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Sousa, Keila Diane Lima de; Andrade, Rubia Laine de Paula; Bonfim, Rafael de Oliveira; Saita, Nanci Michele; Faria, Mariana Gaspar Botelho Funari de; Rezende, Carlos Eduardo Menezes de; Villa, Tereza Cristina Scatena; Monroe, Aline Aparecida
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Correctional officers in HIV/AIDS care in the prison system: a literature review

Agente penitenciário na assistência em HIV/Aids no sistema prisional: revisão de literatura
 Agente penitenciario en la asistencia al VIH/sida en el sistema penitenciario: revisión de literatura

Keila Diane Lima de Sousa¹  <https://orcid.org/0000-0001-5230-3845>

Rubia Laine de Paula Andrade¹  <https://orcid.org/0000-0001-5843-1733>

Rafaele de Oliveira Bonfim¹  <https://orcid.org/0000-0001-8157-2323>

Nanci Michele Saita¹  <https://orcid.org/0000-0002-0203-2765>

Mariana Gaspar Botelho Funari de Faria¹  <https://orcid.org/0000-0002-5544-910X>

Carlos Eduardo Menezes de Rezende²  <https://orcid.org/0000-0002-5716-858X>

Tereza Cristina Scatena Villa¹  <https://orcid.org/0000-0001-8927-2624>

Aline Aparecida Monroe¹  <https://orcid.org/0000-0003-4073-2735>

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Corresponding author

Aline Aparecida Monroe
 E-mail: amonroe@eerp.usp.br

Associate Editor (Peer review process):

Ana Lucia de Moraes Horta
<https://orcid.org/0000-0001-5643-3321>
 Escola Paulista de Enfermagem, Universidade Federal de São Paulo, São Paulo, SP, Brazil

Abstract

Objective: To analyze correctional officers' role in HIV/AIDS care in the prison system.

Methods: This is a narrative literature review, whose bibliographical search was carried out using controlled and free vocabularies, derived from the words "correctional officer" and HIV/AIDS. The survey was carried out in the LILACS, MEDLINE, Embase, CINAHL and Scopus, Academic Search Premier and SocINDEX databases using the Boolean operators AND and OR. Studies published in Portuguese, English and Spanish that answered the study's guiding question were included. Duplicate articles, those that did not answer the study question and secondary studies were excluded.

Results: A total of 3,036 publications were retrieved that went through three selection stages, which resulted in nine studies included in the review. Four main roles played by correctional officers in HIV/AIDS care in the prison system were identified: regulation of access to medical services; collaboration and performance of HIV transmission prevention activities in prisons such as condom distribution; carrying out health education actions; monitoring inmates in consultations, examinations and admissions outside the prison; and drug replacement planning.

Conclusion: Correctional officers are expected to assist healthcare professionals in HIV/AIDS prevention and treatment, referral and monitoring of inmates to care within and outside the prison system, distribution of condoms, carrying out health education actions and help in forecasting of medicines.

Resumo

Objetivo: Analisar o papel do agente de segurança penitenciária na assistência em HIV/aids no sistema prisional.

Métodos: Trata-se de uma revisão narrativa da literatura, cuja busca bibliográfica foi realizada com a utilização de vocabulários controlados e livres, derivados das palavras "agente de segurança penitenciária" e HIV/aids. O levantamento foi realizado nas bases de dados LILACS, MEDLINE, Embase, Cinahl e Scopus, Academic Search Premier e SocINDEX com a utilização dos operadores booleanos AND e OR. Os critérios de inclusão das produções científicas foram: estudos publicados em português, inglês e espanhol e que respondiam à questão norteadora do estudo. Excluíram-se os artigos duplicados, aqueles que não respondiam à pergunta do estudo e os estudos secundários.

