



## DECLARATION ON PRINCIPLES OF COOPERATION BETWEEN PRISON HEALTH AND PUBLIC HEALTH SERVICES AND DEVELOPMENT OF A SAFER SOCIETY

Adopted during the 6<sup>th</sup> Partnership Annual Conference on 25 November 2009, Oslo, Norway

***We, the participants at the Partnership Annual Conference of the Northern Dimension Partnership on Health and Social Well-being (NDPHS), in Oslo on November 25, 2009, representing the Ministry of Health and Social Well-being, and the Ministry of Justice of the Partner countries, and the different Organizations, wish to draw the attention of all Partner countries of the Partnership to the importance and necessity for developing closer links or integration between Prison Health and Public Health Services, and, as a consequence, developing a safer society.***

### PREAMBLE

Protection of democracy, human rights and the rule of law still require our vigilance, especially in relation to persons in need of health care services while detained in penitentiary institutions and other custodial settings.

*Underlying* that the main principles of all activities within the Penitentiary system are based on The 1988 Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment; The 1990 Basic Principles for the Treatment of Prisoners; The Universal Declaration of Human Rights (UDHR); The International Covenant on Civil and Political Rights (ICCPR); The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

*Welcoming* the growing partnerships between Governments, non-governmental organizations and civil society in the process of implementing these standards.

*Recognising* that there has been progress in raising general prison standards in NDPHS Partner countries. *Noting* with satisfaction the important practical steps that have been taken to implement The United Nations Standard Minimum Rules for the Treatment of Prisoners; The European Prison Rules; The Declaration on the Basic Rights of Prisoners; The United Nations Standard Minimum Rules for non-custodial measures, and the Moscow Declaration on Prison Health (WHO, 2003).

*Emphasizing* that even if significant changes are ongoing in the correctional services of NDPHS Partner countries, a number of improvements are necessary for meeting the needs for personal health services within the Penitentiary system in all of the NDPHS member

countries. There is still, however, little reason to be pleased with the state of the penitentiary system in all of the NDPHS member countries. The prison situation by 1 July, 2009 shows that there are approximately 220 000<sup>1</sup> prisoners detained in those settings. In total 8781 cases of HIV and 3692 cases of TB registered (however, not all countries register prisoners who are infected with HIV and/or TB).

*Recognizing* that the development of correctional systems must take place alongside the development of the whole political system of NDPHS Partner countries in pursuit of the democratic and progressive development of the states on the basis of the fundamental provisions which guarantee the most important human rights and freedoms to citizens.

*Taking into account* that the global financial crisis had deeply touched the lives of the world's most vulnerable persons, pushing millions into deeper poverty. *Recognizing* that poverty can lead people to commit crimes. In some partner countries, an additional serious indicator of inequities in society calling for action is the overrepresentation of indigenous population among prison inmates.

*Taking into account* that it is people living in poverty and from the most vulnerable sections of the population who make up the biggest part of those serving prison sentences. *Emphasizing* that penitentiary health services are an important component of the public health system of any country, providing prisoners with effective health services that encourage individual responsibility, promote healthy reintegration, and in turn, contribute to safe communities.

*Considering* that Governments cannot ignore prison health issues, as they constitute a fundamental component of public health. *Emphasizing* that the health and well-being of prisoners are beneficial to the society as a whole, including, but not limited to social and economic development.

*Taking into account* the need to mitigate risk of transmission and acquisition of infectious diseases in the close confines of prison environments. Overcrowding, poor hygiene, inadequate nutrition and limited access to adequate health care, diagnosis, treatment and prevention resources and commodities within penitentiary institutions, can contribute to the spread of disease and ill health.

*Noting that* there is active Tuberculosis (TB) and sexually transmitted and blood born infections (STBBIs) in the prison population. *Recognizing* that prevention, diagnosis, treatment and care are impacted by the development of resistant and especially "multi-drug" resistant forms of TB within some of these populations. Also noting the risk of co-infections that further worsens the health status. As an example, HIV infection greatly increases the risk of TB infection and the risk to develop active TB, and this accelerates the progression of chronic HIV infection to AIDS. Also noting that rates of STBBIs are higher in the prison population as compared to the general population and that these infections increase the risk for transmission and acquisition of HIV.

*Considering* that effective and efficient ways of reducing infection or communicable disease transmission include quality health services within prisons, including testing and treatment for those infected, providing prisoners with prevention, education and harm reduction measures, and also improving the prison environment by targeting overcrowding. *Recognizing* the serious problems posed by prison overcrowding and the potential threat to the rights, and health and well-being of prisoners.

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<sup>1</sup> Excluding Iceland and Canada. Data from Russia includes statistics only from the North-West Region of Russia.

*Taking into account* the diverse views concerning imprisonment, and the cost of imprisonment to society as a whole.

*Noting that* while women constitute a very small proportion of the general prison population, the recent rate of increase in the number of women in prison is greater than that for men. The prison environment does often not take into account the particular needs of women and girls in prisons and children detained with their mothers.

*Recognizing* the need for Governments to design specific responses that respect the needs of persons with mental illness, and those who are physically challenged, that are age, language, culturally and gender appropriate.

*Recognizing* the contributions of civil society organizations in improving prison conditions and in promoting respect for the rights of prisoners.

