

6th Prison Health Conference

Prison health systems: the interface with wider national health systems



**Helsinki, Finland
26–27 March 2019**

ABSTRACT

The 6th Prison Health Conference was held on 26–27 March 2019 in Helsinki, Finland, co-hosted by the WHO Regional Office for Europe, Public Health England and the Government of Finland. The conference focused on the importance of continuity of care from prisons to the community. Prison can be a critical setting in a person's life course in which unmet health needs can be identified and addressed. However, in order for health improvements achieved in prison to be maintained over the life course, continuity of care between prison and community health systems is vital. Efforts to improve public health and reduce health inequalities at the population level should be inclusive of prisons. The conference concluded that prisons are a vitally important setting to ensure that countries "leave no one behind" as part of their goals to realize Universal Health Coverage and achieve the United Nations Sustainable Development Goals.

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Abbreviations

ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GP	general practitioner
GPW13	13th General Programme of Work 2019–2023
HCV	hepatitis C virus
HIPED	Health in Prisons European Database
HIPP	Health in Prisons Programme
ICRC	International Committee of the Red Cross
NDPHS	Northern Dimension Partnership in Public Health and Social Well-being
NGO	nongovernmental organization
NHS	National Health Service (United Kingdom)
OSCE	Organization for Security and Co-operation in Europe
OST	opioid substitution treatment
PHE	Public Health England
PMTCT	prevention of mother-to-child transmission
PRI	Penal Reform International
SDG	Sustainable Development Goal
SMRs	Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules)
TB	tuberculosis
TCN	Transitions Clinic Network (USA)
UNODC	United Nations Office on Drugs and Crime
USAID	US Agency for International Development
WEPHREN	Worldwide Prison Health Research & Engagement Network
WHO	World Health Organization

Optional prison visit (25 March 2019)

In cooperation with the Finnish National Institute for Health and Welfare, the Health Care Services for Prisoners and the Criminal Sanctions Agency, participants were invited to visit Suomenlinna Prison, an open prison located on Suomenlinna Island, Helsinki. The visit provided an opportunity to learn about the Finnish prison system, prison health care services, and the rehabilitation activities in Suomenlinna Prison. Presentations were given by Mika Peltola, Criminal Sanctions Agency, Dr Hanna Hemminki-Salin, Outpatient Clinical Services, and Johanna Lähdeaho, Criminal Sanctions Agency.

Day 1 (26 March 2019)

Opening and welcome

Dr Veli-Mikko Niemi, Director of International Affairs, Ministry of Health and Social Affairs of Finland, and Dr Bente Mikkelsen, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course, World Health Organization (WHO) Regional Office for Europe, welcomed the participants and opened the meeting. Dr Niemi highlighted the importance of linking prison health and public health at all levels and cooperative working between public sectors.

Dr Mikkelsen thanked the Government of Finland for supporting the prison health agenda and hosting the meeting. The WHO European Region is the only WHO region with a prison health initiative and can therefore be used as a model for other regions to follow.

Dr Mikkelsen emphasized that prisons are a vitally important setting to ensure that we “leave no one behind” as part of the WHO goal to realize Universal Health Coverage in line with achieving the United Nations Sustainable Development Goals (SDGs) and WHO’s 13th General Programme of Work 2019–2023 (GPW13).

Scope and purpose of the meeting

Dr Carina Ferreira-Borges, Programme Manager, WHO European Office for Prevention and Control of Noncommunicable Diseases (NCD Office), expressed gratitude to the Government of Finland and to the United Kingdom Collaborating Centre for WHO Health in Prisons Programme at Public Health England (PHE), who co-hosted the conference. Dr Éamonn O’Moore, National Lead for Health and Justice, PHE, commended the long-standing collaboration between WHO and the United Kingdom in prison health, promoting integration of effective public health interventions into prisons. Dr O’Moore emphasized that the majority of people in prison spend most of their life in the community, thus making prison health an important part of the overall public health agenda.

Dr O’Moore introduced the term “prisonification” of public health interventions, a concept that takes into account the specific challenges and circumstances of prison settings. He invited participants to contemplate what high-quality prison care looks like and how to build capacity to integrate prison health into the public health system. Prison is an opportunity to positively intervene in the lives of justice-involved individuals and an opportune setting in which to address health inequalities. Dr O’Moore highlighted the importance of building a strong foundation for continual improvement, inspiring and supporting each other, and addressing wider public health challenges.

Dr Antti-Jussi Ämmälä, Health Care Services for Prisoners, Government of Finland, also emphasized the importance of prisonification. He invited participants to discuss the benefits to be gained and the lessons to be learned from transferring prisons health from the justice sector to the health sector.

KEYNOTE SPEECH

Prison health: leaving no one behind

Ms Andrea Huber, Deputy Chief, Rule of Law Unit, Organization for Security and Co-operation in Europe (OSCE) Office for Democratic Institutions and Human Rights, introduced modern standards on health care in prisons outlined in the United Nations Nelson Mandela Rules.¹ Ms Huber highlighted the SDG agenda of **leaving no one behind**, including vulnerable groups such as people in prison. Ms Huber emphasized that prisoners are “left behind” when they experience poor or worse health compared to when they were admitted to prison.

The United Nations Standard Minimum Rules for the Treatment of Prisoners (SMRs) were first developed in 1955 through the lens of criminal justice. The SMRs were updated in 2015 as the Nelson Mandela Rules, which incorporated a human rights approach to prison management and health care. The Mandela Rules emphasize the principles of equivalence, consent, autonomy, continuity of care, and independence of health care staff in prisons. The Mandela Rules also assert that prison health care is a state responsibility and should be free of charge and in close relation to general community public health care. Identifying psychological stress and suicidal tendencies, and documenting and reporting torture, are other important principles included in the Mandela Rules. Ms Huber highlighted Rule 45, which states that solitary confinement should be used only as a last resort, for as short a time as possible, and must be subject to independent review.

