Final report of the WHO National Counterpart meeting on Prison Health

14-15 October 2010, Copenhagen, Denmark

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Thursday, 14 October 2010

§ Policy

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Expert joint meeting

Opening session

Dr Lars Moller, WHO Regional Office for Europe
Dr Nedret Emiroglu, WHO Regional Office for Europe
Dr Andrew Fraser, WHO Collaborating Centre, UK

Dr Lars Moller welcomed participants to the 15th anniversary meeting of the WHO HIPP Network meeting. Five new Member States were welcomed to the Network; Bosnia and Herzegovina, FYR Macedonia, Montenegro, Turkey and Turkmenistan. The Network now has 44 Member States – 18 from Western Europe, 16 from Central Europe and 10 from Eastern Europe – and a number of international partners.

The main activities undertaken in 2009-2010 include:

- 2009 Madrid Conference and Madrid Recommendation;
- Madrid HIPP Network Meeting;
- involvement in the development new UN Rules specifically on women in prison (Bangkok meeting November 2009);
- development of checklists on women's health in prison (together with UNODC), as a follow up on the Kiev Declaration;
- development of WHO Recommendations on the prevention of post-release overdose deaths;
- start of a project to develop a WHO Framework for the assessment of prison health;
- writing papers (among which the mini-symposium and Women's Health in Prison: the case for urgent action to address gender insensitivity and social injustice);
- participation in conferences; and
- country activities in Moldova, Serbia, Albania, Kosovo and Kyrgyzstan.

Dr Moller also outlined plans for the coming year including:

- publication of an updated version of 'Health in Prisons. A WHO guide to the essentials in prison health' depending on available resources;
- development, publication and dissemination of checklists and guidance notes on women's health in prison – follow up on Declaration on Women's Health in Prison;
- development of the WHO Framework for the assessment of prison health or link this to our stewardship activities;
- continuing country activities;
- organization of a 2-day Network Meeting in 2011;
- organization of a round-table on Harm Reduction measures in prisons in Central-Asia;
- coordination of prison health activities with the WHO Collaborating Centre, UK;
- collaboration with WHO HQ and global partners to support activities on prison health outside the European Region;
- conducting prison health assessment activities; and
- participation in international conferences and meetings.

Dr Nedret Emiroglu welcomed participants to the WHO Regional Office for Europe in Copenhagen and gave the Regional Director's apologies for being unable to be present. Dr Emiroglu recognized the Health in Prisons Project as one of the flagships of WHO Europe which is proud of its achievements; she thanked the Collaborating Centre in the UK for its continued support and congratulated members on their many achievements over the past 15 years.

Dr Emiroglu's main observations were:

- All prisoners have the right to receive health care equivalent to that in the community but there is often a gap between public health and prison health services.
- The Network has raised awareness of prison health.
- Prison health is now high on the political and public health agendas.
- The separation of prison health from public health is a risk for global health.
- The movement towards a transfer of responsibility for prison health from Ministries of Justice to Ministries of Health is to be welcomed.
- The recommendations of this Network are implemented throughout Europe and its publications used all over the world.
- Interest in the work of this Network is increasing rapidly in other parts of the world.

Dr Emiroglu concluded by saying that she would be interested in any recommendations from the meeting, which she would take to the Regional Director.

Dr Andrew Fraser welcomed participants to the meeting and thanked WHO for hosting the meeting at its Regional headquarters. He paid tribute to the strength of the Network in providing a supportive forum for members to learn from each other by discussing problems as well as sharing good practice.

As well as celebrating the achievements of the past 15 years, Dr Fraser set out some of the challenges now facing the Network and its members, in particular:

- there are still gaps between policy and practice in many places;
- there is a need to engage with those working in prisons who are outside the health sector;
- there is a need to demonstrate that we are having an impact; and
- there is a need to increase the dialogue between prison health and the wider health work of WHO.

Dr Fraser suggested that the meeting should take the opportunity to address these issues, look ahead to the coming years and decide how we want the Network to take these issues forward.

Prison Health in the 21st Century: The Stewardship of Prison Health

Chair: Dr Sven Todts, Medical Director, Prison Health Care Service, Belgium

Does it matter which Ministry is responsible for the health of prisoners?
Mr Paul Hayton, Deputy Director, WHO Collaborating Centre, Department of Health, UK

The current trend is to move towards the integration of prison health services with public health. A small group of countries have transferred responsibility for prison health from the Ministry of Justice to the Ministry of Health: Norway, England & Wales, France and the majority of Australian States. Several other countries are working towards such a transfer.

Mr Hayton posed the question: if we have a separate health system for prison health, can that be equivalent to what is available in the community? He concludes:

- separate is inherently unequal.
- a Ministry of Health / community services oriented prison health service is more likely, on balance, to yield the best healthcare for prisoners compared to a Ministry of Justice / internal prison health service.

The following rationale for the transfer of responsibility to the Ministry of Health is put forward:

- Human rights improvements.
- Potential for staffing improvements.
- Potential for improved resources.
- Better healthcare for prisoners.
- Improved public health for society.

However:

- The Ministry of Health route is not a magic solution.