*Emphasizing* the benefits of education and training as a vital element in addressing the ability of prisoners to develop and maintain skills and qualifications that will enable them to take advantage of social, cultural and economic opportunities and effective reintegration into society through work. Considering that improving skills and helping prisoners into the labor market can reduce re-offending.

***We, the Ministers, Heads of delegations, and representatives of civil society and the private sector, assembled at the PAC meeting of NDPHS in Oslo November 25, 2009, declare the following:***

- 1) We are determined to create and/or intensify cooperation between the national authorities responsible for Health and Social Affairs and those responsible for the Penitentiary system. Social security and better public health require increased partnerships for health and social development between the different sectors, including the Penitentiary system, at all levels of governance and society.
- 2) We will stress the role of the authorities responsible for health care and organisation of health services in custody in accordance with national legislation. A clear division of responsibilities and authority should be established between the national authorities responsible for health and for other competent authorities, which should co-operate in implementing an integrated health policy in penitentiary institutions and other custodial settings.
- 3) We will engage actively in collaboration between the Partner countries of NDPHS on issues related to prisons and explore new initiatives in this direction. In this regard, the NDPHS can offer mutual benefit for health through sharing of expertise, skills, and resources.
- 4) We will work towards implementation of the strategies and policies that are developed to address prison overcrowding, as overcrowding represents a serious risk for transmission of communicable diseases. Overcrowding represents a threat to prisoners' health, and also, by release from prison, a threat to the general public. We will work towards the construction of adequate infrastructure where appropriate and

development of alternatives to imprisonment, such as community sanctions, to mitigate the issues.

- 5) We will continue to take measures ensuring that the conditions in which detainees are kept, whether they are held during the investigation of a crime, whilst waiting for trial, or for punishment once sentenced, do not contribute to the development and/or transmission of diseases and worsening of health and well being.
- 6) We will ensure that prisoners who are placed in solitary or isolated confinement have adequate access to health care services.
- 7) We will take measures to ensure that prison health care services are provided with a sufficient number of qualified staff, as well as appropriate premises, installations and equipment of a quality comparable to those, which exist in outside health facilities. In order to maintain quality and professional skills, training and continuous education will be organized for the prison health care staff.
- 8) We collectively share the view that within the penitentiary facilities high-risk behavior for the transmission of HIV, other STBBIs (among them hepatitis C), and TB occur. Therefore, there is a need to increase and strengthen the implementation of an evidence-based, ethical, and public health-driven response to HIV/AIDS, other STBBIs and TB. We need to ensure that prisoners have access to adequate means to prevent the acquisition and transmission of these infections to the extent feasible to those that are available in the outside community.
- 9) We are determined to take all necessary measures to ensure that all prisoners in NDPHS Partner countries infected with HIV or other infectious diseases have access to antiretroviral (ARV) or other necessary therapies according to the national treatment recommendations, and that national and local community programs include prison-specific components.
- 10) We will facilitate carrying out all necessary activities to decrease the extra burden of TB in the penitentiary system. Intensified TB case finding, in particular among people who use illicit drugs and/or who are either HIV positive or negative, and engaged in risky behaviours and who are at particular risk of being exposed for TB. When cases of TB are detected, all necessary measures will be applied to prevent the further transmission of the infection, in accordance with relevant recommendations in this area. Therapeutic interventions will be provided of a standard equal to that outside of prisons in every sense.
- 11) We will promote necessary measures in order to ensure that prisoners have access to the same drug treatment and counseling programs available to the population in the communities at large where applicable. This should include no-cost access to substitution therapy and counseling for prisoners in jurisdictions where substitution treatment is available outside of prisons. If appropriate, drug free prison wards should be available for persons wanting treatment for their addiction disorders.
- 12) We will ensure that offenders with mental illness are treated appropriately to their conditions, and that alternative responses to both their needs in terms of the health

care and punishment lead to positive health and justice outcomes. Where applicable, the same evaluation will be made for the pre-trial period when accused persons are incarcerated. When persons with mental disorders are released on parole from prison they must be ensured the provision of follow-up treatment if they are still in need of medication or other forms of treatment.

- 13) We will support the development of policies, practices and programs for women in prisons, which will address women's and girls' special health care needs, including special reproductive health needs, and which promote close connections to their children, families and the community. Special attention should be put on the health needs of children who accompany their mothers in prisons, emphasizing that the best interest of the children must be the main principle.
- 14) We will endeavour all activities directed to increase access of prisoners to education and skills training to develop the full potential of each detainee and to facilitate integration into society. Prisoners should be given opportunities to maintain and develop links with their families and the outside world and access to community programs.
- 15) We will recognize the importance of healthy nutrition, exercise opportunities, tobacco cessation and focus on better mental health and coping skills are seen as a resource for better quality of life in prisons and time after it.
- 16) We will work towards ensuring the provision of follow-up treatment for prisoners post-release when applicable, who are still ill, particularly with an infectious disease, as interruptions in treatment may be particularly hazardous to the individual and to the broader society. Planning for and providing a continuum of care from institution to community are essential elements of prison health care provision.
- 17) We are determined to cooperate fully in an open, inclusive, participatory and transparent manner in the implementation of all above-mentioned approaches.