सत्यमेव जयते

REPORT OF THE NATIONAL CONSULTATION ON HIV INTERVENTION IN PRISONS AND OTHER CORRECTIONAL INSTITUTIONS

6 December, 2017 - New Delhi

National AIDS Control Organisation
India's Voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

#25 years of India's AIDS Control Programme

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For additional information about HIV intervention in prisons and other closed settings, please contact:

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SANJEEVA KUMAR, IAS
Additional Secretary & Director General, NACO

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राष्ट्रीय एड्स नियंत्रण संगठन
Government of India
Ministry of Health & Family Welfare
National AIDS Control Organisation

Foreword

The Ministry of Health and Family Welfare, Government of India, has made significant progress in containing the spread of the disease with evidence based policy, strategic directions, funding to establish services for HIV prevention, treatment and care continuum for people living with and affected by AIDS including key affected groups such as Sex Workers, Injection Drug Users, Men who have Sex with Men, Transgender and bridge populations who are at risk of acquiring HIV infection. Analysis of Indian prison data indicates that across 1,401 prisons, there were 4,19,623 prison inmates including 282076 undertrials (67.2% of total inmates). Eighty eight percent of the under-trial prisoners were below the age of 50 years and will eventually return to the community outside the prison. There is very limited data on the prevalence of drug use or other HIV risk behaviours among Indian prisoners. However, the available data highlights that prevalence of HIV, sexually transmitted infections, hepatitis B and C and tuberculosis in prison populations is 2 to 10 times high. Spread of HIV in prisons has significant public health implications as almost all prisoners return to their community thereby facilitating the spread of HIV infection to the general population. Therefore, the National AIDS Control Organisation is currently focusing on implementing HIV prevention and treatment services in prisons in a phased manner.

The results achieved from the implementation of phases I & II across 14 States provide strong evidence to scale up the intervention across other prisons in the country. Steps have been taken to initiate the process of implementing phase-III Prison intervention in Madhya Pradesh, Rajasthan, Odisha, Chhattisgarh, Jharkhand, West Bengal, Himachal Pradesh, Jammu & Kashmir, Karnataka, Tamil Nadu, Telangana, Andhra Pradesh, and Maharashtra. It has been proposed to set up surveillance sites in prisons to provide a comprehensive picture of the HIV/AIDS epidemic among prison inmates. Based on the experience of working with prisons populations, HIV intervention has recently been rolled out in State Home for Women in Assam. NACO in coordination with Ministry of Women and Child Development is planning to scale up the interventions in Swadhar and Ujjawala Homes across the country.

The National Strategic Plan for HIV/AIDS and STIs 2017-2024 has included prison HIV component to keep up global and national commitments made by the Ministry of Health and Family Welfare at various platforms in the past. The National consultation on HIV interventions in prisons and other correctional institutions organized on 6th December 2017 had provided much impetus to the ongoing interventions and also helped to develop a strategic framework for scaling up the interventions across the country.

(Sanjeeva Kumar)

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ

Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

T.V.S.N. PRASAD, IAS
Additional Secretary
Centre-State Relations
& International Cooperation
Government of India
Ministry of Home Affairs

सत्यमेव जयते

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Message for the Report of the National consultation on HIV interventions in prisons and other correctional institutions

Health of prisoners impacts overall public health. Prisoners, those working in prisons and their families are vulnerable to various health issues. For these reasons, it is essential to provide HIV interventions in these settings both for prisoners and for those employed by prison authorities. Responding to the growing evidence of HIV infection in prisons worldwide, WHO had emphasized that "all prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination."

The vast majority of people in prisons eventually return to their communities. Any disease contracted in closed settings or made worse by poor conditions of confinement can pose significant risks to public health. Therefore, HIV and other aspects of physical health in prisons should be the concern of health professionals. It is, therefore, important to foster and strengthen collaboration and coordination among all stakeholders with responsibilities in prisons as well as community-based service providers.

I am glad to note that the National AIDS Control Organisation, Ministry of Health and Family Welfare had recently held National Consultation on HIV interventions in prisions and other correctional institutions. I hope that the report of the National Consultation will provide appropriate suggestions and solutions to check HIV in prisons and correctional homes.

(T.V.S.N. Prasad, IAS)
Additional Secretary (CS)
Government of India, Ministry of Home Affairs

UNODC
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Message

UNODC is the guardian of the United Nations Standard Minimum Rules for the Treatment of Prisoners and assists countries in implementing international standards and United Nations resolutions that ensure all inmates have the right to receive health care, including HIV prevention and care, without discrimination and equivalent to those available in the community.

The work of UNODC on prisons and HIV is closely related to its work on criminal justice and prisons reform. The revised United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules), approved in 2015, recognize that prisoners should enjoy the same standards of health care that are available in the community. The rules also indicate that health care services should be organized in close relationship with the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, TB and other infectious diseases, as well as for drug dependence.

Glad to note that NACO has included prison HIV intervention component under the ongoing National AIDS Control Programme and setting up surveillance sites in prisons. Extending HIV prevention and treatment services for Women living in closed settings such as Swadhar, Ujjawala and State-run Homes will eventually result in containing HIV in the larger community. It is important to rollout the comprehensive package of 15 key interventions recommended for people living in prisons and other closed settings.

UNODC is committed to provide technical assistance through various capacity-building initiatives like: developing manuals to train prison managers and other staff, prison welfare officers, medical professionals and civil society partners on the comprehensive package of services for HIV prevention; conduct assessments and research studies to generate more strategic information to help develop evidence-informed programming; support NACO in organizing consultation with key stakeholders including authorities of judicial institutes and police training academies.

Yours sincerely

Sergey Kapinos
Representative

World Health Organization
India

Message from WHO Representative to India

Studies from around the world show that many prisoners have a history of problematic drug use, including injecting drugs. Outbreaks of HIV infection have occurred in a number of prison systems, demonstrating how rapidly HIV can spread in prisons unless effective action is taken to prevent transmission.

Recent NACO interventions in prisons have detected a significant number of people with HIV or with Hep C infection. The prevalence rate is almost 10 times than in the general population. This may be due to the over-representation of the key populations in the prisons; nevertheless, it establishes the need for intervention.

The importance of implementing HIV interventions, including drug treatment programmes, in prisons was recognized early in the epidemic. WHO responded to growing evidence of HIV infection in prisons worldwide by issuing guidelines on HIV infection and AIDS in prisons in 1993.

Every prisoner has the right to receive healthcare, including preventive measures, equivalent to that available in the community without discrimination. This was re-affirmed in the 2006 framework for an effective national response to HIV/AIDS in prisons, jointly published by the United Nations Office on Drugs and Crime (UNODC), WHO, and UNAIDS.

Populations in closed settings are not isolated from the general population. Most prisoners will return to their home communities within a few years. The high degree of mobility between prison and community means that communicable diseases and related illnesses transmitted or exacerbated in prison do not remain there.

Prison health issues, therefore, necessarily become community health issues. An increasing number of countries have introduced HIV programmes in prisons since the early 1990s. However, many of them are small in scale, restricted to a few prisons, or exclude necessary interventions for which, evidence of effectiveness exists.

Prevention is the key. UNODC, WHO and UNAIDS, 2014 have provided guidance on the comprehensive prevention packages in prisons and closed settings. It includes IEC, condom promotion, prevention of sexual violence, testing and linkages to care and treatment.

Implementation of a comprehensive programme is essential to contain the HIV epidemic in the larger community. The measures include: information and education, particularly through peers; drug dependence treatment, in particular opioid substitution therapy; voluntary HIV counseling and testing; and HIV care, treatment and support, including provision of antiretroviral treatment.

NACO has commenced implementing HIV intervention amongst prisoners, in a phased manner across the country. WHO welcomes this initiative and will remain a key stakeholder in providing technical assistance to NACP on this new endeavor.

Henk Bekedam
WHO Representative to India

UNAIDS

Message

UNAIDS Country Director for India

It has been observed globally that when men and women living with HIV who on treatment are arrested or incarcerated, it damages treatment retention and adherence which are detrimental to their health. Often health care in prisons is provided by the ministry responsible for prison administration rather than by public health authorities. Consequently, provision of HIV and coinfections services is disconnected from the national public health programmes.

There is a high frequency of co-infections of tuberculosis and HIV among prisoners and effective treatment of HIV not only decreases the level of mortality but the likelihood of developing active tuberculosis. Treatment programmes should, therefore, be available to prisoners soon after arrival, along with follow-up support to ensure continuity of care, especially during interfacility transfers and release. Active detection and treatment of tuberculosis is critical.

Many prison systems provide condoms to inmates, e.g. countries in Western Europe, parts of Eastern Europe and Central Asia, Australia, Canada, Indonesia, the Islamic Republic of Iran, South Africa, the United States of America, etc. There is evidence that condoms can be provided in a wide range of prison settings for prisoners to use them to prevent HIV transmission. Also, HIV infections among prisoners can be prevented by the provision of noncoercive harm reduction services. Available evidence indicates that most harm-reduction programmes, including opioid substitution therapy and needle and syringe exchange programmes, can be implemented within prisons without compromising security or increasing illicit drug use.

In many instances, the health of prisoners is neglected due to the intense stigma that this population faces and low levels of investments in their care. Most of the time access to health care in prison settings is limited and not equivalent to the services that are available to the wider community. Access to preventive, curative, reproductive and palliative health care should be equivalent to that provided in the community, in accordance with the United Nations Basic Principles for the Treatment of Prisoners, which recognizes that "Prisoners shall have access to the health services available in the country without discrimination".

HIV/AIDS (Prevention and Control) Act 2017 clearly states that every person who is in the care or custody of the State shall have the right to HIV prevention, counselling, testing and treatment services. UNAIDS strongly believes that incorporating HIV intervention in prisons and other closed settings in the National Strategic Plan 2017-2024, would certainly improve the access to HIV prevention and treatment services for people living in these settings. UNAIDS will remain an important stakeholder in improving the lives of prisoners in India, therefore let us go beyond HIV and provide a comprehensive package of services which could guaranty that prisoners will remain healthy and come back to the society healthy and continue to contribute economically to their communities.

(Dr Bilali Camara)

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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Dated: 8th January, 2017

Message

Ministry of Women and Child Development is implementing Swadhar Greh –The scheme which targets the women victims of difficult circumstances. This scheme that targets women who are deserted and are without any social and economic support; women survivors of natural disasters who have been rendered homeless and are without any social and economic support; women prisoners released from jail and are without family, social and economic support; women victims of domestic violence, family tension or discord, who are made to leave their homes without any means of subsistence and have no special protection from exploitation and/ or facing litigation on account of marital disputes. Similarly Trafficked women/girls rescued or runaway from brothels or other places where they face exploitation and women affected by HIV/AIDS who do not have any social or economic support provided under Ujjawala Scheme in areas where it is in operation. If on diagnosis, it is found that facilities provided at the Swadhar Greh are suited to meet the needs of the victim, the applicant may be admitted and provided services for rehabilitation. If it is found that the services offered at the Swadhar Greh would not meet the problem of the applicant, she should be referred to other suitable institutions in the community, e.g., women victims of trafficking should avail the benefits under Ujjawala scheme.