Resultados: Foram recuperadas 3.036 publicações que passaram por três etapas de seleção, o que resultou em nove estudos incluídos na revisão. Quatro principais papéis desempenhados pelos agentes de segurança penitenciária na assistência em HIV/aids no sistema prisional foram identificados: regulação do acesso aos serviços médicos; colaboração e realização de atividade de prevenção à transmissão do HIV nos presídios,

¹Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, SP, Brazil.

²Agência Nacional de Saúde Suplementar, Ribeirão Preto, SP, Brazil.

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como distribuição de preservativos; realização de ações de educação em saúde; acompanhamento dos detentos em consultas, exames e internações externas à prisão; e planejamento de reposição de medicamentos.

Conclusão: Ao agente de segurança penitenciária, está previsto o auxílio aos profissionais de saúde na prevenção e tratamento do HIV/aids, encaminhamento e acompanhamento dos detentos aos atendimentos dentro e fora do sistema prisional, distribuição de preservativos, realização de ações de educação em saúde e ajuda na previsão de medicamentos.

Resumen

Objetivo: Analizar el papel del agente de seguridad penitenciaria en la asistencia al VIH/sida en el sistema penitenciario.

Métodos: Se trata de una revisión narrativa de la literatura en la que la búsqueda bibliográfica se realizó con la utilización de vocabularios controlados y libres, derivados de las palabras “agente de seguridad penitenciaria” y VIH/sida. Se realizó el análisis en las bases de datos LILACS, MEDLINE, Embase, Cinahl y Scopus, Academic Search Premier y en SocINDEX, con la utilización de los operadores booleanos AND y OR. Los criterios de inclusión de las producciones científicas fueron: estudios publicados en portugués, inglés y español que respondían a la pregunta orientadora del estudio. Se excluyeron los artículos duplicados, los que no respondían a la pregunta del estudio y a los estudios secundarios.

Resultados: Se recuperaron 3.036 publicaciones que pasaron por tres etapas de selección, lo que resultó en nueve estudios incluidos en la revisión. Se identificaron cuatro principales papeles desempeñados por los agentes de seguridad penitenciaria en la asistencia al VIH/sida en el sistema penitenciario: regulación del acceso a los servicios médicos; colaboración y realización de actividad de prevención a la transmisión del VIH en los presidios, como la distribución de preservativos; realización de acciones de educación en salud; acompañamiento de los detenidos en consultas, exámenes e internaciones externas a la prisión; y planificación de la reposición de medicamentos.

Conclusión: Se prevé que el agente de seguridad penitenciaria auxilie a los profesionales de salud en la prevención y tratamiento del VIH/sida, encaminar y acompañar a los detenidos en las atenciones dentro y fuera del sistema penitenciario, distribución de preservativos, realización de acciones de educación en salud y ayuda en la previsión de medicamentos.

Introduction

According to data from the latest report by the United Nations Program to Combat HIV/AIDS, by 2018, there were 37.9 million people living with HIV/AIDS in the world.⁽¹⁾ In Brazil, from 1980 to June 2020, 1,011,617 cases of AIDS were detected.⁽²⁾

It is known that the population deprived of liberty (PDL) is among the key populations considered vulnerable to HIV, with the presence of gay men and men who have sex with men, sex workers, transsexuals, drug users and prison population being relevant.^(1,3) The latter deserves attention due to the risk behavior of these individuals, such as tattooing with alternative material, drug use with shared material, unprotected sex,⁽⁴⁾ as well as conditions of incarceration with inadequate situations of confinement and access to care, which are crucial for the increased vulnerability to HIV/AIDS in the prison environment.⁽⁵⁾ Furthermore, it is important to consider the social vulnerability profile of individuals deprived of liberty who did not already have adequate health monitoring before entering the prison system,^(6,7) which expresses a complex situation of social and economic exclusion, often conditioned by groups at risk for HIV and other sexually transmitted infections.⁽⁴⁾

In the period from July to December 2019, there were 8,523 cases of HIV in the Brazilian prison system, 7,438 in the male population and 1,085 in the female population.⁽⁸⁾ Considering that the total prison population was 748,009 people,⁽⁸⁾ the HIV prevalence in the country's prisons was 11.39 cases for every 1,000 PDL.

