



1ST WORLD CONFERENCE ON HEALTH IN DETENTION

CONFERENCE REPORT

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ACKNOWLEDGEMENTS

This report is based on the experiences, observations, discussions and feedback from the 1st World Conference on Health in Detention, which was held in June 2022. The conference was made possible thanks to the invaluable support of a range of experts, people with lived experiences, representatives from government ministries, health practitioners, penitentiary staff, civil society organizations, intergovernmental agencies, UN agencies including the World Health Organization (WHO) and researchers involved in health in detention.

We would also like to thank our partners for their unwavering support: the International Corrections and Prisons Association (ICPA), the University of Melbourne's Justice Health Unit and the Worldwide Prison Health Research and Engagement Network (WEPHREN). In addition, we would like to thank our colleagues in the five regional committees whose vital contributions helped us develop the conference programme. Our gratitude also goes to all the staff at the headquarters of the International Committee of the Red Cross (ICRC) in Geneva and in ICRC delegations around the world for the technical and administrative support they provided which helped to make this conference a reality.

It is really and truly a dream to come together to start this first conference on health care in detention on the global level.

Participant

INTRODUCTION

Article 25 of the Universal Declaration of Human Rights states: “Everyone has the right to a standard of living adequate for [their] health and well-being.” This right applies to all people in all circumstances, including those in detention. For the purposes of the conference and this report, the term detention encompasses all types of penitentiary institutions, including police and immigration detention facilities, as well as youth detention and military detention facilities housing civilians.

This report provides an overview of the design, content and outcomes of the 1st World Conference on Health in Detention, which took place between 27 and 29 of June 2022 in Geneva, Switzerland. The conference was organized by the ICRC in partnership with the ICPA, the University of Melbourne’s Justice Health Unit and the WEPHREN.

People deprived of their liberty are one of the key groups that fall within the ICRC’s mandate and, as the then president Peter Maurer underlined, they must not be overlooked. Furthermore, the challenges that arise in places of detention cut across disciplines and involve medical staff, prison managers, government ministries and others.

If we are to achieve a positive and sustainable outcome for people detained, we need to work collectively and at many levels ...

This approach, focusing on addressing the roots of problems and moving away from superficial and quick fixes, requires commitment in the long term.

Peter Maurer, former ICRC president

The ICRC has been bringing stakeholders together at regional conferences since 2017, but this is the first world conference to focus on health in detention and it represents a major milestone for the ICRC and another step forward in the efforts to improve health outcomes in detention settings and health for all. Prison health is public health.

Congratulations and thank you to everyone who attended and contributed to this important debate. The conference would not have been possible without people’s genuine interest and commitment to the health of people deprived of their liberty, which was clear throughout the conference.



VISION AND PURPOSE

To build an interconnected platform promoting synergy among diverse stakeholders working in health in detention settings, especially including people with lived experiences.

The purpose of this 1st World Conference on Health in Detention was to raise awareness among and improve the knowledge and skills of key stakeholders in health in detention settings in order to improve the health outcomes of people deprived of their liberty.

OBJECTIVES

The objectives of the conference were to:

1. implement better policies and practices in health in detention by building on the experiences gained during the COVID-19 pandemic
2. provide opportunities for participants to share experiences, challenges, lessons learned and emerging evidence and data
3. promote a whole-of-government approach to health in detention, in which public ministries work together across sectors and agencies formally and informally, integrating their efforts to strengthen health systems, including in detention
4. promote awareness and understanding of current international standards and provide guidance towards their implementation
5. explore how digital transformation may be used ethically and securely to improve health in detention settings.

According to most participants, these objectives were successfully met.

PARTICIPANTS

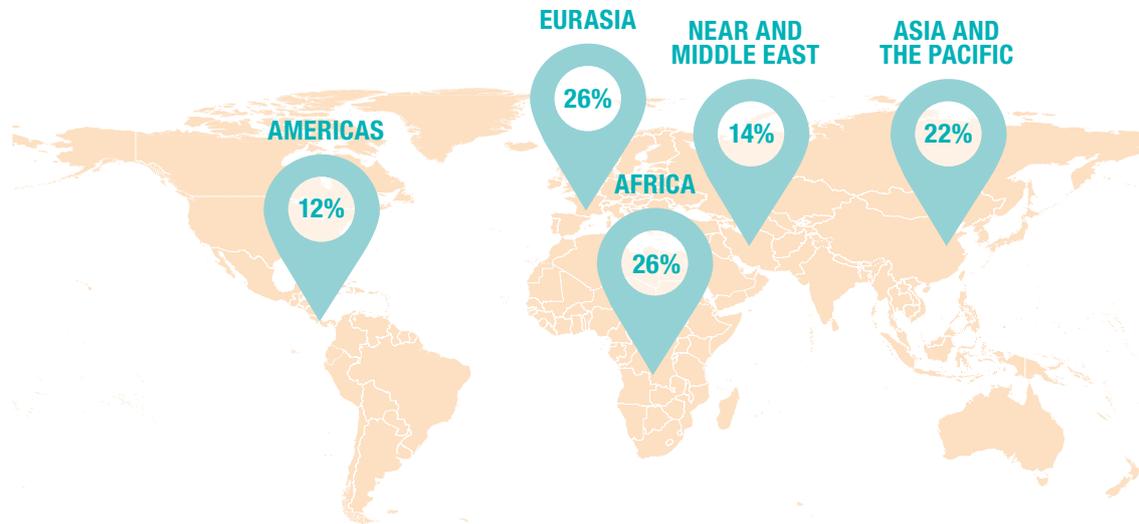


Figure 1. Origin of participants by ICRC region.

The conference was attended by some 400 participants from over 80 countries. They joined from all regions, with most coming from Eurasia and Africa, as shown in the map above. The regions reflect the ICRC's operational regions.

The conference was attended by representatives from over 30 organizations, including UN agencies, inter-governmental agencies and non-governmental organizations (NGOs).

The conference brought together people from a wide range of disciplines, which provided for rich discussions with many different perspectives and encouraged whole-of-government thinking across topics. Participants included people with lived experiences, representatives from government ministries (health, justice, interior and defence), health practitioners, penitentiary staff and researchers involved in health in detention.

*There was a great divergence of people and perspectives,
and the event provided so much food for thought.*

It was fantastic for networking.

Participant

THEMES

The following four themes embody the core principles that guided the conference design and organization. All four themes overlapped throughout the conference.

1. FROM POLICY TO PRACTICE: PEOPLE AT THE CENTRE TO IMPROVE HEALTH FOR ALL

In addition to the right to health in the Universal Declaration of Human Rights, Rule 24 of the Nelson Mandela Rules stipulates that: “The provision of health care for prisoners is a State responsibility.” Health in detention is a vital component of the public health system of any country. Patient-centred care in detention must be improved to achieve desirable health outcomes for all. When developing policy and practice, governments should include a range of perspectives, including those of people with lived experiences in detention.

2. TOWARDS STRONGER HEALTH SYSTEMS IN DETENTION

Once detained, an individual’s health may worsen because of their living conditions, such as poor sanitation and unbalanced diets. Overcrowding increases the likelihood of infectious diseases being transmitted and negatively impacts the health and well-being of people in detention.

An increase in life expectancy combined with longer and harsher sentences means that in many countries higher numbers of older people are being held in prison, which increases the burden of non-communicable diseases on health systems in detention settings. Stress from living in detention also increases the likelihood that people will engage in risky behaviours, such as drug use or self-harm. With fewer resources than community health services, places of detention often struggle to meet the high demand for health care. Building stronger health systems in detention that are integrated into national health systems ensures people in detention are treated as equally and equitably as the general population.

3. MAKING THE INVISIBLE VISIBLE

Most people in detention come from historically marginalized communities, shouldering a higher-than-average burden of ill health with less access to health-care services. This “making the invisible visible” approach aims to ensure access to health care throughout the continuum of care. People with special needs in detention – such as women, children, older people, people with disabilities and/or mental health conditions, and survivors of torture and sexual violence – should be proactively identified, reached and cared for.

4. EMBRACING DIGITAL TRANSFORMATION

As stated in the ICRC’s institutional strategy: “Digital technologies are transforming the way people and organizations function in both the physical and virtual world.” Professionals working in health in detention settings need to embrace innovation and digital transformation in order to become more flexible and agile, responding more promptly and effectively, ethically and securely to the changing needs of people in detention.

TOPICS

In total, 15 topics were identified within the four themes listed above. Given the cross-cutting themes in the area of health in detention, the presentations overlapped in terms of topics and the conference themes. Over 200 high-quality abstracts were submitted by participants from around the world, demonstrating a significant interest in exchange from actors in health in detention. Speakers' biographies are available on the website.

MAIN TOPICS COVERED

- International norms/standards
- Governance and leadership
- Human resources
- Evidence and data
- Nutrition and other determinants of health
- COVID-19 lessons learned
- Infectious diseases
- Non-communicable diseases
- Mental health
- Substance use
- Disabilities
- Experiences of people in detention
- Gender vulnerabilities
- Children and adolescents
- Telehealth and digital tools.

There were 164 presentations in total:

- presentations in plenary: 23
- presentations in symposium sessions: 83
- presentations in special sessions: 13
- poster presentations: 45.

DAY 1

The objectives of the first day were to:

- reaffirm access to health care in detention as a human right
- explore the practical application of international norms and standards in detention
- learn from experiences of interinstitutional coordination in a whole-of-government approach to health in detention
- discuss the importance of medical independence in health care in detention
- underline the benefits of including the perspectives of people with lived experiences in policy and practice.

The conference opened with a high-level segment featuring the following speakers:

- Micaela Serafini, Head of Health Unit, ICRC (on behalf of the then president Peter Maurer)
- Patricia Danzi, Director-General of the Swiss Agency for Development and Cooperation
- Peter Severin, President of the ICPC
- Hans Kluge, Regional Director for Europe, World Health Organization (WHO).



T. Ruzsowski/ICRC

Each speaker highlighted the importance of prioritizing the health of people deprived of their liberty. The segment followed with opening remarks from Elena Leclerc, Health Care in Detention Programme Coordinator at the ICRC, and Terry Hackett, Head of the ICRC's Unit for Persons Deprived of Liberty. They discussed the conference's rationale, purpose and objectives.

The first set of plenaries – moderated by Carole Dromer, the ICRC's deputy head of health, and Nuria Carrera Graño, one of the ICRC's health care in detention specialists – focused on strengthening health systems in detention settings. Examples from Switzerland, Philippines, Mali and Kuwait demonstrated a range of different approaches to improving interministerial coordination and clinical independence. Presentations were given by:

- Hans Wolff, Chief Medical Officer, Prison Health Division, Geneva University Hospitals
- Dennis U. Rocamora, Deputy Chief for Operations, Bureau of Jail Management and Penology, Philippines
- Beverly Lorraine Ho, Director, Department of Health, Philippines
- Mahamadou Doumbia, Chief of Section, General Direction of Health and Public Hygiene in the Ministry of Health, Mali
- Lasseni Konaté, Deputy General Director, Golden Life American Hospital, Mali
- Ali Alradaan, Director, Central Prison Hospital, under the Ministry of Health, Kuwait.

The afternoon plenary session reflected on the COVID-19 pandemic and was moderated by Elias Saade, an ICRC health care in detention specialist. Daniel Fink, Vice-chair for External Relations on the UN Subcommittee on Prevention of Torture, shared the subcommittee's lessons learned from the COVID-19 pandemic. Emma Plugge, a senior clinical research fellow at the University of Southampton, and Ehab Salah, a programme officer with the United Nations Office on Drugs and Crime (UNODC), stressed the need to take this opportunity to go further and not just to build back to previous standards. The session ended with a call to action from Paula Harriott, Head of Engagement at the UK's Prison Reform Trust, who shared her experience within the criminal justice system and advocated for the inclusion of people with lived experiences in all matters related to health in detention.

