EXECUTIVE SUMMARY

This thesis provides an analysis of prison health systems and gives a prospective methodology for prison health assessments. The thesis draws attention to the fact that prison populations worldwide are on a rise and that there is global consensus on the need to improve prison health systems. Several international treaties defined and established detainees' rights to access the highest attainable standard of health and there are a number of instruments aimed to guide governments towards improving public health practices. Unfortunately, the world's prison systems do not always function at the level of the United Nations' Standard Minimum Rules (SMR) for the Treatment of Prisoners. The reality is that prison systems face a number of challenges: an increased level of overcrowding, the questionable conditions of the infrastructures hosting the inmates, and issues regarding the human resources, such as gaps in terms of their number or of their level of training. The consequences on detainee's conditions of detention, in particular their access to basic necessities and to medical care, are significant and urges governments to understand causes and to process accurate information regarding prison systems in order to ensure that those in detention are treated humanely. Through the Geneva Conventions, the international community has appointed the ICRC to visit both prisoners of war and civilians interned during armed conflict. In order to respond to the needs of the most vulnerable, the ICRC extended the scope of these initial activities to all persons deprived of liberty, as well as migrants, wherever they are detained. The aim of the ICRC is to ensure that detainees are treated with dignity and humanity in accordance with international norms and standards regardless of the reason of their detention. A comprehensive assessment of prison health system is the basis that enables the ICRC to identify the main health issues of detainees and to detect the existence of multiple factors that undermine improvement of health condition, which encourages discussion and decision making. However, limited instruments adapted to the significant peculiarities and characteristics of prison health systems are available for professionals to understand and evaluate prison health systems strength and weaknesses as well as their compliance with international regulations. The aim of the study is to define what minimum essential information is needed for a comprehensive prison health assessment and to provide a tool to support the professional during evaluation of needs.

There are two main parts in this study. The first part takes as a basis the WHO Health system framework and adapts it to prison health systems. Eight building blocks of prison health system have been identified: Governance, Material conditions, Health Information, Health Service Delivery, Medical Supplies and Medical equipment, Human Resources, Health Care Financing and Detainee's perception. Relying on a literature review, on personal experiences and on four health assessments done by the ICRC (in Lebanon, Cambodia, Georgia and Tunisia) the thesis analyses the different blocks separately. However the thesis focus on the necessity not to consider each building block as a separate identity during prison assessment but to study the influences they have one on the other. Furthermore, following the principle of equity of care, understanding the prison health system through the building blocks is not enough as it needs, for each building block, to be compared with the health system of the country.

Governance is seen at the top of the system as several core elements are needed at national level in order to ensure the functionality of a prison health system. The fact that in most countries prison health systems do not fall under the responsibility of the MoH is often at the basis of the inequity of care provided to inmates compared to what is accessible at community level. The absence of a legal framework for prison health or the poor implementation of directives at prison level are also limiting effectiveness of policies. The bodies responsible for monitoring prison health services can be too weak and unable to foster changes, contributing to bad management of resources and absence of coordination between stakeholders.

A number of declarations state the importance of underlying determinants of health such as access to water, to food of nutritional value, to clothing, to an adequate sleeping space or access to open air. The SMR set international standards inhering to the various components of living conditions in prisons and ICRC has also developed specific standards for living conditions in prisons. Findings show how living conditions are inextricably linked to prisoners' health and how given international standards are often unmet. Overcrowding, in particular, has an impact on key factors that can harm detainees, both physically and mentally, or further limit their access to health services. Guards as well may be affected by overcrowding, as they need to cope with a more stressful environment often coupled with inadequate human resources. Moreover, vulnerable groups (women, elderly, children, disabled,

ethnic groups...), whose specific needs are often poorly considered in prison settings, may suffer even greater disadvantages.

