



CONFERENCE REPORT

Inaugural Conference of the Global Prisons Infectious Diseases Network 20-21 October 2025, Barcelona, Spain

Overview

The inaugural Conference of the Global Prisons Infectious Diseases Network (GPIDN) was a two day, invitation-only event which aimed to connect key experts from across the world focused on the most prevalent infectious diseases affecting people in prison (encompassing prisons, jails, community corrections). These diseases include hepatitis B and C (HBV and HCV), HIV, sexually transmitted infections (STIs), and tuberculosis (TB). The GPIDN aims to support scientific knowledge exchange, facilitate research translation, and promote advocacy for the testing, treatment, and prevention of these infectious diseases in the prison sector. The 50 delegates (25 speakers; see Appendix A) included policy makers, researchers, healthcare providers, and consumer advocates from 17 countries across Europe, North America, South America, Africa, Asia, and Oceania (see Appendix B for full list of delegates), galvanizing global efforts towards consistent policy, practice, and reporting across key infectious diseases.

Session 1: Global policy frameworks

The Conference was officially opened by the Subdirector of Health in Spanish Penitentiary Systems, who welcomed delegates from all corners of the world. The first session set the scene by introducing the GPIDN and outlining the existing guidance on infectious diseases and harm reduction in custodial settings provided by the World Health Organization (WHO) and the United Nations' Standard Minimum Rules for the Treatment of Prisoners (the “Mandela rules”), which stipulate equivalence of care between the community and prisons. While the prevalence of all infectious diseases remains considerably higher compared to the community, health service coverage in prisons remains substantially inferior to that in the community. Speakers from WHO and United Nations Office on Drugs and Crime (UNODC) emphasized the existence of technical guidance documents and support for countries to improve outcomes related to infectious disease testing, treatment, and prevention for people in prisons, but stressed that to achieve meaningful change,

political commitment and specific inclusion of prison health into national infectious diseases control plans is needed.

Session 2: Global epidemiology of infectious diseases in prisons

Speakers in this session emphasized that the best available data indicate that people in prison experience a highly disproportionate burden of HBV, HCV, HIV, STIs, and TB when compared to the community. Despite this, people who are incarcerated are often not prioritized, or are entirely omitted, from national health policies. This is exacerbated by a lack of high-quality evidence on the prevalence and incidence of these key infectious diseases in carceral settings; the absence of epidemiological evidence limits the ability to inform policymakers vis-à-vis the needs of the incarcerated population and the design of effective interventions. Cross-sectoral collaboration is urgently needed to advance the health of people in prison, prevent disease and transmission, and improve our understanding of the burden of disease at regional and national levels, including within key sub-populations amongst those incarcerated. Furthermore, there are many gaps between the guidance from international health organizations on the screening, diagnosis, and management of infectious diseases in incarcerated populations and national policies and implementation plans. There was general recognition that even when national guidance for people in prison exists, implementation is commonly limited due to resource constraints, stigma, and lack of political will. Integration of testing and prevention services may address some of these barriers. Overcoming these challenges and strengthening collaboration between the health and justice sectors was considered essential to reaching national and global elimination targets.

Session 3: Speed-geeking: from changing political will to the role of peers

This ice-breaker networking session featured nine experts who shared insights on addressing infectious diseases health challenges within carceral settings globally. The unifying theme across all presentations was that prisons exacerbate the burden of infectious diseases due to structural issues including overcrowding, limited access to health care, stigma, and a lack of continuity of care and support after release. Overall, the session emphasized that successful initiatives rely on engaging with multiple stakeholders, educating people who are incarcerated and custodial staff, and aligning carceral priorities with those of public health. The case studies are summarized below according to the overarching themes.

Addressing policy barriers

In Greece, the non-government organization, Prometheus, successfully piloted an HIV and hepatitis testing program in a large prison, achieving 95% uptake. However, half of those requiring treatment were unable to access it due a lack of a social security number, exposing a structural barrier in the care cascade. A collective, multi-level advocacy effort, involving non-government organizations, human rights advocates, and the scientific community, led to the creation of the Temporary Healthcare for Prisoners program, facilitating access to treatment. This example highlights the importance community organizations in mobilizing efforts to achieve health equity for incarcerated populations.

Successful service delivery models

Several successful models of care that overcome barriers to health care access and engagement through peer support were shown to be critical for reducing stigma and increasing service uptake. In the UK, the Hepatitis C Trust incorporates peers with lived experience of HCV and incarceration to foster trust and acceptance, which has been shown to increase HCV testing among women in prison. Similarly, a US-based model adapted the Project ECHO telemedicine model to train peer educators, who became trusted sources of information to engage people in HCV care. In Zambia, peer educators were central to the successful scale-up of HIV pre-exposure prophylaxis, improving adherence.