The right to health in the Brazilian prison system follows the guidelines of the Criminal Execution Law and Interministerial Ordinance 1777 of September 9, 2003, which established the National Health Plan in the Prison System by the Ministries of Health and Justice. Such legal provisions guarantee the PDL all the rights advocated by the Federal Constitution regarding access to the health system, and the assistance to these individuals must be developed from actions of primary care, promotion, prevention and health care.

It is also important to emphasize that care must be provided by interdisciplinary health teams in units located in prisons and can be established in an articulated manner with the other points of attention of the Health Care Network, since such units must perform actions compatible with the scope of Primary Health Care and some medium complexity actions.⁽⁹⁾

In relation to HIV/AIDS, its performance must include the diagnosis, counseling and treatment

through the following actions: collection of material to carry out the identification tests for cases of HIV; delivery of condoms to inmates and professionals in the sector; harm reduction; preparation and dissemination of printed materials with information aimed at infection prevention and control; diagnosis of other sexually transmitted infections (STIs); surveillance actions and medication distribution for the treatment of HIV/AIDS and other STIs; feeding information systems for drug dispensing and laboratory tests.⁽⁹⁾

In this context, correctional officers (COs) are professionals with high school education who work in the prison system, responsible for carrying out surveillance activities, discipline and moving inmates to other prison institutions or for care outside the prison environment, who oversee PDL's physical and health integrity as well as the safety of society in general.⁽¹⁰⁾

In 2017, the professional staff of the Brazilian prison system consisted of 108,403 individuals, of which 74% were servants dedicated to custody activities (COs and public jail agent) and 7.85% were healthcare professionals (physicians, nurses, psychologists, social workers, dentists, technicians and nursing assistants).⁽¹¹⁾

In addition to the reduced number of healthcare professionals,⁽¹²⁾ the environment in which inmates are restricted is not free access to these professionals, and they even avoid circulating in certain places for security reasons. As a result, COs are key actors in the dialogue between the inmate and the health team and acts with a differentiated role with regard to health care. Most of the time, they are the ones who judge the need for care based on the inmate's request and, depending on their profile or even their knowledge of health, it can facilitate or hinder this access.⁽¹³⁾

Given the above, this study aims to analyze COs' role in HIV/AIDS care in the prison system.

Methods

A narrative literature review was carried out, which constitutes non-systematic reviews, in an attempt

to synthesize information on a particular subject and its broad perspectives.⁽¹⁴⁾ The PICO strategy was used to elaborate the research question, as described by The Joanna Briggs Institute (2017),⁽¹⁵⁾ presented in chart 1.

Chart 1. Elaboration of the study question according to the PICO strategy

Acronym	Description	Keywords
P	Population	Correctional officer
I	Interest	Assistance provided in HIV/AIDS
Co	Context	Prison system

Thus, the following guiding question was elaborated: What is COs' role in HIV/AIDS care in the prison system?

Studies in Portuguese, English and Spanish and articles that answer the study's guiding question were included. Duplicate articles, articles not found in full, technical productions (manuals, protocols) and secondary studies (reviews) were excluded.

The bibliographic search was carried out in December 2020 in the following databases: Latin American and Caribbean Literature on Health Sciences (LILACS), which covers the health sciences literature of Latin America and the Caribbean; MEDLINE, which specializes in biomedical and life sciences; Excerpta Medica dataBASE (EMBASE), which covers the international biomedical literature; SciVerse Scopus, owned by Elsevier (SCOPUS), which is the largest citation base and peer-reviewed literature; Cumulative Index to Nursing and Allied Health Literature (CINAHL), which indexes journals in the field of nursing and related fields; Academic Search Premier (ASP), which is a multidisciplinary text and referential indexer; SocINDEX, which indexes journals and abstracts for journals specializing in sociological studies. The option for the seven databases aimed to obtain the largest possible number of scientific publications relevant to the subject studied.

