

Forum: United Nations on Drugs and Crime (UNODC)
Issue: Preventing the Transmission of HIV in Prisons
Student Officer: Aspasia Gianniri
Position: Deputy President

PERSONAL INTRODUCTION

Dear delegates of the UNODC,

I am Aspasia Gianniri, a student in Year 11 at St. Catherine’s British School. I have been given the honor of serving as one of the Deputy Presidents at this year’s PS-MUN conference.

My interest in Model United Nations started last year and grew rapidly as I participated abroad in THIMUN. That is when I understood the importance of this journey ahead of me, as MUN teaches you so many fundamental values that will help you in your future. It educates you on current global matters, how to interact with individuals with diverse backgrounds, and how to speak to an audience. This year, I decided to apply for a higher and more demanding position at the PSMUN rather than just being a delegate. I have always appreciated the work of student officers, as I believe they do the most interesting and important jobs.

This year’s agenda of the UNODC includes three exciting topics all equally important to discuss and address as this committee is all about working for a safer community. This study guide will aid you in gaining deeper knowledge for the second topic of “Preventing the Transmission of HIV in Prisons” by providing some background information, countries and organizations involved, along with some possible solutions you could develop. Nevertheless, I strongly urge you to conduct your own research as this study guide is only an overall introduction of the topic.

As this will be my first time being a student officer, I want to help new delegates feel more secure by explaining any unfamiliar procedures to them and encouraging them to participate; making fruitful debates and creating an unforgettable and memorable experience. So please do not hesitate to contact me at aspasia.gianniri@gmail.com.

I am looking forward to meeting you in the upcoming PSMUN conference!

Kindest regards,

Aspasia Gianniri

INTRODUCTION

HIV has remained an ongoing global public health challenge since the 1980s, persistently presenting significant challenges for doctors worldwide. At the end of 2022, an overwhelming amount of 39 million people were living with HIV, affecting approximately 0.7% of adults aged 15-49 years worldwide¹. "HIV attacks and destroys the infection-fighting CD4 cells (CD4 T lymphocyte) of the immune system"², making the body vulnerable to infections and illnesses. Left untreated, HIV destroys the immune system and progresses to AIDS, with a survival rate of around 88%³, with the most impact seen among homosexual and bisexual men⁴. Though a cure remains undiscovered, medical advancements have allowed people to manage their lives effectively with HIV or AIDS; nonetheless, the search for a solution continues to be a challenge for medical professionals.

HIV prevalence is extremely high in prisons compared to the general population as there are many factors contributing to the transmission of it. Some of those factors include unprotected sex, drug use, and the challenge of accessing healthcare. Be that as it may, the primary reason for the widespread of HIV in prisons is due to the overcrowding and lack of education around it; a high proportion of prisoners do not have sufficient knowledge about the factors transmitting HIV, therefore, preventing this issue from being addressed. Thereupon, it is crucial to acknowledge the impact that overcrowding in prisons has on unsanitary conditions, the spread of illnesses, and a rise in tensions, particularly sexual tensions.

The importance of preventing the transmission of HIV in prisons is extremely crucial for the health benefit of not only the inmates themselves but others as well. Healthcare staff, their families, and society as a whole can be affected by the spread of HIV in prisons, considering that when prisoners get released, they can infect the community if not diagnosed. Ergo, reducing the transmission of HIV in prisons plays a crucial role in the decrease of HIV rates in society outside of prisons.

¹ "HIV." World Health Organization (WHO), www.who.int/data/gho/data/themes/hiv-aids#:~:text=Globally%2C%2039.0%20million%20%5B33.1%E2%80%93,considerably%20between%20countries%20and%20regions

² "HIV and AIDS: The Basics | NIH.", <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-aids-basics>

³"Survival and Associated Factors Among People Living with HIV/AIDS: A 30-year National Survey in Iran." PubMed Central (PMC), www.ncbi.nlm.nih.gov/pmc/articles/PMC6383342/#:~:text=Of%20registered%20patients%2C%2017.7%25%20were,%2C%20and%2010%20years%2C%20respectively

⁴"Current Trends Mortality Attributable to HIV Infection/AIDS -- United States, 1981-1990." Centers for Disease Control and Prevention, [www.cdc.gov/mmwr/preview/mmwrhtml/00001880.htm#:~:text=Most%20deaths%20from%20AIDS%20have,21%25\)%20\(Table%201](http://www.cdc.gov/mmwr/preview/mmwrhtml/00001880.htm#:~:text=Most%20deaths%20from%20AIDS%20have,21%25)%20(Table%201)

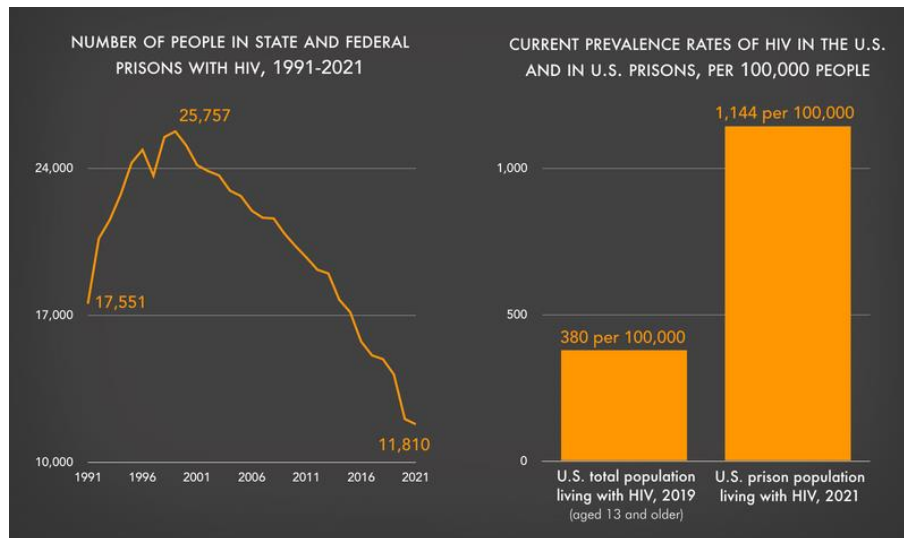


Figure 1-There are far fewer HIV-positive people in prison than in the past, but the HIV rate in prison is still triple the total U.S. rate⁵

Society is also constantly moving forward, creating new inventions such as medicine and technology, but the rate of HIV in prisons is still very high. This year's PSMUN conference's theme is 'The paradox of progress'. The paradox of progress is the idea that the more society moves forward, the more problems are created. An example of this is that as medicine for HIV progresses the costs of it rise: treating HIV can cost between \$1,800 to \$4,500⁶ each month during a person's lifetime. During incarceration, HIV-positive people typically get treated for free⁷. However, the majority of inmates have no insurance, meaning they won't be able to continue a treatment that is so costly.

