



UNODC

United Nations Office on Drugs and Crime

HIV TESTING AND COUNSELLING SERVICES IN PRISONS

STANDARD OPERATING
PROCEDURES (SOPs) OF
PAKISTAN 2018





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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
CDC	United States Centers for Disease Control and Prevention
CITC	Client-Initiated Testing and Counseling
FSWs	Female Sex Workers
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IEC	Information, Education, Communication
MOH	Ministry of Health
MSM	Men who have sex with Men
NACP	National AIDS Control Program
NGO	Nongovernmental Organization
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PACP	Provincial AIDS Control Program
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PITC	Provider-Initiated Testing and Counselling
PMTCT	Prevention of Mother-To-Child Transmission
PWID	People Who Inject Drugs
QA	Quality Assurance
QC	Quality Control



QI	Quality Improvement
RDT	Rapid Diagnostic Test
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TG	Transgender people
UNODC	United Nations Office on Drugs and Crime
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VCCT	Voluntary Confidential Counseling and Testing
WB	Western Blot
WHO	World Health Organization

KEY DEFINITIONS¹

Acute infection: the period in which an individual becomes HIV-infected and before HIV antibodies can be detected by a serological assay

Assay: a complete procedure for detecting the presence of or the concentration of an analyte, including all the components of a test kit used to identify HIV p24 antigen or HIV-1/2 antibodies.

Concentrated epidemic: HIV has spread rapidly in a defined subpopulation (such as men who have sex with men, sex workers, transgender people, people who use drugs or people in prison or other closed settings) but is not well established in the general population. This type of epidemic suggests that there are active networks of people with high risk behaviors within the subpopulation. The future course of the epidemic is determined by the nature of the links between subpopulations with a high HIV prevalence and the general population. Numerical proxy: HIV prevalence is consistently over 5% in at least one defined subpopulation but is below 1% in pregnant women attending antenatal clinics²

Confirmed: to issue an HIV status, initially reactive test results need to be confirmed according to the national validated testing algorithm.

Generalized epidemic: HIV is firmly established in the general population. Although subpopulations at high risk may contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain the epidemic. Numerical proxy: HIV prevalence is consistently over 1% in pregnant women attending antenatal clinics.

HIV status: a collection of results from one or more assays. An HIV status is similar to HIV diagnosis. It refers to reports of HIV-positive, HIV-negative or HIV-inconclusive, whereas HIV diagnosis generally refers to HIV-positive diagnoses and in some cases HIV-negative diagnoses.

HIV test result: the result from a single test on a given assay.

Key populations: UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in prison and other closed settings as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services³

Lay provider: any person who performs functions related to health-care delivery and has been trained to deliver specific services but has not received a formal professional or paraprofessional certificate or tertiary education degree.

Non-reactive test result: a test result that does not show a reaction indicating the presence of analyte.

People who Inject Drugs (PWID): Are those who have injected drugs at any time within the past 12 months.

¹ WHO. Consolidated guidelines on HIV testing services. 2015

² IBID

³ <https://www.unaids.org/en/topic/key-populations>



Pre-test information: a dialogue and the provision of accurate information by a trained lay provider or health worker before an HIV test is performed.

Prisoners: All those confined to prisons or confined settings, including adults and juveniles, during crime investigation, while awaiting trial, after conviction, before sentencing and after sentencing.

Quality assurance (QA): a part of quality management focused on providing confidence that quality requirements will be fulfilled.

Quality control (QC): a material or mechanism which, when used with or as part of a test system (assay), monitors the analytical performance of that test system (assay). It may monitor the entire test system (assay) or only one aspect of it.

Quality improvement (QI): a part of quality management focused on increasing the ability to fulfill quality requirements.

Reactive test result: a test result that shows a reaction to indicate the presence of analyte.

Retesting: There are certain situations in which individuals should be retested after a defined period of time: (1) HIV-negative people with recent or on-going risk of exposure, (2) people with an HIV-inconclusive status and (3) HIV-positive people before they enroll in care or initiate treatment. Reasons for retesting before initiation of care or treatment include ruling out laboratory or transcription error and either ruling in or ruling out seroconversion.

Rapid diagnostic test (RDT): in vitro diagnostic of immunochromatographic or immunofiltration format for, in the case of HIV diagnosis, the detection of HIV-1/2 antibodies and/or HIV p24 antigen.

Sensitivity: denotes the probability that an HIV assay will correctly identify all specimens that contain HIV-1/2 antibodies and/or HIV p24 antigen.

Serodiscordant couple: a couple in which one partner is HIV-positive and one partner is HIV-negative.

Specificity: denotes the probability that the assay will correctly detect specimens that do not contain HIV-1/2 antibodies and/or HIV-1 p24 antigen.

Testing algorithm: the combination and sequence of specific assays used within HIV testing strategies.

Window period: the period between HIV infection and the detection of HIV-1/2 antibodies using serological assays, which signals the end of the seroconversion period.

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1. INTRODUCTION

1.1 Overview of HIV and AIDS in Pakistan

Like other Asian countries, Pakistan is following an HIV epidemic trend having moved from 'low prevalence, high risk' to concentrated epidemic in the early to mid-2000s. According to the 2nd generation HIV surveillance round five in Pakistan, People Who Inject Drugs (PWID) have a national weighted prevalence of 38.4%, followed by Hijra (Transgender) Sex Workers (HSW) at 7.1%. Male Sex Workers (MSW) are at third place with a prevalence of 5.4%. HIV prevalence in Female Sex Workers is lowest among all key population (2.2%); however, the increase in prevalence in comparison to the previous surveillance rounds is concerning¹. According to the above mentioned figures, the prevalence among PWIDs are the highest as compared to the other key population groups. It has been noted that during previous surveillances, Prisoners were not included in a cross country study; therefore, the situation of HIV in the prison setting is still unknown.

1.2 Prison, drugs and HIV

According to the Asian Epidemic Modelling conducted in 2015, the primary mode of HIV transmission in Pakistan continues to be the use of contaminated injection equipment among PWID². Pakistan sits on one of the world's busiest drug trafficking corridors, largely due to the cultivation of opium in neighboring Afghanistan. This leads to the local use of drugs and most of drug users including PWID reside on this trade. This route passes through main cities and commercial centers in the country. According to a study by UNODC on drug use in 2013, a substantial rise in drug use can be observed in the country with doubling of PWID population between 2000 and 2012³. In 2012, HIV prevalence among PWIDs in major urban centers in the country was close to 21%. By 2015, it had gone up to 40% in several cities, including Karachi, which is at the nexus of global drug trade routes and is one of the world's top cities registering a rise in HIV prevalence⁴. Drug use, including Injecting drug use and unprotected sexual behaviour resulting in transmission of HIV and other blood-borne infections in prisons cannot be ruled out presenting significant challenges for prison management and public health authorities.

In 2012, UNODC Pakistan Country Office commissioned a bio-behavioural study in five prisons in Sindh province with the objectives to explore HIV risk and vulnerability among prisoners as well as to assess HIV prevalence among the prisoners⁵. A total of 1198 prisoners were tested for HIV, out of which, 12.3% were using injectable drugs and the overall HIV prevalence across five prisons was 2.3%, considerably higher than the national prevalence of HIV (<0.1%).

There has been limited HIV testing in prisons, however sporadic testing has taken place. In 2009 almost 5000 prisoners were voluntarily tested across nine jails in Sindh, with an overall HIV prevalence of 1%;⁶ in 2009 Camp Jail in Lahore over 1000 prisoners were tested with a prevalence of 2.4%;⁷ and in District and Central Jails of Lahore almost 5000 prisoners were tested with an overall HIV prevalence of 2.0% and 77.8% of them had co-infections. HIV/HCV co-infection was detected in 73.7 % of HIV positive prisoners⁸. Even earlier studies showed a similar prevalence. In Camp Jail in Lahore from January to June 2008, 261 prisoners were tested for HIV and 6 (2.3%) were found to be HIV positive⁹.

A recent report regarding Swabi prison of Khyber Pakhtunkhwa province of Pakistan revealed that 610 out of 640 prisoners were screened for Hepatitis-C and HIV, where 35



tested positive for Hepatitis-C while 19 were tested positive for HIV. The report also indicated that the prison was housing around five times its capacity, which is causing the spread of contagious and communicable diseases and endangering the prisoner's families, visitors and the jail staff. The report also specified that 220 out of 640 prisoners were drug addicts, whereas 86% of drug users resorting to the use of injectable drugs¹⁰.

1.2.1 Prisoners' risk of HIV

According to the report by the International Committee of the Red Cross, currently there are about 83,718 prisoners in Pakistan including pre-trial detainees and prisoners on remand¹¹. A study sponsored by National Counter Terrorism Authority (NACTA) reveals that Pakistani prisons are holding up to 57% more prisoners than their authorized capacity. The study titled "Addressing Overcrowding in Prisons by Reducing Pre-Conviction Detention in Pakistan" says two-thirds of the total prison population is still awaiting or undergoing trial. Prisons are increasingly unable to play their corrective and reformatory role due to overcrowding¹².

