanding and therefore the involvement of the following actors should be considered:

- Community health-care services involved in prison health care, particularly those related to women, HIV and pregnancy, and to processes related to the validation of elimination of mother-to-child transmission within the WHO framework
- Representatives of civil society organizations that work in prison
- Representatives of women living with HIV or syphilis
- Prison monitoring bodies and ombudsmen

The tool can be used as a self-administered questionnaire to be completed by prison health-care staff for internal monitoring. If completed by other actors inside or outside the prison system, it can provide an external view of the existence of and access to prevention of mother-to-child transmission services. It can be used as a guidance document or included in electronic questionnaires or other monitoring tools to be integrated into national health-care information systems.

Structure of the tool

The monitoring tool is divided into two parts. The first part addresses epidemiological trends in mother-to-child transmission in prison, with a view to collecting the epidemiological data needed to monitor progress towards the global targets on prevention of mother-to-child transmission.

The second part covers access to health care and social services needed within the prison setting in order to reach the 2025 HIV targets. Indicators in this second part include information on the availability and coverage of relevant services. Public health-care priorities as set in the UNODC technical guidance documents are taken into consideration, as is the protection of human rights, women's rights, privacy and confidentiality.

The first section of the second part focuses on the national policy and monitoring framework. This ensures that awareness is raised of existing national policies and monitoring practices in order to promote the inclusion of prison settings into national policy and data collection frameworks. Such inclusion will promote equivalence of care and access to services between the community and the prison setting, as well as provide complete data and avoid duplication of data.

The second section of the second part addresses structural elements within prison settings with reference to the availability of funding to cover services relating to the prevention of mother-to-child transmission and of training and support for all those involved in implementation of these services.

Specific questions at the end of some sections are intended to collect views and suggestions on how to improve data collection and accessibility of services where these are found to be lacking or unavailable within the specific prison system monitored.

MONITORING TOOL

I. MONITORING THE EPIDEMIOLOGICAL TRENDS IN MOTHER-TO-CHILD TRANSMISSION OF HIV IN PRISONS

The WHO framework for the validation of the elimination of mother-to-child transmission of HIV requires that countries should have achieved and maintained for at least one year both of the following impact targets:

- A population case rate of new paediatric HIV infections due to mother-to-child transmission of ≤ 50 per 100 000 live births
- A mother-to-child transmission rate of HIV of < 5 per cent in breastfeeding populations or < 2 per cent in non-breastfeeding populations

Direct measurement of the HIV elimination of mother-to-child transmission impact indicators, or estimation through a combination of modelling and triangulation with programme data, requires knowledge of:

- The number of delivering women living with HIV
- The number and percentage of pregnant women living with HIV who are treated with antiretroviral therapy
- The results of infant testing

Process indicators are measured against:

- Population-level antenatal care coverage (at least one visit) of ≥ 95 per cent
- Coverage of HIV and/or syphilis testing of pregnant women of ≥ 95 per cent
- Antiretroviral therapy coverage of HIV-positive pregnant women of ≥ 95 per cent

Within the framework of the above, data should be collected both from the prison system and the broader community, in order to provide an indication of the progress towards elimination of mother-to-child transmission.

Mother-to-child transmission of HIV in prison: impact indicators

1.1	Number of women living in prison in	Year	Number	not available
Comments and data sources				
1.2	Number of women living with HIV in prison in	Year	Number	not available
Comments and data sources				
1.3	Number of women receiving antiretroviral therapy in prison in	Year	Number	not available
Comments and data sources				
1.4	Number of children born to mothers living with HIV in prison, who tested positive for HIV within 18 months ^a of birth in	Year	Number	not available
Comments and data sources				

^a WHO, "Checklist for country preliminary assessment of elimination of mother-to-child transmission of HIV and syphilis and path to elimination criteria", 2 November 2019.

