Fifteen Years of the WHO Health in Prisons Programme

The WHO Health in Prisons Programme is a consortium of administrators and practitioners appointed by the health ministries and prison services of 46 European nations dedicated to improving health in prisons.[1]

You might ask what a physician from California is doing speaking to you about an organization from the World Health Organization Europe? Well the best way I can answer that is to say that for an old prisoner human rights advocate like me its instructive and uplifting to see an effective effort at encouraging and assisting reforms for prison medical and public health care. The WHO HIPP members discuss seriously and implement national public health programs in prisons. For example Spain has needle exchange in all of its prisons and other countries are heading that way including Belarus, Kyrgyzstan, Moldova and Germany. Most European lockups have opiate substitution programs as a central part of their drug treatment regimen. Where existent needle exchange and drug treatment have largely ended the in prison transmission of HIV and Hep C.

For the past forty years I have been visiting prisons. I've worked as a human rights advocate or a correctional medical consultant at 45 different prisons and jails in the US and toured others in Europe. I've logged many a mile on the lonely highways going to and from rural prisons particularly in California. During this time I've labored for better medical care and more humane conditions in our prisons.

When I began in 1970 there were 21,000 prisoners in California's state prisons and the "law and order" Governor Ronald Reagan had just let 1,000 convicts out early to help balance the budget. Today there are 165,000 women and men in California's lockups and despite a declared state of emergency and multiple US Federal Court orders during the past five years, the legislature and prison administration can't figure out how to release one person to reduce the population to manageable size. The medical care inside California's prisons has been repeatedly found to be in violation of the US Constitution; that is to be cruel and deliberately indifferent to known urgent medical needs.

So my forty years with prisoners, their families, their lawyers and many wonderful human rights advocates have in many ways felt like I was banging my head against a brick wall. Those bruises found a balm when I was introduced to the WHO Health in Prison Project about 10 years ago. It has been a joy and a blessing to work with HIPP administrators and members. How uplifting it has been to see jailers and health care administrators and staff work together creatively to deliver good care and to reap the benefits to society of well managed prisons. Prisons whose task is to send prisoners home in better shape than when they came in. Their leadership has been astounding in important public health work inside like TB control and drug treatment and drug use prevention, as well as HIV and Hepatitis C prevention. I hold their work up as a beacon for us in this hemisphere to bath in and learn from. Let's look at what this WHO Programme is and at some of what they have accomplished.

HISTORY

For most of the last century prison medical services got little public health attention in Europe. In the 1980s with the breakup of the Soviet Union and the emergence of dramatic TB and HIV/AIDS epidemics, European nations began to look closely at the incarcerated populations. I remember sessions at APHA meetings about the international effort to quell the MDR TB outbreaks leaking out of prisons in Russia. By the early 1990s the Council of Europe had organized a survey of European prison health and a seminar on the topic. One outcome of the meeting was a proposal to WHO to establish a network of countries to share their experiences and find guidance based on solid practice.

In October 1995 the WHO and the United Kingdom government arranged a small international exploratory meeting of senior prison health representatives from eight countries along with staff from relevant NGOs and the Council or Europe and the European Commission. The WHO Health in Prison Project (HIPP) was launched. Its main aim was to be the improvement of all aspects of health in prisons through changes in prison health policies brought about by the production and dissemination of consensus recommendations based on best practice derived from experiences and initiatives from all over Europe. The representatives would consist of senior policy advisers from the governmental department responsible for prison health. The representatives would be officially vetted by WHO through the country's health ministry. Yearly meetings, annual reporting including site visits by experts and the production of consensus statements were tasks taken up. The UK agreed to establish the WHO Collaborating Centre to help coordinate activities.

ACTIVITIES AND PLANS

Each annual meeting has two parts. There is a network meeting where members report on issues or developments in prison health in their country and develop projects and draft statements. The next day is given to a conference to hear from key experts and consider priority themes and draft statements. Three areas were first identified: communicable diseases, mental health and drugs.[ii]

The first issue assessed by HIPP was communicable diseases. The collapse of the Soviet Union had left its huge prison system underfunded. Malnutrition and interrupted antibiotic treatments for TB created prison generated MDR TB outbreaks brought to the community by prison staff. Also because of the high numbers of IV drug users in prisons the HIV/AIDS epidemic was in full swing inside. HIPP's first consensus statement was developed asserting prisoners' right to health care equivalent to what is available in the community, and recognized the prisoners often come from the poor and marginalized parts of society. The *Joint Consensus Statement (1998)* came out against segregation of HIV positive prisoners and for prevention, voluntary testing, counseling and WHO and UNAIDS standards. As well it acknowledged that overcrowding, malnutrition and poor hygiene conditions in prisons must be overcome in the interests of public health.[iii]