- The Ministry of Justice route can also be made to work well, where there is close co-operation with public health services.
- Solutions will differ depending on the particular circumstances of each Member State.

The Norwegian Experience
Dr Karsten Kronholm, The Bergen Clinics, Norway

Responsibility for health services in prisons in Norway was transferred from the Ministry of Justice to the Ministry of Health in 1987. The main outcomes of this transfer are:

- Prison health service has become a 'normal' part of the health services in the community in Norway.
- Inmates are medically treated the same as other people.
- The quality of prison health services has improved greatly since 1987.
- Health personnel in prisons are cooperating with, but independent of, the prison administration.
- There have been few conflicts between health personnel and prison administration.
- Doctors consider prison health service as much more 'normal' medical work than before.
- Prison doctors spend 20% of their time in prisons and 80% in the community. No doctors do prison health as their only duty.

The French Experience
Mr Gerald Astier, Ministry of Health and Sports, France

Since 1994 health in prisons in France has been the responsibility of the Ministry of Health. Each prison is twinned with its local hospital and if necessary aligned with a specialist psychiatric facility. Mr Astier outlined the main outcomes of the developments since 1994:

- Improvements in the care of somatic disorders.
- New structures for delivering health care to prisoners.
- The introduction of health practices to the penal environment (although this was something of a culture shock)
- There was a large increase in costs and in the number of staff over the years following the transfer.

Some issues remain :

- A territorial network is difficult to operate.
- Shortage of resources in terms of staff and funds.
- Staff recruitment problems.
- The care of the disabled or ageing detainees.
- The continuity in the care of released detainees.
- The relationship between penal establishments and health establishments could be improved.

The Spanish Experience
Dr Jose Manuel Arroyo, Deputy Director of Health Care Co-ordination, Spanish Penitentiary Institutions

In 2003 an Act was passed which required the responsibility for prison health in Spain to be transferred from the prison administration to the health administration in each autonomous community. To date this has only been achieved in Catalonia.

Some of the outstanding problems involved in achieving the transfer include:

- agreement around transfer of finances;
- public opinion has to be informed about the need for, and the urgency of, transfer
- a lack of knowledge about the penitentiary health care model from health authorities in the autonomous communities;
- training procedures have to be established for the exchange of knowledge between staff from both organizations;
- a co-ordinating mechanism needs to be established to facilitate the transfer and resolve any problems; and
- the transfer has to be placed high on the public policy agenda.

Dr Arroyo believes that the transfer of responsibility, when fully implemented, will have the following advantages:

- improved co-ordination of services for prison health care;
- better access to detection, prevention and health promotion services for prisoners;
- improved continuity of care;
- improved control of communicable diseases;
- improved public health for the wider community;
- optimization of material and personnel resources; and
- opportunities to solve medical and legal problems regarding mentally disordered offenders.

The Latvian Experience
Dr Regina Fedosejeva, Chief of Medical Department, Latvian Prison Administration

In 2004-2006 Ministry of Justice and Latvian Prison Administration (LPA) prepared "Conception of Prisoners' Health Care in Latvia" which aimed to:

- improve prisoners' health care;
- end discrimination of prisoners in health care; and
- achieve the gradual transition of penitentiary health care to the jurisdiction of Ministry of Health.

The major reasons put forward to support the transfer in Latvia are:

- it is not currently possible to provide prisons with necessary medical specialists, equipment and technologies;
- there is an absence of close and necessary connections between prison medical specialists and public sector medical specialists;
- the financing of prisoners' health care is dependent on people unconnected with medicine and therefore prisoners' health is not priority for them; and
- prison medical staff is dependent on staff from prison administration.

The recent economic crisis has led to a decrease in funding for prison health services in Latvia and a significant cut in prison medical staff. This has increased the pressure for the remaining staff in prison health care.

The Latvian Prison Administration continues to insist upon the integration of prison health care into public health care but the transfer of responsibility has not yet been achieved. A positive steer from this WHO meeting would influence the promotion of cooperation.

The Kosovo Experience
Dr Milazim Gjocaj, Head of Prison Health System, UN Administered Province of Kosovo

The prison health service (PHS) in Kosovo is the responsibility of the Ministry of Justice. There is cooperation between the PHS, Ministry of Health, private clinics and NGOs. There are a number of challenges, including the fact that it is difficult to attract doctors to work in prisons. The aims for the development of prison health services in Kosovo are:

- **Short term**
  Improving the quality of the services
  Improving the working conditions of the staff
  Closer cooperation with Ministry of Health

- **Medium term**
  Adopting Council of Europe and WHO recommendations and service standards for health in prisons

- **Long term**
  Integrating the PHS into the Ministry of Health as a specific department whilst protecting the professional autonomy, priorities and budget

Strategies for achieving these aims include:

- close co-operation between Ministry of Health and Ministry of Justice;
- development of permanent training programmes;
- establishing new standards for prison health;

- looking to WHO for guidance and support; and
- learning from the experience of other countries.

The UK Experience
Dr Andrew Fraser, Director of Health and Care, Scottish Prison Service
Co-Director, WHO Collaborating Centre, UK

In England and Wales the budget for prison health was transferred from the Prison Service to the Department of Health in 2003. The changes were completed in 2006 with prison health services being locally commissioned to national standards with regional supervision. This means that the National Health Service commissions all health services for prisoners in publicly funded prisons in the same way as it does for the rest of the community.

