

# The World Health Organization European Health in Prisons Project After 10 Years: Persistent Barriers and Achievements

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The recognition that good prison health is important to general public health has led 28 countries in the European Region of the World Health Organization (WHO) to join a WHO network dedicated to improving health within prisons. Within the 10 years since that time, vital actions have been taken and important policy documents have been produced. A key factor in making progress is breaking down the isolation of prison health services and bringing them into closer collaboration with the country's public health services.

However, barriers to progress remain. A continuing challenge is how best to move from policy recommendations to implementation, so that the network's fundamental aim of noticeable improvements in the health and care of prisoners is further achieved. (*Am J Public Health*. 2005;95:1696–1700. doi:10.2105/AJPH.2003.057323)

**FOR MOST OF THE 20TH** century, prison health services in Europe received little public health attention; they were marginal both to prison management and to the local health services. Two dramatic developments in the 1980s changed this position considerably. First, the breakup of the Soviet Union brought about the emergence of newly independent states in Eastern Europe, all of which faced pressing social, economic, and governmental problems, including revising their criminal justice systems and reorganizing their prisons. Second, the rapid onset of the HIV/AIDS epidemic and the accompanying resurgence of communicable diseases such as tuberculosis (TB) presented public health with difficult life-threatening diseases to bring under control.

In all countries of Europe, it was soon observed that there was a higher prevalence of these conditions in prisons than in the community. In the early 1990s, however, few countries, if any, had clear ideas of how to implement control measures in prisons for these conditions.

At that time, little was known about health in prisons. The Council of Europe therefore collaborated with the Ministry of Justice in Finland to arrange the first-ever seminar on prison health; this was held in Tampere, Finland, in September 1991. Because of the paucity of informa-

tion available, it was necessary to arrange a survey to provide background material for the meeting. This was undertaken by Katarina Tomasevski. After the seminar, she published the results in a seminal book entitled *Prison Health: International Standards and National Practices in Europe*.<sup>1</sup> In this, she drew attention to the major problems facing prison health services; the need for greater linkage between medical ethics, human rights, and law, toward a possible advisory European Prison Health Code; and to some organizational matters including which part of government, such as departments of justice or health, should carry responsibility for prison health services.

An important conclusion was that whereas problems in the various countries were very similar, responses by the countries varied a great deal. There was no mechanism for the exchange of information or experiences, so countries wishing to reform their prison health services had no way of benefiting from the experiences of those countries—such as Germany, Norway, Portugal, Spain, and the United Kingdom,—where important changes were being made.

In the England and Wales prison services, a significant change had been made in 1992 in moving from a “prison medical service” to a “prison health service.” Included in this new ap-

proach was an emphasis on prevention and health promotion in prisons. The proposal was made to the World Health Organization (WHO) that a network of interested countries be established so that experiences could be shared and guidance and advice produced.

WHO invited the UK government to collaborate in further consideration of the suggestion.

## THE WHO HEALTH IN PRISONS PROJECT

In October 1995, the WHO and the UK government arranged a small international exploratory meeting of senior prison health representatives from selected European countries in both Western and Eastern Europe. The 8 countries present, along with staff from important relevant bodies such as the Council of Europe and the European Commission, were asked to consider whether there was a need for a formal mechanism for the exchange of experiences in prison health, whether prisons could be considered a suitable setting for the prevention of disease and the promotion of health, and whether they felt their governments would support the establishment of a WHO network on prison health.

There was complete agreement that the public health importance of prisoner health was

sadly neglected throughout Europe and that a WHO network would be of great value in the exchange of ideas and in developing guidelines for tackling the common problems facing prisons. Prisons were not only good settings for health promotion, but the opportunities provided by prisons, if taken, could contribute in a worthwhile way to the general public health.

WHO therefore used the consensus achieved at this meeting to launch its Health in Prisons Project (HIPP). Its main aim was agreed to be the improvement of all aspects of health in prisons through changes in prison health policies brought about by the production and dissemination of consensus recommendations based on best practices derived from experiences and initiatives from all over Europe. The representatives from member states would consist of senior policy advisers from the governmental department responsible for prison health. Membership would be "official" in that WHO would contact the minister of health and ask for that country's representative, which usually came from the ministry of justice or the ministry responsible for prison health. There were other commitments outlined in the WHO letter: participation at the annual meetings, reporting annually on issues facing the prison health service, and assisting in the production of consensus statements on agreed priority problems. The meetings of the project had to be sponsored by 1 of the member states, and this usually involved additional financial help so that representatives from Eastern European and Central Asian countries could attend.

The United Kingdom agreed to establish the WHO Collaborat-

ing Centre, which it placed within the governmental department (now the Department of Health) responsible for prison health services in England and Wales.

