

ASPHER COVID-19 Task Force

Prisons and COVID-19 policies: the need for collaborative and participatory health interventions

ASPHER Report

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Prisons and COVID-19 policies: the need for collaborative and participatory health interventions

Abstract

In the initial phases of the coronavirus disease 2019 (COVID-19) pandemic, prisons became some of the first epicentres and clusters for COVID-19 around the world^{1,2}. Prisons often embody ideal environments for disease spread as overcrowding, centralized provision of services, inadequate hygiene, high proportions of inmates with co-morbidities, and limited healthcare options are common in many prison facilities³. Such facility conditions combined with the daily inflow and outflow of prisoners, staff, and visitors make prisons highly susceptible to the introduction and reintroduction of the virus. Consequently, prisons are also at risk of spreading the virus back into surrounding communities⁴.

As Europe struggles with a second wave of COVID-19⁵, better protocols and interventions in prisons should be integral aspects across the continent's current virus containment plans. From the first wave we now have better insights into which response measures are most (and least) effective, and most importantly, better understand the necessity of meaningfully incorporating prisoners into prevention strategies.

Prisoners typically have low choice and ability to take independent action to change their living conditions and environment. However, a limited number of systems have taken a more participatory approach and have encouraged active prisoner participation in prevention and control measures. These examples of integrative strategies have seen positive outcomes relative to the containment of COVID-19 and the minimization of suffering in the general prison population and surrounding communities. Thus, we recommend that prisons systems embrace more participatory approaches with prisoners, staff groups, visitors, and other stakeholders in order to maximise collaboration, implementation, and efficacy.



ASPHER Background

The Association of Schools of Public Health in the European Region (ASPHER) is a network of public health institutions dedicated to strengthening the role of public health by improving education and training of public health professions for both practice and research. ASPHER member institutions have a strong culture of collaboration and promotion of social justice, inclusiveness, equity, and sustainable development within public health. In response to the COVID-19 pandemic, ASPHER formed the ASPHER COVID-19 Task Force. All member institutions are invited to participate, and ASPHER has published a variety of [reviews and statements](#) in response to the health impacts of COVID-19. In addition, ASPHER has a Young Professionals Program (YPP), a group of early career public health professionals who engage with ASPHER members to conduct research, form a community, and expand their public health skillset. The YPP has contributed to much of ASPHER's COVID-19 work, with members in the Task Force and various sub-groups. This report is the result of a YPP initiative.

Of particular importance to the Task Force is the inclusion of vulnerable voices, leading to the development of the Inequalities and Vulnerabilities sub-group. This sub-group of the Task Force emphasizes the importance of centering the needs of vulnerable and excluded voices to address and acknowledge the disproportionate health inequalities they face. Prioritizing these populations' needs involves broader engagement and integration of these communities into public health actions and policies.

Prison populations are one of these typically excluded groups. They have borne a disproportionate amount of the health burdens of the COVID-19 pandemic, and this has been largely underreported. As such, ASPHER believes it is important to address the public health policies and practices present in prisons and highlight best practices and areas for improvement.

Introduction

In the initial phases of the coronavirus disease 2019 (COVID-19) pandemic, prisons became some of the first epicentres and clusters for COVID-19 around the world^{1,2}. Prisons often embody ideal environments for disease spread as overcrowding, centralized provision of services, inadequate hygiene, high proportions of inmates with co-morbidities, and limited healthcare options are common in many prison facilities³. Such facility conditions combined with the daily inflow and outflow of prisoners, staff, and visitors make prisons highly susceptible to the introduction and reintroduction of the virus. Consequently, prisons are also at risk of spreading the virus back into surrounding communities⁴.

As Europe struggles with a second wave of COVID-19⁵, better protocols and interventions in prisons should be integral aspects across the continent's current virus containment plans. From the first wave we now have better insights into which response measures are most (and least) effective, and most importantly, better understand the necessity of meaningfully incorporating prisoners into prevention strategies.

Prisoners typically have low choice and ability to take independent action to change their living conditions and environment. However, a limited number of systems have taken a more participatory approach and have encouraged active prison participation in prevention and control. Measures. These outliers have seen positive outcomes relative to the general prison population. Thus, we recommend that prisons systems embrace more participatory approaches with prisoners, staff groups, visitors, and other stakeholders to maximise collaboration and implementation.