Mother-to-child transmission of HIV in prison: process indicators

2.1	Number of women in prison who accessed antenatal care at least once in	Year	Number/percentage	don't know	
Comments					
2.2a	Have ≥95 per cent of pregnant women in prison accessed antenatal care in prison in	Year ?	yes	no	don't know
2.2b	If the answer to 2.2a is no, what is the percentage (per cent) of women who accessed antenatal care in	Year	Number/percentage		
Comments					

2.3	Number of women in prison who were tested for HIV in	Year	Number/ percentage	don't know
Comments				

2.4a	Have ≥95 per cent of pregnant women in prison been tested for HIV in	Year ?	yes	no	don't know
2.4b	If the answer to 2.4a is no, what is the percentage (per cent) of women tested for HIV in	Year ?	Number/ percentage		
Comments					

2.5	Number of women in prison who were tested for syphilis in	Year	Number/ percentage	don't know
Comments				

2.6a	Have ≥95 per cent of pregnant women in prison been tested for syphilis in	Year ?	yes	no	don't know
2.6b	If the answer to 2.6a is no, what is the percentage (per cent) of women tested for syphilis in	Year ?	Number/ percentage		
Comments					

2.7	Number of women in prison who received antiretroviral therapy in	Year	Number/ percentage	don't know
Comments				

2.8a	Have ≥95 per cent of pregnant women living with HIV in prison received antiretroviral therapy according to national guidelines in	Year ?	yes	no	don't know
2.8b	If the answer to 2.8a is no, what is the percentage (per cent) of women who received antiretroviral therapy?		Number/ percentage		
Comments					

II. ACCESS TO SERVICES FOR PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV IN PRISON

Through its technical guide, UNODC promotes high-quality HIV and sexual and reproductive health-care services to women in prison to ensure the elimination of new HIV, tuberculosis, hepatitis B and C viruses and syphilis infections among women and their children in prisons. The technical guide focuses on four components of comprehensive prevention of mother-to-child transmission within the prison context:

- Preventing new HIV infections among girls and women of childbearing age; pre- and post-exposure prophylaxis and combination prevention
- Preventing unintended pregnancies among women living with HIV through access to sexual and reproductive health services with integration of family planning
- Preventing HIV transmission from women living with HIV to their babies
- Using antiretroviral drugs to treat HIV infection in women living with HIV, their children and families, with the provision of appropriate and comprehensive treatment, care and support

The present monitoring tool provides a checklist of indicators to monitor and evaluate the availability of and accessibility to prevention of mother-to-child transmission services.

The indicators and checklists are divided into eight core areas of analysis.

National health policies, regulatory and monitoring framework for prevention of mother-to-child transmission of HIV

“Implementation of prevention of mother-to-child transmission services in prison requires a robust prison health system and effective linkages to community health-care services, in accordance with international standards on women’s health in prison settings.” (UNODC and UNFPA, *Prevention of mother-to-child transmission of HIV in prisons: a technical guide* (Vienna, 2019), p. 4).

3.1 Which ministry is responsible for prison health care? Please answer in the comments.

Comments

3.2a Are there national public health-care policies for prevention of mother-to-child transmission?

If yes, please provide a link to the national documents in the comments section.

yes no don't know

Comments

3.2b Do the national public health-care policies for prevention of mother-to-child transmission include prisons?

yes no don't know

Comments

3.3a Is a national monitoring system in place for prevention of mother-to-child transmission?

If known, please provide a reference in the comments section.

yes no don't know

Comments

3.3b Does the national monitoring system for prevention of mother-to-child transmission include prisons?

yes no don't know

Comments

3.4a Are there national guidelines for care and management of paediatric HIV?

yes no don't know

Comments

3.4b Do the national guidelines for care and management of paediatric HIV include prisons?

yes no don't know

Comments

3.5 Does the prison system regularly share data with the public health-care system through national regulatory frameworks and related monitoring systems?	yes	no	don't know
Comments			
3.6 Do existing laws, policies or regulations require HIV testing of pregnant women in the community and/or in prison?	yes	no	don't know
Comments			
3.7 Do existing laws, regulations or policies require syphilis testing of pregnant women in the community and/or in prison?	yes	no	don't know
Comments			
3.8a Do legal barriers exist that restrict access for specific groups (e.g. minors, migrants, women who use drugs or women in prison) to prevention of mother-to-child transmission services, including sexual, reproductive, maternal, child, HIV and sexually transmitted infection services in the community and in prison? 3.8b If the answer to 3.8a is yes, please specify which laws and policies, and for which groups. Please provide references, if known.	yes	no	don't know
Comments			
3.9 Do national laws, policies or regulations exist that include mandatory, forced or coerced sterilization of women living with HIV in the community and in prison?	yes	no	don't know
Comments			
3.10 Are there national laws, regulations or policies that include mandatory, forced contraception for women living with HIV in the community or in prison?	yes	no	don't know
Comments			
3.11 Do national laws, regulations or policies exist that include mandatory, forced abortions for women living with HIV in the community or in prison?	yes	no	don't know
Comments			