From the start, a small number of key organizations were invited to be partners in the project: these included the Council of Europe, the International Council of the Red Cross, and Europe-wide non-governmental organizations such as Mental Health Europe. Later, partnerships were established with Cranstoun Drug Services and with the International Centre for Prisons Studies, based at the University of London.

### THE FIRST STRATEGIC PLAN

From the first meeting in 1996, the annual meetings have followed a similar pattern. The meetings have 2 parts. The first is a network meeting, at which members report on issues or developments in prison health in their country, consider draft statements and other material, and participate in the development of the project. The second is a small conference to invited audiences to hear from key experts and consider the draft consensus statements on the priority themes. Visits to prisons are arranged by the host country.

The first strategic plan aimed to produce, in turn, consensus statements/best-practice advice on the 3 priority problems facing prison health services throughout Europe, namely, communicable diseases, mental health, and drugs. Considerable financial help was already being provided to some countries by major charities and funding bodies, but these were usually for urgent single-problem matters such as

HIV/AIDS and TB. The project concentrated on whole-prison approaches because of the overlap between the priority problems, and on policy change with sustainability in mind. But it kept in close touch with the initiatives in particular countries, made full use of the experiences thus generated, and, when necessary, assisted in producing advisory material and professional support literature.

### THE FIRST HIPP CONSENSUS STATEMENT

The first issue assessed by HIPP was communicable diseases and prisons. Considerable work on TB was going on in prisons, especially in the Russian Federation, and on HIV/AIDS, especially in Eastern Europe. Useful WHO publications were also already available. What was required was to draw the available evidence together into 1 advisory document and base the recommendations within the particular realities of prisons.

A joint meeting between the HIPP and the Joint United Nations Program on HIV/AIDS (UNAIDS) was held in Poland in 1997. From the data presented, it was clear that the high level of HIV/AIDS, sexually transmitted infections, and TB in the prison populations of Europe and their rapid increase in many countries posed a serious threat to public health. The role given to HIPP at this meeting was first to draw this position to the attention of governments throughout Europe, and then to act as a source of help where required, using the experiences of some member countries to show what had worked well in their countries in dealing with these infections in prisons.

It was also necessary to stress in the consensus document that was produced some of the special factors that applied in prisons and acted as barriers to progress.<sup>2</sup> A key recommendation was: "Overcrowding, malnutrition and poor hygiene conditions in prisons must be overcome in the interests of public health in all societies."<sup>2</sup>

The statement also took the opportunity, as it was the first one from HIPP, to state some of the underlying principles governing the project's thinking on prison health. For example<sup>2</sup>:

All prisoners have the right to health care, including preventive measures, without discrimination and equivalent to what is available in the community.

Prisons are not closed-off worlds. The health of prisoners and staff is becoming a public health priority of concern to society in general.

Prisoners often come from the poor, deprived and marginalized groups in any society, and these groups are particularly vulnerable to HIV, STIs [sexually transmitted infections] and TB.

Current policies in some countries, of mandatory HIV testing of prisoners, segregation of those found to be positive and lack of confidentiality have not been shown to reduce HIV transmission. They violate the human rights of prisoners and should be replaced by programmes of prevention, voluntary testing, counselling, care and anti-discrimination in accordance with the strategies recommended by WHO and UNAIDS.<sup>2</sup>

Overcrowding was then and remains today a major factor in raising the risks of infection in prisons. This first HIPP statement called for reform of the penal and sentencing systems to reduce overcrowding. Some examples given were to avoid criminalization of users of illicit drugs, reduce remand imprisonment,

and develop alternatives to imprisonment.

The statement was relatively short but carried several clear and important messages for policymakers in prison services. However, these were early days for the project, and membership had to be rather pragmatic; an effective organization took some years to develop. The statement received the normal dissemination for WHO and UNAIDS, but firm and funded plans for the translation of the full report into Russian and other languages and for its dissemination could not be made, and it is not clear just what circulation was eventually carried out.

Several lessons were drawn from the experience of producing the first statement. For example, the format of future statements should be around principles, policies, and practices; the conceptual developments that had been made during the network meetings should be mentioned; checklists for prison managers/governors should be included in order to gain the attention of those who could make a difference; and greater attention should be given to questions of translation and dissemination.

## MENTAL HEALTH AND PRISONS

In 1998, HIPP turned to the second of its priority subjects, mental health. It was rather optimistically decided to assume that the starting basic policy, that all prisoners with mental illness would be transferred to an appropriate hospital, had been applied in Europe. HIPP therefore concentrated on mental health promotion in prisons. With its partner organization, Mental Health Europe (part of the World Federation for

Mental Health), an academic department of psychiatry undertook a survey, and an expert group assembled to draw up a background document. The host country for that year was The Netherlands, recognized for its pioneering services in mental health. In November 1998, the consensus statement "Mental Health Promotion in Prisons" was published.<sup>3</sup>

A clearer statement of the basic values and beliefs underlying and governing the work of HIPP was added. It included the following<sup>3</sup>:

A concept of care, positive expectations, and respect should permeate all prisons.

