

Impact case study (REF3)

Institution: Liverpool John Moores University (LJMU)		
Unit of Assessment: UOA3		
Title of case study: Ensuring Right to Health and HIV prevention, treatment and care in African prisons		
Period when the underpinning research was undertaken: 2017 – present		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Marie Claire Van Hout Stephanie Kewley	Professor of Public Health Policy and Practice Senior Lecturer	2017- present 2017- present
Period when the claimed impact occurred: 2017- present		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>Women in African prisons represent a small (3.4%) but extremely vulnerable population with complex and specific health needs that are often not adequately addressed. Our research (since 2017) has highlighted appalling environmental conditions with neglect of gender sensitive prison health care. To date, our research has informed the 2017 and 2019 United Nations Office on Drugs and Crime (UNODC) regional prison audits; the lead authoring of the 2019 UNODC/WHO Technical guidance on Prevention of Mother to Child Transmission of HIV in prisons (S3); and participation in global expert consultation on HIV in prisons for the upcoming UNAIDS strategy 2021-2026. It has resulted in an increased Malawi Prison Service health budgetary allocation of K30 million (£27,832) to specifically cater for the menstrual hygiene materials for females and girls in prisons in the 2019/2020 national budget. Overall, it underpins continued lobbying for penal/judicial reform.</p>		
2. Underpinning research		
<p>Africa remains at the epicentre of the HIV epidemic with two thirds of all people infected with HIV living in this region (estimated to be 23.8 million), with women disproportionately affected. There is a concentration of HIV/AIDS amongst those who are incarcerated up to fifteen times higher than in the community.</p> <p>In 2017 Van Hout commenced this research as Lead Evaluator for UNODC technical responses to HIV in southern African prisons with colleagues from the University of Zimbabwe. This UN evaluation (R1) highlighted that public health challenges centre on ensuring the sexual and reproductive health (SRH) rights of women prisoners are respected as they constitute a vulnerable HIV/AIDS risk population, and experience dual disadvantage according to gender and incarceration. This evaluation reported that women's special sexual and reproductive health needs are neglected in prisons through a lack of equivalent healthcare access and care.</p> <p>In 2017 Van Hout, in collaboration with the University of Zimbabwe and the University of Malawi, received funding from the AHRC/MRC for a project entitled '<i>Promoting positive sexual and reproductive health and accessible HIV Prevention, Treatment, Care and Support (PTC&S) services for women prisoners in Zimbabwe and Malawi</i>' (2018-2020). This project incorporated a strong focus on prevention of mother-to-child transmission (PMTCT) of HIV in prisons, which at the time required guidance and roll out.</p> <p>Although there are over one million people in African prisons, research activity on prison health is historically of low priority. We highlight this in review/regional audit papers (R2, R3), two in-depth qualitative studies in prisons located in Zimbabwe and Malawi (R4, R5), and a recent Lancet Global Health article (R6), all of which underscore the significant challenges in conducting ethical health research in sub-Saharan Africa (SSA) prisons. Difficulties include: securing access to prisons; the lack of robust health surveillance across prison services; and the complexities given the low governmental resource allocation to ensuring prisoners' right to health. Reform is painstakingly slow and small changes (i.e. an increase in resources allocated) represent a huge step forward in this context.</p> <p>This research has highlighted the dearth of gender specific strategic information on women prisoners in Africa (R1-3), appalling environmental conditions conducive to spread of disease</p>		

(R1, R2), inadequate prison health care provision (R1, R2, R4, R5), and **violation of human rights** for those incarcerated (R1-5). Enhanced donor support, resource allocation, prison health and population health policy reform, **prison health research and health systems surveillance**, and **gender sensitive prison health** service provision was, and are still warranted (R1-6).

This body of research, the UK-African collaboration and its objectives sit within the current UNAIDS strategy with the global aim: Fast Track Approach to end AIDS (UNAIDS 2016-2021) through working and collaborating in an interdisciplinary and multi-sectoral partnership (SDG 17), to challenge sexual and reproductive health problems encountered by women and their children when incarcerated. This research is vital in terms of addressing the spread of HIV across communities through surveillance, research activity, and engaging in policy dialogue by involving all stakeholders (prisoners, prison and health staff, higher level officials, academics, community and international organisations). It is an imperative that the gains made, however small, in tackling HIV in prisons are not lost due to the severe impact of COVID-19 on Africa prison systems, and government capacity to resource the health of prisoners and prison staff.