To search for studies, controlled and free vocabularies with the terms "HIV or Acquired Immunodeficiency Syndrome" and "correctional officer and its derivations" were raised, according to chart 2.

Chart 2. Controlled and free vocabulary according to the guiding question

Controlled vocabulary (in bold)/ Free vocabulary (Portuguese)	Controlled vocabulary (in bold)/Free vocabulary (English)	Controlled vocabulary (in bold)/Free vocabulary (Spanish)
Síndrome de Imunodeficiência Adquirida aids SIDA Síndrome da Deficiência Imunológica Adquirida Síndrome de Deficiência Imunológica Adquirida Síndrome da Imunodeficiência Adquirida Síndrome de Imunodeficiência Adquirida Vírus da Imunodeficiência Humana Vírus de Imunodeficiência Humana	Acquired Immunodeficiency Syndrome AIDS AIDS Vírus AIDS Víruses HIV Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome Acquired Immuno Deficiency Syndrome Acquired Immuno-Deficiency Syndrome Acquired Immuno-Deficiency Syndromes Acquired Immunodeficiency Syndromes Acquired Immuno-Deficiency Syndromes, Acquired Immunodeficiency Syndrome, Acquired Immunodeficiency Syndromes, Acquired Immunodeficiency Syndrome, Acquired Immunodeficiency Syndromes, Acquired Immunologic Deficiency Syndrome, Acquired Syndrome, Acquired Immuno-Deficiency Syndrome, Acquired Immunodeficiency Syndromes, Acquired Immuno-Deficiency Syndromes, Acquired Immunodeficiency Syndromes, Acquired Immunodeficiency	Síndrome de Imunodeficiência Adquirida SIDA Síndrome de Deficiência Imunológica Adquirida Síndrome de la Imunodeficiencia Adquirida Síndrome de Imunodeficiencia Adquirida VIH Vírus de Imunodeficiencia Humana Vírus de la Imunodeficiencia Humana Vírus del SIDA
Agente de Segurança Penitenciária* Agente de segurança penitenciário Agente penitenciária Agente penitenciário Agentes penitenciárias Agentes penitenciários Inspetor penitenciário Guarda prisional Carcereiro Inspetor penitenciário	Penitentiary Security Officer* Penitentiary agent Penitentiary agents Prison guards Prison guard Prison agents Correctional officers Correctional officer Correctional workers Prison officer Prison officers Prison inspector Jail officers Jail officer Jailer Jailor Warder Workers prison	Oficial de seguridad penitenciaria* Agente penitenciaria Agente penitenciario Agentes penitenciarias Agentes penitenciarios Guardia penitenciario Oficial correccional Guardia de la prisión Guardas de prisión Carcelero Inspector penitenciario

* No controlled vocabulary found for this term.

In LILACS, the search was performed using the vocabulary found in the three languages and, in the other databases, the search was performed with English words. To combine the descriptors and keywords, Boolean operators AND and OR were used, which made it possible to obtain greater specificity in the bibliographic survey. The AND operator restricted the search, since it had to contain two terms, while the OR added the subjects and widened the search. Thus, specifically for this search, the combination was as follows: ((HIV OR “Acquired Immunodeficiency Syndrome” OR other leads) AND (“Prison Security Officer” OR other leads)).

