



**WHO/WHO Country Office in Lithuania activities in the field of prison health**  
**Ingrida Zurlyte, WHO Country Office, Lithuania**

People in prison “are the community. They come from the community; they return to it. Protection of people in prison is protection of our communities.”

Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons



World Health  
Organization

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Europe

### Five pillars for improving prison health

Development of policy and legislative  
frameworks for health in prisons

Monitoring health in prisons

Building national capacity  
for prison health care

Orientating and supporting capacity  
in research on prison health

Supporting the integration of prison  
health and wider community health



# Obj 1: Promote intersectoral and sectoral advocacy, policy developments and legislation to improve prisons health

Side event at the 30th session of the Commission on  
Crime Prevention and Criminal Justice



Presentation of the

## United Nations System Common Position on Incarceration

High-level Meeting of the Group of Friends of the  
Nelson Mandela Rules

### Why people living and working in detention facilities should be included in national COVID-19 vaccination plans

ADVOCACY BRIEF



#### Key messages

The evidence shows that the risk of transmission of SARS-CoV-2 is much higher in prisons and other closed settings and that people living in such settings have proportionately a higher burden of comorbidities compared to the outside community, thereby increasing their chances of suffering severe outcomes. Therefore:

- 1 People living in prison should be included in national COVID-19 vaccination plans on the basis of their increased vulnerability, the principle of equivalence, and the duty of governments to protect those deprived of their liberty, leaving no one behind.
- 2 People living in prison should have a guaranteed right to be informed about how to protect themselves from COVID-19 by immunization and other public health measures.
- 3 If facility-wide vaccination (everyone included) is not possible, vulnerable groups in detention settings should be prioritized.

Prison health-care staff in direct contact with COVID-19 cases are as likely to become infected as their health-care colleagues in the community; indeed, given that limited resources in prison may hinder quick identification of asymptomatic individuals and adoption of preventive measures, health-care staff in detention settings may even be at higher risk. The mobility of prison staff between prisons and surrounding communities, coupled with the constant flow of people in prison between pretrial and detention centres and between prison facilities, increases the risk of SARS-CoV-2 entering prisons and spreading from there to the outside community. As such:

- 4 The prison workforce (health-care workers and prison staff) should be prioritized for vaccination as health and care workers and as personnel at higher risk.




## Policy brief – Health concerns among children deprived of their liberty



# Obj 1: Promote intersectoral and sectoral advocacy, policy developments and legislation to improve prisons health

71st session of the  
WHO Regional Committee for Europe




 **World Health Organization**  
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## HEALTH IN PRISONS

### ADDRESSING THE PUBLIC HEALTH GAP TO ENSURE THAT NO ONE IS LEFT BEHIND


side event


**Friday, 17 September 2021**  
Online session  
**16:00 - 17:30 (CEST)**



 **English and Russian**  
with simultaneous interpretation

Click to watch live.




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## Health in Prisons


The aim of WHO Health in Prisons is to improve the health of the 11 million people in prison globally (1.5 million in Europe). At the same time, this contributes to achieving the Sustainable Development Goals: **SDG 3 (Ensure healthy lives and promote well-being for all at all ages)** and **SDG 10 (Reduce inequality within and among countries)**.


This work also supports the WHO General Programme of Work (GPW 13), adopted at the 2019 World Health Assembly, and the European Programme of Work (EPW), adopted in 2020, both of which promote increased universal health coverage and healthier populations.

**3 GOOD HEALTH AND WELL-BEING**




**10 REDUCED INEQUALITIES**






**"We cannot say often enough that health is a human right to which everyone is entitled, regardless of who they are. Collectively, we should meet the needs of the underserved, marginalized, and most vulnerable populations of the Region. It is our moral obligation to make health fully inclusive and non-discriminatory in every context; this is central to our understanding of universal health coverage."** Dr Hans Henri P. Kluge, WHO Regional Director for Europe

There are several international standards informing prison health. The United Nations Standard Minimum Rules for the Treatment of Prisoners comprises 122 rules covering nine thematic areas, including medical and health services, staff training, vulnerable groups in prison, investigation



WHO is committed to supporting health ministers to engage with their colleagues across government. Recognizing that robust prison health governance arrangements are needed to reduce health inequalities and ensure principles of



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## Factsheet June 2020

### Vulnerable populations during COVID-19 response



### Children and adolescents deprived of liberty in the context of the COVID-19 response in the WHO European Region

**Situation**  
Children and adolescents deprived of liberty in detention facilities are at higher risk of being infected by COVID-19 than the general population given the restricted capacity for physical distancing and hygiene. They often have co-occurring physical and mental conditions, and experience entrenched social disadvantage. Control measures restrict social interaction may aggravate behavioural problems. Moreover, face legal, administrative and language barriers, further endangering their access to information and health care.

Although healthy children infected with COVID-19 experience comparatively mild disease, they are at increased risk of disease and death due to pre-existing medical conditions. The often rapid "churn" between community and detention implies infection can rapidly spread among people in detention, staff and their communities.

\* The approach from a child justice perspective is to include all persons under 18 years of age (i.e. article 1). There is no differentiation between children, adolescents and young people. In line with international law, children differ from adults in their physical, mental, psychological and developmental needs and vulnerabilities. Such differences constitute the basis for a separate system (e.g. child protection, child justice system) with a differentiated, individualized, child- and gender-sensitive approach, applicable only to individuals under 18 years old.

[www.euro.who.int](http://www.euro.who.int)

**Challenges**  
Challenges may include lack of coordination across government agencies;

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## Factsheet June 2020

### Vulnerable populations during COVID-19 response



### Drug users in the context of the COVID-19 response in the WHO European Region

**Situation**  
There were 271 million people estimated to have used illicit drugs in 2017, while 35 million had a drug-use disorder. People who use drugs (PWUD), including those with drug-use disorders, are a marginalized and stigmatized population group that is particularly vulnerable during the COVID-19 pandemic. Use of illicit drugs is often associated with unemployment, poverty, housing insecurity, increased incarceration rates and lower access to health-care services.

As a result of illicit drug use and its social consequences, PWUD are also likely to have a weaker immune response and poorer mental and physical health, which puts them at greater risk of infection and a more severe course of COVID-19 because of comorbidities, such as infectious diseases, lung damage and other chronic conditions.<sup>1</sup>

Moreover, the use of illicit drugs is associated with high-risk behaviours, specifically those linked to sharing objects for substance consumption, group gatherings and drug procurement. As some forms of drugs produce potentially lethal withdrawal conditions, PWUD are less likely to follow self-isolation requirements and need special attention during the pandemic. The COVID-19 response can affect PWUD in various ways<sup>2</sup> and not addressing these issues may increase the risk of further outbreaks.

[www.euro.who.int](http://www.euro.who.int)

**Actions**  
Key principles that underpin actions to address COVID-19 among PWUD

- The continuity and sustainability of treatment, health care, social protection and rehabilitation services, including access to controlled drugs for medical purposes, must be ensured.
- Drug services need to remain tailored to the needs of vulnerable groups among PWUD, such as women, those who are lesbian, gay, bisexual, transgender, queer (LGBTQ), youth, refugees, etc.