Overcrowding, violence, inadequate natural lighting and ventilation, and lack of protection from extreme climatic conditions are common in many prisons of the world. When these conditions are combined with inadequate means for personal hygiene, inadequate nutrition, lack of access to clean drinking water, and inadequate health services, the vulnerability of prisoners to HIV infection and other infectious diseases is increased, as is HIV-related morbidity and mortality. Prisoners commonly operate in an atmosphere of violence and fear which leads to all kind of tensions, including sexual tensions. Release from these tensions, and from the boredom of prison life, is often found in the consumption of drugs or in sex.¹³

The use of contaminated injecting equipment when using drugs is one of the primary routes of HIV transmission in prisons. Many prisoners begin injecting drugs for the first time in prison.¹⁴ Where there are high numbers of imprisoned people who inject drugs, there is a higher risk of HIV transmission. Within prisons it is difficult to obtain clean injecting equipment. Possessing a needle is often a punishable offence and therefore many people share equipment that has not been sterilized between uses. Although reliable data on prisoners who inject drugs are difficult to obtain, more than 70% of injecting drug users reported sharing equipment in Ukraine and Indonesian prisons and it has also been documented in Australia (13%), Iran (6%) and Mexico (61%). Evidence of HIV transmission in prisons via drug injection has resulted in HIV outbreaks in Iranian, Lithuanian, Thailand, the United Kingdom (UK), and Ukrainian prisons.¹⁵

In Eastern Europe and Central Asia it is estimated that people who inject drugs represent more than a third of prisoners across the region, with the level as high as 50-80% in some countries.¹⁶ A 2016 study published in *The Lancet* estimated that between 28% and 55% of all new HIV infections over the next 15 years in Eastern Europe and Central Asia will be attributable to heightened HIV transmission risk among currently or previously incarcerated people who inject drugs¹⁷

Addressing HIV in prisons cannot be separated from wider questions of human rights and prison reform. People in prison are vulnerable to human rights violations and they are vulnerable to HIV. Prison conditions, the way in which prisons are managed, and national policy all affect the issue of HIV in prisons.

1.3 HIV Testing and Counselling (HTC)

Globally, prisons and other closed settings are characterized by relatively high prevalence of HIV, hepatitis B and C and tuberculosis (TB) and relatively higher risks for transmission together with lower access to health services. Isolated from public health services, including National AIDS or TB programmes, prisons and other closed settings are often seriously neglected in country responses to address HIV and TB prevention, treatment and care¹⁸.

HIV testing and counseling is the first step in responding to the HIV and AIDS epidemics. This intervention serves as the entry point for prevention, care, treatment and support services. HIV testing, when done in combination with appropriate counseling, is one of the core interventions that are being implemented by the health sector in responding to the HIV and AIDS pandemic¹⁹.

Like all persons, prisoners are entitled to receive the highest attainable standard of health care. For this purpose UNODC is supporting countries in providing comprehensive HIV prevention, treatment and care services to people in prisons and among people who use drugs, and is assisting countries in reaching target 3.3 of the Sustainable Development Goal 3 on ending the AIDS epidemic by 2030.

1.3.1 Target audience of SOPs in Prisons

These Standard Operating Procedures (SOP)s will help build the capacities of prison staff including senior management and health care providers in prisons including civil society organizations to ensure that people in prisons have easy access to quality HIV testing and Counselling (HTC) services at any time during their detention.

1.3.2 Justification for developing SOPs

In prisons of Pakistan, the staff are not adequately sensitized and trained in basic knowledge and prevention of HIV and AIDS, which make them likely to react with fear to people with HIV. Lack of correct information on HIV, as well as fear and stigma, greatly hamper HIV prevention efforts. It is therefore essential that prisons staff are provided with correct and consistent information and training on matters pertaining to HIV.

The National Voluntary Counselling and testing (VCT) Guidelines for Pakistan (now known as Voluntary Confidential Counseling and Testing, VCCT) were developed in 2006²⁰. These have been the primary service delivery approach for all kinds of population until now. It has been observed that the guidelines were not updated to accommodate key population like prisoners. Globally, several approaches to HTC have been adopted, which has resulted in covering key population like prisoners, who were initially missed by the system so that they can be reached in the earlier stage of infection.

This document will support the implementation of HIV testing and counselling services in prisons so that prisoners become aware of their HIV status, increase ARV coverage and improve referral services to other healthcare facilities including for diagnosis and treatment of TB, STIs and other blood-borne viruses.

1.3.3 Objectives

The main objectives of this document are to provide guidance to the senior prison management and healthcare worker to ensure:

- Consistent provision of high quality HTC

- Strengthened quality assurance and the delivery of accurate results
- Strengthened linkages to prevention, treatment and care services

2. ETHICAL AND LEGAL CONSIDERATIONS

2.1 Policies and strategies for HIV in Pakistan

In September 2007, the HIV and AIDS Prevention, and Treatment Act, was finalized. The Act aims at “preventing the HIV from becoming established in the general population, particularly in the most-at-risk and vulnerable populations, and to provide for the care, treatment and support of persons living with HIV and AIDS”.

The Government of Pakistan developed a National HIV and AIDS Policy in 2007²¹ in consultation with all the relevant stakeholders. The salient points of the Policy focus on prevention strategies for high risk groups like injecting drug users and sex workers. Many strategies envisaged in the policy include needle and syringe programmes, condom programmes, and also referral to drug treatment services. These key interventions are part of WHO’s comprehensive package, however OST is yet to be introduced in Pakistan.

The National HIV and AIDS Strategic Framework was developed for the period of 2007–2012. It aimed at “translating the National Policy on HIV and AIDS by providing strategic guidance to the planning of programmes, projects and interventions by various stakeholders”²².

2.1.1 Policies and strategies related to HIV in Prisons

The HIV and AIDS Prevention and treatment act (2007)²³, prohibits the discrimination against any person on the basis of his HIV status in any form in relation to any activity in the private or public sector including prisons.

Section 23⁴ provides that no person in the care or custody of the State in any kind of prison may be HIV screened without informed consent; but shall have the right to HIV prevention, counseling, testing and treatment services. Additionally any person in the prison shall be entitled to receive his complete medical records upon his release / discharge from prison.

Section 28 provides that prior to any HIV screening or pre-test counseling, voluntary written informed consent shall be obtained on a prescribed form; and no person, including children shall be screened without taking consent, when they are lodged in a governmental establishment. The age of consent for HIV testing shall be eighteen years and children below the age of eighteen (18) years shall require the consent of their parents or guardians.

Pakistan country strategy for HTC (2012) was developed to improve the quality of HTC and to increase coverage and expand uptake among key population including prisoners. Sensitization of prison staff on establishing and scaling up HTC services in prison, utilization of trained peer educators and establishing referrals and linkages with treatment centers are the strategies outlined in the document.²⁴



The Governor of Sindh passed the Sindh HIV and AIDS Control Treatment and Protection Ordinance, 2013 (“Sindh HIV Law”) on May 22, 2013. In terms of Section 16 of the bill, the Provincial Government is required to initiate awareness programmes about HIV in all prisons in the province and conduct regular screening of the prisoners subject to informed consent. The results of the HIV screening and tests shall be not be revealed to any person by the health professionals conducting such tests or by the prison officials.

There shall be no discrimination on the basis of the results of the HIV screening / tests with regard to the health facilities, residence quarters and / or diet to be provided to the prisoners subsequent to the findings of the screenings / tests.

In the event of any breaches of the confidentiality provisions set out in Section 16, the person breaching such provisions shall be liable to the penalties set out in Section 16(4) which prescribes a fine of not less than PKR 100,000 and not exceeding PKR 2,000,000. Any prisoner who is adversely affected by such disclosure shall have the right to seek relief under Section 16(4).

2.2 Human Rights Principles²⁵²⁶

The provision of HTC services should follow a human rights-based approach and should aim at reducing stigma and discrimination.

According to WHO guidelines on HIV prevention, diagnosis, treatment and care for key population (2016) the following human rights principles should be followed in HIV testing and counselling for key population. As prisoners are part of key population; therefore all the mentioned principles should apply to them (**Annex 1**).

2.3 Core and guiding Principles of HTC²⁷

A public health and human rights-based approach is important to delivering HIV and AIDS counseling and testing services in jail. A Rights-based approach gives priority to such concerns as universal health coverage, gender equality and health-related rights such as accessibility, availability, acceptability and quality of services. Moreover, the chief reasons for testing must always be to benefit the individuals tested and to improve health outcomes at the population level. Thus, HIV testing for diagnosis must always be voluntary without coercion in prison. All the fundamental rights of the prisoners should be protected at all means, initiating by giving informed consent, pretest counselling, correct testing, post-test counselling and then linking them to support services to maximize the health benefits.

According to World Health Organization (WHO), consolidated guidelines on HIV testing services (2015)²⁸, all forms of HIV counseling and testing should adhere to the WHO 5 Cs: Consent, Confidentiality, Counselling, Correct test results and Connection (linkage to prevention, treatment and care services). The 5 Cs are principles that apply to HIV testing and counselling services and will be kept in mind for the prisoners as well. They include:

2.3.1 Consent:

Prisoners must give informed consent to be tested and counseled either in written or in verbal form. The prisoners should be informed of the process of HIV testing and counseling in a language easily understood by them.



2.3.2 Confidentiality:

HTC must be confidential, meaning that what the counselor/Psychologist and the prisoner discusses will not be disclosed to anyone else without the expressed consent of the person being tested. Confidentiality should be respected, but it should not be allowed to reinforce secrecy, stigma or shame. Counselors should discuss, among other issues, whom the person may wish to inform and how they would like this to be done. Shared confidentiality with a partner or family members; trusted others; and healthcare providers is often highly beneficial.

2.3.3 Counselling:

Pre-test information can be provided in a group setting, but all people should have the opportunity to ask questions in a private setting. All HIV testing must be accompanied by appropriate and high-quality post-test counselling, based on the specific HIV test results and HIV status reported. Quality assurance (QA) mechanisms as well as supportive supervision and mentoring systems should be in place to ensure the provision of high quality counselling.

2.3.4 Correct test results:

Providers of HIV testing should strive to provide high-quality testing services, and QA mechanisms should ensure that people receive a correct test result. QA may include both internal and external measures and should receive support from the national reference laboratory. All prisoners who receive a positive HIV test result should undergo confirmatory testing based on the national algorithm before initiation of HIV care or treatment.

2.3.5 Connection:

Linkage to prevention, treatment and care services means that upon discharge or transfer, the prisoner should have a written agreement/coordination/MOU with the surrounding healthcare facilities to ensure timely referral services. HTC centers in prisons should have a clear referral mechanism to ARV provision, TB, HBV and HCV and STI diagnosis and treatment. Prison management should apply these mechanisms in a timely manner.

2.4 HIV Testing and Counseling Approaches

HIV counseling and testing is the first step in responding to the HIV epidemics. This intervention serves as the entry point for prevention, treatment and care.