Gap analysis

If the prison system does not report data on mother-to-child transmission to the public health-care system, recommendations should be developed for this to happen in line with *Prevention of mother-to-child transmission of HIV in prisons: a technical guide*. To whom should these recommendations be addressed? Please give details below.

Comments

HIV prevention, testing, treatment and care in prison

“Maternal HIV testing and treatment is the cornerstone of prevention of mother-to-child HIV transmission programmes.” (Alison L. Drake and others, “Retest and treat: a review of national HIV retesting guidelines to inform elimination of mother-to-child HIV transmission efforts”, *Journal of the International AIDS Society*, vol. 22, No. 4 (April 2019)).

With reference to pre-exposure prophylaxis, “based on the available safety data, WHO considers that pre-exposure prophylaxis should not be discontinued during pregnancy and breastfeeding for women who continue to be at substantial risk of HIV infection. Pre-exposure prophylaxis can also be considered as an additional prevention choice for pregnant women who are not living with HIV but who are at substantial risk of HIV infection, as part of a comprehensive prevention of mother-to-child transmission package”. (WHO, “Technical brief: Preventing HIV during pregnancy and breastfeeding in the context of pre-exposure prophylaxis (PrEP)” (Geneva, 2017), p. 5).

“Under current WHO ‘Treat All’ guidelines, provision of antiretroviral therapy is the foundation of the national health sector response to HIV. Indeed, global HIV elimination goals are predicated on the concept of ‘treatment as prevention’ (combined with evidence-based primary prevention)” (WHO, *Consolidated HIV Strategic Information Guidelines: Driving Impact through Programme Monitoring and Management* (Geneva, 2020), p. 53). “In settings with a high risk of mother-to-child transmission, in addition to providing enhanced infant prophylaxis, antiretroviral therapy should be initiated urgently in all pregnant and breastfeeding women, even if they are identified late in pregnancy or postpartum, because the most effective way to prevent mother-to-child HIV transmission is to reduce maternal viral load.” (WHO, *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach*, 2nd ed. (Geneva, 2016), p. xlv).

4.1	Is HIV testing available for all women upon admission to prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.2	Is HIV testing available for all women upon admission to prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.3	Is HIV testing for all women upon admission to prison confidential?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.4	Is HIV testing for all women upon admission to prison gender-responsive? ^a	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.5	Is HIV testing for all women upon admission to prison culturally appropriate? ^b	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.6	Can women access HIV testing at any time during imprisonment?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.7	Is high-quality pre-test information available for women in prison who undergo HIV testing?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.8	Is high-quality post-test counselling ^c available for women in prison who undergo HIV testing?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.9	Is pre-exposure prophylaxis available to pregnant women in prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		

4.10	Is post-exposure prophylaxis available to pregnant women in prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.11	Is antiretroviral therapy provided to all pregnant women in prison living with HIV, including those who first tested positive in prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.12	Is antiretroviral therapy for pregnant women in prison living with HIV provided according to national guidelines?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.13	Are pregnant women receiving antiretroviral therapy in prison linked with community services upon release to ensure uninterrupted treatment?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.14	Are measures in place to encourage linkage with community services for pregnant women living with HIV after release from prison? Please provide information in the comments section.	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.15	Is antiretroviral therapy for pregnant women living with HIV in prison gender-responsive?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.16	Is antiretroviral therapy for pregnant women living with HIV in prison culturally appropriate?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
4.17a	In your experience, are women living with HIV excluded from educational, vocational or rehabilitation programmes in prison? If yes, by whom?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		