The final afternoon plenary session was dedicated to international norms and standards, moderated by Mary Murphy, an ICRC adviser on people deprived of their liberty. The ICRC's Micaela Serafini and Elena Leclerc joined Denis Huber, from the Pompidou Group of the Council of Europe, and Daniel Lopez-Acuña, a prison health programme consultant with the WHO's Regional Office for Europe, to each present their organization's principles and efforts to support countries' adherence to universal instruments with the common message that countries must respect the rights of people in detention, including their access to health care.

The day ended with a set of special parallel sessions covering a range of topics:

- Emma Plugge and Ivan Calder, Chair of the ICPA Health Care Network Group, led networking sessions on health and research.
- Caroline Wilkinson, an ICRC nutritionist, and Robert Paterson, ICRC Health Care in Detention Programme Manager, moderated a session on nutrition with Cosette Fakih from the WHO, Omar Sawadogo, Director of Health and Social Action at the Ministry of Justice in Burkina Faso, and Dieudonne Mukunzi, an ICRC detention doctor.
- Kaisa Marjaana Laitila, an ICRC sexual violence adviser, and Christine Seisun, the ICRC's head of sexual violence, moderated discussions on gender-based violence in detention, together with Raed Aburabi, an expert in health in detention and formerly with the ICRC. They discussed its prevalence and measures to prevent it.
- Maciej Polkowski, head of the ICRC's Health Care in Danger Initiative, gave a presentation on legal and practical initiatives related to providing health care in detention, emphasizing the need to protect health-care staff in conflict and other situations of violence.

DAY 2

The objectives of the second day were to:

- acknowledge, respect and appreciate the perspectives of people with lived experience in prison health
- discuss lessons learned, challenges and opportunities in preventing and managing COVID-19
- focus on COVID-19 vaccination for staff and people held in detention
- understand how to tackle communicable diseases in prison and achieve a continuum of care
- underline the role of civil society in promoting and supporting prison health reforms and practices
- emphasize the importance of understanding trauma and consider implications of past trauma on health decision-making
- understand how to incorporate person-centred comprehensive care
- explore the role of prison staff in health care and the tools available to them
- discuss the health of asylum seekers, migrants, children, people with disabilities, women and other groups who may be vulnerable
- share approaches to mental health challenges in detention
- discuss current drug policy, evidence-based alternatives and rights-based harm-reduction services in prison.

The second day began with a series of plenaries that focused on people-centred approaches in policy and practice, and making the invisible visible, which were moderated by Mitsuyoshi Morita, an ICRC health care in detention specialist. Wisit Wisitsora-at, Thai Permanent Secretary of the Ministry of Justice, gave opened the morning session. Executive Director Olivia Rope shared Penal Reform International's role in prison health reforms and practices and encouraged other civil society organizations to include people with lived experience in their work. UK prison philanthropist Lady Edwina Grosvenor highlighted the importance and benefits of trauma-informed approaches in her work with One Small Thing, a charity dedicated to redesigning the justice system for women and their children. This was followed by contributions from Alan Mitchell, President of the European Committee for the Prevention of Torture, the ICRC's Terry Hackett, and Philipp Meissner, the UNODC's focal point for prison reform, which reflected on practical steps for more resilient systems and adaptive service delivery inside places of detention.



After the break, participants had the option of continuing the poster sessions from the first day or choosing between the following five special sessions:

1. The WEPHREN hosted a networking session on developing collaborative research projects.
2. The ICRC's Carole Dromer moderated a session on lived experiences, which featured speakers Maximiliano Fernandez Elba from Argentina and Stephane Allemand from France, along with additions from In2Out's co-founder Terence John Wilcox from the UK.
3. Filipa Alves from the WHO Office for Europe shared a situation analysis of health systems from the 2022 Health in Prisons European Database.
4. Ivan Calder, Chair of the ICPA Health Care Network Group, and Anne Spaulding, Associate Professor at Emory University, USA, presented and tested a rapid assessment tool for prison health care.
5. Madeleine Gourier, Edouard Delaplace and Paul Blanchard, from the ICRC's Unit for Persons Deprived of Liberty, demonstrated a recent ICRC development – a virtual prison-simulation training tool to widen delegates' theoretical and practical knowledge before they leave for a field assignment.

The second day concluded with a series of concurrent symposiums and workshops which continued into the morning of the third day. The second day ended with a drinks reception hosted at the ICRC's headquarters in Geneva.



SESSION 1 – LIVED EXPERIENCE IN PRISON HEALTH: ESSENTIAL OR UNNECESSARY?

Moderator: Emma Plugge, Senior Clinical Research Fellow, University of Southampton, UK

Speakers: Paula Harriott, Head of Prisoner Involvement, Prison Reform Trust, UK

Lucy Wainwright and Donna Gipson, Empowering People: Inspiring Change (EP:IC), USA

The workshop explored the value for health-service providers and researchers of engaging meaningfully with people who have lived experience of imprisonment and consider how this can be successfully implemented. Discussions focused on the value and challenges of meaningful engagement in the development of prison health services and prison health research, and how any challenges might be overcome.

SESSION 2 – LESSONS AND OPPORTUNITIES: PREVENTION AND MANAGEMENT OF COVID-19

Moderator: Elias Saade, Health Care in Detention Specialist, ICRC

Challenges and opportunities in the prevention and management of COVID-19 in prisons: Examples from Moldova, Sierra Leone and Zambia

- Maha Aon, Senior Public Health Adviser, Danish Institute Against Torture (DIGNITY), Denmark

DIGNITY's recent study demonstrated that an effective COVID-19 response can be mounted in prisons by improving knowledge and practice among staff and detainees about how to prevent and manage COVID-19 infections. In resource-poor settings, the challenges include overcrowding, limited quarantine space and difficulties in applying human rights standards.

Management of COVID-19 infection among inmates and staff in prisons

- Jackton Kisivuli, Head of Health Department, Kenya Prison Service, Ministry of Health, Kenya

- Peter Okello, Epidemiologist Statistician, Kenya Prison Service, Ministry of Health, Kenya

COVID-19 can be controlled effectively in prisons, which can result in low fatality rates. This was made possible in Kenya's prisons thanks to a presidential directive to reduce the risk of transmission in penal institutions. It involved testing people before release, early releases, tailoring WHO protocols to specific contexts, implementing infection prevention measures, monitoring through daily situation reports, a vaccination campaign and setting up mental health committees, among other initiatives. Strong leadership, partnerships and coordination were and continue to be critical to the success of this programme.

Preparedness, prevention and readiness against the COVID-19 pandemic in prisons and other places of detention

- Raad Anwer, Health System Reform Board of Iraqi Kurdistan, Ministry of Health, Iraq

The COVID-19 pandemic proved particularly complex to address in places of detention, but prisons in Iraqi Kurdistan adapted their response by strengthening the coordination between the correctional and public health systems, sharing information and resources, as well as rapidly identifying, isolating and treating infected detainees. They also screened all people living and working in places of detention on entry, improved sanitation practices and set up quarantine areas.

Outcomes and impacts of early COVID-19 infection prevention and control in places of detention in the Philippines

- Harry Tubangi, Health Officer (Philippines), ICRC

Multidisciplinary measures to improve infection prevention and control measures during the emergency phase improved compliance and paved the way for more sustainable interagency initiatives. Activities included drafting technical and operational guidelines, providing modular training programmes, providing a wide range of infection control products, policy-level advocacy to access universal health coverage funding, linking with the department of health to record data and investigations into outbreaks and ensuring standard minimum rules for the treatment of prisoners, among others. While these activities helped cushion the effects of the pandemic on the detention health system, the government's policy agenda needs to include a national strategic infection prevention and control programme for places of detention.

SESSION 3 – LESSONS AND OPPORTUNITIES: A WHOLE-OF-GOVERNMENT APPROACH TO COVID-19 (1)

Moderator: Antony David Hassall, Prison System Adviser, ICRC

COVID-19 and prisons in Colombia: Integration of public health policy in prisons through interinstitutional coordination

- *Angela Lucía Barrio, Head, Deprivation of Liberty, Vice Ministry of Health, Colombia*

- *Martha Isabel Gómez, Deputy Director of Health Care, National Penitentiary and Prison Institute, Colombia*

With various organizations working together to develop and implement a public health policy in prisons, collective progress is being made towards improving access to health for people deprived of their liberty. A new regulatory framework from the health ministry and innovative strategies implemented by the National Penitentiary and Prison Institute (INPEC) and the Unit for Penitentiary and Carceral Services were successful in helping to prevent and control the spread of COVID 19 in Colombian prisons.

Management of COVID-19 in Australian New South Wales prisons: A tripartite approach

- *Wendy Hoey, Chief Executive, Justice Health and Forensic Mental Health Network, Australia*

A system of testing, quarantine and personal protection was initiated, and infrastructure was tested and prepared, including the building of a field hospital within the largest remand prison in New South Wales. The collaboration between the state's public health unit, justice health providers and adult correctional and youth justice services was critical. Monitoring, personal protection and vaccination were key defences against transmission, and New South Wales was, and still is, successful in limiting the physical health impacts of COVID-19 on people in detention.

Integration of COVID-19 management in prisons in the national response

- *Hemantha Ranasinghe, Director of Prison Health Services, Ministry of Health, Sri Lanka*

A desk review of COVID-19 statistics, preparedness and response plans, both nationally and in prisons, demonstrated that having the Ministry of Health in charge of health-care services in Sri Lankan prisons enabled COVID-19 management plans to be easily integrated into the prison system. Early coordination with the national taskforce following the detection of COVID-19 outbreaks in prisons resulted in COVID-19 being well managed in prisons. All confirmed cases were transferred for treatment outside the prison system, which reduced the pressure on overcrowded prisons and made it easier to implement infection prevention and control measures.

Collaboration is key: Canada's COVID-19 response in federal penitentiaries

- *Kristina Ma, Nursing Project Manager, Correctional Services, Canada*

Pandemic response measures were implemented in Canadian correctional institutions through multidisciplinary teams who considered the mental and physical health needs of those incarcerated, security and public safety issues, specific challenges related to facility design, and the social and cultural environment within the prison system. A whole-of-government approach and a risk-based framework – with information-sharing between local, regional and national stakeholders – allowed COVID-19 mitigation measures and outbreak management activities to be implemented quickly, equitably and flexibly in all federal correctional institutions.



SESSION 4 – COMMUNICABLE DISEASES: FOCUS ON TUBERCULOSIS AND BLOOD-BORNE INFECTIONS (1)

Moderator: Siaka Konate, Health Care in Detention Programme Manager, ICRC

Communicable diseases prevention and control: Royal “Good Health Good Heart” Project

– *Pahurat Kongmuang Taisuwan, Director, Secretariat Office of the Royal Development Projects Committee, Department of Disease Control, Ministry of Public Health, Thailand*

Health care in Thailand’s correctional facilities falls under the royal “Good Health Good Heart” project. Initiated under the royal patronage of His Majesty the King, it has improved the quality of health care in prisons. The project was rolled out just before the pandemic and, as a result, only 93,275 out of 266,573 people became infected with COVID-19, with a 0.21 per cent mortality rate, compared with a 0.71 per cent mortality rate in the general population. The project has also successfully implemented screening and treatment for other diseases, such as tuberculosis (TB), hepatitis, HIV and other sexually transmitted infections.

