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Use and application of United Nations standards and norms in crime prevention and criminal justice: combating the spread of HIV/AIDS in criminal justice pre-trial and correctional facilities

Combating the spread of HIV/AIDS in criminal justice pre-trial and correctional facilities

Report of the Secretary-General

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I. Introduction

1. In its resolution 2004/35 of 21 July 2004, the Economic and Social Council noted with alarm the continuing spread of HIV/AIDS in pre-trial and correctional facilities. The Council recalled a number of past resolutions relating to prison conditions, prison health care and HIV/AIDS prevention and treatment activities in prison settings. Those resolutions identified guidelines, principles and standards that reflected established international human rights instruments and good public health practice and that provided guidance for the development of appropriate, ethical and effective responses to HIV/AIDS in prisons.

2. Subsequent to the adoption of Economic and Social Council resolution 2004/35, the Eleventh United Nations Congress on Crime Prevention and Criminal Justice, held from 18 to 25 April 2005, adopted the Bangkok Declaration on Synergies and Responses: Strategic Alliances in Crime Prevention and Criminal Justice,[1] in which it addressed the problem of HIV/AIDS, noting "with concern that the physical and social conditions associated with imprisonment may facilitate the spread of HIV/AIDS in pre-trial and correctional facilities and thus in society, thereby presenting a critical prison management problem".[2] The Bangkok Declaration calls upon States to develop and adopt measures and guidelines, where appropriate and in accordance with national legislation, to ensure that the particular challenges of HIV/AIDS are adequately addressed in prisons.

3. More specifically, in its resolution 2004/35 the Economic and Social Council:

(a) Recognized that measures were required to address overcrowding and to curb violence in pre-trial and correctional facilities;

(b) Invited Member States to consider, where appropriate and in accordance with national legislation, the use of alternatives to imprisonment, as well as early release for prisoners with advanced AIDS;

(c) Recognized that effective HIV/AIDS prevention, care and treatment strategies required behavioural changes and increased availability of and non-discriminatory access to HIV/AIDS prevention, care and treatment, as well as increased research and development;

(d) Also recognized that prisoners had the right to adequate health care and that access to qualified medical personnel should be ensured;

(e) Suggested that appropriate training should be given to managers and warders of pre-trial and correctional facilities to enable them to deal better with HIV/AIDS.

4. In the resolution the Economic and Social Council requested the United Nations Office on Drugs and Crime (UNODC) to collect information on the situation of HIV/AIDS in pre-trial and correctional facilities, with a view to providing Governments with programmatic and policy guidance. Pursuant to that request, the Secretariat, in notes verbales dated 14 February and 2 August 2005, requested information from Member States. A summary of their responses, arranged in several thematic areas, is presented in section II below, while section III provides a brief overview of the Secretariat's own work in the implementation of the resolution.

II. Country responses

5. Responses were received from 35 Member States: Belarus, Colombia, Costa Rica, Czech Republic, Denmark, El Salvador, Finland, Germany, Guatemala, Haiti, Hungary, Italy, Kuwait, Latvia, Lithuania, Malta, Mauritius, Monaco, Morocco, Niger, Norway, Oman, Peru, Qatar, Romania, Slovenia, South Africa, Spain, Switzerland, Syrian Arab Republic, Tajikistan, Turkey, Ukraine, United States of America and Venezuela (Bolivarian Republic of). They covered, in varying levels of detail, each of the themes set out in Economic and Social Council resolution 2004/35, as presented below. Several responses also provided information on programme funding, presented in section II.F below.

A. Addressing overcrowding and curbing violence in correctional facilities

6. Taking into account the vulnerability of prisoners to HIV/AIDS and the increased risk of acquiring and spreading infectious diseases in prison, in its resolution 2004/35 the Economic and Social Council recognized that measures were needed in order to address overcrowding and to curb violence in correctional facilities. Several States addressed this issue in their replies. Hungary, Kuwait and Lithuania reported extensive renovation and reconstruction work on existing correctional facilities with the aim of reducing overcrowding and improving prison conditions. Hungary outlined various activities and educational programmes available to prisoners to provide an environment conducive to a culture of non-violence. Slovenia indicated that it was addressing prison overcrowding through programmes aimed at improving the management and capacity of prisons.