In conclusion, the ongoing issue of HIV within the prison system highlights the paradox of progress, as technological developments in HIV treatment clash with the social and economic barriers that incarcerated individuals must overcome. The constant battle to strike a balance between progress and equal access to healthcare, particularly for vulnerable groups, is highlighted by the urgent need to address and mitigate the impact of HIV in prisons as society improves.

⁵ Widra, Emily. "New data on HIV in prisons during the COVID-19 pandemic underscore links between HIV and incarceration", *Prison Policy Initiative*, 1 June 2023, https://www.prisonpolicy.org/blog/2023/06/01/hiv_in_prisons/.

⁶ "How Much Does HIV Treatment Cost?" *WebMD*, 9 June 2020, www.webmd.com/hiv-aids/hiv-treatment-cost

⁷ "Antiretroviral Adherence Following Prison Release in a Randomized Trial of the Impact Intervention to Maintain Suppression of HIV Viremia." *PubMed Central (PMC)*, www.ncbi.nlm.nih.gov/pmc/articles/PMC6822683/

DEFINITION OF KEY TERMS

Human immunodeficiency virus (HIV)

HIV is a virus that attacks the body's immune system. In case it isn't treated, it can lead to AIDS. Even though there isn't an effective cure and once someone gets it, they have it for life, with proper medical care it can be controlled⁸.

Acquired Immune Deficiency Syndrome (AIDS)

AIDS is a serious disease caused by a virus that destroys the body's natural protection from infection⁹; it is developed after a long time of not treating HIV.

Incarceration

The act of putting or keeping someone in prison or a place used as a prison¹⁰. Frequently, when people get incarcerated, they do not get tested for HIV; that is one of the reasons prisons still have high rates of HIV infection.

Simian Immunodeficiency Virus (SIV)

"SIV is an infectious agent of the genus Lentivirus in the family Retroviridae. The virus infects primates of the infraorder Simiiformes, which includes the so-called anthropoids—apes, monkeys, and humans."¹¹ Chimpanzees can transmit HIV to humans through body fluids such as blood; that is where doctors believe that HIV originated.

IDUs (Injecting Drug Users)

Drug users inject their drugs into the bloodstream. In general, mainly in prisons, IDUs are at higher risk of getting HIV, because if they use the same unsterile needle and someone has HIV, they will most likely contract it causing its widespread.

Tuberculosis (TB)

"TB is a serious illness that mainly affects the lungs. The germs that cause tuberculosis are a type of bacteria". It is an opportunistic infection (OI), meaning it occurs more¹² often in people with weakened immune systems than in people with healthy immune systems. Since HIV weakens the immune system, it increases the risk of getting TB.

⁸ "About HIV." Centers for Disease Control and Prevention, 30 June 2022, www.cdc.gov/hiv/basics/whatishiv.html

⁹ "AIDS." Cambridge Dictionary | English Dictionary, Translations & Thesaurus, www.dictionary.cambridge.org/dictionary/english/aids

¹⁰ "Incarceration." Cambridge Dictionary | English Dictionary, Translations & Thesaurus, www.dictionary.cambridge.org/dictionary/english/incarceration

¹¹ "SIV." Encyclopedia Britannica, 26 Aug. 2009, www.britannica.com/science/SIV.

¹² "Tuberculosis - Symptoms and Causes." Mayo Clinic, 3 Apr. 2021, www.mayoclinic.org/diseases-conditions/tuberculosis/symptoms-causes/syc-20351250

Sexually transmitted infections (STIs)

“An infection (= a condition in which bacteria or viruses that cause disease have entered the body) that can be passed from one person to another by sexual activity”¹³. STIs are commonly passed when individuals also transmit HIV.

Gay Related Immune Deficiency (GRID)

GRID was the first name for HIV, as the first cases of it were only found in men who slept with other men. The discrimination around GRID stopped people from getting diagnosed with it, leading to its widespread, which is still continued.

Low-Middle Income Countries (LMIC)

LMICs are countries with a Gross National Income (GNI) per capita between \$1,036 and \$4,045¹⁴. In most LMICs, there are high percentages of HIV transmission in prison settings due to their low financial ability.

Antiretroviral therapy (ART)

ART is the treatment for HIV, which involves the consumption of a combination of HIV medicines every day. Although it does not contribute to curing the disease, the medicine used helps people with HIV live longer and healthier lives, while it decreases the chance of transmission at the same time.

BACKGROUND INFORMATION

Historical Background

HIV is believed to have originated from chimpanzees through the transfer of their Simian Immunodeficiency Virus (SIV) infected blood during hunting in West Africa in the 1930s. However, it wasn't until the early 1980s that many rare types of illnesses were being diagnosed in young gay men, calling them Gay-Related Immune Deficiency (GRID). People carrying the disease during that time, especially gay men, faced extreme verbal and physical threats and lived their lives with prejudice. Later on, similar cases of the illness were reported in Injection Drug Users (IDUs).