3. References to the research

All outputs were subject to rigorous peer-review practices before publication.

- R1.** Van Hout, MC (International Evaluation Lead), Mhlanga-Gunda R., & Rusakaniko, S (national consultants) (2017). *Independent Evaluation of Project XSS V02 HIV Prevention, Treatment, Care and Support in Prison Settings in Sub Saharan Africa*. The UNODC project aimed to support responses to HIV in prisons in Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (+Zanzibar), Zambia & Zimbabwe. United Nations Office for Drugs and Crime (UNODC), Vienna, Austria. This project incorporated Prevention of Mother to Child to Child Transmission (PMTCT) in prisons. http://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2017/XSSV_02_independent_project_evaluation_report_2017.pdf
- R2.** Van Hout, MC, & Mhlanga-Gunda, R (2018). Contemporary women prisoners health experiences, unique prison health care needs and health care outcomes in Sub Saharan Africa: A scoping review of extant literature. *BMC International Health and Human Rights*. 18(1): p31. DOI 10.1186/s12914-018-0170-6.
- R3.** Van Hout, MC, & Mhlanga-Gunda, R (2019a). 'Mankind owes to the child the best that it has to give': Prison conditions and the health situation and rights of circumstantial children incarcerated in Sub Saharan African prisons. *BMC International Health and Human Rights* 19: 13. DOI <https://doi.org/10.1186/s12914-019-0194-6>
- R4.** Gadama, L., Thakwalakwa, C., Mula, C., Mhango, V., Banda, C., Kewley, S., Hillis, A., Van Hout, M.C. (2020). 'Prison facilities were not built with a woman in mind': An exploratory multi-stakeholder study on women's situation when incarcerated in contemporary Malawi prisons. *International Journal of Prison Health* 16 (3), pp. 303-318 DOI <https://dx.doi.org/10.1108/IJPH-12-2019-0069>
- R5.** Mhlanga-Gunda, R., Kewley, S., Chivandikwa, N., Van Hout, M.C. (2020). Prison conditions and standards of health care for women and their children incarcerated in Zimbabwean prisons. *International Journal of Prison Health*. 6 (3), pp319-336. DOI <https://doi.org/10.1108/IJPH-11-2019-0063>
- R6.** Mhlanga-Gunda R., Motsomi, N., Plugge, E., & Van Hout, M.C., (2019c). Challenges in ensuring robust and ethical health research and the reporting of health outcomes and standards in sub-Saharan African prisons. *The Lancet Global Health* 8(1) E25-25. DOI [https://doi.org/10.1016/S2214-109X\(19\)30455-3](https://doi.org/10.1016/S2214-109X(19)30455-3)

UK Grants

- F1.** 2017. Van Hout, MC, (Principal Investigator) Promoting positive sexual and reproductive health and accessible HIV Prevention, Treatment, Care and Support (PTC&S) services for

women prisoners in Zimbabwe and Malawi. AHRC-MRC Global Public Health Partnership Call October 2017. €195,231.69

F2. 2018. Van Hout, MC (Principal Investigator), Infant HIV Prevention, Treatment, Care and Support, prison health standards and their unique health rights in Zimbabwean prisons. Global Challenge Research Fund. €10,342

F3. 2020. Van Hout (Principal Investigator), Global Challenge Research Fund. £24,458

4. Details of the impact

The 2017 UNODC evaluation of technical responses to HIV in prisons in Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (+Zanzibar), Zambia & Zimbabwe (R1) initiated change in the SSA region by highlighting the dearth of gender specific strategic information on women prisoners in the region; appalling environmental conditions and prison health care provision; and violation of human rights for those incarcerated. It further established the foundation for the development of guidance specifically in relation to the prevention of mother-to-child transmission of HIV in Prisons. In 2018, **Van Hout**, as a leading prison health and gender expert, was the invited lead author of the Global Technical guidance on PMTCT in prisons (2019) [S1].

