

European Testing Week calls for a scale-up and the active offer of voluntary and confidential testing for HIV, hepatitis B and C to be prioritised for all people in prisons and other closed settings

Since 2013, the European Testing Week (ETW) initiative has worked to create a united European effort to raise awareness on the benefits of earlier testing for HIV and since 2015, also for hepatitis B (HBV) and C (HCV). As part of the main aims of the initiative, concerted efforts have been made to reach key- and most affected populations of HIV, HBV and HCV including the development of [Factsheet 9](#) which outlines the importance of working with key populations, [Factsheet 10](#) which provides guidance on how to develop educational resources for key populations and [a joint statement](#) from an alliance of NGO/CSOs encouraging safer, confidential and voluntary testing for key and most affected populations.

Given the disproportionate HIV and viral hepatitis burden in prisons and sub-optimal access to adequate health service, European Testing Week recognises the importance to highlight the need to increase testing efforts in prisons and other closed settings¹ as part of comprehensive package of health services, as well as bring attention to the role of community care centres that provide services for those released from prison.

An estimated six million people are imprisoned within the WHO European region every year [2] and the prevalence of HIV, HBV and HCV is much higher in prisons than in the general population [3]. People in prisons often come from socially and educationally disadvantaged groups with complex health care needs. Prison settings regularly have poor infrastructure, overcrowding, inadequate healthcare services and delayed diagnoses [2, 4]. Populations at highest risk for HIV, HBV and HCV in the general population, such as people who inject drugs or with a history of drug use and sex workers, are over-represented in prison populations [2]. Prisons are also settings of increased risky behaviour for transmission of HIV, HBV and HCV including sexual intercourse (consensual or forced) without protection, especially for LGBT prisoners; sharing injection equipment and tattooing and piercing equipment; sharing razors or scissors or blood mingling [2].

Testing for HIV, HBV and HCV in all settings should follow the overarching principles and key components² developed by international testing guidelines [5, 6] to ensure a public health and human rights-based approach.

In the context of prisons, ETW supports the fundamental principle that testing in this setting should never be coercive, mandatory or compulsory. Testing and results should always be confidential; obtaining consent of the individual to test should be a requirement.

¹ Refers to all places of detention within a country, and the terms “prisoners” and “detainees” refer to all those detained in criminal justice and prison facilities, including adult and juvenile males and females, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing [1].

² According to the *ECDC Public health guidance on HIV, hepatitis B and C testing in the EU/EEA* [5], the six overarching principles of testing for HIV, HBV and HCV include:

1. Testing should be accessible, voluntary, confidential and contingent on informed consent.
2. Appropriate information should be available before and after testing.
3. Linkage to care is a critical part of an effective testing programme.
4. Testing in healthcare settings should be normalised.
5. Those carrying out HIV, HBV and/or HCV testing should receive appropriate training and education.³
6. An effective national testing strategy, including a monitoring and evaluation framework, is critical in responding to HBV, HCV and HIV infection.

To support scale-up of testing, ETW supports the recommended active offer of voluntary and confidential testing of HIV, HBV and HCV to all people in prison [7] through:

Provider-initiated testing and counselling [7]

- Healthcare providers should offer testing to all people in prison upon admission and throughout their time in prison. Evidence has shown that provider-initiated testing yields a higher uptake of testing than client-initiated methods;
- Health promotion, peer educators and trained community workers have also proven to increase testing uptake in prisons.

Client-initiated testing and counselling

- Although, prisoners may be reluctant to initiate testing themselves, client-initiated testing should continually be expanded and offered for free, be voluntary and available to all prisoners at any time during imprisonment [8].

In line with international [1, 8] and European [7] guidelines, ETW supports providing testing as part of a **comprehensive health care package** in order to reduce transmission of HIV, HBV and HCV in prisons. The comprehensive package should utilise intervention methods including:

<p>Health sector interventions:</p> <ul style="list-style-type: none"> • Healthcare workers, especially prison staff, should receive appropriate training for testing and counselling prior to or in parallel to scaling up a testing programme; • Provide education on preventative behaviour changes; • Offer testing in conjunction with other infections including sexually transmitted infections and tuberculosis; • Provision of condoms and lubricant; • Harm reduction for substance use (including needle exchange and opioid substitution therapy); • Vaccination for HBV; • Providing post-exposure prophylaxis; • Pre-exposure prophylaxis access comparable to that in the general population; • Access to treatment and care, especially after a positive diagnosis and the uninsured • Assurance of continuity of care for people who are entering and being released from prison. 	<p>Strategies for an enabling environment:</p> <ul style="list-style-type: none"> • Addressing stigma and discrimination; • Change institutional culture that tolerates rape and other sexual violence; • Integration of prison HIV, HBV HCV testing programmes into national policy; • Repealing legislation that criminalises behaviours of key populations, including drug use/injecting, sex work, same-sex activity and nonconforming gender identities; • Placing responsibility for prison health care with health departments rather than justice departments; • Ensure confidentiality of test results and enforce measures to address possible discrimination or abuse that might occur with positive test results.
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Additional resources:

World Health Organization. [Access to hepatitis C testing and treatment for people who inject drugs and people in prisons – a global perspective. Policy brief.](#) Geneva: WHO; 2019.

European AIDS Treatment Group. [Access to HCV related services in prison settings in Europe: A community perspective.](#) Brussels: EATG; 2018.

European Centre for Disease Prevention and Control, European Monitoring Centre for Drugs and Drug Addiction. [Public health guidance on active case finding of communicable diseases in prison settings.](#) Stockholm and Lisbon: ECDC and EMCDDA; 2018.

World Health Organization. [Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations –2016 update.](#) Geneva: WHO; 2016

United Nations Office on Drugs and Crime, UNAIDS, World Health Organization. [Policy Brief: HIV testing and counselling in prisons and other closed settings.](#) Vienna: UNODC; 2009.

References

1. World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations –2016 update. Geneva: WHO; 2016.
2. World Health Organization. Prisons and health. Copenhagen: WHO; 2014.
3. Dolan K, Wirtz A, Moazen B, Ndeffo-Mbah M, Galvani A, al. KSe. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. The Lancet. 2016;388(10049):1089–102.
4. Kamarulzaman A, Reid SE, Schwitters A, Wiessing L, El-Bassel N, Dolan K ea. Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in prisoners. The Lancet. 2016;10(388):1115-26.
5. European Centre for Disease Prevention and Control. Public health guidance on HIV, hepatitis B and C testing in the EU/EEA: An integrated approach. Stockholm: ECDC; 2018.
6. Organization; WH. Consolidated guidelines on HIV testing services. Geneva: WHO; 2015.
7. European Centre for Disease Prevention and Control, European Monitoring Centre for Drugs and Drug Addiction. Public health guidance on active case finding of communicable diseases in prison settings. Stockholm and Lisbon: ECDC and EMCDDA; 2018.
8. United Nations Office on Drugs and Crime, UNAIDS, World Health Organization. Policy Brief: HIV testing and counselling in prisons and other closed settings. Vienna: UNODC; 2009.