Monitoring HIV, HCV, TB and Harm Reduction in Prisons:

A Human Rights-Based Tool to Prevent Ill Treatment

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Gen Sander

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Abbreviations and acronyms

AIDS Acquired Immune Deficiency Syndrome
CPT European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
DST Drug-susceptibility Testing
HCV Hepatitis C Virus
HIV Human Immunodeficiency Virus
NPM National Preventive Mechanisms
NSP Needle and Syringe Programmes
OST Opioid Substitution Therapy
SPT United Nations Subcommittee on the Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
TB Tuberculosis
WHO World Health Organization

Contents

Glossary 6

Introduction 7

About the tool 8

Using the tool 9

- Who? 9
- Where? 9
- How? 9
- What next? 10

Monitoring HIV, HCV, TB and Harm Reduction in prisons 11

- Prisoner Health Status 12
- Preventive/Harm Reduction Services 13
- Evidence-based Drug Dependence Treatment and Care 14
- HIV Treatment and Care 15
- HCV Treatment and Care 16
- TB Treatment and Care 17

Appendix A: National context 19

- Legal Environment 20
- Policy Environment 20
- Resources 21
- Integration and Equivalence 21

Appendix B: The Prison Health System 23

- Prison Conditions 24
- Medical Screening 25
- Information and Education 26
- Informed Consent 28
- Medical Records 28
- Medication 29
- General Treatment and Care 29
- Prison Staff (Health and Custodial) 30

Appendix C: Accountability 33

- Monitoring 34
- Review 35
- Remedies 36

Glossary

Active and informed participation:	Participation in the formulation, implementation, monitoring and evaluation of all decisions, policies and interventions that affect one's health to ensure respect for human rights. Also ensuring that health systems and interventions are responsive, effective, appropriate and sustainable. Participation is 'informed' when one is able to access the information required to participate in a meaningful and effective way. If necessary, capacity-building activities should be carried out to ensure this is possible.
Disaggregated data:	Data that is broken down into smaller, specific sub-groups with the same identifiable criteria, such as sex, gender, sexual orientation, race, health status, social class, etc. It is essential in identifying inequalities, possible human rights violations, and in measuring the effectiveness of health related policies and interventions.
Gender-responsive:	Health care, treatment and services that are gender-responsive are respectful, and informed by knowledge and understanding, of the particular lived experiences, inequalities, preferences, concerns and needs of individuals based on their distinct genders (or sexes/sex characteristics), gender identities and forms of gender expression. They also take into consideration the interrelationship between gender and a range of other factors (social, economic, etc.) that impact on a person's wellbeing.
Harm reduction:	Policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs among people who choose to actively use. For more information, visit: http://www.ihra.net/what-is-harm-reduction
Needle and syringe programme (NSP):	These programmes supply sterile needles/syringes and related injecting equipment to people who are actively injecting for safer drug use.
Opioid substitution therapy (OST):	Prescribed medication, supplied to people who use drugs, as a replacement therapy for opioid dependence. OST decreases or eliminates injecting practice among people who use drugs, thus significantly reducing HIV and hepatitis C transmission in this group, an outcome for which there is a well-established evidence base.
Prison:	The term "prison" is used throughout this tool to refer to all detention facilities. Although the tool does not explicitly focus on issues particular to juveniles/youth detention centres, or migrants/migrant detention centres, it still applies to them.
Prisoner:	The terms "prisoner" and "detainee" are used interchangeably throughout this tool to refer to adults deprived of their liberty.
Prohibited grounds of discrimination:	International human rights law prohibits discrimination on the grounds of: race, colour, sex, gender, language, religion, political and other opinion, health status, legal status, national or social origin, or any other status.

Introduction

HIV, hepatitis C virus (HCV) and tuberculosis (TB) are major health concerns in prisons,[1] with substantially higher prevalence levels among incarcerated populations than in the general population outside of prisons. Global HIV prevalence, for example, can be up to fifty times higher among the prison population than in the general public.[2] One in four detainees worldwide is living with HCV,[3] in comparison to, for example, one in fifty in the broader European community.[4] The prevalence of TB in prisons is up to 81 times higher than in the general population.[5]

Prisons and other places of detention are high-risk environments for the transmission of these diseases for a number of reasons, including the over incarceration of vulnerable and disadvantaged groups who carry a disproportionately high burden of disease and ill-health; the criminalisation of drug users and risky injecting practices within prisons; overcrowded and substandard prison conditions; inadequate health care; and the denial of harm reduction services. Considering that all people deprived of their liberty come into contact with prison staff and visitors on a daily basis, and eventually return to their communities, prison health has important implications for wider public health.[6]

But HIV, HCV and TB in prisons are more than just a public health concern. They are also a serious human rights issue. People deprived of their liberty retain all of their fundamental rights and freedoms, apart from those rights that are necessarily limited as a result of being detained.[7] The prevention, treatment and care of HIV, HCV and TB in places of detention engage many human rights protections, including the right to the highest attainable standard of physical and mental health (right to health) and the right to be free from cruel, inhuman or degrading treatment (also known as ill treatment). Treatment is generally considered to be cruel, inhuman or degrading when it causes serious but unintentional mental or physical suffering or injury, or violates the dignity of a person.[8] United Nations human rights mechanisms and the European Court of Human Rights are increasingly finding that issues relating to HIV, HCV, TB and harm reduction in detention can contribute to, or even constitute, conditions that meet the threshold of ill treatment. This can include the inadequate prevention, care or treatment of HIV, HCV and TB,[9] the denial of harm reduction services,[10] or conditions that aggravate or favour the transmission of these diseases.[11] For these reasons, it is critically important for human rights-based monitoring mechanisms that have a mandate to prevent ill treatment – including National Preventive Mechanisms (NPMs), the European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT) and the United Nations Subcommittee on the Prevention of Torture (SPT) – to systematically examine issues relating to HIV, HCV, TB and harm reduction in places of detention.[12]

This tool has been developed by Harm Reduction International, in consultation with an Expert Committee, to assist human rights-based monitoring bodies in fulfilling their preventive mandate in the context of HIV, HCV, TB and harm reduction in prisons.