Interventions in El Salvador’s penitentiary centres

– *Julio Garay, Head of the Tuberculosis and Respiratory Diseases Programme, Ministry of Health, El Salvador*

A series of policy changes in El Salvador’s prisons – implemented as state policies through interinstitutional agreements between the Ministry of Justice, the General Directorate of Penal Centers and the Ministry of Health – significantly reduced the burden of TB in El Salvador’s prisons and across the country. Overcrowding was reduced, active TB cases were tested, potential cases screened with molecular tests and chest X-rays, and the cure rate was improved.

Time to start TB treatment in the prisons of the Kyrgyz Republic: A retrospective cohort study

– *Ghirmai Yiehdago, Health Care in Detention Programme Manager, ICRC*

– *Nazgul Soltobekova, Head of the Medical Service Department, Service for the Execution of Punishments under the Ministry of Justice, Kyrgyz Republic*

The results of this study showed that delaying treatment for TB was negatively associated with smear-positive cases compared with smear-negative cases, while patients with isoniazid-resistant and rifampicin-resistant TB had an increased delay compared with patients who were sensitive to both rifampicin and isoniazid. Prison authorities need to address delays in diagnosing and treating TB if they are to improve TB control so that people in prisons – detainees, prison staff and visitors – remain free of TB.

SESSION 5 – MENTAL HEALTH IN DETENTION (1)

Moderator: **Carla Kamitsuji, Psychiatrist, ICRC**

Mental health in detention: The ICRC's perspective

- *Carla Kamitsuji, Psychiatrist, ICRC*

The ICRC's Health Strategy outlines a commitment to address the needs of detainees with severe mental health conditions and those who are suffering the medical, psychological and psychosocial consequences of ill treatment and torture. Any activities related to mental health conditions and treatment for substance misuse need to be harmonized with services provided outside detention facilities. The ICRC provides technical recommendations, helps to assess the skills of health-care staff and build their capacity to provide proper care for detainees with mental health disorders, and carries out advocacy work.

Prisons and mental health: An analysis of the response of the Ecuadorian penal system

- *Maria Lorena Merizalde Aviles, Director of Legal Advice, National Service for the Comprehensive Care of Adults Deprived of their Liberty and Adolescent Offenders (SNAL), Ecuador*

The presentation examined how the Ecuadorian penal system handles the unaccountability, or unimputability, of the perpetrator of a crime when suffering from mental illness, and the influence of security measures on rehabilitation and social reintegration. The system's shortcomings were discussed, as well as how solutions and actions to tackle the problem can improve the approach to mental health in detention centres.

Epidemiology of mental health disorders in Mpimba Prison, Burundi, January–March 2022

- *Samuel Ndiokubwayo, Director of Quality Assurance for Care, Hygiene and Safety in Care Environments and President of the Prison Health Unit, Burundi*

The neuropsychiatric centre in Kamenge sends a specialist team twice a month to provide mental health care to detainees and to ensure an appropriate follow-up in places of detention. The challenges the specialist team faces include limited time for consultations, prison health-care staff not being trained in follow-up mechanisms and a lack of psychological screening when detainees enter prison. Possible solutions under consideration include assigning a full-time psychologist to Mpimba Prison, organizing training sessions on psychiatric care for health-care staff working in places of detention, increasing the time allowed for consultations by increasing the frequency of the specialist team's visits and ensuring the financial independence of health-care centres.

Implications of past trauma on health decision-making in women's prisons

- *Jennifer James, Assistant Professor, University of California, San Francisco, USA*

Some of the challenges in implementing trauma-informed care are that not all patients regard their history as trauma, some patients feel they will not be believed if they do tell someone about their trauma and many patients do not trust their health-care providers. Evidence-based trauma-informed care interventions include obtaining patients' consent for all procedures, progressing gradually and taking breaks if required, allowing patients to keep more of their clothes on during a medical examination or letting them decide what items of clothing to remove, and allowing them to bring in a support person. Trauma-informed care benefits health facilities more generally as it lowers health-care costs, results in lower staff turnover (because of greater job satisfaction), reduces isolation and the need for restraint (leading to fewer people in secure mental health units) and reduces violence.

SESSION 6 – MAKING THE INVISIBLE VISIBLE

Moderator: Micaela Serafini, Head of Health Unit, ICRC

Making the invisible visible: An ICRC perspective

- Carole Dromer, Deputy Head of Health Unit, ICRC

Health-care needs cannot be assessed without taking into account the needs of individuals who cannot access health-care services easily – including people deprived of their liberty. To ensure health-care services are delivered successfully in places of detention, it is important to consider the following:

- Do individuals deprived of their liberty have unimpeded access to health care? If not, why not?
- Do health staff carry out regular prison rounds to check for people not able to access care?
- Do people undergo a medical screening when they arrive at the prison?
- Do detainees have to pay for health care? What if they do not have any money?
- Are the special needs of people who are typically more vulnerable in prison met, e.g. women, children, migrants, refugees and people who identify as LGBTQIA+?
- When detainees are released, is a continuum-of-care programme in place?

What does visible mean?

- Mauro Palma (represented by Alessandro Albano), President of the National Guarantor's Board, National Guarantor for the Rights of Persons Deprived of their Liberty, Italy

The presentation examined the following four points:

- how technical visibilities may not be sufficient
- the roots of being invisible
- how some mechanisms help make the invisible visible
- a specific experience for setting up a different visibility.

Making the invisible visible in detention: Health research and policy

- Louise Southalan, Researcher, Justice Health Unit, University of Melbourne, Australia

Researchers can have blind spots in relation to people in detention involved in research, particularly in relation to the precariousness of their situation. To help address these blind spots, researchers need to:

1. recognize that structural power issues exist and that they will probably be unaware of them
2. recognize that they can never be the experts in such a complex combination of systems – their knowledge systems and perspectives are limited
3. build their own capacity to overcome this and collaborate effectively – researchers need others to do this also
4. be willing and able to give up some control and share some power, to challenge others and be able and willing to change.



The role of and tools for prison staff in health care, with a focus on mental health and well-being

- Triona Lenihan, Policy and International Advocacy Manager, Penal Reform International, UK

This [guide for prison staff](#) explains how life in prison can affect a person's mental health, with a focus on women. It describes how to recognize the signs of poor mental health and how best to respond. It also includes a checklist based on international human rights standards that aim to help implement key aspects of prison reform and advocacy initiatives in line with international standards and norms.

SESSION 7 – LESSONS AND OPPORTUNITIES: A WHOLE-OF-GOVERNANCE APPROACH TO COVID-19 (2)

Moderator: Mistuyoshi Morita, Health Care in Detention Specialist, ICRC

Collaborative approach to COVID-19 preparedness and response in Ethiopian federal prisons

- Stephen Kyalo Titus, Health Care in Detention Programme Manager, ICRC

- Lemma Tefera, Director of Health Services, Federal Prison Commission and Kaliti General Hospital, Ethiopia Federal Prison Commission

This presentation examined the need to mainstream health in detention settings as a vital component of public health. It outlined a collaborative approach to COVID-19 preparedness and response between the Ministry of Health and the Federal Prison Commission in Ethiopia, which is part of the Ministry of Justice. Thanks to a joint taskforce, the regular sharing of information and materials and supervisory visits, the impact of COVID-19 in prisons was limited and no associated deaths were reported. There were challenges, including resource constraints, a lack of legally binding obligations related to health in prisons on the Ministry of Health and few previous interactions between the two bodies.

The health-care system in Maldivian prisons, the challenges and what we learned from the COVID-19 pandemic

- Ahmed Mohamed Fulhu, Prison Commissioner, Maldives

To protect prisoners and prison staff from COVID-19, we formed a special task force and implemented a range of infection prevention and control measures. We vaccinated people living and working in prisons and increased the number of voice calls prisoners were allowed, also providing video calls. We also opened the Maafushi Medical Centre. In addition, eligible detainees were released under parole while others with medical conditions who required special and continuous care were temporarily transferred to their homes.

COVID-19 and tackling environmental health threats within African prison reform

- Marie-Claire Van Hout, Liverpool John Moores University, United Kingdom

COVID-19 as a public health emergency has amplified the need to address systemic deficiencies in the infrastructure, resourcing, health-care staffing and efficiency of criminal justice systems. This presentation moved beyond the right to health as narrowly defined by a prisoner's right to access health care by including normative standards of care pertaining to environmental determinants of health, such as ventilation, minimum floor space, water, sanitation, hygiene and nutrition.

Applying a human-rights-based approach in the penitentiary system during the COVID-19 pandemic: A Georgian success story

- Nika Tskhvarashvili, Director-General, Special Penitentiary Service, Georgia

The Special Penitentiary Service took prompt and well-coordinated preventive measures that proved to be effective – Georgian penitentiary establishments remained free of COVID-19 for the whole of 2020. The service implemented other activities to compensate for the restrictions, e.g. when visits were suspended, they provided additional free-of-charge phone calls, with the support of the ICRC, and introduced online court hearings. The penitentiary service continues to take proactive measures to prevent the spread of COVID-19 and to protect the health of inmates and staff through screening procedures and promoting vaccination.



SESSION 8 – CONDUCTING RESEARCH ON CANCER IN PRISONS: LESSONS LEARNED FROM A NATIONAL STUDY

Moderator: Emma Plugge, Senior Clinical Research Fellow, University of Southampton, UK

Speakers: Elizabeth Davies, Head of the Centre for Cancer, Society & Public Health, School of Cancer & Pharmaceutical Sciences, King's College London, UK

Jennie Huynh, Researcher, King's College London, UK

The incidence of cancer is increasing worldwide. The objective of this workshop was to provide a framework for conducting national or large-scale epidemiological studies of cancer in imprisoned people. This workshop presented the findings from a national study across England, which examined both the epidemiology of cancer in imprisoned people and the experiences of imprisoned people with cancer. The discussion focused on the epidemiological aspects of the study, looking at how routine data sources were used to create a comprehensive picture of cancer in prisons across England. It considered how this study might be replicated in other countries across the world.

SESSION 9 – TOWARDS STRONGER HEALTH SYSTEMS (1)

Moderator: Dieudonne Koyenga, Prison System Adviser, ICRC

Strengthening the Philippine jail health system and management

- Ilina Rita Maderazo, Officer-in-Charge, Directorate for Health Service, Bureau of Jail Management and Penology, Philippines

From the perspectives of key stakeholders in policymaking and programme implementation, a study was presented which looked at a range of strategies to improve the prison health system in order to achieve better health outcomes within the universal health-care framework. The study's findings suggested that it was important to strengthen the Directorate for Health Service's role, with a focus on three main areas: policy development, programme implementation and partnerships. It also showed that there were material differences in terms of prioritization among the health policy networks across the country with regard to population coverage, the provision of health-care services and the uptake of health benefits.

The experience of the Gaza Strip in developing health policies and implementing them in clinics

- Mahmoud Aburiala, Director of the Clinics Department, Correction and Rehabilitation Centres, Military Medical Services, Gaza

This presentation gave an overview of the policies and procedures established by the Military Medical Services in the Gaza Strip, which is the body responsible for providing health-care services to people in detention centres, with support from the ICRC. It covered the main issues related to policy, including:

1. administration, supervision and reporting
2. medical evaluation on entry and exit, and medical documentation
3. health-care service provision
4. health promotion and preventive care
5. mental health
6. dental health
7. standard operating procedures, guidelines and algorithms
8. medical ethics and issues related to dual loyalty
9. health information system
10. special health needs of women.