HIV testing and counselling were developed as a “voluntary confidential counselling and testing” (VCCT) concept of the public health approach in the early years of the HIV epidemic through static healthcare facilities. The critical elements of this approach were that it should be confidential, accompanied by counselling and conducted only with informed consent, meaning that it is both informed and voluntary. The traditional form of HTC was a passive strategy for case identification that required people to initiate testing on their own but it tended to miss higher risk groups. However, in many high-prevalence countries, fewer than one in ten people with HIV are aware of their HIV status. Reaching individuals with HIV who do not know their HIV status is a global public health priority.²⁹



2.4.1 Main service delivery approaches

2.4.1.1 CITC (VCCT):

In traditional client-initiated voluntary confidential counselling and testing (VCCT), individuals actively seek HIV testing and counselling services because they wish to learn their status. The focus is on identifying the clients' HIV risks and making a practical plan for prevention.

2.4.1.2 PITC:

In provider-initiated testing and counselling (PITC), HIV testing and counselling is offered to all prisoners during medical examinations. On the other hand, PITC is recommended to prisoners with signs, symptoms or medical conditions that could indicate HIV infection, including tuberculosis, and to female prisoners who are pregnant to assure appropriate diagnosis and, for those testing positive, access to necessary HIV treatment, care and support.³⁰

The main purpose is to enable specific clinical decisions to be made and/or specific medical services to be offered. This would not be possible without the knowledge of the HIV status of the people concerned.³¹ Additionally, PITC contributes to increased rates of HIV testing and early identification of persons living with HIV.

There are two approaches to provider initiated HIV testing and counseling which are opt-in and opt-out. In the opt-out approach, the HIV test would be performed on the client, unless he/she specifically declines the test. However in opt-in approach the client affirmatively agrees to the HIV test being performed after the pre-test information provided to him/her.³²

The prison systems should adopt policies according to which prisoners will be offered or recommended HIV testing and counselling which will not have any adverse social consequences for prisoners' diagnosed as HIV positive.

Recognizing that many opportunities for diagnosis and counselling at health facilities are missed when systems rely primarily on individuals to initiate HTC, therefore in prisons both CITC and PITC services should be available. The aim of these approaches is to foster early detection of HIV infection and link or refer those found HIV positive to existing care, treatment and support services. The other purpose is to refer those found HIV negative for further counselling to enable them to maintain low risk behavior and to remain HIV negative.

EXECUTING THE STANDARD OPERATING PROCEDURES (SOPS)

In order to execute the SOPs in prisons in a consistent and efficient manner, following steps should be adhered to by the staff working in HIV testing and Counseling Centre (HTC):

Steps for conducting HTC in prison

- Step 1: Prisoner enters the jail
- Step 2: Take history and conduct risk assessment
- Step 3: Identify high risk prisoners (Drug addicts, MSM, FSWs, Transgender, Truckers, Mine workers, migrant workers)
- Step 4: Provide prisoners with Information, Education and Communication (IEC) materials on HIV including brochures and pamphlets and inform the prisoners about the availability of HTC services in the prison
- Step 5: Group sessions on basic information on HIV and other OIs and HTC services
- Step 6: Focused counseling with prisoners at high risk to HIV infection
- Step 7: Recommend HIV test
- Step 8: Take informed consent
- Step 9: Ensure Confidentiality
- Step 10: Pre-test counseling
- Step 11: Post-test counseling
- Step 12: Connections for ARVs and for other OIs and for Psychosocial support established

STANDARD OPERATING PROCEDURES

SOP 1: Establishing HIV Testing and Counseling Set-Up in Prison

Most of the prisons in Pakistan have limited space inside the prison building; therefore, it is a challenge to locate a room that could be designated as an HTC center.

Responsibility:

- Jail Superintendent (administrative head of the prison) will be responsible for identifying the appropriate place for the establishment of the HTC center in prison.
- Prison department will acquire funds to run the HTC center and representation from the health department especially Provincial AIDS control program (PACP) will provide technical support

HTC Center, materials and equipment:

- Location of center made known to all prisoners upon entry and during imprisonment
- Available at a site to ensure confidentiality of the prisoners who wish to avail HIV testing and counseling services
- Pictorial charts displayed on the walls of the center with information on HIV and AIDS and STIs
- At least three chairs to allow couple / group counseling
- A table with lockable drawers
- A lockable filing cabinet for keeping the records and a desktop computer (if possible) with a password installed in it.
- Information, Education and Communication (IEC) materials on basic HIV, mode of spread, risk reduction strategies, PMTCT and STIs
- IEC materials translated in Urdu and other local languages to include prisoners from different cultural backgrounds
- IEC materials to include demonstrative graphics and text to accommodate low literacy levels
- The testing area should have a refrigerator with a voltage stabilizer, thermometer, needle destroyer, micro-pipette and color-coded waste disposal bins with disposable polybags.
- HIV rapid testing kits
- PEP kits
- ARVs for HIV positive prisoners



- Infection control parameters should be followed. Such as sterile needles and syringes, disposable gloves, vials and tubes for collection and storage of blood, cotton swabs, cleaning material (alcohol/antiseptic lotion/distilled water), bleach for blood spills/hypochlorite solution and sterilization equipment like autoclave should be made available.
- Condoms, condom-compatible lubricants and items for demonstration of correct use (if possible)
- All the reference forms for taking history, informed consent, pre-test counseling, post-test counseling, referral forms for final testing of HIV, opportunistic infections and any other psychological problems or other medical conditions which cannot be treated in the prison health care facility should be readily available for referrals.

SOP 2: Staffing for HTC center

Most of the prisons in Pakistan have a medical officer who is in-charge of the medical center, while the prisons in Punjab Province also have female psychologists in majority of their prisons. Ideally the HTC center requires skilled persons consisting of a focal person for HTC, two counselors, a psychologist and a laboratory technician. A male and female prisoner will be trained as peer educators and selected based on having long term imprisonment along with being a model prisoner who is respected among fellow prisoners. Peer educators are effective and credible communicators who have inside knowledge of the intended audience and use appropriate language/terminology as well as non-verbal gestures to allow their peers to feel comfortable when talking about issues of sexuality and HIV and AIDS. All the staff working for HTC center can be from the prison department, health department, NGOs or CSOs.

Responsibilities:

- The administrative head of the prison will identify the HTC focal person who will be from the prison staff and be present on permanent basis.
- The administrative head of the prison and HTC focal person will ensure availability of Psychologists, counselors, laboratory technicians and medical officers who will work in HTC
- The Provincial AIDS Control program (PACP) will train the prison staff (who are not trained) in counseling and testing in prison settings, according to national guidelines.
- The administrative head of the prison and PACP will work jointly in organizing refresher trainings for the HTC staff

Procedure:

Duties of the HTC Focal person

- Responsible for the overall functioning of the HTC center.
- Maintain effective coordination with provincial HIV, TB and Hepatitis programmes.
- Strengthen linkages for referrals in order to minimize loss of clients during release and transfer of the prisoners
- Report to the representative of prison authorities on the adequacy of HIV rapid testing kits, ARV medicines, PEP kits, condoms (if possible), IEC material and necessary items for sample collection.
- Monitor the HIV testing and counseling services provided for the prisoners for quality assurance.
- Maintain HTC records and registers and prepare monthly reports to share with the PACP to register HIV positive prisoners in the national database.



Duties of the counselor/psychologist

- Ensure that each prisoner is provided pre-test information/counseling, post-test counseling and follow-up counseling in a conducive atmosphere
- Be available in the HTC center
- Ensure that strict confidentiality is maintained during counseling sessions
- Provide psychological support for HIV positive prisoners so that they can cope with their HIV status and its consequences
- Encourage prisoners to make use of couple counseling and share their positive status with their family members if it is beneficial for them
- Conduct HIV rapid testing in accordance with the testing algorithm where there is no laboratory technician positioned, after getting proper training on HIV testing procedure
- Referral of sample for confirmatory test in the government identified specialized laboratory

Duties of the laboratory technician (LT)

- Undertake HIV and other STI testing according to the standard laboratory procedure
- Keep the HTC center neat and clean at all times
- Ensure that adequate stock of HIV rapid testing kits, PEP kits and ARVs are available
- Ensure the maintenance of all laboratory equipment
- Follow internal and external quality assurance procedures
- Follow universal safety precautions and strictly adhere to hospital waste management guidelines

Duties of the peer educators (PE)

- Provide information and education on basic HIV, modes of transmission and risk reduction strategies
- Educate the prisoners on behavior change and communication (BCC) to protect themselves from HIV infection
- Inform the other prisoners on the availability of HTC and educate them about the confidentiality of the HIV testing procedure, voluntary nature of the HIV testing procedure and both pre-test and post-test counseling services
- If possible and allowed in the prison, provide condoms, lubricants and new syringes to the prisoners in need

Reference material:

Staff schedule

SOP 3: Conduct risk assessment

As part of health screening upon entry into the prison system, history should be taken to assess risks.

Responsible persons

- Psychologist/counselor/medical officer/nurse (trained in conducting risk assessment and counselling)

Procedure

- Upon admission, the HTC Focal person should offer HTC services to the prisoner
- The session should not be more than 10 minutes as the prison environment is very stressful for the prisoners and they can be in a highly emotional state
- Offer HIV testing and counseling to all the prisoners and prison officials
- Recommend HIV testing and counseling if a prisoner has signs, symptoms or medical conditions that could indicate HIV infection, STIs, TB, Hepatitis and who have previously indulged in high risk behavior and also for pregnant female prisoners

Reference material:

History and risk assessment for HIV infection (**Annex 2**)

SOP 4: Group sensitization session on HTC

Information is not enough to prevent the transmission of HIV and AIDS, STIs, TB or hepatitis but it is a prerequisite to the implementation of HIV prevention measures in prisons. The main principle is that all information on blood-borne diseases that is available to the prisoners should be made available, tailored to the needs, cultural and educational backgrounds and languages of the prison population, to both staff and prisoners. All types of support materials, including hard copy, videos, radio programs and electronic materials can be used, and staff and prisoners should actively participate in developing them.³³ Education programs in prisons are more likely to be effective if they are delivered by peers, and the HTC staff can play a leading role in monitoring them. The session should cover all the aspects of the diseases, prevention of transmission, testing and treatment and they should address stigma and discrimination.