Ministry of Women and Child Development is happy to collaborate with National AIDS Control Organisation for providing HIV prevention and treatment services to inmates reached out under the Swadhar Greh and Ujjawala schemes.

N mishra 8/1/18

(Nandita Mishra)

संयुक्त सचिव
Joint Secretary

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Message

The Ministry of Social Justice and Empowerment, is the nodal Ministry for drug demand reduction. It coordinates and monitors all aspects of drug abuse prevention which include assessment of the extent of the problem, preventive action, treatment and rehabilitation of addicts, dissemination of information and public awareness. The Ministry provides community-based services for the identification, treatment and rehabilitation of addicts through voluntary organizations. For the purpose of drug demand reduction, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. Under this Scheme, financial assistance up to 90% of the approved expenditure is given to the voluntary organizations and other eligible agencies for setting up/running Integrated Rehabilitation Centre for Addicts (IRCAs). In the case of North-Eastern States, Sikkim and Jammu & Kashmir, the quantum of assistance is 95% of the total admissible expenditure. The Scheme provides financial support to NGOs and employers mainly for the following items: Awareness and Preventive Education; Drug Awareness and Counselling Centres (CC); Integrated Rehabilitation Centres for Addicts (IRCAs); Workplace Prevention Programme (WPP); De-addiction Camps (ACDC); NGO forum for Drug Abuse Prevention; Innovative Interventions to strengthen community based rehabilitation; Technical Exchange and Manpower development programme; Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.

The spread of HIV in prisons has significant public health implications as almost all prisoners return to their community thereby facilitating the spread of HIV infection to the general population. HIV prevention and treatment services initiated for prison inmates under the National AIDS Control programme is an important strategy which would eventually result in halting and reversing the HIV epidemic in the country. People in prisons have different and complex issues related to drug use. The Ministry will explore the possibility of providing drug treatment facilities in prison settings.

(Surendra Singh)

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Dated the 4th January, 2018

Message

Narcotics Control Bureau (NCB) is the national drug law enforcement and intelligence agency of India responsible for fighting drug trafficking and abuse of illegal substances. Narcotics Control Bureau is also the apex coordinating agency for all matters pertaining to drug law enforcement. It has a Pan India presence through its 13 zones and 12 sub-zones spread in all the regions of the country. The zones and sub-zones collect and analyse data related to seizures of narcotic drugs and psychotropic substances, study trends, modus operandi etc., collect and disseminate intelligence, and work in close cooperation with the Customs, State Police and other law enforcement agencies for drug interdiction.

Although as per the National NDPS Policy, NCB mainly has the mandate of supply reduction, it is fully aware of the consequences of drug use on a wider spectrum including on individual, family and the larger society. India also has a large section of prisoners as undertrails and lack of sensitization amongst police personnel including jail authorities are the key issues which need to be dealt with.

As in the past, NCB is willing to collaborate with NACO and reputed civil society organizations in sensitizing law enforcement agencies across the country in order to generate suitable national responses against illicit trafficking in drugs.

With best wishes,

4.1.18

(Dr. Rajender Pal Singh)

सत्यमेव जयते

आलोक सक्सेना
संयुक्त सचिव
Alok Saxena
Joint Secretary

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भारत सरकार

National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

Message

New goals, targets and commitments have been made in United Nations General Assembly Political Declaration, 2016 on Ending AIDS. India has agreed to historic and urgent agenda to accelerate efforts towards ending the AIDS epidemic by 2030.

The National AIDS Control Programme (NACP) phase-IV also targets prisoners and women living in other closed settings (Swadhar and Ujjawala Homes) in the country. National strategic plan (NSP) 2017-24, developed for implementing the intervention in prisons and other closed settings provides comprehensive HIV prevention services for all inmates.

The Section 31 (1) of the HIV/AIDS (Prevention and Control) Act 2017 clearly states that every person who is in the care or custody of the State shall have the right to HIV prevention, counselling, testing and treatment services in accordance with the guidelines issued in this regard. NACO is also taking cognizance of the revised United Nations Standard Minimum Rules for the treatment of Prisoners which recommends providing HIV services, including prevention and Antiretroviral Treatment for prisoners (The Nelson Mandela Rule, (25-2), 2015).

The National Consultation on HIV intervention in Prisons and other closed settings underlined the commitment towards addressing HIV prevention and treatment needs amongst prison inmates and Women living in other closed settings by setting up Facility Integrated Counselling and Testing Centres (FICTC) and Link ART Centres (LAC) in the Central and District prisons. In addition, the Outpatient Opioid Assisted Treatment (OOAT) being provided by Government of Punjab may also be tried in other States. Also, Prison specific communication material may also be provided for behaviour change and safe practices.

NACO will work closely with other Government Departments, Development Partners, NGOs and Civil Society Organisations for implementation and monitoring of the Prison intervention to make it a model programme.

(Alok Saxena)

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

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Acknowledgements

Following the launch of Prison HIV intervention by the Hon'ble Union Minister of Health & Family Welfare on 6 February, 2016, NACO had systematically extended the implementation of providing HIV prevention and treatment services. The new Prison manual, released in 2016 by Hon'ble Home Minister, recommends that the Prison medical administration should be part of the State Health Services/ Medical Department instead of the prison administration. The manual also states that it is the responsibility of the States to devise and develop mechanisms for rehabilitation of released inmates. Towards this end, NACO with the support of State prisons department and NGO/CBO implementing Targeted Intervention is in the process of establishing intuitional mechanism for post-release linkages.

Under the dynamic stewardship of Shri Sanjeeva Kumar, AS & DG, NACO, HIV interventions in prisons have been catalyzed and extended to Women living in other closed settings including Swadhar, Ujjawala and State-run Homes. Shri Alok Saxena, JS, NACO actively guided the team in organizing the national consultation.

We are grateful to Dr Henk Bekedam, WHO Representative, Dr Bilali Camara, UNAIDS Country Director, Shri Sergey Kapinos, Representative for South Asia, UNODC and Shri Ajay Kashyap, Director General of Tihar Prisons for providing valuable guidance in the deliberations.

We thank Directors General and Inspectors General of Prisons and authorities from Department of Social Welfare and Department of Women and Child Development for their cooperation in rolling out the intervention in prisons and other closed settings across the country. Project Directors of State AIDS Control Societies and their teams have contributed immensely in planning, implementation and monitoring of the intervention. We acknowledge the support provided by Dr Sampath Kumar, CDC, Dr Bitra George, Country Director, FHI360, Dr Joshua Sunil Gokavi, Executive Director, EHA, Dr Sai Subhasree Raghavan, President, SAATHII, Ms Sonal Mehta, Chief Executive, India HIV/AIDS Alliance and their project staff in operationalizing these interventions.

We also thank the senior officers from various Ministries for their active participation and contribution in the finalization of the Operational Guidelines on HIV intervention for people living in prisons and other closed settings, these include officers from Ministry of Home Affairs, Ministry of Social Justice and Empowerment and Ministry of Women & Child Development, Narcotics Control Bureau, Customs, Bureau of Police Research and Development and the Indian Council of Medical Research.

We are grateful for the support provided by USAID for organizing the National consultation. We commend Dr Bhawani Singh, Mr. Abraham Lincoln, Dr Pradeep Kumar, Ms. Sophia Khumukcham and Ms. Kim Hauzel from NACO for their significant contributions to the consultation.

(Dr S Venkatesh)

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
CBO	Community-based Organisation
DAPCU	District AIDS Control and Prevention Unit
DDAP	Drug De-Addiction Programme
F-ICTC	Facility-Integrated Counselling and Testing Centre
HCTS	HIV Counselling and Testing Services
HIV	Human Immunodeficiency Virus
HRG	High-risk Group
IBBS	Integrated Biological and Behavioural Surveillance
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
IPT	Isoniazid Preventive Therapy
LAC	Link ART Centre
LEA	Law Enforcement Agency
MoHFW	Ministry of Health and Family Welfare
MSJE	Ministry of Social Justice and Empowerment
MWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Nongovernmental Organisation
NHM	National Health Mission
OST	Opioid Substitution Therapy
PLHIV	People living with HIV
PPTCT	Prevention of Parent-to-child Transmission
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SA-ICTC	Stand-Alone Integrated Counselling and Testing Centre
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TI	Targeted Intervention
TOT	Training of Trainers
TSU	Technical Support Unit
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Executive Summary

The National Consultation on HIV Intervention in Prisons and Other Correctional Institutions was held under the Chairmanship of Shri Sanjeeva Kumar, Additional Secretary and Director General, NACO in New Delhi on 6th December 2017. The consultation aimed to discuss ways to improve the ongoing prison HIV intervention in the country; identify strategies for expansion of similar services to women living in other closed settings (Swadhar Homes, Ujjawala Homes etc.); finalize operational guidelines for implementing HIV interventions in prisons and other closed settings; discuss the significance of setting up surveillance sites in prison settings; and share some best practices including a study conducted in Punjab prisons.

Deliberations were held against the backdrop of the National Strategic Plan 2017-2024 and the HIV/AIDS (Prevention and Control) Act, 2017. Internationally, the revised United Nations Standard Minimum Rules for the treatment of Prisoners (approved in 2015) recommended provision of HIV services, including prevention and antiretroviral treatment for prisoners (The Nelson Mandela Rule). In 2013, UNODC together with ILO and UNDP developed a comprehensive package of 15 key interventions for people in prisons and other closed settings.

The structure of the consultation included plenary sessions, group discussions and panel discussions on critical themes. Senior government officials, experts from various institutions and community members participated and contributed to these sessions and discussions.

The commitment to the issue was evident in the participation of senior officials from: Ministry of Home Affairs (MHA), Ministry of Social Justice and Empowerment(MSJE), Ministry of Women and Child Development (MoWCD), Narcotics Control Bureau (NCB), Office of Delhi Police Commissioner, Customs, Bureau of Police Research and Development (BPR&D), World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC), USAID, Centres for Disease Control and Prevention (CDC), National Institute of Cholera and Enteric Diseases (NICED) & National AIDS Research Institute (NARI), State Prisons Departments, Social Welfare Dept. and Women and Child Development Dept. from different states, FHI360, Emmanuel Hospital Associations (EHA), Solidarity and Action Against HIV Infection in India (SAATHII), India HIV/AIDS Alliance, as well as representatives from Swadhar and Ujjawala Homes and TI-NGOs.

