Availability, Coverage and Barriers Towards Condom Provision in Prisons: A Review of the Evidence

Babak Moazen, Kate Dolan, Rebecca Bosworth, Priscilla N. Owusu, Peter Wiessner, Heino Stöver

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Institut für Suchtforschung (ISFF)
Frankfurt University of Applied Sciences
Nibelungenplatz 1
60318 Frankfurt am Main
Tel +49(0)69/1533-2823
http://typo3-alt.cit.frankfurt-university.de/fachbereiche/fb4/forschung/forschungsinstitute/isff.html

Layout designer:
Afshin Jam (jamafshin@gmail.com)

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Contents

Source: fortune.com

Foreword

Sexual contacts are an undeniable fact among prisoners around the world. However, policy makers and prison governors as well as medical services deny the existence of same-sex-activities in prisons. Homophobia is a global concept of denial of human variety of sexual identity. Once again the resistance against the provision of evidence-based preventive strategies is politically and morally driven! Again we find an example that effective and efficient strategies to fight HIV and other STIs are blocked by cultural anxieties deeply rooted in emotional resistance and the ignorance of easy-to-go preventive methods. These results demonstrate that effective HIV/AIDS-related strategies can only be implemented in a broader context of change of perception and attitudes against minorities and discriminated so-called-deviant populations. However, if we are going to reach the Sustainable Development Goals (SDGs) in 2030 we have to take the key populations on board. If we are failing in doing so, we will be failing in reaching the SDG goals!

Prof. Dr. Heino Stöver
Institute of Addiction Research (ISFF)
Frankfurt University of Applied Sciences/
Frankfurt, Germany

Executive Summary

According to the International Center for Prison Studies (ICPS) at any given time over 10 million people are held in detention worldwide, of whom over 2.2 million are in the United States. Prison health can be discussed from ethical, legal, and public health points of view. We believe that although prisoners are deprived of their liberties, governing authorities must ensure the provision of adequate health services to preserve the wellbeing of prisoners. Owing to the fact that most prisoners will return to the community after finishing their sentences, steps taken to guarantee their good health status while in confinement will safeguard against the transmission of infectious diseases in their respective communities. Therefore, prison health should be considered as one of the main components of public health.

Prevalence of the major infectious diseases (MIDs) is substantially higher among prisoners than the surrounding community. In 2016 around 389,000 prisoners were estimated to be living with HIV/AIDS which accounted for 3.8% of total prisoners worldwide, followed by 1,546,500 living with Hepatitis C (15.1%), 491,500 with chronic Hepatitis B (4.8%), and 286,000 with active tuberculosis (2.8%).

The prison environment is not excluded from the modes of infection transmission that exist in the society such as sharing injecting equipment, unprotected sex, unsafe tattooing, piercing and the other forms of skin penetrations, sharing razors and shaving equipment, etc. Numerous factors including poor water and sanitation, overcrowding, and lack of access to proper healthcare services are determinants of the excessing burden of infectious diseases in prison.

Several guidelines have been drafted to enhance the provision of healthcare services and principles of disease control in prisons. In many prison health guidelines, condom provision is recommended as an effective intervention to reduce the burden of sexually transmitted infections (STIs). The present report aims to evaluate the availability, coverage, and obstacles towards the distribution of condoms in prisons all around the world.

We have found evidence from a United Nations report of condom provision in prisons of 58 out of 193 countries, including: Afghanistan, Albania, Algeria, Argentina, Armenia, Australia, Austria, Azerbaijan, Belgium, Brazil, Bulgaria, Bosnia and Herzegovina, Canada, Chile, Costa Rica, Croatia, Czech Republic, Dominican Republic, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Iceland, Indonesia, Iran, Kazakhstan, Kirgizstan, Lesotho, Lithuania, Luxembourg, Namibia, Netherlands, Norway, Macedonia,

Owing to the fact that most prisoners will return to the community after finishing their sentences, steps taken to guarantee their good health status while in confinement will safeguard against the transmission of infectious diseases in their respective communities

Source: aljazeera.com

Madagascar, Moldova, Palau, Paraguay, Peru, Portugal, Romania, Serbia, Seychelles, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Tajikistan, Thailand, Tunisia, Ukraine, United Kingdom, and the US. Countries with condom provision in the prison system account for 30 percent of the total number of nations around the world.

Very few documents both in peer reviewed journals and grey literature discuss condom programs in prisons, most probably because the discussion of sex –specifically, homosexuality- is a taboo in many cultures. In the majority of the countries with prison condom programs the coverage of this intervention is unknown. Furthermore, within most countries where prison condom programs exist, there is a lack of systematic monitoring and evaluation to assess program effectiveness.

The United States provide a good example of conflicting laws surrounding this program, in which condom provision is mandated within federal law, but at the local level the federal law is not applied, and new policies are set. In some countries policy makers do not acknowledge the existence of sexual activities in prisons and use it as an excuse for lack of condom provision in prisons. In many countries where prison condom programs are in place, condoms are distributed without lubricant.

Namibia is an example of a country without any structured prison condom program, as condoms are 'sneaked' into prisons. Addressing the above-mentioned issues would lead to better provision of condom among prisoners, and consequently to alleviate the burden of STIs not only among prisoners but also among the general population all around the world.