Ms Huber championed this set of rules as a comprehensive guide to prison health but highlighted its limitations in implementation. She drew attention to the *OSCE Guidance document on the Nelson Mandela Rules*, which incorporates existing international legal and practical tools, “soft law” principles, and promising national practice examples to provide guidance for interpretation and effective implementation of the revised rules.

Attention was also given to the different health care needs of women in prison, particularly as many justice-involved women have histories of trauma and abuse. The Bangkok Rules provide a supplement to the Mandela Rules, outlining gender-sensitive interventions in prisons settings, which have historically focused on the needs of men.

Ms Huber concluded with a question for the audience to reflect on: will the Mandela Rules and the Bangkok Rules be used by health care professionals in the prison system to the same extent as those working in prison management?

The Finnish experience of transition of health in prisons from the Ministry of Justice to the Ministry of Health

Mr Pauli Nieminen, Criminal Sanctions Agency, emphasized that every prison sentence ends and every prisoner in Finland is released, and therefore good health services in prisons are essential. The Finnish criminal justice system operates on the Principle of Normality, to give individuals in prison the greatest chance of rehabilitation. Prison health is an integral part of overall promotion of life without crime, helping to prepare people in prison to successfully re-enter the community. Mr Nieminen highlighted that the main reasons for the transfer of prison health from the Ministry of Justice to the Ministry of Health were improvement of health care management and quality of care, and continuity of care on release from prison.

Ms Mikkola, National Institute for Health and Welfare, outlined the main characteristics of the transfer and explained how prison health services had been reorganized geographically. Lessons learned from the transfer that might be of interest to other Member States included recognizing the importance of detailed planning and organizational cooperation, and ensuring that organizational roles and responsibilities are formally

¹ United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Vienna: United Nations Office on Drugs and Crime; 2015 (https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf).

defined and agreed, and that staff in all agencies are listened to and have adequate time and support to adjust to the change.

Dr Antti-Jussi Ämmälä gave an overview of health services implementation after the transfer to the Ministry of Health. The strategy included eHealth as a solution for large geographical areas; specialized health services provided in the community; assessment of health needs within 24 hours of admission to prison; a health and wellness plan during imprisonment; effective and integrated services; and ensuring continuity of care upon release from prison.

The interface between prison health systems and wider national health systems

Dr Daniel Lopez-Acuña, Andalusian School of Public Health, Granada, Spain, emphasized the importance of concentrating on the interface between prison health and the wider national health system – an interface that exists regardless of whether the Ministry of Health or the Ministry of Justice is responsible for prison health care. The Mandela Rules highlight the significance of continuity of care to ensure ongoing treatment of health issues; however, without a robust interface continuity of care is not possible. A comprehensive public health approach is required to address current health conditions and ensure that prisons are a “pro-health” setting, to minimize the negative impacts of incarceration on health and well-being. This approach also ensures prisoners’ health rights, access to quality services, equivalence of care, continuity of care, and the opportunity to reduce avoidable mortality and morbidity. To achieve this, Dr Lopez-Acuña suggested a paradigm shift from punishment and exclusion to a modern, multidimensional approach of inclusion which promotes rights-based health and social well-being.

Dr Lopez-Acuña encouraged embracing a health systems approach, where prisons are not separated from the continuity-of-care pathway but integrated with community health services. He emphasized the significance of aligning research in prison health with the health care needs of prisoners to support the formulation of evidence-based policies and national legislation. He also underlined the important role of prison health in the framework of the larger health policy perspective of GPW13 and the SDGs. Achieving Universal Health Coverage must include promoting health in prisons to contribute to healthier populations and ensure that no one is left behind.

Prison health systems in Europe: results of the Health in Prisons European Database (HIPED) Survey

Dr Carina Ferreira-Borges introduced HIPED,² which presents data on prison health services across the WHO European Region and draws on standards from the United Nations and WHO, including the Mandela Rules Checklist for Compliance. She outlined the two-year process to develop the fact sheet report, which included identifying national experts within the government ministry responsible for prison health in each country, collecting data through online surveys, contacting experts for clarifications, coding the data, and sending draft country profiles to Member States for validation.

The indicator set was divided into eight domains and includes population demographics, prison health systems, prison environment, risk factors for diseases, disease screening, prevention, treatment and mortality data. Overall, 41 Member States submitted the survey, and country profile fact sheets were finalized for 38 countries. The majority of countries reported links between prison and community health care systems; however, information about the nature of these links is still limited.

The country profiles have multiple functions, but essentially they summarize key relevant data, providing a snapshot of the prison health situation for each country, and identify and highlight areas where data are

² Health in Prisons European Database (<https://apps.who.int/gho/data/node.prisons>).

lacking.³ These documents are therefore useful for policy-making, giving a comparative overview of the target population, responsible authorities, treatment coverage and other important data; they call for improved monitoring and data collection in Member States.

Dr Ferreira-Borges named key partners in the development of HIPED. Special thanks were given to the Government of Finland, which provided funding for HIPED and has contributed greatly to the overall promotion of the prison health agenda.

National Partnership Agreement for Prison Healthcare in England: an example of good practice

Dr Éamonn O'Moore gave a presentation on the multiagency National Partnership Agreement for Prison Healthcare in England 2018–2021. The PHE Health and Justice Programme aims to reduce reoffending, reduce health inequalities and improve health, working in partnership with various stakeholders, including policy-makers, service providers, nongovernmental organizations (NGOs) and justice-involved populations.

