

## **Barriers in Implementation of Effective Tuberculosis Control in Prisons**

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### **Abstract**

The high prevalence and mortality from TB in prisons in Europe make them a priority target for the StopTB strategy. Implementation however is difficult and requires a whole prison approach, with due attention to the values and understanding of all staff and to prisoners' health literacy levels.

### **Context:**

Overcrowding, poor nutrition and the characteristics of prison populations, namely the fact that many come from marginalized populations with high-risk for Tuberculosis (TB) and/or HIV lead to higher prevalence, incidence and mortality of TB in prison. Prisons are not mere static venues holding large populations. They represent dynamic communities where at-risk groups congregate in a setting that exacerbates disease and its transmission, including TB. The World Health Organization (WHO) and its partners are strongly recommending the StopTB strategy<sup>1</sup> to control TB applying multi-disciplinary approaches. However, implementation of this strategy in prison settings needs adaptations due to the particular circumstances existing in prisons. It is too often forgotten that all prisons can be very different in important ways and that all prisoners have their own social and health histories, come from their own cultures, communities and backgrounds.

It is seldom easy to get effective implementation of policies. Strategies of national and international importance can be carefully produced by experts but to get them applied successfully depends on several factors at local level. This is well illustrated by the challenge of communicable disease control in largely closed environments such as prisons.

Prison setting create one of the most challenging of settings for health care, for health protection and for the prevention of spread of diseases particularly TB.

Since 1995 the WHO Regional Office for Europe<sup>2</sup> has organized a network of countries committed at policy-making level to reducing public health risks by improving health in prisons<sup>3</sup> and through working with other services, to improve prison systems as whole. As of April 2009, 38 countries Europe are participating in the network and have worked together with experts to produce some useful consensus statements and status papers on the main problems facing all prisons throughout the world. Communicable diseases, including TB, Hepatitis and HIV, drugs and mental ill health have featured strongly in the work of the WHO Health in Prisons Project<sup>4</sup>. The International guidelines for control of TB in Prisons has been revised in January 2009<sup>5</sup> taking into account the latest available evidence. Existence of these guidelines is not enough for their implementation.

Today's prisons have added difficulties in that there are an increasing number of different categories of prisoner being detained, including an increasing proportion of non-national prisoners and illegal migrants in industrialized countries. Transfer of these prisoners or eventual deportation of them can complicate ensuring continuity of care and treatment follow-up. Also, it has become clear that most prisoners seldom have only one problem. The co-morbidity of TB with HIV infection<sup>6</sup> is well recognized but the prevalence of mental health problems with other conditions such as addictions is now receiving increasing attention<sup>7</sup>. The complexity of today's prisoners' health issues has emphasized the importance of individual care plans with essential access to teams of care staff and with good links to community services an essential feature if continuity of care is to have a chance.

A modern prison health service therefore requires a prison environment which manages to balance the important requirements of security with an environment in which health care is possible and in which health protection can be effective. While this requires better physical facilities, it also requires a changing role for staff.

### **Comprehensive Prison Health Approach**

In most parts of the world, prison health services are organized vertically from Ministries other than Ministries of Health, such as the Ministry of Justice or of the Interior. In many countries, this can lead to isolation of prison health from general health services, with major problems in recruiting health staff, in professional quality control and in creating the necessary links to community services. This isolation can have disastrous effects on public health, so much so that WHO issued in 2003 a strong recommendation, the Moscow Declaration<sup>8</sup>, calling for integration or at least of close working relationships between national health and prison health services. Otherwise, health in prisons can remain on the periphery of interest of governments and can be equally marginalized within prisons.

Experience over a decade and more within the WHO Health in Prisons Project has lead to two over-riding conclusions: first, isolation of prison health services is bad for prisons and bad for public health as a whole; second, health issues in settings such as prisons cannot be left to health staff alone. What is needed is for all staff working in prisons to be

aware of what health protection means, what modern health care implies and has to have for success and how they each have an essential part in creating a 'healthy prison'.

There are some key steps in creating a whole prison approach. These have been outlined in the publication *Health in prisons: A WHO guide to the essentials in prison health*<sup>9</sup>.(1) They can be listed here:

- **Sustainable change** is best achieved through sound policies with political and managerial support, so that full support can be provided; these policies to be based on explicit principles relevant to the real situations in prisons; and produced with full involvement of the staff so that the practices adopted are seen to be relevant as well as being policy-based.
- **Political leadership** is essential and, where prison health services are not accountable to the same ministry responsible for national health services, a first step in government is to bring closer policy discussion and collaboration between the ministries involved.
- **Management leadership** because prisons in modern societies are complex places to manage. They are often assessed by security questions; they should also be assessed by health measures. They need to understand how all aspects of prison life can influence health and wellbeing and they need close working links with health staff both within and from the community.
- **The special role of health personnel** who, in addition to having a sound professional training and quality improvement opportunities, need to be seen as caring for prisoners as patients first, yet understanding the stress on staff with their day to day front line responsibilities; staff also need health protection and support.
- **The essential position of front line staff** has to be recognized with good recruitment policies, adequate staff conditions such as remuneration reflecting the responsibility they carry. The need for continuing training for staff is one of the two imperatives for health in prisons, along with health staff with the qualifications and practices which are equivalent to those shown in their peer professionals in the national health services..