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BBC	British Broadcasting Corporation
EAM	Evangelical Association of Malawi
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
ICPS	International Center for Prison Studies
IDU	Injection Drug Use
ILO	International Labor Organization
MIAA	Malawi Interfaith AIDS Association
MIDs	Major Infectious Diseases
MSM	Men who have Sex with Men
NSW	New South Wales
OAT	Opioid Agonist Therapy
PWIDs	People Who Inject Drugs
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Background and Aim of the Review

Source: thenerve.org

1.1. World prison statistics

According to the International Center for Prison Studies (ICPS) at any given time over 10 million people worldwide are held in prisons and the other closed settings, of whom over 2 million are in the United States, over 1.65 million in China, 640,000 in the Russian Federation, 607,000 in Brazil, 418,000 in India, 311,000 in Thailand, 255,000 in Mexico and 225,000 in Iran[1]. The annual turnover of inmates is three times more, giving a total number of 30 million[2]. The highest imprisonment rates per 100,000 population belongs to Seychelles (799), followed by the US (698), St. Kitts & Nevis (607), Turkmenistan (583), U.S. Virgin Islands (542), Cuba (510), El Salvador (492), Guam – U.S.A. (469), Thailand (461), Belize (449), Russian Federation (445), Rwanda (434) and British Virgin Islands (425)[1]. As suggested by the ICPS, although more than half of the countries worldwide have imprisonment rates below 150, the rates of imprisonment might considerably vary region by region, or country by country.

1.2. Importance of prison health

Prison health can be discussed from ethical, legal, and public health points of view. The ethical principles surrounding prison health have been documented by the World Medical Association declaration of Geneva (1948)[3], the international code of medical ethics (1949)[4], United Nations General Assembly resolution 37/194 (1982)[5], and recommendation No. R7 of the Committee of Ministers of the Council of Europe in 1998 (Council of Europe, 2014)[6]. The above-mentioned documents share one common message: that although inmates are deprived of their liberties they should not be deprived of proper health services while in prison. Legally, governments are responsible for providing health services for people behind bars. In addition to the legal and ethical aspects, it should be taken into account that prison health is public health, since most of the prisoners will return to the community after finishing their sentences. Therefore, prisoners are to be viewed as a bridge that could transmit major infectious diseases from inside to the outside of the prison. The above-mentioned circumstances emphasize the importance of attention to prison health as a public health issue.

1.3. Global epidemiology of the major infectious diseases in prison

Prevalence of the major infectious diseases (MIDs) is substantially higher among prisoners than the surrounding community[2]. It has been estimated that 389,000 prisoners, accounting for 3.8% of total prisoners worldwide, are living with HIV/AIDS which; followed by 1,546,500 prisoners living with Hepatitis C (15.1%), 491,500 with chronic Hepatitis B (4.8%), and 286,000 with active tuberculosis (2.8%)[7]. Based on the applied mathematical models the authors concluded that “decreasing the incarceration rate in people who inject drugs (PWIDs) and providing opioid agonist therapy (OAT)” could reduce the burden of HIV/AIDS among prison population around the globe.

1.4. Prevalence of the high-risk behaviors in prison

Modes of infection transmission exist equally outside the prison environment as within. These modes include sharing of injection apparatus, unprotected sex, unsafe tattooing, piercing and the other forms of skin penetrations, sharing razors and shaving equipment. There are some specific high-risk behaviors such as ‘brotherhood rituals’ and ‘penile implants’ which are known to elevate the risk of infection transmission in prisons[2,7]. Common prison conditions such as overcrowding, poor water and sanitation, and lack of access to proper healthcare services facilitate also infection transmission[8]. Recently a study has estimated the global prevalence of the high-risk behaviors including injection drug use (IDU), unprotected sex among men who have sex with men (MSM), as well as tattooing and piercing [9]. According to that estimation the regions with high levels of injecting were Asia Pacific (20.2%), Eastern Europe and Central Asia (17.3%) and Latin America and the Caribbean (11.3%). Low levels of IDU in prison were found in Eastern and Southern Africa (0.6%) and West and Central Africa (0.5%). In terms of sexual activity in prison, the highest levels were in the Other Regions (12.1%) and West and Central Africa (13.6%), with lower level reports coming from the Middle East and North African region (1.5%). Tattooing data were even more limited with high levels from Other regions (14.7%), Asia Pacific (21.4%) and Latin America (45.4%).

1.5. Prison health guidelines and condom provision

Numerous guidelines have been developed to improve the provision of healthcare services and principles of disease control in prisons[10-13]. In 2013 the United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO), International Labor Organization (ILO), United Nations Development Program (UNDP), and United Nations program on HIV/AIDS (UNAIDS) developed a guideline entitled ‘HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions[14]. Fifteen interventions including

1. information, education and communication
2. condom programs
3. prevention of sexual violence
4. drug dependence treatment, including opioid substitution therapy
5. needle and syringe programmes
6. prevention of transmission through medical or dental services
7. prevention of transmission through tattooing, piercing and other forms of skin penetration 8. post-exposure prophylaxis
9. HIV testing and counselling

10. HIV treatment, care and support
11. prevention, diagnosis and treatment of tuberculosis
12. prevention of mother-to-child transmission of HIV
13. Prevention and treatment of sexually transmitted infections
14. vaccination, diagnosis and treatment of viral hepatitis, and
15. protecting staff from occupational hazards

have been introduced as the main activities against infection transmission in prison. As expected, free availability and easy accessibility of condom and lubricants has been suggested by the international organizations to minimize the risk of infection transmission through unprotected sex, since it is one of the most prevalent high-risk activities in prisons.

