



Prisons and Health Newsletter

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The annual meeting and conference of the WHO European Network for Prison and Health, and the establishing of the Task Force on Prison and Health, Moscow, 23-25 October 2003

EXECUTIVE SUMMARY

The 2003 Annual Meeting of the WHO European Network for Prisons and Health was held on 23rd to 25th October 2003 in Moscow, at the kind invitation of the Ministry of Justice and the Ministry of Health, of the Russian Federation. It was accompanied by an International Conference on the importance of prison health to public health, on the control of communicable diseases including tuberculosis and HIV/AIDS in prisons throughout Europe and on health promotion as a whole prison approach to improving health in prisons.

During the meetings and conference, the delegates agreed to:

- Adopt a Declaration to draw attention to the importance of penitentiary health as an integral part of the public health system of any country. In this connection, it is necessary for both prison health and public health to bear equal responsibility for health in prisons.
- Establish a Task Force for Prisons and Health consisting of representatives of those organisations both national and non-governmental which have shown substantial and continuing activity in the area of prison health.
- Note the encouraging progress, despite the major challenges which remain, made in some countries including the Russian Federation in reducing disease in prisons and in improving health in prisons by, for example, reducing overcrowding.
- Accept a Work Plan which included development of a scheme to recognise the work by staff in several prisons in Europe in promoting health in prisons and to encourage the use of those examples of good practice for the benefit of all countries; to produce a Practical Guide to prison health; to improve communications throughout Europe on all aspects of prison health and to enlarge the network.

- Produce an important consensus statement concerning the principles, ethics and professional codes of conduct which would guide the provision of health care in prisons and bring prison and public health services in close collaboration in the interests of public health.

The event was organised by the WHO Regional Office for Europe, Copenhagen in collaboration with the Russian Federation Ministry of Justice and Ministry of Health. Co-sponsors were the WHO Health in Prisons Project's Collaborating Centre (WHO HIPP CC) at the Department of Health in England, the International Centre for Prison Studies (ICPS) at Kings College, University of London, England and AIDS foundation East-West (AFEW). Partners in Health's branch in Moscow in the Russian Federation provided invaluable technical and logistical assistance.

Delegates

Together with the above organisers and co-sponsors; members attended from 13 of the original network member countries [Austria, England, Finland, France, Hungary, Latvia, Lithuania, Russian Federation, the Netherlands, Poland, Scotland the Ukraine and Uzbekistan] and new members included representatives from Belgium, Romania, Lithuania, Kyrgyzstan, Estonia, Kazakhstan and Tajikistan. Partner and other international organisations represented included the Council of Europe's Pompidou Group, the International Committee of the Red Cross, the Task Force on Communicable Disease Control in the Baltic Sea Region, US Aids, Food Chain Safety and Environment (Belgium) Cranstoun Drug Services (England), and the American Public Health Association (APHA). Also represented were delegates from member countries' health, internal affairs and justice departments, representatives of the prison service in England and section team leaders from WHO Regional Office for Europe. Dr Kononets, the chief medical officer of the Russian Federation's prison services, presided during the conference; co-chairs included Dr Roberto Bertollini, Director of Division of Technical Support, Health Determinants from WHO Regional Office for Europe and Dr Haik Nikogosian Regional Adviser from the WHO Regional Office for Europe, Mr John Boyington the director of the WHO Collaborating Centre, Professor Andrew Coyle for ICPS and Mr Murdo Bijl for AFEW.

The Moscow Declaration on Prison Health as part of Public Health will be circulated widely in Europe for consideration by all organisations involved in promoting public health and in policy making and health promotion in prisons.

SUMMARY REPORT

Annual Meeting of the WHO European Network for Prison and Health

Session 1: Thursday morning 23 October 2003

Director, Dr Roberto Bertollini (WHO Regional Office for Europe) welcomed network members, the enlargement to 25 members and the opportunity this forum provided for links to be forged to promote prison health as part of the public health agenda. He also welcomed the American Public Health Association (APHA) for the transatlantic links and potential for cooperation it brought. Biennial agreements would be drawn up with network members, priorities identified, country data collected, examples of good practice shared and further links made with the wider WHO Europe Region agenda.

Dr Lars Moller outlined the aims of the project and roles of the constituent parts. He welcomed the Dutch funding which had enabled new aims and a wider agenda to be pursued. He welcomed the greater cooperation (i.e. with the Council of the Baltic States Task Force, ICPS, AFEW, Cranstoun);

that enabled work to be progressed, e.g. translations of consensus statements. A robust programme of work and a revitalisation of the network would follow.

