

EDITORIAL

The Spanish experience: A comprehensive approach to HIV and HCV in prisons

In 1989 major innovation concerning health care provided in prisons took place. The system, which had previously been based upon demand, became a working system with very similar characteristics to those of primary care provided in autonomous communities¹.

All over these years, the health care network within prisons has focused on promoting early detection and appropriate treatment of the most common diseases in prison, as well as enhancing the adoption of harm reduction measures and any other health promotion measure that could lead to improve health among prisoners and therefore among the communities they come from and to which they will return once they have served their sentences. On account of such mission, while imprisoned, inmates can take advantage of a health care opportunity that will enable improving their health and acquiring a series of skills in order to change unhealthy lifestyles which, with an appropriate monitoring, can be kept after release.

Although the work developed by prison services for the community is not appropriately acknowledged most of the time, the expertise of its staff is commendable. As any other public service, health care provided to prisoners is submitted to quality standards repeatedly demanded by different social sectors. Prison services are compelled —as any other public health care administration— to ensure the same quality health care in prison as that provided outside, along with what the United Nations and the Council of Europe^{2,3} established decades ago. The recently approved “Madrid Declaration”⁴ is a step more towards universal acknowledgement of health care provided in prison as a powerful tool in the fight against social inequality regarding health care. As far as countries commit themselves to the fulfillment of this Declaration, socially disadvantaged sectors will improve their health and with them, the rest of the society.⁵

Health care resources in prison are the main care related device and gateway to the rest of public assis-

tance⁶ for a great deal of the socially disadvantaged population, who are therefore vulnerable to a number of communicable diseases that are traditionally related to social exclusion.

In the 80s the imprisoned population in Spain assembled a series of risk factors involving one of the highest HIV or viral hepatitis infection rates in Europe^{7,8}. The remarkable challenge that facing this situation meant empowered the prison health administration, with the collaboration of the Department of Health, to undertake efficient and advanced measures leading to remarkable success as far as prevention and health promotion are concerned.

Criteria used for detection, monitoring and treatment of prisoners infected with HIV/AIDS as well as with other bloodborne or sexually transmitted infections in prisons are based on the recommendations issued by the Council of Europe, the World Health Organization and the National Plan on AIDS as well as other proficient organizations. It is based on the following premises: availability of antibody detection tests for all prisoners, such tests being voluntary, results being confidential, no segregation upon results, free distribution of preservatives and lubricant, access to needle exchange programs, health related education and information about HIV/AIDS and other infectious agents through health mediators trained among prisoners, access to similar therapeutic alternatives as those provided outside prison and entitlement to parole for prisoners suffering from a terminal illness when the vigilance judge considers it appropriate.

The WHO Regional Office for Europe has been wisely working for over ten years on the development of international agreements about the main problems of prison health, which is essential in order to move forward in such a difficult field of public health. Its efforts to integrate the work developed by public health governmental authorities, prison health representatives and as many organizations (governmental or not) efficiently working on the restitution and protection of health among inmates,

allows all professionals silently and strenuously developing their mission to feel backed up by an international network of highly prepared professionals lead by the World Health Organization⁵.

We must not forget that prisons represent the first assistance resource for that part of the society that gains access to the public assistance system with difficulty, partly because of the social exclusion that a great deal of prisoners present upon imprisonment and partly due to self exclusion representative of groups with a separate subculture, on the threshold of illegality. Nevertheless prisons can't be considered as an isolated element within the society; prisoners come from it and will come back once they serve their sentence. Meanwhile the coverage of their needs must be ensured, especially concerning their right to health⁹.

There remain important challenges that need to be faced in the European prison system: overcrowded prisons, raising awareness among authorities implied in achieving healthier prisons, with modern facilities where prisoners' rights are respected, specially the right to health, and where social reinsertion of prisoners remains its first objective.

Success achieved in the last years by the Spanish Prison System regarding the control of prevailing communicable diseases, encourage us to positively tackle other health care problems such as mental health, achieving more human prison environments, enhancing resocialization routes after imprisonment or improving health care in prison.

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