HIV & TB Control in sub-Saharan African Prisons: Neglect to Hopeful Future

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Zambian Vice President, Dr Guy Scott
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By SYLVIA MWEEATWA
VICE-President Guy Scott has described the deplorable conditions at Mukobeko Maximum Security Prison in Kabwe as “hell on earth”.

Dr Scott said in Kabwe yesterday that the prison conditions had deteriorated to levels where inmates had been de-humanised. He said the Government, a high ranking official to visit the prison since independence, was accompanied by Home Affairs Minister, Kennedy Sakeni; Central Province Minister, Philip Kosamu and other senior Government officials.

Dr Scott said he was jail terms for drug trafficking.

“After seeing for myself the deplorable conditions, I have concluded that this is like hell on earth and as such there is need to address some of the challenges.

Human beings should be treated as such,” he said.

There were 297 condemned prisoners and in some cases seven inmates were crammed in a cell which was supposed to have one prisoner. The vice-president learnt that case records for 45 prisoners on the past 27 years, adding that such a situation contributed to over-crowding.

Mabuluku said since the death of President Levy Mwanawasa, the situation had deteriorated. The prisoners in the condemned section knelt before Dr Scott and asked for forgiveness from the Government and the people of Zambia in an emotional episode.

Mr Sakeni described the congestion as inhuman and that there was need to find a lasting solution.

He said several years after for prisoners to be using plastic containers to relieve themselves at night.

At one dormitory, 152 inmates were sharing a cell meant for 40 prisoners while lavatories were in a deplorable condition.

Zambia Prisons Service Commissioner, Pery Chato, said there were 16,625 prisoners countrywide in facilities built to accommodate 7,500 inmates. Copperbelt Province has the highest, with 3,668, followed by Central Province, which has 3,265, Lusaka, 2,234 and
Zambian Prison Conditions

- Poor Nutrition
- Inadequate Clean Water
- Limited HIV Screening
- Limited Health Care Facilities
- No HIV Prevention
- Few Health Personnel
- Limited TB Screening
- Poor Information Management
- Inadequate Clean Water
- Limited Health Care Facilities
- Poor Linkages to Care
- Psychological Stress
- Insensitive TB Diagnostics
- Poor Infection Control

- Overcrowding
- Sexual Violence
- Insensitive TB Diagnostics
- Limited Health Care Facilities
- Overcrowding
Lusaka Central Prison

Built in 1923 for 200 inmates;
In 2011, houses 1500
Up to 50% are Remandees
“...all prisoners have the right to receive health care, including HIV preventive measures, equivalent to that available in the community,...”

Ref: UN Universal Declaration of Human Rights; Ref: UN General Assembly: Basic Principles for the Treatment of Prisoners, 1990
## African Prisons: TB/HIV Rates

<table>
<thead>
<tr>
<th>Country</th>
<th>National HIV Prev. (%)</th>
<th>Prison HIV Prev. (%)*</th>
<th>National TB Prev. (/100,000)*</th>
<th>Prisons TB Prev. (/100,000)</th>
<th>TB/HIV Co-infection (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cote d’Ivoire</td>
<td>3.4</td>
<td>7.0</td>
<td>156</td>
<td>5803</td>
<td>30</td>
</tr>
<tr>
<td>Cameroon</td>
<td>5.3</td>
<td>5.4</td>
<td>185</td>
<td>3516</td>
<td>25</td>
</tr>
<tr>
<td>Tanzania</td>
<td>6.0</td>
<td>5.6</td>
<td>183</td>
<td>4000</td>
<td>25</td>
</tr>
<tr>
<td>Malawi</td>
<td>12</td>
<td>14.0</td>
<td>174</td>
<td>1080</td>
<td>74</td>
</tr>
<tr>
<td>Zambia</td>
<td>14</td>
<td>21.6</td>
<td>345</td>
<td>2200</td>
<td>55</td>
</tr>
<tr>
<td>South Africa</td>
<td>18</td>
<td>43.5</td>
<td>795</td>
<td>- -</td>
<td>54</td>
</tr>
</tbody>
</table>

*Modified from Dolan et al, Lancet Infect Dis, 2007  
*Modified from WHO Global TB Report 2012
TB/HIV: Prison to Community

Other Prisons → PRISON

Visitors ↔ PRISON

Staff → PRISON

Families of Prison Staff → PRISON

Entry → PRISON

Exit → PRISON

‘Revolving Door’
Integrated TB/HIV screening, diagnosis and treatment
# Zambian Prisons: TB & HIV Prevalence (2010-11)