Dr O'Moore emphasized that the root cause of many health conditions lies in social inequalities due to the cycle of disadvantage faced by many justice-involved people. While incarceration is usually a short period of a person's life, it offers a valuable time in which health inequalities can be addressed. The idea of both upstream and downstream determinants of health was discussed, with prison health services able to offer downstream interventions to support improvements in health outcomes. Prison health programmes can play an essential part in broader community programmes; bloodborne virus opt-out testing contributes to the National Health Service (NHS) target to eliminate hepatitis C in England by 2025.

In 2018 the National Partnership Agreement was passed to formalize the partnership between the Ministry of Justice, Her Majesty's Prison and Probation Service, PHE, the Department of Health and Social Care, and NHS England. The agreement aims to support the commissioning and delivery of health care in English prisons and has 10 priority areas, including reducing the incidence of self-harm and suicide and reducing substance misuse in prisons. Dr O'Moore underlined the importance of a strong partnership approach to prison health care, with formal agreements between departments, published work programmes, and close parliamentary scrutiny. Overall, England has a strong partnership approach to health in prisons, which could be used as an example of good practice for other Member States.

Setting the scene: prison health governance

Sunita Stürup-Toft, PHE, and Kate McLeod, University of British Columbia, Canada, introduced the panel discussions, highlighting the need for policy-makers and researchers to work together to ensure that research and policy inform each other's development. There is a considerable evidence gap and lack of research in the field of prison health, and there is an urgent need for rigorous, independent research into prison health policy and governance.

³ Health in prisons: fact sheets for 38 European countries. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2019/health-in-prisons-fact-sheets-for-38-european-countries-2019>).

PANEL I

Public health measures: linking public health interventions in prisons and community health interventions

Chair: Stefan Enggist, Federal Office of Public Health, Switzerland

(1) Linda Montanari, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), presented information on availability and provision of interventions for drug-related problems and infectious diseases in prison settings in Europe. The prevalence of drug use and drug-related problems among people living in prison is substantially higher than among people in the community. The spread of New Psychoactive Substances (NPS) inside prison was noted as an emerging issue across several European countries.⁴

Ms Montanari described the availability and provision of drug-related interventions and harm-reduction measures inside prison in Europe. These include drug-free treatment (individual and group counselling), opioid substitution treatment (OST), peer-to-peer interventions and reintegration measures.⁵ Inside prison, particular attention is generally given to interventions targeting infectious diseases, as many of these originate from sharing drug-injecting equipment. Guidance on prevention, vaccination and treatment of bloodborne infections was jointly published in 2018 by EMCDDA and the European Centre for Disease Prevention and Control (ECDC).⁶ However, implementation of these interventions in prison is often significantly delayed compared to implementation in the community, and the level of coverage is low.

Furthermore, there is a lack of evidence and information both on the needs of those living in prison and on availability and provision of interventions. Further research in this area is necessary and more comparable data across countries are required to provide a basis for a comparative picture; evidence at national and international level is needed in order to define policy and prison interventions.

(2) Mr Ehab Salah, United Nations Office on Drugs and Crime (UNODC), gave a presentation on developing gender-specific responses to prevention of HIV transmission in prisons, including prevention of mother-to-child transmission (PMTCT). Mr Salah highlighted that women in prison have higher prevalence of HIV and are less likely to receive treatment than men in prison. He pointed out that the international standards outlined in the Mandela Rules and the Bangkok Rules require that the response to HIV/AIDS in penal institutions, programmes and services should be specific to the needs of women. Currently, UNODC is in the process of developing a technical guide for PMTCT. The PMTCT comprehensive package of interventions includes guidance on primary prevention of HIV in women of child-bearing age, prevention of unintended pregnancies among women with HIV, prevention of HIV transmission from mothers to their infants, and provision of continuous care and treatment to infected mothers, partners and their children.⁷ Mr Salah stressed the importance of political commitment and enabling environments for PMTCT; increased access to health care services, higher quality of care, broader coverage, and increased availability and acceptability are required in order to ensure continuity of care.

(3) Dr Natavan Alikhanova, WHO Collaborating Centre for Tuberculosis, Baku, Azerbaijan, gave a presentation on tuberculosis (TB) prevention and control, which links public health interventions in prisons and community health interventions. Dr Alikhanova explained the process of TB detection and treatment in Azerbaijan; the TB protocol in prisons is the same as that in the community, and particular emphasis is placed on a strong laboratory network and linkage with the public sector, joint work with NGOs, a unified electronic

⁴ New psychoactive substances in prison. Lisbon: EMCDDA; 2018 (http://www.emcdda.europa.eu/publications/rapid-communications/nps-in-prison_en).

⁵ Health and social responses to drug problems: a European guide. Lisbon: EMCDDA; 2017 (<http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide>).

⁶ Public health guidance on prevention and control of blood-borne viruses in prison settings. Lisbon: ECDC/EMCDDA; 2018 (http://www.emcdda.europa.eu/publications/joint-publications/ecdc/guidance-blood-borne-viruses-in-prison_en).

⁷ HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. Vienna: UNODC; 2013 (https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf).

TB registry, and joint drug procurement by the Ministry of Health and the Ministry of Justice. TB treatment outcomes in Azerbaijan are within WHO standards, and the collaborating centre's training centre has been accredited by the Ministry of Health.