The Military Medical Services has a policy to, in turn, create and maintain a correction and rehabilitation centres health policy that serves as a clear reminder of the need to uphold the right of detainees to equitable access to health care.

A new approach to health care in detention in Chad

- Ismail Barh Bachar, Secretary-General of the Ministry of Public Health and National Solidarity, Chad
- Honoré Djikolmbaye, Medical Assistant (Chad), ICRC

The ICRC promotes the integration of health care for detainees under the umbrella of national health systems in most countries where it is operational, in line with the Nelson Mandela Rules. In Chad places of detention are entirely run by the Ministry of Justice and Human Rights. This presentation gave an insight into the ICRC's experience of the integration project in Chad, from the first steps through to the interministerial agreement being signed. It also covered the ICRC's current activities in the country.

Health-care perspectives on the impact of integration in British Columbia

- Kate McLeod, Postdoctoral Fellow, McMaster University, Canada

In 2017, the Canadian province of British Columbia transferred health-care services in provincial correctional facilities from a private, for-profit company to the Ministry of Health. This presentation described a qualitative study that explored how health-care managers and medical and administrative leaders perceived the impact of this change on the services delivered, work life and job satisfaction. Health leaders reported that integrating health services in provincial correctional facilities with the wider health system changed the work life of health-care providers, increasing their job satisfaction and the quality of care they provided.



SESSION 10 – HEALTH OF DETAINED MIGRANTS

Moderator: Anastasia Papachristou, Health Care in Detention Programme Manager, ICRC

Health of asylum seekers and migrants in containment settings at Europe's borders

- Reem Mussa, Humanitarian Adviser – forced migration, MSF, the UCL-Lancet Commission on Migration and Health, European Hub
- Mariano Gutierrez Dandridge, Health Care in Detention Programme Manager, ICRC

This presentation reflects on the health impact of detention and containment policies on migrants' health, especially on mental health, infectious diseases, and the need to reinforce their access to health-care services through policy and strengthening health systems and guarantee access to dignified and inclusive quality health-care services. For that purpose, different researchers, humanitarian practitioners and public health experts in Europe should be involved and take actions. Topics discussed include recent evidence of the impact that migrant detention centres have on health, the role that local health-care services have played in addressing the health needs of migrants and the importance of other health providers.

Health care in detention along the south-western border of the USA – Lessons and challenges

- David Tarantino, Chief Medical Officer, US Customs and Border Protection, USA

People in detention along the USA's south-western border face significant health challenges, many related to the long or traumatic journey they have undertaken, environmental conditions or underlying health conditions. To improve health outcomes, the US Customs and Border Protection (CBP) works with internal and external partners within the spheres of immigration and public health, using a multi-tiered, trauma-informed medical support approach to ensure there is no single point of failure, which is complementary to the CBP's operational mission.

Survivors of torture held in detention: Rising from fear

- Agis Terzidis, Paediatric and Public Health Consultant, Scientific Associate, Board Member of Médecins du Monde Greece, National and Kapodistrian University of Athens, Greece

The presentation highlighted the adversities faced by migrants in detention, particularly those who have survived torture in their countries of origin. It examined the assessment procedures used by host countries to identify vulnerable migrants and to grant asylum. In 2011, METAdrasi (Action for Migration and Development) developed a comprehensive set of procedures to identify and certify victims of torture, based on the Istanbul Protocol for documenting abusive acts. METAdrasi is the only organization in Greece to officially receive referrals from the government's asylum service and reception and identification centres. The presentation highlighted the challenges of advocating for detained victims of torture and the difficulties in providing legal evidence for their asylum applications, shedding light on cases that would probably have remained underreported or in obscurity.

Health needs of children who experienced Australian immigration detention

- Shidan Tosif, Clinician Scientist, Royal Children's Hospital Melbourne, Murdoch Children's Research Institute

Using a standardized reporting form, the medical records of all asylum-seeker children referred to the Royal Children's Hospital Immigrant Health Service in Melbourne, Australia, between 2012 and 2022 were retrospectively audited as part of a study into the impact of detention on children. The study provided clinical and psychiatric evidence for the serious adverse health impacts of detention on children. Policymakers must consider the consequences of detention on child health and well-being.

SESSION 11 – COMMUNICABLE DISEASES: FOCUS ON BLOOD-BORNE DISEASES

Moderator: Yaya Ibrahim Coulibaly, Head of Neglected Tropical Diseases Research Unit, International Center of Excellence in Research, Mali

Elimination of hepatitis C in prison is possible

- Fadi Meroueh, Head of Prison Health Unit, Villeneuve-lès-Maguelone Prison, France

Equity of access to health care for those in prison must be the rule. Based on this principle, the Villeneuve-lès-Maguelone Prison, near Montpellier in southern France, has implemented a policy to eliminate hepatitis C, with a simplified process from screening to treatment, as well as a harm-reduction policy. Since 2017, all hepatitis C patients have been treated and cured, even during the COVID-19 pandemic.

Korydallos prisoners: Health centre contributes to caring for HIV-positive prisoners

- Stergios Georgoulas, Internal Medicine Consultant, Detention Health Unit, Korydallos Prison, Athens, Greece

The health centre in Korydallos Prison in Athens has long been involved in the care of HIV-positive patients, in collaboration with various agencies. The result has been the proper monitoring and treatment of all HIV-positive detainees based on Greek and international guidelines, irrespective of their nationality, with continuous monitoring and treatment during their stay and after their release. This work takes place against

the backdrop of an extremely complex situation: 40 per cent of the prison population are foreign nationals and over 90 per cent are addicted to drugs.

Launching a programme to eliminate hepatitis C in the Georgian detention system

- *David Sergeenko, Chair, Parliament of Georgia, Georgia*

Between 2011 and 2014, the government of Georgia provided free-of-charge hepatitis C treatment, using a combination of pegylated interferon and ribavirin, for patients co-infected with HIV and hepatitis C. The treatment was then expanded to the penitentiary system and co-financed for the rest of the population. Between 2014 and 2021, with support from the US Centers for Disease Control and Prevention and the WHO, the country achieved a 98.7 per cent cure rate, including for cases in detention. The Georgian case study highlights the importance of partnerships, political commitment, government investment and community network empowerment in implementing successful disease eradication programmes.

SESSION 12 – LESSONS AND OPPORTUNITIES: FOCUS ON COVID-19 VACCINATION

Moderator: Robert Paterson, Health Care in Detention Programme Manager, ICRC

Vaccinating prisoners and penitentiary staff against COVID-19 at Bamako Central Prison in Mali: Challenges and lessons learned

- *Karim Traore, Medical Correction Officer, United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA)*

The vaccination campaign was carried out with the direct involvement of the Ministry of Justice and the Ministry of Health. MINUSMA provided technical and financial support. In terms of lessons learned, the two ministries were observed as being highly committed to protecting the prison population from COVID-19, including through vaccination, with the MINUSMA's support. Peer outreach also played an important role in the campaign's success as prisoners were vaccinated on a voluntary basis, with leaders from the prison staff and people in detention the first to receive the vaccine.

COVID-19 in Morocco's prisons: Challenges and opportunities

- *Taoufiq Abtal, Head of the Health Action Division, General Delegation for Prison Administration and Reintegration (DGAPR), Morocco*

The DGAPR implemented a set of urgent and proactive measures to prevent and control COVID-19 in penitentiary institutions. Other measures ensured the continuity and quality of care in detention. The second challenge tackled by the DGAPR was the anti-viral vaccination campaign carried out in collaboration with the Ministry of Health and Social Protection and the Ministry of the Interior, which saw more than 90 per cent of eligible people in detention vaccinated. The COVID-19 pandemic has been a catalyst for introducing new technologies in the prison environment, including the digitization of services, conducting hearings virtually and a telemedicine project, which have all contributed to improving the health of prisoners.

Tackling transmittable diseases in prison: Vaccination strategy

- *Roberto Monarca, Scientific Director, Health Without Barriers*

The presentation addressed the problem of suboptimal vaccination coverage, vaccine hesitancy and barriers to access in the prison setting. Prisons may offer an opportunity for people from disadvantaged and underserved communities to access health-care services and quality preventive care. The RISE-Vac project – reaching the hard to reach: increasing access and vaccine uptake among the prison population in Europe – is co-funded through the EU's Third Health Programme (Project Grants HP-PJ-2020) and examines attitudes towards vaccination among people in prison. It also aims to increase vaccine availability and uptake in selected prison institutions.

Experience of the Honduran penitentiary system with regard to COVID-19 vaccination

- Reina Aplicano, Medical Coordinator, National Penitentiary Institute, Honduras

The Honduran penitentiary system was proactive in taking steps to vaccinate people in detention against COVID-19 to protect their health and life, with Honduras the first country in Central America to vaccinate the prison population. Some 84 per cent of people deprived of their liberty have a complete vaccination schedule, having received their first and second doses. Vulnerable people, including older adults, also have a complete vaccination schedule, having received three doses.

SESSION 13 – DRUG ADDICTIONS AND HARM-REDUCTION PROGRAMMES IN DETENTION (1)

Moderator: Hans Wolff, Chief Medical Officer, Prison Health Division, Geneva University Hospitals



T. Ruzskowski/ICRC

Drug policy and deprivation of liberty

- Ruth Dreifuss, Co-Founder, Global Commission on Drug Policy

The discussion focused on the following alternatives and recommendations:

1. Decriminalize the consumption and possession of drugs for personal use and the cultivation of drugs for personal consumption.
2. End disproportionate sentencing and find alternatives to imprisoning people involved in drugs production and trade who have committed low-level, non-violent drugs-related offences.
3. Ensure that drug dependence treatments are available in prisons, especially substitution therapy.
4. Provide harm-reduction services for incarcerated people.
5. Ban all pseudo treatments involving cruel and inhumane practices that violate the human rights of people deprived of their liberty, in prisons and private drug treatment centres.

Women in prison for drug offences: Evidence for reform and decarceration

- Marie Nougier, Head of Research and Communications, International Drug Policy Consortium

The global female prison population is rising at a much faster rate than the male population. Many women are incarcerated for non-violent drug activities into which they have been drawn because of their circumstances, such as poverty, marginalization, caretaking responsibilities, or the influence of or coercion by their

male acquaintances. Failing to protect the health and life of incarcerated women remains a systemic feature of many prison systems. The presentation concluded with several recommendations, including the need to create gender-sensitive alternatives to incarceration and punishment in order to stop the practice of sending women to prison.

Person-centred comprehensive care: Addressing substance use disorders in Canada's federal penitentiaries

- *Ginette Clarke, Director-General, Health Policies and Programs, Correctional Service Canada*

The Correctional Service Canada (CSC) adopted a person-centred approach to respond to the needs of people with substance use disorder, irrespective of their health and wellness status. To support harm reduction, the CSC also implemented an overdose prevention service and a prison-based needle exchange programme. These programmes have been successful in helping people learn about alternative care methods. The CSC's services also now include psychosocial support with SMART recovery (Self-Management and Recovery Training). Initial evaluations suggest that participants have a high degree of satisfaction. They have self-reported improvements in their depression and anxiety, and they feel more optimistic and confident about their ability to control their use of substances, the amount of substances used and any health problems associated with substance use.