John Boyington (Head of the Collaborating Centre (CC) and Director of Prison Health in England) conveyed his country's best wishes, paid tribute to the work of his predecessor, Dr Felicity Harvey, and to Dr Alex Gatherer and pledged the continuing support of the CC.

A Practical Guide to Prison Health.

Dr Alex Gatherer outlined the proposals and asked members to consider further for discussion during Session 2.

Perspectives

The Russian Federation [Dr Kononets] reported that a Ministry of Justice high level work group had completed an important programme of work. A community council, together with NGOs, was monitoring the prison environment and human rights. Inspection was underway, as was a programme of liberalisation of the legal system. 300,000 prisoners had been released, providing more scope for improving the healthcare of some 820,000 prisoners. The Ministry of Health had produced an order on TB treatment to reflect the needs of some 74,000 prisoners with active TB. Other prison health issues of concern included mental ill health (half a million prisoners) drug addiction, hepatitis, HIV/AIDS and other STDs. Medical services were free to prisoners and additional funding had been provided.

The Netherlands [Ms Gerda van't Hoff] reported that there were 50 Dutch prisons, 17 centres for juveniles and 9 psychiatric centres for 50,000 prisoners per year (16,500 places). The aim was for a safe environment with humane treatment and rehabilitation. Healthcare played a key role. An annual conference for medical staff provided an opportunity to network and to learn. An advisory committee on communicable diseases has been set up. Dutch policy was for longer sentences, especially for re-offenders, and more austere regimes. A rising prison population coincided with reductions in budgets.

Dutch prison population needs were increasingly complex: prisoners often presented with mental health problems including personality disorder, drug addiction and communicable diseases. The number of prisoners with learning disabilities and who have conduct disorders was increasing. In 2004 the accent would be on staff safety, a hepatitis B vaccination programme for risk groups and juveniles, HIV testing for pregnant women and safe sex messages in the absence of more universal compulsory testing.

Romania [Ms Lucia Mihailescu] said that in 2002 their prison population was some 38,000 in 32 prisons. Prison health and public health were being brought together. Obtaining community treatment for prisoners and raising awareness of their communicable disease needs were not simple matters. An (EU Access) HIV programme had started in 4 prisons in south Romania in 2002 to train staff, instigate peer education and disseminate ideas. They were hoping to start detox programmes in non medical settings in 2004: currently there was a detox unit in one prison hospital. With TB rates some 60% higher in prisons they had acquired some global funding to help tackle the issue and assistance from the WHO Europe TB programme.

Cranstoun Drug Services [Mr Eduardo Spacca] outlined its history and that it now assisted with drugs reduction programmes in 27 English and Scottish prisons. Following European Commission funding from 1994 they provided programmes in 15 states. Their approach was multidisciplinary and in tandem with WHO, Council of Europe Pompidou Group, Open Society Institute and Aids

Foundation East-West (AFEW). In 2004 they plan, with German assistance, to work on a HIV/Aids and hepatitis scheme.

American Public Health Association (APHA) [Dr Robert Cohen] welcomed observer status for APHA which represented doctors, nurses and environmental health workers in the USA. The USA prison population was 2.1m adults. The 8th Amendment to the Constitution reflected Article 3 of the ECHR (on inhuman and degrading treatment) and improvements in healthcare were achieved, sometimes as a result of class actions. In 2003 APHA had produced "Standards for Medical Care" which was based on clinical, human rights, environmental and public health principles. He tabled a copy. APHA endorsed the WHO Prison Health project and would work with it.

International Centre for Prison Studies (ICPS) [Professor Andrew Coyle] said that ICPS brought the prison reform perspective to the network: the improvement of prison health was a vital element of it. ICPS paid tribute to those working in health care in prisons: their integrity shone out and they deserved respect for what they did in difficult and often risky circumstances. This message, and that prison health was a vital part of public health, were important ones for WHO Europe.

The Council of the Baltic States Task Force [Dr Knud Christensen] reported that this is a programme for 2000-04. It has set out the terms for 52 prison health projects - largely communicable diseases ones - and would evaluate them. They have a practical problem solving focus, include small capital builds to improve hygiene, educate staff and promote prisoner peer groups. So far 4 projects had finished, 15 were approved, 9 approved and part funded, 17 approved but not yet funded, 6 were in draft and 1 rejected.

Session 2: Saturday morning 25 October 2003

Dr Haik Nikogosian (chair) welcomed the network to the second part of the business meeting reminding delegates of the need to reflect Conference outcomes. He drew members' attention to the new title of the network (WHO European Network for Prisons and Health).