In 2018, three audit reviews of health standards in prisons in the region were undertaken, one on women, one on children and a third on juveniles incarcerated in SSA (R2, R3). These audits were published as scoping review papers to map extant literature and, along with two in-depth multi-stakeholder prison investigations in Malawi and Zimbabwe, highlight the grave situation of women; mothers; children incarcerated with their mothers; and juveniles in prisons. Conditions are exacerbated by the lack of basic necessities, inadequate hygiene, sanitation and safe drinking water, exposure to diseases in overcrowded cells, inadequate nutrition, lack of provision of clothing and bedding, and difficulties accessing paediatric care.

These findings were further supported by an additional scoping review on ethical standards of prison research and Lancet Global Health commentary (R6) underscoring the need to prioritise ethical prison health research in the SSA region. All were used by UNODC in 2019 and 2020 to assess health standards and leverage for penal and prison health reform in the region [S2, S3], and are cited in the Global Prison Trends 2020 report (page 51). Reported paediatric morbidity and mortality associated with evident prison conditions is a deeply concerning issue and contrary to international mandates for the rights of the child, right to health and non-discriminatory standards of care. For women and juveniles, sexual abuse and the violation of international human rights norms is observed in the systemic abuse and detention of young people with adults. Basic needs are still not met in relation to sanitation, ventilation, safe spaces, protection from physical and sexual violence, clothing, food and access to HIV and medical care.

In 2019, as part of the MRC-funded grant, sensitisation, performance, and theatre workshops were conducted by the Zimbabwe and Malawi teams in two female prisons (Chikurubi, Chikiri) where over 75 prisoners were reached, for the first time ever, using a transformative approach. This culminated in a national roll out of transformative theatre as a medium to empower prisoners and prison staff together in national prison systems in each country. Using such an approach can advance health standards, health rights and actualize sexual health rights based approaches in prisons in both countries, and Africa using a transformative sustainable development approach.

Prior to 2019, prisons were reliant on NGOs and faith-based organisations to provide menstrual hygiene materials for females and girls in prisons. However, a TV show in Zimbabwe (MAI CHISAMBA SHOW) and the BMC paper (R2) were considered as evidence at Parliament and resulted in an increase in the Malawi Prison Service health budgetary allocation (by K30 million (£27,832)) to specifically cater for these materials in the 2019/2020 national budget [S4, S5].

The Global Technical guidance was launched by the UNODC in May 2019 at the UNODC HIV/AIDS Section at the 28th Session on Crime Prevention and Criminal Justice (CCPCJ) [S6]. It provides a framework of standard operational procedures, to ensure that African prisons provide adequate HIV testing, care and support for incarcerated women and their children. The WHO has quoted; “These tailored procedures give women in prison a better chance at staying healthy and giving birth to healthy babies, and ultimately contribute to healthier communities”.

Following its launch, dissemination of this guidance in Africa commenced in 2019. Since then, and up to 31 December 2020, this technical guidance has been operationalised in 10 countries via the training of over 60 delegates: Angola, eSwatini, Kenya, Lesotho, Namibia, Malawi, Mozambique, Republic of Tanzania, Zambia and Zimbabwe [S2]. In 2020, **Van Hout** was invited to become an ambassador to support a 2021 evaluation to determine the extent of prison healthcare reform and practice improvement; and detailed rates of HIV care. This will give some indication of impact in terms of country-level improvement of prison health services and the adoption of standard operating procedures based on the technical guidance for women and children. In 2021, this guidance will be adapted to the Central Europe and East Asian region who are experiencing an HIV epidemic, and who require PMTCT in prisons.

In 2020 **Van Hout** advised the regional Middle East and North Africa (MENA) UNODC Committee in their evaluation of HIV prevention, treatment and care in Egyptian, Moroccan and Tunisian prisons [S7]. Prison systems in the MENA region generally do not have sufficient robust data on HIV and HCV prevalence, with the links between prison health and public health relating to prisons and these epidemics remaining poorly understood. Tackling the issue in this part of Africa is further compounded by restrictive laws, rejection of harm reduction strategies at the policy level and lack of political commitment; in addition to the scarcity of existing services. **Van Hout** has just completed the 2020 regional assessment of drug use and harm reduction in Middle Eastern and North African prisons. Collectively this work is gathering momentum across North to Southern Africa and through UNODC and MENAHRRA advocacy and sensitisation work and HIV technical assistance with governments it will help address prisoners’ conditions and their specific health needs in prisons, and ultimately bridge the gap between prison and population health in Africa [S8].