(4) Dr Rui Tato Marinho, Department of Gastroenterology and Hepatology, Hospital Santa Maria, Lisbon, Portugal, gave a presentation on his hepatitis C-free team intervention – a case of “hospital going to prison”. Staff from the hospital hepatology team visited a prison in Lisbon to carry out blood tests and fibroscans and to deliver treatment to prisoners. The intervention resulted in complete recovery of all participating patients after treatment, with 100% of results RNA-negative. This intervention cut excessive external hospital visits and reduced the cost of prison guards needed to escort patients to hospital. It also provided a valuable experience for the members of the hepatitis C-free team, encouraging team-building and elimination of the stigma attached to prisons.

In summary, Panel I underlined that prisons are a priority setting for public health interventions and that health care interventions in prisons must be closely linked to interventions in the community to ensure equivalence of care.

PANEL II

Continuity of care: prison health systems dovetailing with community health systems

Chair: Dr Carole Dromer, International Committee of the Red Cross (ICRC)

Dr Dromer opened the meeting with remarks on the important but challenging nature of continuity of care between community and prison health services. The panel presented examples of good practice and recommendations for tackling issues of continuity of care.

(1) Dr John Devlin, Irish Prison Service, Ireland, gave a presentation on efforts to prepare individuals for community health services prior to release from custody. Dr Devlin introduced the Irish medical card, which entitles individuals in the community to primary care. The Prison Medical Card Project supports prisoners in preparing for reintegration to the community on release and promotes continuity of care by providing access to general practitioner (GP) health services, medications and other community services for six months after release. A resettlement coordinator supports the individual's medical card application four weeks prior to release from prison. Since the pilot commenced in 2016/17, GPs have been assigned in all cases, which is a significant achievement, as prior to incarceration 95% of individuals in prison had no medical card and were therefore not able to access GP services. Without the support of the Prison Medical Card Project, this vulnerable population would not be able to access community services on release, thereby hindering continuity of care.

(2) Dr Marc Lehmann, NPHS Expert Group on Prison Health, Berlin, Germany, gave a presentation on continuity-of-care problems when the Ministry of Justice runs prison health care systems. Highlighting the importance of the bidirectional process between prison and the community, Dr Lehmann recommended a strengthening of the handover process from prison to the community by identifying the reception points, organizing personal contact, arranging transportation, ensuring (where possible) direct handover to the next care provider, and including patients in their care planning process. To ensure adequate continuity of care, a thorough understanding of levels of need is required. Dr Lehmann noted that on release from prison individuals are not prepared for society and that differences between prison and community health services are a particular barrier to understanding and accessing appropriate care on release. Issues with continuity of care are not solved simply by transferring responsibility of prison health care from the Ministry of Justice to the Ministry of Health – an increased understanding of through-the-gate issues is essential to improving patients' continued care in the community.

(3) Dr Emily Wang, Yale School of Medicine, United States of America, gave a presentation on transforming health care systems in partnership with justice-involved individuals. Dr Wang set out the context of the prison system in the USA, where health care in prisons is constitutionally guaranteed; however, on release from prison most individuals do not have any health insurance. These structural barriers to health care for former

prisoners lead to worse health outcomes, higher rates of hospitalization, and ultimately higher rates of early mortality. The Transitions Clinic Network (TCN) employs formerly incarcerated people as community health workers to provide people released from prison with access to health care within two weeks of release. The TCN programme has been found to reduce emergency department visits and preventable hospitalizations, as well as to decrease technical parole or probation violations. Overall, Dr Wang concluded that placing the values, preferences and needs of justice-involved individuals first significantly improves community health.

(4) Professor Stuart Kinner, University of Melbourne and Murdoch Children's Research Institute, Australia, gave a presentation on evidence and evidence gaps in health and health service outcomes after release from custody. The data presented showed that, while there is an increased risk of death immediately after release from prison, the majority of deaths happen in the weeks that follow; and while overdoses are a significant concern, there are other health issues contributing to mortality post-incarceration. Professor Kinner drew attention to injuries and other non-fatal morbidities and presented evidence that co-occurring substance use disorder and mental health issues are an important driver of these poor outcomes. He presented evidence that young people in Australia have a three times higher risk of death after youth detention, compared to young people in the general community, and that people released from prison often cycle repeatedly through acute and emergency care, without any prolonged engagement with secondary or tertiary services. Reattendance at emergency departments is a predictor for reincarceration for justice-involved people.

Presenting evidence from his meta-review of prison health literature, Professor Kinner highlighted evidence gaps and limitations, including disproportionate focus on some health conditions, mismatch between evidence and policy, lack of research for low- and middle-income countries, lack of research on young people and youth detention settings, poor-quality studies, "epistemophobia" (that is, an excessive reluctance on the part of some stakeholders to support rigorous, independent research), a sometimes paternalistic approach to research ethics, and "criminocentrism" (greater focus on reoffending, to the exclusion of health outcomes).

Panel II highlighted that global prison health research must be encouraged. Proactively finding solutions to existing health challenges and coordination between various governmental and nongovernmental bodies is essential in the context of health promotion. A dialogue with justice-involved individuals on their requirements post-release is essential to ensure that their needs are met.

PANEL III

Ensuring quality of services and capacity-building in prison health care

Chair: Florian Irminger, Penal Reform International (PRI)

(1) Prof Hannu Lauerma, Medical Director, Psychiatric Hospital for Prisoners, University of Turku, Finland, gave a presentation on forensic psychiatry and prison treatment settings in Finland. Prof Lauerma gave an overview of prison statistics in Finland and described the work of the psychiatric hospital for prisoners, which has capacity for 3000 prisoners and where the average duration of treatment is 30 days. The main disorders treated in forensic psychiatric hospitals include psychoses, depressions, adjustment disorder, dementia, and severe drug dependencies. In addition, Prof Lauerma described various degrees of responsibility following a severe crime, depending on psychological diagnosis – full responsibility, diminished responsibility, and no criminal responsibility (in cases of psychosis or severe dementia). In recent years in Finland, there has been an increase in individuals with schizophrenia in prison populations; however, three quarters of these individuals are diagnosed for the first time in prison psychiatric hospitals, suggesting that they face barriers to accessing community services.