Key Recommendations

- Scale up Phase-III implementation of HIV interventions in the following States: Madhya Pradesh, Rajasthan, Odisha, Chhattisgarh, Jharkhand, West Bengal, Himachal Pradesh, Jammu & Kashmir, Karnataka, Tamil Nadu, Telangana, Andhra Pradesh, and Maharashtra.
- Establish FICTC and LAC in central and district prisons to ensure sustainability of service provision.
- Outpatient Opioid Assisted Treatment (OOAT) as provided in prisons by government of Punjab may be tried out in other states.
- Replicate in other states initiatives like Assam's prevention and treatment services for women living in Swadhar, Ujjawala and Short-stay Homes.
- State AIDS Control Societies(SACS) supported by FHI360/EHA/SAATHII/State Prisons Department, should conduct situational assessment following the model demonstrated in Punjab prisons.
- Organise consultation to discuss methodology of setting up surveillance sites in prisons. The process of setting up surveillance sites in prisons could be fast tracked to acquire a comprehensive picture of the HIV/AIDS epidemic among prison inmates.
- The HIV/AIDS (Prevention and Control) Act, 2017 states that "Every person in the care and custody of the state shall have a right to HIV prevention, testing, treatment and counselling services". Operational guidelines can be developed to ensure that every inmate living in prisons as well as other closed settings is adequately covered.
- Organize state-level consultations /sensitization workshops with departments and functionaries enforcing law as well as prison officials to facilitate effective implementation of the intervention.

- Develop specific IEC/BCC materials for the north-east through FHI360 and adopt these for intervention in other States.
- Develop directory with the details of service providers including NGO/CBO contacts to ensure appropriate referral and linkages.
- Organize a national workshop with authorities of police training academies to discuss the significance of including HIV/AIDS related content in the training curricula.
- Organize national workshop with authorities of judicial training institutes to sensitize them on Sec 64 (A) of NDPS Act 2014.
- Mainstreaming division to complete signing of MoU between NACO and Ministry of Women and Child Development.
- Develop uniform reporting format to monitor the progress of HIV intervention implemented in prisons and other closed settings.

Background

Analysis of prison data (2015) indicates that across 1,401 prisons, there were 4,19,623 prison inmates including 2,82,076 undertrials (67.2% of total inmates). Eighty eight percent of the undertrials were below the age of 50 years and would eventually return to the community outside the prison. There is very limited data on the prevalence of drug use or HIV risk behaviours among Indian prisoners. However, the available data highlights that prevalence of HIV, sexually transmitted infections, Hepatitis B and C and tuberculosis in prison populations is 2 to 10 times higher than general population. Therefore, spread of HIV in prisons has significant public health implications as almost all prisoners return to their community thereby facilitating the spread of HIV infection to the general population.

Sustainable Development Goal (SDG) 3 has a dedicated target for ending AIDS by 2030. Other SDGs, particularly 5, 10, 16 and 17 are also very closely linked to the AIDS response. Recommendations based on human rights and public health have also been made to ensure equal access to HIV services for people who use drugs and people in prisons. It also calls for a 75% reduction of new HIV infections by 2020 even among people who use drugs and people in prisons, UNODC, ILO, UNDP in 2013 developed a comprehensive package of 15 key interventions for people in prisons and other closed settings. Section 22 of the revised United Nations Standard Minimum Rules for the treatment of Prisoners recommends providing HIV services, including prevention and antiretroviral treatment for prisoners (The Nelson Mandela Rule).

In India, the consultative meeting with law enforcement agencies and other key stakeholders organized in October 2014 at Nirman Bhawan, New Delhi under the chairmanship of Union Secretary (Health), MoHFW, Govt. of India paved way for reviving the national prison HIV intervention strategy. As a precursor to the rollout of prison HIV intervention in the country during 2015-16, NACO had organized a series of regional sensitization workshops with senior law enforcing functionaries in collaboration with UNODC, NCB and other development partners such as FHI360 and EHA. The feedback from these workshops was instrumental in strengthening implementation modalities. It was decided that the implementation will take place in a phased manner across the Country.

Hon'ble Union Minister of Health and Family Welfare Shri. Jagat Prakash Nadda on 6th February 2016 launched prison HIV intervention as part of project Sunrise at Imphal, Manipur (project Sunrise is supported by CDC through FHI360 for enhancing HIV prevention and care services for IDUs in North-Eastern States). Subsequently, Phase-I prison HIV intervention was launched in Punjab and Chandigarh by Addl. Sec. & DG, NACO, MoHFW, Govt. of India, during an event held on 8th July 2016 at Chandigarh (EHA provides technical assistance for implementing prison HIV intervention in Punjab and Chandigarh with financial support from Aidsfonds, Netherlands).

The results achieved from 90 prison sites across 14 states provided strong evidence to scale up the intervention across other prisons in the Country. State level inter-departmental meetings between SACS and State prisons departments were organized to develop joint action plan for Bihar, Uttar Pradesh, Uttarakhand and Rajasthan. These states are currently operationalizing Phase-II prison HIV intervention in 67 prison sites. The process to formalize the ongoing HIV intervention including OST service implemented in Tihar Prisons has been initiated by Delhi SACS. Communication from Addl. Sec. & DG, NACO, has been sent to Director General / Inspector General of Prisons of the following states to initiate the process of implementing Phase-III Prison intervention: Madhya Pradesh, Rajasthan, Odisha, Chhattisgarh, Jharkhand, West Bengal, Himachal Pradesh, Jammu and Kashmir, Karnataka, Tamil Nadu, Telangana, Andhra Pradesh, and Maharashtra.

The National Strategic Plan for HIV/AIDS and STI (2017–2024) released on December 1, 2017 emphasized "TI Style" approach in prisons. Based on the experience of working with prison populations, AS & DG, NACO, launched HIV/AIDS intervention programme for women living in Correctional Homes in Assam. This is the first state in the country to introduce HIV/AIDS intervention programme for women living in Correctional homes. NACO has been taking concerted efforts to provide comprehensive HIV prevention and treatment services to prison inmates and women living in Swadhar, Ujjawala and State-run Homes.

The objectives of this national consultation were to

1. Deliberate ways and means to improve the ongoing prison HIV intervention in the Country
2. Identify strategies for expanding similar services to women living in other closed settings (Swadhar, Ujjawala and State-run Homes)
3. Finalize the operational guidelines developed for implementing HIV intervention in prisons and other closed settings
4. Discuss the significance of setting up surveillance sites in prison settings
5. Share some of the best practices including the study conducted in Punjab prisons

Inaugural session

Shri Sanjeeva Kumar, Additional Secretary & Director General, National AIDS Control Organisation, while speaking at the inaugural session shared that NACO had taken cognizance of key recommendations made by international agencies to ensure equal access to HIV services for people who use drugs and people in prisons. NACO in consultation with UNAIDS, WHO, UNODC and other key stakeholders identified eligible interventions from the comprehensive package recommended by UN agencies for implementing HIV intervention in prisons and other closed settings. He also highlighted, "NACO has been rapidly scaling up HIV interventions in prisons across the country which are currently catering to around 1,20,000 prison populations through 90 prison sites across 14 states." Based on the experience of working with prison populations, a similar HIV intervention was recently rolled out in a State Home for Women in collaboration with State Social Welfare Dept. and Health and Family Welfare Dept. in Assam. He recalled discussions with MSJE on establishing linkages for prison populations in Integrated Rehabilitation Centers for Addicts (IRCA). He recommended for drafting guidelines and rules for the HIV/AIDS (Prevention and Control) Act 2017 in consultation with key stakeholders.

Shri Sanjeeva Kumar also reiterated the need to have high level coordination between different departments and ministries especially MoHFW, MWCD, MSJE, MHA, Customs, Dept. of Revenue, Police Training Academy, Judicial Training Institute, medical institutions, other line ministries and departments, as well as bilateral/multilateral agencies and NGOs/CBOs. This would enhance the access to HIV prevention and treatment services for people living in prisons and other closed settings. He also recommended to set up an institutional mechanism to address post-release linkages and enter into MoUs with other key Ministry/Departments in a time-bound manner (15 have been signed so far). He added, "work has commenced on setting up surveillance sites in prisons." In the absence of guidance on HIV in the latest prison manual, he suggested that Ministry of Home Affairs could send advisory to State governments to give emphasis on addressing HIV/AIDS amongst inmates living in prison settings. He also recommended to conduct State-level consultations with key depts. including functionaries enforcing law and prison officials to take this initiative forward.

Shri Ajay Kashyap, Director General of Police (Tihar Prisons), shared that there were 16 central prisons in Delhi under the same administration. He emphasized, "Tihar has a brand value and the products made by the inmates are competitive and holds high regard amongst consumers." Regarding infrastructure, he elaborated that infrastructure development programmes were introduced in recent years with the financial assistance from central and state governments. Expanding further, he shared that while overcrowding was an issue which was being addressed by the judicial system, a larger concern was bringing in more health programmes for the inmates. He highlighted, "attrition as a challenge that the prison department faces in providing specialists doctors with cutting edge technologies."

However, he highlighted, "Tihar has been one of the very few jails in South Asia to introduce comprehensive HIV services" and emphasized that the HIV programmes currently implemented would be revived and strengthened with the support of Delhi State AIDS Control Society and NACO. He shared, "Tihar has an 80-bedded deaddiction center which was ISO certified as early as 2008 and the quality has never been compromised." He recommended that Tihar's expertise and experience could be used while drafting policies related to the criminal justice system. He appealed to all the stakeholders - UNAIDS, UNODC, WHO, USAID, CDC, MSJE, MHA, MoWCD and others to join hands with the prison administration to make long lasting impact amongst the lives of prisoners.

Dr Henk Bekedam, WHO Representative-India, shared, "globally, HIV, TB, Hepatitis C and B infections among prison inmates has been reported much higher than the general population due to various factors." He observed that over the years, while significant progress had been made in implementing HIV programmes in the community, very limited progress was achieved in prisons. He also emphasized the need for providing comprehensive interventions including needle/ syringes, oral substitution therapy (OST) and condoms in the prison settings.

He further highlighted that WHO had provided clear guidelines for the HIV and TB intervention among prison inmates which included voluntary HIV testing, ensuring confidentiality by the health care provider, education on HIV and access to HIV and TB treatment. In addition, he pointed out that the guidelines suggested the need for establishing surveillance site and the evaluating the intervention implemented in prisons. He also emphasized establishing HIV testing and treatment services in prisons as well as diagnosis and treatment for Hepatitis-C. He congratulated NACO for bringing together key stakeholders from different ministries and departments for this important meeting and suggested that intervention in prisons and other closed settings to be rapidly scaled up over the next few years.