Responsible person:

- HTC Focal person
- Counselors/Psychologists/MO/LT, Peer Educators

Procedure:

- The HTC focal person will arrange groups comprising ideally 10 to 15 prisoners each for the sensitization session
- Group information session will be conducted on general health, TB, Hepatitis, HIV and AIDS, STIs and PEP offered on a regular basis
- During HIV education sessions, prisoners should regularly be reminded that HIV testing is available to them and should be encouraged to know their HIV status
- Prison systems should ensure that all prisoners have easy access to client-initiated testing and counselling programs on request and at any time during their imprisonment
- Educational strategies must also take into account the limited reading ability of some prisoners and for foreigners; therefore they should include pictorial presentations, video, and other types of presentations³⁴
- If prison administrators do not support peer education; to counter this obstacle, psychologists, counselors, doctors, technicians and other staff can provide continuous education on HIV prevention, risk reduction, testing, treatment and care in the prison
- Provide the facts about HIV and about it is (and how it is not) transmitted, as well as information on other diseases that are common in prisons, in particular sexually transmitted diseases, hepatitis B and C and tuberculosis
- Raise awareness among prisoners and staff of the health issues related to risk activities such as drug use, unprotected sex, tattooing, and body piercing, and PMTCT



- Educate prisoners about how they can protect themselves from infections, including correct use of condoms and lubricants, how to inject safely, and the importance of using sterile tattooing and piercing equipment
- Information should be accurate, non-judgmental, accessible and relevant

Reference material:

IEC material on basic HIV information, posters, pamphlets, and brochures

SOP 5: Pre – Test Counseling

Counseling for HIV is a confidential dialogue between a client and a service provider aimed at enabling the client to make informed personal decisions about HIV testing and to know their HIV status.³⁵

In prisons, counseling is a dialogue between a counselor and the prisoner to achieve the following³⁶:

- Provide the prisoner with information on the HIV test, its benefits and the risks involved. The aim is to have the informed consent of the prisoner before the test and to help them gain a better understanding of the test results
- Provide the prisoner with background information on HI and AIDS infection, modes of transmission, preventive methods, treatment and care. To assess the risk of HIV infection in the prisoner
- Encourage and maintain a safe behavior to avoid future infection and/or to prevent the further spread of HIV (e.g. through safe sex by using condoms and the usage of new syringes for injecting drug users)
- Help the prisoner to handle possible emotional reactions related to the HIV test results (e.g. grief, anger, fear and denial)
- Help the prisoner to make an informed decision on undergoing the test

Responsibility:

- Counselor/Psychologist/MO/LT

Procedure:

- Provide information on HIV and AIDS: what is HIV, what is AIDS, window period, route of transmission, prevention message, care, support and treatment services
- Explain the benefits of HIV testing/knowing your status
- Explain the HIV rapid testing procedure and the meaning of HIV test results
- Assure the individual that the test result and any information shared will be kept confidential
- Explain that the prisoner has the right to decline the test
- Explain that declining an HIV test will not affect the prisoners access to any kind of services in prison
- Exploration of personal HIV risk behavior and options for risk reduction strategies
- Provide information on genital, menstrual and sexual hygiene
- Demonstrate the use of a condom using a model (if possible)
- Provide information and stress the importance of spouse/sexual partner testing
- Conduct symptomatic screening for STIs, TB and drug use

- Extend the opportunity to the individual to ask and clarify doubts. All the information may be delivered in a local language and tailored to the specific audience
- If the prisoner accepts to get tested, then fill out the laboratory form with the prisoner's unique personal code
- Obtain informed consent and document it in the relevant register and inform prisoner that they can withdraw consent at any stage of the HTC process
- Refer the prisoner to a testing staff for taking the sample and testing or proceed with the testing if you are doing it yourself

For pregnant women

- HTC is recommended to pregnant female prisoners as part of the standard of care, using the PITC approach
- It is important to note that HIV testing is still voluntary and a pregnant or lactating woman has the right to consent to or decline HIV testing should she choose to do so
- If the female prisoners decline to be tested, she should be counseled at every opportunity during pregnancy and breast feeding period and encouraged to take the HIV test
- Provide information on the potential risk of transmitting HIV to the infant
- Inform about the availability of measures that can be taken to reduce mother-to-child transmission, including the provision of ART to benefit the mother and prevent HIV transmission to the infant
- Counselling on infant feeding practices to reduce the risk of HIV transmission
- The benefits of early HIV diagnosis for mothers and infants
- Encourage partner testing, when available

Reference material:

- Informed Consent Information Sheet (Annex 3)
- Male and female condoms (if possible)
- IEC material

SOP No 6: Post-Test Counseling for HIV positive test result

Post-test counseling is integral to assess the client's readiness to receive results, confirm client's identity and prepares the client to cope with the HIV test result.

Responsibility:

- Counselor/Psychologist/MO/LT

Procedure:

- Be aware of non-verbal communications when calling prisoner to the counseling room
- Check prisoner's details
- Be direct e.g. "I need to tell you that your result has come back positive and that means the HIV virus has been detected in your blood, which means you are infected with the virus"
- Provide some silence and time for her/him to absorb the news
- Give sufficient time to the prisoner to consider the results and help him/her cope with emotions arising from the diagnosis of HIV infection
- Discuss immediate concerns and help the individual to identify who in his/her social network may be able to provide immediate requisite support
- Provide clear information on free ART (where it is offered, when ART will start, for how long it has to be taken, how many times it has to be taken, who will provide ART, what further tests are required for starting ART, side-effects and benefits of ART, importance of adherence to ART, role of nutrition and exercise, need to abstain from smoking, drinking and unprotected sex, how to overcome stigma and discrimination, a brief about opportunistic infections, etc.) and reducing the risk of HIV transmission
- Communicate that the usage of ARVs sooner can extend life
- Provide contact number of the VCT center so that the prisoner could contact them on his/her release
- Assist prisoner with concrete planning to reduce HIV transmission to others and demonstrate proper condom usage (if possible)
- Discuss possible disclosure of the result and the risks and benefits of disclosure, particularly among couples and partners
- Offer counselling to untested sexual partner(s)/spouse and children (age up to 14 years) of HIV positive women
- Assess the risk of violence by sexual partner/spouse and discuss existing support systems to help such individuals, particularly women, who are diagnosed HIV-positive
- Assess the risk of suicide, depression and other mental health consequences of a diagnosis of HIV infection



- Provide information on genital, menstrual and sexual hygiene
- Provide additional referrals for prevention, counselling, support and other services as appropriate [e.g. TB diagnosis and treatment, Hepatitis diagnosis and treatment, prophylaxis for opportunistic infections, STI screening and treatment, contraception, access to sterile needles and syringes (where applicable), and brief counselling on sexual health]
- Encourage and provide time for the individual to ask additional questions, clarify myths and misconceptions
- Ensure linkage with an ART center
- Ensure the prisoner is calm and stable before leaving the counseling session

Reference material:

- Provide HTC number/Patient ID number
- Contact information of VCCT center (for release and transfer prisoners)
- Referral form for psychological assessment and opportunistic infections
- Positive test result

SOP No 7: Post-Test Counseling for HIV negative test result

Responsibility:

- Counselor/Psychologist/MO/LT

Procedure:

- After seating the prisoner and confirming that they are ready for their results simply explain the result is HIV negative
- Explain that the test has shown that he/she is not infected however explain that if a risk occurred within the last three months before the test was taken it will mean that there is still a chance that they may be infected and that this has not yet shown up in the test result that they have received today
- Check for any window period exposure that the prisoner may not have disclosed at the time of pre-test counselling
- Advise the prisoner with “window period” exposure of the need to practice safer sex throughout their life. Advise them of the importance of this, emphasizing that people may be highly infectious when they first come into contact with HIV, even though the first test may have indicated that they are not infected
- Inform the prisoner who has had “window period” exposure that they require a further test and based on the last risk behavior advise them when to present for that re-test (give a date for re-testing). (Retesting is needed only for HIV-nonreactive individuals who report recent or on-going risk of exposure)
- Should be encouraged to undergo follow-up testing in two weeks (14 days) to confirm their HIV status. Emphasize the need for and ensure follow-up testing
- Review the common means of how HIV infection is transmitted and how transmission can be prevented. Review the prisoners’ decisions about a personal risk reduction plan
- Risk education counselling, condom demonstration and provision of condoms (if possible)
- Emphasis on the importance of knowing the status of sexual partner(s), and information about the availability of partner and couples testing and counselling services
- Provide information on genital, menstrual and sexual hygiene
- Linkages to tuberculosis (TB), sexually transmitted infection (STI) and Hepatitis diagnosis and treatment centers. Referrals for contraception and antenatal care (ANC) for female prisoners
- Encourage and provide time for the prisoner to ask additional questions; clarify myths and misconceptions
- Ensure the prisoner is calm and stable before leaving the counseling session



Reference material:

- IEC material
- Referral for opportunistic infections

HIV TESTING

Approaches to HIV Testing

In 2012 NACP developed a revised national testing strategy based on WHO new recommendations. For adult HIV testing, three rapid tests (based on three different test antigen/principle) were promoted (flow chart-1).

It is important that there are clear and robust links between testing and HIV prevention, treatment and care services for those who test positive and with prevention services for those who test negative; poor linkages prevent people from acting on their test results. HIV testing among prisoners should follow nationally validated testing algorithms, in accordance with WHO testing strategies and have appropriate quality assurance/quality improvement mechanisms in place.³⁷

SOP No 8: HIV Rapid Testing

WHO has issued a strong recommendation for trained lay providers to perform HIV testing services using rapid diagnostic tests (RDTs)³⁸. WHO also encourage national programmes to retest all newly and previously diagnosed people with HIV before they enroll in care to initiate ART. Retesting people on ART is not recommended, as there are risks of incorrect diagnosis. The recommended HIV rapid testing kits provide test results to the client within 30 minutes of the test.