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1 The term "prison" is used throughout this tool to refer to all detention facilities. Although the tool does not explicitly focus on issues particular to juveniles/youth detention centres, or migrants/migrant detention centres, it certainly still applies to them.
2 Mariner J and Schleifer R (2013) 'The Right to Health in Prisons' in Advancing the Human Right to Health, José Zuniga et al (eds). Oxford: Oxford University Press.
3 Larney S, et al 'Incidence and prevalence of hepatitis C in prisons and other closed settings: results of a systematic review and meta-analysis' (2013) *Hepatology* vol 58 no 4:1215-1224.
4 World Health Organization, Hepatitis C in the WHO European Region: Fact Sheet, July 2015.
5 World Health Organization. Prisons and Health. 2014.
6 World Health Organization. Prisons and Health. 2014. See also, *The Moscow Declaration: Prison Health as Part of Public Health*, 2003.
7 UN Human Rights Committee, General Comment No. 21: Article 10 (Humane Treatment of persons deprived of their liberty), 1992, para. 3.
8 See UN Commission on Human Rights, Report of the Special Rapporteur on the question of torture, Manfred Nowak (23 December 2005) UN Doc No E/CN.4/2006/6.
9 See, for example, the following European Court of Human Rights cases: *Khodobin v.* Russia, (Application no. 59696/00), 26 October 2006; *Yakovenko v. Ukraine*, (Application no. 15825/06), 25 October 2007; *Testa v. Croatia*, (Application no. 20877/04), 12 July 2007; *Mechenkov v. Russia*, (Application no. 35421/05), 7 February 2008; *A.B. v Russia,* (Application no. 1439/06), 14 October 2010; *Logvinenko v. Ukraine*, (Application no. 13448/07), 14 October 2010; *Gladkiy v. Russia*, (Application no. 3242/03), 21 December 2010); *Kozhokar v. Russia,* (Application no. 33099/08), 16 December 2010; *Vasyukov v. Russia* (Application no. 2974/05), 5 April 2011; *Irakli Mindadze v. Georgia,* (Application no. 17012/09), 11 December 2012; *Koryak v. Russia*, (Application no. 24677/10), 13 November 2012; *Salakhov and Islyamova v. Ukraine*, (Application no. 28005/08), 14 March 2013; *E.A. v. Russia*, (application no. 44187/04), 23 May 2013; *Reshetnyak v. Russia*, (application no. 56027/10), 8 January 2013; *A.B. v. Russia*, (Application no. 1439/06) 14 October 2014; *M.S. v. Russia*, (Application 8589/08), 10 July 2014. See also: UN Commission on Human Rights, Report of the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, Theo van Boven (23 December 2003) UN Doc No E/CN.4/2004/56
10 See, for example, Human Rights Committee, Concluding Observations: Republic of Moldova (5 August 2002) UN Doc No CCPR/CO/75/MDA; European Court of Human Rights, *McGlinchey and Others v. the United Kingdom* (2003); Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment of punishment, Manfred Nowak (14 January 2009) UN Doc No A/HRC/10/44; United Nations General Assembly, Report of the Special Rapporteur on the right to the highest attainable standard of physical and mental health, Anand Grover(6 August 2010) UN Doc No A/65/255; Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment of punishment, Juan E. Méndez (11 February 2013) UN Doc No A/HRC/22/53; Human Rights Committee, Concluding Observations on the Seventh Periodic Report of the Russian Federation (March 2015, Advanced Unedited Version) UN Doc No CCPR/C//RUS/7.
11 See, for example, the following European Court of Human Rights cases: *Kalshnikov v. Russia*, (Application no. 47095/99), 15 July 2002; *Benediktov v. Russia*, (Application no. 106/02), 10 May 2007. See also UN Committee Against Torture, Report of the Committee Against Torture (1998) UN Doc No A/53/44; Special Rapporteur on Torture, Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak (2007) UN Doc No A/62/221 , para 9.
12 Sander, Gen, *HIV, HCV, TB and Harm Reduction in Prisons: Human Rights, Minimum Standards and Monitoring at the European and International Levels*, Harm Reduction International, 2016.

About this tool

This monitoring tool is made up of indicators, presented as straightforward questions, which all derive from widely accepted public health and human rights standards.[13] Taken as a whole, including appendices, the tool is meant to be comprehensive and therefore essentially examines the main elements of a human rights-based approach to HIV, HCV, TB and harm reduction in prisons. It also identifies the main elements of a strong and equitable health system that is conducive to prisoners realising their human rights, especially in the context of HIV, HCV and TB.

While the content of the tool may appear largely health-related, no medical background or expertise is required for its use. Firmly rooted in human rights, the tool has several objectives that are inextricably linked. The first is to identify often overlooked situations and conditions relating to HIV, HCV, TB and harm reduction that can lead to ill treatment, therefore helping to prevent human rights violations before they occur. The second is to monitor and identify progress and obstacles in the implementation of prisoners' human rights, and particularly their health-related rights. Consistent use of the tool should help human rights-based monitoring bodies fulfil their preventive mandates while leading prisoners to experience improvements in their health, treatment, and conditions of detention, as well as enhanced enjoyment of their human rights.

13 Sander, Gen, *HIV, HCV, TB and Harm Reduction in Prisons: Human Rights, Minimum Standards and Monitoring at the European and International Levels*, Harm Reduction International, 2016..

Using the tool

WHO?
The tool is intended, first and foremost, for human rights-based prison monitoring bodies whose mandates include the prevention of ill treatment. It can, however, also be used by monitors that are not necessarily working within a human rights framework. This includes Health Care Inspectorates, non-governmental organisations and prison boards. It could also serve as an instrument of self-assessment for states and prison authorities.

WHERE?
The tool was devised with adult prisoners in mind, but it can be applied to any place of detention and in relation to any category of detainee. For example, while children and youth do not factor in the current tool, many questions apply to them and several could be appropriately revised or added if undertaking a monitoring visit to a youth detention centre.

HOW?
The main focus of this tool is on issues identified as the most pressing and currently overlooked with regards to the prevention of ill treatment in the context of HIV, HCV, TB and harm reduction in prisons. This is its unique contribution to the monitoring process, and the questions identified in the main checklist are those that should urgently be integrated into the working practice of human right-based prison monitoring mechanisms. Three complementary questionnaires are included as appendices and cover issues related to HIV, HCV, TB and harm reduction with regards to national context (Appendix A), the prison health system (Appendix B) and accountability for prisoners' health and human rights (Appendix C). These were developed alongside, and to complement, the central questionnaire. Importantly, all four questionnaires are interrelated and, when taken together, comprise the main elements of a human rights-based approach to harm reduction in prisons. If time and resources permit, they would ideally be applied together. However, this type of periodical targeted or thematic visit might not be possible, or some of the sections or questions identified may already be covered by one monitoring process or another. If sections must be prioritised for whatever reason, again, it is recommended that the main questionnaire on HIV, HCV, TB and harm reduction be given precedence.

Guidance is provided in each subsection in terms of whom the questions should be directed to. This is flexible and will often depend on the context. Most questions require a 'yes' or 'no' answer. If the answer is unknown, not applicable, or more complicated than a simple 'yes' or 'no' answer, an explanation can be included in the comment space provided. Sometimes, independent research will be required prior to the visit, and in some cases following the visit, to fill in any unresolved questions. Some questions will need to be answered based on independent inspection and observation of, for example, the establishment's facilities and conditions while on site. Other questions will require that something be rated on a scale of 1 to 10. In those cases, 1 will always be the lowest/poorest rating, while 10 will be highest/strongest rating. Some of the answers to these questions will be subjective – either on your part or the interviewee's part. From a human rights perspective, it is important to include qualitative indicators, which capture people's judgements and perceptions, as these not only help to place complicated issues into context, but also promote meaningful participation and empowerment.

WHAT NEXT?

After each prison inspection, the data obtained through the monitoring tool will require some interpretation and analysis, and general findings and recommendations should be highlighted in a written report. The report should not be limited to identifying standards that are not being met, but should also try to explain, at least in part, the reasons why this might be happening, alongside recommendations as to how these situations might be prevented or remedied. If appropriate, it will also be useful to highlight any emerging themes, as well as situations that could potentially lead to ill treatment or other human rights violations, including of the right to health. In line with the updated Standard Minimum Rules for the Treatment of Prisoners, it is recommended that a copy of the report be submitted to the appropriate government and prison authorities, and that due consideration be given to making the reports publicly available, excluding any identifying information on prisoners unless their explicit consent is given.[14] It is also recommended that, if appropriate, a copy of the completed questionnaire(s) be made publicly available - again, excluding any identifying information on prisoners unless their explicit consent is given - to enable comparative analysis and broader conclusions to be drawn. Finally, monitoring bodies should consider asking prison administrations or other competent authorities to indicate, within a reasonable amount of time, whether they will implement the recommendations resulting from the visit.[15] Follow-up(s) with the relevant authorities may be required to ensure that steps are being taken to implement the recommendations and to assess the amount of progress that is being made.

14 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) (21 May 2015) UN Doc No E/CN.15/2015/L.6/Rev.1, 21, Rule 85 (1).
15 Ibid. Rule 85(2).