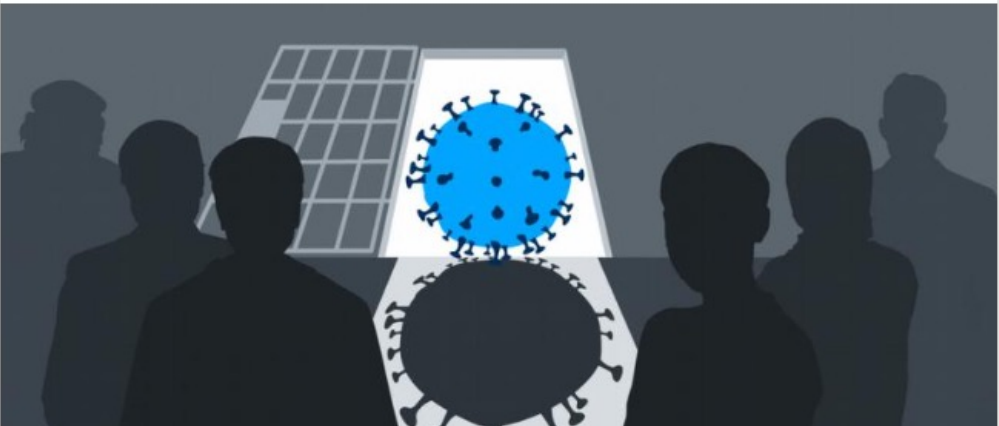
Based on the available evidence, the following specific responses are indicated:

1. Adapt community and health services' responses through teleworking, online counselling and helplines. This could be done through redistribution of the workforce, re-assignment and task-sharing, with special attention to local community responses.
2. Establish specific response programmes for homeless PWUD, such as emergency shelters, street-work programmes with specially trained staff and protocols to ensure workers' safety, and ensure adequate referral mechanisms for those infected with COVID-19.
3. Maintain emergency services and acute care for withdrawal, overdose and other drug-use complications. Where applicable, maintain needle and syringe exchange programmes.
4. For opioid agonist maintenance treatment, a safe supply programme with controlled substance access needs to be established, allowing take-home doses or home delivery by health-care staff. Proper consideration should be given to staff safety and diversion or increased consideration of depot medications.
5. Sustain access to voluntary testing and counselling for common infections (HIV, hepatitis, tuberculosis), which can be coupled with testing for COVID-19 infection.
6. Ensure contingency planning by health services to be able to provide uninterrupted access to essential medicines, including immunization against hepatitis B virus (HBV) and antiretroviral therapy.



# Obj 1: Promote intersectoral and sectoral advocacy, policy developments and legislation to improve prisons health

#covid19: How Europe's prisons have fared in the pandemic  
Prisons are breeding grounds for viruses, yet carceral administrations have revealed little about COVID-19 cases, deaths and vaccinations in Europe ...ver mais



Despite this increased attention to prison vaccinations and leaps in technology therein, many prison populations' COVID-19 vaccination rates remain well below the WHO's global target of 70%. We need to do more for #prisonhealth

COVID: How



European Prisons Push Back Against COVID-19

## Multimedia

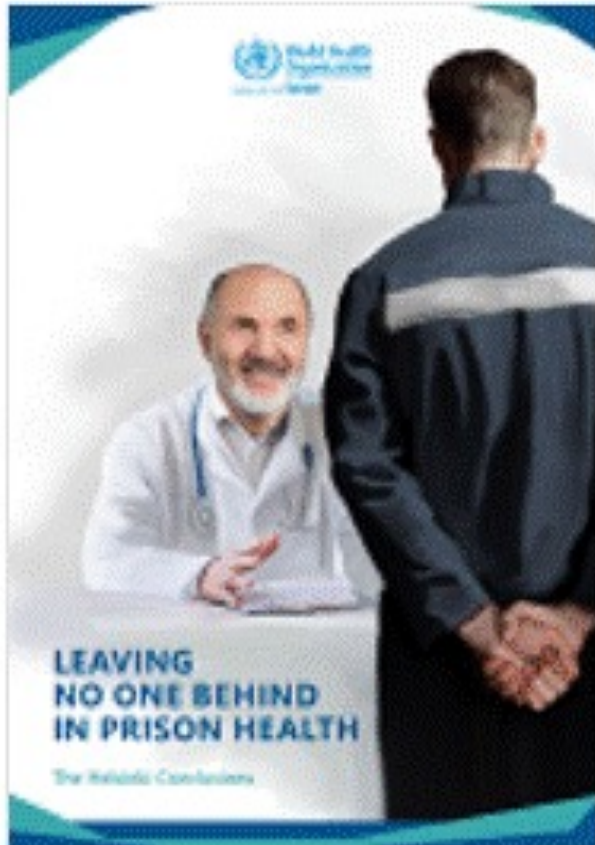


## PODCASTS



Improving health for people in prisons  
More multimedia

## Obj 2 Strengthen the interface between prisons health systems and the wider national health systems to promote continuity of care for prisoners



### ORGANIZATIONAL MODELS OF PRISON HEALTH

CONSIDERATIONS FOR BETTER GOVERNANCE



Breaking a cycle of addiction after prison:  
Margaret's story



A SAFER European Region free from harm due to alcohol

## Prison nurse Deanna Mezen guarantees continuity of care for detainees



24-07-2020



"My priority is to ensure continuity of care for our patients. This means meeting their health needs by ensuring they receive the care they need in a timely manner, and working alongside colleagues from different disciplines," explains nurse Deanna Mezen, who works in Staffordshire, at one of the largest prisons in the United Kingdom.

"As a nurse with prescription rights, I have been trained to assess, manage and prescribe various drugs related to residents' physical well-being. These medications may, for example, address cardiac conditions,






# Obj 3 Supporting evidence-based knowledge management on prisons health to increase the efficacy of services and to achieve better health outcomes



Preparedness, prevention and control of COVID-19 in prisons and other places of detention

Interim guidance  
8 February 2021



Всемирная организация здравоохранения  
Европейское региональное бюро

Готовность, профилактика и контроль за COVID-19 в тюрьмах и в других местах содержания под стражей

ИНФОРМАЦИЯ ДЛЯ ЛЮДЕЙ, НАХОДЯЩИХСЯ ПОД СТРАЖЕЙ

Ноябрь 2020 г.

С целью минимизации риска инфицирования и возникновения серьезных исходов COVID-19, необходимо предотвратить попадание вируса в тюрьмы и другие места содержания под стражей. В сложившихся чрезвычайных обстоятельствах угрозы вспышки, возможно временное ограничение посещений для семьи, друзей, законных представителей и др. Также приняты временными и будут действовать только до тех пор, пока это необходимо. Установлено, что такого рода ограничения очень эффективны в борьбе с пандемией COVID-19 и обеспечении вашей безопасности и безопасности ваших близких. Чтобы оставаться на связи с вашей семьей и друзьями, как в течение ограниченного периода времени, будет необходимо использовать дистанционные альтернативы для общения (например, телефон или Skype). Ваша помощь и понимание чрезвычайно важны при ведении этих и других надлежащих мер.

Покажились, обратите внимание на то, что если у вас повышенная температура тела, кашель и/или затруднено дыхание, вам необходимо уведомить ответственного лица и немедленно обратиться за медицинской помощью!

В случае возникновения у вас симптомов коронавирусной инфекции, для вашей безопасности и безопасности окружающих, вы будете помещены в изоляцию по медицинским показаниям для проведения дальнейшего медицинского обследования и тестирования. Будьте уверены в том, что при необходимости оказания специализированной медицинской помощи, вас направят в соответствующее медицинское учреждение.


Для того, чтобы сохранить свое здоровье в условиях пандемии COVID-19:

- часто мойте руки водой с мылом и вытирайте одноразовыми полотенцами;
- не дотрагивайтесь руками до глаз, носа и рта, если вы не уверены, что руки чистые;
- держитесь на расстоянии не менее одного метра от кашляющих или чихающих людей;
- прикрывайте рот и нос одноразовой салфеткой (или сгибом локтя) при кашле или чихании, затем выбросьте салфетку в мусорный контейнер с крышкой и вымойте руки.

Таким образом, вы можете выступать в качестве барьера для предотвращения распространения вируса, когда в сообществе много случаев COVID-19, и физическое дистанцирование не менее одного метра невозможно. Однако если вам 60 лет и более, или вы страдаете такими заболеваниями как: болезни сердца или легких, рак, сахарный диабет, сердечно-сосудистые заболевания или иммуносупрессия, вам рекомендуется использовать медицинскую маску. В любом случае совмещайте использование маски с другими важными профилактическими мерами, такими как мытье рук.

Обязательно мойте руки до и после:

- приема пищи;
- занятий физическими упражнениями;
- посещения мест общего пользования;
- пребывания на открытом воздухе;
- использования туалета;
- встречи с посетителями.