Therefore, in 1982 the disease was renamed as Acquired Immune Deficiency Syndrome (AIDS); during that time, society began to be more aware of the issue and the ways it was transmitted. Nonetheless, the discrimination continued. In addition, in 1981 the red ribbon was created to signify awareness and support for people living with HIV. They avoided using any pride-related colors to emphasize how HIV was

¹³ "STI." Cambridge Dictionary | English Dictionary, Translations & Thesaurus, www.dictionary.cambridge.org/dictionary/english/sti

¹⁴ Overview. (2022, 29). World Bank. <https://www.worldbank.org/en/country/mic/overview>

relevant to everyone. The color red was used for its boldness and its symbolic associations with love and passion¹⁵.

Prisons were infected with HIV from the beginning of its appearance due to overcrowding, unsanitary conditions, frequent unsafe sexual activity, and injecting drug use. In particular, unsafe tattooing due to unsanitary conditions can transfer HIV to the second user since it punctures the skin and is not disinfected. The rates increased rapidly as the prison environment encouraged the spread of infection amongst inmates and staff due to contaminated equipment; of course, due to new prisoners not getting tested, many of them arrived with HIV or AIDS allowing it to spread more easily. However, after the 2000s, as more medicine was invented and, in most countries, prisons treatment and protection were encouraged, the rates started to descend.

Effects of HIV/AIDS

Health effects

HIV weakens the immune system, making inmates more susceptible to infections and illnesses in the unsterile environment. These health challenges not only lead to increased morbidity and mortality rates among incarcerated individuals but also place additional burdens on the already strained prison healthcare systems that don't have economic stability. "A total of 8,065 prisoners died of AIDS-related causes across the 29-year period of 1991 to 2019"¹⁶. Furthermore, even antiretroviral medications have numerous short-term side effects such as nausea, fatigue, insomnia, and long-term side effects like high cholesterol (a high-risk factor for heart disease)¹⁷. These side-effects can contribute to the discomfort and decreased quality of life for HIV-positive inmates.

Psychological impact

Beyond the physical effects, HIV/AIDS also carries emotional and psychological effects. Stigma and discrimination continue to exist within many correctional facilities due to the lack of confidentiality when diagnosed, leading to social isolation and psychological distress for those living with the virus. Mental

¹⁵"The red ribbon." *World AIDS Day*, 17 Apr. 2023, www.worldaidsday.org/the-red-ribbon/#:~:text=They%20avoided%20traditional%20colours%20associated,passion%2C%20the%20heart%20and%20love

¹⁶ *Bureau of Justice Statistics*, www.bjs.ojp.gov/content/pub/pdf/hivp20st.pdf

¹⁷ "HIV Medicines and Side Effects | NIH." *HIVinfo | Information on HIV/AIDS Treatment, Prevention and Research | NIH*, www.hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-medicines-and-side-effects#:~:text=Side%20effects%20from%20HIV%20medicines%20may%20last%20only%20a%20few,years%20after%20starting%20a%20medicine

health issues, including anxiety and depression, are common among this population due to the medication's side effects or feelings of remoteness. These emotional challenges can delay an inmate's ability to access necessary healthcare, and successfully prepare to go into society upon release, as they reject treatment because of the stigma around it and might be in denial. HIV-positive patients fear, due to the stigma around the illness, that they will be discriminated against and therefore, isolated. Thus, the effects of HIV and AIDS on inmates extend far beyond the physical, impacting their mental and emotional well-being, social interactions, and hope for rehabilitation.

People Affected by the Transmission of HIV in Prisons

The consequences of HIV do not only affect the inmates, but also the staff members, their families, and the larger community. To successfully solve this issue and prevent increasing rates, one also needs to be aware and understand that some groups are, indeed, more vulnerable to infection.

Inmates Who Are at Higher Risk of Getting Infected

Those who are at a high risk of imprisonment are the groups most likely to get HIV. These groups are gay men and other men who have sex with men, transgender people, people who inject drugs, sex workers, and their clients; the reason behind this is the fact that in many countries, these behaviours (same-sex relations and gender expression) are criminalized by law. All of these groups are at higher risk than others to get infected. In particular, some sex workers have a higher chance of getting HIV due to them going with multiple clients that might be infected (and vice versa for clients as well). IDUs are also at an extremely high risk of being infected as sharing needles in unsterile environments, such as prisons, is a way the virus can get transmitted if one of the previous users is infected. Lastly, if proper treatment does not take place, an HIV-positive pregnant woman may transmit it to her baby; though, if her viral loads are undetectable due to therapy and medicine is given

to the baby for the first 2-6 weeks, there is only a 1% or transmission from mother to baby¹⁸.

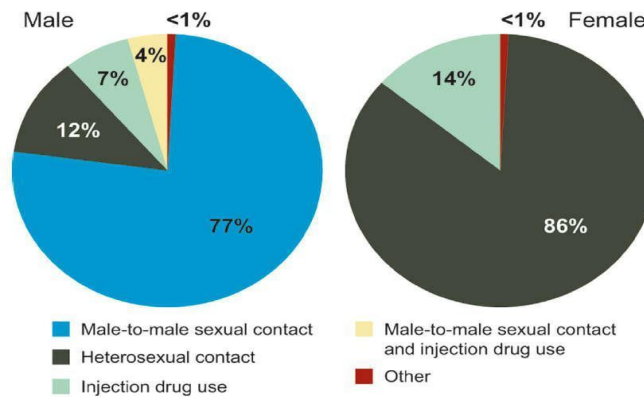


Figure 2 - Statistics of groups at high risk of getting infected¹⁹

Workers in Prisons, Their Families, and the Community

Prison staff are also highly vulnerable to being exposed to HIV whilst caring for inmates. For instance, when doing regular inspections of inmates' beds and lockers, they can accidentally get pricked with a drug injection needle or through sexual activity with prisoners. Of course, if not diagnosed early enough, family members of the staff could also get infected as unprotected sexual intercourse might occur. Unaware of their HIV status, released prisoners run the risk of unintentionally infecting their communities, adding to the larger problem of HIV transmission outside of prison walls. This emphasizes how vital it is to put in place efficient testing and treatment programs in prisons as part of public health initiatives meant to stop the spread of HIV to the general public.