The results of this transfer of responsibility for health services in prisons are:
- Accurate assessment of needs
- Clarity of Service requirements
- Adequate Funding
- National Standards
- Effective Partnership working

Scotland is mid way through reforms following the publication of a report in 2008 which identified the isolation of prison health from mainstream health services and concluded that existing arrangements were unsustainable.

Some of the challenges in achieving the transfer of responsibility include:
- Creating strong local partnerships
- Recognizing that prisons are public health settings
- The key role of the Prison Governor in shaping and leading a healthy prison remains
- Cultural differences between prison and health services

Dr Fraser stressed that such major reforms are complex and it is important to be able to:
- justify the reasons for the reforms;
- be clear about the objectives;
- motivate staff and recognize the good work already being done; and
- measure improvements in terms of social justice, health inequalities and through care.

General discussion

Following the presentations a discussion between panel members and participants raised the following issues regarding the stewardship of prison health:

- Prison doctors often find themselves with conflicting responsibilities and ‘dual loyalty’ problems.
- There may be a risk of losing the special knowledge of prison health staff when mainstreaming services with public health.
- Recruitment and retention of staff is a problem in some countries.
- Ministers of Health are not always aware of what is happening in prisons.
- Human Rights issues need to be considered.
- To achieve a transfer of stewardship support is needed at both the political level (e.g. appropriate laws and funding) and the technical level (e.g. co-ordination of services, continuity of care).
- We need to stress the impact good prison health can have on the health of the wider community.
- There has to be effective leadership.
- The case for change has to be clear – including making clear what would happen if change doesn’t take place.
- There is a need for guidance from WHO on this issue (which should take account of the differing circumstances in different countries).

(The issue of the stewardship of prison health was discussed in greater detail during the group work session on 15 October.)

Dr Todts in his remarks referred to the richness of experience brought by the members to this meeting.

Member State Presentations

Chair: Ms Brenda van den Bergh, WHO Regional Office for Europe

The Danish policy on the treatment of drug users as a tool to obtain better health conditions within prisons
Mr Niels Loppenthin, Chief Consultant, Department of Prisons & Probations, Division of Enforcement of Sentences, Denmark

Mr Loppenthin outlined a number of treatment options available to drug users in Danish prisons including drug free units, substitution therapy, hash programmes and motivational therapy. The treatments are provided by a mixture of prison and community staff. The national strategy in Denmark was 'normalisation' in that treatment in prisons is the same as in the community. There is a policy of voluntariness in that none are forced into treatment. Treatment is by law; everyone has the right to treatment.

Some results:

- 2200 joined some of the treatment programmes in the period from September 2009 – August 2010.
- 1300 of these either completed a programme or are still in one of them
- Less than 100 people left a treatment programme voluntarily
- In the first three years with the treatment guarantee almost 90% received treatment within the agreed time limit of 14 days.

Health services in prisons in Albania and the rate of disease
Dr Majlinda Kerciku, Health Specialist, General Directorate of Prisons, Albania

Dr Kerciku gave an overview of prison health services in Albania. The Ministry of Justice is responsible for health care in prisons although there is an inter-institutional agreement for co-operation between the Ministry of Justice and Ministry of Health and also significant involvement of NGOs in providing services to prisoners.

Some changes are underway in Albania with the aim of:

- the inclusion of inmates and detainees in the general health insurance scheme;
- the transfer of health services to the responsibility of the Ministry of Health – this would help with:
  increasing the quality of the health care provision; and
  equality of the salaries of prison health care staff and community medical staff.
- providing a special institution for mentally ill convicted people deemed by the courts to not be responsible for their actions; and
- delivering an agreement for collaboration between Ministry of Justice and Ministry of Health for the provision of health services for mentally disordered offenders via part time contracts for regional hospital doctors.

Tuberculosis in prisons in Tajikistan: epidemiology, measures implemented and plans for the future
Dr Sadullo Saidaliev, Co-ordinator of Prison Health, Tajikistan

Dr Saidaliev reported on the current situation regarding TB in prisons in Tajikistan.

The main problems currently being faced are:

- lack of funding;
- shortage of staff;
- increase in MDR-TB in prison population;
- increase in TB-HIV co-infection;
- lack of integration between prisons and community services; and
- inadequate throughcare/follow up when prisoners are released.

In future the aim is to:

- increase the availability of DOTS;
- improve awareness of TB treatment programmes;
- continue testing TB patients for HIV;
- increase the number of prisoners with TB receiving treatment; and
- improve throughcare.

Non-communicable diseases and risk factors

Chair: Dr Lars Moller, WHO Regional Office for Europe

Nutrition: the work of WHO in the European Region
Mr Joao Breda, Programme Manager Nutrition, WHO Regional Office for Europe

Mr Breda presented information from a range of studies which demonstrate how important nutrition is to the prison population.