1.6. Aims of the review

Condom provision is known as an effective intervention against transmission of HIV/AIDS and the other STIs, not only in prison but also among people in the non-prison community. Despite its proven effectiveness [15], there are very few reports documenting data on condom programs in prisons around the world. The present review aims to identify, evaluate and report:

- Availability of condom programs in prisons around the world
- Coverage of condom provision in prisons of the countries with condom programs
- Methods of provision of condom in prisons of the countries with condom programs
- Barriers against provision and accessibility of condom in prisons
- Experience of the countries with condom program to reduce burden of the major infectious diseases in prisons

Evidence of Condom Provision in Prison

As mentioned previously, there are very few publications discussing availability and coverage of condom programs in prisons worldwide. In 2001, the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) published a comprehensive report on the status of harm reduction in prisons of the European countries[16].
According this report, as of 2011 condoms were provided in prisons of eleven European countries. In **Austria** distribution programs were in place in 20 out of all 29 facilities. Within three facilities they were available only on demand, and in one facility the program was still preparation. At four Austrian prison facilities, however, there were no condom programs.
Belgium's coverage of condom provision was considerably dependent upon the local prison policy. On the other hand, in **Denmark**, since 1987 condoms have been freely distributed in all prisons in visiting rooms, from medical service facilities and medical staff members.
Finland prisons make condoms available as part of prison entry packages, through medical units, in conjugal visit rooms (rooms for visits without audiovisual control), and freely accessible to prisoners. **France**'s prison condom program enables availability through medical services, while **Germany** provides accessibility through medical services, merchandising, social workers, psychologists, priests, and pastors.
In **Luxembourg**, condom and lubricant are accessible through medical services, and prisoners were able to take from the counters without asking. Although the **Netherlands** policy guidelines state that condoms must be distributed in all prisons, the coverage of this program is mandated by local policy, **Portugal** prison condom distribution is available in 40 out of 53 facilities through medical centers, nursery, and educational bodies according to the prison administration criteria, and in **Spain** condoms are available at prison entry, all visiting rooms and medical centers on demand, and in Sweden they only available in visiting rooms[16].
In 2007 a report entitled "Interventions to address HIV in prisons: prevention of sexual transmission" was published by WHO in collaboration with UNAIDS and UNODC[17]. This report suggested that besides Europe, prison condom programs exist in some other countries including Australia, Brazil, Canada, Indonesia, Iran, South Africa, some former Soviet Union countries, and the United States. Reviewing the existing evidence, the report concluded that launching condom programs in prisons is highly feasible, and the existing condom distribution models can be replicated in the countries without prison condom programs. According to the experience of Australia, Canada, and the U.S., the report also suggested that the majority of prisoners and prison staff members support provision of condoms.
In our report, we also have included data from the latest global survey of the UNODC on the availability and coverage of services to control infection transmission in prisons. The above-mentioned survey found that 58 countries distribute condoms in prisons. In the following section we give examples of some countries with condom programs, and discuss the methods of provision, as well as possible barriers against availability and accessibility of condom in prisons of these countries.

2.1. Australia

Australia is one of the pioneers of harm reduction in prison in the world. Condom provision in New South Wales (NSW) was started in 1996 with a six-month pilot study by installing condom-vending machines to distribute a package consisting of one condom, a lubricant sachet, condom use manual, and a plastic disposal bag[18]. In September 1996 dental dams were added to the health package of female prisoners in NSW[18]. It has been suggested that around 30,000 condoms and dental dams were distributed by 2005 to the prisoners in NSW, although we found no data separated by year. Condoms are free of charge and are accessible through condom-vending machines or by personal request in prison clinics.

Prior to scaling up the program in prisons, the healthcare system of Australia faced many political and legal challenges. Program detractors believed that 1) condoms would encourage prisoners to have sex; 2) condoms would lead to an increase in sexual assaults among prisoners; 3) prisoners would use condoms to hide and store drugs and other contraband items;
4) prisoners would use condoms as weapons against nurses, prison officers and fellow inmates; and 5) prisons would be perceived as "'homo' gaols", as stated by the president of the Prison Officers' Association[18].
From the NSW Inmate Health Survey (IHS) and official reports from the NSW Department of Corrective Services with over 1,500 prisoners, Yap and colleagues evaluated the effectiveness of condom provision in prisons in NSW and found no serious adverse consequences such as increase in prevalence of consensual or non-consensual sex, or the other high-risk behaviors like IDU between 1996 and 2005[18]. In contrast, both consensual male-to-male intercourse and sexual assault showed a decrease during the years studied.
In a similar study, Butler et al. conducted a survey to evaluate sexual attitudes and practices of prisoners in NSW (distributing over 30,000 condoms monthly) and Queensland (with no condom provision in prisons at that time) and found significantly higher frequency of condom use among prisoners who had anal intercourse in NSW, although prevalence of anal intercourse was equally low in both prison settings at 3.3 percent [19]. The authors concluded that when available, condoms are much more likely to be used by prisoners during anal sex, and therefore, should be provided as a basic human right to the prisoners.
Another study conducted by Scott et al.