After a bibliographic search in the databases, the search results were exported to the online

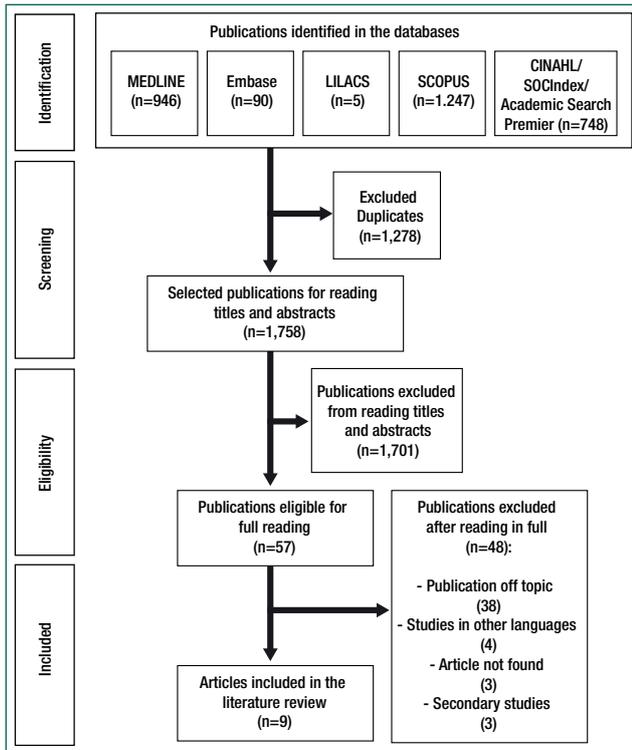
review application Rayyan QCRI from Qatar Computing Research Institute (2016),⁽¹⁶⁾ which allowed the elimination of duplications and the selection of publications by two independent reviewers, according to the inclusion and exclusion criteria mentioned in this project. The selection was initially made by reading articles’ titles and abstracts. When there was disagreement between the articles selected by the reviewers, they decided together to include or exclude them. Then, the materials were fully read. If they were relevant to the review, data extraction was started using a specific instrument.⁽¹⁷⁾ In the selected articles, a manual search was performed in the bibliographic references, in order to find additional articles that could be included in this review. It is important to highlight that publication date limits were not used in the search and selection of articles.

Results

Thus, 3,036 publications were retrieved in the databases using the descriptors mentioned, being 1,278 excluded by duplication. After reading the titles and abstracts of 1,758 publications, 1,701 were excluded. Thus, 57 selected materials were considered eligible for full reading, of which 38 were excluded for not addressing the proposed topic, 04 for being in other languages, 03 for not being found and 03 for being review studies (secondary). Thus, nine articles were included in this study (Figure 1), through which a manual search was performed for new articles in the bibliographies contained in these materials. No additional studies were found to be included in the review.

Of the nine articles included in this review,⁽¹⁹⁻²⁷⁾ all were published in English, with three studies carried out in Zambia,⁽¹⁹⁻²¹⁾ two in Canada,^(22,23) one in the United States,⁽²⁴⁾ one in Suriname,⁽²⁵⁾ one in Poland,⁽²⁶⁾ and one in Zimbabwe.⁽²⁷⁾ The articles were published between 1994 and 2020 (Chart 3).

Among the articles included, five were qualitative studies,^(20-23,27) two were case reports,^(19,25) a descriptive⁽²⁶⁾ and one was a study with mixed methods (Chart 3).⁽²⁰⁾



Source: Adapted from Moher D et al. (2009).⁽¹⁸⁾

Figure 1. Flowchart of the number of publications analyzed at each stage of the narrative review

The objectives and the synthesis of the main results found in the scientific production regarding COs' role in HIV/AIDS care in the prison system are shown in chart 3.

Discussion

COs can play a privileged role with regard to the development of actions related to prison health, with the potential even to change the conceptions and care practices in this context.⁽⁶⁾ This is due to the numerically predominant presence of these professionals in the composition of the prison unit teams,⁽¹²⁾ as well as their greater contact with inmates.⁽²⁸⁾ In view of this, it is important to emphasize a gap in the production of scientific knowledge in relation to this theme, configured by the absence of Brazilian publications, as well as by the scarcity of studies in the international literature on the subject in question. these limited to just six countries (Zambia, Canada, United States, Suriname, Poland and Zimbabwe).