Collaboration Paper

Paul Hayton (WHO HIPP CC lead) introduced the Collaboration Paper. The project was embarking on an ambitious programme of work so there was a need to ensure that all elements were appropriate and working in harmony to ensure that all members had their differing agendas addressed. Agreeing key roles was vital to this as was discussion about the scope for further collaborating centres, academic input, potential for prison twinning and for geographical interest groups.

Members noted WHO HIPP's growth. There was a real sense that it was coming into the mainstream in WHO. Enlargement meant a need to consider membership proactively. The CC role required further thought.

The role and interests of the NGOs, with their more practical focus could be further exploited through their technical support but there was a limit to what they could do without additional Governmental funding. A network of NGOs might provide a forum for representation.

The scope for an ad hoc group for independent evaluation and appraisal of specialist areas, e.g Ukraine's suggestion of methadone maintenance to compare results and determine what works best should be considered. A foundation might be set up to help institutions financially and technically.

Proposals for a collaborating centre for Eastern Europe and for geographic interests groups raised questions about whether HIPP was a forum for sharing problems or sharing solutions.

There was merit in a centre in the East where there were some interesting developments which needed gathering for dissemination, e.g. Western Europe could learn from Kyrgyzstan's needle exchange programme.

WHO Europe commented that the intention was to bridge the east /west gap and share knowledge. WHO normally worked with organisations on a partnership basis for two years before consideration of CC status was given. WHO HIPP CC were a particularly active CC. All these issues raised questions about resources which needed to be addressed. More collaboration was needed to ensure capacity.

Prison twinning was favoured as encouragement to good practice and ensures that a vital "bottom up" element could be included.

Discussion Paper on a Recognised Practice Awards Scheme

Dr Alex Gatherer (WHO HIPP temporary adviser) stressed the need for promoting recognition for those working in prisons who were innovating to improve prison health. Any scheme needed to be fair, simple, realistic, safe and promotive. Was there value in it and would it encourage staff and lead to twinning arrangements that created beneficial change?

Members were supportive of an issue which should be progressed through the work plan. It was vital to ensure that prisons were recognised for a specific good practice at a particular point in time. This would take account of the ebbs and flows in a prison's fortunes and ensure local experiences were recognised. It was agreed that an independent and more local means of determining such success was needed. Help was promised in developing success criteria: APHA provided a recent relevant publication on the issue, and the Dutch advised of their law on medical services in prison.

A group comprising the Netherlands, the UK, the Baltic Sea Task Force, the Ukraine, Belgium, France and ICPS was formed and agreed to take the issue forward over the next four months. A simple second draft would be prepared by the Collaborating Centre.

The Work Plan for 2003-2005

Dr Lars Moller, WHO Europe HAPP project lead, introduced the plan and gave a progress report on the key issues of the production of a practical guide; the website; the just published Consensus Statement on Promoting the Health of Youth in Custody in English and Russian (the theme of the 2002 Edinburgh Conference); the translation of the Consensus Statement on Prisons, Drugs and Society into French; the development of a database, the production of a Newsletter; the role of the national counterpart; best practice prisons, the drafting of the Declaration, the setting up of a Taskforce and the issue of training. Members approved the programme.

A Practical Guide to Prison and Health

Dr Alex Gatherer reminded members that the aim was for the network to produce a guide for frontline staff that was practical, brought together the evidence- based knowledge that was available and permitted members to share best practice. There would be an accompanying leaflet for prisoners to help them to take responsibility for their own health. Members discussed and endorsed the plan and a small group offered to help with drafting.

European Action Plan for Prison and Health

Professor Andrew Coyle of ICPS presented his paper and its basis for the two page Declaration that delegates were to agree. As it was important to start from first principles in an international context the paper included Article 12 of the International Convention on Economic, Social and Cultural Rights and of Principle 9 of the United Nations Basic Principles for the Treatment of Prisoners and other relevant international instruments.

The paper's background provided the rationale for the main recommendations in the Declaration. It set out the implications for policy, e.g. integrated data collection; the ethical dimension for healthcare staff who were medical officers first and prison staff thereafter and it raised the implications for public health and particularly for communicable diseases and drugs use.

Some **Members** were concerned that the Alma Alta declaration might be too high an ideal (Article 35 of the ECHR might suffice); that this comprehensive paper warranted further discussion and that the Declaration version provided a useful means to publicise the main messages readily; that mental health should be included and the paper should be submitted to the September WHO Regional meeting and the forum on mental health to be held in Finland in September 2005. It would also be circulated in the USA. Further work should be done first to align the English and Russian versions and to ensure it was more general and thus more attainable for some of the Eastern European states. Some further consideration might be given to the illegal drug use section in the light of delegates' comments and recognition that population reduction was a Ministry of Justice rather than a Ministry of health issue.