in 2013 evaluates the effectiveness of condom provision as well as combination of condom and opt-out STI screening on the prevalence and transmission of the STIs including HIV, hepatitis B virus (HBV), chlamydia, syphilis and gonorrhea in 14 Victorian prisons[20]. Results showed that condoms contributed to a decrease in the incidence of syphilis by 99 percent; gonorrhea by 98 percent; hepatitis B by 71percent; chlamydia by 27 percent; and HIV by 50 percent. As expected, the authors concluded that condom program has been predicted to reduce incidence of STIs, and predicted to control the transmission of syphilis and gonorrhea among prisoners. Similar to Butler et al, results of the present study sheds light on the effectiveness of condom provision to reduce burden of the MIDs in prisons of Australia.

2.2. Austria

Austria is one of the first countries to put in place a prison condom distribution program. Condom provision in Austrian prisons began over two decades ago. Prison entrants receive a health package containing condoms, lubricant, a toothbrush, toothpaste, and a manual explaining safe sex practice. The manual (also available in Arabic language) demonstrates the means of infection transmission and protecting methods by pictures. Regarding distribution of this package, one of the prison authorities of Austria remarked that "The take-care package, including information, is an important message about preventing infections, especially HIV and hepatitis B and C. Health is our priority"[21].

Although the care package distribution has been in place in Austria for many years, we found no publication (either peer-reviewed or grey document) on monitoring and evaluation of this program in Austrian prisons. Several unanswered questions regarding this program would be beneficial for general knowledge. For instance, how many condoms and lubricant sachets are included in the package? How can the MSM prisoners access to more condoms? Is there going to be any regular programs evaluating the knowledge, attitude and practice of Austrian prisoners about unsafe sex and STIs before and after distributing the package? Is distribution of manuals enough to enhance knowledge of the prisoners, or "combination interventions" are needed to reach this target?

2.3. Brazil

Brazil is one of the few South American countries distributing condoms among prisoners. According to the Human Rights Watch (HRW) prison condom programs are implemented in some prisons in this country[22]. As the prison department announced in 1997, in Rio de Janeiro prisons on average 10,000 condoms were distributed monthly, within an annual total prison population of 13,000. Prison authorities at a high security penitentiary (Rio Grande do Sul) revealed that every "visiting day" around 100 condoms were given to roughly 300 inmates in the setting[22].

We found no document reporting the method of condom distribution in prisons of Brazil. Considering the total population held in prisons of Rio de Janeiro (13,000) in 1997, it seems plausible that the number of the distributed condoms (10,000 per month) seems to be over-reported. The online report of the HRW is the only document we found about condom provision in prisons of Brazil. Apparently this report only gives information about condom provision in conjugal visits, rather than among MSM populations in prisons. The HRW report is quite old, as the reported statistics relates to the year 1997. Figures regarding the continuity and coverage of condom provision, as well as the method and barriers to distribute condoms in Brazilian prisons should be updated and published in the literature in order to inform policy makers and decrease burden of sexually transmitted infections (STIs) among Brazilian prisoners.

2.4. Canada

According to the *Canada's Source for HIV and Hepatitis C (HCV) Information*, inmates held in Canadian federal prisons have had access to condom since January 1992 in order to prevent transmission of STIs in prisons[23]. Mandated by the correctional services of Canada, non-lubricated non-spermicidal condoms, water-based lubricants and dental dams must be available 'discreetly' and accessible by the prisoners in three spots in each setting, and in all conjunctional visit units. In some prisons, condoms and lubricant are only available through prison health services, potentially leading to reluctance to access and use, and consequently increased prevalence of STIs among prisoners.

In line with the previous document, another report from *Canadian HIV/AIDS Legal Network* entitled "Promoting HIV and Hepatitis C prevention programming for prisoners in Canada" confirmed the existence of condom program in Canadian prisons[24]. According to the verbal report, a large proportion of Canadian prisoners have access to HIV prevention tools including condom, lubricant and dental dams, although a few prisons in Canada still do not provide such services.