Shri Sergey Kapinos, Representative for South Asia, United Nations Office on Drugs and Crime, in his address, highlighted the key focus areas while implementing HIV interventions in prisons. He highlighted that over 10 million people were held in prisons worldwide on any given day and the total annual prison population was much higher due to a high turnover of incarcerated population. He pointed out that HIV prevalence among women was significantly higher than men in prisons due to various factors.

He further observed that HIV spread in prisons was often due to sharing of needles and syringes and most often the criminal justice system itself facilitated the spread of the diseases, as overcrowding and sexual violence were realities in prisons across the globe. He emphasized that the treatment and care for those living with HIV/AIDS inside prisons should be equivalent to the treatment and care available for the general population. In that context, he highlighted that, in 2013, UNODC together with other UN co-sponsors including ILO, UNDP, WHO and UNAIDS developed a comprehensive package of 15 key interventions for people in prisons and other closed settings.

He also emphasized that harm reduction in the absence of Needle and Syringe Exchange Programme might not bring in desired results and recommended NACO to devise mechanisms to address social stigma, discrimination, nutrition and hygiene while implementing the intervention. He also recommended that the intervention should take into account the diagnosis and treatment for hepatitis amongst prison inmates. He reiterated that no one should be left behind in the march towards ending AIDS by 2030.

Ms. Nandita Mishra, Economic Adviser & Joint Secretary (Media), Ministry of Women and Child Development, described about the significance of expanding HIV prevention and treatment services to women living in other closed settings. She talked about the inmates living in Swadhar Homes, Ujjawala Homes and Short-stay Homes as victims of crimes, such as human trafficking, etc., and unfortunate circumstances, such as destitution, death of spouse, desertion and abandonment. She highlighted about the vulnerability of women living in these settings, to HIV and other communicable diseases. She also mentioned about the schemes provided by the MWCD which largely aimed at providing comprehensive rehabilitation services to women living in these homes and shared that the intervention might also be expanded to the new 1000 bedded Home constructed at Varanasi. She informed that the National Commission for Women was looking into the conditions of the women in prisons, especially after the release of new prison manual by MHA. She assured that MWCD would collaborate with NACO to scale up HIV prevention and treatment services amongst women living in homes that were run by MWCD in the Country. She suggested to use the term - 'closed settings' instead of 'correctional institutions'.

Shri R. P. Singh, Deputy Director General–Operations, Narcotics Control Bureau, shared that NCB was cognizant of the far-reaching consequences of drug use including those on the family, individual and the larger society. He highlighted, "while NCB's mandate is to reduce supply, it also creates awareness, especially amongst college students." He shared that in India, a large section of prisoners were undertrials and lack of sensitization amongst police personnel including jail authorities were the key issues why drug users were overrepresented in prisons. He emphasized, as NCB strongly believed, that sensitization of law enforcement agencies was key to the success of various initiatives taken by NACO. He emphasized, "NCB has been working with NACO and will ensure similar support in the coming days and encourage civil society organizations to work closely with NCB on this endeavor."

Shri Khagesh Garg, Director (DP), Ministry of Social Justice and Empowerment spoke to the participants about establishing and strengthening drug de-addiction centers in prison settings in India. He shared, "MJSE supports 400 de-addiction centres in the country and financial support has been provided for all type of components including medicines, stay, food, etc. "He shared that the results were encouraging with 70-80% of the beneficiaries reported satisfaction with the services. However, he emphasised that the issue of drug use in prisons was different and complex and the ministry was exploring the possibility of providing similar intervention in prison settings. He acknowledged that the infrastructure and model for prison interventions for deaddiction would need to be different from the community settings.

Shri S.K. Gupta, Deputy Secretary (Prisons), Ministry of Home Affairs, highlighted the key recommendations of the New Model Prison Manual 2016. He explained, "the manual has 32 chapters which aim to bring basic uniformity in laws, rules and regulations governing the administration of prisons and the management of prisoners all over the Country. "He also pointed out that the manual had recommended that the prison medical administration to be a part of the State Health Services/ Medical Department and the Chief Medical Officer to organize de-addiction programmes for prisoners who were known to be drug-addicts. It also placed after-care and rehabilitation of offenders as an integral part of the institutional care and treatment. He highlighted that as it was the responsibility of the States to devise and develop mechanisms for rehabilitation of released convicts, for that purpose, Discharged Prisoners' After Care and Rehabilitation Committees were being planned for the district or state level. He emphasized that while there was no mention of HIV in the New Prison Manual, directives had already been sent to State governments to enhance the access to HIV prevention and treatment services for prison populations.

Shri Xerxes Sidhwa, Director, Health Office, USAID-India shared that despite the high risk of HIV transmission among prisoners, HIV prevention and treatment programmes were often limited in prisons and other closed settings globally. He spoke about the importance of addressing HIV/AIDS amongst prison population by NACO and the usefulness of a consultation of this nature. He shared that if HIV testing and counselling was made readily available on entry to prison and throughout incarceration, the uptake would increase. He suggested that NACO could establish HIV testing and treatment services as part of the prison medical facility. He emphasised that mandatory testing and segregation of prisoners living with HIV would be a breach of human rights and would also be costly and inefficient. He also recommended NACO to consider adopting community-based HIV testing, 'test and treat' as well as replicate the TI model to reduce HIV transmission among prison population. He viewed sensitization of prison officials as the key determinant for increasing treatment adherence in prisons and emphasised that without addressing the needs of prison inmates, a crucial gap in the HIV response would continue to hamper progress.

Dr. Savina Ammassari, Senior Strategic Information Adviser, UNAIDS recalled India's commitment to reach 90-90-90 by 2020 and End of AIDS by 2030 and stressed that the last mile would not be easy. She talked about health in prisons being complicated by high risk of transmission of infectious diseases and limited access to HIV and other health services. She observed how the global incarceration rate was rising and was at 144 per 100 000 population. The estimation was that in 2016 nearly 400000 (3.8%) people in prisons were living with HIV of which 1.6 million were living with HCV (15.1%); 500 000 with chronic HBV infection (4.8%); and 300000 with active tuberculosis (2.8%). Women in prison represent 5–10% of the total prison population globally and HIV prevalence among women was higher than men in prisons. She explained about the public health and human rights obligation to provide people with the necessary services and to prevent new infections and offer treatment to those already infected. She pointed out that the 37th meeting of UNAIDS Programme Coordinating Board discussed the issue of HIV in prisons and other closed settings, also recalled UNAIDS Strategy 2016–2021: on the Fast-Track to end AIDS which included the target of reducing 75% new HIV infection amongst prison population. She shared that punitive laws affected vulnerable key population disproportionately and observed how this remained one of the reasons for over representation of drug users in prisons. She highlighted the necessity to protect the rights of marginalized populations for mitigating social stigma and discrimination, including within criminal justice and prison contexts. She reiterated UNAIDS commitment to promote and support an effective response to HIV in prisons and other closed settings.


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Dr. S. Venkatesh, Deputy Director General, National AIDS Control Organisation briefed the purpose of the consultation. He shared that NACO had been taking concerted efforts to achieve the global commitments and highlighted that the National Strategic Plan for HIV/AIDS and STI (2017–2024), released on the World AIDS Day, included prison HIV intervention as a component under National AIDS Control Programme. He emphasized that the treatment and care of those living with HIV/AIDS inside prisons should be equivalent to the treatment and care available for the general population and this was the premise on which NACO considered prisoners as one of the special groups under NACP. He highlighted about the impact made over the last twelve months of implementation and strongly recommended for rapid scale-up of HIV intervention in prison settings across the Country. He informed that the operational guidelines for implementing HIV intervention in prisons and other closed settings developed by NACO was presented in various regional level workshops and the final draft version was now available for further inputs. "Representation from various ministries and departments of Govt. of India; Director General/Inspector General of Prisons; Social Welfare Dept. and Women and Child Development Dept.; bilateral and multilateral agencies; partner NGOs; TI representatives present here clearly shows the commitment towards addressing this very important issue", he added. He acknowledged the support provided by CDC & USAID through FHI360; Aidsfonds by EHA, Elton John AIDS Foundation through SAATHII and India HIV/AIDS Alliance in operationalizing the intervention across the country. He welcomed other NGOs/CBOs for partnering with NACO on this important endeavour.

AS & DG, NACO launched SIMS Portal on Megh Raj & released

1. **Inaugural issue of Sankalak:** Status of National AIDS Response
2. **HSS 2016-17 Technical Brief**

Strategic Information Management System (SIMS): Programme monitoring is vital to evidence-based national AIDS response. IT enabled SIMS System is backbone of the programme monitoring. SIMS is an integrated web-based reporting, data management & decision support system, with monthly reporting from almost all the programme components. SIMS was earlier hosted on local servers. To utilise and harness the benefits of Cloud Computing, Government of India has embarked upon an ambitious initiative - "GI Cloud" which has been named 'MeghRaj'. The focus of this initiative is to accelerate delivery of e-services in the country while optimizing ICT spending of the Government. In line with Government of India initiatives, SIMS application has been now shifted to cloud 'MeghRaj'.

Sankalak-Status of the National AIDS Response: Development of a rich evidence base continues to be the cornerstone of the national AIDS response as India moves towards the "End of AIDS". Fast-Track Targets for 2020 have been adopted to measure progress towards achieving this important goal by 2030. Concurrent analysis and reporting of evidences on the Fast-Track indicators will be key not only to track progress, but also for making mid-course corrections, if required. Sankalak, a bulletin of Monitoring, Evaluation and Surveillance Division, aims to report progress of the national AIDS response on select key indicators including the ones which are used to monitor the 2020 Fast-Track targets. It summarizes the data on epidemic, at national and state level, and shows progress made under the prevention, testing and treatment programme for financial year 2016-17. Sankalak is a response to the critical need for systematic analysis and dissemination of progress on indicators to stakeholders, including policy-makers, programme managers and technical staff in the NACP.

HIV Sentinel Surveillance 2016-17: A Technical Brief: India has one of the world's largest and most robust HIV Sentinel Surveillance System. Tremendous efforts have been made to collect data on the HIV/AIDS epidemic through HIV Sentinel Surveillance. Over the past two decades, the HIV surveillance has expanded; the geographical unit of data generation, analysis and use for planning through HIV surveillance has shifted from the national to the state and district level. This technical brief describes and analyses the level and trend of HIV/AIDS epidemic across the seven study populations, based on data from over 652 districts across 35 states and union territories. HSS 2016-17 highlights that the HIV epidemic continues to be heterogenic in India with varied HIV prevalence by location and population.