Next HIPP turned to mental health. Their work focused on mental health promotion in prisons rather than on diagnosis and treatment of serious mental illness. The report noted that deprivation of freedom is intrinsically bad for mental health and that counter measures are required. HIPP developed a checklist of recommendations for prison managers around mental health issues.[iv]

HIPP next tackled the subject of illicit drugs in prison. They worked with other European agencies to publish a consensus paper in 2001 called "*Prisons, Drugs and Societies*…" One of the main messages in the statement was that it is insufficiently recognized that much more could be done within the prison system around harm reduction and drug treatment. In fact prisons provide a unique opportunity to do so.[v] HIPP deepened its analysis and provided more guidance on harm reduction by adding to the statement in 2004.

Having formalized its work on communicable diseases, mental health and drugs HIPP turned to the special needs of minority group prisoners. In 2003 HIPP published a consensus statement on "Promoting the Health of Young People in Custody."[vi] And in 2007 a statement was published on "Women's Health in Prison."[vii] I attended the meeting in Kiev where the final consensus was developed on women's health. There was strong input from the ministry and prison managers and also from NGOs and experts who had special knowledge and interest in the plight of women behind bars. Like all of HIPP consensus documents there is a strong human rights framework that underpins the ideas and program suggestions.

An important topic of discussion within HIPP has been the problems associated with the isolation of prison health from the rest of a country's health services. Having a separate service perhaps under the ministry of justice creates problems in recruiting health professionals, in maintaining standards and in ensuring continuing professional education. Prison care was not integrated into national plans on communicable disease or drug use. The WHO Moscow Declaration, "Prison Health as Part of Public Health" was developed at the 2003 HIPP annual meeting and distributed widely in English, Russian, French and German.

In 2007 HIPP published a basic handbook for prison medicine entitled, "Health in Prisons." As the Deputy Regional Director of WHO Europe, Dr. Nata Menadbe said of this publication:

> I commend this guide as a worthwhile way of reducing the risks to public health from inadequate services and as a way of promoting health and welfare among some highly disadvantaged people. This can contribute to reducing inequity in health. It is increasingly being recognized that good prison health is good public health.[viii]

HIPP continues providing tools to its members through innovative programs like the Best Practice Awards given at its annual meetings and the creation of a prison health database using indicators to assess progress of the member states in health care reform.

CONCLUSION

HIPP has grown from 8 countries at the beginning in 1995 to include 46 nations at the present. Consensus statements have been produced and widely distributed on the major health problems facing European prisons. Annual meetings provide a place for policy analysis and development and collaboration. By emphasizing prison health as public health HIPP has encouraged England, France and Norway to integrate prison health directly into their public health system. NGO partners of HIPP have contributed perspective and expertise to the process. Of course there remain significant barriers to better care. Overcrowding, rising prison populations, resource restriction, traditions of benign neglect and low esteem for rehabilitation efforts all contribute to problems in moving forward.

WHO HIPP has helped prison health to find firm footing on the public health agendas in Europe and provides one mechanism for other regions to build the infrastructure of that important project.

[i] Gatherer et al, *The World Health Organization European Health in Prisons Project After 10 Years: Persistent Barriers and Achievements,* AJPH, Oct 2005, Vol 95, No 10, p. 1696 - 1700

[ii] Ibid.

[iii] HIV/AIDS, Sexually Transmitted Diseases and Tuberculosis in Prisons. Joint Consensus Statement, WHO/UNAIDS. Geneva, Switzerland, World Health Organization; 1998.

[iv] Consensus statement on mental health promotion in prisons. World Health Organization and Health in Prisons Project, 1998. Available at: http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health.

[v] Prisons, Drugs and Society: A Consensus Statement on Principles, Policies and Practices. Berne, Switzerland: WHO Health in Prisons Project and the Pompidou Group of the Council of Europe. Available at: http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/publications/prisons,-drugs-and-society

[vi] Promoting the Health of Young People in Custody. A consensus statement on principles, policies and practices. Copenhagen, Denmark: WHO; 2003. Available at the WHO Health in Prisons Programme website.

[vii] Women's Health in Prison: Correcting Gender Inequality in Prison Health, WHO; 2009. Available at: http://www.euro.who.int/__data/assets/pdf_file/0004/76513/E92347.pdf

[viii] Health in Prisons: A WHO guide to the essentials in prison health, WHO, 2007. Available at: http://www.euro.who.int/__data/assets/pdf_file/0004/76513/E92347.pdf