Despite existing rules and regulations set forth by the correctional services of Canada, condoms are not distributed in all prisons of this country. Moreover, we found no statistics regarding the

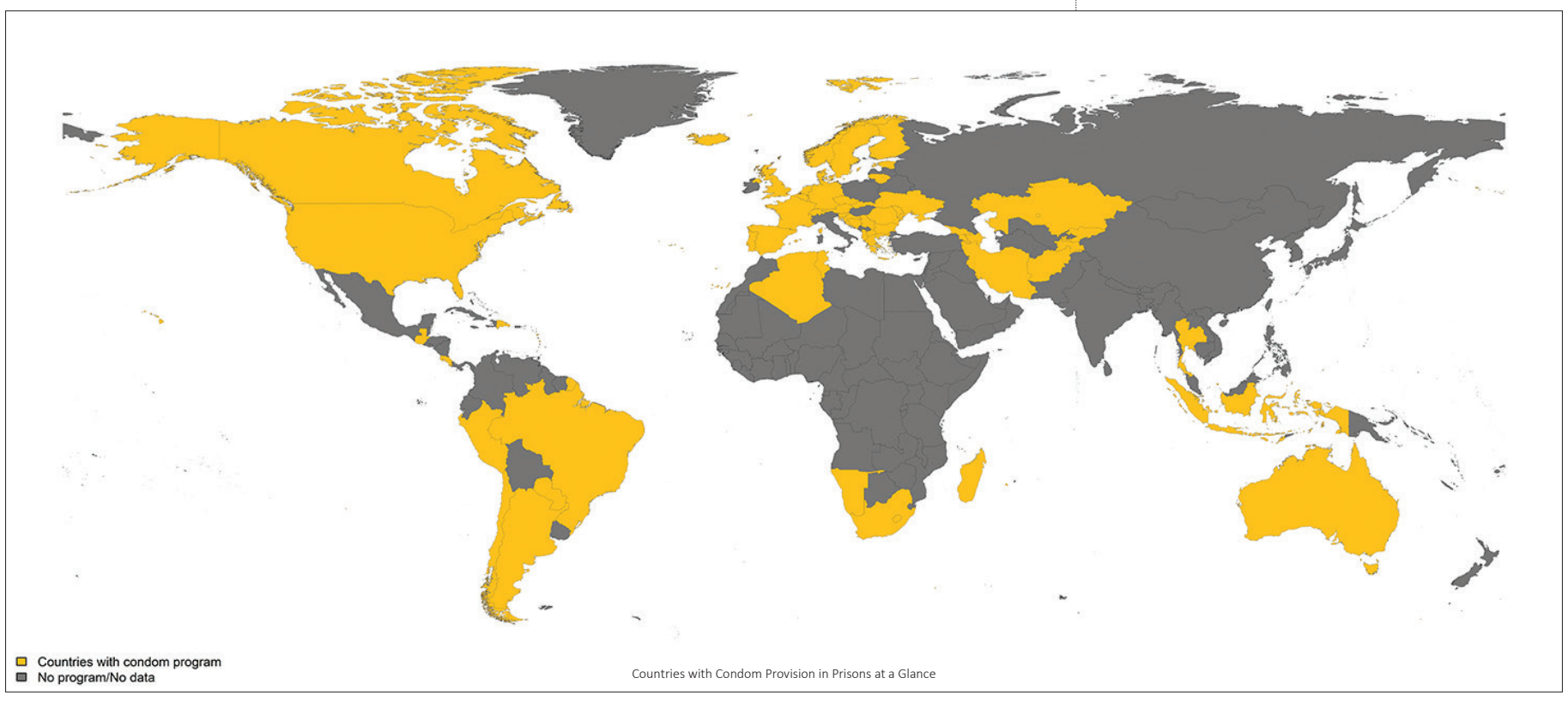
coverage of condom program in Canadian prisons. In other words, the number or proportion of prisoners receiving condoms, lubricant or dental dams is unknown. Methods of condom distribution are neither mentioned in the existing reports; nor have we found any evidence related to monitoring and evaluation of condom program in Canadian prisons.

2.5. Czech Republic

According to an old document published by "The European Institute for Crime Prevention and Control" affiliated with the United Nations in 2001, prisoners in Czech Republic were given the opportunity to buy condoms in prison canteens but they refused to do so[25]. Condoms in canteens have been an obligatory part of the range of goods in canteens since 2007. Considering the facts that condoms are not free of charge, the location of access being a public space such as the prison canteen, and canteen purchases are organized in groups, lack of willingness to buy condom seems justifiable.

Also formally, the availability of condoms for prisoners and/or their partners during the visits in conjunctional visit rooms was codified since 1994 in the internal prison service decree. However, the practical implementation of this provision remains unclear. In line with the Czech Penitentiary Concept by 2025 and its Action Plans for 2016 and 2017, free condom distribution was (re)introduced in conjunctional visit rooms in all prisons.

Pilot condom distribution through machines started within HA-REACT Joint Action program. In April 2016, a meeting of prison health experts, prison service authorities, healthcare social- and psychological-care prison workers and representatives of the ministry of justice took place in Prague, to discuss the possibility of initiating condom distribution program[26]. A consensus was reached to initiate a pilot condom program in one prison in the country. Information materials including information about STDs and condom provision were prepared and distributed. Condom provision in the Prague prison system was started with a 12-month pilot program in August 2017 through the installation of four condom machines that are placed in bathrooms and toilets serving a total of 240 prisoners. Condoms are free of charge and for inmates in the rest of pilot prison units are accessible on personal request at educational staff of the prison (not guards, not health staff). Prison condom programming in Czech Republic is still in the pilot phase and is being evaluated and monitored. Interim analysis was presented in the Lisbon Addiction Conference 2017[27]. First month follow-up showed no major problems