B. Use of alternatives to imprisonment and compassionate release for prisoners with advanced AIDS

7. The majority of responses indicated that legal systems made provisions for either alternatives to imprisonment or compassionate release for prisoners with AIDS, with a variety of modalities and processes being adopted. With respect to alternatives to incarceration, Lithuania and Slovenia in particular outlined specific mechanisms, including mediation between victim and offender and community service orders. Malta reported on legislation allowing for alternatives to incarceration in certain specified circumstances. Italy had a range of alternative measures to imprisonment in place, including suspended sentences.

8. Several countries provided information on legislative provisions that specifically addressed the matter of prisoners with advanced AIDS or provisions related to the treatment of terminally ill prisoners. In particular, Hungary reported on the country's current legal framework that provided prisoners with advanced AIDS the possibility of having their sentences shortened or even being granted a pardon. The Czech Republic, Guatemala, Kuwait, Lithuania, Oman and South Africa indicated that the early release of prisoners with advanced AIDS was provided for in their respective legal frameworks.

9. A number of other countries reported on similar provisions allowing for the compassionate release of terminally ill prisoners in general. In Germany, where the use of alternative sanctions is relatively common, the existence of HIV or AIDS was not in itself a reason for release, although it could play a role in the handing down of non-custodial sentences. Similarly, Denmark reported that it was unusual to grant early release on compassionate grounds because effective medical treatment was widely available in prisons, and that prisoners were normally released on parole after having served two thirds of their sentence. Prisoners with advanced AIDS could, however, be released after having served only half of their sentence.

C. Prevention, care and treatment

1. The importance of coordination among government agencies

10. The majority of countries that responded reported having developed national responses to HIV/AIDS, and in several cases these included specific prison components. Countries where national HIV/AIDS programmes had been launched highlighted the importance of effective coordination, including in the area of HIV/AIDS in prison. In most cases, the departments or ministries of health, justice or interior and civil society partners such as community, religious or academic organizations collaborated on the development and implementation of policies and programmes in prisons.

11. In El Salvador and Peru, the implementation of various measures is coordinated among several ministries and governmental and non-governmental institutions. Germany reported on collaboration among government departments and institutions and with civil society organizations. Lithuania, South Africa, Tajikistan, the United States and Venezuela (Bolivarian Republic of) also reported strong partnerships between the State and civil society groups. Colombia, Costa Rica, El Salvador, Lithuania, Mauritius, Peru and Turkey reported that their ministries of justice or interior collaborated with national AIDS authorities in addressing HIV/AIDS in prison. Belarus reported on the close collaboration of the institutions of the corrections system with the Ministry of Health in conducting their activities.

2. International and regional cooperation

12. A number of countries highlighted the importance of effective international cooperation and exchange of experiences. El Salvador provided information on regional cooperation among Latin American countries to strengthen prevention measures. Romania raised the importance of exchanging information and experiences between countries, citing its own experience of learning lessons and best practices as a result of a study tour to Spain. Belarus called for stronger links to be forged with those countries and international organizations with extensive experience in responding to HIV/AIDS in prison.

3. Prevention and treatment initiatives

13. A number of countries provided information on the implementation of extensive prevention projects and programmes, focusing on both prisoners and correctional staff. A broad range of initiatives was reported, including voluntary

counselling and testing and the provision of condoms, bleach and sterile injection equipment.

14. Belarus, Finland, Germany, Hungary, Lithuania, Mauritius, Peru, Romania, Tajikistan and Turkey provided information on the availability of voluntary counselling and testing services for prisoners. With regard to the provision of prevention commodities, Costa Rica, Denmark, Germany, Peru, Romania and Ukraine reported specifically on the provision of condoms, with Germany also indicating that lubricants were available. Various types of protocols and activities for the provision of needles and syringes were reported by Belarus and Germany. The provision of disinfectants and cleaning fluids was reported by Denmark, Finland and Germany. Kuwait reported on the provision of personal shaving instruments.

15. Other States provided information on a wide range of prevention measures: Kuwait and Romania on drug abuse prevention initiatives; Mauritius on supply reduction activities; Lithuania and South Africa on the existence of post-exposure prophylaxis protocols; El Salvador, South Africa and Spain on ongoing general prevention initiatives; and Kuwait, Morocco, Oman and Qatar on the availability of specialized facilities for prisoners with infectious diseases.

16. Regarding the increased availability of non-discriminatory access to HIV/AIDS treatment, Finland, Germany, Kuwait, Oman, Romania, Turkey and the United States all reported on the availability of adequate treatment for prisoners without making specific reference to the type of treatment. Belarus, Costa Rica, Hungary, Lithuania, Mauritius, Peru, South Africa, Ukraine and Venezuela (Bolivarian Republic of) provided specific information on the provision of anti-retroviral treatment to infected prisoners. Germany reported on the availability of drug substitution treatment for drug-dependent prisoners. (See also paras. 25-27 below.)

