



ICRC

Recommendations from the Conference

1st World Conference on Health in Detention

27-29 JUNE 2022, GENEVA

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The access to health is a universal human right announced in the Universal Declaration of Human Rights. Stating that prison health is a public health, all people deprived of liberty should naturally enjoy their right to access to health care services.

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The Conference calls governments to adhere to the international standards related to the dignified and ethical treatment of the people deprived of liberty.

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The Conference emphasizes the right of all people deprived of liberty to access free integrated health care, physical and mental, that is of a level at least equivalent to the healthcare provided in the community.

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A multidisciplinary and coordinated action in addition to a whole stakeholders-approach is key to improve the health and well-being of people deprived of liberty. This would ultimately require an integrated long-term health in detention strategic planning by the governments.



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People deprived of liberty should be at the center of any national health in detention strategic planning. They are beneficiaries of the actions and driving force for the change and transformation.

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Governments and other stakeholders should ensure a meaningful engagement of people with lived experience of incarceration in defining the roadmap for healthcare in detention at all levels of policy, research and programming.

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National authorities should ensure and respect the full clinical independence of health staff in detention at all times, regardless of their institutional affiliation.

Health professionals must abide by the medical ethics in their role of identifying injury and documenting torture and other forms of cruel, inhumane and degrading treatment.



Detention health is a spectrum that starts from entry until the release back to the community. Continuum of care and agencies' cooperation should be central to the national health in detention strategic planning.

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Governments must recognize the abundant global evidence of health and psychosocial determinants of criminalization/recriminalization and invest in preventative support within education, health and community services to prevent future criminal justice intervention.

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Places of detention remain, in general, substandard which affects the quality of care and the health outcomes of both, people deprived of liberty and prison staff.

Governments and detaining authorities should strive to ensure “healthy prisons for all”.

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The Conference calls to eliminate operational, physical and procedural barriers to health for people deprived of liberty.

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Overcrowding in places of detention has a direct impact on the health of people deprived of liberty. Detaining authorities are encouraged to envisage incorporating or implementing alternatives to detention in their legislation.

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Detention health should not focus solely on curative care. More investment on preventative measures is needed for sustainable health outcomes of the community.

The conference calls all stakeholders involved in detention health on the importance of raising health awareness and health literacy of people deprived of liberty.

Any person, who lives and/or works in prisons should take part and benefit from health promotion and health prevention activities.

In line with national health in detention strategic planning, a specific budget should be allocated by governments for the penitentiary health in accordance with the health needs of people deprived of liberty respecting the principles of equity and equivalence of care.

A transparent analysis of expenditures should be done regularly to maintain accountability.

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Sufficient staff should be allocated to places of detention and should benefit from appropriate trainings and continuing education including specific areas such as mental health and medical ethics, in order to ensure they are equipped and knowledgeable to achieve good quality of care for people deprived of liberty and staff themselves.

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Governments need to strengthen and link their national health systems with detention health systems to achieve a proper data collection and analysis of the health information to inform the national strategic planning.

When resourced, investment in digital health system transformation is encouraged as an important step “towards digital equivalence” for people deprived of liberty.

People deprived of liberty, including prisoners of war, are generally vulnerable. In particular, people with specific situations of vulnerability, including but not limited to persons with disabilities, women in detention, adolescents, LGBTQIA, face tremendous daily challenges.

Governments and other stakeholders should acknowledge their diverse and specific needs and adopt an inclusive approach to ensure that “no one is left behind”.

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Prison infrastructure, programs and system should take into consideration the specific needs of people with disabilities, including elderly, and their rehabilitation process to ensure societal inclusion.

People with mental health conditions in places of detention are generally invisible and their needs neglected.

Governments are encouraged to actively identify and address the needs of people with mental health conditions and the people with substance use disorders, at the earliest possible stage, in order to provide them with appropriate programs linked with the national health systems and further research.

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In line with Bangkok rules, alternative measures to detention should be considered.

“Prisons are generally designed by men and for men”. A particular attention is needed to address the specific needs of women in detention including but not limited to antenatal care, cancer prevention and elderly care.

Detention of children should be the last resort.

When detained, mechanism should be established for routinely monitoring and reporting on health status and health services of children under 18 in detention globally, to ensure progress towards implementation of the applicable standards.

Migrants should not be detained.

If detained, immigration detention health systems should be integrated in the national health systems promoting the intercultural and holistic approach.

As a lesson learnt from COVID-19 pandemic, governments should strengthen the intersectoral coordination and include places of detention in their national contingency plans and reinstate transparency measures.

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Encourage relevant donors, philanthropic trusts, Academia, foundations, and research funding bodies to undertake structured consultation with relevant stakeholders including people with lived experience of detention, to identify global detention health research priorities, and align these with the priorities of relevant international research and programmatic funders.

Set baselines, monitor progress and encourage data beyond LMIC.

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The Conference calls all relevant stakeholders to continue facilitating and holding Health in Detention Conferences regularly to follow up on the implementation of these recommendations, and the updates in the field of healthcare in places of detention.

In addition, governments are encouraged to proactively create other mechanisms to collaborate and share experience.



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Thank you!

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[Health | International Committee of the Red Cross \(icrc.org\)](#)

[What we do for detainees | International Committee of the Red Cross \(icrc.org\)](#)