Countries with Condom Provision in Prisons at a Glance

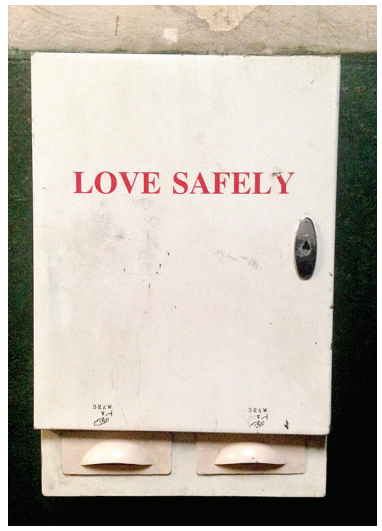
during the implementation. Attitudes of prisoners were quite positive in general already before start of the pilot project. On the other hand, the prison staff was quite conservative before launching the condom program, which started to slightly change already after 1 month of condom distribution when initial fears of prison staff were not confirmed. During first 6 weeks of the pilot program, 657 condoms were distributed by condom-vending machines and 6 by staff on request.

2.6. Germany

Germany is one of the few countries with a monitoring and evaluation system to assess effectiveness of prison condom distribution programs. In 2006, a survey was conducted by the AIDS & Prison Working Group to evaluate the status of prison condom programming in 2003 and 2005 within Bavarian prisons. At that time, approximately 13,000 people were held in Bavarian prisons. 20 out of 32 Bavarian prisons with around 7,900 prisoners (including 105 women) responded to the questions.

Results of the above-mentioned survey revealed that 40, 45, and 43 condoms were distributed among 7,900 prisoners in 2003, 2004 and 2005, respectively. Prevalence of STIs were asked from prison healthcare workers, although most respondents answered “I don’t know”. However, it was estimated that 869 people in 20 surveyed prisons (out of 7,900 total prisoners) had sexual activities each year. The researchers assumed that each sexually active prisoner has sex 5 times per year, and concluded that 4,302 condoms should have been distributed in these prisons. Evidence shows that condom is available in Bavarian prisons on demand. This method of condom distribution is not perfectly effective, since many prisoners might hesitate to ask for condom due to stigma. However, the number of distributed condoms, according to an outdated survey, in 20 Bavarian prisons (around 40 per year) is a cause of concern. No accurate data are available on prevalence of the major infectious diseases and STIs in German prisons. The above-mentioned issues highlight the need for updated statistics on condom provision and STIs in German prisons.

2.7. Lesotho



Lesotho is one of two countries in Sub-Saharan Africa with prison condom programs. In June 2015, a regional expert group meeting convened by the UNODC was held by the Lesotho Correctional Service. The meeting allowed experts from UNODC and 12 Southern African countries representatives from correctional services, the ministry of health, National AIDS Council, civil society organizations, and former prisoners to discuss possibilities to amend healthcare services (including condom programs) in prisons of this country[27]. The meeting also highlighted methods to overcome practical and physical barriers against the provision of healthcare services. Among discussions centered on prison condom programming, participants discussed the best place to put condom to avoid stigmatization and discrimination, how to maximize efforts to ensure that condoms and lubricant are packed together, since the prisoners might only take lubricants, leaving condoms behind; method of hygienic disposal of used condoms, as well as education on correct and consistent condom use in prisons. Condoms are distributed through machines among prisoners in Lesotho.

Although the above-mentioned report suggests that condoms and lubricant are distributed in

prisons of Lesotho, we found no documented and reliable information regarding coverage of the program. Specifically, there are no data on how many prisons are distributing condom and lubricant among the prisoners, how many prisoners are under coverage of this program, how many condoms and lubricant sachets are distributed among the prisoners annually, as well as the method of condom distribution in prisons of this country.

2.8. Namibia

According to the magazine *The Namibian*, in September 2017 the health minister of Namibia revealed that condoms are "sneaked" into the prisons and correctional facilities of this country[28]. He pointed out the existence of sexual activities among homosexual male prisoners as a marginalized and stigmatized population, and the health consequences of unsafe sex among them. He also reiterated that his country is determined to save many lives through reducing the burden of infectious disease by 75 percent by the year 2020.

Although condoms are distributed among some prison populations in Namibia, this provision is not being conducted through a structured program. The health minister has confirmed the clandestine availability of condoms in Namibian prisons; although he did not mention the proportion of prisons where this method of distribution takes place. Similar to many other countries with prison condom programs, there is no monitoring and evaluation system in place to evaluate effectiveness. Despite the cultural barriers, programming efforts by the Ministry of Health have the potential for expansion. Nonetheless, if condoms are not distributed through a structured program, the risk of abuse (such as creation of a black market in prison, or using condom for the other purposes such as moving drugs) would be elevated.

2.9. The United States

Although with low coverage, condoms are available within United States correctional facilities. Los Angeles, New York, and Philadelphia are among regions with prison condom distribution programs. In 1987, Vermont became the first U.S. state to launch prison condom programming [29]. A 2010 manuscript entitled "The First Condom Machine in a US Jail: The Challenge of Harm Reduction in a Law and Order Environment" was published in the American Journal of Public Health[30].