Chart 3. Description of articles included in the narrative review on correctional officers' role in HIV/AIDS care in the prison system

Authors/Journal/Year/Country	Study design	Objective	Total (n)	Measuring instrument	Main results
MacGregor ⁽¹⁹⁾ /Times Higher Education Supplement/2003/Zambia	Case report*	Report about the project "In But Free: <i>Prevenção de AIDS nas Prisões</i> ", which aims to promote HIV/AIDS prevention in prisons, using both inmates and officers as key agents.	Not applicable	Not applicable	Officers' role: - act as a counselor in the development of actions to prevent the transmission of HIV in the prison system. (the article did not present details of this performance)
Todrys et al. ⁽²⁰⁾ /Journal of the International AIDS Society/2011/Zambia	Mixed method	Better understand the relationship between prison conditions, criminal justice rights and HIV and tuberculosis prevention, treatment and care in Zambia.	Prisoners (n=246)/ Correctional officers (n=31)	Interviews	Officers' role: - ensure methods of preventing HIV transmission in prisons; - control access to care. Negative aspects: they are not qualified and trained to assess and determine if medical consultations are necessary.
Topp et al. ⁽²¹⁾ /Health Policy and Planning/2016/Zambia	Qualitative	Explore and describe the institutional and social dynamics that influence prisoner health and access to health care in Zambia.	111 interviews (79 prisoners and 32 with correctional officers)	Semi-structured interview	Officers' role: - choose the cell's captain, who, together with officers, controlled prisoners' access to health services; - encourage the planning of HIV clinic visits and drug replacement; - monitor the prison inmates to any external public health center or hospital. Negative points: - bribery within prisons to access services.
Godin et al. ⁽²²⁾ /Canadian HIV/AIDS Policy & Law Review/2001/Canada	Qualitative	Identify the factors that influence correctional officers to agree or refuse to make available the tools needed to prevent HIV transmission among prisoners.	957 officers	Questionnaire (does not show details)	Officers' role: - distribute preventive measures necessary to prevent HIV transmission in prisons (condoms, tattoo equipment and sterile syringes). Positive points: - Women, singles, people working in federal institutions and people working in women's prisons are more in favor of distributing such measures. Negative points: - only 21.4% are in favor of playing this role. People who have undergone HIV training and have been exposed to the risk of HIV infection are more opposed. - officers do not consider themselves as "preventive agents" and suffer social pressure not to exercise this function.

Continue...

Continuation.

