



Northern Dimension  
Partnership in Public Health  
and Social Well-being  
[www.ndphs.org](http://www.ndphs.org)

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

Adopted during the 14<sup>th</sup> Partnership Annual Conference on November 28, 2019, Riga, Latvia

***We, the participants at the Partnership Annual Conference of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), in Riga, November 28, 2019, 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 maintaining close links or integration between Prison Health and Public Health Services, and, as a consequence, developing a safer and healthier 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 1948 Universal Declaration of Human Rights (UDHR); the 1966 International Covenant on Civil and Political Rights (ICCPR); the 1987 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT); 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 1999 Istanbul Protocol**; the 2003 WHO Moscow Declaration; the 2006 European prison rules; the 2010 United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (“the Bangkok Rules”); the 2010 Madrid recommendations; **the 2015 UN standard minimal rules for the treatment of prisons (“Nelson Mandela Rules”)**; the 2015 CPT standards; the 2017 Lisbon conclusions; the 2018 Global Compact for Safe, Orderly and Regular Migration and many other documents in the area.

*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 rules mentioned above.

*Welcoming* the growing partnerships between governments, non-governmental organizations and international organisations in the process of implementing these standards laid out in the documents mentioned above.

*Recognising* the WHO recommendation that the responsible ministries provide clinical independence of healthcare staff and equivalence of care as well as advocate for healthy prison conditions.

*Noting* that prisons should be recognised as a “window of opportunity” offering health promotion and an environment in which to provide equitable health care to people who experience significant barriers to accessing health services in the community.

*Recognizing* progress in the field of prison health in increased equity in treatment, the principles of equivalence of care and continuity of care since 2009.

*Emphasizing* that even if significant changes are ongoing in the correctional services of NDPHS Partner countries, a number of improvements are still necessary for meeting the needs for health services within the Penitentiary system in all of the NDPHS Partner countries. There is still the need for improvement in the penitentiary system health care in all of the NDPHS Partner countries.

*Noting* that the incarceration rate in the NDPHS region in general is decreasing, it still differs widely reaching from 37 per 100.000 persons to 402 per 100.000 persons. Still there are more than 200 000<sup>1</sup> prisoners detained in those settings, who are subject to prison health care.

*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 there are people living in socially disadvantaged conditions and from the most vulnerable sections of the population, and suffering from significant health inequalities, who make up the majority of those serving prison sentences.

*Emphasizing* that penitentiary health services are an important component of the whole 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.

*Acknowledging* that good prison health is contributing to reducing reoffending and acknowledging that access to good health care inside and outside prison is a human right, confirmed in the Universal Declaration of Human Rights.

*Emphasizing* that prison health constitutes a fundamental component of public health and that the health and well-being of prisoners is beneficial to society as a whole, including social and economic development, and the achievement of the United Nations Sustainable Development Goals, through the provision of universal health coverage to all individuals, including those in prisons.

*Taking into account* that the flux of migration in the NDPHS region is having an impact on prison population and leads to an increased need of intercultural competence to address cultural differences and language barriers.

*Acknowledging* that in most countries, despite the importance of effective health services and systems in prisons to address health issues and inequalities, not enough is known about the existing prison health systems, including governance, the level of provision, implementation and quality of health-care.

---

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

*Recognizing* that the public health challenges are inadequately met in prisons. The burden of several health issues such as mental health, infectious diseases, addiction, oral health and non-communicable diseases in prison health settings is higher compared to the general society.

*Taking into account* that adequate treatment for infectious and non-communicable diseases, as well as health promotion, in prison settings has significant positive effects for public health in general.

*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 prevention, diagnosis, treatment, care and rehabilitation resources and commodities within penitentiary institutions, can contribute to the spread of disease and increase ill health.

*Noting that* there is a higher prevalence of active tuberculosis (TB) and sexually transmitted and blood born infections (STBBIs) in the prison population compared to the general 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 of people in prison.

*Noting* that adequate antiretroviral therapy for HIV leads to viral suppression and prevents further transmission of HIV and that Hepatitis B can be prevented through vaccination programmes, and hepatitis C infections are curable by short term anti-viral medication.

*Considering* that effective and efficient ways of reducing infection or communicable disease transmission include quality health services within prisons, testing and treatment for those infected and those suffering from drug abuse and addiction, providing prisoners with education, preventive and harm reduction measures.