### **Prisons as a setting for health promotion**

What are the characteristics of a 'healthy prison'? These have been listed by Hayton<sup>10</sup> as prisons that are:

- Safe
- Secure
- Reforming and health promoting
- Grounded in the concept of decency and respect for human rights.

A multidisciplinary approach is perhaps the only way that prisons can develop towards adding health promoting to the statutory duties of secure care and treatment that respects the law of the land and which is based on internationally agreed standards of human rights. While attention has been drawn to the human rights approach for some time, it is

now increasingly important for a wider understanding of the determinants of health and disease to be part of the initial and continuing training of warder and other staff.

### **Staff: health, welfare and training**

As was pointed out by Bögemann<sup>11</sup>, health strategies in prisons must include ‘the increasingly complex psychosocial problems of prison employees---burnout, alcohol and drug consumption, internal withdrawal and their inability to come to terms with traumatic experience in daily work’. Many prisons have considerable staff sickness absence and this when known makes recruitment of staff even more difficult. Promoting the health and managing the stress of prison staff becomes a major issue for prison systems as no prison can run efficiently and no therapeutic programme can be effectively initiated and completed without the support of the staff with the main job of attending to prisoners day to day needs. Staff protection from communicable diseases particularly the respiratory infections including TB are crucial.

A health promotion scheme for staff can best be seen as a continuous area of personnel development.

### ***Values and understanding in prisons staff***

Modern clinical therapy requires more than the routine provision of drugs and nursing care. If front line staff see their role as only the safe custodianship of prisoners, it will be much more difficult to diagnose, treat and support prisoners with ill health. If staff do not understand how certain diseases are spread, they will find it difficult to participate in health protection and in safeguarding their own health. If staff are unaware of the personal values which colour their decisions and attitudes, they are unable to help create the caring ethos in which clinical therapy has the best chance of success.

Staff training has become one of the most essential developments for a prison service in which ill prisoners can receive proper care and in which all prisoners have confidence that they will not go out from prison with disease they caught while in the protection of the state.

### **Prisoners’ health literacy levels**

As with any other disease, patient’s compliance is influenced by their knowledge and their attitudes to particular illnesses and their communication with health care staff. In prisons, where the whole system seems designed to reduce individuality and personal empowerment to a minimum, and where the prisoners themselves come with long histories of social marginalization, poor educational attainment and low self-esteem, compliance with treatments such as TB therapy and HIV treatments can be a major barrier to success. The cultural diversity of prisoners these days adds further complication.

There are new ideas as to how best to enable prisoners to participate more positively in their own therapy. The provision of knowledge in ways which are understandable to those with lower educational abilities, 'reader friendly' leaflets specifically designed and written for prisoners and the use of primary care staff in a health education service can all be successful. If possible, the participation of the prisoners themselves in considering their health needs and discussing with others how best to maintain their own health including their mental health can be very effective in building some sense of empowerment and in creating some confidence in their self-efficacy in handling their medication.

### **Need for Advocacy towards policy makers**

Prisons do not feature highly in public sympathies nor are the flavour of the month for politicians. Without greater public understanding, prisons could remain on the outside and become focal points for serious diseases and receptacles for the mentally ill. The public, and the politicians will follow them, need to see that enlightened self-interest alone should convince them of the need to see that good prison health is good public health. Yet WHO Regional Office for Europe is still the only WHO Region with a health in prisons project.

### **References**

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<sup>4</sup> [http://www.euro.who.int/prisons/publications/20050610\\_1](http://www.euro.who.int/prisons/publications/20050610_1)

<sup>5</sup> Guidelines for TB Control in Prison, January 2009 TBCAP (in print)

<sup>6</sup> Tuberculosis and HIV infection:  
[http://www.euro.who.int/document/TUB/fs04e\\_tbhiv.pdf](http://www.euro.who.int/document/TUB/fs04e_tbhiv.pdf)

<sup>7</sup> The Trencin Statement on Prisons and Mental Health:  
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<sup>8</sup> WHO Moscow Declaration. Prison Health as part of Public Health:  
[http://www.euro.who.int/Document/HIPP/moscow\\_declaration\\_eng04.pdf](http://www.euro.who.int/Document/HIPP/moscow_declaration_eng04.pdf)

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