4. Awareness-raising

17. With regard to HIV/AIDS awareness-raising, information, education and communication, a number of States provided details on ongoing initiatives. Colombia, Costa Rica, Denmark, Finland, Germany, Guatemala, Hungary, Kuwait, Mauritius, the Niger, Peru, Romania, South Africa, Turkey and Ukraine reported on the development and dissemination of prevention information and educational materials in their prison systems. These included guides, leaflets, basic information kits, videos and booklets. Romania reported on the establishment of several regional resource centres and information networks in the prison system. Turkey provided details on the publication of a prison newspaper that included articles dealing with the prevention and treatment of infectious diseases.

18. Belarus, Colombia, Kuwait, Lithuania, Mauritius, Oman, Peru, Romania and Tajikistan underscored the importance of awareness-raising activities. Such activities in those countries included round tables, support groups, peer education initiatives, discussion groups, information and sensitization sessions with prisoners and lecture programmes.

5. Addressing the needs of vulnerable prisoners

19. A number of States reported on measures to address the special needs of vulnerable populations such as women, children and foreign prisoners. An HIV/AIDS prevention programme specifically for women prisoners is carried out in El Salvador with the assistance of the National Coordinating Committee of Salvadoran Women. South Africa indicated that awareness-raising through communication, information and education often involved a gender dimension.

20. Slovenia, South Africa and Ukraine reported on programmes to prevent mother-to-child transmission. In Slovenia medical care is ensured for women who give birth while in detention, as well as for their newborn children. In South Africa efforts were under way to reduce mother-to-child transmission through the improvement of access to voluntary HIV testing, counselling and treatment for pregnant female offenders. Under a national HIV/AIDS project, Ukraine provided training to physicians working in prisons. Ukraine also made anti-retroviral treatment available to children under the age of three who were residing with their mothers in prison.

21. Germany, Mauritius and the Niger specifically addressed the issue of juvenile offenders, including the use of alternatives to imprisonment and the importance of targeting youth in HIV/AIDS prevention and awareness-raising initiatives in correctional facilities.

22. With regard to foreign prisoners, Germany reported on the availability of a brochure entitled “Tips for prisoners without a German passport” aimed at those who speak English, Russian and Turkish. The brochure provides basic information on HIV/AIDS, risk factors and methods of protection. Denmark made information manuals on HIV/AIDS available in several languages. Spain provided a detailed outline of HIV/AIDS-related services available to foreigners in the prison system.

6. Post-release programmes

23. Several States outlined particular measures in place for monitoring and supporting persons with HIV/AIDS upon release. Mauritius reported on post-release follow-up at a special care centre and Belarus on the provision of social and psychological support services. Romania reported the existence of condom distribution programmes upon release, and the United States underlined the need for coordination between corrections and community-based organizations to develop comprehensive HIV-prevention programmes and services in communities to which prisoners return.

7. Data-collection and monitoring

24. Belarus and Romania reported on initiatives to monitor the spread of HIV in correctional facilities using an epidemiological monitoring system. Hungary expressed a willingness to participate in information-collecting initiatives, and several other States highlighted the importance of good epidemiological data when designing policies and programmes. The United States indicated that it had undertaken a project to update data on national trends with regard to HIV and correctional facilities.

D. Access to adequate health care

25. Underlining the importance of the Standard Minimum Rules for the Treatment of Prisoners,[3] in its resolution 2004/35 the Economic and Social Council recognized the right of prisoners to have access to adequate health care and to qualified medical personnel. The responses of Denmark, Kuwait, Finland, Germany, Italy, Lithuania, Malta, Peru, Spain, Tajikistan and Ukraine addressed the availability of adequate health care by indicating the facilities accessible to prisoners in their respective countries. These included specific health-care blocks within prisons, prison clinics, central prison hospitals and general penitentiary health services.

26. Denmark, El Salvador, Germany, Guatemala, Hungary, Malta, Mauritius, Monaco, Morocco, Oman, Peru, Romania, Spain, Slovenia, South Africa and Tajikistan specifically addressed the availability of qualified medical professionals at prison facilities or, depending on the gravity of the cases, existing arrangements allowing for prisoners to be treated at external medical facilities. Among other examples, Germany reported on the availability of resident physicians within its prisons; Hungary and Mauritius provided prisoners with the services of medical professionals specialized in HIV/AIDS; and Slovenia ensured basic medical and dental care by doctors, nurses and other medical staff, in addition to allowing care to be provided by external institutions.