- Nutrition has an important role to play in the prevention, treatment and control of communicable diseases.
- Nutrition and TB are intimately interrelated. Nutrition plays an important role in the genesis, complications and therapy of TB.
- Due to overcrowding and poor nutrition, TB rates are 10 to 100 times higher than in the community.
- HIV and chronic drug abuse both compromise nutritional status. For individuals with both disorders, the combined effects on wasting, the nutritional consequence that is most closely linked to mortality, appear to be synergistic.
- Substance abuse clinicians can improve and extend patients' lives by recommending healthy diets
- Patient-centred nutrition education and counselling can improve the health of HIV-positive people.
- Anti-social behaviour, including violence, in prisons is reduced by vitamins, minerals and essential fatty acids.

What guidance is needed on food provision in prisons?

- Healthy eating
- Guidelines
- Food procurement
- Cooking & food safety
- Service

Dr Breda highlighted the following instruments for use in working towards improving nutrition and physical activity in prisons and the general community:

The European Charter on Counteracting Obesity

- contains strong statements and ambitious objectives

The WHO European Action Plan for Food and Nutrition Policy 2007-2012

- provides a framework for action by Member States
- identifies six key action areas
- sets out a series of priority actions

Tobacco: the work of WHO in the European Region
Mrs Kristina Mauer, Technical Officer Tobacco, WHO Regional Office for Europe

In introducing her talk Mrs Mauer said that her presence at the meeting showed the intention within the Region of working together more horizontally across sectors.
The prevalence of smoking among the prison population is generally significantly higher than levels among the general population. The prison setting therefore represents an opportunity to access key smoking cessation target groups that are normally hard to reach in terms of stop smoking support - for example disadvantaged populations and younger men.

Case studies have identified that a high proportion of prisoners expressed a desire to quit and there are high levels of demand for cessation programmes. Pilot programmes have clearly illustrated that that cessation programmes in prison settings can be highly effective.

The approaches which have been most commonly and successfully used are a package of:

- training of prison staff as cessation advisers;
- six week course of group support sessions and/or one-to-one brief interventions, together with free NRT provision, provided for the duration of the recommended treatment regime; and
- staff cessation support (one-to-one).

The WHO Framework Convention on Tobacco Control (WHO FCTC) which came into force in 2005 sets out legally binding objectives and principles that countries who ratified it must follow. The WHO FCTC guidelines on protection from second-hand smoke state: “Careful consideration should be given to workplaces that are also individuals’ homes

or dwelling places, for example, **prisons**, mental health institutions or nursing homes. These places also constitute workplaces for others, who should be protected from exposure to tobacco smoke".

In practice, approximately 15% of the prisons in countries in the European Region there is a smoke free policy (although definitions of smoke-free may vary); 56% of countries allow designated smoking rooms in prisons, and 29% do not have any legislation on prohibiting smoking in prisons.
In discussion, the position in Canada was mentioned, where there is a legal challenge (on human rights, freedom of the individual) to introducing smoking bans. In Hungary, there is a law to protect non-smokers and prisoners on admission can choose a non-smoking cell; but it is difficult to implement. Much depends on the prison management. Non-smoking units are working well in Slovenia. Estonia does not allow smoking in prisons, only outside.

Post-release overdose deaths
Dr Lars Moller, WHO Regional Office for Europe
Ms Mackenzie Bisset, WHO Regional Office for Europe

Dr Moller presented the WHO publication: 'Prevention of acute drug-related mortality in prison populations during the immediate post-release period'. The document sets out the risk factors for overdose deaths and contains specific recommendations on how best to prevent overdose deaths among the prison population upon release from prison.

Key recommendations are as follows:

- Service delivery and programmes, which adhere to:
  - Equity of care
  - Evidence-based practice
  - Continuity of care and treatment stability
  - Building partnerships and networks

- At the prison level:
  - Services must include building healthy therapeutic relationships
  - Education is needed for all stakeholders in:
    - Drug use prevention
    - Risk behaviour
    - Overdose prevention
  - Post-release vulnerability needs to be decreased. Support is needed to address:
    - Physical and practical needs
    - Psychological needs
    - Social needs

- At the national level, key structures and services must include:
  - Providing a comprehensive, countrywide framework of drug treatment
  - Determining which service or agency must take responsibility
  - Recognizing and addressing the specific needs of particular subgroups
  - Monitoring, risk assessment and evaluation of interventions

Ms Mackenzie Bisset presented the findings of a survey on post-release overdose deaths in the European Region which looked at:

- Responsibilities and provision of health care
- Testing and education while incarcerated
- Naloxone availability
- Substitution treatment
- Monitoring post-release
- Consistency of care

The study found that prison health is primarily under the care of the Ministry of Justice, which can lead to a lack of throughcare once released. Types of drug therapy and the levels of drug treatment offered vary among Member States. Naloxone is available prior to release only in 2 out of the 18 Member States which replied.

Ms Bisset urged those Member States that had not yet completed the survey to do so in order that a fuller picture from across the Region can be presented.

In discussion, it was mentioned: that Scotland has a trial on the giving of naloxone; the teaching of resuscitation skills could also help; not yet decided between an injection or a spray, although sprays seem less effective; Sweden is planning the use of long-lasting naloxone; there has been a small study in Berlin, along with first aid training; it is used in home leave in Denmark; there is a bigger study in the UK underway; methadone substitution therapy very effective in preventing overdose deaths; detoxification often a dangerous way forward; EMCDDA's annual report in November will have figures on substitution treatment.