The harms of incarceration: A case for evidence- and rights-based harm-reduction services in prison

- *Ajeng Larasati, Human Rights Lead, Harm Reduction International*

Globally, people who use drugs make up about one-third to one-half of the prison population. Providing harm-reduction services in prison is not just a human rights obligation, it has also proved to be an effective and safe public health measure. The presentation examined the findings of a new qualitative study of harm-reduction services in prisons in Moldova. It also considered the vulnerability of people who used drugs in prisons during the COVID-19 pandemic and provided a global mapping of COVID-19 prison vaccination programmes. There was also a quick review of global literature on the availability, accessibility, acceptability and quality of harm-reduction programmes in prisons.

SESSION 14 – TOWARDS STRONGER HEALTH SYSTEMS (2)

Moderator: Ahmed Aqel, Health Care in Detention Specialist, ICRC

Digitalization and continuum of care

- *Jake Hard, Chair of the Royal College of General Practitioners (RCGP) Secure Environments Group, UK*

The presentation argued that the most critical area of focus for measuring and determining improved health outcomes is the implementation of electronic health records. A recent initiative to improve the continuum of care between community and prison health takes into account the importance of informed consent and ethical guidelines. The benefits include prevalence-based care, services configured to support the patient pathway, rationale for further investment and care support on release.

Integrating prison health into national primary health care

- *José Kumumangi Malekea, Head of Health Care Services and Quality Assurance Division, Primary Health Care Department, Ministry of Public Health, Democratic Republic of the Congo*

- *Masika Luthongo Lydia, Director of Penitentiary Services, Democratic Republic of the Congo*

The Ministry of Health has been legally responsible for providing health services to people in detention since 1965, but its role has never been satisfactorily fulfilled, mostly because of a lack of funding and poorly defined roles and responsibilities. Findings from a joint study by the health and justice ministries were used to review and strengthen existing prison health legislation in the Democratic Republic of the Congo. The Ministry of Health and the Ministry of Justice signed an interministerial decree in November 2013 setting out the modalities of access to health care for the prison population. Although this decree was also reinforced in

2015, prison health has still not been fully integrated into the national primary-health-care system because the lack of funding continues to be an issue, and coordination and cooperation mechanism between the two ministries need to improve.

The successes and challenges of the Georgian penitentiary health-care system

- *Ketevan Chakhnashvili, Council of Europe Local Expert on Penitentiary Health; Dean of the International School of Medicine, Alti University, Georgia*

Successful steps include implementing health-care standards provided by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and a state suicide-prevention programme in prisons. Challenges include developing mental-health-management standards and moving over time to electronic medical records, thereby making it easier to process analytics and statistical information. In terms of penitentiary health management, it is worth noting that the prison health sector has been transferred, as an independent entity, to the justice ministry. However, appropriate steps need to be planned and implemented in order to further integrate it into the public health system.

SESSION 15 – VULNERABILITIES: DISABILITIES AND AGEING IN DETENTION

Moderator: Mary Angela Murphy, Adviser, Unit for Persons Deprived of Liberty, ICRC

Care for persons with disabilities: A challenge for prison systems

- *Jacqueline Duarte Quitian, Deputy Coordinator, Physical Rehabilitation Programme, ICRC*

A joint project involving both the authorities and various organizations was launched in Colombia in 2018 through a disability platform for people deprived of their liberty. As part of the project, the partners developed a set of actions to help people with disabilities through a community-based rehabilitation strategy, which involves not only people with disabilities, but also their families and the prison community in general. The following activities are worthy of note: registering and characterizing people with disabilities, disability certification, designing a disability training module for guards and administrative staff (and a separate module for detainees), and developing inclusion activities through sport.

Development and purpose of the ARCH network

- *Brie Williams, Professor of Medicine, University of California, San Francisco, USA*

- *Jennifer James, Assistant Professor, University of California, San Francisco, USA*

The opportunity to collaborate on research across disciplines is limited. Furthermore, junior researchers often lack the mentorship needed to pursue a successful research career in this area. In response, the ARCH (Aging Research in Criminal Justice and Health) network was developed to build research capacity in this emerging field. The aim is to catalyse the impactful multidisciplinary research that is required to develop evidence-based activities that meet the needs of this historically overlooked population of older adults. Membership of the network is open to all interested parties.

Ensuring rights to justice for children affected by neurodevelopmental disability

- *Nathan Hughes, Professor of Adolescent Health and Justice, University of Sheffield, UK*

Conclusions and recommendations:

- Establish data-sharing systems with community services on possible neurodevelopmental impairment.
- Assess all young people for functional difficulties on arrival in prison, with a full assessment where necessary.
- Develop basic awareness for all staff of how neurodevelopmental impairment might influence behaviour and engagement – and provide significant training for nominated specialist staff.
- Develop generic practices that assume all prisons house young people with developmental difficulties.
- Assess fully where a young person is repeatedly subject to adjudications or penalties – and reduce the use of restraint as a default response.

DAY 3

The conference will be of enormous assistance in improving detention health in so many countries.

Participant

The objectives of the day were to:

- recognize how to adapt patient care to unique patient needs
- gain ethical guidance on health in detention
- consider the (un)intended consequences of working with private companies in prison health
- highlight the role of the initial medical assessment and how it prevents torture
- review the dangers of solitary confinement and how to end it
- underline the importance and added value of independent monitoring in places of detention
- explore how to use evidence and data to drive policy reform and improve health outcomes
- focus on health-promotion initiatives in detention
- examine the use of digital technologies in detention settings, especially in the continuum of care
- discuss educational programmes and training for health and prison staff
- explore challenges and opportunities in managing HIV, TB and COVID-19 in prisons
- acknowledge gaps in social and economic policies that contribute to poor health and social welfare outcomes
- discuss treatment and prevention of drug use disorders in prison settings.

The parallel symposium sessions continued during the first half of the day.



SESSION 16 – CHILDREN'S AND ADOLESCENTS' HEALTH IN DETENTION

Moderator: Nuria Carrera Graño, Health Care in Detention Specialist, ICRC

The health and developmental determinants of adolescent criminal justice involvement

- Nathan Hughes, Professor of Adolescent Health and Justice, University of Sheffield, UK

If support within prison systems is to be improved, then the abundant evidence of high rates of health and developmental difficulties must inform investment in specialist support services in prisons. All staff should have a basic awareness of how these difficulties might influence behaviour and engagement, while in-depth training should be provided for designated specialist staff. Everyday general practices must be appropriate to young people with developmental difficulties, including trauma-informed practices, so as to avoid reliance on diagnoses. This is not just an issue for child justice systems: young people in prison become young adults in prison.

A window of opportunity: Addressing the health needs of children deprived of their liberty in the administration of justice

- Tess Kelly, Master's in Public Administration student, Harvard Kennedy School

- Olga Havnen, Aboriginal leader, advocate and activist, Australia (recorded video)

Combined with efforts to keep vulnerable children out of detention, the provision of high-quality, evidence-based health care is crucial, particularly care that is sensitive to age, gender and culture. To demonstrate this, the presentation included a case study from Danila Dilba Health Service (DDHS), an Aboriginal community-controlled health service in Australia's Northern Territory. The DDHS case study provides an interesting opportunity to better understand the experience of an NGO providing health services in juvenile detention centres, as well as the challenges and opportunities.

Maternal and child health in a correctional institution in the Philippines

- Calvin de los Reyes, Senior Lecturer in Health Policy Studies, University of the Philippines

This qualitative study provided a detailed examination of personal mothering experiences in the Correctional Institute for Women in Mandaluyong City, Philippines. Mothers reported experiencing depression, often in relation to their inevitable separation from their child and concern about how their child would be raised. Some mothers were also anxious about the limited services available to protect their baby's health, overcrowding and poor hygiene. The Philippines, as a staunch supporter of the Bangkok Rules, should respond to the special needs of mothers in prison by sufficiently staffing and equipping maternal facilities.

SESSION 17 – COMMUNICABLE DISEASES: FOCUS ON TB AND BLOOD-BORNE INFECTIONS (2)

Moderator: Manal Bouhaimed, Assistant Professor, Faculty of Medicine, Kuwait University

TB control in the Azerbaijani places of detention in the COVID-19 pandemic

- Rafail Mehtiyev, Head of the Main Medical Department, Ministry of Justice, Republic of Azerbaijan

Thanks to partnerships and political will, the Ministry of Justice medical department established TB services in all places of detention in Azerbaijan, with timely TB detection, diagnosis and treatment, as well as follow-up with prisoners after release, infection control and staff training. With the onset of COVID-19, the department reorganized existing penitentiary TB facilities, and focused on infection control measures, health staff and medical supplies (e.g. medication and personal protective equipment). The vaccination campaign was expanded to include the whole prison population. This approach allowed the department to manage cases of co-infection with TB and COVID-19 among detainees throughout the COVID-19 pandemic and to stabilize the epidemiological situation in places of detention.

Prevention of transmission of HIV/AIDS, viral hepatitis and TB in prisons in the EU

- Babak Moazen, Postdoctoral Researcher, Institute of Addiction Research, Frankfurt University of Applied Sciences, Germany

- Heino Stöver, Professor for Social Science Addiction Research, Frankfurt University of Applied Sciences, Germany

The results were presented of a multistage scoping review into the availability of services to control infection transmission in prisons in EU countries and, consequently, to identify any gaps in service provision. EU prison health policymakers are recommended to initiate and expand the availability of acceptable, accessible and high-quality services to control the transmission of infections in prisons. The lack of infection control services in prisons is a violation of prisoners' right to health.

TB and HIV in prisons in the Central African Republic: Challenges and opportunities

- Jean Baptiste Madoundji, General Director of Pharmacy and Organization of Health Services, Health Care in Detention focal point, Ministry of Health and Population, Central African Republic

- Dieudonné Mbolinanguera, Director of Penitentiary Affairs, Ministry of Justice, Central African Republic

In March 2022, a mass screening in Bangui's three prisons detected 43 cases of TB out of the 430 suspected cases screened. The patients immediately began treatment in accordance with the national protocol. The newly detected TB cases were then tested for HIV. Challenges related to managing TB and HIV in prison settings include:

- the absence of TB screening on entry into prison and the failure to identify any active cases
- poor adherence to treatment
- too few staff and a lack of staff motivation
- little or no supervision of medical staff in penitentiary structures
- challenges related to the continuity of care.

SESSION 18 – HEALTH PROMOTION IN DETENTION

Moderator: Pasqualina Maria Coffey, Health Care in Detention Programme Manager, ICRC

Positive health in detention: A new philosophy on well-being

- Larissa Brezden, General Practitioner and Judicial Physician, Custodial Institutions Agency, Netherlands

Positive health is a concept that redefines health, shifting the focus to finding meaningfulness in life despite adversity, drawing on an individual's capacity for self-management and resilience, to be able to dynamically adapt to social, physical and emotional challenges (i.e. illness or detention). In its practical application, especially among ageing populations, an individual is first encouraged to identify aspects of health that are important to them. These insights may subsequently lead to health-promoting changes, not only in the provision of novel medical or non-medical services, but also in stimulating the detainee to take an active and autonomous role in changing what they are able to control in their life.

Health promotion in times of pandemic: Reflections from women deprived of their liberty

- Marylin Hernández Pereira, Health Care in Detention Programme Manager (Honduras), ICRC

The presentation reflected on the experiences of a health-promotion training project involving 20 women prisoners in Honduras. The project created a space of trust that led to a better understanding of the impact of prison on women's health, and exacerbated by the pandemic. It also highlighted the need to strengthen prison management through a gender-based approach.