As mentioned, access to health care can also be hindered in prison. International declarations state that prison health services should be accessible to all and at a level comparable to what is available in community. Prison clinics should respond to needs and be linked to other specialized structures when further assistance is needed. Besides the concerns regarding structure and quality of the facilities, access to medical staff in prisons is not always granted. A number of articles, as well as examples taken directly from ICRC reports, illustrate the difficult pathways that detainees need to undertake in order to get attention from medical staff. Obviously, one of the underlying reason is linked to the security aspect, which is the first priority in prisons. Other reasons may be linked to inefficient human resources, which can lead to non-medical personnel taking crucial decisions, like whether to refer or not a patient for a medical review. Lack of guards may also limit the capacity to refer a patient to an external facility as they are already overstretched by dealing with the security gaps in prisons. Furthermore, health needs may be even greater as the penitentiary populations often come from the most deprived groups of our society. Medical personnel in prison often have to deal with a variety of particularly challenging cases, including patients with mental health issues, various dependences, contagious diseases (HIV, TB, STI, Hepatitis…) that can spread and increase due to the conditions of detention, or specific needs coming from vulnerable groups. Therefore, medical staff should not only be adequate in terms of number but also properly qualified and trained. However, facts have shown that medical staff working in prison is often poorly motivated, suffering from lower salaries than their counterparts at community level. They can be excluded from trainings available to their peers working in MoH structures and suffering from a stressful environment at times coupled with an inadequate number of staff and insufficient means, such as unavailability of drugs or insufficient medical equipment. One of the consequence is that, due to the lack of medical staff, guards or prisoners are trained by the nurses and enrolled in medical activities.

One of the main features undermining a proper understanding of prison population health needs is that in many countries prison health information systems are very weak. Examples drawn by ICRC assessments show significant base ground reasons

for it; the poor training of staff, the absence or incompleteness of proper tools such as the medical record book or the entry medical screening records or again the medical transfer files. These are factors that actively contribute to the poor follow-up of individual cases and at a higher level do not enable governments to deal with accurate data in order to establish priorities, estimate proper budgets, or design the most cost effective and evidence based interventions. The financial aspects are closely linked to all the blocks of a prison health system especially when we consider fundamental that the availability of an appropriate budget allocation can only be based on evidenced needs and should be linked to a long term strategy, which considers all aspects of prison health and aims to reach equity of care.

In this study we took into consideration the detainee's perception as an essential block of prison health system. To consider the client perception of health services is a common procedure in assessment purposes at community level—in this study we consider it essential in evaluating prison health systems' performance. From the findings gathered on what was available from the literature review and from examples coming from ICRC's health assessments, the added value of such method allows to identify the failures of a system on its ability to reach adequate living conditions and access to health care for all inmates.

The second part of the thesis consists in the presentation of an assessment tool for prison health system. It considers assessment tools already present in literature and the inputs of six experts with previous experience in prison health assessment. The Delphi technique was used in order to revise the tool and reach consensus among the experts on the minimum essential data needed to perform such assessment. The aim was to have a standardized tool as flexible as possible, in order to be able to adapt it to different contexts, and to tackle the eight buildings block previously discussed. The result comes in the form of ten check lists and one questionnaire for detainees that will guide the assessor in performing an assessment of prison health systems.

The final result of a prison heath assessment should be able to foresee what the current system is able to achieve and to identify the needed changes in order to progress towards equity of care. This needs deep understanding of the national health system in place, covering both strengths and weaknesses. At the same time, the understanding of the health constraints at community level cannot be overlooked.

Difficulties inherent to the implementation of the assessment itself may also rise: prison matters are very sensitive and information may not be shared as such; identifying the right interlocutors and initiating a dialogue may not be so easy; access may not be granted everywhere or the sample size chosen may not be statistically representative. The assessing team needs to be composed of medical experts experienced in the analysis of prison health systems, as well as composed of other specialists when we want to dig into specific aspects, such as the analyses of the food chain or the quantity and the quality of water in prison.

This study shows a range of issues that must be considered when we wish to assess prison health systems. Solutions can be found taking into account the characteristics of a prison health system that are specific to each country and need context specific approaches.