Vertical transmission of HIV

Vertical transmission, which occurs when viruses are passed down from the mother to the fetus²⁰, is a major concern in international attempts to stop the virus's spread. An HIV-positive mother faces the danger of transmitting the virus to her unborn child during pregnancy, childbirth, or breastfeeding if she doesn't get treatment. HIV is passed from the mother's blood to the developing fetus through the placenta. If the

¹⁸"HIV and Pregnancy: Protecting Mother and Child." *HIV.gov*, www.hiv.gov/hiv-basics/hiv-prevention/reducing-mother-to-child-risk/preventing-mother-to-child-transmission-of-hiv/

¹⁹"Who Is at Risk for HIV Infection and Which Populations Are Most Affected?" *National Institute on Drug Abuse*, 9 June 2020, www.nida.nih.gov/publications/research-reports/hivaids/who-risk-hiv-infection-which-populations-are-most-affected.

²⁰"What is vertical transmission?" *News-Medical.net*, 15 Mar. 2021, www.news-medical.net/health/What-is-Vertical-Transmission.aspx

mother has a high viral load, which indicates that there is more of the virus circulating in her bloodstream, the risk of transmission is increased. Antiretroviral therapy (ART) and other prenatal care are essential for controlling a pregnant woman's viral load and lowering the chance of transmission to the baby.

Another critical period for potential HIV transmission is childbirth. If the mother has the virus in her blood or other bodily fluids, there's a potential the baby will come into contact with it during delivery. Providing antiretroviral medication to the mother and, in certain cases, conducting a cesarean section to deliver the baby are two medical interventions that can significantly reduce the risk of transmission during childbirth. While nursing provides essential nutrients during the postpartum period, there is a possibility that the breast milk may also contain HIV. Therefore, care must be taken to reduce the risk of HIV transmission through breastfeeding. In certain instances, health professionals could advise formula feeding as an additional means of reducing the risk of transmission²¹.

In conclusion, there are numerous stages involved in the complicated process of HIV transmission from mother to child. Comprehensive prenatal care, starting antiretroviral therapy, and adhering to safe infant feeding practices are crucial components of prevention efforts to stop HIV from spreading from infected mothers to their unborn children and solve the larger goal of preventing the transmission of HIV in prisons.

The Challenges in Accessing Healthcare in Prisons

The access to healthcare services in prison plays a crucial role in the prevention of the transmission of HIV in prisons. It's not only essential for the inmates, since as previously mentioned, they can spread it widely, but also for the community as a whole. Firstly, if the HIV rates increase exponentially or there are financial limitations, prisons are commonly left to deal with budgetary constraints leading to shortages of medical staff, medications, and equipment for HIV testing, treatment, and prevention. Moreover, discrimination and stigma associated with HIV can create barriers to seeking healthcare. This is due to the inmates feeling fear of judgement, mistreatment, or disclosure. Correspondingly, this can lead to a late diagnosis which can be serious, as AIDS might develop.

The Paradox of Progress in Healthcare

The paradox of progress in healthcare is particularly evident when researching the transmission of HIV within prison systems. On the one hand, medical developments, and science in general, have transformed HIV prevention and treatment, decreasing the chance of spreading it because of therapies such as

²¹ "Preventing Vertical Transmission | Terrence Higgins Trust." *Www.tht.org.uk*, www.tht.org.uk/hiv-and-sexual-health/living-well-hiv/parenthood/preventing-vertical-transmission#:~:text=Here

ART. In March 1985, the first ever test to screen blood for exposure to HIV was developed and has since saved millions of lives due to them getting therapy. By therapies and treatments, the quantity of HIV copies in a person's blood or viral load becomes undetectable and untransmittable.

However, the lack of resources in jail often makes it difficult to put these innovations into practice. Discrimination and stigma further exacerbate the issue as it discourages people from seeking testing or treatment due to fear of isolation or mistreatment. A case study on HIV testing barriers and intervention strategies among men, transgender women, female sex workers, and incarcerated people in the Caribbean in 2019 concluded that the key barriers identified were lack of confidentiality, access to testing sites, stigma, discrimination, poverty, and low HIV risk perception²². These barriers are not only present in the Caribbean but the whole world and are stopping the world from progressing. Furthermore, maintaining treatment continuity after release is extremely difficult, as ‘most people - more than half - fall out of care within three years of leaving prison²³.

The Prevention of HIV Transmission in Haiti

Haiti's HIV programs is one of the most successful in the world with declining HIV prevalence. The country is currently moving towards offering HIV/AIDS treatment to everyone. The success is due to a solid foundation for HIV care that existed before external funding became available. This foundation included national guidelines created by the Ministry of Health, political support at the highest levels of government, non-governmental organizations that had been offering decades of high-quality care in Haiti, and support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, TB, and Malaria, as well as other private donors²⁴.

At the beginning of HIV's recognition, Haiti's first response was the formation of the Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections (GHESKIO). GHESKIO researchers conducted studies in which they found the highest risk factors for HIV among Haitians. Thorough examinations demonstrated that the initial Haitian patients' risk factors were the same as those in the US. The majority of the patients—85% of whom were men—lived in the Port-au-Prince area of Carrefour, which is a hub

²² "HIV Testing Barriers and Intervention Strategies Among Men, Transgender Women, Female Sex Workers and Incarcerated Persons in the Caribbean: a Systematic Review." PubMed Central (PMC), www.ncbi.nlm.nih.gov/pmc/articles/PMC7062576/

²³"After Prison, Many People Living With HIV Go Without Treatment." NPR, 9 Oct. 2018, www.npr.org/sections/health-shots/2018/10/09/655890525/after-prison-many-people-living-with-hiv-go-without-treatment

²⁴"Successes and challenges of HIV treatment programs in Haiti: Aftermath of the earthquake." PubMed Central (PMC), www.ncbi.nlm.nih.gov/pmc/articles/PMC3011860/

for both male and female prostitution. As soon as the HIV virus infected the population, it quickly spread throughout Haiti, especially among women, and the epidemic quickly spread. Between 1983 and 1987, the percentage of cases attributed to homosexuality and bisexuality fell from 50% to just 1%. Due to the early protection of the blood supply during the pandemic and the low prevalence of injecting drugs in Haiti, which has never been a substantial risk factor for HIV/AIDS, heterosexual sexual activity has been the primary factor of transmission since 1985. A growing percentage of cases since the disease spread to other areas have been females. HIV was five times more frequent in men in 1983. By 1990, the ratio had dropped to 1.6:1.0, and by 2000, the proportion of infected men and women was equal.