Friday, 15 October 2010

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Update from WHO Europe & Collaborating Centre

Chair: Dr Andrew Fraser, WHO Collaborating Centre, UK
Dr Lars Moller, WHO Regional Office for Europe
Mr Paul Hayton, WHO Collaborating Centre, UK

Dr Moller first thanked the WHO CC for hosting the dinner on the previous night.

He mentioned that 'SharePoint' will have copies of al presentations in due course as a help to keeping the issues alive. The **Network** now has 44 members from a total of 53 countries of Europe. Invitations are sent to all Ministries of Health and interest is rapidly increasing. **International partners**: most are here today; we are always considering new partnerships to the network. **Last year's conference** was the largest we have had, with 350 people attending; it was a big task, we cannot hope to do the same every year; he paid tribute to Spain who covered much of the costs
Dr Moller then reminded members of the list of activities and publications he had outlined at the start of the meeting which had also included the country activities of a busy year. **The website** has been changed and improved; the aim is to make it lively and although there are many 'hits' it could be better. Looking ahead, **The Guide** needs to be upgraded but co-sponsors will be needed. **15 years** of the network will be celebrated and the founder of it, Cees Goos, has been invited to speak.

In concluding, Dr Moller said he appreciated the close work with the Collaborating Centre and thank Brenda and Nina for all their hard work; there is considerable expertise available in the WHO Regional Office and the network makes good use of that, such as Tina in the public relations office.

Mr Hayton outlined some of the activities undertaken by the Collaborating Centre in the past year including:

- involvement in drafting the Madrid Recommendation;
- speaking on behalf of the Network e.g. at the World Aids conference in Vienna; and
- strategic input with WHO and the Network's Steering Group to deliver the WHO agenda on prisons and health.

Mr Hayton also reminded participants that the next round of WHO HIPP Best Practice Awards will be awarded in 2011. Members should contact Mr Hayton for further details on the nomination criteria and process.

Mr Karim Benthami, Administrative Services Supplies and Conference Officer in the Regional Office, showed some alarming slides about the sudden flooding of the Regional Offices on August 14th 2010 which completely closed the offices; there was considerable work needed to bring the offices back into use and he praised the efforts of all staff in helping in such difficult circumstances.
He then briefly indicated the exciting plans for the future: this would involve the Regional Office for WHO coming together in new premises in a UN City, on the same campus as o0ther UN agencies in Copenhagen; it would provide good productive working environment and could encourage agencies to interact together. Different focus groups have been established so that needs can be clearly established. The timetable sees these buildings opening in 2013; it will be an intelligent building, and environmentally friendly with a maximum intake of heat and temperature control inside.

The work on prison health in the WHO Western Pacific Region

Ms Sandra Del Pino, WHO Western Pacific Regional Office

Ms Del Pino informed the meeting of some of the work being done by the WHO Western Pacific Regional Office (WPRO). The overall objective of the work is to improve public health by improving prison health. WPRO has decided to focus on TB and HIV/AIDS as 'entry points' to this work.

Ongoing and planned activities include:

- verification of data on prisoners in the WPRO region available in the public domain;
- description of links between Ministry of Health and Ministry of Justice and other relevant ministries;
- framework for assessment of prisons;
- assessment (3 countries) and recommendations;
- strengthening capacity among stakeholders; and
- meeting with stakeholders to discuss main conclusions.

Ms Del Pino particularly stressed the importance of strengthening ties with WHO Europe on prison health issues. Though the challenges and difficulties may be different, there is interest and value in linking with WHO Europe and much to learn from the experience of the WHO HIPP Network.

Professor Michael Levy, from Australia, said that although there were similarities and some differences, the important thing in his mind was that WHO was taking the lead. Linking together, we can initiate a global movement. He made the challenges in his Region very clear with some facts, such as only 2 have signed up to the protocol against torture etc. There is great variation and some are very uncommitted as yet.

In discussion, Dr Fraser welcomed their contributions and their initiative as prison health issues were of global concern, He wished them every success and on behalf on the Network, offered whatever support we could give. We also would learn from their efforts as progress depended on a two-way process. We should remember that in many ways we are very fortunate in Europe.

Member State Presentations

Chair: Dr Andrew Fraser, WHO Collaborating Centre, UK

The prison health and healthcare situation in Hungary and best practice for screening of HBV, HCV and HIV positive inmates

Dr Kornelia Harsanyi, Head of Epidemiology and Public Health, Hungarian Prison Service

Dr Harsanyi gave an overview of the prison health system in Hungary. Prison health services are jointly funded by health insurance and the Hungarian National Public Health and Medical Officer Service (ÁNTSZ) which controls the health service and and co-ordinates activities concerning:

- public health;
- epidemiology;
- health promotion (health protection, health education and health maintenance); and
- health service administration.

There is a high demand for primary health care services in prisons in Hungary. Services are provided by specialist prison doctors with some services being based on the model of a community hospital.