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

The issues covered in this questionnaire are extremely important for prison monitors to examine. As already explained, HIV, HCV and TB are much more serious problems in prisons than in the broader community. Prevalence rates are significantly higher and transmission is much more likely for a number of reasons, including unsafe injecting drug use and inadequate health care. Despite unequivocal evidence demonstrating that the most effective way to prevent HIV and HCV infection within prisons is through the provision of harm reduction services such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST),[16] these services are extremely limited in prisons in comparison to what is available in the community. These issues very clearly raise serious human rights concerns, including with regards to the right to be free from ill treatment, which imposes obligations on authorities to protect not only the lives, but also the health and well-being of prisoners, as demonstrated by a growing number of regional and international statements and judgements.[17] This section draws attention to issues that are not currently being monitored in a systematic or comprehensive way, and are meant to help identify often overlooked conditions, situations and practices that might lead to ill treatment in the context of HIV, HCV, TB and harm reduction in prisons.

16 See, for example, UNODC, WHO, UNAIDS, 'HIV Prevention, Treatment, Care and Support in Prison Settings: A framework for an effective national response' (2006) available at: https://www.unodc.org/pdf/HIV-AIDS_prisons_July06.pdf (date of last access 17 December 2015).

17 See Sander, Gen, HIV, HCV, TB and Harm Reduction in Prisons: Human Rights, Minimum Standards and Monitoring at the European and International Levels, Harm Reduction International, 2016.

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

1. PRISONER HEALTH STATUS *(to be asked to prison authorities, health care staff and prisoners as appropriate)*		**Details / Comments**
1.1	How many prisoners are currently known to be living with HIV?	
1.2	How many voluntary HIV tests were carried out in the last 12 months?	
1.3	How many prisoners tested positive for HIV in prison in last 12 months?	
1.4	What was the HIV/AIDS mortality rate in the last 12 months?	
1.5	Is any data on HIV in the prison disaggregated? ☐ Yes ☐ No	
1.6	If so, please include this data here:	
1.7	How many prisoners are currently known to be living with HCV?	
1.8	How many voluntary HCV tests were carried out in the last 12 months?	
1.9	How many prisoners tested positive for HCV in prison in the last 12 months?	
1.10	What was the HCV mortality rate in the last 12 months?	
1.11	Is any data on HCV in the prison disaggregated? ☐ Yes ☐ No	
1.12	If so, please include this data here:	
1.13	How many prisoners are currently living with TB?	
1.14	How many TB tests were carried out in the last 12 months?	
1.15	How many prisoners contracted TB in prison in the last 12 months?	
1.16	What was the TB mortality rate in prison in the last 12 months?	
1.17	Out of these, how many were co-infected with HIV/AIDS?	
1.18	Is any data on TB in the prison disaggregated? ☐ Yes ☐ No	
1.19	If so, please include this data here:	
1.20	How many prisoners currently identify as being dependent on illicit drugs?	
1.21	Is injecting drug use known to be occurring within the prison? ☐ Yes ☐ No	
1.22	Has the sharing of injecting equipment among prisoners been reported, observed or documented? ☐ Yes ☐ No	
1.23	How many drug overdoses were reported in the last 12 months?	
1.24	How many fatal drug overdoses were reported in the last 12 months?	
1.25	Is data on overdoses disaggregated at all? ☐ Yes ☐ No	
1.26	If so, please include this data here:	

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

2. PREVENTIVE/HARM REDUCTION SERVICES *(to be asked to prisoners, prison staff and health care staff, as appropriate)*			**Details / Comments**
2.1	Do prisoners have access to sterile injecting equipment during their incarceration, i.e. through a needle and syringe programme?	☐ Yes ☐ No	
2.2	If so, is sterile injecting equipment:		
2.3	Available at relevant times (i.e. in the evening, when prison drug use is more likely to occur)?	☐ Yes ☐ No	
2.4	Available in more than one location?	☐ Yes ☐ No	
2.5	Available to all prisoners, i.e. on a non-discriminatory basis?	☐ Yes ☐ No	
2.6	Accessible on a confidential basis?	☐ Yes ☐ No	
2.7	Free of charge?	☐ Yes ☐ No	
2.8	Accompanied by information/education on safer injecting practices?	☐ Yes ☐ No	
2.9	Accompanied by information/education on safe disposal?	☐ Yes ☐ No	
2.10	Accompanied by advice on how to avoid an overdose?	☐ Yes ☐ No	
2.11	Provided in a gender-responsive manner?[18]	☐ Yes ☐ No	
2.12	By whom or how is sterile injecting equipment administered? Please select answer(s): ☐ Trained prison staff ☐ Untrained prison staff ☐ Trained health care staff ☐ Untrained health care staff ☐ Automated dispensers ☐ Peers ☐ From outside agencies Others:		
2.13	Are condoms and lubricants available to prisoners?	☐ Yes ☐ No	
2.14	If so, are condoms and lubricants:		
2.15	Easily and discreetly accessible to prisoners?	☐ Yes ☐ No	
2.16	Accessible on an anonymous basis?	☐ Yes ☐ No	
2.17	Accessible to all prisoners, i.e. on a non-discriminatory basis?	☐ Yes ☐ No	
2.18	Free of charge?	☐ Yes ☐ No	
2.19	Available in various locations?	☐ Yes ☐ No	
2.20	Available at various times?	☐ Yes ☐ No	
2.21	Available without having to request them?	☐ Yes ☐ No	
2.22	Are female condoms available in female prisons?	☐ Yes ☐ No	
2.23	Do prisoners have access to sterile tattooing equipment?	☐ Yes ☐ No	
2.24	Is naloxone (used to reverse opioid overdoses) available in the prison?	☐ Yes ☐ No	

18 See the glossary for a definition of 'gender-responsive'.

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

3. EVIDENCE-BASED DRUG DEPENDENCE TREATMENT AND CARE *(to be asked to prisoners and health care staff)*			**Details / Comments**
3.1	Do prisoners have access to opioid substitution therapy during detention?	☐ Yes ☐ No	
3.2	If so, is this substitution therapy:		
3.3	Accessible on a voluntary basis?	☐ Yes ☐ No	
3.4	Available without interruption to prisoners who were receiving it prior to incarceration?	☐ Yes ☐ No	
3.5	If so, are they receiving the same dosage?	☐ Yes ☐ No	
3.6	Available to prisoners who were not receiving it before incarceration?	☐ Yes ☐ No	
3.7	The same quality as that available in the broader community?	☐ Yes ☐ No	
3.8	Equally accessible to women?	☐ Yes ☐ No	
3.9	Accessible on a confidential basis?	☐ Yes ☐ No	
3.10	Free of charge? If not, how much does it cost?	☐ Yes ☐ No	
3.11	Available on an uninterrupted basis?	☐ Yes ☐ No	
3.12	Available for prisoners on their release?	☐ Yes ☐ No	
3.13	Accompanied by relevant information?	☐ Yes ☐ No	
3.14	Provided in conjunction with other services and support, including counseling and psychosocial services?	☐ Yes ☐ No	
3.15	Gender-responsive?	☐ Yes ☐ No	
3.16	What medication is available for opioid substitution therapy? Please select answer(s): ☐ Methadone ☐ Buprenorphine ☐ Diamorphine ☐ Slow-release oral morphine Others:		
3.17	Are detoxification programmes available to prisoners?	☐ Yes ☐ No	
3.18	If so, are these:		
3.19	Accessible on a voluntary basis?	☐ Yes ☐ No	
3.20	Available on a confidential basis?	☐ Yes ☐ No	
3.21	Available in a timely fashion?	☐ Yes ☐ No	
3.22	Available on admission?	☐ Yes ☐ No	
3.23	Available at any point during a prisoner's sentence?	☐ Yes ☐ No	
3.24	Supervised by a trained medical professional?	☐ Yes ☐ No	
3.25	Undertaken with medication?	☐ Yes ☐ No	
3.26	Free of charge? If not, how much do they cost?	☐ Yes ☐ No	