Respect for the fundamental rights of prisoners entails the provision to them of prevention, treatment, and health care at least equivalent to those provided in the community.

In the absence of positive counter-measures, deprivation of freedom is intrinsically bad for mental health and imprisonment should be kept to the minimum possible, consistent with the needs of the wider community to see crime punished effectively and community safety assured.

The important role of managers/governors in introducing change and in establishing the necessary positive ethos within prisons was stressed by including a "management checklist" of recommendations. The importance of human rights and prisons became much clearer to members of HIPP, and a new partnership with the International Centre for Prison Studies developed.<sup>4</sup>

The statement was translated into French and widely circulated throughout Europe. Every governor of a prison in England received a copy.

## PRISONS, DRUGS, AND SOCIETY

From 1999, the project members began to consider what proved to be one of the most difficult of the issues facing prisons, namely illicit drugs in prison. This had become a major problem for many prisons, and the options for handling it were very much influenced by political and public attitudes, by sentencing policies, and by public health pressures arising mainly from the spread of HIV/AIDS.

Considerable work on drugs in European society had already been done by the Pompidou Group of the Council of Europe, and the European Commission had established a fact-finding and monitoring group, the European Monitoring Centre for Drugs and Drug Addiction, based in Lisbon, Portugal. The European Commission had also funded 2 research networks relating to drugs and HIV/AIDS in prisons. There were active non-governmental organizations in the field, such as Cranstoun Drug Services. All these groups collaborated well with HIPP, and their considerable experience and special expertise influenced the conclusions and recommendations of the members.

The annual meeting in 2001 was accompanied by a large conference in Switzerland, organized by WHO and the Pompidou Group. From this came a consensus paper called "Prisons, Drugs and Societies: Principles, Policies and Practices"<sup>5</sup> published jointly with the Pompidou Group, which also published a report of the conference.<sup>6</sup> The statement was translated into French, German, and Russian and was widely circulated.

One of the main messages in this statement was that it was insufficiently recognized that much more could be done within the prison system to reduce the harm from drugs and to treat successfully a large number of those prisoners addicted to drugs. A rising proportion of those imprisoned were there because of drug-related crime. Prisons presented a unique opportunity to reduce the health problems associated with drug abuse and addiction while also giving some attention to the causes of offending behavior. Checklists were included for prison managers but also for local health care providers.

Although the statement advocated harm reduction measures for prisons, feedback to HIPP indicated that much more guidance on harm reduction was necessary and HIPP returned to this subject in 2004.

## THE SPECIAL NEEDS OF MINORITY GROUP PRISONERS

The members of HIPP were aware that prisons and prison regimes have been provided and developed with the adult male prisoner in mind, as they constitute the vast majority of prisoners in prisons. As a consequence, the special needs of minority group prisoners are too frequently ignored. The groups of most concern were women, young people, and those from racial/ethnic minority populations in that country. Women and minority racial/ethnic groups are a rapidly growing proportion of prison populations in Europe.

So far, HIPP has considered only one of these, and a consensus statement called "Promoting the Health of Youth in Custody"<sup>7</sup>

was published after a meeting and conference organized in Edinburgh with the Scottish Prison Service. This stressed the importance of closer collaboration between the staff of all custodial settings involving young people with the many other youth and school organizations that share the goal of helping vulnerable and socially excluded young people.

### PRISON HEALTH AS PART OF PUBLIC HEALTH

An important issue raised by HIPP members from the newly independent countries was the difficulties associated with the isolation of prison health from the rest of the health services. This was proving a major barrier to improving health in prisons. A separate prison health service, perhaps under the ministry of justice, led to problems in recruiting health professional staff, in isolating doctors and nurses who worked in prisons from their professional colleagues, in maintaining standards, and in ensuring continuing professional education. From the public health point of view, it led to failures to include prison health policies in national strategies for controlling communicable diseases and in dealing with serious societal issues such as drug misuse, shown, for example, by the lack of follow-up of released prisoners.

It was strongly felt that public health in general was losing out by not bringing prison health into closer working relations with each country's national health services. In 2003, the annual meeting was held in the Russian Federation and concentrated on this subject. The WHO Moscow Declaration, "Prison Health as Part of Public Health,"<sup>8</sup> followed. This important statement was

translated into Russian, French, and German and sent to governments of all countries of Europe.