NGOs, pharmaceutical companies and prisons work in partnership to provide a programme of education and testing for HCV which is a voluntary programme available to prisoners and staff. There is also education and testing for HBV and HIV and a HBV vaccination programme is being planned.

One of the major problems currently facing the service is a lack of adequate funds for drugs.

Monitoring and Evaluating Health Education Sessions to Prevent TB in Prisons

Dr Lucia Mihailescu, Medical Officer, Dr. Ludmila Lucia Mihailescu,
Co-ordinator TB Projects Implementation Unit, National Administration of Penitentiaries, Romania

Romania has implemented a series of activities to improve TB control in prisons with support from the Global Fund:

- Administrative measures – establishing a legal instrument for TB Infection Control in prisons
- Environmental measures – reducing TB infection reservoir in prisons through
  - settlement of respiratory isolation rooms
  - settlement of sputum collecting rooms
- Health Education for TB prevention
- Training of non medical staff, mainly security staff in TB infection control
- Training of health practitioners in implementing National TB Programme

Dr Mihailescu presented an outline of the health education programme for TB prevention in prisons which is designed to increase awareness of prisoners and staff and ensure adherence to good TB practices in prisons. In particular she focused on the training of teams of health educators, including staff and prisoners, in each prison and the introduction of innovative training methods.

Early feedback on the training materials demonstrated a need for more user-friendly approach for prisoners and interactive learning tools. As a result, training and publicity materials have been improved and e-learning packages implemented. Evaluation of the impact of the use of internal health educators to deliver training in prisons has shown a beneficial effect and produced an increase in knowledge about TB risk factors, transmission, recognition of symptoms and evolution of the disease.

Dr Daniele Berto addressed the meeting to inform participants about the international Throughcare conference being organized in Padua, Italy 6-7 October 2011. This would be the first ever conference on throughcare for prisoner health. Dr Berto raised the possibility of hosting the next WHO HIPP Network meeting alongside this conference. The theme of the conference takes forward issues raised by the Madrid Recommendation and will provide an opportunity for HIPP members to network with a wide range of professionals and academics. Amongst the benefits for HIPP members would be meeting the governors of prisons in the Veneto Region and developing a role for Italy in linking to the WHO prison health programme.

International Partner Presentations

Chair: Ms Gerda van't Hoff, Policy Adviser, Ministry of Justice Correctional Institutions Agency, The Netherlands

Council of Europe's Pompidou Group
The Pompidou Group: linking policy, research and practice in tackling drug related problems
Dr Sergei Bazarya, Council of Europe's Pompidou Group

Dr Bazarya outlined the origins, structure and role of the Pompidou Group. The Group is an intergovernmental body formed in 1971 which today comprises 35 Member States. The Pompidou Group's core mission is to contribute to the development of multidisciplinary, innovative, effective and evidence based drug policies in Member States. It aims to:

- link policy, practice and science;
- provide a multidisciplinary forum at the wider European level where it is possible for policy-makers, professionals and researchers to discuss and exchange information and ideas on the whole range of drug misuse and trafficking problems; and
- play a bridging role between EU and non-EU countries.

The Group's work has 6 platforms - groups of experts - looking at issues concerning:

- Prevention
- Treatment
- Research
- Ethics
- Criminal justice
- Airports & aviation

Dr Bazarya outlined details of activities and projects underway in each of the platforms.

The work programme planned for 2011-2014 includes organizing a work

group on methods and approaches of criminal justice sector in dealing with recidivism among drug addicted offenders in order to analyse the patterns of recidivism and prerogatives for successful interventions and possibly develop a set of guidelines based on successful instruments to prevent recidivism.

There are Ministerial conferences every four years and there are meetings of country representatives to coordinate drug policies. An overview will be published soon on young people using drugs, including the wide practice of polydrug use and will include treatment guidelines. There is a database of researchers, which is open to all,

At the conference on prison, drugs and society in 2001 it was pointed out that all drug policies should include measures for tackling drug use in prisons.(Editorial note: this was the joint conference in Berne arranged with WHO HIPP; reports available).

Projects starting this year included training in harm reduction in Moldova and a project in the Ukraine aimed at brining Ukrainian anti-drug policy and practice closer to European standards.

AIDS Foundation East West (AFEW)
The work of AFEW on prison health in Eastern Europe and Central Asia: the need for collaboration between state and non-state actors.
Dr Mikhail Volik, AIDS Foundation East West

Dr Volik presented an overview of AFEW's activities on HIV prevention in prisons.
HIV prevalence among prison inmates ranges from 2.4% in Belarus to 15% in the Ukraine. HIV in the EECA is largely IDU driven and Dr Volik argued that existing drug policies make prisons into HIV hubs (and more recently into HIV and TB hubs).

AFEW focused on prisoners and ex-prisoners with HIV or injecting drug use experience and looked at the health issues they face at different stages of detention. They found that the major problem on release from prison is the interruption of treatment due to the separate nature of prison health systems and community health systems. In response to this problem, AFEW are helping countries to implement client management systems to provide continuity of care to prisoners before and after release. Key activities include:

- producing a client management resource toolkit and standards;
- developing client management services;
- training staff, monitoring & evaluation, technical support for Social Bureaus';
- creating partnership networks of service providers; and
- establishing new services to meet the most acute needs (social, psychological, legal, employment) of target audiences.