Мойте руки правильно (см. иллюстрацию). Мойте руки если они явно загрязнены. В случае использования средств для антисептики рук. Минимальная процедура: 40 секунд для мытья рук обработкой рук спиртосодержащим с 0. Смойте руки водой.

1. Нанесите на всю поверхность рук до мыла.
2. Потрите одну ладонь о другую.
3. Правой ладонью разотрите тыльную кисть, переплетая пальцы; поменяйте.
4. Переплетите пальцы, разотрите лад.
5. Соедините пальцы в замок, тыльные пальцы разотрите ладонь другой.
6. Обхватите большим пальцем, темной ру потрите его круговыми движениями.
7. Круговыми движениями в направлении сомытыми пальцами правой руки ладонь, поменяйте руки.
8. Ополощите руки водой.
9. Тщательно вытрите руки однораз.
10. Используйте полотенце для закрыв позволяет конструкция крана.
11. Теперь ваши руки безопасны.

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Preparedness, prevention and control of COVID-19 in prisons and other places of detention

EVALUATION CHECKLIST

May 2021

This checklist is intended for use by policy-makers, prison administrators and prison health-care providers to evaluate their level of preparedness to prevent and control COVID-19 in prisons and other places of detention. It has been developed to reflect the updated guidance given in *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*, issued in February 2021. The checklist was developed as an additional resource to support countries in implementing the updated guidance.

The expected relevance to the various stakeholders of the information given in the checklist is indicated at the start of each section by one tick (✓= relevant) or two ticks (✓✓= highly relevant).

The checklist includes some items that are specifically designed or adapted to deal with the current COVID-19 pandemic, while others apply more broadly to various aspects of service planning and delivery. WHO's updated interim guidance, mentioned above, provides further explanation and advice on most items in the checklist.



The checklist is structured according to WHO's health systems framework.<sup>2</sup> It is intended as a guide and is not necessarily exhaustive in its coverage.

A. Human rights			
Aim	Yes	No	Not relevant/comments
To ensure that good principles and practice in the treatment of people living in prisons and good prison management, as indicated by the United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules), are adhered to in the presence of a possible epidemic outbreak. To remind Member States that protective measures must never result in inhuman or degrading treatment of persons deprived of their liberty.			
Relevance: Providers / Policy-makers ✓✓			
A.1 Are the standards of health care available for people in prison similar to those in the outside community?			
A.2 Are basic living standards observed (enough space, fresh air, light and sanitation)?			
A.3 Are people in prison allowed at least one hour of outdoor activities per day?			
A.4 Are any noncustodial measures for the administration of criminal justice being used (e.g. electronic tagging)?			
A.5 Are people subjected to medical isolation in prison due to COVID-19 informed of the reason?			
A.6 Do people subjected to medical isolation in prison have access to psychological support?			
A.7 Are people in prison able to access (or are they granted more time to access) any means of technological communication (e.g. phones, audiovisual equipment) with the outside world (e.g. family, legal aid)?			
A.8 Are external national, regional or international independent bodies able to conduct prison inspections and do they have access to all people deprived of their liberty, including persons in medical isolation?			
A.9 Are adequate measures in place to ensure a gender-responsive approach in the context of COVID-19 (e.g. additional psychological and behavioural support and sustainability of services targeted at women and children)?			

<sup>1</sup> Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance (8 February 2021). Copenhagen: WHO Regional Office for Europe, 2021. <https://apps.who.int/iris/handle/10665/581830> WHO-WHO-2021-4405-41105-17275-eng.pdf, accessed 12 May 2021.

<sup>2</sup> Strengthening health systems to improve health outcomes. WHO Framework for action. Geneva: World Health Organization, 2007. <https://www.who.int/healthsystems/en/strategy.pdf>, accessed 12 May 2021.

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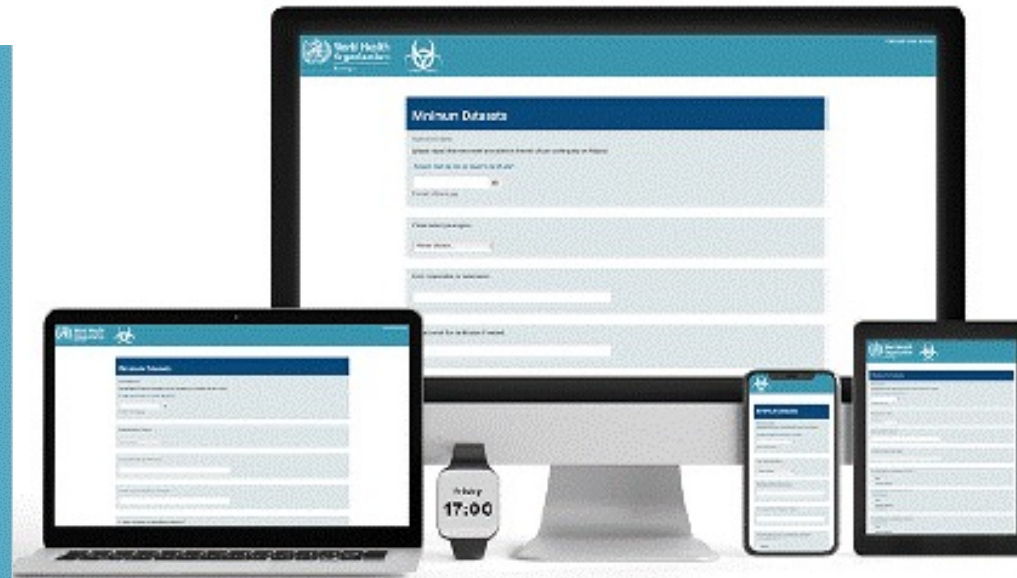
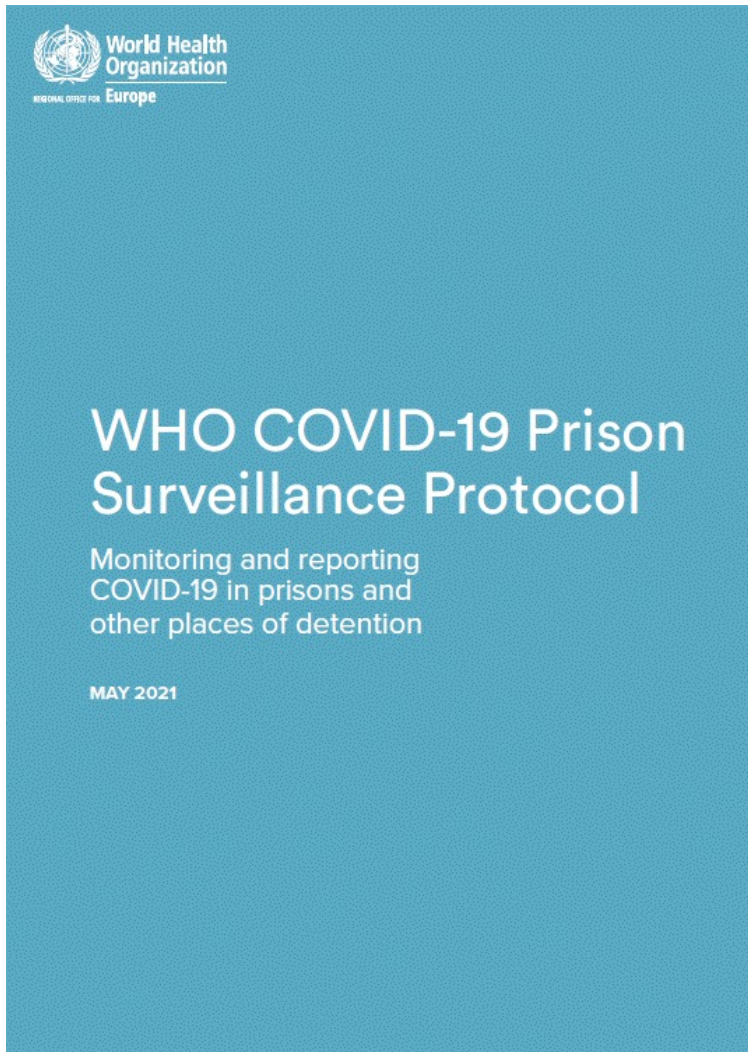


GOOD PRACTICES IN MANAGING INFECTIOUS DISEASES IN PRISON SETTINGS

A SNAPSHOT OF RESPONSES TO COVID-19 IMPLEMENTED AROUND THE GLOBE BETWEEN MAY AND SEPTEMBER 2020



Obj 3 Supporting evidence-based knowledge management on prisons health to increase the efficacy of services and to achieve better health outcomes



<https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2022/health-in-prisons-covid-19.-minimum-dataset-summary-of-data-reported-from-may-2020-to-october-2021-2022>



# Obj 3 Supporting evidence-based knowledge management on prisons health to increase the efficacy of services and to achieve better health outcomes



## Status report on prison health in the WHO European Region



## Health in prisons: fact sheets for 38 European countries



## The WHO Prison Health Framework

### A framework for assessment of prison health system performance



#### National questionnaire for minimum public health dataset for prisons in the WHO European Region

The Health in Prisons European Database (HIPED), is an initiative led by WHO Europe to build on evidence around the health of people in prison and the services provided to them. As part of this initiative, we request Member States to periodically provide data to contribute to HIPED through a survey.