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

3. EVIDENCE-BASED DRUG DEPENDENCE TREATMENT AND CARE *(to be asked to prisoners and health care staff)*			**Details / Comments**
3.27	Provided in conjunction with other services and support, including counselling and psychosocial services?	☐ Yes ☐ No	
3.28	Gender-responsive?	☐ Yes ☐ No	
3.29	Is there a functioning system of referral and cooperation between medical services inside and outside prisons to ensure continuity of evidence-based drug dependence treatment between correctional institutions and jurisdictions, and following release?	☐ Yes ☐ No	
3.30	Do prison health services provide or facilitate specialised drug treatment programmes designed especially for: Women: Transgender people:	 ☐ Yes ☐ No ☐ Yes ☐ No	
3.31	Are drug free units[19] available to prisoners on a voluntary basis?	☐ Yes ☐ No	

4. HIV TREATMENT AND CARE *(to be asked to health care staff and prisoners. Also based on independent inspection and observation.)*			**Details / Comments**
4.1	Do prisoners living with HIV receive, at each stage of their illness, appropriate medical and psychosocial treatment at least equivalent to that available to the broader community?	☐ Yes ☐ No	
4.2	Is antiretroviral therapy (ART) available to all prisoners living with HIV?	☐ Yes ☐ No	
4.3	Is the ART available to prisoners the same as that available in the broader community?	☐ Yes ☐ No	
4.4	Do all prisoners living with HIV have access to adequate pain management medications?	☐ Yes ☐ No	
4.5	Is all HIV treatment gender-responsive?	☐ Yes ☐ No	
4.6	Is the diagnosis and treatment of sexually transmitted infections, TB, hepatitis and other opportunistic infections provided as a key component of comprehensive HIV care?	☐ Yes ☐ No	
4.7	Is post-exposure prophylaxis (PEP)[20] offered to all prisoners and staff subject to exposure that has the potential for HIV transmission?	☐ Yes ☐ No	
4.8	If so, is it available on a confidential basis?	☐ Yes ☐ No	
4.9	If so, is it initiated within 72 hours of exposure?	☐ Yes ☐ No	
4.10	In the last year, how many times has PEP been administered to: Prisoners: Staff members:		

19 Units or wings in places of detention that allow prisoners to keep a distance from the prison drug culture and provide drug-free spaces for those seeking it. Prisoners stay in these units voluntarily.

20 Post-exposure prophylaxis is short-term antiretroviral treatment used to reduce the likelihood of HIV infection after potential exposure.

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

4. HIV TREATMENT AND CARE *(to be asked to health care staff and prisoners. Also based on independent inspection and observation.)*			**Details / Comments**
4.11	To prevent mother-to-child transmission, do pregnant prisoners have access antiretroviral prophylaxis?	☐ Yes ☐ No	
4.12	Is a written record of all medications given, response to treatment, and adverse reactions kept for prisoners living with HIV?	☐ Yes ☐ No	
4.13	How is the quality of medication necessary for HIV treatment guaranteed?		
4.14	Are prisoners undergoing HIV treatment offered support services, including counselling?	☐ Yes ☐ No	
4.15	Do prisoners living with HIV have access to palliative care that meets standards available in the wider community?	☐ Yes ☐ No	
4.16	Are options available for the early release of prisoners for advanced stages of HIV-related illness?	☐ Yes ☐ No	
4.17	Are all costs associated with HIV treatment covered by the state and/or the prison authorities?	☐ Yes ☐ No	
4.18	Is there a functioning system of referral and cooperation between medical services inside and outside the prison to ensure continuity of HIV treatment and care between correctional institutions and jurisdictions, and following release?	☐ Yes ☐ No	
4.19	Do prisoners living with HIV ever have difficulty accessing available treatment and care because of stigma or discrimination?	☐ Yes ☐ No	
4.20	On a scale of 1 to 10, how would you rate the quality of HIV treatment and care? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		

5. HCV TREATMENT AND CARE *(to be asked to prisoners and health care staff and prisoners, as appropriate. Also based on independent inspection and observation.)*			**Details / Comments**
5.1	Are prisoners living with HCV clinically evaluated for the presence or severity of liver damage and the need for treatment?	☐ Yes ☐ No	
5.2	Which of the following methods is/are used for this evaluation?? Please select answer(s): ☐ Liver biopsy ☐ Fibroscan ☐ Biological test ☐ Non-invasive tests Others:		
5.3	Do prisoners living with HCV receive the most up-to-date and evidence-based treatment and therapies?	☐ Yes ☐ No	
5.4	Is HCV treatment gender-responsive?	☐ Yes ☐ No	
5.5	Are prisoners undergoing HCV treatment closely monitored by health care staff for adverse reactions and to determine disease progression?	☐ Yes ☐ No	

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

5. HCV TREATMENT AND CARE *(to be asked to prisoners and health care staff and prisoners, as appropriate. Also based on independent inspection and observation.)*			**Details / Comments**
5.6	Are any costs associated with HCV treatment covered by the state and/or the prison authorities?	☐ Yes ☐ No	
5.7	How is the quality of HCV medication guaranteed?		
5.8	Is there a functioning system of referral and cooperation between medical services inside and outside the prison to ensure continuity of HCV care and treatment between correctional institutions and jurisdictions, and following release?	☐ Yes ☐ No	
5.9	On a scale of 1 to 10, how would you rate the quality of HCV treatment and care? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		

6. TB TREATMENT AND CARE *(to be asked to health care staff and prisoners, as appropriate. Also based on independent observation and inspection.)*			**Details / Comments**
6.1	Is TB treatment initiated immediately upon detection?	☐ Yes ☐ No	
6.2	If not, how long do prisoners generally have to wait for TB treatment?		
6.3	Are all prisoners living with TB transferred to a TB treatment facility?	☐ Yes ☐ No	
6.4	Are prisoners living with infectious TB isolated in properly ventilated facilities while contagious?	☐ Yes ☐ No	
6.5	Do all prisoners living with TB who have not previously been treated for the disease receive a first-line treatment regimen?[21]	☐ Yes ☐ No	
6.6	Is drug susceptibility testing (DST)[22] performed at the start of therapy for all previously treated prisoners living with TB?	☐ Yes ☐ No	
6.7	Are prisoners with multiple drug-resistant (MDR)-TB treated with specialised regimens containing second-line anti-tuberculosis medicines?	☐ Yes ☐ No	
6.8	Is all TB treatment gender-responsive?	☐ Yes ☐ No	
6.9	Do prisoners living with TB have access to an uninterrupted supply of medicine?	☐ Yes ☐ No	
6.10	How is the quality of TB medication guaranteed?		
6.11	Is TB treatment administered under the direct supervision of qualified health care staff?	☐ Yes ☐ No	

21 This refers to the essential anti-TB drugs and their recommended dosage. See the WHO Model List of Essential Medicines for more information.
22 Testing to find out which drugs the TB bacteria in a person are sensitive to, and therefore whether the person has drug-resistant TB.