The Conference Declaration

A fresh draft was tabled and agreed to reflect member's views during the Conference. **Members** commented that the network had done well to table the issue and obtain a consensus. What was agreed advanced the "prison health as part of public health agenda" whilst reflecting the realities in member countries.

The Annual Meeting and Conference 2004

This would be determined following further discussion and consideration of a funding formula.

WHO EUROPEAN TASK FORCE FOR PRISONS AND HEALTH

Action Notes from first meeting: 25th October 2003, Moscow

Delegates met for the first time, to discuss the draft terms of reference and chief purpose of the Task Force. They included representatives of the WHO Regional Office for Europe, International Centre for Prison Studies (ICPS), Aids Foundation East-West (AFEW), Pompidou Group, Task Force on Communicable Disease Control in the Baltic Sea Region, the Cranstoun Drug Services, World Bank, Partners in Health and network members from Poland, England, the Netherlands and the Russian Federation.

Terms of Reference

The terms of reference were felt to be appropriate and were accepted. It was suggested that a description of the WHO Health in Prisons Project should be included so that it was clear what the Task Force would be doing to further the aims of the Project.

Membership

Membership should be on an institutional rather than a personal basis. It would be considered and if appropriate, expanded to provide a careful East/West Europe balance.

The Work of the Task Force

It was agreed that the central function of the Task Force was to be a strategic one; that is, it would provide a vision and longer term strategic thinking for the Project. What was needed now were the following:

- **A strategic plan**, showing how the work plans for 2005—2007 would achieve the overall aims.
- **A membership strategy**, which would include both enlargement and a proactive drive to secure the engagement of all members of the network and their respective interests.
- **A needs analysis** to see if the Project is heading in the right direction and indicating the priorities for action.
- **A resources strategy** which would include a consideration of the costs of meetings for Project business and conferences (annual) and for Task Force meetings (which should be twice a year, one of which would coincide with the Project meeting). It would be valuable to list the possible sources of funding, the options relating to control of costs and to tie funding into the work plan to ensure there are sufficient resources to deliver the priority objectives.
- **A communications strategy** to ensure
 1. wider dissemination of the knowledge which has been built up within the Project
 2. the better use of the website, including establishing a discussion forum function
 3. and how best to engage all national governments in a continuing debate on prison health as part of public health, and on the effects of their criminal justice policies which tend to impact negatively on efforts to improve the health of prisoners as citizens in the wider community.

It was agreed that papers would be produced on each of the above aspects.

In addition, a way of **impact assessment** would be introduced, to ensure that the Project is delivering real improvement in health in prisons across the WHO HIPP area.

One area of value would be to see what use is being made of the various sets of guidelines issued by the project. Cranstoun raised the possibility of their organisation funding a research fellowship in 2005 which would look at the use being made of the advice in the Project's Prisons, Drugs and Society consensus statement. This was welcomed by Dr Moller and the Council of Europe. It was agreed that Cranstoun submit a formal proposal to WHO.

Task Force and Project relationships to significant other networks

It was recognized that several other organisations were undertaking work in prisons of value to the WHO HIP Project, especially those of partners to the Project. They had their own meetings and it was important that overlap was avoided and maximum support arranged.

The communications strategy should include a list of relevant national and international meetings so as to enable wider attendance.

Tackling single but major issues

While the Task Force concentrated on strategic and long-term issues, it was important for there to be a way, perhaps between meetings, of tackling single major issues such as general ones, such as overcrowding, and specific questions, such as substitution therapy/use of methadone.

One of the main issues for WHO HIPP is that prison health cannot be considered separately from the realities of prison (penitentiary) regimes. Overcrowding is an example of this. There needs to be a way in which the attention of governments can be drawn to the implications of overcrowding on health and the knowledge that for all prison issues there is a health impact. The Task Force should therefore encourage creative thinking on such issues and advise the project how best to proceed.

In conclusion, WHO very much welcomed the establishment of this advisory body. It came at a good time, when the Health in Prisons Project was embarking on work of such public health importance.

**DECLARATION ON PRISON HEALTH AS PART OF PUBLIC HEALTH
(ADOPTED IN MOSCOW ON 24 OCTOBER 2003)**

The delegates present at the joint World Health Organization/Russian Federation International Meeting on Prison Health and Public Health, held in Moscow on 23 and 24 October 2003, took as the basis of their discussions the fundamental international standards relating to the need for a close link between public health and the provision of health care to those in prison.

