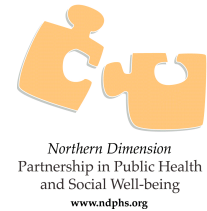


**NDPHS Strategy Working Group 2014
Fifth Meeting
Stockholm, Sweden
10 February 2015**



Reference	SWG2014 5/3/2
Title	Proposal for a prison health objective to be included in the Action Plan accompanying the NDPHS Strategy 2020
Submitted by	Germany
Summary / Note	It is suggested to include the proposed prison health objective in Objective 6.1 in the draft Action Plan accompanying the NDPHS Strategy 2020, following the description of the planned results and activities in the field of HIV/AIDS, TB and AI (page 12 in document SWG2014 5/3/1).
Requested action	For discussion and decision

Objective(s): Implement adequate health care in prisons/correctional facilities

The context

Prison populations are a vulnerable group in terms of disease emergence and spread. This issue has been addressed in numerous publications. Of special medical relevance here is the field of infectious diseases, particularly the blood-borne, drug use-related infections with hepatitis viruses (here: B and C) and HI viruses. In addition, the more or less compulsory scarcity of drugs and the resulting abstinence causes withdrawals from diverse types of abused substances. Depending on the geographical region affected, these withdrawals can be from tobacco via alcohol up to prescription drugs and legal or illegal drugs.

A particular risk that even reaches far beyond the walls of any penal institution is infectious diseases, specifically, in addition to blood-borne diseases, air-borne transmission of tuberculosis. The particular circumstances of life inside prison increase infection rates, and the “revolving door” between the prison system and freedom allows diseases to escape through the prison walls.

Policy and action deficiencies

Prison health care varies with the resources granted for that purpose and the qualification of the health care staff. Precisely in times of tight resources, it is imperative to prioritise care services and aim for the most effective use of resources through highly motivated and optimally trained staff.

General ethical principles dictate that prison inmates must be fed and cared for in a way that prevents any harm or damage to health or does not aggravate an existing condition. Medical care has to follow the principle of *nil nocere*, which means that no harm may be done. Moreover, the basic principle of prison healthcare says that care must be equivalent to that provided on the outside. This is problematic when responsibility for care provision is split between different institutions/ministries.

In prison medicine, moreover, care must always be taken to document all specific injuries resulting from assaults by fellow prisoners or officers, also those dating from the time immediately before imprisonment. Another field specific to prison medicine is the screening for injuries inflicted by state violence. This can be either torture or physical abuse.

Purpose of the NDPHS work

Considering these circumstances and descriptions of the core tasks and limits of prison medicine, international co-operation among the Member States would seem to be a promising strategy to promote the joint development of modern and internationally recognised values of prisoner healthcare and to put the resulting structures in place.

Due to the highly dynamic development in medical science, procedures and practices should be prepared in a co-ordinated approach that allow prison health care to be raised to a level comparable to that provided to the general population. This requires both legislative and budgetary policies. The intensive dialogue with opinion-leaders and policy-makers should aim to carry these ideas beyond the political bodies of the NDPHS.

Expected results of the NDPHS work

- Improved infections disease control, especially regarding HIV, TB and HIV-TB
- Reduced harm on health from imprisonment
- The Partnership will contribute to building more healthy conditions in prisons
- The Task Group will rely on HIPP (WHO EURO) and CPT standards to be basic of health care in prison

	Expected result	Indicator	Base-line	Timing (dead-line)	Data source	Responsible (organization(s), EGs etc)	Cross-cutting objectives ¹
1.	Improved infections disease control, esp. regarding HIV, TB and HIV-TB.	<p>1. Rate of patients completed diagnostic process of TB and HIV on admission according to int. Standards according to all new admissions. Expected: Increase to 100%</p> <p>2. Fulfilled diagnostic process for TB resistances within 4 weeks after TB diagnosis. Expected: Increase</p> <p>3. Rate of cases of TB with detected resistances (MDR or XDR) according to all TB cases. Expected: Decrease of MDR XDR</p> <p>4. Rate of TB and/or HIV cases treated regarding individual resistance situation according to international standards (medication, isolation, development of resistance and follow up) Expected: Increase</p> <p>5. Rate of HIV and or TB positive inmates covered with social and psychological counselling to improve compliance and therapy adherence. Expected: Increase</p> <p>6. Established and followed routine of detection of contact persons for TB positive cases. Expected: Fulfilled qualitative Indicator</p> <p>7. Established and followed</p>	To be added	2020	National data	Relevant National authorities	1,2,3,5,

¹ The expected result is contributing to the achievement of which cross-cutting objective(s)
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		through care situation for HIV TB Patients. Expected: Fulfilled qualitative Indicator					
2.	Reduced harm on health from imprisonment	1. Suicide rate Expected: Decrease 2. Use of Istanbul protocol of WHO Expected: qualitative Indicator 3. Rate of overcrowding Expected: Decrease 4. CPT standards are achieved Expected qualitative Indicator WHO/HIPP standards are achieved Expected qualitative Indicator	To be added	2020	National data	Relevant national authorities	1,2,3,4,5
3	building more healthy conditions in prisons	“Number of states with procedures in increasing health per year Number of conferences held	To be added	2020	National data	Relevant national authorities	1,2,3,5
4		1 Rate of fulfilled Through-care for TB cases at release Expected: increase 2. Established and followed routine of Through-care Expected: qualitative Indicator	To be added	2020	National data	Relevant national authorities EG PPHS	1,2,3,4,5

Possible actions

- Implementation of particular instruments / model solutions for TB control adjusted to specific local conditions. Special focus on MDR and XDR TB and prevention and detection of resistance development, if detected – provision of relevant treatment.
- Implementation of instruments for HIV control adjusted to specific local conditions. Development for strategies for improvement of other co-infections, e.g. STIs
- Collect and distribute scientific information on social economic factors regarding harmful effects from imprisonment
- Evaluate and balance punitive level for drug addiction relative to prevention, treatment and rehabilitation
- Implement minimum standards COE/CPT. Healthy prison – following WHO recommendations for prison health have to be built up.
- Exchange of relevant information between civil and prison health systems is needed as a routine.
- Ways of exchange of information (actual medication, needed treatment, planned therapies) regarding the urgency must be set up.

Deliverables:

- Development of new projects, training programmes and exchange programmes for health care professionals
- Organising (regional) workshops with participation of prison healthcare staff on and the corresponding leadership and decision-making level
- Development of a “mission statement” of prison medicine and an understanding of health care staff in penal institutions which staff can identify with and that they can also apply in their own country
- Development and piloting a “through care project” in highly problematic prisons

Target groups

National, regional and local politicians and decision-makers (incl. ministries of justice)

Medical doctors in the penitentiary system as well as Public health institutions

Prison inmates including remand prisoner and personas in detention camps.

NGOs related to the penitentiary system

Challenges/assumptions and risks

The number of participating countries.

The available/delivered data

Commitment of MS

Resources

The implementation of planned activities calls for various types of resources:

- working time of NDPHS actors
- compensation of working time, office and travel costs
- funding of planned activities
- meeting costs
- travel costs
- publication costs etc.

Geographical coverage

NDPHS Partner Countries