27. In line with international standards and in the context of their respective national legal frameworks, the Czech Republic, Denmark, Germany, Italy, Lithuania, Malta, Monaco, Oman, South Africa, Ukraine, Slovenia, Switzerland and the United States specifically referred to the right of prisoners to equal and adequate health care and services. For example, Lithuania reported that the care of prisoners was organized in accordance with national acts governing health care and on the principle that imprisoned persons should receive the same quality of care services as any other citizen. This was also the case for Ukraine, where the most important component of the national policy in the area of treatment was the principle of equal access to medical assistance for members of all vulnerable groups. The United States reported that access to adequate health care while incarcerated was a constitutional right.

E. Training

28. In its resolution 2004/35 the Economic and Social Council suggested that appropriate training be given to managers and corrections staff working in pre-trial facilities to enable them to better deal with HIV/AIDS. The Czech Republic, Denmark, Germany, Lithuania, Malta, Monaco, the Niger, Oman, South Africa, Ukraine, Slovenia, Switzerland and the United States indicated that various types of training on HIV/AIDS for staff at various levels were currently being conducted. Training methods varied from country to country. The Czech Republic and Germany reported on the inclusion of an HIV/AIDS component in the curriculum of national or subnational training institutes. In Lithuania specific sessions targeting upper management were held and the transfer of knowledge to lower levels was encouraged. Costa Rica, Guatemala, Hungary, Latvia, Mauritius, Peru, Romania, South Africa, Ukraine and Venezuela (Bolivarian Republic of) indicated that specific educational programmes addressing HIV/AIDS had been developed. Many

States reported on the publication and dissemination of training materials by various means, such as Intranet, memorandums, circulars and guidelines. The United States highlighted that through the President's Emergency Plan for AIDS Relief, projects with a prison-related training component were being supported in Rwanda and South Africa.

F. Funding national responses

29. Many States reported that the implementation of specific prevention, care and treatment programmes was possible only with adequate financial support from external sources. In particular, Belarus, Costa Rica, El Salvador, Peru, Romania, Tajikistan and Ukraine noted that the Global Fund to Fight AIDS, Tuberculosis and Malaria had provided critical support for a number of initiatives. It was also noted with appreciation that international and non-governmental organizations were a source of financial and technical support.

30. At the bilateral level, the United States made reference to the President's Emergency Plan for AIDS Relief, by which vulnerable groups, including prison populations, received assistance in selected countries. It was reported that to date five countries—Kenya, Namibia, Rwanda, South Africa and Zambia—had developed projects to address HIV/AIDS in prisons. With regard to Economic and Social Council resolution 2004/35, in which the Council invited Member States to make voluntary contributions, Norway made reference to its contribution of 1.5 million kroner to UNODC for 2005.[4]

III. Developing the response of the United Nations Office on Drugs and Crime

31. UNODC, a sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) since 1999, has been mainstreaming HIV/AIDS prevention and care into its activities globally and at the regional and country levels. It has been assisting Governments in the development and implementation of comprehensive HIV/AIDS prevention and care programmes in three specific areas: (a) for drug abusers, (b) in prison settings and (c) in relation to trafficking in persons. In 2005 UNODC was designated the lead agency among the UNAIDS sponsors on matters relating to HIV/AIDS in prisons. In its Division for Operations, Human Security Branch, the HIV/AIDS Unit and the Criminal Justice Reform Unit have been working jointly on responding to HIV/AIDS in prisons. Also, the Prevention, Treatment and Rehabilitation Unit provides expertise in the field of treatment and rehabilitation in prison settings.

A. Contributing to the policy debate

32. Pursuant to Economic and Social Council resolution 2004/35, on 17 and 18 February 2005 UNODC organized a consultative meeting on the theme "HIV/AIDS prevention, care and support in prison settings", attended by participants from government and United Nations agencies and non-governmental organizations. In preparation for the meeting, information was collected for an

analysis of the HIV/AIDS situation in pre-trial and correctional facilities. The background paper referred to the fact that in many countries, rates of HIV infection in prisons are higher than in the population outside prisons, a situation predominantly associated with injecting drug use and unprotected sexual contact in prisons. In several cases, UNODC assessment missions have noted significant levels of HIV/AIDS among prison populations.

