

Prisons and Health



**Why
does
WHO
engage
in prison
health?**

WHO - Mission and Responsibility

- WHO – the **authority for health** within the UN
- WHO - responsible for
 - **providing leadership** on global health matters
 - shaping the health **research agenda**
 - setting **norms and standards**
 - articulating **policy options**
 - providing **technical support** to countries.

WHO – Mandate: the WHO Constitution

- **The right to health:** “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”
- **Governance for health:** “Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures”



UNODC

United Nations Office on Drugs and Crime



**World Health
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Good governance for prison health in the 21st century

A policy brief on the organization of prison health



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The Health in Prisons Programme HIPP of WHO

Prison Health is Public Health

Most prisoners are from **vulnerable social groups**

Prisoners have **higher risks** of

- HIV, TB (RR up to 145 x general population!) and hepatitis C and B
- Mental health disorders
- Violence
- Suicide

Transmission of diseases in prisons (TB, BBV)

Transmission **prisons → community:**

In countries with high TB incidence and large prison populations prisons significantly contribute to the regional TB burden.

Prisoner's right to health

- Prisoners remain bearers of all **human rights**
- **Right to health** → *International Covenant on Economic, Social and Cultural Rights, Art. 12*

State's special duty of care

- **Prisoners** must **rely on authorities** to protect their health
- **States** have a **special duty** of health care for prisoners
 - ✓ Entry exam & continuity of treatment and care
 - ✓ Treatment free of charge
 - ✓ See: *CPT-Standards*
- This applies also in times of economic difficulties

Prison health staff - Mission

*Principles of medical ethics, UN General Assembly
Resolution 37/194*

“It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners the purpose of which is not **solely to evaluate, protect and improve their health**”

Prison health staff - professional independence

Recommendation R (98)7 of the Committee of Ministers to member states concerning the ethical and organisational aspects of health care in prison

“Health care personnel should operate with **complete independence** within the bounds of their qualifications and competence”

Equivalence by integration

Recommendation R (98)7; Recommendation Rec(2006)2

- Prisoners must have access to the **health services available in the country**
- Prison health should be organised in close relation with **national health administration**
- Prison health policy should be **integrated into national health policy**
- **The role of MoH:** quality assessment for hygiene, health care, organization of health care in prison

Commenatary to Rec(2006)2

“ (..) the most effective way (..) is that the **national health authority should also be responsible for providing health care in prison**, as is the case in a number of European countries”

Persistent shortcomings (1)

- **No prison health service** available
- **No medical examination** on entry
- **No continuity of care**
- **Inadequate care** for prisoners with HIV and TB, in some cases with fatal consequences
- Failure to monitor and address **the problem of HCV**
- Lack of a coherent **drug policy** (alternatives to imprisonment, prevention, detoxification, substitution, harm reduction)

Persistent shortcomings (2)

- No special training for health care staff in prisons
- **Involvement of prison health staff in body searches and tasks around punishment** of prisoners (e.g. solitary confinement)
- Prisoners working as orderlies
- Staff in custodial functions distributing prescribed drugs which are not defaced

Good governance for prison health in the 21st century

- I. The management and coordination of all relevant agencies and resources contributing to the health and well-being of prisoners is a **whole-of-government responsibility**;
- II. **Health ministries** should provide and be accountable for health care services in prisons and advocate healthy prison conditions.