The Haitian Ministry of Health and a network of non-governmental organizations (NGOs) have collaborated to create nationwide HIV/AIDS prevention programs that have improved access to condoms, safe sexual practises, and knowledge of HIV risk factors. Between 83 to 97% of Haitians in the most recent demographic health survey spanning all age and gender groups stated that condom usage, monogamy, and abstinence might prevent HIV. Despite the tremendous progress that has been made, there are still serious issues that need to be resolved. In the same poll, for instance, it was discovered that 62% of sexually active men and 29% of sexually active women had engaged in high-risk sexual activity in the previous year, which is defined as having sex with someone who is not their spouse or cohabitant²⁵. Overall, the Haiti government and community responded extremely well to the HIV pandemic and its strategies are now being implemented around the world.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

United States of America (USA)

The U.S. government has always been actively involved in the prevention of HIV and has invested more than \$100 billion²⁶ in the worldwide HIV/AIDS response. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), made possible by the generous assistance of US citizens, represents the biggest commitment by any country to combat a single disease in history. Since the beginning of PEPFAR in 2003, over 25 million lives have been saved, millions of HIV infections have been prevented, and numerous nations have received assistance from the U.S. government to contain the HIV pandemic, all while strengthening global economic security²⁷. They have addressed the HIV transmission in prisons through federal and state health

²⁵"Successes and challenges of HIV treatment programs in Haiti: Aftermath of the earthquake." *PubMed Central (PMC)*, www.ncbi.nlm.nih.gov/pmc/articles/PMC3011860/

²⁶ "Federal HIV Budget." *HIV.gov*, www.hiv.gov/federal-response/funding/budget/

²⁷ "What is PEPFAR?" *HIV.gov*, www.hiv.gov/federal-response/pepfar-global-aids/pepfar/

departments. For example, the Centers for Disease Control and Prevention (CDC) develop guidelines, provide training, and support HIV prevention programs in correctional facilities. In their most recent CDC Recommendations for Correctional and Detention Settings document they summarize the “current CDC guidelines and recommendations for testing, vaccination, and treatment of HIV, viral hepatitis, TB, and STIs for persons who are detained or incarcerated, and highlight critical public health actions applicable at intake, during incarceration/ detention, and at release”²⁸.

South Africa

In South Africa, the HIV epidemic has been immense for a long period of time. In 2012, there was an increase in HIV prevalence to 12.2% from 10.6% in 2008²⁹. This issue is trying to be tackled by increasing the requiremental use of condoms, programs to encourage changes in sexual behavior, and expanded treatments for preventing mother-to-child transmissions. Even though South Africa is trying to tackle this issue by developing strategies, they cannot implement them due to multiple ethical beliefs, overcrowding, and lastly, lack of resources. For example, 56% of infections among adults in South Africa are seen in women due to gender inequalities, lack of education, and poverty³⁰. These are some of the most significant factors causing the transmission of HIV and if they are not resolved in South Africa, HIV rates will unfortunately continue to increase.

United Kingdom (UK)

The UK’s new HIV transmissions have fallen by almost a third since 2019³¹ because of an increase in testing in the country. Their HIV action plan (HIVAP) is a government commitment to “end new HIV transmissions, AIDS diagnoses and HIV-related deaths within England by 2030”³². As part of the HIVAP, England will invest £20 million over

²⁸ "Correctional Health Recommendations and Guidance | CDC." Centers for Disease Control and Prevention, 23 Sept. 2022, www.cdc.gov/correctionalhealth/rec-guide.html

²⁹ "The HIV Epidemic in South Africa: Key Findings from 2017 National Population-Based Survey." *PubMed Central (PMC)*, www.ncbi.nlm.nih.gov/pmc/articles/PMC9265818/#:~:text=HIV%20Prevalence,sex%20in%202012%20and%202017

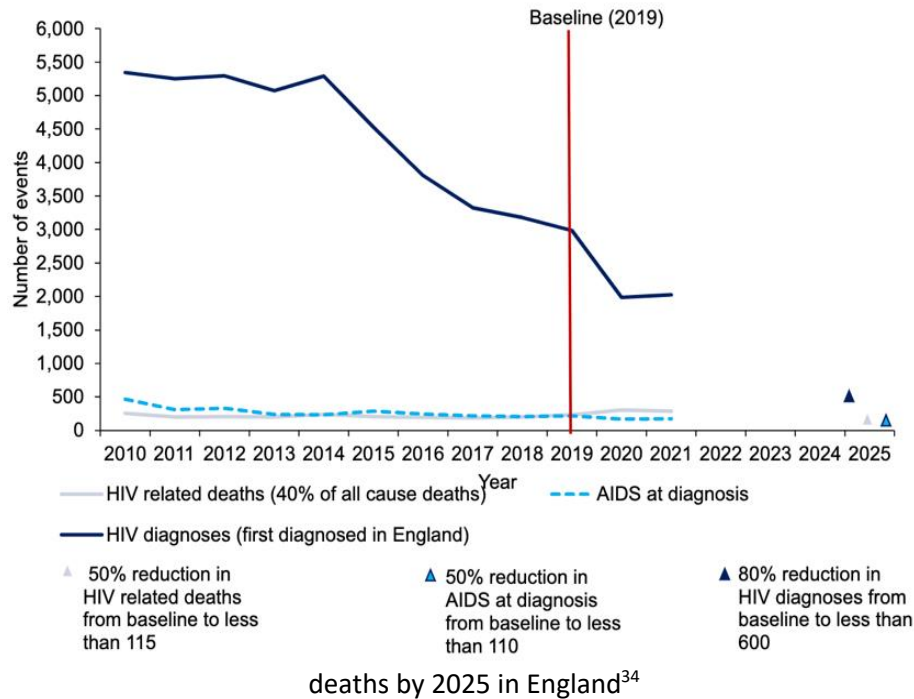
³⁰ "Africa's new strategies to defeat HIV/AIDS." *Africa Renewal*, 23 Feb. 2017, www.un.org/africarenewal/magazine/december-2016-march-2017/africas-new-strategies-defeat-hivaids