Plenary session

Chair: Dr. R. S. Gupta, Deputy Director General, NACO

Chair: Shri Ajay Kashyap, IPS, Director General, Tihar Prisons

TOPICS

Provisions in HIV/AIDS Act 2017 for people in the care or custody of the State

Presenter: Dr Naresh Goel, Deputy Director General, NACO

- HIV/AIDS (Prevention and Control) Act 2017 seeks to address stigma and discrimination; create an enabling environment for enhancing access to services; safeguards rights of PLHIV and those affected by HIV; provides free diagnostic facilities related to ARTs; promote safe workplace in healthcare settings to prevent occupational exposure; and strengthens system of grievance redressal.
- Section 31 (1) states that every person who is in the care or custody of the State shall have the right to HIV prevention, counselling, testing and treatment services in accordance with the guidelines issued in this regard. Section 31 (2) defines persons in the care or custody of the State which include persons convicted of a crime and serving a sentence, persons awaiting trial, person detained under preventive detention laws, persons under the care or custody of the State under the Juvenile Justice (Care and Protection of Children) Act, 2000, the Immoral Traffic (Prevention) Act, 1956 or any other law and persons in the care or custody of State run homes and shelters
- Series of meetings were held with all divisions at NACO regarding the need to have guidelines. All related officers were met, and different clauses were discussed and grouping of related clauses under each division at NACO was completed. Documents were shared with all divisions at NACO asking them to modify the guidelines according to the Act. Out of 11, 10 guidelines are available, 7 cover the clauses partially and are to be updated. 1 new guideline on 'HIV related IEC for couples before marriage' needs to be formulated. Communication was sent to all 29 States and 7 Union Territories to get their inputs for drafting rules and developing guidelines.
- The guidelines, developed by TI Division at NACO for implementing interventions in prisons and other closed settings, need to be revised in line with the provision in the HIV/AIDS Act 2017.

TOPICS

HIV intervention in Punjab prisons

Presenter: Shri B. Srinivasan IAS, Project Director, Punjab SACS

- HIV prevention, treatment and care programme for Punjab and Chandigarh prisons was launched by Addl. Sec. & DG, NACO in July 2016 at Chandigarh. Currently, the HIV Intervention is being implemented in the central prisons of Amritsar, Ludhiana, Kapurthala, Ferozpur, Faridkot, Gurdaspur, Hoshiarpur, Patiala, Bathinda and Chandigarh.
- As part of the intervention, 44713 inmates were screened; of which 1576 were found HIV positive (3.5%) and 92% of positive inmates were linked to ART; 21714 inmates were screened; of which 4765 were found Hepatitis-C positive (22%). Punjab govt. provided treatment for Hepatitis-C and around 175 inmates were treated. TB cases were also found to be high (128 of 597 tested were found to be positive).
- Punjab SACS established LAC and F-ICTC in two prisons which would be transitioned to prison medical facility by the end of this year.
- To ensure post release support for inmates - a pocket sized "Resource Directory" containing all the service facilities was prepared and made available in prisons.
- Anti-drug special task force and health department of Punjab launched OOAT facility, which was like opioid substitution therapy (OST), to treat drug addicts in State's 9 central jails and 22 rehabilitation centres. Opioid and outpatient assisted treatment facility, through which opioid (heroin, smack, brown sugar, opium, poppy husk) dependents and drug injectors are being treated and counselled free of cost. Besides that, narcotic anonymous (NA) meetings are also being held at state's rehabilitation centres and jails.
- Focus Group Discussion/In-depth Discussions amongst prison inmates were held to identify the communication needs and IEC materials available with SACS were reviewed. It was decided that basic HIV prevention materials can be used for creating general awareness and prison specific IPC tools would be developed (currently in production stage) to carryout behaviour change communication activities. Efforts are also underway for wall painting/poster with key messages on HIV/AIDS/STI/Hep C.
- Punjab SACS has been planning to establish FICTC and LAC in all central prisons and advocating for free Hepatitis C testing and treatment in all prisons with support from State government. Provision of protein rich diet for HIV positive inmates has been requested from State Prison Department. Punjab SACS is currently scaling up Syphilis and TB testing in all prisons

Overview of prison HIV intervention in Uttar Pradesh

Presenter: Shri. Umesh Mishra, Additional Project Director, Uttar Pradesh SACS

- UP SACS initiated HIV intervention soon after the State Consultative Meeting held in December 2015 at Lucknow.
- Initially SACS provided HIV testing and treatment services on a camp approach; this was completed in a record 2 months' time on a mission mode.
- Stand Alone ICTCs were established in Central Jails of Varanasi, Allahabad, and Bareilly. Stand Alone ICTC was established in Kanpur District Jail considering the high positivity of HIV. Establishment of Stand Alone ICTC in Ghaziabad District Jail is in the process.
- Around 325 Laboratory Technicians (LTs) of 69 district stand-alone ICTCs were deputed for counselling and screening as per roaster to screen 89905 prisoners on a mission mode. A total of 470 inmates were identified as HIV positive out of 89905 inmates tested during this period. Those found positive after the confirmatory test were linked to ART center and are on medication as per norms. Almost all the positive prisoners were linked to the nearest ART center. A team was constituted at the UPSACS for daily recording/reporting and monitoring of the prison intervention.
- RNTPC staff was also deputed for TB screening of the jail inmates.

TOPICS

- Some of the experiences and challenges while implementing the intervention include: many prisoners refused to undergo HIV screening; many of the jail superintendents were apprehensive about HIV screening of the inmates as they were not fully sensitized on HIV/AIDS issues; entry of the LT/counsellors was an issue in some jails due to security reasons; follow-up of the released prisoners was a huge challenge to provide referral and linkages for OST/ART/ICTC facilities; very limited scope for counselling spouses and other family members of HIV positive inmates; and taking prisoners to nearby ART centers for CD4 testing was found to be difficult due to security reasons.
- Uttar Pradesh SACS has already shared the list of LFU cases with "VIHAAN" project for LFU tracking and linkages with ART centers; efforts are being taken to strengthen the family counselling; directives have been given to all Stand Alone ICTCs by PD, UPSACS to continue counselling and HIV screening of all new prison inmates.

Prison HIV and law enforcement initiatives in North-Eastern Region

Presenter: Shri Kailash Ditya, Deputy Team Leader, North-East Technical Support Unit

- FHI360 in collaboration with respective SACS initiated HIV intervention in Manipur, Meghalaya, Mizoram, Nagaland and Assam
- A total of 3475 inmates are currently being covered by the Sunrise project. 949 inmates were screened; of which 64 were diagnosed as HIV positive; of which 27 were linked for ART; 21 inmates were found Hepatitis-C positive out of 129 inmates screened; with the support of state govt. health facility 11 Hepatitis-C cases were treated; 96 inmates were enrolled for OST; of which 43 inmates were subsequently linked with OST center (outside the prison) after release; 12 STI cases and 12 TB cases were treated during the same period
- SACS in collaboration with NETSU/FHI360 team provided assistance in setting up Model police stations in Assam. All the police personnel in the Station have been sensitized on HIV/AIDS and the service provider details have been made available in the police station to refer IDU/FSW/MSM who come in contact with the police for various HIV prevention and treatment services including Opioid Substitution Therapy.
- AS & DG, NACO launched HIV/AIDS intervention programme for women living in Correctional Homes at a function, held in State Home for Women, Guwahati on 2nd November 2017 in the presence of Shri. SK Sinha, Principal Secretary, Health and Family Welfare, Govt. of Assam; Smt. Varnali Deka, Addl. Secretary, H&FW, Director AYUSH & Project Director Assam State AIDS Control Society (ASACS), Government of Assam; and Shri Nabakumar Tamuli, Deputy Director, Social Welfare Department, Govt. of Assam. This was the first State in the country to introduce HIV/AIDS intervention programme for the women living in correctional Homes. A Memorandum of Understanding (MoU) was signed and exchanged between the Assam SACS and the Social Welfare Department.
- A state-level sensitization workshop to strengthen the partnerships between law enforcement agencies, health dept., and NGOs in the context of HIV/AIDS was organized under the chairmanship of AS & DG, NACO on 3rd November 2017 in Guwahati. Assam SACS signed an MoU with the Prison Headquarters under Home Department, Government of Assam in the presence of AS & DG, NACO; Director General of Police, Shri. Mukesh Sahay, Govt. of Assam; and Zonal Director, Narcotics Control Bureau, Shri Rakesh Chandra Sukla. A series of state / district- level workshops were organized especially in north-eastern States. Over 1100 officials were sensitized on various aspects of drug use and HIV; and NDPS Act through 26 such workshops.
- Assam SACS is rapidly scaling up and expanding HIV intervention to prison populations and women living in correctional homes in the State. Similar intervention may be proposed for other States in the region.
- Communication needs assessment has been carried out and prison-specific IEC materials are being printed by the Sunrise Project
- FHI360 developed online reporting formats which are currently being used by the NGOs implementing HIV intervention in the region including EHA, which supports Assam SACS in implementing intervention in Assam prisons. Training modules have been developed to train prison project coordinators and counsellors employed in prison HIV project.

TOPICS

Community based HIV testing approaches for prison inmates

Presenter: Dr K. S. Sachdeva, Deputy Director General, NACO

- The National Strategic Plan 2017-2024 has outlined the following broad strategies for testing to achieve an AIDS free India: geo-prioritise differential approach; use graded approach to increase HIV testing; pilot and scale up newer modalities of testing (e.g. Community Based Testing, Self-Testing, etc.); and IEC to increase demand for HIV testing.
- Operational Guideline for Integrated Counselling and Testing Centres 2007; and National HIV Counselling and Testing Services Guideline 2016 also highlight the significance of providing HIV counselling and testing services for HRGs and bridge populations including prison inmates.
- Patients in India register at a later disease stage (~70% of the PLHIV are detected at CD4 less than 350 cells/mm3) and therefore newer testing modalities such as CBT, HIV ST can be tried and tested amongst prison population to complement traditional facility based HIV counselling and testing services.
- Difference between CBT and HIV self-testing was briefly explained. In prison settings, health care providers, available with medical facility, should be trained for provider-initiated testing. CBT in prisons may also happen through voluntary testing and modalities for linkages to get confirmatory testing needs to be worked out in consultation with prison authorities.
- Mobile ICTC Vans, Health Camps, involving TI–NGO/CBO located in proximity to prisons have also been asked to carry out Community Based Screening.
- HIV screening/confirmation should be included as an integral component of the health-care service package offered to the inmates of prisons in India. Proper linkages to care, support and treatment services should be ensured for those who are found HIV positive.
- Prison staff can be sensitized and trained on conducting HIV tests; SACS/DAPCU can arrange regular HIV testing camps in prisons by deputing a counsellor and lab technician on specific days at a given prison.
- Counsellors/peer mobilizers, recruited for carrying out HIV prevention efforts with the support of partner NGOs with the ICTCs, was suggested for training. Strict adherence to national guidelines on Quality Management Systems was emphasised and it was recommended that kits be stored in a clean, secure place and maintain cold chain.
- Introduction of easy-to-use kits wherever possible, e.g. Non-invasive, saliva based, kits such as OraSure and Whole Blood finger prick test kits was suggested. Prompt forecast and distribution of test kits on the field was suggested to reduce shortages. Use of dual test kit for HIV and Syphilis could be explored; integration (a) within NACO, (b) between NACO and other divisions of MoH such as NHM and (c) between NACO and other divisions of the ministry such as Ayush, tribal etc. may also be explored to reach out to prison populations.
- Besides reporting to prison HIV project coordinators, it was suggested that all reports should be shared with SACS for final compilation as part of ICTC reporting which will help to take necessary action to strengthen the testing and counselling facilities. Manpower can be utilised from existing health system along with the staff of DMCs.