There is also a lack of information in general about how prisons and places of detention are faring under the pandemic, and how they prepared for and are faring during the second wave. For example, the European Prison Observatory has not released any updates since mid-October, and, of these, a limited array of countries is included. The countries that are reported on and have released information have mostly provided little content. Due to this lack of information, this report hopes to

call attention to the impact of COVID-19 on prison populations and underscore the need for intentional, collaborative intervention measures that respect the agency of prisoners.

Aims

The initial aim of the project was to identify any innovative and effective actions utilised in European prison systems to curb COVID-19 transmission and minimize morbidity and mortality. The report pursued this aim through a literature review of journals, surveillance reports and publicly available information via websites of relevance up to October 2020. Examples of reported prison outbreaks and prevention strategies were examined, and successful practices are highlighted (Table 1).

Key Findings

Many of the actions taken to lower infection rates in prisons resemble containment measures for the general population, such as social distancing and increased hygiene practices. While these interventions are now proven to reduce spread in such isolated and close-quartered populations, the effectiveness of some of these common measures has been limited and, in some instances, the mental health consequences of isolation have been severe. Additional measures, such as isolating inmates at high risk of severe symptoms of COVID-19¹⁰, labelling prisons as high-risk populations in order to provide them priority for testing and PPE (such as testing for asymptomatic individuals¹⁰, improving ventilation systems¹⁰, and involving prisoners in containment plans¹¹ were considered by some prisons but not widely adopted. Table 1. outlines the goals and approaches of several common actions taken by prisons.

Education as a containment strategy, as recommended by ECDC, WHO, and the Commonwealth Human Rights Initiative, is emphasised largely only as a top-down priority in which prison staff have the responsibility to inform prisoners about the virus, hygiene practices, and other public health interventions^{10,11,12}. Those central management recommendations state that communication should be regular and accessible, and that staff must be well-versed in prevention

measures to ensure proper execution. Some outputs mention the engagement of prisoners in these measures; however, no detailed recommendations or guidelines on how to effectively integrate them have been outlined. Thus, many prisoner education programs manifest as top-down approaches involving staff instruction of prisoners in containment practices and policies¹³. The detrimental impacts of containment measures on mental and physical health has been recognized but not adequately addressed. While improving the educational staff to detainee ratio may help the dissemination of information, the strategies that most result in the uptake and change of behaviour often incorporate prisoners into the education distribution process¹³. In fact, evidence-based practices that meaningfully include vulnerable groups have the potential to offset the disproportionate impact of COVID-19 on these populations as they facilitate a sense of solidarity and investment¹⁴⁻¹⁶. This community investment, developed through a more bottom-up approach, results in increased adoption of encouraged behaviours and compliance with containment strategies. Unfortunately, vulnerable groups, especially prisoners, have been historically excluded from research, academia, and policy-making, and educational policies imposed on prisoners remain largely top-down approaches^{17,18}. Therefore, while this increased investment and incorporation of prisoners into the roll-out of programs has been proven to lead to increased sustainability and long-term effectiveness of interventions, few examples of such COVID-19 programs exist in prisons.

While such programs are few and far between, the Irish prison system represents an example of a model for prison COVID-19 prevention incorporating the education and involvement of inmates. With zero detainees initially testing positive from over 3,700 inmates, a robust testing system, and inmate Red Cross volunteers, international organisations and prison systems have highlighted the Irish model as a possible blueprint to be re-created in prisons around the world. Like other strategies, the Irish model had broad communication from staff, however, their unique strategy stemmed from their peer-to-peer teaching system¹⁹. The Irish Red Cross trained inmates to introduce, explain, and promote prevention tactics amongst their peers, which provided not only useful information but instilled solidarity within the community as well¹⁹. Unfortunately, the Irish example is the only widely

published example of community engaged interventions found in an exploratory review of COVID-19 prison prevention measures. This coincides with a lack of published information in general about how prisons and places of detention are faring under the pandemic, as well as how they were preparing for the second wave.

Table 1. Common COVID-19 (first wave) containment and mitigation measures in prisons.

Action	Goal	Example(s)	Implementation negative impacts
Banning visitors	-reduce new introduction of virus into prison -reduce new introduction of virus into the community	-ending usual visiting hours -instituting phone or online communication services	-prisoner protests; including riot response in Italian and Romanian prisons (and around the world) ^{6,7} -mental health and human rights concerns -digital skills and access
Early prisoner release	-reduce overcrowding -increase ability to social distance within prison environment	-such as releasing those convicted of non-violent offenses, or those close to finishing sentences.	-difficulty with releasing prisoners in sufficient numbers ⁸ -many prisoners return to overcrowded households and without employment options ⁸
Within-Prison Containment:	-reduce virus spread -increase social distancing ability between inmates	-increasing % of population in single cells -regimenting mealtimes to reduce prisoner interaction	-all widely adopted methods across sectors that are proven to minimize opportunities and likelihood of spread
Self-isolation / increasing single cell usage	-isolation of positive cases -minimize opportunity for spread between inmates	-universal mask wearing and provision of antiseptic gels	Are reported to have adverse consequences on prisoner mental
Social distancing in communal areas			