According to the literature, prisoners in Pakistan are considered to have a high prevalence of HIV, therefore testing strategies will follow the WHO guidelines for high prevalence settings which indicate that: In settings with greater than 5% HIV prevalence in the population tested.

Responsibility:

- Laboratory technician
- Trained MO/Counselor/Psychologist

Procedure:

- Document details of the prisoner in the lab register (Annex 4)
- Check the expiry date and recommended storage temperature of the kit on the kit box. Do not use expired kits or kits stored at non-recommended temperature
- Collect the blood sample by finger prick method and conduct HIV testing as per the HIV testing algorithm in the flow chart-1
- Information about appropriate procedures for specific HIV rapid test kits (as recommended by Ministry Of Health) and other details is found on information inserts included in the test kit package. These inserts contain vital information about how to accurately conduct HIV testing, and shall be adhered to
- In order to ensure accurate and reliable test results, the laboratory technician shall also adhere to good laboratory practices and quality assurance standards.
- At all times universal precautions and infection control measures should be taken (Annex 5)
- A laboratory SOP should be available by PACP, to provide detailed instructions on all aspects of the testing, transport and storage of specimen, test interpretations, reporting and recording result for quality assurance

Retesting

- For most prisoners who test HIV-negative, additional retesting to rule out being in the window period is not necessary
- Retesting is needed only for HIV-negative individuals who report recent or ongoing risk of exposure
- Prisoners who are diagnosed HIV-negative but remain at high risk, such as PWIDs and sex workers may benefit from regular retesting

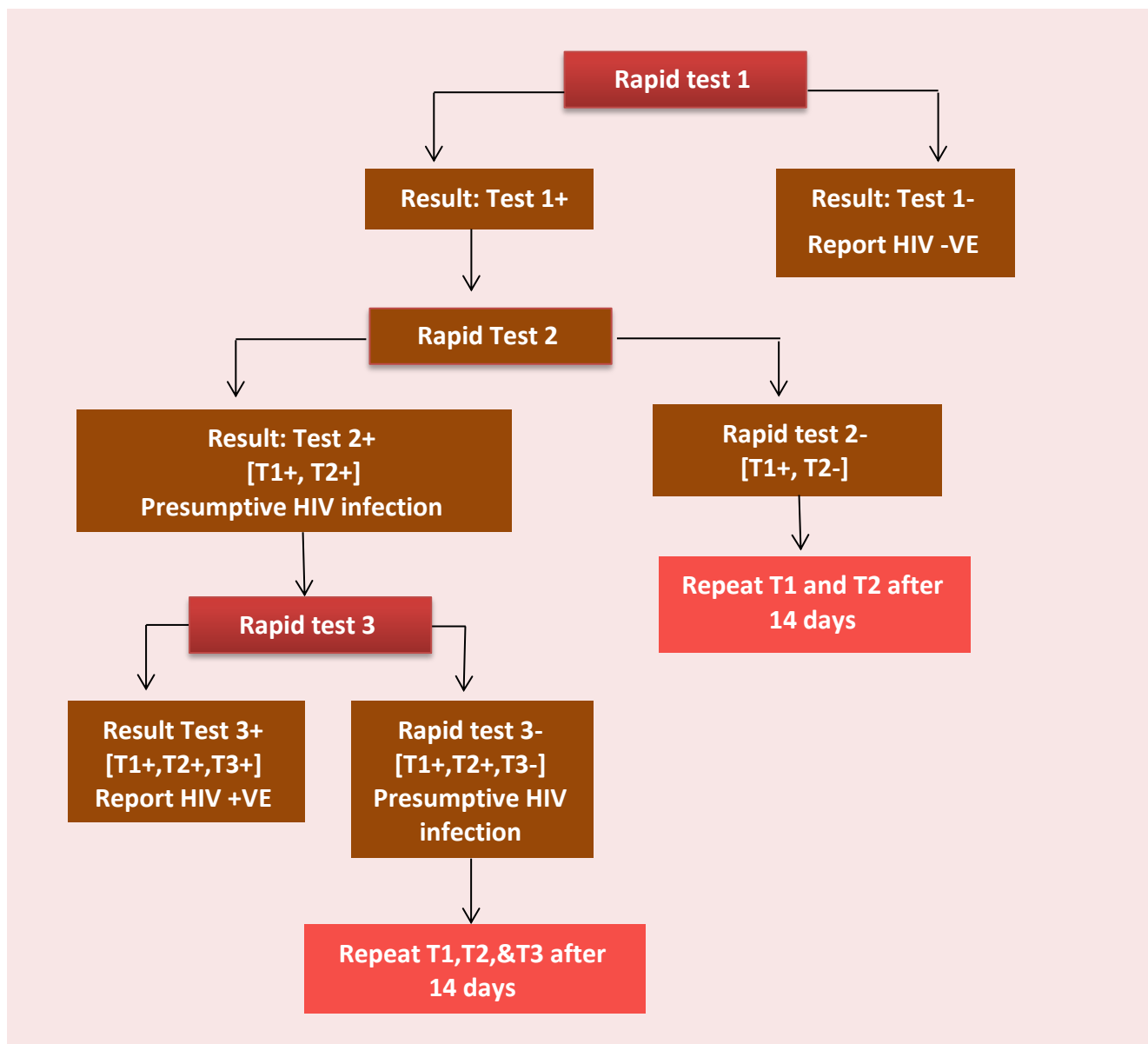


- Retesting gives these people both the opportunity to ensure early HIV diagnosis and to receive ongoing health education on HIV prevention. According to WHO guidelines on HIV testing services (2015) retesting for such individuals can be advised after four to six weeks
- Prisoners in high risk categories should be retested after every six months

Reference material:

- Informed consent form (Annex 3)
- Laboratory HIV Testing form (Annex 4)
- Universal precautions (Annex 5)
- Information inserts of all three testing kits

Flow chart - 1: HIV three serial rapid test algorithms⁵



Recommended Rapid Tests

- Test 1: Alere Determine HIV-1/2 Ag/Ab Combo (sensitivity > 99%)
- Test 2: Uni-Gold HIV (specificity. 99%)
- Test 3: SD Bioline HIV-1/2 3.0 (sensitivity > 99%, specificity > 98%)

⁵ NACP. Pakistan country strategy for HIV testing and counselling based on situation and response analysis. 2013. Available at <https://www.nacp.gov.pk/repository/howwework/Strategies/Pakistan%20Country%20Strategy%20for%20HTC.pdf> [accessed on 5th July 2018]

SOP No 9: Universal Precautions

Adequately trained and equipped prison staff are not at high risk of contracting infections like HIV that are spread through medical contact with blood or other body fluids. Just like health care workers, prison staff can adopt simple and routine practices to greatly reduce the likelihood that they will become infected with HIV as a result of an occupational exposure, practices that are called “universal precautions”. Prisons staff need to be trained concerning the use of universal precautions and given the means to observe them. In contrast to HIV, other diseases that are prevalent in prisons and that are much more easily spread than HIV particularly tuberculosis and hepatitis pose a real threat not only to the staff directly, but also to their families and to the wider community.

Universal Precautions are simple standards of infection control practices to be used at all times, to reduce the risk of transmission of blood borne infections.

The greatest hazard of HIV transmission in health care settings is through skin puncture with contaminated needles or "sharps". Most "sharps" injuries involving HIV transmission are through deep injuries with hollow bore needles. Such injuries frequently occur when needles are recapped, cleaned, disposed of, or inappropriately discarded. Although recapping needles is to be avoided whenever possible. Puncture-resistant disposal containers must be available and readily accessible for the disposal of "sharps".

Prison authorities should ensure that infection control materials are available and ensure an adequate supply chain throughout the lifespan of the program.

Responsibility:

- Laboratory technician
- MO/Psychologist/Counselor

Procedure:

- Ensure careful handling and disposal of "sharps"
- Confirm hand washing with soap and water before and after all procedures; use of protective barriers such as gloves, gowns, aprons, masks, goggles for direct contact with blood and other body fluids
- Proper disinfection of instruments and other contaminated equipment

Reference material:

- Universal precautions (**Annex 5**)

SOP No 10: Post Exposure Prophylaxis (PEP) for Healthcare Providers

Health care providers who become accidentally exposed to HIV in the course of providing care shall follow appropriate steps and shall have access to Post-Exposure Prophylaxis (PEP). The exposed providers shall be appropriately supported by their employers. It is the responsibility of each employer to ensure that PEP services are available and appropriately used at the workplace. PEP service shall be available in all health facilities for occupational exposure to HIV and rape/sexual assault.

Many health care workers find reporting and undergoing voluntary testing and counseling stressful, and some chose to remain silent. This silence is often due to the fear, stigma and discrimination associated with HIV. This can lead to inaccurate data on health care worker exposure and more importantly, to a lack of follow-up counseling, testing, treatment and care.