(2) Mr Daniel Rowan, University of New Mexico, USA, gave a presentation on Project ECHO and hepatitis C in prisons. Project ECHO uses technology for interventions in underserved areas; its work in prisons is based on the ethos that time spent in prison should be an opportunity to improve health and lead to a more productive life. Project ECHO aims to develop individual self-efficacy through an innovative and cost-effective peer-led model, which strengthens connections that facilitate transition from prisons to the

community. Men and women in prison are trained to become peer educators on a range of health issues including hepatitis C, harm reduction, addiction, TB and diabetes.

Mr Rowan introduced the New Mexico Peer Education Project, which provides a 40-hour community health education training to individuals in prisons across the state, with a follow-up 10-hour workshop, which prisoners conduct on their own. The project also organizes monthly teleconferences with prisoners from the 10 participating prisons in New Mexico. Speaking from his own experience of incarceration, Mr Rowan explained that this project provides prisoners with some autonomy in a setting in which it is usually taken away. This gives them an opportunity to take responsibility for their own lives, a space to be heard and hope for the future. Overall, Project ECHO helps build strong leaders who make change in their own lives and in the community. To conclude, Mr Rowan quoted that “those closest to the problem are often those closest to the solution, but furthest away from the necessary resources and power”.

(3) Dr Ruth Gray, South Eastern Health and Social Care Trust, Belfast, United Kingdom, gave a presentation on quality-improvement programmes in prison health care in Northern Ireland. Dr Gray highlighted that systems are often not correctly designed and are compromised, therefore preventing achievement of the desired results. This was true of the Northern Irish committal process; however, the presentation showed that small improvements made in collaboration and co-produced with service users can create lasting changes. In Northern Ireland, this began with a “welcome” meeting within the first 24 hours of arrival in prison. Dr Gray emphasized that this meeting helps people understand the complex prison system and allows health care providers to communicate key messages, conduct health screens and ensure medicines reconciliation to reduce delays in prescribing. Through this process it was possible to reduce omission of the first dose of medication from 89% to 30% after implementation.

Quality improvement requires a methodological approach, with grassroots ideas, patient involvement, real-time continuous data collection, and keeping up with rapid change. Dr Gray underlined the importance of a peer support network and commended the work done by the ECHO project for its openness and transparency. Dr Gray encouraged all involved stakeholders to learn from each other, pointing out that the voice of frontline staff is as essential as the voice of those in custody.

Panel III highlighted diverse and cost-effective possibilities for capacity-building in prisons to ensure high-quality health services. Emphasis was placed firmly on ensuring that interventions were developed and implemented in collaboration with justice-involved individuals and frontline staff.

Salient conclusions of the panel sessions

Mr Stefan Enggist emphasized the importance of thinking of prison health as public health and restated the Moscow Declaration of 2003 and the joint WHO–UNODC policy brief “Good governance for prison health in the 21st century” of 2013. Prison health policy must be informed by human rights and the Mandela Rules, as well as by research, data and – most importantly – the voice of individuals in prison.

Mr Florian Irminger highlighted three key areas of importance:

- **Prison staff**, who are increasingly at the limit of their capacity. He noted that, if staff are under pressure, this has negative implications for the health care provided – and in many countries the staff’s mental health is at risk.
- **Mental health** in the context of prison health. Mr Irminger reiterated that the Mandela Rules state that people with severe mental health conditions should never be imprisoned and drew attention to the PRI guide on mental health written for prison staff.⁸
- **Women’s health** in prisons. Since prison systems are usually “built by men for men”, this leads to inadequate care for women in prisons. Statistics show that women in prison are more likely to

⁸ Mental health in prison: a short guide for prison staff. London: Penal Reform International; 2018 (<https://www.penalreform.org/resource/mental-health-in-prison-a-short-guide-for>).

have been the victim of a crime themselves, and approximately half of imprisoned women have experienced domestic violence and/or sexual abuse in childhood.

Dr Carole Dromer commended the participants' commitment to improve the health of those in prison and hence the health of society. She congratulated everyone on the successful first day of the conference.

Day 2 (27 March 2019)

Recap: salient conclusions

Dr Éamonn O'Moore provided an overview of the salient conclusions from Day 1 and expressed gratitude to Dr Bente Mikkelsen, who demonstrated WHO's commitment to promoting health in criminal justice settings. The day had explored the concept of the interface between the health and justice systems, which must be seen through the prism of human rights. The day had also focused on the importance of prisons as a setting in which health care is delivered, and as such they must be recognized as part of a pathway to and from community health services.

The Day 1 discussions had illustrated the importance of partnership, of continuity of care in addressing prison health challenges, and of developing good governance for prison health. While the Ministry of Health might be the appropriate space for prison health, the focus should be on encouraging and enabling effective multisectoral cooperation across health and justice to promote prison health.

Dr O'Moore stated that the prison health country profiles for the WHO European Region highlight both the current understanding of prison health and the gaps in evidence.³ Improving health in prisons requires systematic support through appropriate policy, but this is challenging when the evidence base is of variable quality and often highly skewed. The discussions of Day 1 showed that the system is failing people leaving custody because there is a lack of support for those reintegrating into society as well as for those with severe mental health issues, who are typically not diagnosed in the community prior to incarceration.