Monitoring HIV, HCV, TB and Harm Reduction in Prisons

6. TB TREATMENT AND CARE *(to be asked to health care staff and prisoners, as appropriate. Also based on independent observation and inspection.)*			**Details / Comments**
6.12	Are all prisoners living with TB monitored for response to treatment at least at the time of completion of the initial phase of treatment (two months), at five months, and at the end of treatment?	☐ Yes ☐ No	
6.13	Is the adherence to the treatment regimen of prisoners living with TB assessed by qualified health care staff?	☐ Yes ☐ No	
6.14	Are prisoners undergoing TB treatment offered support services, including counselling?	☐ Yes ☐ No	
6.15	Is voluntary HIV counselling and testing part of the routine management of all prisoners living with TB?	☐ Yes ☐ No	
6.16	Is a written record of all medications given, response to treatment, and adverse reactions kept for prisoners living with TB?	☐ Yes ☐ No	
6.17	Are all costs associated with TB treatment and care covered by the state and/or prison authorities?	☐ Yes ☐ No	
6.18	Is there a functioning system of referral and cooperation between medical services inside and outside the prison to ensure continuity of TB treatment and care between correctional institutions and jurisdictions, and following release?	☐ Yes ☐ No	
6.19	On a scale of 1 to 10, how would you rate the quality of TB treatment and care? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		

Appendix A

THE NATIONAL CONTEXT

Understanding and analysing the broader national context is an important element of preventing ill treatment in places of detention because it can help to reveal some of the risk factors, or conditions, that increase the likelihood of ill treatment occurring. For example, if drug users are stigmatised and criminalised, and if there are no harm reduction policies or strategies in place because of a lack of political will, this will not only translate into higher numbers of people who use drugs and are living with HIV and HCV behind bars, but it will also increase their risk of ill treatment. Or if there are an inadequate amount of resources being allocated for prison health, this will affect the availability and quality of health services within prisons. In short, the existence of an enabling environment will inevitably facilitate the promotion and protection of prisoners' human rights.

Appendix A - The National Context

1. LEGAL ENVIRONMENT *(to be asked to government authorities, or answered through independent research)*			**Details / Comments**
1.1	Has the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment been ratified?	☐ Yes ☐ No	
1.2	Has the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment been ratified?	☐ Yes ☐ No	
1.3	Have these conventions been integrated into national law?	☐ Yes ☐ No	
1.4	Is drug use or possession for personal use a criminal offence in the country?	☐ Yes ☐ No	
1.5	Is there data on the percentage of the prison population incarcerated for drug charges? If yes, what is the figure?	☐ Yes ☐ No	

2. POLICY ENVIRONMENT *(to be asked to government prison authorities, and/or answered through independent research)*			**Details / Comments**
2.1	Which department of government is responsible for health in prisons?		
2.2	Are there national policies or guidelines on HIV, HCV and TB?	☐ Yes ☐ No	
2.3	If so, are these also applicable to prisons?	☐ Yes ☐ No	
2.4	Are there national policies or guidelines on harm reduction and drug-related treatment?	☐ Yes ☐ No	
2.5	If so, are these also applicable to prisons?	☐ Yes ☐ No	
2.6	Have specific policies or guidelines for the prevention, care and treatment of HIV, HCV and TB been devised for prisons?	☐ Yes ☐ No	
2.7	Have specific policies or guidelines on harm reduction and drug-related treatment been devised for prisons?	☐ Yes ☐ No	
2.8	Are prison health policies and guidelines, especially those relating to HIV, HCV, TB and harm reduction, based on the assessed needs of the specific prison population?[23]	☐ Yes ☐ No	
2.9	Are the specific needs of female prisoners integrated into the development and implementation of prison health policies, guidelines and strategies?[24]	☐ Yes ☐ No	
2.10	Are the specific needs of other vulnerable groups, including people who inject drugs, sex workers and transgender people, taken into account in prison health policies, guidelines and strategies?	☐ Yes ☐ No	

23 For example, do they refer to the findings of authoritative studies assessing the specific needs of the prison population?

24 Specific needs of female prisoners include, but are not limited to: particular hygiene requirements, including sanitary articles and safe and regular access to hot water; different and greater primary health care needs partly due to their typical backgrounds, which can include drug use, physical and sexual abuse, sex work; a greater need for psychological care, counseling and support because of abusive backgrounds; and specific reproductive health care and family planning advice. For more information see: UN 'Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules)' available at: http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf (date of last access 17 December 2015).

Appendix A - The National Context

2. POLICY ENVIRONMENT *(to be asked to government prison authorities, and/or answered through independent research)*			**Details / Comments**
2.11	Do policies, guidelines and strategies on prison health explicitly protect against stigma and discrimination on the grounds of legal status, health status, race, gender, sexual orientation, and drug use?	☐ Yes ☐ No	
2.12	Do prison staff or other representatives of the prison sector participate in the development of policies, guidelines and strategies relating to prison health?	☐ Yes ☐ No	
2.13	Do former and/or current prisoners participate in the development of policies, guidelines and strategies relating to their health?	☐ Yes ☐ No	
2.14	On a scale of 1 to 10, how active and informed is prisoner participation[25] in the development of policies, guidelines and strategies relating to their health? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10		

3. RESOURCES *(to be asked to government authorities, prison authorities and/or answered through independent research)*		**Details / Comments**
3.1	What is the amount of funding for health care per prisoner per year?	
3.2	On a scale of 1 to 10, how sufficient would you rate the *financial* resources available within the prison health system to meet the challenges of HIV, HCV and TB? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10	
3.3	On a scale of 1 to 10, how sufficient would you rate the *human* resources available within the prison health system to meet the challenges of HIV, HCV and TB? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10	

4. INTEGRATION[26] AND EQUIVALENCE[27] *(to be asked to government authorities, prison authorities and/or answered through independent research)*			**Details / Comments**
4.1	Is prison health policy integrated into, and compatible with, national health policy?	☐ Yes ☐ No	
4.2	Are public health services collaborating with prison health systems and staff?	☐ Yes ☐ No	
4.3	Are prison health care staff integrated into the public health service? For example, do they have access to the same training?	☐ Yes ☐ No	
4.4	Are needle and syringe programmes available in the broader community?	☐ Yes ☐ No	

25 Please see definition of 'active and informed participation' in the glossary.

26 Often prisons are considered as separate entities from the rest of society. In order to protect prisoners' health and rights, however, prison health services need to be integrated into public health services. This ensures accessibility, availability, acceptability and quality of goods, services, and facilities. These questions, therefore, are meant to evaluate the degree of integration.

27 It is widely accepted that people in prison have a right to a standard of health care equivalent to that available outside of prisons. This is known as the 'principle of equivalence'. Strong arguments have been put forth, however, that States actually have a responsibility to provide a higher standard of health in prisons than is generally available to people outside of prisons to address the unique health needs and circumstances of people in prison, and to meet public health objectives. See: Lines R 'From equivalence of standards to equivalence of objectives: The entitlement of prisoners to health care standards higher than those outside prisons' (December 2006) International Journal of Prisoner Health vol 2 no 4:269-280.

Appendix A - The National Context

4. INTEGRATION[26] AND EQUIVALENCE[27] *(to be asked to government authorities, prison authorities and/or answered through independent research)*		**Details / Comments**
4.5	Is opioid substitution therapy (OST) available in the broader community? ☐ Yes ☐ No	
4.6	If so, what medication is available for OST in the broader community? Please select answer(s): ☐ Methadone ☐ Buprenorphine ☐ Diamorphine ☐ Slow-release oral morphine Others:	

Appendix B

THE PRISON HEALTH SYSTEM

This complementary questionnaire is comprised of questions relating to the broader prison health system, including conditions of detention, information and education, medication, prison staff, etc. Of course, the issues touched upon in the other questionnaires are also part of the prison health system and are important in monitoring and evaluating its strength and effectiveness. However, these have been separated for ease of use and accessibility. While some of the following questions might already form part of your monitoring practice, they are nevertheless important to include here for those who might wish to undertake targeted visits, or who may not be familiar with the issues, how they all interrelate, and how they might help identify situations, practices or conditions that could lead to ill treatment.