NB: Please note that PEP should also be available and offered to prisoners in need and within the appropriate timeline

Responsibility:

- HTC focal person
- MO/Counselor/Psychologist/LT

Procedure:

- An accidental prick by drawing blood from a patient and exposure to other body fluids can lead to HIV infection from a prisoner
- HTC Focal person should be notified so that PEP can be obtained as soon as possible
- Immediately wash the exposed part with soap and water
- Do not squeeze the part and do not apply antiseptic, as it increases the area of trauma and may attract CD4 cells to the site of exposure
- PEP shall be provided within 72 hours post exposure but it is recommended to be initiated immediately after exposure
- Voluntary confidential counseling should be available immediately, and HIV testing and follow up counseling made available
- The PEP course should be taken for 28 days
- The PEP flow chart with all the relevant information should be pasted on the wall of testing room
- Healthcare providers should be tested after PEP as per the national guidelines

Reference material:

- ARV

SOP No 11: Referral and linkages

Health care, including access to antiretroviral medications, should be made available to all HIV positive prisoners. After the immediate clinical issues are addressed, the prisoner should be scheduled with a provider with HIV experience for initial assessment and to provide routine follow-up. The medical officer or medical technicians, in the prison should be trained in basic knowledge of HIV and they should help the prisoner in establishing linkages with the ART center. Since many facilities do not have an HIV specialist on site, it remains important that all healthcare providers have HIV resources and ongoing education available. (See Annex 6)

When HIV positive prisoners are released to the community, it is important to link them to medical services in the community. The transition for prisoners from confinement to community is often chaotic and difficult, and health-care concerns often assume a lower priority than housing and food, employment, mental health and substance abuse treatment, and childcare. If such immediate needs are not met, there is less chance that HIV positive prisoners will make it to or stay engaged in follow-up medical care, much less maintain any of the health advances achieved during confinement.

The prisoner should be briefed about the actions taken after the release or transfer from the prison as per the Annex 7.

Although there are inherent challenges and resource limitations, efforts should be made by both custodial and medical staff, ideally as a joint team, to address the needs of the HIV positive prisoner.

Responsibility:

- HTC focal person
- MO/Psychologist/Counselor

Procedure:

- Develop a list of medical providers in the community to which the prisoners will be returning and share the information with the prisoner before their release or transfer
- Assist the prisoner with scheduling an appointment with the community care provider. If possible, allow the community care provider to visit the prisoner before release. Having the prisoner talk to a provider or a counselor at the follow-up clinic may help with concrete linkage to services. If appointments cannot be made in advance, make walk-in arrangements with clinical providers
- Provide the prisoner with date, time, and location of first post-release appointment in writing. Stress to prisoners the importance of attending their first scheduled appointment in the community, and the appointment should be as early as possible after release
- Provide the prisoner with a copy of the relevant medical record and also send information to the community provider after obtaining written consent for release of information from the prisoner



- Prisoners who are taking HIV medications should continue taking their medications after release from custody and inform them that all medications should be taken as prescribed. The prison staff should ensure sufficient provision of ARVs for the prisoners upon their release until linkages are established
- Provide tuberculosis patients with Isoniazid 300 mg daily for 6 months. It is, however, important to screen the patients for active TB before treatment is started. Therefore referral to a TB clinic is of critical importance in the prevention and management of TB infection among PLWHA. (Annex 7)
- Sex workers and PWIDs should be vaccinated against hepatitis B following HBV and HCV screening. Those who are found to be infected by either virus may be referred to gastroenterologists for further clinical evaluation and management
- All prisoners who suffer from any STI should be treated with the necessary antibiotics and in severe cases should be referred to STI clinics for STI management and prevention
- WHO has developed guidelines for the syndromic management of STIs, and the National and Provincial AIDS Control Programmes in Pakistan have trained a number of physicians on these guidelines. The prison doctors and visiting doctors should be trained in managing such infections
- Prisoners who have mental illnesses, developmental disability, or difficulty coping with their HIV diagnosis should receive psychiatric help or be referred to an appropriate mental health clinic or hospital
- Prisoners who use drugs should receive appropriate information or be referred to substance abuse prevention and treatment services. All PWIDs must be referred to harm reduction programmes or needle exchange programmes (if available) during post-test counselling, irrespective of their HIV status

Reference material:

- Standard referral form (Annex 6)
- Referral form after release or transfer (Annex 7)

ANNEXES

ANNEX 1: Human Rights Principles

Human rights: Fundamental to development of these guidelines is the protection of human rights for all members of each key population including prisoners. Legislators and other government authorities should establish and enforce anti-discrimination and protective laws, derived from international human rights standards, in order to eliminate stigma, discrimination and violence faced by key populations and to reduce their vulnerability to HIV.

According to the Nelson Mandela Rules⁶, it reflects the fact that, apart from being deprived of their liberty, prisoners retain their fundamental human rights.

Access to quality health care is a human right. It includes the right of members of key populations to appropriate quality health care without discrimination. Healthcare providers and institutions must serve people from key populations based on the principles of medical ethics and the right to health. Health services should be accessible to key populations. This guidance can be effective only when services are acceptable, of high quality and widely implemented. Poor quality and restricted access to services will limit the individual benefit and public health impact of the recommendations.

The Rule 24 (1) of Nelson Mandela Rules states that the provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

The rules further states that the general health profile of prisoners tends to be comparatively lower than in the community, and there is a higher prevalence of mental illness, substance misuse and infectious diseases, such as HIV, tuberculosis and hepatitis among prisoners. Thirdly, a neglect to address health issues in prisons may result in the transfer of prison health problems into the wider community, just as community health problems can enter prisons.

Access to justice is a major priority for people from key populations especially prisoners, due to high rates of contact with law enforcement services and the current illegality of their behaviors in many countries. Access to justice includes freedom from arbitrary arrest and detention, the right to a fair trial, freedom from torture and cruel, inhuman and degrading treatment and the right, including in prisons and other closed settings, to the highest attainable standard of health. The protection of human rights, including the rights to employment, housing and health care, for people from key populations requires collaboration between healthcare and law enforcement agencies, including those that manage prisons and other closed institutions. Detainment in closed settings should not impede the right to maintain dignity and health.

Acceptability of services is a key aspect of effectiveness. Interventions to reduce the burden of HIV among people from key populations especially prisoners must be respectful, acceptable, appropriate and affordable to recipients in order to enlist their participation and ensure their retention in care. Services for members of key populations often employ appropriate models of service delivery but lack expertise in HIV. Conversely, people from key populations may not find specialized HIV services acceptable. There is a need to build service capacity on both fronts. Mechanism of regular and ongoing feedback from beneficiaries to service providers will help inform and improve the acceptability of services to key populations.

⁶ https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf



Health literacy: People from key population including prisoners often lack sufficient health and treatment literacy. This may hinder their decision-making on HIV risk behaviors and their health-seeking behavior. Health services should regularly and routinely provide accurate health and treatment information to members of key populations. At the same time health services should strengthen providers' ability to prevent and to treat HIV for prisoners and other key population

Integrated service provision: People from key population, such as prisoners, commonly have multiple co-morbidities and poor social situations. For example, HIV, viral hepatitis, tuberculosis, other infectious diseases and mental health conditions are common among prison population. Integrated services provide the opportunity for patient-centered prevention, care and treatment for the multitude of issues affecting prisoners. In addition, integrated services facilitate better communication and care. Thus, wherever feasible, service delivery for prisoners should be integrated. When this is not possible, strong links among health services working with prisoners should be established and maintained.

ANNEX 2: History taking for risk assessment for HIV

Date: _____ **HTC Registration #:** _____
Sex: _____ **Age:** _____
Marital status: _____ **Occupation:** _____
Reason for incarceration: _____ **Have you ever been incarcerated before:** _____
City: _____

General health	Yes	No	Comments
Do you have any health problem			
For female prisoners only			
Are you pregnant			

Transmission of HIV via blood	Yes	No
Have you ever got a blood transfusion		
Have you ever experienced tattooing on your body		
Have you ever used drugs		
Have you ever used cocaine		
Have you ever used heroine		
Have you ever injected drugs		
If yes then have you injected drugs in the past 3 months		
Have you ever shared needles or syringe		
Did you have access to brand new syringes		

Risk factors for Sexual transmission of HIV	Past 6 months		Ever	
	Male	Female	Male	Female
Vaginal or anal sex				
Sex without using condoms				
With PWID				
With HIV +ve person				
With multiple partners				
Sexually assaulted or raped				

HIV-Test

History of diseases	Yes	No	Don't know
Do you have TB			
Have you ever been vaccinated for Hepatitis B			
Do you have Hepatitis B			
Do you have Hepatitis C			
Do you have any STIs			
Do you have sores, ulcers, abnormal discharge from penis, vagina, anus			
Did you ever have sores, ulcers, abnormal discharge from penis, vagina, anus in the past 6 months?			
Any other disease would you like to share			

HIV specific questions	Yes	No	Don't Know
Have you ever been tested for HIV			
If yes then when did you get tested?			
Was the test result positive?			
Was the test result negative?			
If your test was positive, then did you start taking ARVs?			
Are you still taking ARVs?			



ANNEX 3 HIV Testing Consent form

Date: _____ **HTC Registration #:** _____

Sex: _____ **Age:** _____

Occupation: _____ **Reason for incarceration:** _____

City: _____

Before taking this test I declare that I have received pre-test counseling on HIV and AIDS. I have received information about what HIV infection is, how it is transmitted from one person to another, how such transmission can be prevented and why I am at risk for having HIV infection.

Moreover I understand that the test is voluntary and I consent to a sample of blood taken via a finger prick method for HIV rapid testing procedure. I have been informed about the nature, risks and implications involved in an HIV test and I have understood all the relevant information about the testing procedure.

I acknowledge that I have to undergo three HIV rapid testing methods to confirm the result, if the first HIV rapid test is positive.

A positive test means that I have been infected with HIV virus while a negative test does not mean that I am HIV negative but my body takes around 3 months to produce antibodies against HIV virus which does not reflect in the HIV test. Finally I had enough opportunity to ask questions and decide if I want to do the test or not.

After understanding all of this, I voluntarily consent for the HIV test to see if I may be infected with HIV.