The current survey builds on the WHO Framework for Prison health system's performance assessment. This framework describes eight domains for which a selected list of key indicators has been identified to reflect the prison environment, issues of availability, accessibility, care provision, health behaviours and health outcomes. It is a long survey, but not exhaustive so that all domains may be captured.

#### Guidance on completing the questionnaire

This survey is addressed at the survey focal point nominated by the Member State's Ministry of Health. However, you may find it useful to involve other Ministries with responsibility shared for healthcare in prisons, several national experts or an expert group in the completion of this questionnaire. If possible, please list all experts consulted in the section provided below as appropriate, so that they can be acknowledged in the final Report to be produced. We specifically ask for the identification of the survey focal point in case any additional contact is requested to request further clarifications.

1. The data requested refers to the most recent year, i.e., from 01.01.2020 to 31.12.2020. In case it is not possible to provide such updated data, please refer to the previous homologous period (01.01.2019-31.12.2019) and indicate that in the comments.
2. Where a question refers to the prisoners in your country, please provide a response which applies to all persons in the prisons of your country, including those held in pre-trial detention (e.g. in remand prison/jail) wherever available. Questions which refer to the prisons of your country likewise require a response which applies to all the prisons in your country. Note: even though WHO adopts person-centred wording in all external publications (people living in prisons, for simplicity of the survey, throughout the questions we will use the term "prisoner").
3. Wherever your responses refer to a different base (e.g., prisoners excluding those in pre-trial detention), please indicate this clearly with a comment.
4. This survey does not refer to other prescribed places of detention (e.g. immigration detention centres and police custody or their equivalent).
5. Where questions ask about national practice, if there is substantial regional variation in practice please provide detail about this in a comment.
6. Where answer categories provided do not apply to the situation in your country, please write a comment.
7. Please document each source that contributed to the data provided, including whether it was obtained from a published report and if so, the nature of that publication (i.e., scientific journal or government agency), and if any data was obtained from an unpublished source. Whenever possible, please indicate the links to the source data.



# Obj 3 Supporting evidence-based knowledge management on prisons health to increase the efficacy of services and to achieve better health outcomes

THE GLOBAL HEALTH NETWORK

WEPHREN



## Prisons and custodial settings are part of a comprehensive response to COVID-19



Health

OPINION  
published: 17 September 2020  
doi: 10.3389/fpubh.2020.559135



thebmjopinion

Latest

Aut

## Non-communicable diseases are being left behind

September 10, 2021

OPINION  
published: 06 October 2021  
doi: 10.3389/fpubh.2021.738422



## Success in Vaccination Efforts of Vulnerable Populations in the WHO/European Region: Focus on Prisons

Filipa Alves da Costa<sup>1</sup>, Yanina Andersen and Carina Ferreira-Borges

<sup>1</sup>Alcohol, Illicit Drugs & Prison Health Programme, WHO European Office for Prevention and Control of Noncommunicable Diseases, Moscow, Russia

Keywords: prisons, vulnerable populations, vaccination, COVID-19, Europe

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<https://doi.org/10.1093/eurpub/ckac020>



Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

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Commentary

Prisons need to be included in global and national vaccinations effort against COVID-19

Maria Neufeld<sup>a,b,c</sup>, Filipa Alves da Costa<sup>a,d,\*</sup>, Carina Ferreira-Borges<sup>a</sup>

<sup>a</sup>World Health Organization European Office for Prevention and Control of Noncommunicable Diseases, Leontyevsky Pereulok 9, 125009 Moscow, Russian Federation

<sup>b</sup>Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Chemnitz Straße 46, Dresden, 01187, Germany

<sup>c</sup>Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, 33 Ursula Franklin Street, Toronto, Ontario, Canada, M5S 2S1

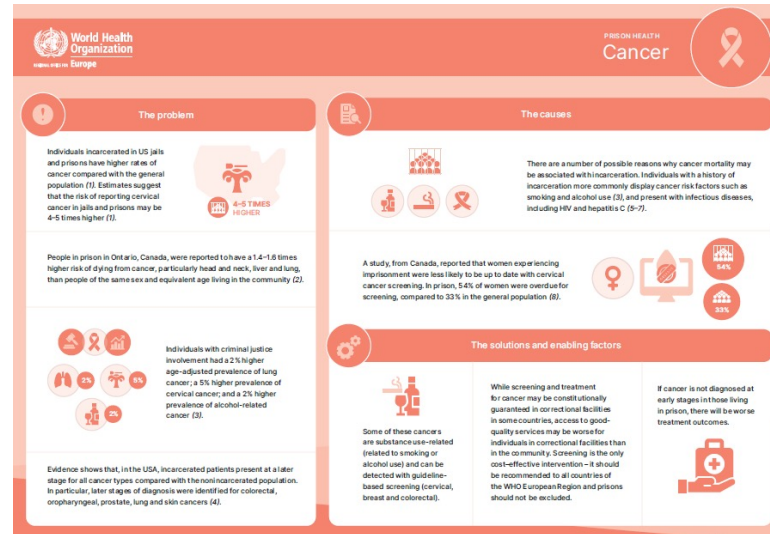
<sup>d</sup>Faculty of Pharmacy, University of Lisbon, Av. Prof. Gama Pinto, 1649-003 Lisboa, Portugal

## The WHO Prison Health Framework: a framework for assessment of prison health system performance

Filipa Alves da Costa <sup>1</sup>, Marieke Verschuuren <sup>1</sup>, Yanina Andersen <sup>1</sup>,  
Sunita Stürup-Toft <sup>2</sup>, Daniel Lopez-Acuña <sup>3</sup>, Carina Ferreira-Borges <sup>1</sup>



# Obj 3 Supporting evidence-based knowledge management on prisons health to increase the efficacy of services and to achieve better health outcomes



# Obj 4: Foster capacity building processes in Member States in prisons health

## Webinar Series



1. “Prevention and control of COVID-19 in prisons: What have we learned?” July 2020
2. “Streamlining prevention and treatment for people who use drugs in prisons” October 2020,
3. “Experiences managing COVID-19 in prisons and future planning” December 2020

## Training Prison Health workers

Armenia, 12<sup>th</sup> – 14<sup>th</sup> October 2021

### Module

**Introduction - WHO Guidance preparedness, prevention and control of COVID-19 in prisons and other places of detention**

**Epidemiology updates**

**PHSM guidance in the context of prisons**

**Infection Prevention and Control (IPC)**

**SARS-CoV-2 Laboratory Testing Methods**

**COVID-19 Vaccination**

**Clinical management of patients with COVID-19**

**Practical training on testing (optional)**



**Prison Health:  
Managing Outbreaks of  
Tuberculosis in Prisons**

★★★★★ 4.4 (8 reviews)