³¹ "England on track to end new HIV transmissions by 2030." *GOV.UK*, 7 June 2023, www.gov.uk/government/news/england-on-track-to-end-new-hiv-transmissions-by-2030#:~:text=of%20the%20programme-.New%20HIV%20transmissions%20in%20England%20have%20fallen%20by%20almost%20a,Plan%20for%20England%20published%20today

³² "HIV Action Plan: Annual Update to Parliament." *GOV.UK*, 7 June 2023, www.gov.uk/government/publications/hiv-action-plan-annual-update-to-parliament/hiv-action-plan-annual-update-to-parliament

the next three years³³, from 2022 to 2025, to increase opt-out testing for blood-borne viruses in emergency rooms in local authorities with the highest prevalence of HIV nationwide. Also, the National Health System in England has tried to implement HIV prevention and healthcare services in prisons such as free treatment.

Figure 3 -Progress towards ending HIV transmission, AIDS and HIV- related, preventable



Canada

Canada’s response to HIV/AIDS has grown from the start of the epidemic and in the past decades has succeeded in many ways. The government has focused a lot on raising public awareness of it, trying to tackle the stigma and discrimination around it by making sure that prisons ensure adequate healthcare services for inmates. Canada has also helped the epidemic globally in different ways. For instance, the country served a 2020-to-2022 term as a member of the UNAIDS Programme Coordinating Board and has provided over \$100 million in financial support to UNAIDS since 1996³⁵. In addition, in 2022, Canada was the first country to implement the U=U campaign, highlighting its government’s leadership and support towards ending the transmission of HIV.

³³ "England on Track to End New HIV Transmissions by 2030." GOV.UK, 7 June 2023, www.gov.uk/government/news/england-on-track-to-end-new-hiv-transmissions-by-2030

³⁴ "HIV Action Plan: Annual Update to Parliament." GOV.UK, 7 June 2023, www.gov.uk/government/publications/hiv-action-plan-annual-update-to-parliament/hiv-action-plan-annual-update-to-parliament

³⁵ "Canada and UNAIDS." GAC, 2 Dec. 2021, www.international.gc.ca/world-monde/international_relations-relations_internationales/multilateral-multilateraux/unais-onusida.aspx?lang=eng

Haiti

Haiti has the highest HIV percentage in the Caribbean, with an estimated 150,000 people living with HIV³⁶. The high rate can be due to the large number of residents who live with some of the factors that contribute to HIV infection; some of these factors are lower socioeconomic status, lower educational levels, risky behavior, and lower levels of awareness regarding HIV and its transmission. However, there's been a large drop because of strong educational HIV/AIDS programs, support from NGOs, private donors, and a strong healthcare system supported by UNAIDS³⁷.

One of their current actions is Switch Undetectable=Untransmittable (U=U), a community-led monitoring work being conducted by Haiti's Civil Society Forum Observatory, supported by UNAIDS. U=U "provides social behavior change messages on HIV through printed materials and social media to enhance treatment literacy, improve treatment adherence, and reduce stigmatization and discrimination against people living with HIV"³⁸. The quantity of HIV copies in a person's blood, or viral load, becomes undetectable when they have regular access to medical treatment and the right drugs. Research says that it is practically impossible for people living with HIV to spread the virus until their viral loads are undetectable—untransmittable³⁹.

Furthermore, prisons are constantly overcrowded because of prolonged pre-trial detention. Health through Walls is a program that is supported by UNAIDS Haiti; its goal is to improve the inmate population's health and services. The program works in collaboration with the nation's Correctional Facilities Administration to examine all prisoners as soon as they are admitted, evaluating their health and spotting problems like tuberculosis (TB) and HIV/AIDS⁴⁰.

National Association of People with HIV Australia (NAPWHA)

NAPWHA is the leading non-government organization in Australia, representing People Living with HIV (PLHIV) community-based groups nationwide. Their board of directors is made up exclusively of people with HIV. However, their staff team "is

³⁶ "Human Immunodeficiency Virus in Haiti -September 2022 | Fact Sheet | Haiti | U.S. Agency for International Development." *U.S. Agency for International Development*, www.usaid.gov/haiti/fact-sheet/sep-01-2022-human-immunodeficiency-virus-haiti-september-2022

³⁷ "HIV/AIDS in Haiti." Wikipedia, the Free Encyclopedia, Wikimedia Foundation, Inc, 8 Sept. 2008, www.en.wikipedia.org/wiki/HIV/AIDS_in_Haiti Accessed 24 Aug. 2023

³⁸ "HUMAN IMMUNODEFICIENCY VIRUS" https://www.usaid.gov/sites/default/files/2023-05/Health%20HIV%20%28Level%203%29%20Public%20Fact%20Sheet%20-%20Sept%202022%20-%20FINAL_1.pdf USAIDS

³⁹ Undetectable = Untransmittable (U=U). (2022, November 8). MN Dept. of Health. [https://www.health.state.mn.us/diseases/hiv/prevention/uu/index.html#:~:text=People%20cannot%20pass%20HIV%20through,Untransmittable%20\(U%3DU\)](https://www.health.state.mn.us/diseases/hiv/prevention/uu/index.html#:~:text=People%20cannot%20pass%20HIV%20through,Untransmittable%20(U%3DU))

⁴⁰ "Prisons Overcrowding: MINUJUSTH Supports Correctional Facilities' Improvement in Haiti." MINUJUSTH, 12 Sept. 2018, www.minujusth.unmissions.org/en/prisons-overcrowding-minujusth-supports-correctional-facilities%E2%80%99-improvement-haiti.

serodiverse and made up of individuals with diverse backgrounds and experiences (including HIV status, gender, ethnicity, cultural background, and sexuality)”⁴¹. The association has established multiple projects over the years with a vision in which people with HIV live their lives to the fullest potential. One of their projects is “I/We Chose to Get Tested”; a social campaign that aims to raise awareness of HIV testing and how it works (e.g. they are confidential and can even be done at home).