Dr O'Moore commended Mr Rowan's powerful presentation on Project ECHO peer support work, which enables people in prisons to become their own health advocates; he underlined the importance of peer mentors and the transformative effect this work has on both mentors and those being supported. It is also essential to listen to and support staff working on the front line in order to understand the magnitude of environmental pressures on services. It was concluded that the power of narrative, as told by justice-involved individuals themselves, is central to transformation, and it is therefore vital to ensure that these voices are listened to and acted upon.

Action Plan for Prison Health in the WHO European Region, 2019–2020

Dr Carina Ferreira-Borges presented the Action Plan for Prison Health in the WHO European Region, 2019–2020, highlighting the long history of the Health in Prisons Programme (HIPP) as a mechanism of change in the field of prison health. Dr Ferreira-Borges explained that there needs to be a clear vision of the direction of work with Member States in order to move forward. WHO is currently undergoing transition in line with the SDGs and GPW13 agendas, and the goal is to integrate HIPP with the overall WHO goals; achieving Universal Health Coverage will be possible only by addressing health in prisons. Dr Ferreira-Borges highlighted that the HIPP initiative currently exists only through voluntary donations from Member States and that continued funding is essential for sustained efforts in this work. HIPP needs to seek more structural support and have a more comprehensive programme of work; thus it is important to have an action plan to manage the initiative in a more sustainable way.

The Action Plan has been developed with considerable input from steering group members, providing a strategic direction to increase the programme's comprehensiveness, visibility and expansion to other WHO regions. A formal HIPP could fit within the WHO Division on Health Systems or WHO Division on Non-

communicable Diseases and Life Course . The Action Plan is also an important tool for building capacity in Member States, mobilizing resources from potential donors, and developing alliances with key stakeholders. Its aims include strengthening the interface between prison health and public health systems; supporting evidence-based knowledge management for better health outcomes and shaping the research agenda; and increasing the visibility of HIPP within WHO globally.

Dr Ferreira-Borges emphasized that conclusions reached at the conference would be of great importance for further development of the Action Plan and invited participants to consider how they could contribute to and engage in the framework outlined in the Action Plan.

Q&A

Participants enquired whether the Action Plan had been finalized and had a formal standing within WHO, as well as why it had such a limited time frame. Dr Ferreira-Borges explained that the Action Plan is still a work in progress – its aim is to reach other agents and donors, hence its short time frame. Although the Action Plan has a limited lifespan, it sets out highly ambitious targets for two years, serving as a starting point for future cooperation in prison health. Dr Ferreira-Borges emphasized that at this stage the initiative does not fit in WHO's formal structure as such, although it can be understood as a setting where different areas of work can contribute. In addition, Dr Lopez-Acuña explained that the Action Plan should serve as a road map for cooperation between Member States, providing a strategic tool to direct work in prison health.

The Worldwide Prison Health Research & Engagement Network's research and capacity-building agenda in prison health for 2019–2020

Dr Emma Plugge, PHE, introduced the Worldwide Prison Health Research & Engagement Network (WEPHREN), which is an open-access collaborative forum for everyone interested in prison health. As a key deliverable of the United Kingdom Collaborating Centre for WHO Health in Prisons Programme, WEPHREN hopes to promote research and engagement with key stakeholders and to stimulate capacity-building initiatives. Currently the platform has around 1000 members globally, enabling international academic representation and serving as a considerable resource for facilitating international prison health research. It is free and quick to join and encourages proactive participation and involvement, forming a vibrant and active platform for collaboration in prison health.

Dr Plugge highlighted that there are considerable inequities and evidence gaps in prison health research, and stressed the importance of further engagement, especially from low- and middle-income countries. In the upcoming year, exploration of funding sources is required to promote capacity-building and to secure additional financing, as currently WEPHREN is funded by PHE only.

Health and justice sectors acting together on prison health: good national practices

Dr Lopez-Acuña opened the discussion by highlighting the importance of cross-sector working between the Ministry of Justice and the Ministry of Health to promote good practice in prison health.

Dr Helena Ribeiro, Deputy Minister of Justice, Ministry of Justice, Portugal, gave a presentation on prison and probation services in Portugal, where prisoners access the National Health Service and each prison is required to develop a health promotion and disease prevention plan. Dr Ribeiro highlighted the importance of joint work with the Ministry of Health, especially in terms of joint executive orders. She outlined two joint executive orders, including a nationwide model of diagnosis, prevention and treatment of infectious diseases (HIV and hepatitis C), and another for a national system hospital referral network for HIV infection and viral hepatitis, which allows health referrals from prisons to hospitals. Health services in prisons in Portugal are funded by the National Health Service to ensure equivalence of care. Dr Ribeiro commended the excellent

cooperation between the Ministry of Justice and the Ministry of Health and highlighted the goal of eliminating hepatitis C in prisons by 2020.

Ms Merja Mikkola gave a presentation on the health and justice sectors' cooperation on prison health in Finland, introducing the policy setting for prison health services and explaining the dynamics between the National Institute for Health and Welfare, the Ministry of Health and Social Welfare, and the unit for Health Care Services for Prisoners, which in turn works with the Criminal Sanctions Agency. She highlighted the importance of collaborative boards, coordination of agencies, agreements, and annual meetings of directors-general. Ms Mikkola emphasized the importance of good governance to define roles, responsibilities, financial responsibilities and aims for all stakeholders, regardless of which ministry is responsible for prison health care.