Appendix B - The Prison Health System

1. PRISON CONDITIONS *(to be asked to prisoners, prison authorities and/or health care staff as appropriate. Also based on independent inspection and observation.)*		**Details / Comments**
1.1	What is the total capacity of the prison?	
1.2	What is the total number of prisoners currently being held in the prison?	
1.3	Are prisoners held in dormitories or cells or both?	
1.4	How much space do prisoners have in their cells/dormitories in metres squared?	
1.5	Does each prisoner have an individual mattress and bedframe in the cell/dormitory? ☐ Yes ☐ No	
1.6	Are prisoners provided with food that is:	
1.7	Nutritious? ☐ Yes ☐ No	
1.8	Appropriate for their health status? i.e. are special diets available, if necessary, for those undergoing treatment? ☐ Yes ☐ No	
1.9	Is safe and clean drinking water available to all prisoners, whenever they need it? ☐ Yes ☐ No	
1.10	On a scale of 1 to 10, how would you rate prisoner access to natural light in the places where they are required to live and work? *(If the answers are different living and work place, please explain in the details/comment column).* ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10	
1.11	On a scale of 1 to 10, how would you rate prisoner access to fresh air (ventilation) in the places where they are required to live and work? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10	
1.12	On a scale of 1 to 10, how well are temperatures regulated to suit the climate or the season in the places where prisoners live and work? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10	
1.13	Do prisoners have access to toilets that allow them to relieve themselves in a clean and private manner? ☐ Yes ☐ No	
1.14	Can prisoners access a toilet whenever they need one? ☐ Yes ☐ No	
1.15	If not, how long have some prisoners had to wait to access a toilet?	
1.16	Do prisoners have access to bathing and shower installations that allow them to bathe at a temperature suitable to the climate? ☐ Yes ☐ No	
1.17	How often and for how long are prisoners able to use bathing and shower installations?	
1.18	In order to maintain adequate standards of personal hygiene, are prisoners provided with the following items free of charge and as needed:	
1.19	Soap? ☐ Yes ☐ No	
1.20	A toothbrush and toothpaste? ☐ Yes ☐ No	

Appendix B - The Prison Health System

1. PRISON CONDITIONS *(to be asked to prisoners, prison authorities and/or health care staff as appropriate. Also based on independent inspection and observation.)*			**Details / Comments**
1.21	Sanitary towels and/or tampons?	☐ Yes ☐ No	
1.22	Razor?	☐ Yes ☐ No	
1.23	On a scale of 1 to 10, how would you rate prisoners' clothing and bedding in terms of cleanliness and condition?[28] *(If the answers are different for bedding and clothing, please explain in the details/comment column).* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		
1.24	Do prisoners have equal access to regular outdoor exercise?[29]	☐ Yes ☐ No	

2. MEDICAL SCREENING *(to be asked to health care staff)*			**Details / Comments**
2.1	Are all prisoners seen by a qualified health care staff member to assess their health and medical needs within 24 hours of arrival?	☐ Yes ☐ No	
2.2	Does this entry examination include:		
2.3	Testing for HIV?	☐ Yes ☐ No	
2.4	Testing for Hepatitis B and C?	☐ Yes ☐ No	
2.5	Screening for TB	☐ Yes ☐ No	
2.6	Screening for potential withdrawal symptoms resulting from the use of drugs, medication or alcohol?	☐ Yes ☐ No	
2.7	Are all entry examinations accompanied by accessible information on HIV, HCV and TB prevention?	☐ Yes ☐ No	
2.8	Are HIV tests:	☐ Yes ☐ No	
2.9	Voluntary?	☐ Yes ☐ No	
2.10	Carried out with the informed consent of prisoners?	☐ Yes ☐ No	
2.11	Free of charge?	☐ Yes ☐ No	
2.12	Confidential?	☐ Yes ☐ No	
2.13	Available at any time during detention?	☐ Yes ☐ No	
2.14	Equally accessible to all prisoners?	☐ Yes ☐ No	
2.15	If not, which prisoners do not have equal access?		
2.16	Accompanied by relevant and accessible information?	☐ Yes ☐ No	
2.17	Accompanied by confidential pre- and post-test counseling?	☐ Yes ☐ No	

28 Bedding and clothing should be changed and washed regularly for these to be considered clean and in good condition.
29 According to rule 23(1) of the updated UN Standard Minimum Rules for the Treatment of Prisoners, every prisoner should have at least one hour of suitable exercise in the open air daily if the weather permits.

Appendix B - The Prison Health System

2. MEDICAL SCREENING *(to be asked to health care staff)*			**Details / Comments**
2.18	The same quality as those available in the community?	☐ Yes ☐ No	
2.19	When TB is detected, are infectious cases separated from the general prison population?[30]	☐ Yes ☐ No	
2.20	If drug withdrawal symptoms are detected, is a suitable stabilisation, maintenance, or detoxification programme determined with the prisoner's participation?	☐ Yes ☐ No	
2.21	Are all medical examinations conducted out of the hearing of third parties?	☐ Yes ☐ No	

3. INFORMATION AND EDUCATION *(to be asked to prisoners and/or custodial and health care staff. Also based on independent inspection and observation.)*			**Details / Comments**
3.1	Is an educational initiative about health promotion, including healthy lifestyles (i.e. nutrition, exercise, safe sexual behaviour and practices, etc.), being implemented in the prison?	☐ Yes ☐ No	
3.2	Do prisoners participate in the development of health education programmes and materials?	☐ Yes ☐ No	
3.3	If so, on a scale of 1 to 10, how active and informed is this participation? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10		
3.4	Briefly describe the types of health education methods/materials being used:		
3.5	Is information about HIV, HCV and TB, including methods of transmission and means of prevention, disseminated to all prisoners and prison staff on a regular basis?	☐ Yes ☐ No	
3.6	If so, is this information:		
3.7	Accurate?	☐ Yes ☐ No	
3.8	Non-judgmental?	☐ Yes ☐ No	
3.9	Relevant to the prison environment?	☐ Yes ☐ No	
3.10	Translated into several languages?	☐ Yes ☐ No	
3.11	Is the content of educational materials on HIV, HCV and TB respectful of, and relevant to, differences in:		
3.12	Gender?[31]	☐ Yes ☐ No	
3.13	Sex?	☐ Yes ☐ No	

30 The isolation of a patient with a transmissible disease is only justified if such a measure is medically necessary and would also be taken outside the prison environment for the same medical reasons. There is no medical justification for the segregation of prisoners solely on the grounds that they are living with HIV.

31 For example, women prisoners benefit from interventions that address HIV and HCV prevention in terms of interactions and relationships with other people and those that also address the cultural and socioeconomic conditions in which women live. Engagement of transgender prisoners in HIV prevention, care and treatment is enhanced by interventions that are gender affirming and integrate transition-related health care needs. See: Sevelius J 'Transgender Issues in HIV (December 2013) HIV Specialist, available at: http://www.transhealth.ucsf.edu/pdf/Sevelius_HIV_Specialist_Dec13.pdf (date of last access 17 December 2015).