4.17b If the answer to 4.17a is yes, are measures in place to reduce stigma and discrimination? Please specify the measures in place in the comments section.	yes no don't know
Comments	Coverage [percentage of prisons where women are housed]

4.18 Are measures in place to retain women in prevention of mother-to-child transmission services after release from prison? Please specify the measures in place in the comments section.	yes no don't know
Comments	Coverage [percentage of prisons where women are housed]

^a "Gender-responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities. For example, a gender-responsive prevention of mother-to-child transmission programme is one where women's lack of decision-making is addressed by reaching out to men and the male partners of women (with the women's permission), to promote joint decision-making regarding safer sex and infant feeding" (WHO, *Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs* [Geneva, 2009]).

^b Health-care services that are culturally appropriate or competent are respectful of the culture of individuals, minorities, peoples and communities. They recognize, respect and accommodate patients with diverse values, beliefs, behaviours and linguistic needs (Oriana Handtke, Benjamin Schilgen and Mike Mosko, "Culturally competent healthcare: a scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision", *PLoS One*, vol. 14, No. 7 (July 2019); and Committee on Economic, Social and Cultural Rights, General comment 14 (2000) on the right to the highest attainable standard of health.

^c "The core package of post-test services needs to include: concise counselling messages and effective supportive interventions, approaches and tools to facilitate rapid antiretroviral therapy initiation and additional linkages to HIV prevention, care, support and other relevant services." (WHO, "Policy brief: consolidated guidelines on HIV testing services for a changing epidemic" [Geneva, 2019]).

Gap analysis

If a comprehensive package of HIV prevention, testing and treatment services in line with the technical guide is not available in prison, what can be done to address the situation at the national level? To whom should recommendations be addressed? Please answer below.

Comments

Sexual and reproductive health

“Effective sexual and reproductive health services for all women and girls in prison need to be gender-responsive, human rights-based and comprehensive. Services should include full access to (emergency) contraception; pregnancy testing; HIV testing; prevention of mother-to-child transmission; post-exposure prophylaxis; pre-exposure prophylaxis; prevention and treatment of hepatitis B and C viruses, sexually transmitted infections, HPV and cervical cancer; sexual and reproductive health education; and appropriate diet and nutritional supplements for women and children. Service models can be situated within prisons, ensuring referral between prison facilities and with linkages to community health services.” (UNODC and UNFPA, *Prevention of mother-to-child transmission of HIV in prisons: a technical guide*, pp. 14–15).

5.1 Are all women of childbearing age offered voluntary and confidential pregnancy screening on admission to prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.2 Is voluntary contraception and emergency contraception available to women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.3 Is contraception free of charge for women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.4 Is voluntary post-pregnancy termination care available to women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.5 Is post-pregnancy termination care free of charge for women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.6 Is post-pregnancy termination care for women in prison of high quality? ^a	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		

5.7 Is post-pregnancy termination care accessible to women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.8 Is post-pregnancy termination care for women in prison gender-responsive?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.9 Is post-pregnancy termination care for women in prison culturally appropriate?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.10a In your opinion, do women who access contraception and pregnancy termination services in prison face stigma and discrimination? If yes, from whom? Please provide information in the comments section.	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.10b Are measures in place to prevent or address stigma and discrimination directed at women who access contraception and pregnancy termination services in prison? Please provide information in the comments section.	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.11 Are information, education and communication on measures to prevent pregnancy provided to women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.12 Are women in prison able to obtain condoms easily and discreetly without having to request them and without being seen by other people?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.13 Are female condoms available to women in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		

5.14 Are there policies and strategies for the prevention, detection, response to and elimination of all forms of violence, in particular sexual violence, in prison? Please provide information in the comments section.	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.15 Are male and female prisoners held separately in prison?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.16 Are women in prison under the exclusive supervision of female security staff? ^b	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.17 Are policies and strategies in place that promote and protect the rights of people of all sexual orientations and gender identities in prison? ^c If yes, please provide references in the comments section.	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.18 Are there mechanisms for prisoners to report violence, in particular sexual violence, from other prisoners? If yes, please provide information in the comments section.	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
5.19 Are there mechanisms for prisoners to report violence, in particular sexual violence, from prison staff? If yes, please provide information in the comments section.	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		

^a The WHO definition of quality of care is "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred". (WHO, *Standards for Improving Quality of Maternal and Newborn Care in Health Facilities* (Geneva, 2016), p. 14).