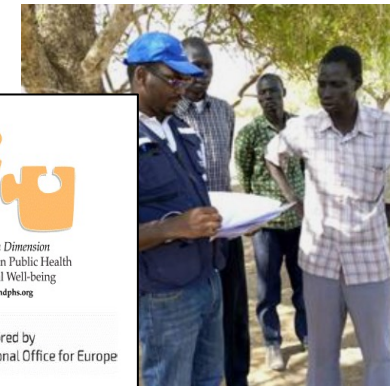
# Obj 5 Build alliances among key stakeholders, coordinate, create synergies and mobilize resources to secure sustainability



Regional Office for Africa



Regional Office for South-East Asia



Regional Office for the Mediterranean



Regional Office for the Americas

## High-level Meeting on Health and Migration

*Jointly shaping the vision for the health of refugees and migrants*

### Addressing the health challenges in immigration detention and alternatives to detention

**Session co-leads:** Filipa Azevedo, Alcohol, Illicit Drugs & Prison Health Programme, WHO Regional Office for Europe; Soorej Puthoopparambil, Head of the WHO Collaborating Centre, Uppsala University

#### Speakers

**Lucianne Braga**, National Health Care Coordinator, Swedish Migration Agency

**Carolina Gottardo**, Executive Director, International Detention Coalition

**Rui Portugal**, Vice-Director-General for Health, Directorate-General for Health, Portugal

Prison Health Expert Group

9<sup>th</sup> meeting

Online

13 February 2021, 10:30 – 14:15 CET



Northern Dimension  
Partnership in Public Health  
and Social Well-being  
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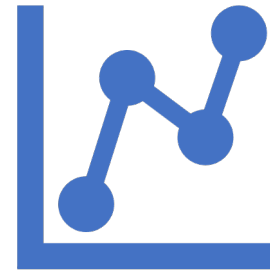
Title	Minutes from the 9 <sup>th</sup> meeting of the Prison Health Expert Group
Submitted by	Secretariat
Summary / Note	Outline of the main discussion points and decisions of the 9 <sup>th</sup> Prison Health Expert Group meeting.



# Historical context



Participation in HIPEDS. <sup>1,2</sup>



Participation in COVID-19  
Minimum Dataset. <sup>3</sup>



1. <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2019/status-report-on-prison-health-in-the-who-european-region-2019>
2. <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2019/health-in-prisons-fact-sheets-for-38-european-countries-2019>
3. <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2022/health-in-prisons-covid-19.-minimum-dataset-summary-of-data-reported-from-may-2020-to-october-2021-2022>



# HIPEDS 2019

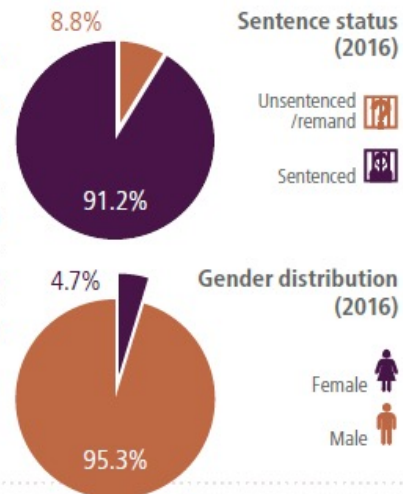
Member State	ISO <sup>a</sup> code	Member State	ISO <sup>a</sup> code
Albania	ALB	Malta	MLT
Armenia	ARM	Monaco	MCO
Azerbaijan	AZE	Montenegro	MNE
Belgium	BEL	Netherlands	NLD
Bosnia and Herzegovina	BIH	Norway	NOR
Bulgaria	BGR	Poland	POL
Croatia	HRV	Portugal	PRT
Cyprus	CYP	Republic of Moldova	MDA
Czechia	CZE	Romania	ROU
Denmark	DNK	Russian Federation	RUS
Estonia	EST	Serbia	SRB
Finland	FIN	Slovakia	SVK
France	FRA	Slovenia	SVN
Georgia	GEO	Spain	ESP
Germany	DEU	Sweden	SWE
Iceland	ISL	Switzerland	CHE
Ireland	IRL	Tajikistan	TJK
Italy	ITA	United Kingdom of Great Britain and Northern Ireland	GBR
Latvia	LVA	Ukraine	UKR
Lithuania	LTU		

<sup>a</sup> ISO: International Organization for Standardization.

## PRISON POPULATION

	2014	2015	2016
<b>Total capacity</b>	9 399	9 399	8 011
<b>Total daily number of prisoners</b>	8 609	7 355	6 815
<b>Occupancy level (%)</b>	92	78	85
<b>Incarceration rate<sup>a</sup></b>	294	253	238

<sup>a</sup> Per 100 000 of national population (population 2014: 2 932 367; 2015: 2 904 910; 2016: 2 868 231).



Number (%) of prisoners who are:  
under 18 years (2016): 58 (0.9)

over 55 years: no national data

racial/ethnic minorities: no national data



**World Health Organization**

REGIONAL OFFICE FOR Europe

**Lithuania**

**Population**  
2 868 231

**Income group**  
High

**Gross national income per capita**  
US\$ 14 790 <sup>(1)</sup>

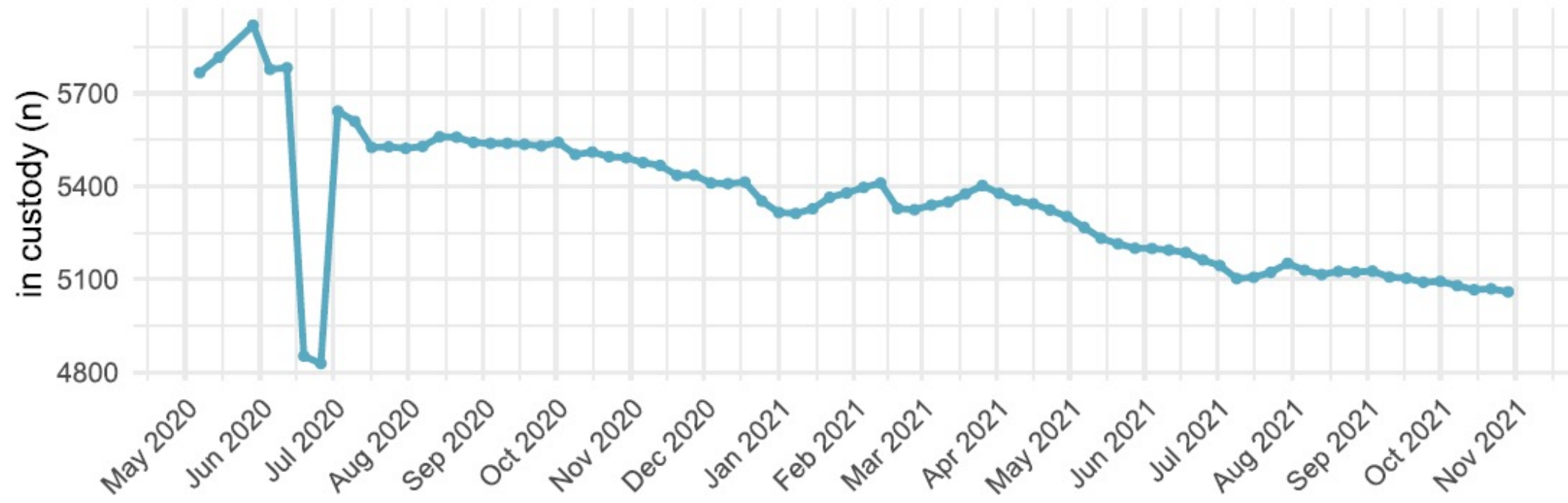
- <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2019/status-report-on-prison-health-in-the-who-european-region-2019>
- <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2019/health-in-prisons-fact-sheets-for-38-european-countries-2019>



# Minimum Dataset COVID-19

- **WHO Minimum Datasets for Prisons Survey available data:** 77 reports, between 2020-05-07 and 2021-10-29.

**Figure 6. 1** Number of individuals held in custody in prisons, in Lithuania.



# Minimum Dataset COVID-19

Figure 6. 3 Confirmed cases of COVID-19 diagnosed in prisons, among people living in prison and prison staff, in Lithuania.