According to this manuscript, between 1989 and 2007 condoms were accessible for male prisoners through one-on-one counseling sessions. In 2007, the first condom-dispensing machine was purchased for USD 200, and installed in the prison. An evaluation of the program showed that prisoners who engage in sexual activities are more likely to use condom if available. Pre- and post-intervention interviews with custody staff members and administrative staff members revealed that "those with regular prisoner contact were primarily concerned about discipline and operational issues, and higher-level administrators were concerned that condom access would send a "mixed message," given that sexual activity is forbidden in jail". Despite the existing evidence of the efficacy of condoms in reducing the risk of STIs, coverage of this intervention is very low in the U.S.

Numerous manuscripts have highlighted the importance of attention to unsafe sex as one of the main means of infection transmission among prisoners and detainees in the US. Fullilove evaluated the different aspects of condom provision (such as ethical aspects) in prisons of the US, and more elevated risk of high-risk sexual behaviors among prisoners than in the general population[31]. He concluded that despite the need to reduce the burden of HIV/AIDS, prison condom programming is not the primary ethical obligation of the U.S. prison healthcare system. Similar opinions among the prison health policy-makers might explain the low coverage of condom program in prisons of the U.S.

Examples of Countries without Prison Condom Programs

Notwithstanding the effectiveness of condom use to control the spread of the major infectious diseases and STIs in prisons, prisoners in many countries still lack access to condoms. In this section, we provide examples of some countries without prison condom programs, discussing the possible barriers and experience from prisoners' and prison authority's points of view.

3.1. India

An article entitled: "Tihar Jail Bans Condoms" published by *India Today*[32] details the experience of Tihar Prison, which is the largest prison complex in South Asia with over 10,000 detainees. The article reports that there are numerous obstacles to distribute condoms among Tihar prisoners. Furthermore, since two-thirds of prisoners engaged in homosexual activities, condoms should be distributed as a preventive measure against HIV/AIDS and STIs. Yet one of the prison authorities immediately denied existence of homosexuality in Tihar prison and reiterated that condom provision in prison would encourage homosexuality among the people behind bars. We found no other document reporting data on condom provision in the other prison institutions in India.

3.2. Malawi

Malawi is one of the countries without condom program in prisons. In August 2017 an article entitled "Churches Against Condom Distribution in Prisons" was published by *Malawi24*[33]. The article stated that although the Malawi Interfaith AIDS Association (MIAA) was determined to launch a condom program in prisons of this country in order to control spread of the STIs, the Evangelical Association of Malawi (EAM) opposes the move to provide condoms to the prisoners. Like India, the EAM believes that condom provision would encourage the prisoners to engage in homosexual activities. We found no other document or report on condom provision in prisons of Malawi.

3.3. United Kingdom

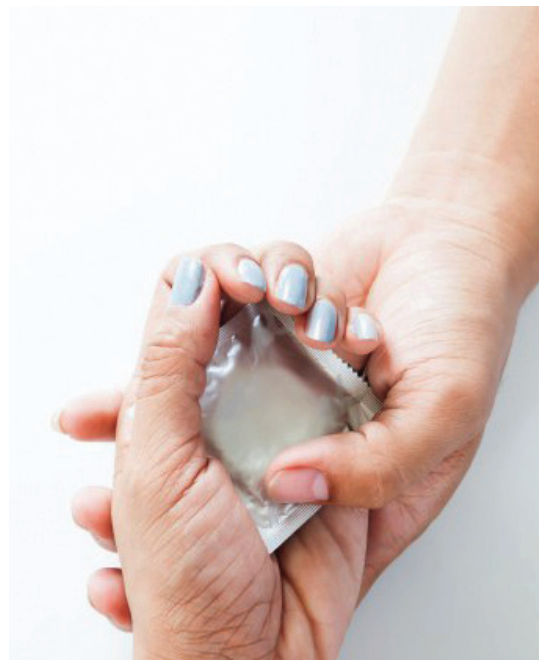
An article published by *The Guardian* in 2015 clearly states that: "Per the Health and Justice Indicators of Performance Guidance of 2014, the provision of condoms to prisoners who need them is prison policy in England,"[34]. However, condoms are not distributed in prisons of England. Within an article published by *the BBC* a former prisoner states "I was having a lot of gay sex in prison. I reckon more than 100 times and all of it was without a condom because I didn't want to go and ask for a condom. To ask for a condom would be outing myself and the person I was about to have sex with and I'd be breaking prison rules"[35]. The unnamed former prisoner continued: "I would like to see which prisons they're available in because in the six prisons that I've been in, I've never heard that you can go to the health center and get a condom. It's nonsense. How does someone know they're made available if they don't talk about it?" In the same document it is stated that in England, Wales, and Scotland, condoms must be available for those who are at risk of acquiring STIs as a rule. In contrast, condom provision in prisons is not allowed in Northern Ireland. Since all prisoners who are sexually active in prisons are at risk of acquiring STIs, condom provision should be launched in prisons of the above-mentioned countries as soon as possible.