^b UNODC, *The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)* (Vienna, 2016), rule 81.

^c The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity address a broad range of international human rights standards and their application to sexual orientation and gender identity issues. The full text of the Yogyakarta Principles and the Yogyakarta Principles plus 10 are available at www.yogyakartaprinciples.org.

Gap analysis

Are there political, cultural or religious elements preventing the adoption of a holistic approach to sexual and reproductive health at the national level? How could this be addressed? To whom should recommendations be addressed?

Comments

Antenatal care

“Pregnant and nursing women should have the same access to antenatal and postnatal care and adequate diet as do those in the community and be held in suitable accommodation for them and their children. Non-custodial measures for pregnant women and women with dependent children should be preferred when possible.” (UNODC and others, “Technical brief 2020 update: HIV prevention, testing, treatment, care and support in prisons and other closed settings – a comprehensive package of interventions” (Vienna, 2020), key intervention 13).

Antenatal care coverage is one of the key indicators in the path towards elimination of mother-to-child transmission. “Many, if not most, countries experience challenges related to the delivery of health-care services to transient, marginalized and vulnerable populations ... Women belonging to these groups and their partners may be at higher risk for HIV or syphilis, and have relatively poorer access to health care. Vulnerable populations such as these may be disproportionately represented among pregnant women with late or no antenatal care.” (WHO, *Global Guidance on Criteria and Processes for Validation: Elimination of Mother-to-Child Transmission of HIV and Syphilis*, 2nd ed. (Geneva, 2017), p. 30).

6.1 Are alternatives to imprisonment applied for pregnant women and women with dependent children who commit non-violent offences? If yes, please provide information on which alternatives are applied in the comments section.	yes no don't know
Comments	Coverage [percentage of prisons where women are housed]
6.2 Are pregnant women in prison regularly screened to detect nutritional deficiencies and anaemia? If yes, at what intervals does screening take place?	yes no don't know
Comments	Coverage [percentage of prisons where women are housed]

6.3 Are pregnant women in prison monitored for monthly weight gain, foetal well-being and fundal height?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.4 Are opportunities provided for pregnant women in prison to discuss delivery, feeding options (breastfeeding) and birth plans within the framework of antiretroviral therapy?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.5 Are pregnant women in prison regularly informed of the benefits of knowing their HIV status?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.6 Are pregnant women in prison living with HIV regularly informed of their CD4 cell count and HIV viral load?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.7 Are partners of pregnant women in prison involved in antenatal care and/or the birth?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.8 Is HIV testing recommended during the initial antenatal care visit?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.9 If HIV testing is initially declined, is it repeatedly recommended at every antenatal care visit?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)
6.10 If HIV testing is declined at the initial antenatal care visit, is it repeatedly recommended during any medical consultation (other than antenatal care visits) or patient contact with prison or community health-care services?	yes no don't know
Comments	Coverage (percentage of prisons where women are housed)

6.11	For pregnant and breastfeeding women living with HIV, are regular viral load tests (at least 3 months after start of antiretroviral therapy) carried out?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		

Labour and delivery

“Women should deliver in hospitals outside prisons. Whether a woman delivers outside or inside the prison, instruments of restraint should never be used during labour, during birth or immediately after birth.” (UNODC and others, “Technical brief 2020 update”, key intervention 14).

7.1	Is consent sought before medical procedures or interventions are carried out on pregnant women in prison during labour?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
7.2a	Are pregnant women in prison nearing delivery transferred to community hospitals?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
7.2b	If pregnant women in prison nearing delivery are not transferred to community hospitals, are protocols in place for safe delivery in prison health-care facilities?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
7.3	Are protocols in place to prevent mother-to child transmission during delivery?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
7.4	Are pregnant women deprived of liberty ever forcibly restrained during labour?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		

7.5 Are measures taken to ensure that the dignity, privacy and confidentiality of pregnant women deprived of liberty are respected during labour? <i>If yes, please provide information in the comments section.</i>	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		

Postnatal care and follow-up

Postnatal care should include: indications on breastfeeding, meeting nutritional needs for mothers and children, access to paediatric medical care, early infant diagnosis and immunization, antiretroviral prophylaxis for children. (UNODC, *Prevention of mother-to-child transmission of HIV in prisons: technical guide* (Vienna, 2020)).