TOPICS

Establishing Link ART Centers in prisons

Presenter: Dr R.S. Gupta, Deputy Director General, NACO

- All detected HIV positive inmates have special needs with regard to drug use, ART Guidelines for HIV-infected adults and adolescents released by NACO in May 2013 strongly recommends the need to establish effective links between ART and harm-reduction programmes.
- ART Guidelines also state that ART should be given as part of a comprehensive package of prevention (including harm reduction), care and support, and treatment. Hence, it is suggested that proper linkages to care, support and treatment services should be ensured for all prison inmates who are found positive for HIV.
- Prison doctor/medical staff can be trained on ART initiation and the prison hospital can be made as Linked LAC for dispensing medications to the prisoners; SACS/DAPCU can arrange for transportation of the HIV positive inmate to the ART centre with appropriate security for initiation on treatment
- Test and treat strategy launched by NACO may be extended to prison inmates and women living in other closed settings.
- Authorities administering prisons and other closed settings should be sensitized to provide nutritional supplements to patients under treatment.
- Relevant information about the inmate's discharge from the center must be provided to the concerned ICTC and ART center so that the HIV positive individual can be followed up at regular intervals and linked to an ART center close to his/her place of residence.
- SACS in collaboration with authorities administering prisons and other closed settings should devise a mechanism to ensure continuity of care at all stages, from arrest to release.

Significance of addressing drug use and HIV in prison settings

Presenter: Dr. Samiran Panda, Scientist F & Sr. Deputy Director, ICMR-NICED

- Implementation of 4Ps initiative is crucial in the context of HIV intervention in closed settings. The intervention should be designed in such a way to target the most vulnerable inmates right at the entry point. The prevention and treatment cascade to be devised and implemented in closed setting as well.
- Primary prevention of HIV infection among prison inmates should be the key priority while scaling the intervention across the Country. This involves a number of components such as accurate surveillance data; HIV testing and counselling services in place; prison specific IEC/BCC activities.
- Preventing new inmates from getting into drug use involves intensive interpersonal communication with a specific thematic approach. Peer led intervention implemented in the community may be replicated in prison settings.
- Preventing HIV transmission from a woman living with HIV to her infant involves standard PPTCT protocols and guidelines similar to those of community interventions; ensuring access to range of PPTCT services; close monitoring of HIV-infected pregnant women and their newborns.
- Providing appropriate treatment, care and support to positive inmates also reinforces the necessity of providing OST service to drug dependent inmates; referral and linkages for diagnosis and treatment for STI, TB and Hepatitis.

SUMMARY AND RECOMMENDATIONS FROM PLENARY SESSION

- Since HIV/AIDS (Prevention and Control) Act 2017 provides the right for every person who is in the care or custody of the State to HIV prevention, counselling, testing and treatment services, NACO shall have the moral obligation to make the services available for people living in prison settings. It was also suggested that the guidelines should be finalised in line with the HIV/AIDS Act 2017.
- Punjab SACS was able to demonstrate full-fledged HIV intervention in prisons, effectively advocate with the State government to extend diagnosis and treatment for hepatitis and introduce Outpatient Opioid Assisted Treatment (OOAT) facility for prison inmates. The model demonstrated by Punjab SACS/EHA has been observed as cost-effective intervention which may be considered for other donor supported States for operationalization.
- Situational assessment conducted in close collaboration with prison authorities in Punjab prisons may help to assess the sexual vulnerability and drug using pattern among prison inmates, other SACS may carryout similar exercise in their States.
- Prison specific IEC/BCC materials developed by FHI360 under project Sunrise may be shared with other States.
- Wall painting and other IEC initiatives carried out in Assam and Punjab central prisons may be replicated in other prison sites across the Country.
- Scale up HIV intervention for people living in prisons and other closed settings by establishing effective coordination with State Prison Departments, Women and Child Development Department and Social Welfare Department in respective States.
- While appreciating camp approach deployed by Uttar Pradesh SACS for providing HIV testing and treatment services for prison inmates in the State, it was suggested to formalize the intervention and implement the activities on a programme mode as per the joint action plan developed by SACS.
- Explore the possibility of linking released positive clients on ART with the support of "VIHAAN" (the project for LFU tracking and linkages with ART centers).
- Based on the experience of Assam, advocate for setting up model police stations in other States to enhance referral and linkage services for HRGs.
- District level sensitization workshops implemented in North-Eastern States for law enforcement officials especially for beat-level police personnel may be replicated in States which face interferences by law enforcement agencies.
- Online reporting formats developed by FHI360 which are currently being used by the NGOs implementing HIV intervention in the north-east region may be shared with other SACS.
- Newer testing modalities such as Community Based Testing, HIV Self-Testing can be tried and tested amongst prison population to complement traditional facility based HIV counselling and testing services.
- Test and treat strategy launched by NACO may be extended to prison inmates and women living in other closed settings.
- Emphasis may be given to devise and implement prevention and treatment cascade for people living in closed settings.

Group Discussion

Delegates, participated in the consultation, were grouped into four teams to deliberate on finalizing Guidelines on HIV intervention in Prisons and Other Closed Settings. Rapporteur was identified in each group to lead the discussion, record and present the outcomes from the group discussions.

Group-1: Approaches in providing HIV counselling and testing services

Chair: Dr. R. Gangakhedkar, Director (i/c), NARI

Rapporteur: Dr Vishakha Misra, Team Leader-Technical Support Unit, UPSACS

- Avoid mandatory testing; include risk reduction
- Initiate community-based HIV testing in prisons and other closed settings
- Pilot self-testing among prison inmates
- Make testing kits available in prison medical facility to provide confirmatory tests
- Make provision for screening RTI/STI, RPR, HCV, HBV and TB
- Make PEP kits available in prisons where FICTC is established

Group-2: HIV treatment approaches

Chair: Dr Vitthal Jadhav IPS, Special Inspector General of Police, Govt. of Maharashtra

Rapporteur: Dr. Sanjay Lakra, Resident Medical Officer, Tihar Prisons

- Test and treat should be implemented in prisons
- Ensure availability of post exposure prophylaxis
- Provide vaccination for HBV
- Ensure prisons of LAC facility in prisons for enhanced treatment provision
- Provide family counselling prior to release especially for those on ART
- Make facility for diagnosis and treatment of Tuberculosis to effectively manage HIV-TB Co-infection

Group-3: IEC/BCC (raise awareness on HIV/STI/Hepatitis/TB-Peer led approach)

Chair: Shri Umesh Mishra, Additional Project Director, Uttar Pradesh SACS

Rapporteur: Dr Saravanamurthy, Research and SI Specialist, FHI360

- Consider support group formation along with the peer–led intervention proposed in the operational guidelines.
- Create demand generation and improve awareness through intensified IEC campaign.
- Encourage jailors/ wardens to become Master trainers to train prison inmates identified as peer volunteers.
- TI division in collaboration with Mainstream/IEC division should give emphasis on surrounding and engaging with key messages (wall paintings and poster campaign may act as a reinforcing medium).
- Train select inmates to perform street plays within prisons.

Group-4: Provision of drug dependence treatment including OST

Chair & Rapporteur: Dr Jyotiee Mehraa, Project Manager, UNODC

- Provide basket of choices for IDUs with the provision of Buprenorphine / Methadone; drug de-addiction; withdrawal management; overdose management.
- Include oral drug users for OST in closed settings.
- Involving TI-NGO/CBO alone may not be sufficient to ensure referral and linkages for released inmates, therefore involve link workers also in the process.
- Form support group in prisons and make arrangement for narcotics anonymous group to have periodic meetings.

Panel Discussion

The panel discussion was focused on sharing best practices, discussing key issues regarding scaling up HIV intervention in prisons and other closed settings in India

Discussions

Moderators

Dr R. Gangakhedkar, Director (i/c), NARI

Dr Vitthal Jadhav IPS, Special Inspector General of Police, Maharashtra

- **Smt Varnali Deka IAS, Project Director, Assam State AIDS Control Society** highlighted, "various efforts are necessary to intensify HIV prevention and treatment services in North-East region particularly States like Assam which shares borders with Manipur, Mizoram, Nagaland and Meghalaya. Assam SACS has been implementing HIV intervention in Guwahati Central Jail from 2016 and the outcomes are very encouraging. Based on this experience, services are being scaled to other central jails and districts jails of Assam. Assam SACS also identified champions in the Police dept. and NCB who help SACS to sensitize law enforcement officials in the State."

- "International human rights law clearly affirms that prisoners retain fundamental rights and freedoms guaranteed under human rights law, except the right to liberty, although they may be subject to restrictions that are commensurate with a closed environment. Liberty might be restricted, but access to appropriate medical treatments should not be restricted and this includes treatment for HIV and addiction. Low Threshold/High Volume Addiction treatment and prevention by making Needle Syringe exchange and Methadone and/or buprenorphine was recommended from the global experience. Test and treat programs for communicable diseases such as HIV, Tuberculosis, Hepatitis C were recommended", she added.

- Smt Deka also highlighted that screening and treatment for non-communicable diseases such as Trauma/PTSD; and suicide prevention should also be part of the healthcare programmes in prisons. Linkage to services upon release to maintain the health benefits was seen as crucial. It was observed that a failure to understand the ethical and human rights obligations to provide evidence based treatment for addictions in correctional settings has serious public health consequences. "Substance users continue to be incarcerated and because they are not given appropriate treatments, they leave facilities to re-engage in their addictions only to be re-incarcerated ", she mentioned.