Appendix B - The Prison Health System

3. INFORMATION AND EDUCATION *(to be asked to prisoners and/or custodial and health care staff. Also based on independent inspection and observation.)*			**Details / Comments**
3.14	Health status?	☐ Yes ☐ No	
3.15	Literacy/education level?	☐ Yes ☐ No	
3.16	Age?	☐ Yes ☐ No	
3.17	Race?	☐ Yes ☐ No	
3.18	Ethnicity?	☐ Yes ☐ No	
3.19	Culture?	☐ Yes ☐ No	
3.20	Religion?	☐ Yes ☐ No	
3.21	Language?	☐ Yes ☐ No	
3.22	Sexual orientation?	☐ Yes ☐ No	
3.23	Does the content of educational materials and programmes on HIV, HCV and TB combat:		
3.24	HIV-related discrimination and stigma?	☐ Yes ☐ No	
3.25	Homophobia and the stigma associated with same-sex sexual relationships?	☐ Yes ☐ No	
3.26	Discrimination and stigma associated with gender identity and/or expression?	☐ Yes ☐ No	
3.27	Discrimination associated with sex work and drug use?	☐ Yes ☐ No	
3.28	Is information being provided to drug users to promote harm reduction and to facilitate their access to appropriate services?	☐ Yes ☐ No	
3.29	On a scale of 1 to 10, how would you rate prisoner and staff opportunities to discuss health information with qualified health professionals? *(if different for prisoners and staff, please explain in the comments/details column).* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		
3.30	Are prisoners given information about prison health services, in a format/ language they can understand, explaining how to access them?	☐ Yes ☐ No	
3.31	If so, who is involved in disseminating this information? Please select answer(s): ☐ Prisoners ☐ Custodial Staff ☐ Health care staff ☐ Outside agencies Other(s):		

Appendix B - The Prison Health System

4. INFORMED CONSENT *(to be asked to prisoners and/or health care staff, as appropriate)*			**Details / Comments**
4.1	Are prisoners informed of the clinical and prevention benefits of testing for HIV, HCV and TB?	☐ Yes ☐ No	
4.2	Are all staff members informed of the clinical and prevention benefits of testing for HIV, HCV and TB?	☐ Yes ☐ No	
4.3	Are prisoners living with HIV, HCV and/or TB provided with relevant and accessible information concerning their disease, the course of the treatment and any medication(s) prescribed to them?	☐ Yes ☐ No	
4.4	Are prisoners informed of the follow-up services available to them?	☐ Yes ☐ No	
4.5	Are prisoners free to refuse treatment or any other medical intervention?	☐ Yes ☐ No	
4.6	Are prisoners informed of their right to refuse before any medical intervention?	☐ Yes ☐ No	
4.7	Can prisoners who refuse medical interventions be subjected to disciplinary measures, i.e. segregation?	☐ Yes ☐ No	

5. MEDICAL RECORDS *(To be asked to health care staff)*			**Details / Comments**
5.1	Are standardised forms designed for recording the medical examinations of prisoners?	☐ Yes ☐ No	
5.2	Do these forms include:		
5.3	The prisoner's name, age and cell number?	☐ Yes ☐ No	
5.4	The doctor's name?	☐ Yes ☐ No	
5.5	The date, time and focus of all examinations?	☐ Yes ☐ No	
5.6	A record of the prisoner's infectious disease history, including TB, HIV and/or HCV status?	☐ Yes ☐ No	
5.7	A record of the prisoner's vaccination history?	☐ Yes ☐ No	
5.8	Diagnostic information?	☐ Yes ☐ No	
5.9	Any specific examinations undergone?	☐ Yes ☐ No	
5.10	Are these medical files securely held to protect the prisoner's right to confidentiality?	☐ Yes ☐ No	
5.11	Do only medical personnel have access to prisoner medical files?	☐ Yes ☐ No	
5.12	Can prisoners access their medical files upon request?	☐ Yes ☐ No	
5.13	Can prisoners obtain a copy of their medical files upon request?	☐ Yes ☐ No	

Appendix B - The Prison Health System

5. MEDICAL RECORDS *(To be asked to health care staff)*			**Details / Comments**
5.14	In the event of a transfer, is the prisoner's medical information forwarded to the doctors in the receiving establishment?	☐ Yes ☐ No	
5.15	Upon release, is the prisoner's medical information forwarded to a community doctor of their choice?	☐ Yes ☐ No	
5.16	Are strategies in place to ensure secure information sharing between service providers in the community and in prisons?	☐ Yes ☐ No	

6. MEDICATION *(to be asked to health care staff, prisoners, and/or medicine monitoring bodies)*			**Details / Comments**
6.1	Do prisoners receive a regular, uninterrupted supply of the essential medicines required for their treatment?	☐ Yes ☐ No	
6.2	Is all medicine dispensed by a qualified health care staff member?	☐ Yes ☐ No	
6.3	Are guidelines in place to ensure all medicines are of adequate quality?	☐ Yes ☐ No	
6.4	Is medication stored in appropriate locations and temperatures?	☐ Yes ☐ No	
6.5	Are qualified health care staff members available to ensure that prisoners take prescribed medicines in the right doses and at the right intervals?	☐ Yes ☐ No	

7. GENERAL TREATMENT AND CARE *(to be asked to prisoners and health care staff. Some answers based on independent observation and inspection.)*			**Details / Comments**
7.1	In your opinion, do prisoners receive the same quality of care, treatment and support as persons living in the community?	☐ Yes ☐ No	
7.2	Do all prisoners have access to a member of the health care staff at any time, irrespective of their detention?	☐ Yes ☐ No	
7.3	How do prisoners communicate a request to consult a health care staff member?		
7.4	Are prisoners' requests to consult a health care staff member met without undue delay?	☐ Yes ☐ No	
7.5	If a prisoner requests to be examined or treated by a health care staff member of the same sex or gender, is one made available?	☐ Yes ☐ No	
7.6	Are prisoners in need of diagnostic examination and/or hospital treatment promptly transferred to appropriate medical facilities?	☐ Yes ☐ No	
7.7	Are prisoners involved in planning their own care and treatment?	☐ Yes ☐ No	
7.8	Do women receive the same quality of care and treatment as men?	☐ Yes ☐ No	

Appendix B - The Prison Health System

7. GENERAL TREATMENT AND CARE *(to be asked to prisoners and health care staff. Some answers based on independent observation and inspection.)*			**Details / Comments**
7.9	Are gender-responsive healthcare services, at least equivalent to those available in the wider community, available to all prisoners?	☐ Yes ☐ No	
7.10	One a scale of 1 to 10, how would you rate the quality of the prison's health facilities? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		
7.11	One a scale of 1 to 10, how would you rate the quality of the prison's health services? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		

8. PRISON STAFF (HEALTH CARE AND CUSTODIAL) *(to be asked to prison authorities and staff. Some answers based on independent observation and inspection.)*			**Details / Comments**
8.1	Do prison staff receive information on infectious disease prevention during their initial training?	☐ Yes ☐ No	
8.2	Do prison staff receive refresher information and training on infectious disease prevention on a regular basis?	☐ Yes ☐ No	
8.3	Do prison staff receive general human rights training?	☐ Yes ☐ No	
8.4	Do prison staff receive training on prisoners' health rights?	☐ Yes ☐ No	
8.5	Do prison staff receive training on the prevention of torture and ill treatment of prisoners?	☐ Yes ☐ No	
8.6	Do prison staff receive gender-responsive training?	☐ Yes ☐ No	
8.7	How many of each of the following staff members work in the prison?	☐ Yes ☐ No	
8.8	F/T[32] general practitioners:	P/T[33] general practitioners:	
8.9	F/T nurses:	P/T nurses:	
8.10	F/T HIV specialists	P/T HIV specialists:	
8.11	F/T hepatologists:[34]	P/T hepatologists:	
8.12	F/T TB specialists:	P/T TB specialists:	
8.13	F/T gastroenterologists:[35]	P/T gastroenterologists:	
8.14	F/T drug dependence specialists:	P/T drug dependence specialists:	
8.15	F/T psychologists	P/T psychologists:	
8.16	F/T psychiatrists:	P/T psychiatrists:	
8.17	F/T gynaecologists:	P/T gynaecologists:	

32 F/T refers to full-time employees working in the prison.
33 P/T refers to part-time, on-call or contract employees working in the prison.
34 Doctors who specialise in liver diseases.
35 Doctors who specialise in stomach and intestinal diseases.