8.1 Is information provided to pregnant women in prison living with HIV on appropriate breastfeeding in the context of ongoing antiretroviral therapy?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
8.2 Are quiet, undisturbed locations available in prison for breastfeeding mothers to feed their infant?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
8.3 Is paediatric medical care available to women in prison, including early diagnosis and provision and adherence to antiretroviral therapy?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
8.4 Is the paediatric medical care available to women in prison of high quality?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		
8.5 Is the paediatric medical care available to women in prison accessible?	yes	no	don't know
Comments	Coverage (percentage of prisons where women are housed)		

8.6	Is paediatric medical care free of charge for women in prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
8.7	Is the paediatric medical care provided to women in prison culturally appropriate?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
8.8	Are pre-release preparations in place to ensure continuity of care and access to community services for mothers and children after release from prison? If yes, please provide information in the comments section.	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
8.9	According to national legislation, up to which age can children live in prison with their mothers?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
8.10	Are measures in place to encourage women in prison to remain in prevention of mother-to-child transmission programmes after delivery? If yes, please provide information in the comments section.	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		

Preventing harm and addressing comorbidities

“Prevention, screening, assessment and management of co-infections with tuberculosis, hepatitis B and C viruses and syphilis and other sexually transmitted infections should be included in HIV and prevention of mother-to-child transmission-related services. The elimination of mother-to-child transmission of HIV should be an integral part of the triple elimination approach including hepatitis B virus and syphilis.” (UNODC and UNFPA, *Prevention of mother-to-child transmission of HIV in prisons: a technical guide*, p. 19).

UNODC recommends a “comprehensive package consist[ing] of 15 interventions that are essential for effective HIV prevention, testing, treatment, care and support in prisons and other closed settings. While each of these interventions alone is useful in addressing HIV, together they form a package and have the greatest impact when delivered as a whole”. (UNODC and others, “Technical Brief 2020 Update”).

9.1 Is information on HIV, hepatitis C and tuberculosis, including methods of transmission and means of prevention, disseminated to all prisoners and prison staff on a regular basis? <i>If yes, please specify who provides this service (prison staff or external services, such as community health-care staff or civil society organizations) in the comments section.</i>	yes	no	don't know	
Comments	Coverage (percentage of prisons where women are housed)			
9.2 Are specific policies or guidelines in place for the prevention, care and treatment of infections in prison, such as HIV, hepatitis B and C viruses, tuberculosis and sexually transmitted infections? <i>If yes, please provide information in the comments section.</i>	yes	no	don't know	
Comments	Coverage (percentage of prisons where women are housed)			
9.3 Is medical screening for the following available for all women upon admission to prison? 9.3a Tuberculosis 9.3b Hepatitis B 9.3c Hepatitis C 9.3d Syphilis 9.3e Other sexually transmitted infections	yes	no	don't know	Coverage
Comments				
9.4 Is medical screening for women prisoners voluntary and confidential?	yes	no	don't know	
Comments	Coverage (percentage of prisons where women are housed)			
9.5 Is medical screening for women prisoners gender-responsive?	yes	no	don't know	
Comments	Coverage (percentage of prisons where women are housed)			
9.6 Is medical screening for women prisoners culturally appropriate?	yes	no	don't know	
Comments	Coverage (percentage of prisons where women are housed)			
9.7 Is free vaccination against the hepatitis B virus available for all people in prisons, including pregnant women?	yes	no	don't know	
Comments	Coverage (percentage of prisons where women are housed)			