33. In the background paper for the meeting, the following points, inter alia, were highlighted:

(a) Prisoners, including those with HIV/AIDS, constitute an extremely vulnerable group because they often come from the most vulnerable sectors of society—the poor, the mentally ill, those using alcohol or illicit drugs and those with low levels of education and poor employment prospects;

(b) Disproportionate numbers of prisoners come from, and return to, environments where there is a high prevalence of HIV infection;

(c) Incarcerated women, migrants, juveniles, ethnic minorities and displaced persons are often at even higher risk of HIV infection and constitute special target groups for HIV/AIDS preventive efforts;

(d) Institutional and environmental factors such as large numbers of incarcerated drug abusers and sex workers, prison overcrowding, understaffing, underresourcing and poor living conditions with low levels of hygiene and sanitary equipment contribute to the increased risk of acquiring infectious diseases while in prison;

(e) HIV infection and high-risk behaviours may not officially be acknowledged by prison authorities, thus hindering prevention efforts;

(f) Activities such as injecting drug use and unsafe sexual practices (consensual or coerced) continue to occur in prisons, increasing the risk of HIV transmission;

(g) Tattooing with non-sterile equipment and the reuse and sharing of personal shaving equipment are practised in some prisons, posing a risk of HIV transmission via the use of contaminated equipment;

(h) Effective HIV prevention, care and treatment strategies in prisons require political leadership, legal, political and institutional reforms and individual behavioural changes.

34. In the background paper it was noted that there was now more than 20 years of experience to draw on in HIV/AIDS prevention, care, treatment and support in prisons. The accumulated international knowledge and evidence led to several clear conclusions about effective strategies and interventions. International experience had shown that multifaceted and multisectoral responses were necessary. These included prison policy reforms, respect for human rights, the implementation of national legislation that eliminated barriers to the introduction of evidence-based prevention strategies, increased availability of and non-discriminatory access to vaccines, prevention commodities, anti-retroviral treatment, diagnostics and related technologies and increased research and development. The background document will be published in 2006.

35. At the consultative meeting a framework for the development of effective national responses to HIV/AIDS prevention, care, treatment and support in prisons was reviewed and adopted. The framework, to be in place in 10 selected countries by the end of 2007, provides suggestions for mounting an effective national response to HIV/AIDS in prisons that meets international health and human rights standards, prioritizes public health, is grounded in best practice and supports the management of custodial institutions. It sets out 11 principles and 100 actions for the treatment of prisoners and the management of prisons, with the objectives of:

(a) Providing prisoners with HIV/AIDS prevention, care, treatment and support that are equivalent to those available to people in the community outside of prison;

(b) Preventing the spread of HIV (and other infections) among prisoners and prison staff and to the wider community;

(c) Promoting an integrated approach to health care within prisons to address broader public health issues, both through improvements in health care in general and through improvements in prison conditions and management in particular.

36. In October 2005, UNODC, the Government of Canada and other partners organized the third International Policy Dialogue on HIV/AIDS, specifically addressing the issue of HIV/AIDS, in prison settings. The meeting, attended by policymakers and experts from several transitional, developing and developed countries, as well as by representatives of international bodies and non-governmental organizations, served to stimulate debate on the development of effective policy and legislation at the country level to address HIV/AIDS prevention, care and treatment in prisons.

37. A number of assessment missions in the area of corrections and penal reform have been conducted in 2005 and 2006 at the request of individual Member States.[5] Each assessment mission has included a specific component assessing HIV/AIDS in prisons or juvenile facilities. UNODC is in the process of developing tools to assist in assessing in detail and reforming criminal justice systems. The corrections component of these tools will address HIV/AIDS in prisons.

B. Technical assistance

38. UNODC is developing a technical assistance programme to address HIV/AIDS in prisons. Programme development is based on assessment missions, past experience and available policy guides and tools. UNODC is in the process of recruiting an international expert on HIV/AIDS in prisons to provide global assistance in policy and programme development. In addition, 23 national officers and international advisers will be recruited in 2006 to work in various countries on HIV/AIDS issues, including HIV/AIDS in prisons.

39. The HIV/AIDS Unit, in cooperation with the Criminal Justice Reform Unit, has developed a tool kit on HIV/AIDS in prison settings that offers guidance to senior policymakers and prison managers, staff and health-care workers. The tool kit will be field-tested in 2006 and subsequently made available in several languages. The finalized tool kit will be accompanied by a CD-ROM for training purposes.