Hygiene measures including handwashing and alcohol gel			health ⁹
Administration of PPE			

Discussion

As second-wave cases increase exponentially in much of Europe, experts now worry that the aforementioned prevention measures utilized in the first wave will no longer be sufficient to prevent prison virus spread in this winter period^{5,20,21}. Therefore, all prisons and their inmates must each continue to adapt to better protect their communities. Governments should make virus control in prisons a high priority with published strategies, increased funding, and greater attention given to incarcerated populations and prison staff. The most successful way to achieve this will be through the inclusion of community voices and provision of engagement opportunities within awareness campaigns¹⁵. As mentioned within the Key Findings, this strategy is especially effective and relevant to vulnerable populations that are typically excluded from decision making and implementation, such as the prison population. The Irish model provides an exemplary demonstration of the holistic benefits of inmate integration into COVID-19 prevention measures. This model has shown that the benefits of effectively reaching prisoners during COVID-19 is two-fold: prisoners can 1) receive adequate education to understand the pandemic, 2) be involved in containment and mitigation efforts to ensure maximum uptake and participation. Through urgent action and training, prison systems can introduce similar models. These measures are a much-needed addition as vaccination programs are set to roll out in the upcoming months, and cases and deaths surge past records set in the spring and countries have only begun to experience the difficulty of virus containment under winter conditions.

Conclusions

The COVID-19 pandemic has impacted the prison community in distressing and multifaceted ways. Prisoners are not only at a greater risk of contracting COVID-19, but they have also been subjected to highly isolating experiences. It is therefore vital to establish prisoner capacity to enable them to participate actively in educational and containment interventions during this pandemic, as well as future health crises. Moreover, prisons have all the tools needed to create sustainable and effective COVID-19 control through integrative, bottom-up strategies, and the health and safety of their inmates, their staff, and their surrounding communities depend on their ability to swiftly and properly implement them.

In summary, we recommend that:

- Prisoners and their representatives should be key participants in relevant regional, national, and international level decision-making for future pandemic-related plans. This should cover the next stages of the second wave and any subsequent outbreak control, vaccination programmes and address the longer term direct and indirect impacts of COVID-19 on them and their families or important others.
- The local tactical response in each prison should incorporate prisoner views and meaningfully incorporate prisoners in virus control measures and prison regimes.
- Each country should have explicit continuing plans to promote prisoner education in regard to health literacy and other prisoner health related skills such as first aid, infection control, and mental health first aid.

Table of various agencies and interested organisations

Name of Organization	Example COVID-19 Outputs
<u>EuroPris</u>	<p>-collected information from its European member countries with regard to European Prisons' Services responses to the COVID-19(1)</p> <p>-formed a mailing group consisting of 83 prison experts who are answering COVID-19 related questions (2).</p>
<u>Children of Prisoners Europe</u>	<p>-called on governments and institutions across Europe to reinforce actions to respond to the needs of the most vulnerable children and families of prisoners(3).</p>
<u>Penal Reform International (PRI)</u>	<p>-released a briefing on 'Coronavirus: Healthcare and human rights of people in prison' which outlines measures to protect people in prison from the COVID-19, good practice and protection of their human rights (4).</p> <p>-highlights the response of the criminal justice system during the pandemic, impact on prison population and recommended measures to ensure right to health for people in detention, access to data and testing places in detention, non-custodial alternatives to imprisonment and post-release support for people living prison (5).</p> <p>-recommended measures to ensure equal accessibility of COVID-19 mitigation measures for women in prisons and prioritize women especially who are pregnant, breastfeeding or with young children (5).</p>
<u>The International Committee of Red Cross (ICRC)</u>	<p>-produced videos on Youtube which inform prisons on how to prevent, protect and ensure safety of staff, detainees and visitors from COVID-19 (6)</p>
<u>United Nations (UN)</u>	<p>-developed an information package to support prison administrations and staff to prevent COVID-19 in the prison and mitigation measures (7)</p>

[European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment \(CPT\)](#)

-released a statement of ten principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic to ensure there is no inhuman or degrading treatment of persons deprived of their liberty while undertaking protecting measures(8)

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