



Declaration
Moscow, 24 October 2003

Prison Health as part
of Public Health



DECLARATION ON PRISON HEALTH AS PART OF PUBLIC HEALTH

(ADOPTED IN MOSCOW ON 24 OCTOBER 2003)

The delegates present at the joint World Health Organization/Russian Federation International Meeting on Prison Health and Public Health, held in Moscow on 23 and 24 October 2003, took as the basis of their discussions the fundamental international standards relating to the need for a close link between public health and the provision of health care to those in prison.

The guiding principles for this Declaration are the following:

The International Covenant on Economic, Social and Cultural Rights (Article 12):

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

United Nations Basic Principles for the Treatment of Prisoners, Principle 9:

Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

United Nations Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Principle 1:

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

In addition, the delegates noted the Eleventh General Report on the activities of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and its statement on state obligations to prisoners even in times of economic difficulty:

The CPT is aware that in periods of economic difficulties (...) sacrifices have to be made, including in penitentiary establishments. However, regardless of the difficulties faced at any given time, the act of depriving a person of his liberty always entails a duty of care which calls for effective methods of prevention, screening, and treatment. Compliance with this duty by public authorities is all the more important when it is a question of care required to treat life-threatening diseases.

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Delegates at the International Meeting on Prisons and Health in Moscow on 23 and 24 October 2003, representing senior staff from prison and public health services across Europe, wish to draw the attention of all countries in Europe to the essential need for close links or integration between public health services and prison health. Delegates draw attention to the fact that these problems are topical not only for penitentiary systems in European countries but also for the whole global community. Delegates also noted previous statements made and instruments adopted by the United Nations and Council of Europe on the rights of prisoners.

In all countries of the world, it is people from the poorest and most marginalized sections of the population who make up the bulk of those serving prison sentences, and many of them therefore have diseases such as tuberculosis, sexually transmitted infections, HIV/AIDS and mental disorders. These diseases are frequently diagnosed at a late stage. In addition, no country can afford to ignore widespread precursors of disease in prisons such as overcrowding, inadequate nutrition and unsatisfactory conditions.

Delegates noted that penitentiary health must be an integral part of the public health system of any country. In this connection, it is necessary for both prison health and public health to bear equal responsibility for health in prisons. The reasons for this are:

- Penitentiary populations contain an over-representation of members of the most marginalized groups in society, people with poor health and chronic untreated conditions, drug users, the vulnerable and those who engage in risky activities such as injecting drugs and commercial sex work.
- The movement of people already infected with or at high risk of disease to penitentiary institutions and back into civil society without effective treatment and follow-up gives rise to the risk of the spread of communicable diseases both within and beyond the penitentiary system. Prevention and treatment responses must be based on scientific evidence and on sound public health principles, with the involvement of the private sector, nongovernmental organizations and the affected population.
- The living conditions in most prisons of the world are unhealthy. Overcrowding, violence, lack of light, fresh air and clean water, poor food and infection-spreading activities such as tattooing are common. Rates of infection with tuberculosis, HIV and hepatitis are much higher than in the general population.

The situation that has arisen in penitentiary systems in the majority of European countries calls for a whole range of urgent measures to be carried out, aimed at preventing the spread of diseases among detainees, carrying out vigorous information and education work among them and providing them with the means of preventing diseases. The delegates recommended the following as a basis for improving the health care of all detained people, protecting the health of penitentiary personnel and contributing to the public health goals of every member government in the European Region of WHO:

- Member governments are recommended to develop close working links between the Ministry of Health and the ministry responsible for the penitentiary system so as to ensure high standards of treatment for detainees, protection for personnel, joint training of professionals

in modern standards of disease control, high levels of professionalism amongst penitentiary medical personnel, continuity of treatment between the penitentiary and outside society, and unification of statistics.

- Member governments are recommended to ensure that all necessary health care for those deprived of their liberty is provided to everyone free of charge.
- Public and penitentiary health systems are recommended to work together to ensure that harm reduction becomes the guiding principle of policy on the prevention of HIV/AIDS and hepatitis transmission in penitentiary systems.
- Public and penitentiary health systems are recommended to work together to ensure the early detection of tuberculosis, its prompt and adequate treatment, and the prevention of transmission in penitentiary systems.
- State authorities, civil and penitentiary medical services, international organizations and the mass media are recommended to consolidate their efforts to develop and implement a complex approach to tackle the dual infection of tuberculosis and HIV.
- Governmental organizations, civil and penitentiary medical services and international organizations are recommended to promote their activities and consolidate their efforts in order to achieve quality improvements in the provision of psychological and psychiatric treatments to people who are imprisoned.
- Member governments are recommended to work to improve prison conditions so that the minimum health requirements for light, air, space, water and nutrition are met.
- The WHO Regional Office for Europe is recommended to ensure that all its specialist departments and country officers take account in their work of the health care needs and problems of penitentiary systems and develop and coordinate activities to improve the health of detainees.