- **Dr. Robert Douglas Bruce, Chief of Medicine, Cornell Scott Hill Health Center, Associate Clinical Professor, Yale University** (represented on behalf of CDC) shared some of the initiatives taken by other Countries. Prisons have individuals who engage in risk of varying kinds and that risk, in the case of drug and sex related activities, carries the risk of HIV. Despite high rates of HIV and substance use within prisons, most prisons in the world do not provide evidence-based treatments for addiction. He emphasized that standard of care for prisoners is the same as the standard of care for those who are not incarcerated. 2018 marks 50 years of evidence that methadone has a critical role in treating opioid dependence within correctional settings. Reasons for not utilizing evidence-based treatments in prisons include: a general failure to understand addiction as a medical disorder and the ethical obligation to provide evidence based treatments for medical disorders; some facilities seek extrajudicial punishment – "withdrawal is the natural consequences of bad behaviour"; and treatment with medication assisted treatment (e.g., methadone) is illegal in some jurisdictions.

- **Shri Abraham Lincoln, Technical Expert, NACO** briefly explained about the progress made and the action plan for scaling up HIV intervention in prisons and other closed settings. Since significant portion of prison inmates are imprisoned due to drug related offence, members recommended to conduct 1) a national workshop with authorities of police training academies to include HIV/AIDS in the training curricula and 2) a national workshop with authorities of judicial training institutes to sensitize them on sec 64 (A) of NDPS Act 2014, which provides immunity from imprisonment for addicts arrested under section 27 if they are willing to undergo drug treatment .

- **Dr Pradeep Kumar, Program Officer, NACO** briefly explained about the surveillance system conducted in the context of HIV/AIDS which included: HIV Sentinel Surveillance; Behavioural Surveillance Survey; Integrated Biological and Behavioural Surveillance Survey; and National Family Health Survey. The existing evidence states that HIV sero-positivity at ICTC among prisoners is almost 10 times that of general clients. Therefore, administrative approval has been obtained to set up surveillance sites in 50 central jails across the country. While discussing the methodologies, members suggested that consent for testing was critical and cautioned that the study subjects should not be forced to undergo mandatory testing. While the members suggested to fast-track setting up surveillance sites, it was also recommended to hold a consultation meeting to deliberate on the methodologies before commencing the actual implementation of activities related to setting up surveillance sites.

- **Shri Prabuddhagopal Goswami, Associate Director, FHI360** presented the online reporting tool developed for monitoring the progress. Since NACO is planning to rapidly scale up the intervention, members suggested that a uniform reporting format be used to monitor the progress of HIV intervention implemented in prisons and other closed settings. He shared that over 3000 prisoners profile has been collected and analysis is underway to understand the sexual vulnerability and drug use pattern.

Valedictory Session

Shri Sergey Kapinos, Representative for South Asia, United Nations Office on Drugs and Crime highlighted that incarcerated lesbian, gay, bisexual or transgender persons faced major risks of sexual and other violence and abuse in prisons. In addition to the risk of HIV transmission in prisons, members of key populations who are detained or imprisoned may also have been at high risk of HIV prior to incarceration. He urged that rights of marginalized populations must be protected as it was essential for mitigating social stigma and discrimination, including those within criminal justice and prison contexts. He shared that UNODC was fully committed to promote and support an effective response to HIV in prisons and other closed settings in partnership with NACO, the WHO and the UNAIDS, along with country partners, communities, civil society organizations and other stakeholders.

Dr. S. Venkatesh, Deputy Director General, NACO in his valedictory address encouraged more civil society to join hands with NACO in implementing HIV Intervention in prisons and other closed settings. He thanked MHA, MSJE, MoWCD, NCB, Office of Delhi Police Commissioner, Customs, BPR&D, WHO, UNODC, UNAIDS, USAID, CDC, Scientists from NARI, NICED, Director General/Inspector General of Prisons, State Social Welfare dept. and Women and Child Development dept. from different States, FHI360, EHA, SAATHII, India HIV/AIDS Alliance, representatives from Swadhar & Ujjawala Homes and TI-NGOs for their active participation and valuable contributions.

National Consultation on HIV Intervention in Prisons and Other Correctional Institutions
6 December, 2017- The Claridges Hotel, New Delhi

9:00 - 9:30 am -Registration		
	INAUGURAL	
09:30 -09:35 am	Welcome	**Dr. S.Venkatesh** Deputy Director General National AIDS Control Organisation
09:35– 09:40 am	Remarks	**Dr. Savina Ammassari** UNAIDS-India
09:40– 09:45 am	Remarks	**Shri Xerxes Sidhwa** Director Health Office, USAID-India
09:45– 09:50 am	Highlights in the New Model Prison Manual 2016	**Shri S.K.Gupta** Deputy Secretary (Prisons) Ministry of Home Affairs
09:50– 09:55am	Establishing and strengthening drug de-addiction centers in prison settings in India	**Shri Khagesh Garg** Director (DP) Ministry of Social Justice and Empowerment
09:55– 10:00 am	NCB's role in complementing NACO's efforts in the promotion of harm reduction strategies	**Shri R. P. Singh** Deputy Director General -Operations Narcotics Control Bureau HQ
10:00– 10:05 am	Significance of expanding HIV prevention and treatment services to women living in other correctional institutions	**Ms. Nandita Mishra** Economic Adviser / Joint Secretary –Media Ministry of Women and Child Development
10:05– 10:10 am	Address	**Shri Sergey Kapinos** Representative for South Asia United Nations Office on Drugs and Crime
10:10– 10:20 am	Address	**Dr Henk Bekedam** WHO Representative-India
10:20– 10:30 am	Address	**Shri Ajay Kashyap, IPS** Director General of Police (Prisons) Tihar Prisons
10:30– 10:40 am	Launch of SIMS Portal on Megh Raj Release of: 1. Inaugural issue of Sankalak –Status of National AIDS Response 2. HSS 2016-17 Technical Brief	**Shri Sanjeeva Kumar, IAS** Additional Secretary & Director General National AIDS Control Organisation Ministry of Health and Family Welfare Govt. of India
10:40– 10:55 am	Inaugural Address	
10:55– 11:00 am	Vote of Thanks	**Shri Abraham Lincoln** Technical Expert, NACO
	Group Photo and Tea	

Plenary: Implementation of phases I & II prison HIV intervention in India-Experience sharing

Chairs:
Dr R.S. Gupta, Deputy Director General, NACO
Shri Ajay Kashyap, Director General, Tihar Prisons

11:15– 01:00 pm	• Provisions in HIV/AIDS Act 2017 for people in the care or custody of the State -Dr. Naresh Goel, Deputy Director General, NACO • Significance of addressing drug use and HIV in prison settings-Dr. Samiran Panda, NICED • HIV interventions in Punjab prisons -Shri B. Srinivasan IAS, PD, Punjab SACS • Overview on Prison HIV intervention in UP -Shri. Umesh Mishra, APD, Uttar Pradesh SACS • Prison HIV and law enforcement initiatives –Shri Kailash Ditya, Deputy Team Leader, North-East Technical Support Unit • Community based HIV testing approaches for prison inmates- Dr K. S. Sachdeva, Deputy Director General, NACO • Establishing Link ART Centers in prisons - Dr R.S. Gupta, Deputy Director General, NACO

Lunch

Group Discussion: Finalising Guidelines on HIV intervention in Prisons and Other Correctional Institutions

02:00– 03:00 pm	• Approaches in providing HIV counselling and testing services • HIV treatment approaches • IEC/BCC (Raising awareness on HIV transmission / STI/Hepatitis/TB-Peer led model) • Provisions of drug dependence treatment including OST	**Facilitators:** Dr K. S. Sachdeva, DDG, NACO Dr R.S. Gupta, DDG, NACO Dr. Naresh Goel, DDG, NACO Ms. Sophia Khumukcham, NACO Shri Abraham Lincoln, NACO Ms. Jyotiee Mehraa, UNODC Dr. Savina Ammassari, UNAIDS

Panel Discussion: Scaling up HIV intervention in prisons and other correctional institutions
Moderators:
Dr R. Gangakhedkar, Director (i/c), National AIDS Research Institute
Dr Vitthal Jadhav IPS, Special Inspector General of Police, Govt. of Maharashtra

03:00– 04:15 pm	**Panelists:** Dr Vitthal Jadhav IPS, Special Inspector General of Police, Govt. of Maharashtra Smt Varnali Deka IAS, Project Director, Assam State AIDS Control Society Dr. Robert Douglas Bruce, International Harm Reduction Expert (USA) Shri Abraham Lincoln, Technical Expert, NACO Dr Pradeep Kumar, Program Officer, NACO Shri Prabuddhagopal Goswami, Associate Director, FHI360	

VALEDICTORY: WAY FORWARD

Chair: Dr. S.Venkatesh, Deputy Director General, NACO
Guest of Honor: Shri Sergey Kapinos, Representative for South Asia, UNODC

04:15– 05:00 pm	Recommendations on Draft Guidelines	Chairpersons/ Rapporteurs
05:00– 05:05 pm	Remarks	Shri Sergey Kapinos, Representative for South Asia, UNODC
05:05– 05:15 pm	Valedictory Address	Dr. S.Venkatesh, DDG, NACO

List of Participants

Annex-II

1.	**Shri Sanjeeva Kumar**, National AIDS Control Organisation, Ministry of Health and Family welfare, GOI
2.	**Dr S Venkatesh**, Deputy Director General, NACO
3.	**Dr Naresh Goel**, Deputy Director, General, NACO
4.	**Dr K. S. Sachdeva**, Deputy Director General, NACO
5.	**Dr R.S. Gupta**, Deputy Director, General, NACO
6.	**Shri S.K.Gupta**, Deputy Secretary (Prisons), Ministry of Home Affairs
7.	**Shri Khagesh Garg**, Director (DP), Ministry of Social Justice and Empowerment
8.	**Shri R. P. Singh**, Deputy Director General – Operations, Narcotics Control Bureau HQ
9.	**Ms Nandita Mishra** ,Economic Adviser & Joint Secretary – Media, MWCD
10.	**Shri Ajay Kashyap**, Director General of Police (Prisons), Tihar Prisons
11.	**Shri Sergey Kapinos**, Representative for South Asia, United Nations Office on Drugs and Crime
12.	**Shri Xerxes Sidhwa**, Director, Health office, USAID-India
13.	**Dr Henk Bekedam**, WHO Representative-India
14.	**Dr Savina Ammassari**, Senior Strategic Information Adviser, UNAIDS-India
15.	**Ms Varnali Deka**, Project Director, Assam SACS
16.	**Mr Umesh Kumar**, Project Director, Madhya Pradesh SACS
17.	**Mr B. Srinivasan**, Project Director, Punjab SACS
18.	**Dr Lalmalsawmi Sailo**, Project Director, Mizoram SACS
19.	**Dr Veena Singh**, Project Director, Haryana SACS
20.	**Ms Soni Bala Devi**, Project Director, Telangana SACS
21.	**Dr SS Chauhan**, Project Director, Rajasthan SACS
22.	**Dr Parveen Kumar**, Additional Project Director, Delhi SACS
23.	**Dr Manpreet Chhatwal**, Additional Project Director, Punjab SACS
24.	**Mr Umesh Mishra**, Additional Project Director, Uttar Pradesh SACS
25.	**Dr R. Raghunandan**, Additional Project Director, Karnataka SACS
26.	**Dr Sanjay Kumar**, Additional Project Director, Odisha SACS
27.	**Dr S.L. Akela**, Additional Project Director, Bihar SACS
28.	**Dr Amandeep Singh**, Additional Commissioner, Customs, Govt. of Delhi
29.	**Mr G.Nayak**, Director General of Prisons, Govt. of Chhattisgarh
30.	**Shri Neeraj Kumar Jha**, DIG, Prisons & Correctional Services, Govt. of Bihar