Understanding the burden of disease and service coverage

The Australian AusHep study has successfully generated accurate, nationally representative epidemiological data on the prevalence of HBV, HCV, and HIV, as well as uptake of testing, treatment, and prevention services. By using a point-of-care testing approach with rapid provision of results, participation was 98%, producing robust prevalence estimates across 23 of the 111 prisons in the country. These data have since proven to be a powerful tool in advocating for changes to the policy and practice of prison-based services.

Continuity of care and sustained investment

The importance of successful community reintegration of people in prison following release was emphasized. South African initiatives illustrated the value of peer-led group sessions in helping people who are incarcerated rebuild social networks and practical skills, leading to increased

engagement in HIV care post-release and reduced recidivism. Providing opioid agonist therapy upon release also both improved health outcomes and lowered re-incarceration rates. Sustained investment was underscored in the WHO recommendations for TB screening, diagnosis, and treatment in prisons (including mandatory molecular-based testing), which require ongoing funding and political commitment to be implemented effectively.

Sessions 4 and 6: Country examples of effective models of care in testing, treatment, and prevention of infectious diseases

These sessions showcased diverse and successful models of care for testing, treatment, and prevention of infectious diseases among people in prison and people involved with the criminal legal system in local contexts. They included outreach services such as pop-up/mobile clinics in Taiwan for HCV, a community-based organization focused on re-entry in New York City for SARS-CoV-2, integrated outpatient services emphasizing a whole-of-society approach in Kenya, and co-managed care utilizing telemedicine and task shifting to enhance access to specialists in Spain and Italy. Across these approaches, four common features emerged as critical to success: strong cross-sectoral collaboration (e.g., justice, health, community providers), integration and simplification of services (e.g., combined HIV/HCV care in Kenya; same-day testing/referral in Taiwan), decentralization of care (e.g. community-based point-of-care SARS-CoV-2 testing and education in New York City), and task shifting to empower non-specialists (e.g., specialized nurses).

Regardless of the model of care, the speakers emphasized that effective health care for people involved with the criminal legal system relies on several core enablers. For example, supportive policy frameworks and national plans that explicitly prioritize prison health are essential as they enable the multi-sectoral coordination needed to ensure continuity of care during incarceration and after release. Sustained effectiveness also requires capacity building and health education for prison staff and incarcerated people to improve health literacy and reduce stigma. Finally, programmes are most successful when tailored to the needs of the population – best illustrated by the European Union-funded RISE-Vac Initiative which co-produced vaccination education materials to improve engagement and also addressed behavioural barriers such as vaccine hesitancy and treatment non-adherence.

Session 5: Legislation and policy

Legislation and policy shape national infectious disease responses in prisons, underscoring the roles of global guidance, national strategies, and community involvement. A speaker from the Global Fund outlined its partnership model and increasing investments in prison-related HIV and TB services, supported by modules and indicators that track testing, diagnosis, treatment, and post-release linkage to care. These investments have contributed to improvements such as strengthened TB notification systems. Evidence generated from modelling studies demonstrated the health and economic benefits of policy and system-level reforms. Across multiple settings (e.g., eastern Europe, central Asia, Ukraine, US, England), prisons were identified as high-risk environments where policy changes such as decriminalisation, probation reforms, and expanded antiretroviral therapy and opioid agonist therapy coverage, along with scaled-up testing and treatment, could substantially reduce HIV and TB incidence while being cost-effective. Finally, the UK experience demonstrated that peer-led programmes can address behavioural and structural barriers, with national policy mandating peer support schemes after pilot projects increased bloodborne virus testing from 10% to >90%. Together, these findings highlight that the explicit inclusion of people in prison in funding mechanisms, evidence-informed policymaking, and peer involvement are critical to improving outcomes across the cascade of care for people in prison and those involved with the criminal legal system.

Session 7: Rapid-fire feedback

In the final session of the meeting, delegates joined small group discussions to resolve the priorities for the sector going forward. The recommendations are summarized below:

- *Improve epidemiology and surveillance:* integrate prison health data into national systems, standardize reporting, include key sub-populations, and establish core indicators.
- *Strengthen policy and legislation:* align prison health with international standards (e.g., Mandela Rules, WHO guidelines) and support decriminalization of drug use.
- *Develop integrated, person-centred models of care:* link prison and community services and provide peer support to facilitate uninterrupted care during and after incarceration.
- *Expand innovative service delivery:* scale mobile clinics, telemedicine, multiplex testing, and task-shifting to increase access and efficiency.