Appendix B - The Prison Health System

8. PRISON STAFF (HEALTH CARE AND CUSTODIAL) *(to be asked to prison authorities and staff. Some answers based on independent observation and inspection.)*		**Details / Comments**
8.18	Are any health care staff positions currently vacant? ☐ Yes ☐ No	
8.19	If yes, which positions are currently vacant, and how long have they been vacant for?	
8.20	Are there any obstacles to filling vacant positions (i.e. policy or budgetary reasons)? ☐ Yes ☐ No Is yes, please list these:	
8.21	For women's prisons: What percentage of the staff are women?	
8.22	Do all health care staff members have appropriate qualifications and credentials? ☐ Yes ☐ No	
8.23	Are health care staff qualifications and credentials checked regularly? ☐ Yes ☐ No	
8.24	Are health care staff independent from the prison system? ☐ Yes ☐ No	
8.25	Are the working hours of health care staff appropriate to the needs of the prison? ☐ Yes ☐ No	
8.26	Are members of health care staff on duty day and night, and on weekends? ☐ Yes ☐ No	
8.27	Are all staff receiving domestically competitive salaries and benefits? ☐ Yes ☐ No	
8.28	Do the staff terms and conditions permit a healthy work-life balance? ☐ Yes ☐ No	
8.29	Are adequate measures in place to ensure staff safety? ☐ Yes ☐ No	
8.30	Are courses on harm reduction available to prison health care staff? ☐ Yes ☐ No	
8.31	On a scale of 1 to 10, how would you rate the quality of the health care staff? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10	

Appendix C
ACCOUNTABILITY

The following questionnaire looks at issues relating to accountability in the context of HIV, HCV, TB and harm reduction in prisons. As the questionnaire demonstrates, accountability is made up of three main components: monitoring, review and remedies. [36] Not only are these legally binding human rights obligations and key elements of a human rights-based approach, but the level and effectiveness of accountability mechanisms in prisons can also either increase or reduce the risk of ill treatment of prisoners.

36 Hunt, P(2013) 'Introduction' Maternal Mortality: Human Rights and Accountability, Paul Hunt and Tony Gray (eds). London: Routledge.

Appendix C - Accountability

1. MONITORING *(to be asked to prison authorities, health care staff and prisoners)*			**Details / Comments**
1.1	Is there a qualified body in place to oversee, supervise and inspect the health administration of the prison?	☐ Yes ☐ No	
1.2	If so, what or who is this body and how often does it inspect the health administration of the prison?		
1.3	Is there a routine health data collection system in place?[37]	☐ Yes ☐ No	
1.4	If so, please briefly describe it:		
1.5	What type of health data does it collect?		
1.6	Does it incorporate HIV, HCV and TB?	☐ Yes ☐ No	
1.7	Are data disaggregated?	☐ Yes ☐ No	
1.8	If so, on what grounds:		
1.9	Are data on HIV, HCV and TB and related deaths reported to the central prison administration?	☐ Yes ☐ No	
1.10	Are the implementation of specific policies and programmes relating to HIV, HCV and TB accompanied by measures to monitor progress and evaluate effectiveness?	☐ Yes ☐ No	
1.11	Are measures taken to ensure that human rights violations do not occur in the process of evaluation or data collection (i.e. violation of confidentiality and consent)?	☐ Yes ☐ No	
1.12	If yes, please briefly describe these measures:		
1.13	Are indicators on prison health disaggregated on some or all of the prohibited grounds of discrimination?	☐ Yes ☐ No	
1.14	Is the situation of vulnerable groups with respect to HIV, HCV and TB, including sex workers and injecting drug users, appropriately addressed without intensifying discrimination?	☐ Yes ☐ No	
1.15	Do prisoners participate in the monitoring and assessment of health interventions?[38]	☐ Yes ☐ No	
1.16	On a scale of 1 to 10, how active and informed is prisoner participation in this regard? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		

37 These range from systematic, standardised and computerised approaches, to regular, repeated surveys, to occasional epidemiological studies covering specific topics, such as HIV.
38 Prisoners should be part of the process of determining the success or failure of interventions that affect their health. In practice, this means that they should also be involved in developing the indicators and benchmarks necessary for monitoring and evaluating interventions.

Appendix C - Accountability

2. REVIEW *(to be asked to prisoners and prison authorities. Some answers based on independent observation and inspection.)*			**Details / Comments**
2.1	Are there avenues for prisoners to make comments/complaints about their prison conditions, as well as their health care & treatment?	☐ Yes ☐ No	
2.2	If so, are these:		
2.3	Easily accessible?	☐ Yes ☐ No	
2.4	Confidential?	☐ Yes ☐ No	
2.5	Uncensored?	☐ Yes ☐ No	
2.6	If complaints boxes are used, are these locked and regularly emptied?	☐ Yes ☐ No	
2.7	How many complaints were made in the last year?		
2.8	Number of health-related complaints:		
2.9	Number of HIV-related complaints:		
2.10	Number of HCV-related complaints:		
2.11	Number of TB-related complaints:		
2.12	Number of complaints related to harm reduction services or drug dependence treatment:		
2.13	Are there systems in place to support prisoners who may need assistance in making comments/complaints?	☐ Yes ☐ No	
2.14	Are prisoners able to make complaints to an authority independent of the prison system?	☐ Yes ☐ No	
2.15	Are all prisoners provided with information about accessing complaint mechanisms?	☐ Yes ☐ No	
2.16	If so, is this information in a language/format they understand?	☐ Yes ☐ No	
2.17	Is the complaints system adapted to the needs and situation of the prisoner?	☐ Yes ☐ No	
2.18	Are responses to health-related complaints:		
2.19	Timely?	☐ Yes ☐ No	
2.20	Easy to understand?	☐ Yes ☐ No	
2.21	Kept confidential?	☐ Yes ☐ No	
2.22	Dealt with by custodial staff?	☐ Yes ☐ No	
2.23	Dealt with by health care staff?	☐ Yes ☐ No	
2.24	Directly related to the substance of the complaint?	☐ Yes ☐ No	
2.25	How are prisoners who make complaints protected from discrimination?		

Appendix C - Accountability

2. REVIEW *(to be asked to prisoners and prison authorities. Some answers based on independent observation and inspection.)*		**Details / Comments**
2.26	How are prisoners who make complaints protected from reprisals?	
2.27	Are complaints analysed to identify key trends or patterns? ☐ Yes ☐ No	
2.28	On a scale of 1 to 10, how would you rate the prison's complaints mechanisms? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10	

3. REMEDIES *(to be asked to prison authorities)*		**Details / Comments**
3.1	Are any mechanisms and institutions empowered to provide remedies to prisoners for human rights violations? ☐ Yes ☐ No	
3.2	If so, please list them:	
3.3	What types of remedies are available to prisoners?	
3.4	How many prisoners have been granted a remedy for a violation of their right to health?	
3.5	How many prisoners have been granted a remedy for a violation of their right to humane treatment relating to HIV, HCV and TB?	

Prisons are particularly high-risk environments for the transmission of HIV, hepatitis C (HCV) and TB. There are several reasons for this, including the fact that harm reduction services remain extremely limited in prisons in comparison to what is available in the broader community. These issues have serious public health and human rights implications. Increasingly, UN mechanisms and human rights courts are finding that they can contribute to, or even constitute, conditions that meet the threshold of ill treatment. For this reason, it is very important for prison monitoring mechanisms, particularly those that are mandated to prevent ill treatment, to consider issues relating to HIV, HCV, TB and harm reduction in a comprehensive and systematic manner during their visits.

This monitoring tool has been developed to assist these mechanisms and other prison monitors to generate better informed, more consistent and sustained monitoring of issues relating to HIV, HCV, TB and harm reduction in prisons, and ultimately to prevent situations and conditions that can lead to ill treatment in this context from occurring in the first place.

Harm Reduction International is an international non-governmental organisation that works to reduce drug-related harms by promoting evidence-based public health policy and practices, and human rights based approaches to drug policy through an integrated programme of research, analysis, advocacy and civil society strengthening. Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

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