### CURRENT PLANS

In 2004, the annual meeting looked at the evidence on harm reduction in prisons. This subject remains controversial, especially concerning syringe/needle exchange schemes (which are available in the several communities of Europe) and the provision of substitution therapy for those admitted to prisons with drug addiction. Very few countries in Europe are providing comprehensive harm reduction facilities in prisons, Spain being perhaps the only country with all its prisons covered. Yet the evidence is very strong and supportive that a syringe/needle exchange can be safely provided in prisons, that substitution therapy has major benefits to offer, and that these measures can reduce the spread of HIV and can improve the care of drug-addicted prisoners. A detailed look at the evidence encouraged HIPP to produce a status paper on harm reduction in prisons, which has been published in Russian and English.<sup>9</sup>

The annual meeting in 2004 also launched a Best Practice Awards scheme. This aims to identify some of the interesting and practical initiatives in prison health at prison level throughout Europe and to draw attention to them through an awards ceremony, publication, and inclusion in the database. The first awards should be awarded at the HIPP annual meeting in 2005 (to be held in London in October).

A practical guide for all prison staff on how best to develop prison health is currently being written and is to be published in

2006. It will bring together in one easy-to-read and practical guide the essence of the recommendations of the project and of selected experts.

HIPP has decided to develop a prison health database, using indicators to assess progress and allowing HIPP to keep a finger on the pulse of prison health. This will be produced in collaboration with the European Monitoring Centre for Drugs and Drug Addiction and the Scientific Institute of the German Medical Association.

### SOME ACHIEVEMENTS AND BARRIERS

The HIPP has now gained 10 years of experience. The 2005 annual meeting is therefore going to take a careful look at what has been achieved, at scanning the horizon of prisons and health to indicate what has still to be done, and at how some of the difficult persistent barriers to progress can be overcome.

Prison services in all parts of Europe have inherited old, often badly planned and maintained institutions that are in themselves bad for health. Criminal justice systems operate under "tough on crime" political attitudes that encourage the criminal justice system to imprison more and more people with an escalation of overcrowding. Most societies have not yet thought through their policies relating to drug use and abuse. Public ignorance of what prisons are trying to do and political ambivalence about what changes to make leave prison staff with one of the most difficult public services to provide. At its last meeting, the attention of HIPP members was drawn to some of the decisions in the European Court of Human Rights,

where prison authorities were found to have broken or ignored well-established standards of care in prisons.

It is against that background that any assessment of achievements by HIPP has to be made. We can list the following as achievements:

From 8 countries, the network has grown to 28 countries out of a total of 52 in the whole of Europe. It is now necessary to keep all countries informed of the work of HIPP because of the increasing acceptance of the public health value of health in prisons. The network has been one of the fastest-growing networks at WHO Regional Office for Europe. Each new member brings government-level commitment to exchange experiences and to produce best-practice advice.

Consensus statements have been produced on the major health problems facing prisons in Europe, and these have been circulated and are available on the Internet. They reflect the needs of countries for authoritative guidance on these issues. They will be summarized in the practical guide currently being produced.

The annual meetings have afforded opportunities for policy-influencing members to compare their approach with what works best elsewhere. The relative isolation of the prison health service is breaking down, and HIPP has drawn attention to the experiences of member states where there is a close collaboration between prison health and the public health systems. Some countries (such as Norway, France, and England) have brought prison health into their national health systems.

The project has created sound links with key partners, each of

which adds considerably to the expertise available to HIPP and allows growing coordination and collaboration opportunities.

It is, however, not possible to give a clear answer to the following question: How much better is the lot of prisoners because of HIPP's 10 years of meetings and statements? Formidable barriers remain: overcrowding and unhygienic facilities will remain for some time as new prison building cannot keep pace with rising prison populations; prison systems are difficult to change because of traditions, circumstances, and public and political views; staff can be reluctant to adopt new ways of working, perhaps because they do not get the respect for the difficult public service they provide nor the training and other support so that they can develop the professionalism necessary for a modern prison service; resource restrictions persist because prison services seldom rate high priority in governments' spending; public attitudes remain at the best ambivalent, and there is a general lack of sympathy for a rehabilitative regime in prisons.

Europe remains the only WHO region with a health in prisons network. It will be some measure of the success of HIPP if other regions feel the need to establish something similar. One thing is definite: there are now nearly 30 countries actively supporting the project, so HIPP does seem to be meeting a need. There is little doubt that prison health is now increasingly on the public health agendas of Europe. ■

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This article was accepted May 2, 2005.

#### Contributors

A. Gatherer originated the article and led the writing. L. Moller commented on and contributed to the final article. P. Hayton commented on and assisted considerably in the revision of the article.

#### Acknowledgments

We acknowledge the initiative of Dr Rosemary Wool (director of the England and Wales Prison Health Services in 1994), Sir Donald Acheson (former Chief Medical Officer of the United Kingdom and 1994 chairman of the Health Advisory Committee concerned with the prison health services, England), and especially Cees Goos (formerly with WHO Regional Office for Europe), who first established and then led the Health in Prisons Project in its first years.

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