Ms Svitlana Leontieva, USAID Serving Life Project, Ukraine, presented the Ukrainian experience of efficient alignment of Ministry of Justice and Ministry of Health efforts in promoting prison health. She highlighted that the prison health system in Ukraine has recently been demilitarized, so health care staff no longer have military ranks and are therefore separate from the justice hierarchy. While health care in prisons is still the responsibility of the Ministry of Justice, there are joint interministerial orders for providing health care in prisons and detention centres. Ms Leontieva spoke about the differences in prison and community health care – for example, while OST is provided in the community, it is not currently available in prisons, and therefore there is a lack of continuity of care. However, in Ukraine there are currently reform agendas for community health care and for the prison sector, including health care in custody.

Dr Bobby Cohen, New York City Board of Correction, USA, outlined the activities of the Board of Correction and its political goal of decreasing the incarceration rate in the United States by 50% by 2030 and reducing the rate of suicide in prisons. Dr Cohen introduced the term “prisonogenic” – the notion that prisons are often a source of medical problems and that incarceration causes ill health. This highlights the adverse effects of incarceration itself, so prison health services cannot just treat existing conditions but must also take into account the negative impact of incarceration on mental and physical health. Dr Cohen stated that the demographics of people in prison has changed considerably and that understanding the epidemiology of those imprisoned is important in addressing health needs and in steering research and policy development.

Dr O'Moore spoke about the phased programme of work over many years, finally completed in 2006, to transfer the responsibility of prison health in England from the Ministry of Justice to the Ministry of Health. He highlighted the changing complexity of prison health needs, particularly for prisoners aged 50 and over and for individuals born outside the United Kingdom. He emphasized the need for high-quality data to inform policy and programme development, as well as rigorous health and social care needs assessments and extensive cooperation between the health and justice sectors to efficiently assess and meet the needs of individuals in prison. Dr O'Moore also suggested that the justice sector should think critically about short-term sentences, as these can often increase trauma and hinder rehabilitation, while community interventions could be more suitable.

Discussion

The main points from a discussion between panel and audience included:

- focusing on the importance of universal principles – continuity of care, human rights, the need for clinical independence of health care staff – is more important than having a “universal blueprint” for how to manage and deliver prison health care;
- detailed preparation and planning, a high degree of multi-stakeholder collaboration and good governance are essential for good prison health;
- services must be patient-centred and patient-informed to meet the needs of justice-involved individuals.

Close of the conference

Dr O'Moore expressed his gratitude to the Government of Finland for hosting the conference and to all participants for their engagement and contributions. He reiterated the need for discussion, visionary leadership and learning through each other's experiences. Dr O'Moore emphasized the importance of good governance in prison health and stressed that it is essential to listen to the voices of champions and advocates for prison health, including – most importantly – justice-involved individuals.

Dr Antti-Jussi Ämmälä also expressed his gratitude for the conference, commending the engagement of participants. He pointed out that there is not one defined path to prison health, but rather cornerstones that can be built on, such as engagement of all stakeholders, collaboration on all levels (from grassroots to executives) and formal agreements. The focus should be on meeting the needs of service users, and so long as these needs are met and appropriate services and care are provided in the right place at the right time, then it does not matter which ministry has responsibility for prison health care.

Dr Carina Ferreira-Borges congratulated everyone on the success of the conference, highlighting the importance of teamwork and bringing together shared ideas. She expressed gratitude to the Government of Finland and also to all participants, who had been challenged to think beyond the institutionalized ideas on prison health. She celebrated the maturing discussion around prison health between multiple sectors and the process of benchmarking global governance mechanisms achieved at the conference. Dr Ferreira-Borges pointed out that prison is just one setting and cannot be closed off from the outside community if we are to ensure a continuum of health care delivery across the life-course. Moreover, she emphasized that prisons are a vitally important setting to ensure that countries "leave no one behind" as part of their goals to realize Universal Health Coverage and achieve the SDGs.

Dr Ferreira-Borges stated that it was the intention to organize the next prison health conference, possibly to be held in October 2020.

Annex 1. Programme

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО



6th Prison Health Conference
Prison health systems: the interface with
wider national health systems

Helsinki, Finland
26-27 March 2019

20 March 2019
Original: English

Provisional programme

Welcome day

25 March 2019, Monday
Optional visit to the prison (needs prior registration)

- | | |
|---------------|---|
| 11:30 – 11:50 | Meeting at the ferry dock , Kauppatori, Suomenlinnan lauttalaituri
<i>Antti-Jussi Ämmälä and Merja Mikkola</i> |
| 12:00 – 12:15 | Ferry travel
https://www.suomenlinna.fi/en/visitor/how-to-get-there/hsl-ferry/ |
| 12:30 – 13:30 | Prison visit – Suomenlinna Prison
<i>Sinikka Saarela</i> , Director and <i>Mika Peltola</i> , Coordinator, Criminal Sanctions Agency
https://www.rikosseuraamus.fi/en/index/units/prisons/suomenlinnaprison.html |
| 13:30 – 15:00 | Venue: Bastion Bistro
<i>Hot beverage with snack will be served</i> |
| 13:30 – 14:00 | The Finnish prison system and imprisonment
<i>Mika Peltola</i> , Coordinator |
| 14:00 – 14:25 | Prisoners' health care services in Finland
<i>Hanna Hemminki-Salin</i> , Director, Outpatient Clinical Services |
| 14:25 – 14:35 | Rehabilitation services at the Suomenlinna Prison |

Johanna Lähdeaho, Project Worker, Prison Term as a Possibility Project, Criminal Sanctions Agency

14:35 – 15:00

Discussion

15:15 – 15:30

Ferry travel

Day 1

26 March 2019, Tuesday

08:00 – 09:00

Registration of delegates and welcome coffee

09:00 – 9:30

Welcome addresses

Veli-Mikko Niemi, Director of the International Affairs, Ministry of Health and Social Affairs, Finland (TBC)

Bente Mikkelsen, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe

09:30 – 09:45

Scope and purpose of the meeting

Carina Ferreira-Borges, Programme Manager, WHO Regional Office for Europe

Éamonn O'Moore, National Lead Health & Justice Team, Public Health England (PHE)

Antti-Jussi Ämmälä, Health Care Services for Prisoners, Government of Finland

09:45 – 10:15

Keynote speech

Prisons health: leaving no one behind

Andrea Huber, Deputy Chief, Rule of Law Unit, OSCE Office for Democratic Institutions and Human Rights

10:15 – 10:45

The Finnish experience in transition of health in prisons from the Ministry of Justice to the Ministry of Health

Why to transfer?