3.4. Zambia

Zambia is another country without condom provision in prisons. Oscar Simooya raised this issue by publishing an article entitled: "Prison Condom Distribution Debate Rages" in *Times of Zambia*[36]. The article quoted the results of research projects on the status of HIV in prisons of Zambia and concluded "these findings suggest that although prisoners have the awareness of the transmission

Notwithstanding the effectiveness of condom use to control the spread of the major infectious diseases and STIs in prisons, prisoners in many countries still lack access to condoms

of HIV, they may not have the means to protect themselves against getting infected while in prisons". The author also discussed the unacceptability of condom provision by the prison authorities and stakeholders as it is viewed as encouraging homosexual activity, which is a criminal offence in Zambia. The necessity of condom provision in Zambian prisons to tackle HIV/AIDS and the other STIs has been reiterated in the above-mentioned article.



Recommendations

As discussed earlier, condom provision is one of the most effective interventions to control dissemination of STIs and the major infectious diseases in prisons. This section gives some recommendations to enhance the availability, acceptability, and quality of condom program in prison, and consequently to decrease the burden of STIs and the major infectious diseases such as HIV/AIDS among prisoners around the whole world:

- Evidence of condom provision in prison was found for 58 out of 193 countries listed by the UN in 2018 (Map 1), equaling 30 percent of total countries in the world, giving evidence of low coverage of this program. Since most studies have shown the effectiveness of condoms against STIs, countries without the program are recommended to prioritize this intervention.

- As we found in some countries, condoms are accessible through medical staff or prison authorities on demand. Given how same-sex activities are highly stigmatized, especially among the marginalized populations such as prisoners, there may be hesitancy to make condom requests. Prison authorities are recommended to distribute condoms through indirect ways such as condom dispensing machines or put the condoms in an invisible place.

- As mentioned earlier, very few documents (either published or unpublished) have discussed condom programs in prison, most probably because sex – especially homosexuality- is a taboo. However, this lack of data would prevent the researcher from evaluating the quality of interventions and performing a needs assessment. Governments and prison authorities should allow researchers to investigate on condom provision in prisons and to publish the results.

- In the majority of the countries with prison condom programs the coverage of this intervention is unclear. It is unknown the number of prisons that provide condoms to the prisoners, and/or how many prisoners are under coverage of the program. For global assessment purposes, it is crucial to have data on coverage of this intervention at various country levels.

- Most countries with prison condom distribution programs do not have a systematic monitoring and evaluation to assess the program. To address the possible shortcomings, and consequently increase the program effectiveness, prison authorities and healthcare staff members are recommended to launch routine monitoring and evaluation programs.

- As mentioned in the text, national and local laws regarding condom provision in prisons may be conflicting. The U.S. is a good example of this issue, in which condom provision is prescribed in federal and state laws, but at the local level, this policy is not implemented. This conflict prevents the prisoners from having access to proper healthcare services as a basic human right. Policymakers are strongly suggested to address the issue to protect prisoners' health.

Source: aljazeera.com

- Evidence leaves no doubt that in some countries policy makers deny existence of MSM and therefore, don't' acknowledge the necessity for condom provision in prisons. Since homosexual activities commonly occur in prisons, we recommend that policy makers endeavor to reduce the risk of STI transmission through the launching of interventions such as condom programs.

- Condom effectiveness is higher when used with lubricants. In some countries such as Austria there is concern about condom misuse as a vehicle for illicit drugs, it is recommended that lubricated condoms be distributed.

- In some countries, condoms are distributed through informal methods in prisons. Namibia provides one of example of this issue, as condoms are clandestinely conveyed into prisons. Policy makers of such countries are highly recommended to approve more structured methods of condom provision such as condom dispensing machines in prisons.

- All in all, combination interventions are needed to minimize the consequences of unprotected sex in prisons. For example, if condoms are distributed in a prison, effectiveness of this intervention should be secured by launching educational activities in parallel with the condom program.

Conclusions

In conclusion, sex is an undeniable act among prisoners around the world. One of the reasons cited to justify the lack of condom provision and limited coverage of condom programs is that policy makers deny the existence of same-sex activities in prisons. This issue is most likely related to the unacceptability of homosexuality due to cultural norms and/or religious beliefs within the communities. If so, it is necessary to fight sex-related stigma and discrimination in the communities.

Experience of the countries with condom provision proves the effectiveness of condom provision to alleviate the burden of HIV/AIDS and STIs in prison. The fact that the majority of prisoners will return to the community after serving their sentences highlights the importance of attention to harm reduction activities including condom provision in prisons. Further action is recommended from international and national organizations to permit the distribution of condoms in prisons of countries without this program.

The proportion of the countries with condom programs in prisons (30 percent) is disappointing. A few other countries (e.g. Czech Republic) provide condom as pilot programs, and there is no guarantee to continue the program after finishing the pilot phase. It should be noted that there might be some other countries with condom programs in prisons, for which we could not find any report.

ndom provision in prison is an effective intervention to control STIs in prisons; however, the efforts should not be restricted to distribution of condom. In other words, effectiveness of a condom program will be doubled when the condoms are provided by lubricant and educative information on safe sex and STIs.

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