40. A range of advisory and technical assistance activities in the area of HIV/AIDS in prisons have been carried out in the field or are under development. For example:

(a) A workshop organized by the UNODC Regional Office for the Middle East and North Africa on the theme "Drug abuse and HIV/AIDS within prison settings" was attended by senior policymakers and members of criminal justice systems within the region;

(b) With input from UNODC, the prevention of HIV among prisoners was included in the Kenya National AIDS Strategy, 2006-2007. UNODC collaborated with UNAIDS Kenya in this regard;

(c) Also in Kenya, a training curriculum for drug abuse and HIV/AIDS service providers was developed in collaboration with the Kenya Prison Service and incorporated into the core curriculum of the National Prison Training School. Also, a training course was held for officials from the criminal justice system and for service providers from the Ministry of Health and various non-governmental organizations;

(d) In East Africa, a regional meeting for prison authorities on drug abuse and HIV/AIDS in prisons was held to develop a comprehensive training curriculum for policymakers, prison managers and service providers. The curriculum will be further elaborated in 2006;

(e) Also in East Africa, prison officers in 11 countries were trained in drug demand reduction and HIV matters in order to increase general understanding and improve counselling skills. Prisons in several East African countries have received grants to train staff on drug and HIV matters;

(f) A project on drugs and HIV/AIDS prevention in Brazil has produced awareness-raising materials and undertaken activities in selected prisons;

(g) A recently developed project in Pakistan focuses on drug abuse treatment and HIV/AIDS prevention in selected prisons;

(h) Regional- and national-level training programmes are planned under a project on HIV prevention for incarcerated substance users in South Asia (Bangladesh, India, Maldives, Nepal and Sri Lanka);

(i) A project on drug abuse prevention and HIV/AIDS awareness-raising among juvenile prisoners is ongoing in three juvenile detention facilities in South Africa;

(j) On the basis of an assessment mission to Nigeria, a comprehensive prison reform project, including an HIV/AIDS component, is being developed;

(k) On the basis of an assessment mission to the Libyan Arab Jamahiriya, and as part of the support provided in the area of criminal justice reform, an HIV/AIDS component in prisons is being developed;

(l) The UNODC Regional Office for the Russian Federation and Belarus is designing a project on HIV/AIDS awareness and prevention targeting youth in correctional institutions.

IV. Concluding remarks and recommendations

41. It is evident from the number and the content of the responses received that many States regard the spread of HIV/AIDS in pre-trial and correctional facilities as serious. In most of the countries that responded to the request for reporting, concerted actions and efforts were being implemented to ensure that national HIV/AIDS strategies and related legislative frameworks include a specific prison component. Respondents recognized that to limit the spread of the virus, among other measures, efforts needed to be made to (a) reduce overcrowding by improving prison conditions and by considering alternatives to imprisonment; (b) ensure access to prevention, care and treatment services; (c) guarantee the right to adequate health care and access to qualified medical personnel; (d) provide appropriate training to prison staff; and (e) ensure that adequate funding was received for such efforts.

42. UNODC continued to expand its programme of technical assistance to respond to HIV/AIDS in prisons by conducting advisory missions, providing opportunities for policy debate, developing training material, holding training seminars and supporting national efforts to implement specific projects. As a UNAIDS sponsor, and in its capacity as the lead agency for matters relating to HIV/AIDS in prisons, UNODC is well placed to offer a range of expertise and services to requesting States in order to improve the situation of HIV/AIDS prevention, care and support in pre-trial and correctional facilities, subject to the availability of resources.

43. Considering the responses received and the work currently being undertaken by UNODC:

(a) It is recommended that the Commission on Crime Prevention and Criminal Justice consider addressing measures to reduce overcrowding and violence in prisons, such as encouraging Member States to seek alternatives to imprisonment as a way of preventing the further spread of HIV/AIDS among prison populations. This should include a focus on responding to HIV/AIDS in prisons in the Programme of Action, 2006-2010, endorsed by the Round Table for Africa, held in Abuja on 5 and 6 September 2005;

(b) The Commission may wish to encourage UNODC to continue, within its mandates, to provide assistance to Member States upon request in the broad area of HIV/AIDS prevention, care and support in prisons, including through assistance in legal reviews, capacity-building, policy and programme development and technical assistance in implementing national programmes.

Notes

[1] A/CONF.203/18, chap. I, resolution 1.

[2] Ibid., para. 31.

[3] *First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Geneva, 22 August-3 September 1955: report prepared by the Secretariat* (United Nations publication, Sales No. 1956.IV.4), annex I.A.

[4] Earmarked for UNODC follow-up to the budget and work plan of the Joint United Nations Programme on HIV/AIDS.

[5] For more information, see E/CN.15/2006/3.