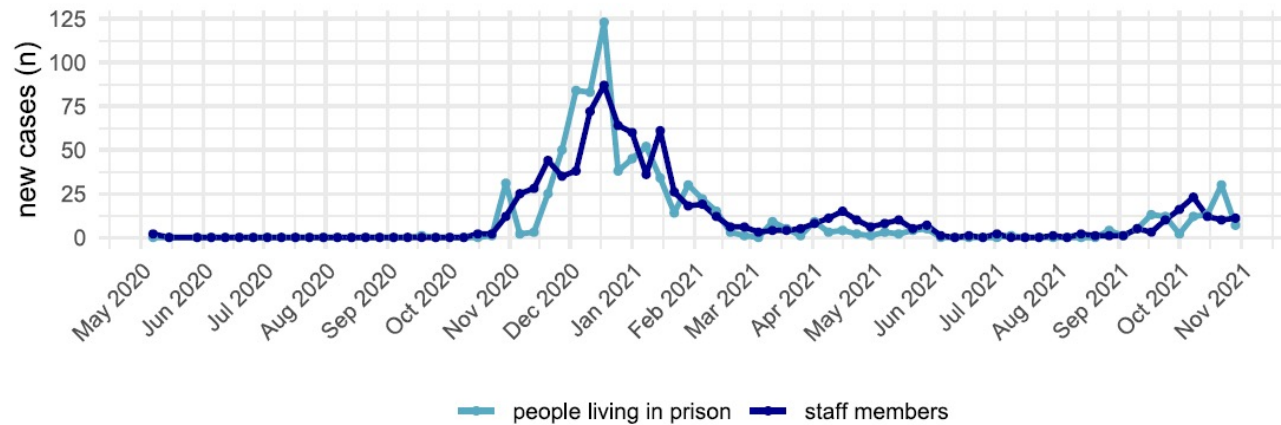
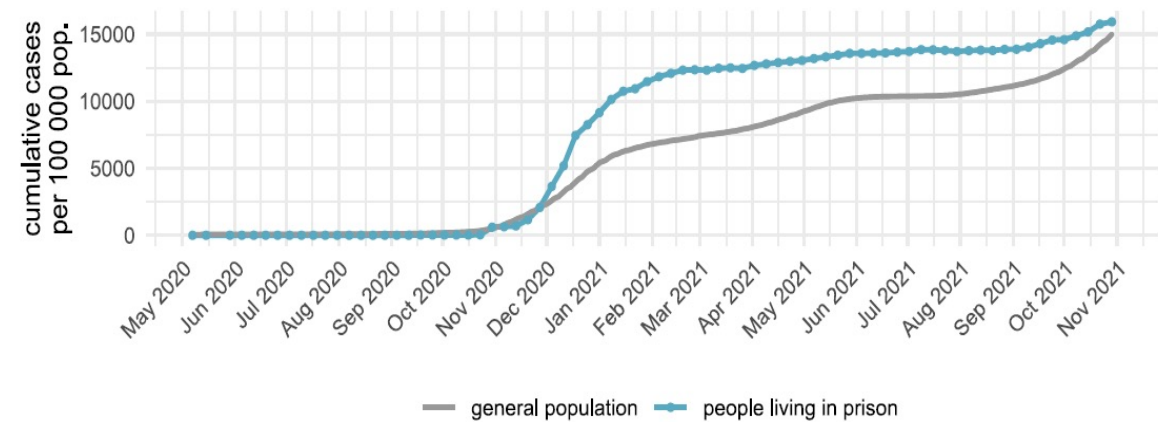


Figure 6. 4 Cumulative cases of COVID-19/100000 pop. in the general population and people living in prison, in Lithuania.





**Table 6. 2 Number of people living in prison and total number of confirmed cases of COVID-19, by gender and age group, in Lithuania, according to last reported data (2021-10-29).**

	<b>Males</b>	<b>Females</b>	<b>Aged under 50</b>	<b>Aged 50 or older</b>
people in prison, n (%)	4842 (95.7%)	217 (4.3%)	4379 (86.6%)	680 (13.4%)
total cases, n (%)	801 (99.5%)	4 (0.5%)	690 (85.7%)	115 (14.3%)
<i>p-value*</i>	<b>&lt;0.001</b>		0.552	
total cases/100 000 pop.	16543	1843	15757	16912

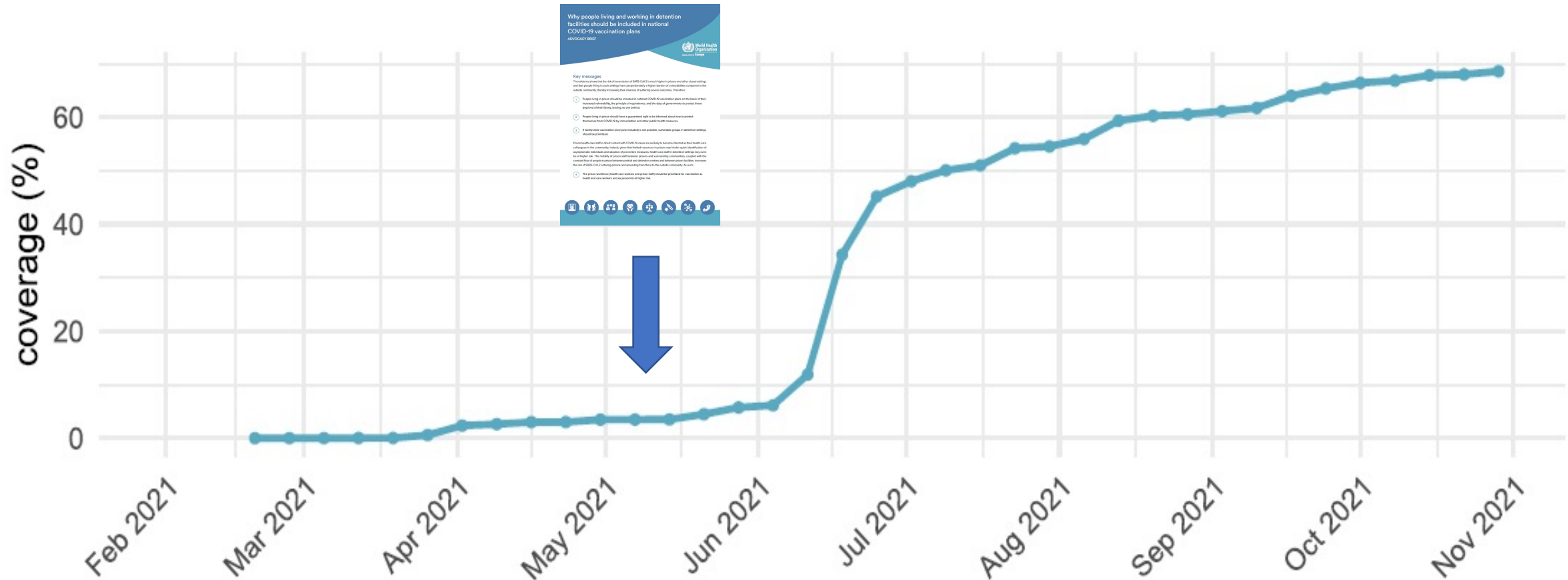
\* Proportion test comparing the proportion of people by gender or age group with the respective proportion of COVID-19 cases.

## Minimum Dataset COVID-19

- 1. <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2022/health-in-prisons-covid-19.-minimum-dataset-summary-of-data-reported-from-may-2020-to-october-2021-2022>

# Minimum Dataset COVID-19

Figure 6. 7 Evolution of vaccination coverage in people living in prison, in Lithuania.