Dr Volik concluded:

- Communicable diseases like HIV infection, TB, hepatitis B and C have higher prevalence in the prison system than the community.
- AFEW's experience shows that prevention of these diseases is feasible within the prison system.
- Partnership between state and non-state actors is crucial for prevention programs in prisons.
- It is important to mobilize available resources and invest in Human Resources.

Checklists on Women's Health in Prison

Ms Brenda van den Bergh, WHO Regional Office for Europe
Dr Fabienne Hariga, United Nations Office on Drugs and Crime

Ms van den Bergh and Dr Hariga presented an update on the development of the checklists on women's health in prison. The checklists are a follow up to the WHO/UNODC Declaration on Women's Health in Prison which was launched in 2009. They are intended as a practical tool to be used by Member States to assess their current situation regarding women's health care in prison by assessing practices and policies at 3 operational levels:
1. Decision and policy makers
2. Senior prison managers
3. Prison health staff

The checklists are now ready to be piloted in Member States to determine whether they are a useful approach to bringing about policy review and change. In particular, the pilot phase will look at:

- the response rate to the questions;
- whether the questions are relevant;
- whether the questions are understood well;
- whether the questions are realistic;
- whether there are issues missing; and
- when questions are left unanswered, whether this has to do with
  - unavailability of data;
  - unwillingness to answer due to sensitivity/ confidentiality of data; or
  - other reasons.

Discussion followed the presentation and volunteers for the pilot study were sought. There was strong support for the checklists from the meeting and the following countries volunteered to act as pilots:

Belgium
Latvia
Netherlands
Romania
Slovenia
UK

WHO Europe will contact those countries to formalize arrangements and the checklists document is available to all Network Members for comments (on the SharePoint website for this meeting). It is envisaged that the piloting phase will take place from November 2010 to March 2011. UNODC will also pilot the checklists outside the European Region – specifically in Nepal and Afghanistan. The meeting requested that attention be given to validated translations of the checklists.

Group Work

Chairs:
Mr Paul Hayton, WHO Collaborating Centre, UK
Dr Lucia Mihailescu, National Administration of Penitentiaries, Romania

The meeting divided into four groups for discussion. The groups were asked to consider the following issues:
- The stewardship of prison health
- Lifestyle issues
- The future of the WHO Health in Prisons Project

The following is a summary of the issues raised and suggestions for action:

Stewardship:
- Participants welcomed the opportunity to discuss the issue of stewardship in some detail.
- There are ethical questions around the doctor's relationship with patients if medical staff is under the control of the prison system rather than the health system.
- Transfer to Ministry of Health is desirable but important to consider needs, rights and responsibilities of doctors and other staff as part of the transfer.
- Need greater exchange of information about how transfer from Ministry of Justice to Ministry of Health has been achieved in different countries and what actually changed following the transfer.
- Must to be able to justify need for change and potential outcomes to politicians
- Transfer to Ministry of Health should bring about improvements in throughcare for prisoners.
- Ministry of Health must have close involvement in prison health even if responsibility lies with another Ministry.
- Need more information on the costs associated with a transfer to Ministry of Health.
- Strong suggestions that WHO should establish a task force to facilitate the sharing of experience and produce guidance on how the change can best be achieved.

Lifestyle:
Various examples of approaches to issues around smoking, sexual health and nutrition in prisons were discussed. Participants felt that they would benefit from greater exchange of information on best practice or innovative approaches in these areas.

Smoking:
Various approaches exist in different countries.

Majority feel that complete ban on smoking in prisons is difficult/unfeasible.
Prisons need greater emphasis on prevention measures.
Members would like to learn from others' experience in introducing smoke free cells and other initiatives.

Sexual Health:
Amount of private visits and home leave vary between countries.
Some allow private visits for 'legal partners' only.
Suggestion that increased private visits would help prisoners and would reduce incidences of rape and men having sex with men.
Suggestion that condoms should be available in all prisons.

Nutrition:
Suggestion that more should be done to improve nutrition in prisons.
Concern that difficult economic circumstances mean that improved nutrition will not be top of the agenda for prisons.

WHO HIPP:

- Strong support for the network as a way of exchanging experiences, problems and best practice.
- Network is considered as essential for the development of prison health in the Region.
- Strong support for linking next year's network meeting with the throughcare conference in Padua.
- Should continue and develop work on stewardship.
- Suggested topics for future workstreams/meetings:
    - Throughcare
    - Elderly prisoners
    - Hepatitis B/C
    - Communicable Diseases
    - Mental Health
    - Somatic disorders
    - Experience of NGOs working in prisons
    - Health professionals working in prisons – needs, responsibilities, rights, benefits.
    - Health education of minority prisoners
    - Rights of EU prisoners in non EU detention

Discussion followed the feedback session. The key themes which emerged were:

- Stewardship – there is a need for WHO HIPP to establish a task force to assess the current situation in Member States and produce guidance to assist countries in making the transition from Ministry of Justice to Ministry of Health.
- Role of the Doctor in prison health – conflicts need to be acknowledged.
- Support for linking to the throughcare conference in Padua in October 2011.