Protecting prisoner health in the COVID-19 pandemic: Community-based health programme and more

- John Devlin, Executive Clinical Lead, Irish Prison Service

- Fergal Black, Director Care and Rehabilitation, Irish Prison Service

A senior management COVID-19 response team identified a range of measures and coordinated weekly responses across all prisons. The approach, which was agreed upon within the national public health system, was implemented by Irish Prison Service staff in all prisons. Staff underwent comprehensive COVID-19-specific training and education, which built on previous infection control modules. The Red Cross community-based health programme, a peer-led programme introduced in 2009, empowered people in detention to achieve and maintain better health, and it encouraged prisoners to embrace the changes required as a result of COVID-19, explaining that it was for their own protection.

Enabling participatory health-literacy development with female prisoners: A proof of concept

- Roy Batterham, Professor, Thammasat University, Thailand

The project applied recent approaches to health-literacy development to address and overcome concerns about participatory co-development activities in a female prison in Bangkok, Thailand. The process began with an assessment of health literacy strengths and limitations across multiple domains, grouping people according to their patterns of health literacy. The responses are used in consultation with people in detention, staff and health personnel to generate ideas designed to improve individuals' health care in prison and on release. The session discussed how the process addresses concerns about participatory activities in prison and sought to spark a discussion about the potential of these methods to make these activities feasible and productive.



T. Ruzkowski/ICRC

SESSION 19 – DEVELOPING ETHICAL GUIDANCE FOR HEALTH RESEARCH IN PRISONS IN LOW- AND MIDDLE-INCOME COUNTRIES

Moderator: Emma Plugge, Senior Clinical Research Fellow, University of Southampton, UK

Speakers: Marie-Claire van Hout, Professor of International Public Health Policy and Practice, Liverpool John Moores University, UK

Emma Plugge, Senior Clinical Research Fellow, UK Health Security Agency and University of Southampton, UK

Rose Mhlanga, Public Health and Development Department, University of Zimbabwe

The aim of this participatory workshop was to develop consensus around the key principles of conducting ethical health research in prisons. After a brief presentation on the current state of guidance on health research in low- and middle-income countries, participants considered what ethical health research in prisons looks like and how guidelines to inform practice are best developed.

SESSION 20 – HUMANE TREATMENT AND RESPECT FOR PERSONS' DIGNITY (1)

Moderator: Carole Dromer, Deputy Head of Health Unit, ICRC

Dual loyalty 2.0: Triple loyalty

- Marc Stern, Affiliate Assistant Professor of Public Health, University of Washington, USA

Privatization can take one of two forms: the whole prison, including the health unit, may be owned and operated by a private entity under contract to the government, or the prison may be operated by the government while the health unit is run by a private entity. This third loyalty, to the company's shareholders, is, arguably, even more pernicious than loyalty to the institution. Indeed, while loyalty to the institution may be at odds with the best interests of the patient, it is often – or it is meant to be – in the interests of public safety. The same cannot be said of loyalty to the company, which is ultimately only in the interests of profit. Awareness of this third loyalty should inform government policy decisions when considering whether or not to privatize prison health care.

Swiss national preventive mechanism: Monitoring activities in places of detention in Switzerland, main findings and recommendations regarding access to health services

- Livia Hadorn, Head of Secretariat, National Commission for the Prevention of Torture, Switzerland

As the Swiss national preventive mechanism (NPM, in the context of the Optional Protocol to the Convention against Torture, OPCAT), the National Commission for the Prevention of Torture has helped to enhance and strengthen access to health-care services for detainees in Switzerland. The presentation explained its mandate as the Swiss NPM, its monitoring activities in places of detention in Switzerland, the main findings and recommendations regarding access to health services, its policy work and main achievements since 2018. In its last report, the commission focused on access to psychiatric care as well as the gender-specific health needs of women.

Initial medical assessment – A prerequisite for ensuring health in detention

- Ditte Ellersgaard, Health Adviser, DIGNITY

Developed by the Convention against Torture Initiative and DIGNITY, the main purpose of this assessment tool is to guide states in implementing the initial medical assessment as an effective measure for preventing torture and ill-treatment by strengthening laws, policies, practices and procedures. While an examination based on the Istanbul Protocol constitutes the gold standard of the medicolegal documentation of torture and ill-treatment, the initial medical assessment is important in that it enables the timely identification of detainees who should be offered a thorough medical examination in accordance with the Istanbul Protocol, as some evidence of physical torture and ill-treatment will disappear over time.

What works in preventing torture: Protecting health in the earliest stages of detention helps prevent torture

- Barbara Bernath, Secretary-General, Association for the Prevention of Torture, Switzerland

In 2016, independent academic research into whether torture prevention works looked at the correlation between the incidence of torture and torture-prevention measures, including access to a medical doctor from the point at which someone is first detained. The research found that detention safeguards applied in practice work best to reduce torture, including early access to a medical doctor, but also that unannounced visits to places of detention had a positive impact. In addition, the research showed that overreliance on confessions in criminal justice systems constitutes one of the root causes of torture. This has given rise to the Méndez Principles – the Principles on Effective Interviewing for Investigations and Information Gathering.



SESSION 21 – DIGITAL HEALTH

Moderator: Najeab Al-Shorbaji, President, eHealth Development Association, Jordan

A review of areas of the use of digital technology in prisons

- Najeab Al-Shorbaji, President, eHealth Development Association, Jordan

This call for papers documented the use of digital health technology in prisons and provided an opportunity to share experiences and best practice in the use of digital technology to provide health care and medical services to detainees. The presentation examined the areas in which digital technology is used in prisons. This was then followed by a review of the papers submitted, some of which were included in the session. After the session, a summary of the presentations was prepared along with a set of recommendations for the ICRC, the WHO and governments.

Greece: Telemedicine, ehealth and teleservices implemented in immigration detention

- Anastasia Papachristou, Health Care in Detention Programme Manager, ICRC, Greece

The most comprehensive tool used by health professionals in the Greek public health system is the National Telemedicine Network (EDIT). The network, which connects telemedicine units across the country, is used by both detention health agencies and the national health service and it allows medical data to be shared. A recent study in Greece recorded an average work satisfaction rate of 82 per cent among detention health teams, thanks to remote health coaching sessions that allow for a direct and rapid response, even during the COVID-19 pandemic. Detention health actors also overcame barriers in some areas, such as a poor network connection, the need to build capacities and the need for technical support in detention and public health settings.

Technology adaptations for resource-poor countries

- Karine Duverger, Country Director, Health through Walls, Haiti
- Ivan Calder, Chief Executive Officer, Health through Walls, USA

Health through Walls is taking the lead in using technology to improve health care in prisons. The presentation discussed technology adaptations for resource-poor countries and experiences of using video-observed therapy, digital X-rays and artificial intelligence, as well as the ECHO project. Digital applications are helping to detect and treat illness among people in detention.

Digital health: Transforming the delivery of health care in New South Wales prisons

- Wendy Hoey, Chief Executive, Justice Health and Forensic Mental Health Network, Australia

The VALUE project is a collaboration between the network and the Prince of Wales Hospital, a large tertiary hospital, to integrate virtual care into the care provided to the network's patients by specialist teams. The aim of the VALUE project was to increase the use of virtual care in collaboration with the Prince of Wales Hospital to improve patient access, the patient and clinician experience and to reduce costs. The project has seen 100 per cent of suitable patients receive a virtual consultation, an average session utilization rate of 91 per cent – up from 50 per cent – and an 89 per cent reduction in the number of planned medical transfers.

SESSION 22 – MENTAL HEALTH IN DETENTION (2)

Moderator: Sarah Miller, Mental Health and Psychosocial Support Programme Coordinator, ICRC

“Necessary, but not sufficient”: Gaps in policies contribute to poor health and social welfare outcomes

- Stuart Kinner, Head of Justice Health, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne, Australia

Prisoner health programmes in Australia have made some unique and outstanding contributions to understanding the health and social welfare deficiencies for juveniles in detention and adult detainees. Despite this, the impact on social welfare and health outcomes has been, at best, modest. These observations reflect some generalizable deficiencies in the Australian criminal justice system, which provide the context for understanding the health of Australian juvenile detainees and adult prisoners and where, realistically, gains will be made. Regrettably, gaps remain, which should be of interest to comparative criminologists and health planners.

Forensic psychiatry and legal psychology project in the state of São Paulo, Brazil

- Rafael Bernardon Ribeiro, Mental Health Policies Coordinator, Ministry of Health, Brazil

The presentation discussed lessons learned and the future of mental health services in Brazil. First, mental health courts or specialized tribunals are essential to better understand the needs of mentally ill offenders, as are comprehensive follow-up, treatment and risk-management programmes, which exist in just three of 27 states and need to be increased. Second, specialist forensic mental health services are also essential and should be made available at outpatient clinics, forensic hospitals and housing facilities. These services need to be expanded with qualified staff. Third, the political will to prioritize this agenda is critical. Huge investment in infrastructure is required to expand the mental health network and boost training for health professionals. Diversion programmes are needed to prevent the mentally ill from being imprisoned by default. By keeping people out of prison and cared for in modern mental health units, they can receive the quality care that they need.

Supporting people at risk – the success of person-centred delivery

- Julie Anderson, Deputy Director, Northern Ireland Prison Service

The presentation shared the experience of developing and implementing a new approach that has significantly reduced the number of people self-harming and instances of self-harm among young offenders and

women in prison. The approach was developed as a collaboration between health and prison staff – which also involved people in custody – with a proof of concept in place within four months. The presentation also examined:

- the development and introduction of a new IT solution to enable information-sharing and easy access to background information, concerns, risk assessments and care plans
- baseline, annual data and information that showed a significant reduction in people who self-harm and instances of self-harm
- the origins and evolution of the approach and as a strategic decision that moves Northern Ireland Prison Service delivery from being process-driven to people-centred
- the long-term impact and benefits for prisoners and staff.

SESSION 23 – HUMANE TREATMENT AND RESPECT FOR PERSONS' DIGNITY (2)

Moderator: Carolina De La Torre Ugarte, Health Care in Detention Programme Associate, ICRC

The international use and regulation of solitary confinement: Achievements and remaining challenges

– Sharon Shalev, Research Associate, Oxford University, and Independent Expert, Solitary Confinement

The consequences of solitary confinement include anxiety, depression, anger, cognitive disturbances, perceptual distortions, paranoia and psychosis, self-harm, suicide and physiological problems. Despite this, it is still practised widely today, even though there is little to no evidence of its effectiveness. It also grossly over-represents ethnic minorities and other vulnerable groups and is not being used as a last resort.

No place for solitary confinement in places of detention

– Sara Snell, Prison System Adviser, ICRC

At the ICRC, a restrictive detention regime means imposing additional limitations on a detainee's freedoms beyond those typically experienced by detainees within a prison system. This includes solitary confinement.

- All countries should ensure that relevant policies and procedures are in place for the few detainees who are held under restrictive regimes.
- Health professionals should never be part of the decision-making process that places an individual under a restrictive regime as this is unethical.
- All relevant staff, including health staff working in places of detention, should be provided with suitable training and development.
- Solitary confinement should become a thing of the past.

Adapting and implementing the Norwegian Resource Team model to end solitary confinement in US Prisons

– Brie Williams, Professor of Medicine, University of California, San Francisco, USA

– Gaby Groff-Jensen, Prison Officer, Ila Prison and Detention Institution, Norwegian Correctional Service

- In order to transition people with serious mental illness and histories of violence out of long-term solitary confinement, the Norwegian Correctional Service developed the resource team model. This approach is grounded in the principle that people who engage in violence against staff and peers, which is often related to an underlying mental health condition, require additional support and resources – not fewer. Correctional staff are educated in the deleterious effects of isolation, mental illness and trauma, and trained in advanced skills in conflict resolution, de-escalation and motivational interviewing. These trained officers then lead a multidisciplinary team, including medical and mental health professionals, in programmes that aim to drastically reduce and ultimately eliminate the use of solitary confinement. The Amend programme at the University of California, San Francisco, together with the Norwegian Correctional Service have adapted the resource team model to improve outcomes for residents in Oregon's two highest-security prison units and they are in the process of adapting the model for prisons in two other US states.