- *Promote a syndemic approach to infectious disease management in prisons:* support initiatives that test, treat, and manage co-occurring infectious diseases simultaneously.
- *Enhance workforce capacity:* train custodial staff and co-create culturally appropriate programs with people who are incarcerated.
- *Promote multisectoral collaboration:* involve Ministries of Health and Justice, civil society, and community organizations to improve engagement, reduce stigma, and ensure sustainability.
- *Advocate and raise awareness:* communicate public health benefits of prison health, secure political will, and strengthen funding mechanisms.

Conclusions and future directions

This event marked the first ever global Conference on infectious diseases in prisons, bringing together key experts to foster discussion across pathogens, set the agenda, and shape the future of the sector. The Conference highlighted the disproportionate burden of co-occurring infectious diseases affecting people in prisons, including HBV, HCV, HIV, STIs, and TB. Despite international infectious diseases guidelines, the health of people in prison globally remains far inferior to that of those in the community. The GPIDN is well placed to champion advocacy and knowledge exchange, and to facilitate research translation for improvements in testing, treatment, and prevention of the most prevalent infectious diseases affecting people in prison.

Acknowledgements

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Global Prisons Infectious Diseases Network Inaugural Annual Conference 2025



Monday 20 and Tuesday 21 October 2025

Mielá Hotel, Barcelona, Spain

1.5 days, Invitation-only

Conference agenda – final

Day 1, Monday 20 October 2025		
Time	Session 1- Opening	Chair: Andrew Lloyd
9.30 – 9.35	Welcome –Subdirector of Health in Spanish Penitentiary System	Carmen Martinez Aznar
9.35 – 9.45	Opening remarks: the Global Prisons Infectious Diseases Network and conference overview	Andrew Lloyd, Chair, GPIDN
9.45 – 10.00	Infectious diseases in prisons as a WHO priority	Tereza Kasaeva, Director and Antons Mozalevskis Technical officer - Department for HIV, Tuberculosis, Hepatitis and Sexually Transmitted Infections, WHO
10.00 – 10.15	UNODC: prevention and harm reduction for infectious diseases in prisons	Ehab Salah, UNAIDS Focal Point Adviser, Prisons and HIV, UNODC
Time	Session 2 – Global epidemiology of infectious diseases in prisons	Chair: Matt Akiyama
10.15 – 10.30	Global epidemiology of tuberculosis (TB) in the prisons	Leo Martinez
10.30 – 10.45	Global epidemiology of sexually-transmitted infections (STIs) in the prisons	Nadine Kronfli
10.45 – 11.00	Global epidemiology of hepatitis B (HBV) and hepatitis C (HCV) in the prisons	Sarah Larney
11.00 – 11.15	Global epidemiology of HIV in the prisons & an implementation science framework	Matt Murphy
11.15 – 11.35	Panel Q&A	
	Morning tea: 11.35 – 12.00	
Time	Session 3 – Speed-geeking session. Topic: challenges and opportunities associated with co-occurring epidemics in prison-based infectious diseases:	Coordinator: Andrew Lloyd
	Surveillance (Australia)	Yumi Sheehan
	Changing political will (Greece)	George Kalamitsis



	Testing and diagnosis (WHO)	Annemieke Brands
	Prevention (Africa)	Linah Kampilimba Mwango
	Stigma and the role of peers (UK)	Julia Sheehan
	Prisons-based research (Africa)	Chris Hoffmann
	Models of care (US)	Paulina Deming
Lunch: 1.30 – 2.30		
Time	Session 4 - Regional/country examples of models of care in testing, treatment, and prevention of infectious diseases amongst people in prison – I	Chair: Joaquin Cabezas
2.30 – 2.45	TB control in incarcerated settings in the Americas	José Victor Bortolotto Bampi
2.45 – 3.00	Models of care for viral hepatitis in Italian prisons	Nicola Cocco
3.00 – 3.15	Micro-elimination of viral hepatitis in Taiwanese prisons	Jee-Fu Huang
3.15 – 3.30	Models of care for HIV and TB in Kenyan prisons	Josephine Wanza
3.30 – 3.50	Panel Q&A	
Afternoon tea 3.50 – 4.20		
Time	Session 5 - Legislation and Policy	Chair: Julia Sheehan
4.20 – 4.35	Global Fund: activities in addressing infectious diseases among people in prison	MohammedYassin
4.35 – 4.50	Incarceration and related structural issues among PWID - role in transmission & prevention	Peter Vickerman
4.50 – 5.05	Changing legislation and policy to allow peers into prison in the UK	Rachel Halford
5.05 – 5.25	Panel Q&A	
Post conference networking events		
5.30 – 6.30	Drinks	
7.30 – 9.30	Conference dinner	