*Recognizing* the serious problems posed by prison overcrowding to the rights, and health and well-being of prisoners.

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

*Noting that 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 disorders, and those who are physically challenged, that are age, language, culturally and gender appropriate.

*Recognizing* that the general demographic trend of an increased proportion of older people in the society is reflected in the prison population and therefore calls for adequate social and healthcare response. We acknowledge that prisoners are often considered as geriatric when they reach the age of 50-55 years.

*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 labour market can reduce re-offending.

***We, the Ministers, Heads of delegations, and representatives of international organisations, assembled at the PAC meeting of NDPHS in Riga, November 28, 2019, declare the following:***

- 1) We are determined to ensure the same standards of health care that are available in the community and providing access to necessary healthcare services to prisoners without discrimination.
- 2) 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. Taking into account the management and coordination of all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility.
- 3) We will stress that prison health services should be reflected in national health policies and systems ensuring equity of care, including the training and professional development of the healthcare staff. The role of the authorities responsible for health care and organisation of health services in custody is 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.
- 4) 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.
- 5) We will work towards implementation of the strategies and policies that are developed to address prison overcrowding, as overcrowding represents a serious risk to social, physical and mental health. 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 and development of alternatives to imprisonment, such as community sanctions, to mitigate the issues.
- 6) 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.
- 7) We will ensure that prisoners who are placed in solitary or isolated confinement have adequate access to health care services.
- 8) 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 community health facilities. In

order to maintain quality and professional skills, training and continuous education will be organized for the prison health care staff.

- 9) We will pursue the necessary efforts to improve adequate monitoring and surveillance systems on the health of people in prison in close collaboration with WHO and other relevant organizations and networks, in order to bridge the gap between evidence and policy.
- 10) We collectively share the view that within the penitentiary facilities high-risk behaviour for the transmission of HIV, Hepatitis C Virus (HCV), other STBBIs, and TB occur. Therefore, there is a need to strengthen the implementation of an evidence-based, ethical, and public health-driven response to infectious diseases. We need to ensure that prisoners have access to adequate means to prevent the acquisition and transmission of infections to the extent feasible to those that are available in the outside community.
- 11) We are determined to take all necessary measures to ensure that all prisoners in NDPHS Partner countries infected with HIV, HCV or other mainly blood-borne infectious diseases have access to testing, antiviral (AV) and necessary therapies according to the international treatment recommendations, and that international, national and local community programs and strategies include prison-specific components.
- 12) We will facilitate carrying out all necessary activities to decrease the extra burden of TB in the penitentiary system. Intensified TB case finding, focusing on those who are at particular risk of being exposed to 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. We will intensify our efforts to detect and treat drug resistant-TB. Therapeutic interventions will be provided of a standard equal to that outside of prisons in every sense.
- 13) We will promote necessary measures in order to ensure that prisoners have access to the same drug treatment and counselling programs available to the population in the communities at large. This should include no-cost access to opioid substitution/ maintenance therapy and counselling for prisoners in jurisdictions where substitution/ maintenance treatment is available outside of prisons. If appropriate, drug free prison wards should be available for persons wanting treatment for their addiction disorders.
- 14) We will ensure that offenders with mental disorders are treated appropriately to their conditions, and that alternative responses to both their needs in terms of the health care and punishment lead to better 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 a follow-up treatment if they are still in need of medication or other forms of treatment.
- 15) We will ensure that other health problems including non-communicable diseases and oral health are addressed in the same manner as in the outside community.

- 16) We ensure that prisoners with special needs and decreasing functions including physical, mental or other disabilities have full and effective access to prison life on an equitable basis, and are treated in line with their health conditions.
- 17) 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 priority.
- 18) We will support all activities directed to increase prisoner's access 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. We will especially support actions addressing the parental role of inmates regarding the health of their children, emphasizing that the best interest of the children must be the main priority.
- 19) We will recognize the importance of balanced nutrition, physical activity, tobacco cessation, reduced alcohol consumption and other life-style related conditions. We focus on the fact that better mental health and coping skills are seen as a resource for better quality of life in prisons and after release.
- 20) We will work towards ensuring the provision of follow-up treatment in the community for prisoners post-release, who are still ill, particularly with an infectious disease and mental health problems, 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 / through-care.
- 21) We are determined to cooperate fully in an open, inclusive, participatory and transparent manner in the implementation of all above-mentioned approaches.