SESSION 24 – DRUG ADDICTIONS AND HARM-REDUCTION PROGRAMMES IN DETENTION (2)

Moderator: Carla Kamitsuji, Psychiatrist, ICRC

Treatment of drug use disorders and associated mental health disorders in prison settings

- Anja Busse, Programme Officer, UNODC

The following topics were discussed:

- the global situation – drug use and associated mental health disorders – including in prison settings
- guidance from international policy frameworks, such as the Nelson Mandela Rules
- increasing the accessibility of treatment in the community and alternatives to conviction or punishment for people with drug use disorders and mental health disorders in contact with the criminal justice system
- examining what works with regard to the treatment of drug use disorders and mental health disorders among people in detention
- UNODC-led initiatives, including the 2021 Expert Group meeting, with proposed ways forward.

Health-care services and opportunities for opioid overdose prevention

- Kate McLeod, Health System Impact Postdoctoral Fellow, McMaster University, Canada

Two studies using linked administrative data to examine the association between the use of health-care services and opioid overdose after release. The findings of the studies suggest that providing greater access to opioid agonist treatment (OAT) in correctional facilities, including initiating treatment for people not receiving OAT prior to admission, may help reduce harm related to non-fatal overdose in the weeks following release. Policies and resources are needed to create a robust continuum of care between the community and correctional facilities.

Changes in the use of psychoactive substances during the first COVID-19 restrictive measures

- Aurélie Mieuset, General Practitioner, Prison Health Unit, Montpellier University Hospital, France

As a response to the COVID-19 pandemic, an observational study was carried out among prisoners to monitor the consumption of psychoactive substances. Tobacco and cannabis use increased, while the use of cocaine decreased. Stress, isolation and boredom were cited as factors that may have influenced detainees to use

them. The lack of availability of psychoactive substances as well as the increase in cost during this period were also cited as factors that could have led to a fall in consumption. Finally, patients noticed that the number of health unit consultations had decreased. Patients' addictological care should therefore be adapted accordingly.

Effects of extended-release buprenorphine injection

- *Jake Hard, Chair of the RCGP Secure Environments Group, UK*

The benefits of prolonged-release buprenorphine in prisons include:

- patients are less fearful about their continued treatment, e.g. next dose/withdrawal
- clinical staff worry less and face a lower administrative burden by not having to urgently follow up on community prescriptions
- there is a reduced clinical concern about co-prescribing other medication, e.g. psychiatric medication and alcohol withdrawal medication.

The patient has a weekly or monthly injection and their peers may not even be aware they are receiving treatment, which reduces stigma. The medication is also not at risk of ending up in the wrong hands. When someone is released, there is less urgency to ensure they have an immediate appointment to receive medication in the community; people who are released unexpectedly are less likely to worry; and there is added protection in terms of the prolonged effects on tolerance, which helps to reduce overdose rates and death after release.

SESSION 25 – HUMAN RESOURCES FOR HEALTH: EDUCATIONAL PROGRAMMES FOR HEALTH STAFF WORKING IN PRISONS

Moderator: Elena Leclerc, Coordinator of Health Care in Detention Programme, ICRC

The academy, the prison system and humanitarian aid: Experience of shared work

- *Diomedes Tabima Garcia, Public Health Adviser, Technology University of Pereira, Colombia*

The medical programme of Technological University of Pereira in Colombia has played an important role in developing health programmes in the prison system. By collaborating with different partners – the ICRC and the INPEC – it has managed to work with 25 establishments, training 800 people deprived of their liberty to act as health promoters and training 23 INPEC officials as trainers of health agents. It has also designed a virtual training platform. The following lessons were learned:

- The university can play a leading role in harmonizing, integrating and coordinating activities.
- Teachers and students may feel concerned about going into prisons but these feelings are overcome by being socially sensitive and developing feelings of commitment and solidarity.
- There is a need for greater receptiveness towards people deprived of their liberty when it comes to allowing them to take part in activities.

Introducing health care in detention as an educational experience in Kuwait

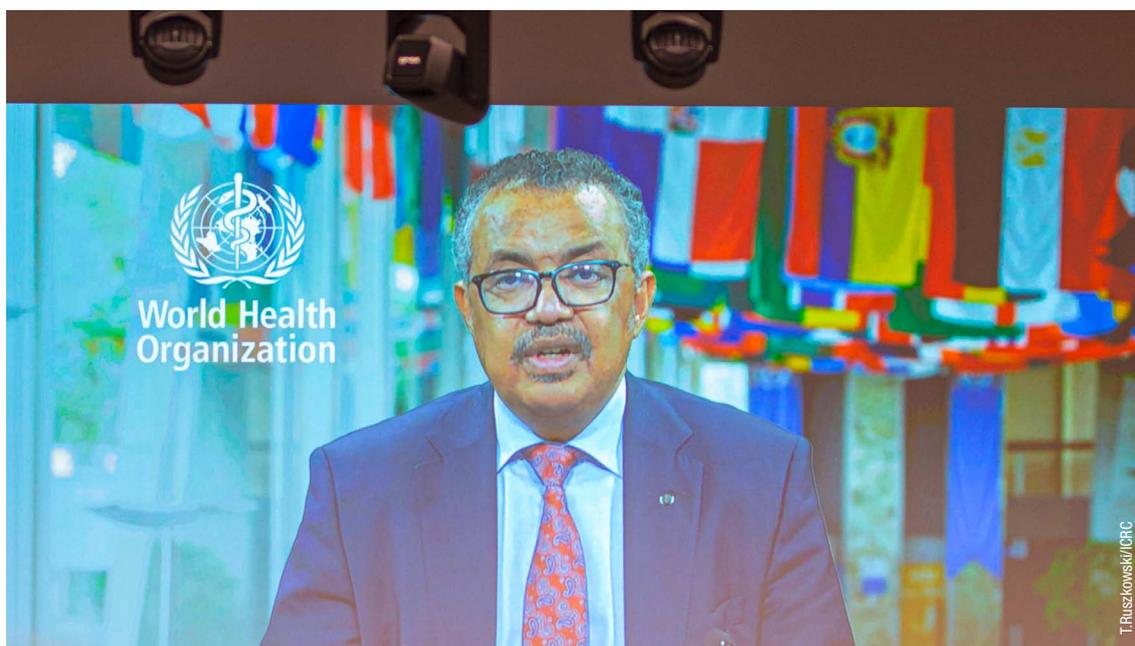
- *Manal Bouhaimed, Assistant Professor, Faculty of Medicine, Kuwait University*

Kuwait's first and only experience of introducing health care in detention into medical education was an initiative that was supported by the country's health and interior ministries. It involved introducing health care in detention topics and arranging visits to places of detention to medical students. It aimed to foster values such as social responsibility and equity, promote more favourable attitudes towards health care in prisons and reduce the stigma associated with prisoners and health-care providers. This learning experience could encourage students to consider working in a field they may not have previously considered.

Responsible medical care in Dutch prisons through learning and development for general practitioners

- Monique Panneman, Project Manager, Education Judicial Health Care, Amsterdam University Medical Centers, VUmc Academy, Netherlands
- Larissa Brezden, General Practitioner and Judicial Physician, Custodial Institutions Agency, Netherlands

The presentation examined an educational programme designed to improve health care in prison. The challenges include legal and ethical dilemmas, special areas of attention (i.e. addiction) and collaborating across disciplines. The judicial medical course at Amsterdam University involves a digital learning environment, practising with actors in order to improve skills, interacting with experts, peer exchange, working visits, and developing and implementing an improvement plan to achieve better care. The presentation also considered how these initiatives could be connected in an international programme.



Following two sets of concurrent sessions, the participants returned to the main plenary. The first set of afternoon presentations was moderated by Sara Snell, an ICRC prison systems adviser. Chutarut Chintakanont, Senior Expert on Penology at the Thai Department of Corrections, and Kanitsak Chantrapitap, Director of Primary Care Commissioning Cluster at the Thai National Health Security Office, jointly presented the progress of Thailand's interministerial development of health-care services in detention settings. Juan Miguel Petit, Uruguayan Parliamentary Commissioner for Prisons, discussed the steps that Uruguay has taken to prioritize the right to treatment as the main health issue in prison health policies. Stuart Kinner, Head of Justice Health at the University of Melbourne, and his colleague Rohan Borschmann, Senior Research Fellow, emphasized the importance of evidence and data to drive policy reform in health in detention. They discussed current research and gaps for future study.

Ahmed Aqel, an ICRC health care in detention specialist, then moderated the final plenary panel on the ICRC's experiences in supporting health-care systems worldwide, highlighting the importance of patient-centred approaches and collaboration across disciplines. Elena Leclerc, the ICRC's health care in detention programme coordinator, then presented the key recommendations from the conference, as outlined below.

The conference closed with final remarks from Director-General of the WHO Tedros Adhanom Ghebreyesus and Director-General of the ICRC Robert Mardini, who congratulated participants for their efforts and expressed their support for continuing the work after the conference.



POSTER SESSIONS

The poster sessions were held on the first two days of the conference. The 45 posters selected by the scientific committees covered the full range of topics discussed during the conference. Participants engaged with presenters in an open forum and established new connections. All regions were represented: Africa (18 per cent), the Americas (9 per cent), Asia and the Pacific (25 per cent), Eurasia (29 per cent) and the Near and Middle East (13 per cent). Organizations contributed 7 per cent of all posters. Presenters gave their consent for the posters to be made available on the website at: [Posters Exhibition – Health Care In Detention \(icrc.org\)](https://www.icrc.org/posters-exhibition-health-care-in-detention).

PRISON VISITS

The committee organized two prison visits for the day after the conference. The aim was to encourage the exchange of good practices relating to health in detention and explore how prison health services are organized in the Canton of Geneva. As Dr Hans Wolff explained on the first day of the conference, Switzerland is in the unique position of being one of the first countries to transfer the responsibility for health care in detention to the Ministry of Health. The ICRC would like to thank the Geneva cantonal office for detention and the prison health division at Geneva University Hospitals, and all the staff involved, for their warm welcome and logistical support. The visit was open to all conference attendees, although spaces were limited. Participants represented various ministries, prison management and health personnel and the international academic community.

The visits began with a brief presentation on the prisons' capacities, services and the standard procedures followed by prison management and medical personnel. The presentation was followed by a tour of the premises, including empty cells, multipurpose spaces, health facilities, visiting rooms and workshop areas. Participants asked questions about challenges and progress in the fields of health and security, and shared experiences from their own operational settings. Comments from medical and security personnel highlighted the complexities of health in detention and the benefits of interdisciplinary and interministerial cooperation.

RECOMMENDATIONS

The key outcomes of the conference encompassed all stakeholders involved in health in detention settings. The recommendations were drafted by the ICRC, with contributions from partners, speakers and participants, with a view to improving health outcomes in detention settings. Their implementation will require engagement and coordination with people with lived experiences, prison health staff, prison managers, prison staff, courts, policymakers, government ministries, civil society organizations, researchers and others.

1 DETENTION AS A LAST RESORT

Depriving people of their liberty should only be used as a last resort.