Thumb impression or Verbal consent:

Staff Signature:

ANNEX 4: HIV RAPID TESTING FORM

HTC Number/Patient ID:

Age:

Sex:

Country:

City:

Testing site:

Date:

Rapid test 1	Rapid test 2	Rapid test 3
Sample date DD / MM / YYYY <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sample date DD / MM / YYYY <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sample date DD / MM / YYYY <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rapid test used <input type="checkbox"/> Alere Determine HIV1/2 AG/AB <input type="checkbox"/> SD Bioline <input type="checkbox"/> UNIGOLD HIV 1 / 2	Rapid test used <input type="checkbox"/> Alere Determine HIV1/2 AG/AB <input type="checkbox"/> SD Bioline <input type="checkbox"/> UNIGOLD HIV 1 / 2	Rapid test used <input type="checkbox"/> Alere Determine HIV1/2 AG/AB <input type="checkbox"/> SD Bioline <input type="checkbox"/> UNIGOLD HIV 1 / 2
Test result <input type="checkbox"/> Negative <input type="checkbox"/> Positive / Reactive <input type="checkbox"/> Invalid	Test result <input type="checkbox"/> Negative <input type="checkbox"/> Positive / Reactive <input type="checkbox"/> Invalid	Test result <input type="checkbox"/> Negative <input type="checkbox"/> Positive / Reactive <input type="checkbox"/> Invalid

Final Result: _____

Date for retesting: _____

Test performed by: _____

Signature: _____



ANNEX 5 Universal precautions to prevent injuries for health care provider

1. Do not put caps back on needles
2. Do not bend or break needles
3. Remove used needles from your work areas
4. Put needles and other sharp instruments in a “sharp box” after using them
5. Wear gloves when handling a patient’s secretions, when injecting, and when drawing blood
6. Bandage all cuts and nicks on hands before putting on gloves
7. Wash hands immediately if they have anybody fluid on them, and also wash them after seeing each patient
8. Pass sharp instruments back into a tray and not into an open hand



ANNEX 6 Standard referral form

Date: _____ **HTC Registration #** _____

Age: _____ **Sex:** _____

Referred from: _____ **Referred to:** _____

Tick all that apply	List of services
<input type="checkbox"/>	Confirmatory test from specialized laboratory for HIV
<input type="checkbox"/>	ART Center
<input type="checkbox"/>	TB
<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	STIs case management
<input type="checkbox"/>	Drug and alcohol counseling and rehabilitation
<input type="checkbox"/>	Psychological support
<input type="checkbox"/>	PMTCT services

Name of the HTC Provider: _____

Designation: _____

Signature: _____

Date: _____



ANNEX 7 Referral after release or transfer from a prison

Date: _____ **HTC Registration #** _____

Age: _____ **Sex:** _____

Referred from: _____ **Date** _____

Referral to	Name of the site	Address	Contact information	Focal person
Government HIV VCCT center				
ART center				
TB diagnostic				
TB DOTS				
STI center				
Hepatitis center				
PMTCT center				
NGOs				
Other services				

Purpose of referral:

Name of HTC provider: _____

Designation: _____

Signature: _____

HIV RAPID TESTING KITS

ANNEX 8: TEST NO-1 ALERE DETERMINE HIV ½ AG/AB COMBO ⁱ

1-Identify proper finger location

The proper location for performing a finger stick is on the third or fourth finger of the non-dominant hand, between the dotted lines as shown. The puncture should be made just off-center and across the ridges of the fingerprint. A puncture parallel to the ridges can make the blood run down the ridges, hampering collection. The off-center position will also help to avoid calluses

2-Prior to performing finger stick

To optimize whole blood circulation, warm the hand by washing in warm water (or holding it in a heating pad or hand warmer), and massage the finger with a downward motion several times. Lowering the hand below heart level before collection may also help with improving blood flow

3- Clean the finger of the person being tested with an antiseptic wipe. Allow the finger to dry thoroughly or wipe dry with a sterile gauze pad

Perform finger stick

4-It is recommended to use a sterile 2.0mm x 1.5mm blade lancet capable of producing 50 µL of blood, as shown. Holding the lancet safely between your fingers, position the blade just off the center of the finger pad as shown in step 1. After the lancet is in the proper location on the finger, make the puncture quickly

5- A drop of blood appears at the puncture site. Wipe away the first drop of blood - which may contain tissue fluid - with gauze

6- Quickly express blood down the fingertip by gently squeezing across the entire finger, to the last joint (not to the end of the fingertip). Do not squeeze or “milk” the fingertip to accelerate bleeding. Wait for a large drop to form before beginning collection. If a clot begins, wipe the finger clean.

Collect an adequate sample

7- Collect the second drop of blood by holding the capillary tube horizontally, and touch the tip of the capillary tube to the blood sample.

Note: Filling of the capillary is automatic – do NOT squeeze the bulb while sampling. Maintain this position until the flow of the sample has reached the fill line and stopped. Do not scrape or hold directly above/below the drop

Add sample to the test tube

ⁱ <https://www.alere.com/en/home/product-details/determine-1-2-ag-ab-combo.html>

8- Touch the tip of the Capillary Tube containing the blood sample to the Sample Pad and gently squeeze the bulb. Avoid air bubbles. Wait until all the blood is transferred from the Capillary Tube to the Sample Pad

Caution: Do not lift the Capillary Tube from the Sample Pad until all of the blood has been transferred – a bubble may form which will prevent the complete transfer of sample. If a sample won't expel, cover the small opening at the mark on the capillary with a gloved finger. Then squeeze the bulb until the sample is fully dispensed onto the Sample Pad.

Step-1



Step-2



Step-3



Step-4



Step-5



Step-6



HIV-Test

Step-7

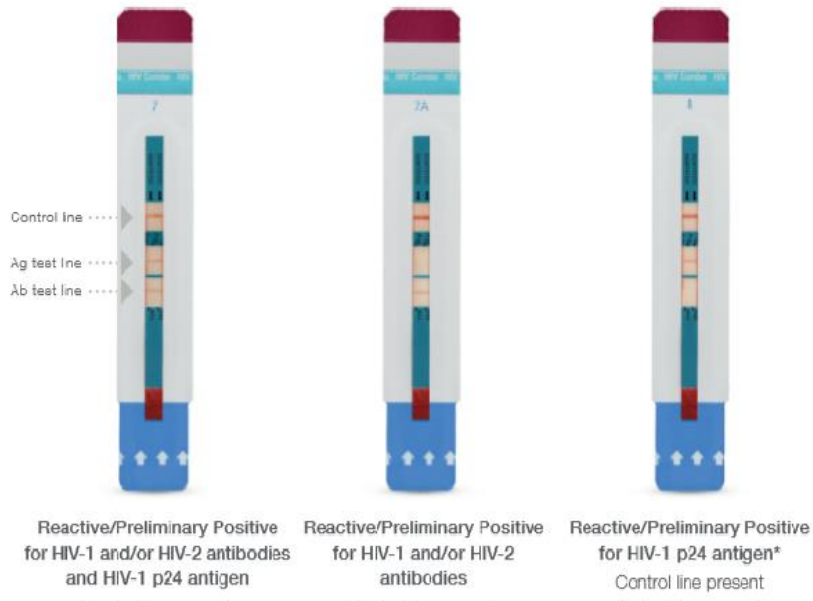


Step-8

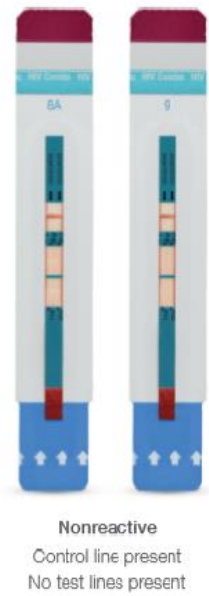


Interpretation of test results

Reactive/Preliminary Positive Results



Nonreactive Result



HIV-Test

Invalid Results



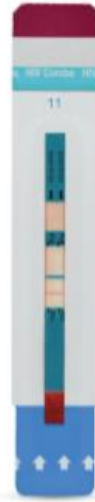
Invalid
No control line present



Invalid
No control line present
Ag and Ab test lines present



Invalid
No control line present
Ag test line present



Invalid
No control line present
Ab test line present

ANNEX 9: TEST NO-2 SD BIOLINE HIV RAPID TESTING PROCEDURE ⁱⁱ

Procedure:

- Before you begin please read the instructions prior to use
- Cover your work space with a clean absorbent cover
- All components must be brought to a room temperature (between 15-30°C) prior to testing

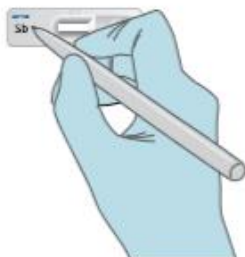
1 Check the expiry date.
If expiry date has passed, use another kit.
Check the desiccant.
If the color is green, use another kit.



2 Put on the gloves. Use new gloves for each patient.



3 Open the test pouch and write the patient's name on the test device.



4 Open the alcohol swab and clean the patient's 4th finger.
The alcohol must be dried before pricking, or test may NOT work.

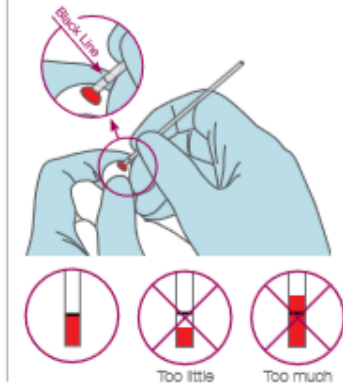


5 Prick the patient's finger with lancet.
 Discard the lancet in the sharps box immediately after pricking the finger.



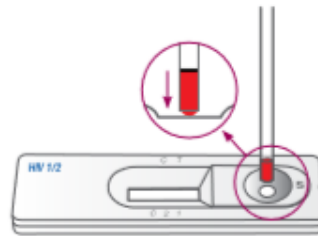
HIV-Test

6 Use the capillary pipette to collect the drop of blood.



7 Add drawn sample of blood into the round specimen well (marked 'S').

Discard the pipette in the sharps box after adding blood.



8 Add **4 drops** (120µl) of assay diluent into the round specimen well (marked 'S').



Interpretation of the test results

9



Interpret test results within **10-20 minutes** after adding assay diluent.

Do not read test results after 20 minutes, late readings can yield false results.

The control line should appear for all results. If it does not appear, the result is considered invalid and the specimen should be retested using a new test kit.