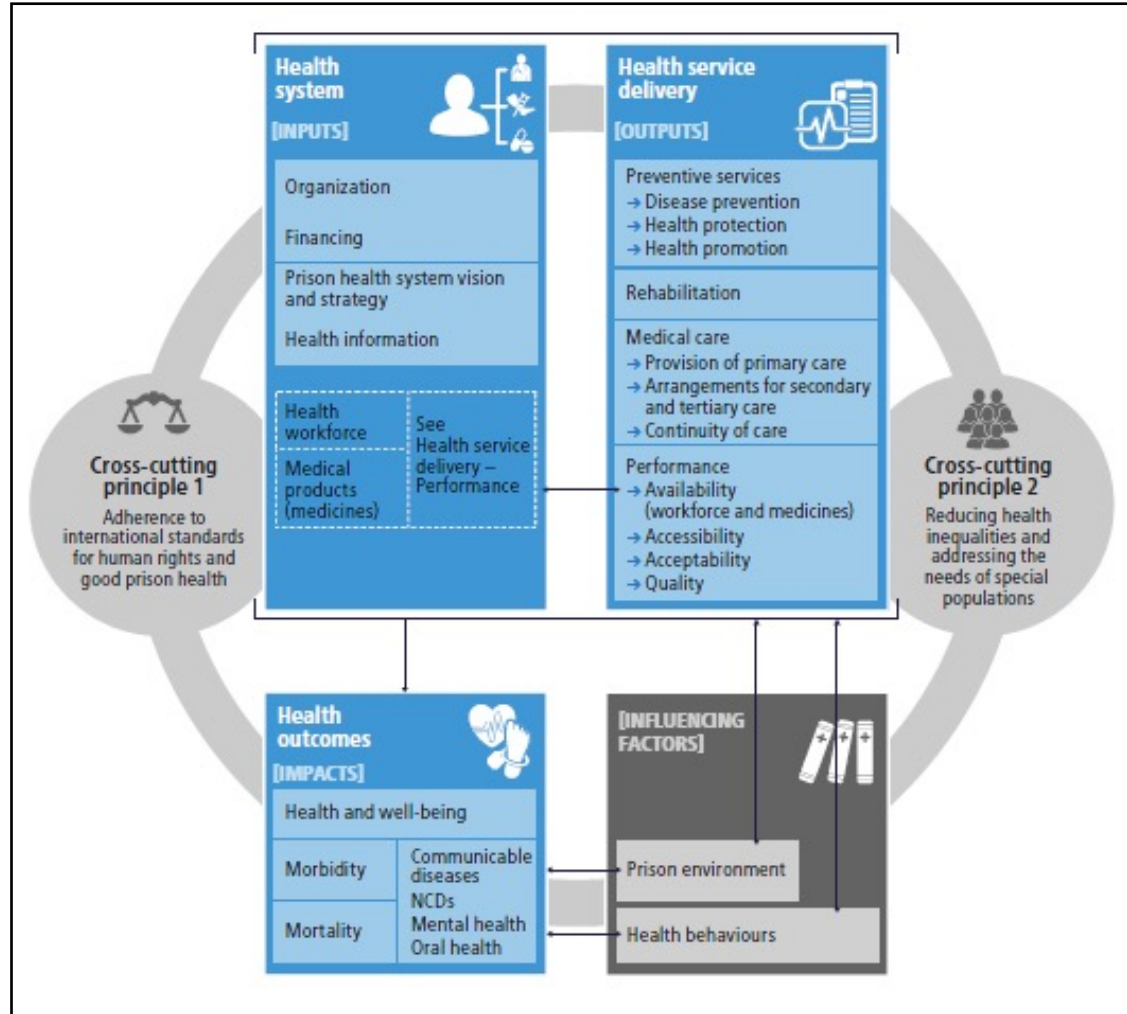
# Current Activities

- HIPEDS 2021/22.<sup>1</sup>
- Participation in the WHO/Europe training course for prison health-care workers: innovation in NCD policy and action.<sup>2</sup>



1. The WHO Prison Health Framework, available at <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2021/the-who-prison-health-framework-a-framework-for-assessment-of-prison-health-system-performance-2021>
2. <https://www.euro.who.int/en/media-centre/events/events/2022/05/whoeurope-training-course-for-prison-health-care-workers-innovation-in-ncd-policy-and-action>

# Methodology



The WHO Prison Health Framework, available at <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2021/the-who-prison-health-framework-a-framework-for-assessment-of-prison-health-system-performance-2021>



# Findings from Lithuania – preliminary data

8  5320   72.6%

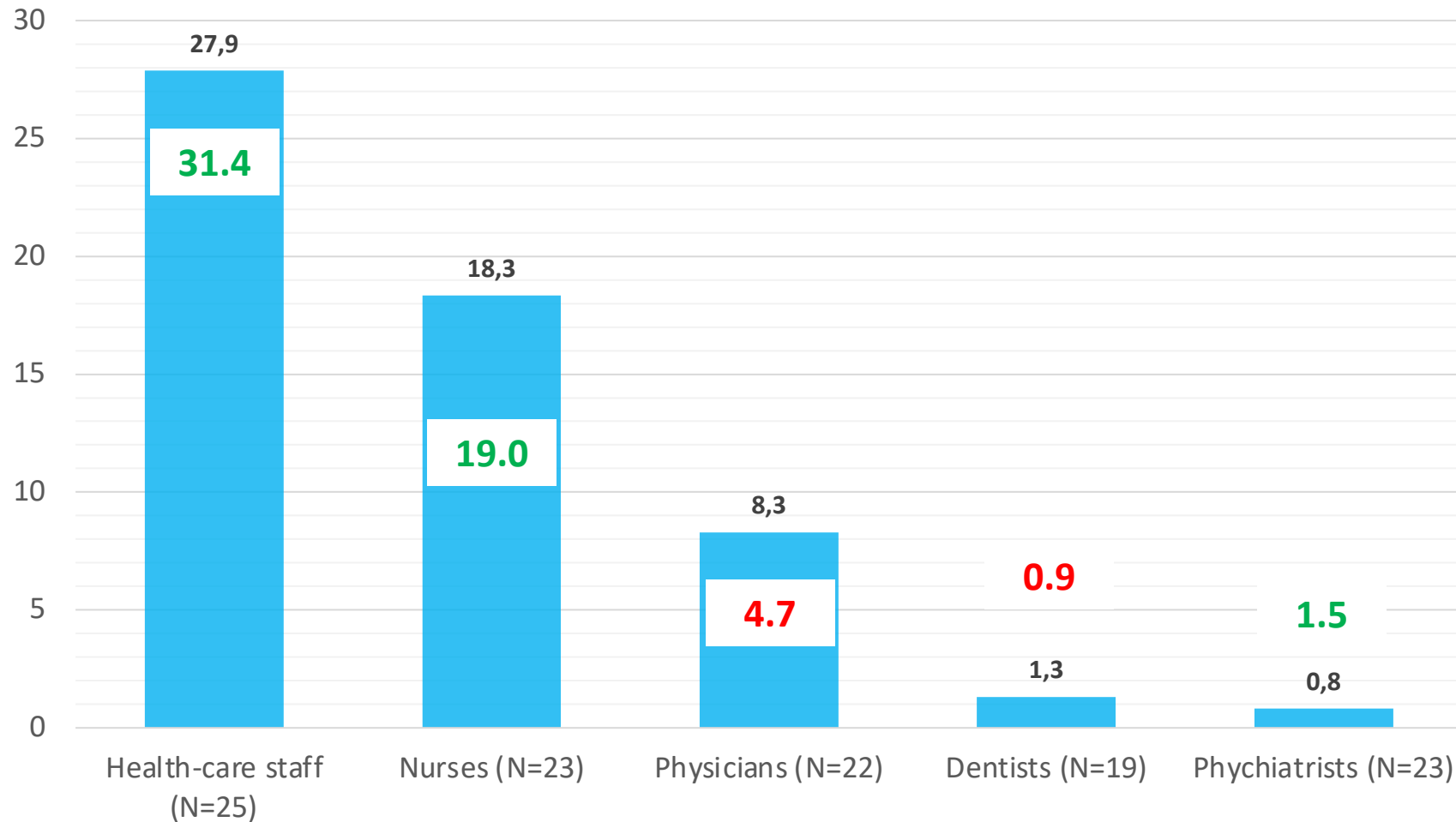
0.4%  14.0% 

2.2%  1.2% 



# Results: workforce

Fig 1. Ratio of health-care staff in prisons per 1000 incarcerated people





# Results: preventive care

	Offered in	% MS "All prisons"
DTP	No prisons	72.2
HPV	No prisons	52.9
Hepatitis A	No prisons	55.9
<b>Hepatitis B</b>	<b>No prisons</b>	<b>69.4</b>
<b>Seasonal flu</b>	<b>All prisons</b>	<b>83.3</b>
MMR	No prisons	61.8
Meningococcal	No prisons	52.9
Pneumococcal	No prisons	57.6
<b>COVID-19</b>	<b>All prisons</b>	<b>91.4</b>