Day 2, Tuesday 21 October 2025		
Time	Session 6 - Regional/country examples of models of care in testing, treatment, and prevention of infectious diseases amongst people in prison - II	Chair: Yumi Sheehan
9.30 – 9.45	Hepatitis C elimination and models of care in Spanish prisons	Joaquin Cabezas
9.45 – 10.00	Model of infectious diseases care in community corrections in New York City	Matt Akiyama
10.00 – 10.15	Prisons-based vaccination for prevention	Lara Tavoschi
10.15 – 10.35	Panel Q&A	
	Morning tea 10.35 – 11.05	
Time	Session 7 - Priority setting for co-occurring infectious diseases epidemics in the prisons globally	Chair: Nadine Kronfli
11.05 – 11.20	Rapporteur feedback from first 6 sessions	Olivia Price / Mercy Nyakowa / Amy Zhang
11.20 – 12.20	Small group discussions: Tables organised for discussion focus by region (n=8) LMIC; HIC Topics: 1 - Policy and legislation; 2: Epi/surveillance; 3: Models of care 2 topics covered per table Questions: What are the priorities?; What is the current status?; What is needed? Worksheet per Question per table Facilitator on each table	
12.20 - 12.50	Rapid fire feedback by Table (3 min ea)	
12.50 – 1.00	Conference close	Andrew Lloyd



Appendix B – Inaugural GPIDN Conference Delegate List

Name	Organisation	Country
Matthew Akiyama	Albert Einstein College of Medicine	United States
José Bampi	Federal University of Mato Grosso do Sul	Brazil
Graham Betts-Symonds	Irish Red Cross	Ireland
Annemieke Brands	World Health Organization	Switzerland
Joaquin Cabezas	Marques De Valdecilla University Hospital	Spain
Ivan Calder	Health through Walls / Virtu Medical	United States
Audrey Ceschia	Lancet Public Health	Spain
Lucy Chimoyi	The Aurum Institute	South Africa
Nicola Cocco	ASST Santi Paolo e Carlo Milan	Italia
Julio Croda	Oswaldo Cruz Foundation and Federal University of Mato Grosso do Sul	Brazil
Paulina Deming	University of New Mexico	United States
Beatriz Duarte	Institute for Research in Priority Populations	Brazil
Camille Dussault	McGill Health Center University	Canada
Rachel Halford	The Hepatitis C Trust/World Hepatitis Alliance	United Kingdom
Michael Herce	CIDRZ & University of North Carolina at Chapel Hill	United States
Christopher Hoffmann	Johns Hopkins University	United States
Jee-Fu Huang	Hepatitis Center, Kaohsiung Medical University Hospital	Taiwan
George Kalamitsis	Prometheas	Greece
Dara Kelleher	Qure.ai	Ireland
Stuart Kinner	Curtin University	Australia
Nadine Kronfli	McGill University	Canada
Sarah Larney	Université de Montreal	Canada
Kevin Lello	AbbVie	United States
Andrew Lloyd	Kirby Institute UNSW Sydney	Australia
Nonso Maduka	Bensther Development Foundation/GPIDN	Nigeria

Leonardo Martinez	Boston University	United States
Simon Mendelsohn	University of Cape Town	South Africa
Fadi Meroueh	Health Without Barriers	France
Antons Mozalevskis	World Health Organization	Switzerland
José Miguel Mugarza	Spanish Society of Prison Health (SESP)	Spain
Matthew Murphy	Brown University	United States
Linah Mwango	Ciheb Zambia	Zambia
Nasiphi Ntombela	The Aurum Institute	South Africa
Mercy Nyakowa	National AIDs & STI Control Program MOH Kenya	Kenya
Eamonn O'Moore	Health Services England	Ireland
Isabel Padilla Gonzalez	Abbvie	Spain
Olivia Price	McGill University	Canada
Annika Santamaria	AbbVie	Spain
Ehab Salah	UNODC	Austria
Emily Shaw	Hospital for Tropical Diseases, London; University College London Hospital; UK Health Security Agency	United Kingdom
Yumi Sheehan	Kirby Institute UNSW Sydney	Australia
Julia Sheehan	The Hepatitis C Trust	United Kingdom
Sandra Springer	Yale School of Medicine	United States
Mark Stoové	Burnet Institute	Australia
Lara Tavoschi	Universita di Pisa	Italia
Alexander Thompson	St Vincent's Hospital and University of Melbourne	Australia
Marie Claire Van Hout	South East Technological University	Ireland
Peter Vickerman	University of Bristol	United Kingdom
Josephine Wanza	Kenya Prisons Service	Kenya
Mohammed Yassin	Global Fund to Fight HIV, Tuberculosis and Malaria	Switzerland
Amy Zheng	Boston University School of Public Health	United States