

Fighting COVID-19 in prisons: WHO report presents best practices from countries



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People living in prisons are more vulnerable to COVID-19 infection than those living in the outside community, but there are many ways to protect them. A new WHO report “Good practices in managing infectious diseases in prison settings” sums up the most effective policies from Member States that are aimed at reducing the risks of disease outbreaks in prisons while ensuring human rights and effectively using the resources at hand.

The report highlights how several countries have already successfully implemented WHO’s recommendations on prevention and control of COVID-19 infection in prisons. The participating countries provided information about their activities in line with the structure of this guidance, and modified their practices based on new data, experience and changes in the WHO recommendations.

To mitigate the risk of introducing COVID-19 into prisons, the United Kingdom implemented measures to ensure physical distancing, and in particular to protect the most vulnerable, namely those with underlying health conditions or aged 50 years or older. Apart from stopping all visits, training, employment and workshops, and access to gymnasiums and religious buildings, vulnerable people were placed in protective isolation.

In addition, each prison was compartmentalized by limiting transfers and facilitating single-cell accommodation for each person when possible. To support compartmentalization, prisons installed temporary single-occupancy cells, applied early-release measures, and temporarily released women living in prisons who were pregnant or had children.

During the pandemic, the Irish Prison Service expanded its comprehensive training and education package with a new chapter to

ensure that staff had information on COVID-19. In addition, people living in prisons were educated by their peers on related topics such as handwashing, respiratory etiquette, modes of transmission and how to disinfect their belongings when needed.

In Switzerland, Champ-Dollon Prison conducted innovative informal seminars in the corridors of each prison floor, targeting detained people as well as staff, 10–15 participants at a time. The seminars were conducted by a physician and a nurse, who encouraged people to ask questions and share how they felt about the COVID-19 prevention measures. Posters in French and English, and a video broadcast on the internal prison television channel also informed people about the COVID-19 situation and risks.

In Italy, following the first detected COVID-19 case in San Vittore Prison, a contact-tracing exercise was conducted in the country's prisons to identify people who were in contact with the patient (case). Through this exercise, prison authorities were able to learn more about the virus' spread and the groups of staff that have higher risks of getting and transmitting COVID-19.

In Kazakhstan, restrictive measures were applied in prisons, including halting all physical visits, but independent and state monitoring bodies were granted access to evaluate compliance with international regulations and public health measures inside the prisons. A call centre was set up for people in prisons to maintain contact with their families and access legal aid. The call centre was also used to provide health and psychological support for people in prisons.

Although the country's authorities ruled out large-scale temporary release measures, because they would not be able to ensure the protection of people released into the community, individuals who had served more than two thirds of their sentences and those eligible for parole or reduced sentences were released.

In Azerbaijan, confirmed COVID-19 cases in prisons were admitted to intensive care units for 1–2 weeks, until 2 consecutive negative COVID-19 polymerase chain reaction (PCR) tests proved they had recovered from the virus (as recommended by WHO at the time of data collection). A special medical commission that included civil society representatives was formed to ensure access to treatments, including medications recommended in WHO clinical guidance.

“It is really encouraging to see how countries across the WHO European Region used their experience and WHO recommendations to overcome the COVID-19 threat in places of detention,” said Dr Carina Ferreira-Borges, Programme Manager of Alcohol, Illicit Drugs and Prison Health, at WHO/Europe. “We call on countries to learn from these examples to help limit the risk of COVID-19 infection, protecting those living in prison, people working there and surrounding communities.”

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