Pauli Nieminen, Criminal Sanctions Agency

Main characteristics of the transfer

Merja Mikkola, National Institute for Health and Welfare

How to implement the services after the transfer

Antti-Jussi Ämmälä, Health Care Services for Prisoners, Government of Finland

10:45 – 11:15

Coffee break

11:15 – 11:45

The interface between prison health systems and the wider national health systems

Daniel Lopez-Acuña, WHO Regional Office for Europe

11:45 – 12:15

Prison health systems in Europe: results of the Health in Prisons European Database (HIPED) survey

Carina Ferreira-Borges, WHO Regional Office for Europe

12:15 – 12:45 **The England National Partnership Agreement: example of a good practice**

Éamonn O'Moore, National Lead Health & Justice Team, PHE

12:45 – 13:15 **Round of discussion**

13:15 – 14:30 **Lunch break**

PANEL SESSIONS

14:30 – 14:45 **Setting the scene: Prison health governance**

Sunita Stürup-Toft, PHE

Kate McLeod, University of British Columbia, Canada

14:45 – 15:45

Panel session I

Public health measures: linking public health interventions in prisons and community health interventions

Chair: Stefan Enggist, Federal Office of Public Health, Switzerland

Panel member 1: Interventions for drug related problems and infectious diseases in prison settings in Europe: provision and guidance

Linda Montanari, ECDC and EMCDDA

Panel member 2: Guidance on prevention of mother-to-child HIV transmission in prisons

Ehab Salah, UNODC

Panel member 3: Tuberculosis prevention and control: linking prisons public health interventions and community health interventions;

Natavan Alikhanova, WHO Collaborating Centre for Tuberculosis, Baku, Azerbaijan

Panel member 4: Hepatitis C-free in Prisons

Rui Tato Marinho, Head of Department of Gastroenterology, Hepatology, Hospital S. Maria, Portugal

Q&A

15:45 – 16:45

Panel session II

Continuity of care: prison health systems dovetailing with community health system

Chair: Carole Dromer, International Committee of the Red Cross (ICRC)

Panel member 1: Preparing Community Health Services prior to release from custody

John Devlin, Republic of Ireland

Panel member 2: Continuity of care problems while Ministries of Justice are running prison health care system

Marc Lehmann, NDPHS EG Prisons Germany

Panel member 3: Transforming the health care system in partnership with justice-involved individuals

Emily Wang, Yale School of Medicine, USA

Panel member 4: Health and health service outcomes after release from custody: evidence and evidence gaps

Stuart Kinner, University of Melbourne. Australia

Q&A

16:45 – 17:15

Coffee break

17:15 – 18:15

Panel session III

Ensuring quality of services and capacity building in prison health care

Chair: Florian Irminger, Penal Reform International

Panel member 1: Forensic psychiatry and prison treatment settings in Finland

Hannu Lauerma, Medical Director, Psychiatric Hospital for Prisoners, University of Turku

Panel member 2: Project ECHO – Hepatitis C in prisons

Daniel Rowan, University of New Mexico

Panel member 3: Quality improvement programmes in prison health care – Northern Ireland's experience

Ruth Gray, Northern Ireland South Eastern Trust

Q&A

18:15 – 18:30

Salient conclusions of the panel sessions

Presented by the three chairs of the panel sessions

18:30 – 20:00

Reception

Hosted by Dr Marina Erhola, Board Director, Health Care for Prisoners

Day 2

27 March 2019, Wednesday

08:30 – 09:00

Morning coffee

09:00 – 09:15

Recap of day 1: salient conclusions

Éamonn O'Moore, National Lead Health & Justice Team, PHE

09:15 – 09:45

WHO/EURO Action Plan for Prison Health for 2019-2020

Carina Ferreira-Borges, WHO Regional Office for Europe

Q&A

- 09:45 – 10:30 **Worldwide Prison Health Research & Engagement Network’s (WEPHREN) research and capacity building agenda in prison health for 2019-2020**
Emma Plugge, PHE
Q&A
- 10:30 – 11:00 **Coffee break**
- 11:00 – 12:30 **Health and Justice Sectors acting together on Prisons Health: Good National Practices**
(Roundtable for health and justice authorities present at the Conference)
Helena Ribeiro, Deputy Minister of Justice, Ministry of Justice, Portugal
Merja Mikkola, National Institute for Health and Welfare, Finland
Svitlana Leontieva, USAID Serving Life Project, PATH, Ukraine
Dr Bobby Cohen, New York City Board of Correction, NY, USA
Éamonn O’Moore, National Lead Health & Justice Team, PHE, United Kingdom

Q&A
- 12:30 – 13:00 **Close of the Conference**
- 13:00 – 14:15 **Lunch**

Annex 2. List of participants

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REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
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ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО



6th Prison Health Conference
Prison health systems: the interface with
wider national health systems

Helsinki, Finland
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21 March 2019
Original: English

Provisional list of participants

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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