Steering Group Membership

Dr Andrew Fraser, WHO Collaborating Centre, UK

Dr Fraser presented a discussion paper which looked at WHO HIPP Steering Group membership and made the following proposals:

- Retain the Collaborating Centre, whose status has been renewed until 2013.
- Retain most international partners, whilst offering some way out for those who have not sent representatives to meetings for some time.
- Invite country representatives to remain, subject to review from time to time, from the Netherlands, Russia and Spain.
- Consider ways to recruit members from Central Europe and/or Central Asia.
- Identify colleagues for specific items in order to support major parts of HIPP's work.

The meeting supported the proposals. The Steering Group will take this work forward and report back to the Network.

Dr Hans Kluge
Director, Division of Health Systems, WHO Regional Office for Europe

Dr Kluge addressed the meeting and congratulated members on the development and continued success of the HIPP Network after 15 years. Dr Kluge praised the continued expansion of the Network, the quality of WHO HIPP publications and the practical work undertaken between WHO and Member States.

Dr Kluge focused in particular on MDR-TB and DR-TB which are topics of special focus for the Regional Director. He acknowledged the work of the Network in creating a forum for sharing best practice on this issue and in producing the status paper on TB in 2007. WHO Europe is currently developing a consolidated action plan 2011-2015 on fighting MDR-TB Dr Kluge said that the work of the Network would be a valuable contribution to this work; a participatory approach was to be used and the network's links to Ministries of Justice would be helpful.

Dr Kluge confirmed that prison health remains a high corporate priority for the WHO Regional Office for Europe.

Concluding Thoughts

Dr Lars Moller, WHO Regional Office for Europe
Dr Andrew Fraser, WHO Collaborating Centre, UK

Dr Moller thanked participants for an extremely participative and productive meeting. There was indeed a 'richness of experience' and progress was being made all over Europe. But we cannot be complacent and we need to move on, although that will not be easy in the current financial position .He highlighted the following themes which had emerged over the 2 days:

- The importance of prison health to public health
    - need to continue to promote this message to governments
- The stewardship of prison health
    - more work will be done on this over the coming year
- The strengthening of existing partnerships
    - joint production of the Madrid Recommendation
    - collaboration with UNODC on women's health in prisons
- Developing new partnerships
    - continue to promote work of Network to other Regions
    - look forward in particular to exchanging experiences with WPRO
- The acknowledgement that the coming year will be difficult due to economic pressures.

Dr Moller stressed the importance of the continued involvement and support of Member States in the work of the Network. A full report of this meeting will be produced. We have collected good evidence, but we must continue to have Member support.

Dr Fraser congratulated the Network on a very successful meeting. Clear messages emerged from the meeting which will inform the work programme for the coming year – in particular the issue of the stewardship of prison health. Dr Fraser commented that we need to make a clear and evidence based case for the transfer of responsibility for prison health to Ministries of Health and also make efforts to reach out to the prison management and justice sectors as well as the health sector.

Dr Fraser congratulated the Network on 15 years of superb achievements. The
Network provides a constructive environment for rich and frank discussions where we can exchange ideas and learn from each other. Dr Fraser also thanked WHO HIPP's temporary adviser Dr Alex Gatherer for his outstanding contribution to prison health over the 15 years of the project and in particular for his energy, commitment and hard work in furthering and promoting the work of the Network.
In concluding his remarks, Dr Fraser thanked WHO for hosting the meeting in Copenhagen, it felt like coming home! There were immense challenges ahead and we must not take our achievements for granted as they were 'fragile'.

Close of meeting

15 years of WHO HIPP

Mr Cees Goos, former lead on Alcohol and Drugs, WHO Regional Office for Europe, responsible for establishing the Health in Prisons Project

Mr Goos was invited to address the meeting. He shared some background about the origins and development of the Project and congratulated Members on their achievements over the past 15 years. In particular, Mr Goos singled out the following as key achievements:

- Producing an enormous amount of guidance, technical and moral support
- Producing a mechanism which makes prison medicine stronger
- Making prison medicine a more respected branch in medicine
- In the EURO region, serving as an example for other WHO regions
- Carrying out country work
- Developing the Project into a corporate priority

Mr Goos acknowledged the support of a number of individuals and organizations who have contributed to the success of the project and noted the critical role of the UK in pushing forward the prison health agenda. He also highlighted a number of important publications and events which had an impact on the Project's development.

Mr Goos recognized the achievements of Dr Moller, his team and the Collaborating Centre for their leadership and Member States for their continued enthusiasm and support. He then set out his own thoughts on areas the project could focus on in the future. They are:

- Implementation – ensuring that staff working in prisons are aware of the project.
- Prison design – recognizing the importance of the physical environment on the mental and physical health of prisoners.

- Prison management - the role of the prison governor is crucial.
- Prison staff health – make sure health is becoming everyone's concern.
- HIPP for all detainees - including detainees in immigration centres and prisoners of conscience.

Finally, Mr Goos commended the leadership of WHO Regional Office for Europe for having the courage and wisdom to promote the Project and make it a corporate priority and wished the Project well with its future work.