<table>
<thead>
<tr>
<th>Screening</th>
<th>Total Screened</th>
<th>Direct TB yield: 6.8% (n=535)</th>
<th>HIV Infected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Culture/Smear Confirmed</td>
<td>Clinically Diagnosed</td>
</tr>
<tr>
<td>At ENTRY</td>
<td>2221</td>
<td>1.5% (33)</td>
<td>1.0% (23)</td>
</tr>
<tr>
<td>MASS</td>
<td>3929</td>
<td>2.8% (109)</td>
<td>7.9% (312)</td>
</tr>
<tr>
<td>At EXIT</td>
<td>298</td>
<td>5.7% (17)</td>
<td>1.0% (3)</td>
</tr>
<tr>
<td>REFERRAL</td>
<td>137</td>
<td>2.2% (3)</td>
<td>1.5% (2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7874</td>
<td>2.2% (170)</td>
<td>4.6% (365)</td>
</tr>
</tbody>
</table>

**Note:** The prevalence rates are based on the total number of individuals screened during each phase (ENTRY, MASS, EXIT, REFERRAL) and the percentage of those screened who tested positive for TB and HIV.
# Prison Staff & Their Families

<table>
<thead>
<tr>
<th>Screening Intervention</th>
<th>Screened</th>
<th>Direct TB yield: 6.8% (n= 535)</th>
<th>HIV Infected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Culture/Smear Confirmed</td>
<td>Clinically Diagnosed</td>
</tr>
<tr>
<td>5 of 6 Prisons</td>
<td>1289</td>
<td>0.6% (8)</td>
<td>1.9% (25)</td>
</tr>
<tr>
<td>Lusaka Central Prison</td>
<td>401</td>
<td>2.0% (8)</td>
<td>4.2% (17)</td>
</tr>
</tbody>
</table>
Improving prisoner health care is a \textit{public health imperative}. 
COMPREHENSIVE TB CARE

- Awareness/ Buy-in & Training ✓
- Diagnostics & Infrastructure ✓
- TB Preventive Therapy
- Inmate Peer Educators ✓
- Info Management Systems/Referral & Linkages ✓

✓ = Implemented in Zambia
TB Screening Points

Other Prisons

Visitor

Staff

PRISON Referral screening

Entry

Exit

‘Rovolving Door’

Families of Prison Staff

COMMUNITY

Other Prisons

Visitors

Staff

Families of Prison Staff

‘Rovolving Door’
# Combination HIV Prevention

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>PREVENTION</th>
<th>SCREENING</th>
<th>TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP</td>
<td>Condom Provision √</td>
<td>VCT Test &amp; Treat √</td>
<td>Prison Officers √</td>
</tr>
<tr>
<td>PEP</td>
<td>Voluntary Male Circ √</td>
<td>Routine HIV Coun. &amp; Testing √</td>
<td>Inmates √</td>
</tr>
<tr>
<td>Early ART Initiation √</td>
<td>Safe Tattooing &amp; Injection</td>
<td>TB &amp; STI Screening √</td>
<td>Inmate Peers √</td>
</tr>
</tbody>
</table>

## INTEGRATED CARE & LINKAGES √
Programme Challenges

• Difficult to verify referral & treatment outcomes
• Inmate Peer Educator attrition
• Social & cultural restrictions on HIV prevention
• Lack of prison Information Management System
• Lack of program ownership among Officers
• Uncertain funding
Judicial Reform is Necessary

Public Health & Human Rights

PRISON HEALTH

Judicial Reform
Zambia: Are We Making Progress?

State must improve prison conditions

Govt to decongest prisons

‘Build prisons in new districts’

Construction of K65bn Mwembeshi Maximum Prison cheers Veep

Protecting inmates against HIV/AIDS is protecting our society
The fight against HIV and TB in sub-Saharan African prisons cannot be neglected.

*Prison Health is Public Health*
“We cannot win the battle against AIDS if we do not also fight TB.”

Nelson Mandela
IAS Posters

THPDE0305
‘Inmate peer educators are essential to prison-based HIV testing and TB screening in Zambia’

TUPE765
‘HIV prevalence in Zambian prisons: need for systematic scale-up of provider initiated testing and counseling’
Acknowledgements

Zambian Prison Service
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ZAMBART
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- Jennifer Harris
- Cheri Reid
Prison Research Needs

• Document disease burdens, epidemiology and behavior dynamics.
• Inmate cohorts to determine disease (HIV, TB, HIV, hepatitis etc.) prevalence & incidence
• Detail on demographic and clinical characteristics as well as risk behaviors and living conditions
• Fingerprinting techniques to establish TB disease transmission patterns.
• IPT implementation
• Guidelines for ethical research in prison populations
• Prison based TB screening algorithms