9.8	Is medical treatment and care for the following provided to women in prison?				
9.8a	Tuberculosis	yes	no	don't know	Coverage
9.8b	Hepatitis B				
9.8c	Hepatitis C				
9.8d	Syphilis				
9.8e	Other sexually transmitted infections				
Comments					
9.9	Are women living with the hepatitis C virus in prison clinically evaluated for the presence and severity of liver damage and the need for its treatment?	yes	no	don't know	
Comments					Coverage (percentage of prisons where women are housed)
9.10	Do women living with the hepatitis C virus in prison receive the most up-to-date and evidence-based treatment and therapies?	yes	no	don't know	
Comments					Coverage (percentage of prisons where women are housed)
9.11	Is the treatment provided to women in prison living with the hepatitis C virus of high quality?	yes	no	don't know	
Comments					Coverage (percentage of prisons where women are housed)
9.12	Is the treatment provided to women in prison living with the hepatitis C virus gender-responsive?	yes	no	don't know	
Comments					Coverage (percentage of prisons where women are housed)
9.13	Is the treatment provided to women in prison living with the hepatitis C virus culturally appropriate?	yes	no	don't know	
Comments					Coverage (percentage of prisons where women are housed)
9.14	Do women have access to sterile injecting equipment during their stay in prison through a needle and syringe programme?	yes	no	don't know	
Comments					Coverage (percentage of prisons where women are housed)

9.15	Do pregnant women have access to opioid agonist therapy during their stay in prison? ^a	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
9.16	Can opioid agonist therapy be initiated in prison?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
9.17	Is naloxone available and accessible in prison to address opioid overdose?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
9.18	Are voluntary screening, treatment and care provided to women for mental health conditions, before and after giving birth?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
9.19	Are treatment and care provided to women for mental health conditions, before and after birth, of high quality?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
9.20	Are voluntary treatment and care provided to women for drug and alcohol dependence before and after giving birth?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		
9.21	Are voluntary treatment and care provided to women for drug and alcohol dependence before and after giving birth of high quality?	yes	no	don't know
Comments		Coverage (percentage of prisons where women are housed)		

^aWHO, Regional Office for Europe, "Preventing overdose deaths in the criminal-justice system" (Copenhagen, 2010), updated reprint 2014.

Gap analysis

Very few countries in the world provide for a comprehensive package of harm reduction interventions within the prison system.^a How can this be addressed? To whom should recommendations be addressed? Please answer below in relation to the situation in your country.

Comments

^a Harm Reduction International, *Global State of Harm Reduction 2020* (London, 2020).

Structural indicators: funding and human resources

10.1	In your opinion, are sufficient funds available to implement prevention of mother-to-child transmission services within the prison system?	yes	no	don't know
Comments				
10.2	In your opinion, is funding to implement prevention of mother-to-child transmission services within the prison service sufficient to meet the health-care needs of pregnant women in prison?	yes	no	don't know
Comments				
10.3	Are equipment, supplies and medication related to prevention of mother-to-child transmission available and always in stock in prison?	yes	no	don't know
Comments				
10.4	Who is responsible for funding of prevention of mother-to-child transmission services in prison?	yes	no	don't know
10.4a	Ministry of Health			
10.4b	Ministry of Justice/prison administration			
10.4c	International donors Please provide information in the comments section.			
10.4d	Others (civil society and non-government organizations, projects, family members, etc.) Please provide information in the comments section.			
Comments				

10.5	Are there qualification standards for health-care workers to provide prevention of mother-to-child transmission services in prison?	yes	no	don't know
Comments				
10.6	Are there criteria for the number of health-care workers required to provide relevant services in prison?	yes	no	don't know
Comments				
10.7	In your opinion, do prison health-care staff enjoy good working conditions? (e.g. do they have stable employment and are they paid fairly?)	yes	no	don't know
Comments				
10.8	Is training provided on a regular basis to prison staff, including health-care staff, on topics related to HIV, including prevention of mother-to-child transmission?	yes	no	don't know
Comments				
10.9	Are external health-care staff regularly able to access prisons for specialized services?	yes	no	don't know
Comments				
10.10	Is the prison system regularly monitored, for example, by ombudsmen, regarding human rights violations? If yes, please provide information in the comments section.	yes	no	don't know
Comments				
10.11	When did the most recent monitoring for human rights violations in your facility take place?	don't know		
Comments				
10.12	Did the most recent monitoring for human rights violations in your facility cover health and human rights, and care for women?	yes	no	don't know
Comments				



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