



Pompidou Group
Groupe Pompidou



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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Expert meeting

/4

Prison health in Europe: Missions, roles and responsibilities of international organizations

Council of Europe, Strasbourg, France

27 May 2014

13 February 2014

Scope and purpose

1. Background

Prison Health

Prisoners' health status is regularly lower than the health status of people in liberty. Prisoners mostly stem from poor and deprived segments of the population such as (illegal) migrants, ethnic minorities, people without employment, people with drug use disorders or sex workers. Many diseases concentrate in these groups. Since prisons are often overcrowded and do not offer healthy living conditions – e.g. lack of fresh air, hygiene or light – the risks of disease in prisons are often much higher than outside.

However, prisons are closely linked to communities. Prisoners go on leave, receive visitors and sometimes attend outside work placements or health care facilities. The vast majority of prisoners will eventually leave prison and reintegrate into society. Also prison staff constantly oscillate between prisons and their communities. Thus prisons risk contributing to the burden of disease in the wider society.

This calls for especially efficient measures of prevention and health care in prisons. In reality however, prisons often do not meet the health needs of prisoners adequately and do not sufficiently contribute to the protection of public health. The reasons for this are largely structural:

- i. Imprisonment often correlates with social marginality.
- ii. Deprivation of liberty is the opposite of empowerment. Prisoners cannot freely access the necessary means to protect their health but are largely dependent on what is offered to them by prison authorities. Also, prisoners do not have their own public voice to advocate healthy prison conditions.
- iii. Prison health systems usually parallel civilian health systems. Prison health services are only rarely governed by health but mostly by prison authorities. Their primary mission is never the health of prisoners, and their main competence is not in the field of health. This is often a barrier to the implementation of equal standards and continuity of health care.

- iv. In spite of an impressive body of international law, regulations, recommendations and standards to protect the health of prisoners according to assessed needs and professional and ethical standards equivalent to those in wider society, practices are often at odds with these norms and only weak mechanisms are available to hold states accountable for their human rights obligations. Therefore some prison systems contribute to unnecessary and avoidable health inequities in societies.

The Health in Prisons Programme of WHO/Europe

In 1995, the WHO Regional Office for Europe launched its Health in Prisons Programme (HIPP). Its aim is the improvement of health in prisons through policy changes initiated by recommendations based on international standards and good practices. From the start, other key organisations have partnered HIPP, such as the Pompidou Group of the Council of Europe CoE, the International Council of the Red Cross ICRC, the United Nations Office on Drugs and Crime UNODC and others.

In the beginning HIPP devoted a lot of resources to the problem of drugs in prisons, which had become a major issue for many prisons, and a concern for public health.

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

Ten years later, at an international meeting on prison health, held in London on 15-16 October 2013, WHO and UNODC jointly launched the document *Good governance for prison health in the 21st century. A policy brief on the organization of prison health*. The document drew two main conclusions about institutional arrangements for prison health that would lead to better health and well-being for prisoners as part of better public health:

1. Managing and coordinating all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility.
2. Health ministries should provide and be accountable for health care services and advocate healthy conditions in prisons.

The Pompidou Group of the Council of Europe

As steering group member of the WHO Health in Prison Project (HIPP), the Pompidou Group of the Council of Europe supports international efforts to improve drug treatment systems in prisons and guarantee continuing care for people entering and leaving prison in order to reduce relapse and recidivism.

Improving health in penitentiaries, with respect for human rights, is the main objective of the Drugs in Prisons Programme of the Pompidou Group of the Council of Europe. Prison is a risky environment for both the prisoners and the staff. In particular, injecting drug users are exposed to various health risks, i.e. overdosing, abscessed infections of injection sites, and the transmission of blood-borne diseases such as Hepatitis C or HIV.

Limiting the spread of communicable diseases in prisons therefore benefits both prisoners and society as a whole, and reduces the burdens on a country's health system. This is why the Pompidou Group collaborates intensively with international partners and national governments, to develop strategies of drug treatment and social re-insertion of drug-using detainees.

2. Aim of the meeting

Against this background, the Pompidou Group of the CoE and WHO/Europe have planned this Expert meeting *Prison health in Europe: Missions, roles and responsibilities of international organizations*. The meeting will bring together high level representatives of international organizations in the field of prison health. The aim is to outline the current institutional landscape of prison health in Europe, and to explore how to achieve a stronger commitment of health authorities for the health of prisoners.