+ Positive



- Negative



✗ Invalid



ⁱⁱ <https://www.alere.com/en/home/product-details/sd-bioline-hiv-1-2-3-0.html>

ANNEX 10: TEST NO-3 UNIGOLD HIV 1 / 2 ⁱⁱⁱ

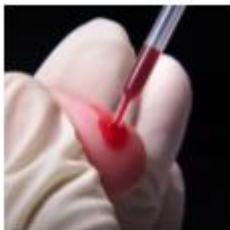
- Store Kits: 2 - 30° C
- Check kit before use. Use only items that have not expired or been damaged.
- Bring kit and previously stored specimens to room temperature prior to use.
- Always use universal safety precautions when handling specimens.
- Keep work areas clean and organized.



1. Collect test items and other necessary lab supplies.



2. Remove device from package and label device with client identification number.



3. Collect specimen using the disposable pipette.



4. Add 2 drops (approx. 60µl) of specimen to the sample port in the device.



5. Add 2 drops (approx. 60µl) of the appropriate wash reagent to sample port.



6. Wait for 10 minutes (no longer than 20 min.) before reading the results.



7. Read and record the results and other pertinent info on the worksheet.

HIV-Test

Interpretation of the UniGold HIV test result

Reactive

2 lines of any intensity appear in both the **control** and **test** areas.



Non-reactive

1 line appears in the **control** area and no line in the test area.



Invalid

No line appears in the **control** area. Do not report invalid results. Repeat test with a new test device even if a line appears in the test area.



ⁱⁱⁱ http://www.who.int/diagnostics_laboratory/documents/guidance/uni_gold.pdf

Reference

- ¹ NACP, 2nd generation HIV Surveillance in Pakistan round 5. Integrated biological and Behavioral surveillance in Pakistan 2016-17. Available at <https://www.nacp.gov.pk/repository/whatwedo/surveillance/Final%20IBBS%20Report%20Round%2005.pdf>. [accessed on 2nd July 2018]
- ² Bergenstrom A, Achakzai B, Haq Mul, Khan R, Saba M. Drug-related HIV epidemic in Pakistan: a review of current situation and response and the way forward beyond 2015 [Internet]. SpringerLink. Springer, Dordrecht; 2015. Available from: <https://link.springer.com/article/10.1186/s12954-015-0079-5>. [Accessed on 6th July 2018]
- ³ UNODC. Drug use in Pakistan 2013. Available at http://www.unodc.org/documents/pakistan/Survey_Report_Final_2013.pdf. [Accessed on 1st July 2018]
- ⁴ Sajjad F. Drugs, prisons and HIV. November 6, 2017. Available at <https://www.dawn.com/news/1368627>. [Accessed on 1st July 2018]
- ⁵ UNODC. HIV prevalence and associated risk behaviors among male prisoners in Sindh, Pakistan. UNODC, 2013.
- ⁶ Safdar S, Mehmood A, Abbas SQ. Prevalence of HIV/AIDS among jail inmates in Sindh. J Pak Med Assoc. 2009 Feb;59(2):111-2.
- ⁷ Shah SA, Ali M, Ahmad M, et al. Screening of Jail inmates for HIV and Tuberculosis. Available at, http://www.pjmhsnline.com/2013/jan_march/pdf/172%20%20%20Screening%20of%20Jail%20inmates%20for%20HIV%20and%20Tuberculosis.pdf. [accessed on 1st August 2018]
- ⁸ HIV Infection, HIV/HCV and Nafees M, Qasim A, Jafferi G, et al. HIV/HBV co-infections among Jail Inmates of Lahore. Pakistan Journal of Medical Sciences, Vol 27, No 4 (2011). Available at. <http://pjms.com.pk/index.php/pjms/article/view/1649>. [accessed on 1st August 2018]
- ⁹ Manzoor S, Tahir Z, Anjum A. Prevalence of HIV and Tuberculosis among Jail Inmates in Lahore Pakistan. Biomedica Vol.25, Jan. – Jun. 2009. Available at, <http://thebiomedicapk.com/articles/151.pdf>. [accessed on 2nd August 2018]
- ¹⁰ Farooq U. Infectious diseases in prisons: Health department proposes setting up monitoring committee. 2018; Available at <https://tribune.com.pk/story/1668603/1-infectious-diseases-prisons-health-department-proposes-setting-monitoring-committee/>. [accessed on 20th July 2018]
- ¹¹ World Prison Brief. 2018. Available at <http://www.prisonstudies.org/country/pakistan>. [Accessed pm 1st August 2018]
- ¹² Pakobserver. Overcrowded Jails. 2018; Available at <https://pakobserver.net/overcrowded-jails/>
- ¹³ UNAIDS (1997) 'Prisons and AIDS'. 1997. Available at https://pdf.usaid.gov/pdf_docs/Pnacj454.pdf. [accessed on 20th July 2018]
- ¹⁴ Jurgens, R. et al. HIV and Incarceration: prisons and detention. 2011. International AIDS Society 14(26)

¹⁵ Kamarulzaman, A., Reid, SE., Schwitters, A. et al. Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in prisoners. *The Lancet*, 2016; 388: 1089–102

¹⁶ Altice, FL. et al. The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia. *The Lancet*, Sep 17, 2016; 388(10050): 1228–1248

¹⁷ Prisoners, HIV and AIDS [Internet]. AVERT. Avert; 2018. Available from: https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/prisoners#footnote7_qm3th45. [Accessed on 5th July 2018]

¹⁸ UNODC. Services for people in prisons and other closed settings-UNAIDS guidance note. 2014. Available at http://www.unaids.org/sites/default/files/media_asset/2014_guidance_servicesprisonsettings_en.pdf. Accessed on 20th June 2018

¹⁹ Ministry of health and social welfare, T. Standard operating procedures for HIV testing and Counselling services. Dar es Salaam: National AIDS control programme. 2009

²⁰ NACP. HIV Voluntary Counselling and testing (VCT) Guidelines for Pakistan. National Guidelines. 2006. Available at <http://www.nacp.gov.pk/repository/howwework/Technical%20Guidelines/Treatment%20&%20Care/vct-guidelines-071204.pdf>

²¹ National HIV and AIDS Policy. Final Draft 2007. Available at <https://www.nacp.gov.pk/repository/howwework/Laws%20&%20Policies/national-hiv-and-aids-policy-2007.pdf>, [accessed on 10th July 2018]

²² National AIDS Control Programme. National HIV and AIDS Strategic Framework 2007–2012. Available at [https://www.nacp.gov.pk/repository/howwework/Strategies/NSF-NACP%20\(2007-2012\).pdf](https://www.nacp.gov.pk/repository/howwework/Strategies/NSF-NACP%20(2007-2012).pdf). [accessed on 10th July 2018]

²³ The HIV & AIDS prevention, and treatment ACT, 2007 for Pakistan. Available at https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/iiep_hiv-aids_act_2007_pakistan.pdf

²⁴ NACP. Pakistan country strategy for HIV testing and counselling based on situation and response analysis. 2013. Available at <https://www.nacp.gov.pk/repository/howwework/Strategies/Pakistan%20Country%20Strategy%20for%20HTC.pdf>. [accessed on 20th July 2018]

²⁵ WHO guidelines on HIV prevention, diagnosis, treatment and care for key population (2016). Available at <http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>. Accessed on 10th July 2018

²⁶ https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf

²⁷ WHO 2015. Consolidated guidelines on HIV testing services (5Cs: Consent, Confidentiality, Counselling, Correct results and Connections) Available at http://apps.who.int/iris/bitstream/handle/10665/179870/9789241508926_eng.pdf;jsessionid=8D2E672FC37243C6DA4D1573A3BA474B?sequence=1 (accessed on 10th July 2018)



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- ²⁸ WHO. Consolidated guidelines on HIV testing services:2015. Available at http://apps.who.int/iris/bitstream/handle/10665/179870/9789241508926_eng.pdf?sequence=1. [Accessed on 20th July 2018]
- ²⁹ WHO. Provider-Initiated HIV Testing and Counseling: One-Day Training Programme, Field Test Version.2011. Available at <https://www.ncbi.nlm.nih.gov/books/NBK310808/>. [accessed on 3rd August 2018]
- ³⁰ UNODC,UNAIDS,WHO. HIV testing and counselling in prisons and other closed settings (Technical paper).2009.
- ³¹ WHO. HIV testing and counselling toolkit. Available at <http://www.who.int/hiv/topics/vct/toolkit/introduction/en/index1.html>. (accessed on 27th July 2018)
- ³² WHO.The Right to Know: New Approaches to HIV Testing and Counselling;Geneva:World Health Organization;2003(WHO/HIV/2003.08).Available at http://apps.who.int/iris/bitstream/handle/10665/68131/WHO_HIV_2003.08.pdf?sequence=1&isAllowed=y. [assessed on 11th September 2018]
- ³³ UNODC,WHO,ICRC.Prisons and Health. 2014. Available at http://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf. [accessed on 16th July 2018]
- ³⁴ The New York State AIDS Advisory Council REPORT on HIV/AIDS SERVICES in NEW YORK STATE CORRECTIONAL FACILITIES.1999. Available at <https://www.health.ny.gov/diseases/aids/providers/workgroups/aac/docs/servicescorrectional.pdf>. [accessed on 5th August 2018]
- ³⁵ Zimbabwe National Guidelines on HIV Testing and Counselling. 2014
- ³⁶ UNAIDS.HIV Voluntary Counselling and Testing: a gateway to prevention and care. UNAIDS best practice collection.2002. Available at http://data.unaids.org/publications/irc-pub02/jc729-vct-gateway-cs_en.pdf. [accessed on 2nd August 2018]
- ³⁷ Service delivery approaches to HIV testing and counselling (HTC): a strategic HTC policy framework. Geneva, World Health Organization, 2012: Available at http://apps.who.int/iris/bitstream/10665/75206/1/9789241593877_eng.pdf. [accessed 23rd July 2018]
- ³⁸ Consolidated guidelines on HIV testing services . Geneva: World Health Organization; 2015. Available at http://apps.who.int/iris/bitstream/handle/10665/179870/9789241508926_eng.pdf?sequence=1. [accessed on 5th July 2018]



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