Van Der Meulen et al. ⁽²³⁾ / Canadian Journal of Criminology and Criminal Justice/2018/Canada	Qualitative	Build a dialogue with the Canadian Correctional Service regarding prison data reduction measures – Prison Needle and Syringe Programs (PNSP).	30 healthcare professionals who care for prisoners and 10 former prisoners	Interviews and focus groups (did not explain the instrument used)	Officers' role: - work to reduce damage in prisons; - carry out actions to promote the health of prisoners and prevent disease transmission. Negative points: - are resistant and constitute an important barrier to the implementation of harm reduction programs, opposing the administration or support of such programs. Positive points: - are frontline workers in the prison setting and maintain frequent and direct contact with prisoners.
Mitchell et al. ⁽²⁴⁾ / AIDS education and prevention/2015/United States	Qualitative	Better understand the organizational characteristics and processes that lead to successful and unsuccessful implementation of HIV services and treatment in the prison system from the perspective of different and key stakeholders.	17 interviews with Senior Researchers and Executive Sponsors (one from each category and unit - there were 9 units)	Semi-structured interview	Officers' role: - allow inmates access to HIV prevention group interventions. Negative points: - lack of cooperation and back-up from key actors has become a challenge for the successful implementation of HIV services in the prison system. Positive aspects: by the end of the project, the officers overcame these communication barriers and also met allies who could help in subsequent work
Antonius ⁽²⁵⁾ /AIDS Health Promotion Exchange/1994/ Suriname	Case report*	Describe the HIV/AIDS education and support program involving activities for prisoners and COs, using the training of peer educators as a strategy.	Not applicable	Not applicable	Officers' role: - receive training on the prevention of sexually transmitted infections and HIV/AIDS; - act as facilitators of educational sessions on HIV/AIDS that were held in the prison unit; - participate in the selection and evaluation of educational videos on AIDS and sexually transmitted infections to be presented monthly to inmates. Negative aspects: officers were uncooperative and some were inadequate as educators.
Łukaszek ⁽²⁶⁾ /HIV AIDS Rev/2019/Poland	Descriptive	Define the epidemiological situation on HIV infections in Polish prisons, show the magnitude of risky sexual behavior in prisoners' lives, which could and still can cause virus infections, show the opinions of COs on the problem of HIV infections. HIV among prisoners (the magnitude of the problem and the Prison Service's role in HIV prevention).	485 men serving prison terms and 210 Prison Service officers	Self-administered questionnaire prepared by the author - conducted a pilot study before	Officers' role: - provide condoms to prisoners; however, 87.1% of them thought the execution of such action was inadequate and 66% did not even agree with the purchase, 10% said inmates could buy condoms and only 6.7% agreed to give them away for free; - provide sex education for prisoners; however, only 55.7% of respondents chose to carry out these guidelines and only 16.7% of professionals were strongly convinced of its need.
Mhlanga-Gunda et al. ⁽²⁷⁾ / Int J Prison Health/2020/ Zimbabwe	Qualitative	Investigate the current health inequalities of female prisoners and better understand their prison health experiences, continuity of health care in prisons, and in particular, HIV prevention, treatment, support and care in Zimbabwean prisons.	13 key informants for the interviews; 24 female inmates and 24 prison service professionals for the focus groups (each group had six participants)	Structured guides for key informant interviews and focus group discussions	Officers' role: - provide information on health education; - act in the access of incarcerated women to primary health care, including access to HIV services.

*Study model not described in the article, and its classification was made by the authors of this review.

Although the studies found and selected are not Brazilian, in Brazil art. 2 of Law 10.693 of June 25, 2003, which creates the career of COs, provides for their performance linked to the activities of care, surveillance, custody, custody, assistance and guidance of persons transferred to penal establishments and the activities of technical, administrative and supportive nature.⁽²⁹⁾ Although COs have a broad scope and the country plays a prominent position in HIV/AIDS care and control on the world stage⁽³⁰⁾, research carried out nationally does not focus on the topic in question and shows the need for the production of knowledge aimed at filling this absence.

It should also be noted that the objectives proposed in the studies included in this review were not specifically related to the identification of COs' role in HIV/AIDS care in the prison system, such that information on the theme sought emerged in the texts as a result. secondary level presented in the studies. This shows an important gap in the production of knowledge about the studied topic, in addition to having been decisive in the narrative outline of this review.

The main results found in relation to COs' role in HIV/AIDS care were: regulation of access to medical services;^(20-22,24,27) collaboration and carry-

ing out activities to prevent HIV transmission in prisons;^(19,20,22,25-27) monitoring of inmates in consultations, examinations and admissions outside the prison system^(20,24) and planning about the replacement of medicines in the prison system.⁽²¹⁾

A study points out that COs' role in regulating access to health services is a frequent action in prisons.⁽⁶⁾ In this case, inmates request care from the officer, either verbally or by sending a ticket, which is judged by the officer, which directs the case or not to the health team.⁽¹²⁾ As pointed out by a study included in this review, such performance permeates COs' preparation limitations, which do not receive specific training and training to perform this type of assessment.⁽²⁰⁾