HIV Prophylaxis	Offered at	% MS "All prisons"
Post Exposure	All prisons	77.8
Pre-exposure	All prisons	58.3

# Results: Health protection

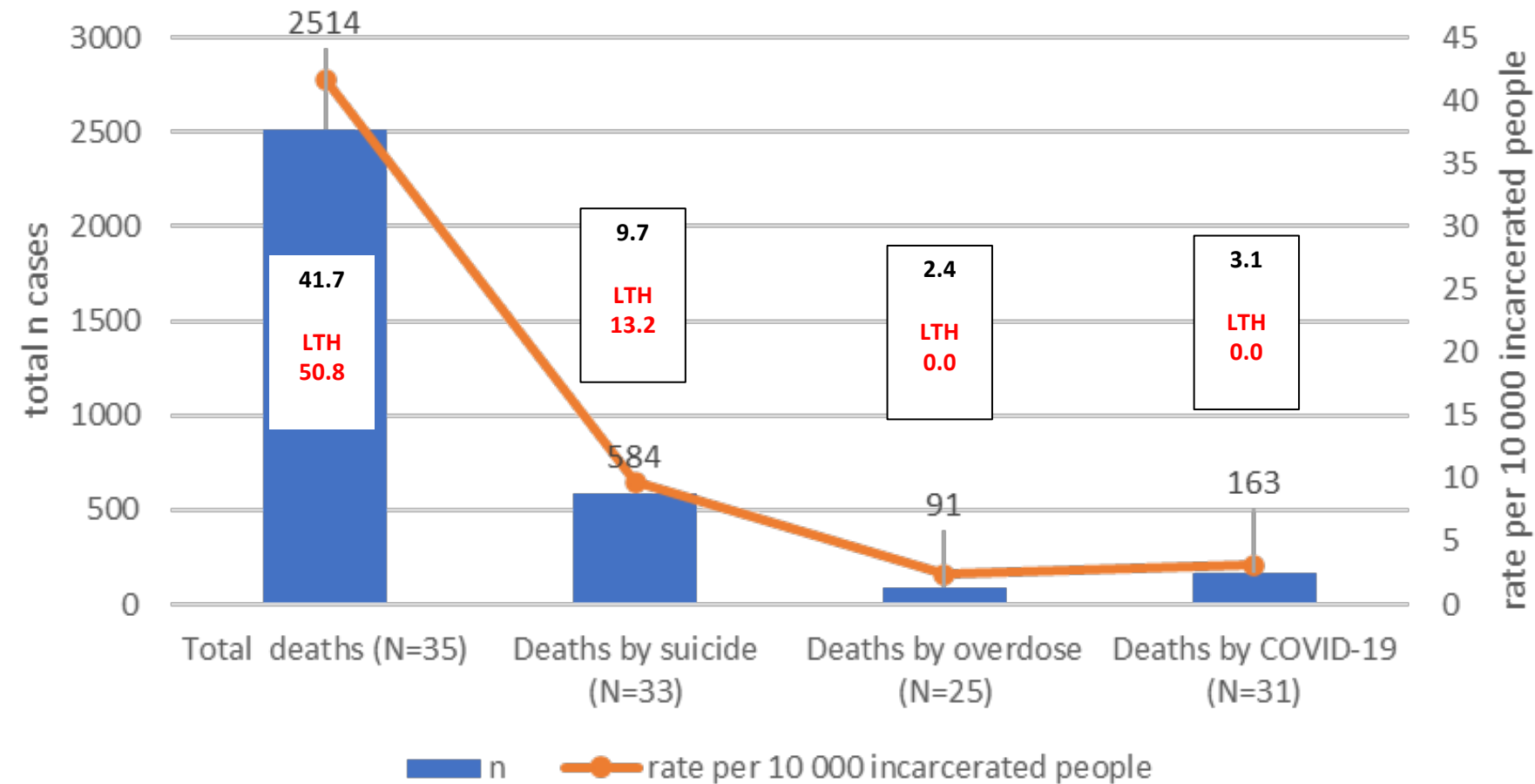
	Offered at	% MS "All prisons"
Soap	All prisons	97.2
Condoms	All prisons	47.1
<b>Lubricants</b>	<b>No prisons</b>	12.1
<b>Needles and syringes</b>	<b>No prisons</b>	8.3
Disinfectants	Most prisons	30.6
Dental dams	All prisons	28.6
Tampons/sanitary towels	All prisons	72.2





# Results: mortality

Fig5. Mortality rates per 10 000 incarcerated person years

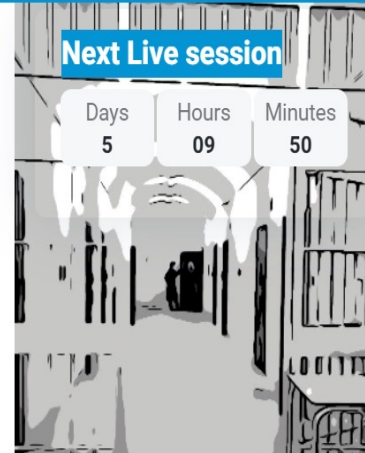


**WHO Guidance.** All staff working in prisons should have a basic level of knowledge and understanding of health issues, including the management of suicide and self-harm risks

# Results: health behaviours

	Both sexes, n (%)	Male, n (%)	Female, n (%)
BMI $\geq$ 25	missing	missing	missing
BMI $\geq$ 30	missing	missing	missing
<b>Currently use tobacco products</b>	missing	missing	missing
Drink/have drank alcohol (last 12 months)	476 (8.9)	415 (8.2)	61 (24.2)
Use/have used drugs (last 12 months)	1035 (19.5)	987 (19.5)	48 (19)
<b>Inject/have injected drugs (last 12 months)</b>	missing	missing	missing
Regularly exercise for a minimum of 150 minutes/week	missing	missing	missing





Lobby

Course Overview

Programme

A professional development course designed by the WHO Regional Office for Europe for national counterparts and clinicians to review the latest NCD evidence in prison health, share successful NCD strategies used in the prison context, gain insights into innovative solutions and further develop advocacy strategies. The course is developed with technical guidance for curriculum development provided by Yale School of Medicine, to ensure a learner-centered approach and equip participants with tools needed to advance the NCD agenda in prisons through dedicated personal development workshops.



Next Live session

Days 5 Hours 09 Minutes 31



# Planned Activities 2022-2023

- Develop a pilot project to map closer mental health and substance use in Lithuanian prisons and identify treatment gaps.
- Focus on risk behaviours and identify services that may impact on infectious diseases (e.g., vaccination, screening, OST).
- Adaptation of the remote training for NCDs to SUDs (incl. Harm minimization, possibly with collaboration EMCDDA and Pompidou).<sup>1</sup>
- System restructuring considering also transition into community.

1. <https://www.euro.who.int/en/media-centre/events/events/2022/05/whoeurope-training-course-for-prison-health-care-workers-innovation-in-ncd-policy-and-action>

2. <https://www.coe.int/en/web/pompidou/model-presentations>

3. [https://www.emcdda.europa.eu/event/2022/06/european-drugs-summer-school-edss-2022\\_en](https://www.emcdda.europa.eu/event/2022/06/european-drugs-summer-school-edss-2022_en)



# Key messages

*No one truly knows a nation until one has been inside its jails. A nation should not be judged by the way it treats its highest citizens but its lowest ones.*

Nelson Mandela



**Prison health is part of Public health**





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