31.	**Dr Vitthal Jadhav**, Inspector General of Prisons & Correctional Services, Govt. of Maharashtra
32.	**Dr Chander Sekhar**, Chief Medical Officer, National Police Academy
33.	**Mr N.S. Megharikh**, Addl. Director General of Police (Prisons), Govt. of Karnataka
34.	**Capt. Lakhminder Singh Jakhar**, Deputy Inspector General of Prisons, Govt. of Punjab
35.	**Mr P.K. Mishra**, Director General of Prisons, Govt. of Uttar Pradesh
36.	**Mr Arun Kumar Gupta**, Director General of Prisons, Govt. of West Bengal
37.	**Dr Shriniwas**, Superintendent of Police (Prisons)
38.	**Dr Samiran Panda**, Scientist-F & Sr. Deputy Director, ICMR-NICED
39.	**Dr R. Gangakhedkar**, Director (in-charge), National AIDS Research Institute
40.	**Dr Bhawani Singh Kushwaha**, Deputy Director-TI, NACO
41.	**Dr Pradeep Kumar**, Program officer, Surveillance, NACO
42.	**Dr Govind Bansal**, National Consultant, NACO
43.	**Ms Sophia Khumukcham**, Consultant, NACO
44.	**Mr S. Abraham Lincoln**, Technical Expert, NACO
45.	**Mr Rajiv Sindhu**, Associate Consultant (BSD), NACO
46.	**Dr Deepak Balasubramanian**, NC HIV-TB, NACO
47.	**Ms Nidhi Rawat**, Counsaltant-IEC, NACO
48.	**Ms Neha Pandey**, Counsaltant-IEC, NACO
49.	**Mr Kaushlendra Upadayay**, Consultant (IT), NACO
50.	**Mr Sudershen Mishra**, Consultant (IT), NACO
51.	**Dr Jiban Jyoti Baishya**, Project Management Specialist (HIV/AIDS), USAID-India
52.	**Dr Vimlesh Purohit**, NPO - HIV & Hepatitis, WHO-India
53.	**Mr Haresh Patel**, Data Analyst, WHO-India
54.	**Dr Robert Douglas Bruce**, Global HIV and Tuberculosis Division, CDC/Atlanta
55.	**Dr Sampath Kumar**, Public Health Specialist, CDC/India
56.	**Ms Sasha Mital**, Global HIV and Tuberculosis Division, CDC/Atlanta
57.	**Mr Shane**, Scientist, CDC/ Atlanta
58.	**Dr Bitra George**, Country Director, FHI360
59.	**Mr Prabuddhagopal Goswami**, Associate Director, Research and M&E, FHI360
60.	**Mr G.S. Shreenivas**, Country Representative, Linkages–FHI360
61.	**Mr Jimreeves Kirubakaran**, Program Management Specialist, FHI360
62.	**Dr P S Saravanamurthy**, Research & SI Specialist, FHI360
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64.	**Mr Maju Mathew**, Director - Programmes & Operations, FHI360
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66.	**Mr Aditya Singh**, Team Leader, Sunrise Project, FHI360
67.	**Mr Shajan Mathew**, Technical Manager, FHI 360
68.	**Mr Arjun Chettri**, Senior Administration Officer, FHI360
69.	**Dr Sanjay Lakra**, Resident Medical Officer, Tihar Prisons
70.	**Dr N.K. Girdhar**, Dept. of Medicine, Dr. Baba Saheb Ambedkar Medical College & Hospital
71.	**Dr Santosh**, Psychiatrist, Tihar Prison
72.	**Mr Murugesan**, National Crime Records Bureau, Govt. of India
73.	**Mr Chanderaniak**, Secretary CRC, Social Welfare Dept., Govt. of Karnataka
74.	**Dr Jerard M. Selvam**, SNO, NHM, Tamil Nadu
75.	**Dr Sai Subhasree Raghavan**, President, SAATHII
76.	**Mr Anupam Hazra**, Associate Director, SAATHII
77.	**Mr Manish Mudhaliar**, Regional Director, SAATHII
78.	**Dr Jyotiee Mehraa**, Project Manager, UNODC
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83.	**Mr G. Prohit**, Manager, EHA
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87.	**Mr Khyuchamo Ezung**, Technical Specialist, Northeast TSU
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92.	**Mr Lalmalsawma Pachuau**, State Coordinator- Meghalaya, FHI360
93.	**Mr Ashique Ahmed**, State Coordinator-Sikkim& Tripura, FHI360
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96.	**Mr Rezzaque Hussain**, STC-Assam SACS
97.	**Mr Yanchenthung Yanthan**, STC- Nagaland SACS
98.	**Mr Deepak Kshetrimayum**, STC- Manipur SACS
99.	**Dr N.K Gupta, Joint Director TI**, Bihar SACS
100.	**Dr Vinod**, Deputy Director-TI, Haryana SACS
101.	**Mr Shashidharan. K**, Joint Director-TI, Karnataka SACS
102.	**Mr Joseph Francis**, Team Leader TSU Karnataka SACS
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104.	**Mr Mahendra Pancholi**, Team leader TSU, Madhya Pradesh SACS
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108.	**Mr Ranjeet**, Delhi State AIDS Control Society
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110.	**Ms Betty Lalthantluangi**, Joint Director –TI, Mizoram SACS
111.	**Dr Meenu**, Deputy Director-TI, Punjab SACS
112.	**Mr Manish Kumar**, Team Leader TSU- Punjab SACS
113.	**Mr Sunil Kumar**, Joint Director- TI Rajasthan SACS
114.	**Mr Umesh Chandra Routray**, Team Leader, TSU, Rajasthan SACS
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117.	**Dr Vishakha Mishra**, Team Leader TSU, Uttar Pradesh SACS
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119.	**Mr P. Mekhala**, DD, LWS Telangana SACS
120.	**Mr Sanjay Bisht**, Deputy Director- TI, Uttrakhand SACS
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123.	**Mr R K Singh**, Project Director Matrix IDU TI, Delhi
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125.	**Mr Shashi Sahai**, Project Director Aarohan TG TI, Delhi
126.	**Ms Sadhna Chopra**, Project Director FSW TI, Delhi
127.	**Mr Ashok**, Director, Samarth The Professionals FSW TI, Delhi
128.	**Mr D S Mehra**, Project Director JEET FSW TI, Delhi

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130.	**Dr Ambika Modi**, MO OST Centre, Lady Hardinge Medical College & Hospital, Delhi
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133.	**Mr Eldred Tellis**, Director, Sankalp Rehabilitation Trust, Mumbai
134.	**Mr Yumnam Tomba Singh**, Nirvana Foundation, Manipur
135.	**Mr Eudora W. Warjri**, Volunatry Health Association, Meghalaya
136.	**Dr Chawnglungmuana**, Director, SHALOM, Mizoram
137.	**Ms Sangti**, CAD Foundation, Nagaland
138.	**Mr Sujata Dutta**, PO, India HIV / AIDS Alliance, Delhi
139.	**Mr Yashpal Yadav**, Project Director, Sakaar Outreach
140.	**Mr Dhirender Kumar**, Project Director, SAVE
141.	**Ms Rudrani**, Project Director, Mitr Trust
142.	**Mr Parveen Sharma**, Project Director, Krishna Foundation, Delhi
143.	**Mr Surdarshan**, Technical Officer
144.	**Ms Seema Joshi**, Technical Officer
145.	**Mr N.K Gatha**, Consultant
146.	**Dr Rai Kaur**, FHI 360
147.	**Mr Manoj Govil**, Team Leader, TSU, Uttarakhand SACS
148.	**Mr G.S Sharma**, FHI 360
149.	**Mr Sanchir**, FHA
150.	**Ms Sunanda**, Project Manager, MNP +
151.	**Ms Menaka Rao**, Journalist, Scroll.in
152.	**Ms Meena Arya**, Programme Assistant, NACO
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156.	**Ms Surjit Kaur**, Programme Assistant, NACO
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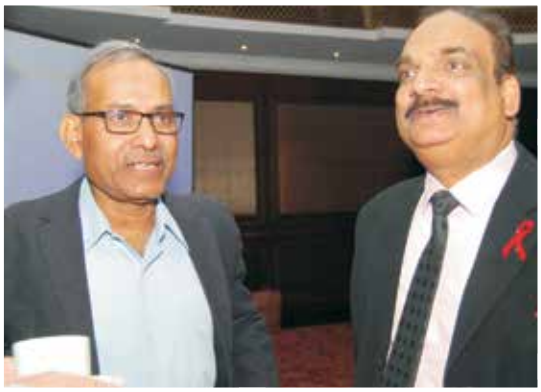
158.	**Mr Vicky**, Programme Assistant, NACO







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Every year nearly 14 lakh men and women spend time in prisons and other closed settings such as Swadhar, Ujjawala and State-run Homes. Sixty percent of them are undertrial detainees and almost all of them will return to their communities, many within a few months to a year. After their release, infected prisoners return to their social networks, facilitating the spread of HIV infection in the non-incarcerated community. Reducing transmission of HIV in prisons and other closed settings is crucial for reducing the spread of the infection in the general population. India has now become one of the very few countries in the world that is successfully implementing comprehensive HIV prevention, treatment and care programmes for people living in prisons and other closed settings.

This consultation was held against the backdrop of the National Strategic Plan 2017-2024; HIV/AIDS (Prevention and Control) Act 2017; and the revised United Nations Standard Minimum Rules for the treatment of Prisoners (The Nelson Mandela Rule, 2015). Recommendations from the consultation include, expansion of HIV intervention to women living in Swadhar, Ujjawala and other State-run Homes as well as setting up surveillance sites in prison settings. The inputs received from the experts have also helped in finalising the operational guidelines for implementing HIV interventions in prisons and other closed settings.

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