Joint United Nations Program on HIV/AIDS (UNAIDS)

United Nations High Commissioner for Refugees (UNHCR), United Nations International Children's Emergency Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank cooperate in the Joint United Nations Programme on HIV/AIDS (UNAIDS)⁴². The UN, including UNAIDS, is working towards achieving the 10 Sustainable Development Goals (SDGs) that are relevant to the response to HIV/AIDS. The first goal is to end poverty; it can increase the vulnerability to HIV infection as the unequal socioeconomic status of women affects their ability to prevent or mitigate the effects of HIV. This is necessitated by the fact that women, due to their socioeconomic status, may not have the financial ability to pay for therapy. The third goal is to ensure healthy lives; access to HIV prevention and treatment is made difficult by a lack of universal health coverage, which covers treatments for sexual and reproductive health as well as harm reduction for drug injectors. The majority of HIV infections are spread sexually or from mother to child while a woman is pregnant, giving birth, or nursing.

In other words, UNAIDS is fighting rights-based services for sexual and reproductive health as well as universal health coverage because they play a significant role in improving health equality. Furthermore, UNAIDS is working to create the opportunity for all inmates to obtain HIV prevention, treatment, and care, as well as life-saving harm reduction services. They suggest 15 thorough and crucial actions to save lives and ensure that HIV programs in prisons are effective. Some of these are “HIV prevention, testing and treatment, condoms, lubricant, opioid agonist therapy and post-exposure prophylaxis”⁴³. However, UNAIDS also “recommends that countries amend their laws to decriminalize the possession of drugs for personal use”²³. Also, it recognizes that sexual activity can't be stopped in prisons, therefore, they believe that

⁴¹ NAPWHA, 22 Mar. 2023, www.napwha.org.au/

⁴²“UNAIDS.” www.unaids.org/en

⁴³ “UNAIDS Calls for Access to HIV Prevention, Treatment and Care in Prisons, Including Access to Life Saving Harm Reduction Services.” ReliefWeb, www.reliefweb.int/report/world/unaids-calls-access-hiv-prevention-treatment-and-care-prisons-including-access-life-saving-harm-reduction-services

condoms are vital for the decrease of transmission of HIV, therefore, providing them to correction facilities.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
1930s	HIV originates through hunting in West Africa.
June 1981	Many rare types of illnesses are diagnosed in young gay men calling the disease Gay-Related Immune Deficiency (GRID).
24 September 1982	CDC uses the term “AIDS” (Acquired Immune Deficiency Syndrome) for the first time and releases the first case definition for AIDS.
23 April 1984	U.S. Department of Health finds the cause of AIDS.
February 1985	Her Majesty’s Prison Service of England & Wales (HMPS) guides prisons staff on recognizing and responding to AIDS.
2 March 1985	In March 1985, the first-ever test to screen blood for exposure of HIV is developed and since, has saved millions of lives due to them getting therapy.
2 October 1985	The U.S Congress allocates nearly \$190 million for AIDS research.
1987	The U.S. Food & Drug Administration approves the first anti-retroviral drug, azidothymidine.
4 November 1988	President Reagan signs the Health Omnibus Programs Extension (HOPE) act into law and authorizes the use of federal fund for AIDS prevention, education and testing.
1991	The red ribbon becomes the international symbol of AIDS awareness.
August 1995	Dr Rosemary Wool writes to prison doctors on the subject of HIV that they are able to prescribe condoms.
December 2003	Rapid testing for HIV in prisons is introduced in several countries allowing for quicker diagnosis.
2010	CANFAR-funded researcher, Dr. Kelly McDonald unveils a new HIV vaccine candidate that can reduce, and in some cases prevent, HIV progression ⁴⁴ .

⁴⁴ "History of HIV/AIDS." CANFAR, 7 Sept. 2017, www.canfar.com/awareness/about-hiv-aids/history-of-hiv-aids/

January 2020	The COVID-19 Pandemic creates challenges for the prevention of HIV transmission in prisons, as there was overcrowding and a shortage of medical supplies.
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PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

United Nations Resolution S/RES/1308

The first UN Security Council resolution to address the effects of HIV/AIDS globally was resolution 1308, which was unanimously adopted on July 17, 2000. The Security Council suggested that nations should consider providing free HIV/AIDS testing and counseling to troops serving in peacekeeping missions. It acknowledged efforts made by some nations to address the problem through national programs and urged those who hadn't yet done so to work with the international community and the Joint United Nations Program on HIV/AIDS (UNAIDS) to create long-term plans to stop the spread of the diseases. A request was made for the Secretary-General to take additional actions to improve the health-prevention training for peacekeeper⁴⁵. Of course, there were some disadvantages surrounding this resolution; for example, various challenges arose in effectively implementing the provisions such as limited resources because this resolution requires significant resources, including troops, funding, and logistical support. So, even though the resolution proposed great solutions, they were not able to fully translate them into actions.

Isolation of HIV-positive inmates

The isolation of prisoners with HIV is a complicated and sensitive issue that poses significant ethical and public health concerns. While it is essential to ensure the health and well-being of all inmates, isolating prisoners due to their HIV status is extremely unjust and discriminant; it typically causes symptoms such as hopelessness, anxiety, depression, and mood swings, symptoms which will only worsen the mentality of an HIV-positive inmate. Even though it might decrease some transmission, it isn't as effective as HIV prevention and treatment measures, including antiretroviral therapy, as there might be undiagnosed patients who have HIV and are spreading the virus. Instead of isolation, prisons should focus on education, counseling, and support services to promote safe practices and protect the rights of all inmates, regardless of their HIV status.