The guiding principles for this Declaration are the following:

The International Covenant on Economic, Social and Cultural Rights (Article 12):

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

United Nations Basic Principles for the Treatment of Prisoners, Principle 9:

Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

United Nations Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Principle 1:

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

In addition, the delegates noted the Eleventh General Report on the activities of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and its statement on state obligations to prisoners even in times of economic difficulty:

The CPT is aware that in periods of economic difficulties (...) sacrifices have to be made, including in penitentiary establishments. However, regardless of the difficulties faced at any given time, the act of depriving a person of his liberty always entails a duty of care which calls for effective methods of prevention, screening, and treatment. Compliance with this duty by public authorities is all the more important when it is a question of care required to treat life-threatening diseases.

DECLARATION

Delegates at the International Meeting on Prisons and Health in Moscow on 23 and 24 October 2003, representing senior staff from prison and public health services across Europe, wish to draw the attention of all countries in Europe to the essential need for close links or integration between public health services and prison health. Delegates draw attention to the fact that these problems are topical not only for penitentiary systems in European countries but also for the whole global community. Delegates also noted previous statements made and instruments adopted by the United Nations and Council of Europe on the rights of prisoners.

In all countries of the world, it is people from the poorest and most marginalized sections of the population who make up the bulk of those serving prison sentences, and many of them therefore have diseases such as tuberculosis, sexually transmitted infections, HIV/AIDS and mental disorders. These diseases are frequently diagnosed at a late stage. In addition, no country can afford to ignore widespread precursors of disease in prisons such as overcrowding, inadequate nutrition and unsatisfactory conditions.

Delegates noted that penitentiary health must be an integral part of the public health system of any country. In this connection, it is necessary for both prison health and public health to bear equal responsibility for health in prisons. The reasons for this are:

- Penitentiary populations contain an over-representation of members of the most marginalized groups in society, people with poor health and chronic untreated conditions, drug users, the vulnerable and those who engage in risky activities such as injecting drugs and commercial sex work.
- The movement of people already infected with or at high risk of disease to penitentiary institutions and back into civil society without effective treatment and follow-up gives rise to the risk of the spread of communicable diseases both within and beyond the penitentiary system. Prevention and treatment responses must be based on scientific evidence and on sound public health principles, with the involvement of the private sector, nongovernmental organizations and the affected population.
- The living conditions in most prisons of the world are unhealthy. Overcrowding, violence, lack of light, fresh air and clean water, poor food and infection-spreading activities such as tattooing are common. Rates of infection with tuberculosis, HIV and hepatitis are much higher than in the general population.

The situation that has arisen in penitentiary systems in the majority of European countries calls for a whole range of urgent measures to be carried out, aimed at preventing the spread of diseases among detainees, carrying out vigorous information and education work among them and providing them with the means of preventing diseases. The delegates recommended the following as a basis for improving the health care of all detained people, protecting the health of penitentiary personnel and contributing to the public health goals of every member government in the European Region of WHO:

- Member governments are recommended to develop close working links between the Ministry of Health and the ministry responsible for the penitentiary system so as to ensure high standards of treatment for detainees, protection for personnel, joint training of professionals in modern standards of disease control, high levels of professionalism amongst penitentiary medical

personnel, continuity of treatment between the penitentiary and outside society, and unification of statistics.

- Member governments are recommended to ensure that all necessary health care for those deprived of their liberty is provided to everyone free of charge.
- Public and penitentiary health systems are recommended to work together to ensure that harm reduction becomes the guiding principle of policy on the prevention of HIV/AIDS and hepatitis transmission in penitentiary systems.
- Public and penitentiary health systems are recommended to work together to ensure the early detection of tuberculosis, its prompt and adequate treatment, and the prevention of transmission in penitentiary systems.
- State authorities, civil and penitentiary medical services, international organizations and the mass media are recommended to consolidate their efforts to develop and implement a complex approach to tackle the dual infection of tuberculosis and HIV.
- Governmental organizations, civil and penitentiary medical services and international organizations are recommended to promote their activities and consolidate their efforts in order to achieve quality improvements in the provision of psychological and psychiatric treatments to people who are imprisoned.
- Member governments are recommended to work to improve prison conditions so that the minimum health requirements for light, air, space, water and nutrition are met.
- The WHO Regional Office for Europe is recommended to ensure that all its specialist departments and country officers take account in their work of the health care needs and problems of penitentiary systems and develop and coordinate activities to improve the health of detainees.

To find out more about the HIPP, contact Dr Lars Møller, WHO Regional Office for Europe, 8 Scherfigsvej, 2100 Copenhagen, Denmark. (lmo@who.dk)
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