2 ACCESS TO HEALTH

Access to health is a universal human right enshrined in the Universal Declaration of Human Rights. Given that health in detention settings is a public health issue, all people deprived of their liberty should – as a matter of course – enjoy the right to access health-care services.



3 COMPLIANCE WITH STANDARDS

The conference calls on governments to comply with international standards relating to the dignified and ethical treatment of people deprived of their liberty.

4 EQUIVALENCE OF CARE

The conference stresses the right of all people deprived of their liberty to access free, comprehensive, physical and mental health care of a quality equivalent to that provided to the general public.

5 INITIAL MEDICAL ASSESSMENTS

The conference calls on prison staff and medical personnel to systematically ensure that all detainees undergo an initial medical assessment. This assessment should meet the criteria outlined in the United Nations Standard Minimum Rules for the Treatment of Prisoners, known as the Nelson Mandela Rules, including with regard to identifying exposure to torture and ill-treatment.

6 MULTI-STAKEHOLDER APPROACH

Coordinated, multidisciplinary and interdisciplinary action, using an approach that involves all stakeholders, is key to improving the health and well-being of people deprived of their liberty. This would ultimately require integrated, long-term, strategic planning by governments relating to health in detention.

6.1 The conference reiterates the WHO recommendation that “health ministries should provide and be accountable for health-care services in prisons and advocate healthy prison conditions” (WHO 2013).

6.2 Governments should foster alliances between institutions to improve policies and health outcomes for people deprived of their liberty.

7 PEOPLE WITH LIVED EXPERIENCE

People deprived of their liberty should be at the heart of any strategic plans developed by national health authorities relating to prison health care, as they are the beneficiaries of care services and the driving force behind change and transformation.



8 ENGAGEMENT WITH PEOPLE WITH LIVED EXPERIENCE

8.1 When drawing up roadmaps for health care in detention, governments and other stakeholders should ensure meaningful engagement with people with lived experience of incarceration at all stages of the process: policy, research and programming.

8.2 Independent monitoring bodies and national prevention mechanisms should include in their teams people with lived experience of detention.

9 CLINICAL INDEPENDENCE

9.1 National authorities should always guarantee and respect the full clinical independence of prison health staff, regardless of their institutional affiliation.

9.2 Health professionals must comply with medical ethics criteria when identifying injuries and documenting torture and other forms of cruel, inhumane and degrading treatment.

10 ENDING SOLITARY CONFINEMENT

10.1 Solitary confinement is detrimental to people's physical, social and mental health. Prison and health care staff should actively advocate against the use of solitary confinement in prisons. Given the proven harmful effects of solitary confinement on health of people deprived of their liberty and in line with UN Sustainable Development Goal 3, "To ensure healthy lives and promote well-being for all at all ages," states are encouraged to end solitary confinement in detention settings by 2030.

10.2 Prison health care staff should play no part in certifying fitness for solitary confinement.

11 CONTINUUM OF CARE

Health care in detention follows a continuum from the moment a prisoner is incarcerated until their release into the community. This continuum of care and the cooperation of agencies should be central to national strategic plans relating to health in detention settings. There should be effective coordination between health care in prisons and community health care services, to ensure that people's health does not suffer upon their release and during the transition between the two.

12 PREVENTION AND DECRIMINALIZATION OF HEALTH CONDITIONS

12.1 Governments must recognize the global body of evidence relating to the health and psychosocial determinants of crime and they must invest in preventive support in the fields of education, health and community services to prevent people from entering the criminal justice system in the first place.

12.2 Prison health services should take into account current trends in penal policy to anticipate future health concerns. They should advocate for policy change to prevent the criminalization of health conditions and prioritize health and well-being for all.

13 HEALTHY PRISONS FOR ALL

Places of detention, in general, fail to meet standards, with an impact on quality of care and health outcomes for people deprived of their liberty and for prison staff. Governments and prison authorities should strive to ensure "healthy prisons for all".

14 ELIMINATING BARRIERS

The conference calls on governments to eliminate operational, physical and procedural barriers to health for people deprived of their liberty.

15 ADDRESSING OVERCROWDING THROUGH NON-CUSTODIAL ALTERNATIVES

15.1 Overcrowding in places of detention has a direct impact on the health of detainees. Detaining authorities are encouraged to advocate for alternatives to detention to be incorporated into national legislation and for budgetary funding to implement them.

15.2 Governments should consider the use of non-custodial measures proposed in the Standard Minimum Rules for the Treatment of Prisoners and the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules), as well as other evidence-based alternatives.



16 PREVENTIVE CARE

Health in detention settings should not focus solely on curative care. More investment is needed in preventive measures to ensure sustainable health outcomes for the community.

16.1 All stakeholders involved in health care in detention should be aware of the importance of raising awareness of health-related issues and improving the health literacy of people deprived of their liberty.

16.2 All people living and/or working in a prison should take part in, and benefit from, health promotion and preventive care activities.

17 ALLOCATING BUDGETS

17.1 In line with national strategic plans relating to health in detention settings, governments should allocate a specific budget line for health care in prisons, taking into account the health needs of people deprived of their liberty and respecting the principles of equity and equivalence of care. Governments should focus on health in detention settings as a priority if they are to improve the health of the most socioeconomically deprived communities and the population as a whole. This includes ensuring access to medical drugs.

17.2 A transparent expenditure analysis should be carried out regularly to ensure accountability.

18 ALLOCATING HUMAN RESOURCES

Sufficient human resources should be allocated to places of detention and staff should benefit from appropriate training and continuing education – including in specific fields such as mental health and medical ethics – in order to ensure they are properly equipped and have the knowledge to provide good quality of care to people deprived of their liberty and prison staff.

19 HEALTH INFORMATION SYSTEMS

19.1 Governments need to strengthen and link detention health systems with their national health systems to ensure the proper collection and analysis of health data to inform national strategies.

19.2 Investment in digital health system transformation is encouraged as an important step “towards digital equivalence” for people deprived of their liberty.

20 ACKNOWLEDGING DIVERSE AND SPECIFIC NEEDS

20.1 Generally speaking, people deprived of their liberty, including prisoners of war, are vulnerable. People with specific vulnerabilities – including but not limited to people with disabilities, older people, women in detention, adolescents, people who identify as LGBTQIA+ and survivors of sexual violence – face serious daily challenges.

20.2 Governments and other stakeholders should acknowledge the diverse and specific needs of these groups and adopt an inclusive approach to ensure that no one is left behind.



21 INFRASTRUCTURE TO ADDRESS NEEDS

Prison infrastructure, programmes and systems should consider the specific needs of people with disabilities, including the elderly, and their rehabilitation and reinsertion into society.

22 MENTAL HEALTH

People in detention who have mental health conditions tend to be invisible and their needs neglected.

22.1 Governments are encouraged to identify and address as early as possible the needs of people with mental health conditions or substance use disorders in order to provide appropriate treatment, that is linked with the national health systems and research programmes.

23 WOMEN IN DETENTION

23.1 In line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), alternatives to detention should be considered.

23.2 Prisons are generally designed by men and for men. Particular attention should be paid to addressing the specific needs of women in detention, including but not limited to antenatal care, cancer prevention and geriatric care.

24 CHILDREN IN DETENTION

24.1 In line with the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), children should only be detained as a last resort.

24.2 When children are held in detention, global mechanisms should be established to routinely monitor and report on the health status of, and health services provided to, children under the age of 18, to ensure progress towards the implementation of applicable standards.

25 MIGRANTS IN DETENTION

25.1 Migrants should not be placed in detention.

25.2 If they are detained, the immigration detention health system should be integrated into the national health care system, to promote an intercultural and holistic approach.

25.3 Increased international monitoring of detention-like settings for refugees and asylum seekers is needed.

25.4 Children should never be detained on immigration grounds.



26 CONTINGENCY PLANS

Based on lessons learned from the COVID-19 pandemic, governments should strengthen intersectoral coordination and systematically include places of detention in their national contingency plans. These plans should be regularly tested to ensure their validity and functionality. Risks should be continually monitored and the plans adjusted accordingly.

27 RESEARCH AND FUNDING

Encourage donors, philanthropic trusts, members of the academic community, foundations and research funding bodies to undertake structured consultations with stakeholders, including people with lived experience of detention, to identify global research priorities pertaining to health in detention settings and to align these priorities with those of relevant international research and funding bodies.

28 THIRD PARTY OR FOR-PROFIT SERVICES

When engaging third party or for-profit services in telehealth or other fields, governments and prison authorities need to implement safeguards to ensure that care is never compromised for financial or political gain.

29 HEALTH CARE IN DETENTION AS A SPECIALIZED AREA OF MEDICINE

Universities and educational institutions are encouraged to treat health care in detention as a specialized area of medicine, academically accredited at the national and international levels.

30 REGULAR EXCHANGES

30.1 All stakeholders are urged to continue to facilitate and regularly hold conferences on health in detention settings, to follow up on the implementation of these recommendations, and to provide updates relating to health care in detention.

30.2 In addition, governments are encouraged to develop other mechanisms to facilitate cooperation and sharing of experiences.

30.3 Participants should share information on progress, challenges, setbacks and improvements at future regional and world conferences.

FEEDBACK AND WAY FORWARD

The conference provided a platform for dialogue and collaboration. As noted in the final recommendation above, this fruitful exchange should continue. Participants' feedback on the conference was very positive. A feedback survey revealed that 98.3 per cent of respondents expressed an interest in attending further conferences, 85 per cent wished to attend the next world conference and 89.5 per cent wished to attend a regional conference.

I think the conference represented a paradigm shift in the way we view health in detention settings, emphasizing the need for compassion for some of the most vulnerable people in our society. The presentations, delivered by inspiring speakers, contained a common thread: the need for forward-thinking (often creative) development and humanitarianism in a sector where compassion is needed the most. It was also a great opportunity to connect with like-minded people in our field. As far as my own work is concerned, the conference has provided a clearer picture of how meaningful our work is. I'm very grateful for this.

Participant

This complex event was handled with great care, excellent technical know-how and a human touch.

Participant

The conference was extremely well organized and facilitated very fruitful discussions.

Participant

With respect to future conferences, participants expressed a wish for more opportunities to participate and more time for discussions. Many also suggested that speakers should be encouraged to share setbacks and examples of failed initiatives, in order to learn from each other's experiences. The top five topics that participants wanted to focus on at future conferences were:

1. Mental health
2. Governance and leadership
3. International norms/standards
4. Experiences of people in detention
5. Evidence and data.

*The event has inspired us to set up
a network for health in detention
professionals in Africa.*

Participant

Participants are encouraged to establish platforms for regional and national networks to discuss issues and exchange information. Participants are also invited to join the WEPHREN. Becoming a member is free.

- To become a WEPHREN member: [Register at WEPHREN \(tghn.org\)](https://tghn.org)

As the organizer of the 1st World Conference on Health in Detention, the ICRC endeavours to uphold its commitment to the health and well-being of people deprived of their liberty around the world. If you have any further questions, comments or suggestions, please contact: hcd_world_conference@icrc.org

Thank you for your support and commitment to the health of people in detention; we look forward to improving health outcomes together.



The ICRC helps people around the world affected by armed conflict and other violence, doing everything it can to protect their lives and dignity and to relieve their suffering, often with its Red Cross and Red Crescent partners. The organization also seeks to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

People know they can count on the ICRC to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. The organization's experience and expertise enables it to respond quickly and effectively, without taking sides.

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ICRC

International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 60 01
shop.icrc.org
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