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UNAIDS,
www.unaids.org/sites/default/files/sub_landing/files/20000717_un_sresolution_1308_en.pdf

Guidelines and recommendations by the World Health Organization (WHO)

The guidelines by the WHO are based on key populations' HIV prevention, diagnosis, treatment, and care. They demonstrate, for example, how voluntary HIV testing should be available in prisons when available in the community, together with proper pre- and post-test counselling. Of course, these guidelines have both positive and negative effects on the spread of HIV in prisons. On the one hand, WHO provides a standardized framework for the management of HIV in correctional facilities, helping to ensure that prisoners receive adequate healthcare services. The guidelines emphasize the importance of HIV testing, treatment, and prevention measures, contributing to better diagnosis and treatment of HIV among inmates. In addition, they promote harm reduction strategies that can lower the risk of HIV transmission in prisons, such as needle exchange programs and condom availability.

On the other hand, implementing WHO guidelines in resource-constrained prison systems might be difficult because they lack the money, facilities, or medical staff to completely comply with these recommendations. Overcrowding and inadequate access to healthcare services might occasionally make it difficult to carry out preventive and treatment programs effectively. Furthermore, it might be challenging for prisoners to seek testing and treatment, in particular, prison settings due to the stigma associated with HIV. Overall, the WHO guidelines offer a crucial framework for treating HIV in prisons, but their effectiveness depends on how well each correctional system can adapt to them and put them into practice.

Global Fund to Fight Aids

The Global Fund to Fight AIDS, Tuberculosis, and Malaria has played an important role in reducing HIV transmission in prisons. The Global Fund has allowed numerous nations, including South Africa, to implement HIV prevention and treatment programs within correctional facilities through its financing and support. These programs have focused on a variety of actions including HIV testing and counselling, antiretroviral medicine distribution, and condom distribution. Its initiatives have not only addressed the urgent need for HIV prevention within prisons but have also contributed to the larger global effort to combat the spread of HIV and improve public health outcomes, recognizing that the health of incarcerated individuals is interconnected with that of the larger community. Even though finance is the most significant starting point of beginning to solve this issue, many challenges need to be overcome before that. One of the most crucial factors affecting HIV transmission is discrimination and stigmatization since patients refusing treatment or diagnosis might increase the rate of transmission. Ergo, the Global Fund to Fight AIDS is a crucial step in the financial sector of solving this issue, however, this issue cannot be resolved if other significant sectors aren't fixed as well.

POSSIBLE SOLUTIONS

Video Conference Support Groups and Interventions

Video Conferencing support groups for HIV-positive inmates is a powerful tool to stop the discrimination and stigma associated with HIV in prisons. To begin with, they can maintain their anonymity if they want to, considering that this can reduce the fear of judgement and discrimination allowing the ‘patient’ to get the appropriate support and education needed. Furthermore, in multiple prisons, in particular in LMICs, there are not any healthcare professionals who are educated on HIV or any support programmes that can provide up-to-date information about HIV management, prevention, and treatment. Consequently, HIV-positive inmates often feel isolated due to the stigma around HIV, since they cannot open up to other inmates because of fear of discrimination. However, through video support groups, they can connect with other individuals who are facing similar challenges decreasing that feeling. While video conferencing support groups are a great solution, it's important to ensure that correctional facilities have the necessary infrastructure and policies in place to support their implementation. NGOs will play a critical role in implementing these initiatives as there isn't internet access in all Low-Middle Income Countries.

Frequent official government visits to prisons

Frequent official government visits to prisons will play a pivotal role in preventing the transmission of HIV within correctional facilities. These visits provide an opportunity for authorities to directly assess the conditions, healthcare services, and overall environment within prisons. By ensuring regular inspections and monitoring, government officials can enforce strict adherence to established HIV prevention and treatment protocols. They can also identify and address potential issues such as overcrowding, inadequate healthcare infrastructure, or insufficient access to HIV testing and treatment because they will be overseeing all activity. Moreover, such visits send a clear message that the government is committed to safeguarding the health and rights of incarcerated individuals. Despite this, there might be a lack of transparency because prison officials may change the conditions of the prison during such visits. Overall, this engagement by government officials can contribute significantly to reducing the risk of HIV transmission, improving healthcare services, and upholding the human rights of inmates in prison settings.

Public awareness campaigns

Public awareness campaigns can be a great tool in preventing the transmission of HIV in prisons. By educating the general public about the importance of HIV prevention and care within correctional facilities, these campaigns can create a more informed and compassionate society. Increased awareness can lead to reduced stigma surrounding HIV, which can positively impact the experiences of those incarcerated.

Furthermore, it can encourage advocacy for improved healthcare services and safer conditions within prisons, pushing for policies that prioritize HIV testing, treatment, and prevention. In conclusion, these campaigns not only help raise awareness about the challenges faced by incarcerated individuals who are HIV-positive but also help towards creating more equitable and healthier prison environments. Of course, public awareness alone is not enough to solve this issue but it can be the beginning of a more significant change.

Drug dependence treatment including opioid substitution therapy

Drug dependence treatment, including opioid substitution therapy (OST), plays a crucial role in preventing the transmission of HIV within prisons. OST, which involves the administration of medications like methadone to individuals with opioid use disorder, not only reduces drug cravings and withdrawal symptoms but also risky drug injection practices. By offering these treatments in prisons, inmates are less likely to resort to unsafe needle-sharing behaviors, therefore, reducing the risk of HIV transmission through contaminated needles. Moreover, drug dependence treatment programs in prisons can address the root causes of addiction, promoting rehabilitation, which indirectly contributes to long-term HIV prevention efforts both inside and outside prison walls. These treatments have the potential to not only improve the health and well-being of incarcerated individuals but also significantly reduce the prevalence of HIV in prisons.

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