This is vitally important given the high turnover of inmates and HIV prevalence in the SSA and MENA communities and prisons, and the lack of quantifiable data on HIV rates across prisons as this is not part of routine enquiry. It is also crucial given the threats to health caused by the COVID-19 pandemic in these countries. To this end, during 2020 **Van Hout** published six human rights papers on the imperatives of upholding occupational health rights of prison staff, and alternatives to sentencing for women, and advocated for the early release of women and children to be included in government strategies to tackle [COVID-19] contagion in African prisons, where prisoners and staff are severely vulnerable.

Overall, as a direct result of this body of research, UNDOC has committed to undertaking a programme of further work:

- Conceptual impact in raising higher level, professional level, prisoner and community level HIV awareness and contribution to knowledge.
- Instrumental impact in stimulating policy and practice reform around the SRH rights of women in prison based on the evidence synthesis and policy dialogue in each country.
- Capacity building impact in building strategic research capacity to strengthen research uptake and evidence based strategic monitoring in SSA prisons.

- Networks and connectivity impact in establishing a new cross cutting and interdisciplinary partnership between LJMU, international organisations (UNODC, UNAIDS, WHO, MENAHRRA), leading NGOs (CHREAA) and universities in Zimbabwe and Malawi which connects the supply evidence of HIV (and now COVID-19) in prisons with demand for change, particularly for women and other minorities in the region.

5. Sources to corroborate the impact

Source 1 [S1]

2019. Technical guide on the Prevention of Mother to Child Transmission (PMTCT) of HIV in Prisons. HIV in Prisons, HIV/AIDS Section, United Nations Office for Drugs and Crime (UNODC) Vienna, Austria. https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/19-02279_Technical_Guide_PMTCT_ebook.pdf

Source 2 [S2]

Ehab Salah (PA Karima Benamara), Advisor HIV in Prisons, HIV/AIDS Section, United Nations Office for Drugs and Crime (UNODC) Vienna International Centre

Source 3 [S3]

UNODC (2019) BASELINE ASSESSMENT on regional and beneficiary country HIV/AIDS and SRHR minimum standard compliance for prison populations Angola, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Tanzania (including Zanzibar), South Africa, Zambia, Zimbabwe . HIV in Prisons, HIV/AIDS Section, United Nations Office for Drugs and Crime (UNODC) Vienna, Austria. My work is cited on pages 43,44, 48.

https://www.unodc.org/documents/southernafrica//Publications/Health/Baseline_assessment_HIV-SRHR- Final_report.pdf

Source 4 [S4]

MAI CHISAMBA SHOW, a TV show based on the projects research activities which filmed the dire conditions experienced by women and their infants in prison in Zimbabwe

<https://www.newzimbabwe.com/chisamba-pushes-for-female-open-prison-system/>

Source 5 [S5]

July 2019 media release <https://times.mw/de-incarcerating-female-prisoners-menses/>

Source 6 [S6]

UNODC HIV/AIDS Section at the 28th Session on Crime Prevention and Criminal Justice (CCPCJ) UNODC 2019 <https://www.unodc.org/unodc/en/hiv-aids/new/stories/unodc-hiv-aids-section-at-the-28th-session-of-the-commission-on-crime-prevention-and-criminal-justice-ccpcj.html>

Source 7 [S7]

UNODC ROMENA

<https://www.unodc.org/middleeastandnorthafrica/en/project-profiles/xamz96.html> and <https://drosos.org/en/projekte/hiv-prevention-and-treatment-in-prisons/>

Source 8 [S8]

Advocacy Brief published with Elie Aaraj, Director, Middle East and North Africa Harm Reduction Association, Beirut, Lebanon

<https://www.hhrjournal.org/2020/05/pandemic-stresses-the-human-rights-imperatives-of-tackling-hiv-and-hepatitis-in-middle-east-and-north-african-prisons/>