Another COs' role in relation to HIV/AIDS care involves actions to prevent the transmission of the virus in the prison environment, which can act as a supporter of health teams in the development of such actions^(25,27) or in offering them.^(19,20,22,23) In this case, they can act as advisers on issues related to the disease⁽¹⁹⁾ and ways to prevent its transmission,⁽²⁶⁾ an action that can be linked to sexual education,⁽²⁶⁾ condom distribution^(22,23,26) and harm reduction actions, with guidelines for not sharing sterile tattoo equipment and syringes.^(22,23) Regarding the identified barriers to COs' effective performance in carrying out preventive actions, it is proposed to the health teams of prison units, in conjunction with the health care network, that provide support and participate in COs' training and ongoing education for the development of such actions, as well as for their awareness of the importance of acting for HIV/AIDS control due to the prison system/community interface. It is also proposed that these professionals motivate COs to play such a role, since they do not agree to perform such actions and tend to fear that diagnosing diseases will result in greater demands for examinations and care for prisoners, as well as a greater number of illnesses officially revealed, which can lead to the implementation of treatments that may impact the routine of safety activities.⁽²⁶⁾

COs also play a strategic role in the dialogue between PDL and the health teams, as it accom-

panies the inmate in care outside the units for consultations, examinations and hospitalizations⁽²⁸⁾ and shares information about these interventions with the prison health team.⁽³¹⁾

This role collaborates with the continuity of treatment for HIV/AIDS, whose management complexity is beyond the scope of the actions developed by prison health units, as it requires care for the disease itself, as well as for comorbidities, opportunistic infections and adverse events treatment, which requires the use and care provided by specialized services.⁽³¹⁾

One of the studies included in this review stated that COs are involved in drug replacement planning.⁽²¹⁾ This is because they, in partnership with the nursing team, collaborate in the process of regular dispensing of antiretroviral therapy (ART) to inmates, which even allows to stimulate and monitor adherence to treatment, attributions that are also fundamental for the continuity of the therapeutic approach to people living with HIV.⁽²⁸⁾

Based on the above, COs can play an expressive role in HIV/AIDS care, since its attributions can go beyond security activities and encompass the entire context of the prison unit. The search for a new identity free of stereotypes and prejudices should start from the perspective of including themselves as a health agent, in order to increase their participation in prevention, detection and follow-up actions of cases, with direct implication in improving communication and cooperation between COs and health teams inside and outside prisons as well as in living conditions and PDL's health.

As limitations of the study, it is reiterated that the objectives of the studies included in this review did not have as main focus the analysis of COs' role in HIV/AIDS care in the prison system, and this role appeared as something secondary to the studies. Moreover, it is important to emphasize that few articles composed this review, as well as its restriction to international studies from different countries that may incur in different COs' actions in HIV/AIDS care, which revealed an important gap in knowledge related to the theme in question.

Conclusion

Key roles played by COs in HIV/AIDS care in the prison system include: regulating access to medical services; collaborating and carrying out activities to prevent HIV transmission in prisons, such as distributing condoms; carrying out health education actions; monitoring inmates in consultations, examinations and hospitalizations outside the prison system; and planning drug replacement. Summing up, the studies that integrated this review indicate that to guarantee and strengthen care for HIV/AIDS in prisons, it is necessary to consider COs' role and their integration into the health team and, especially, into the nursing team with regard to the provision of care, being included, encouraged and motivated to do so, whether in support of infection tracking, or treatment or prevention measures or as a link between the prison population and the care provided inside and outside the prison system. In this regard, it is expected that this study collaborates with elements that broaden the view on the strategic position of the role of this professional in the joint elaboration of solutions for HIV/AIDS control in the prison environment, in order to insert it in the context of assistance and equip it to increase the prison system's responsiveness in relation to HIV/AIDS prevention and management. Finally, given the gaps in knowledge and the absence of studies specifically focused on the topic in question, the invisibility of the population deprived of freedom living with HIV/AIDS is reflected. It is suggested that original studies be developed, especially in Brazil, in order to seek evidence regarding COs' training to offer actions and services to the population in question, as well as the role of this professional with regard to assistance to people infected by the virus in the prison system with a focus on the integration of care and the bond with re-educated people living with HIV/AIDS.

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