Public Health England

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Acknowledgements

Special thanks to our hosts in Kyrgyzstan, the State Penitentiary Service of the Kyrgyz Republic (GSIN), the Ministry of Health of Kyrgyzstan and our in-country WHO colleagues.

Foreword

Public Health England (PHE) is committed to providing leadership in international public health and one way we do this is by our direct support to the World Health Organization (WHO) through our eight UK Collaborating Centres (UK CC).

The UK CC to the WHO Health in Prisons Programme (UKCC WHO HIPP) is led by PHE's Health and Justice Team[1]. Our role is to provide high quality technical support and advice to the WHO Regional Office in Copenhagen on a range of health and social care issues on prison health; to support the co-ordination of work across the WHO EURO region through the Health in Prisons Programme Steering Group, whose membership includes representatives of member dtates, the WHO UK CC (PHE), non-governmental organizations and intergovernmental organisations, such as the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); and to deliver an international conference on prison health and regional consultation event annually.

This report relates to the proceedings of this year's event, which was held in Bishkek in Kyrgyyzstan. It was the first time we have held such an event in a Central Asian Republic. This is significant for several reasons: first, this part of the WHO EURO region has some significant public health challenges relating to prison populations, especially around harms associated with injecting drug use and infectious diseases like TB and HIV. Second, many countries in this area have wider political and economic challenges which can impact on resources available to support healthcare in prisons. But third, and most importantly, there exists in countries in this part of our region much innovation and commitment to improve the health of people in prisons and the rest of Europe can learn from exemplars of good practice here.

Earlier this year in July, I participated in a conference in Kiev, Ukraine on TB and HIV control in prisons and learned about innovative medical and public health interventions to tackle emerging issues in the prison system which impact on wider public health, especially in relation to TB, and particularly multi-drug resistant TB (MDR-TB). In Kyrgyzstan, we learned that this is also a problem and the prison caseload contributes up to 25% of the total burden of disease in that country. While in Western Europe we do not have such a high prevalence of TB infection in our prisons, we do have increasingly complex cases and challenges in relation to TB control including drug-resistant TB. The interconnectedness of our region also includes movements of populations within our custodial estate. An increasing number of the total 2 million men, women and children in custody in WHO EURO Region at any one time were not born in the countries in which

[1] Learn more about PHE's Health and Justice Programme at www.gov.uk/government/collections/public-health-in-prisons

they were incarcerated. This makes the issue of international public health relevant in prisons as much as any other setting.

In Kyrgyzstan, we also learned that the commissioning of healthcare in prisons is in transition, from the Ministry of Justice to the Ministry of Health. We support this move, which is in line with the recommendation of the WHO recommendations published at a previous conference in London in 2013 on 'Good governance for prison health in the 21st century'[2] and we look forward to supporting Kyrgyzstan during this transition and learning lessons from their journey as well as the outcomes on the health and wellbeing of people in prisons.

During our visits to prisons in and around Bishkek, the capital city, we saw evidence of both innovation and excellence, including opiate-substitution therapy and healthcare facilities for diagnosis and management of TB, as well as the challenges inherent in resource-poor economies in relation to the infrastructure and facilities available to men and women incarcerated there. But perhaps the biggest lesson we can learn from our hosts was that unlike the UK and many other Western European countries, Kyrgyzstan has managed to recently reduce the number of people in its prison system. As with other parts of public health practice, the key focus has to be the population and if we continue to see increases in the prison populations across Europe, the challenges will only multiply.

Finally, I would like to add my own personal thanks to our generous hosts, the State Penitentiary Service of the Kyrgyz Republic (GSIN), the Ministry of Health of Kyrgyzstan and as well as our in-country WHO colleagues for supporting the whole event, including the prison visits programme. We were warmly welcomed and supported during our mission and were deeply moved by the spirit of generosity of the people in this beautiful country.

Dr Éamonn O'Moore

National Lead for Health and Justice PHE, and Director of the UK Collaborating Centre to the WHO Health in Prisons Programme (European Region).
December 2015

[2] http://www.euro.who.int/en/publications/abstracts/good-governance-for-prison-health-in-the-21st-century.-a-policy-brief-on-the-organization-of-prison-health-2013

Summary

PHE's Health and Justice Team, in its role as the UK Collaborating Centre to the WHO Health in Prison Programme (UKCC WHO HIPP), co-produced an international conference with the WHO Europe Regional Office (Copenhagen) and the State Penitentiary Service of Kyrgyz Republic (GSIN) that was held in the capital city, Bishkek, Kyrgyzstan, during the last week in October. Led by Dr Éamonn O'Moore, the PHE team included Jane Leaman, David Sheehan and Sunita Stürup-Toft from Health and Justice, and Dr George Ryan from the Drugs, Alcohol and Tobacco Division, PHE. The conference attracted 123 participants from 25 countries from the WHO Europe Region and beyond.

This report summarises and synthesises the proceedings and outcomes of the international conference on Health in Prisons in Europe, including highlighting its contribution to PHE's global health strategy.

The programme

The aim of the programme was to share good practice internationally to improve the quality of prison healthcare with a focus on reducing harm from illicit drug use among people in prison, including infectious diseases transmitted by sharing injecting equipment. The three-day programme included a day of prison visits, an international conference and a regional consultation event which included discussion on research, tuberculosis in prisons and peer health education among other topics.

Prison visits

Facilitated by the State Penitentiary Service of the Kyrgyz Republic (GSIN), the international delegation visited a 'TB colony', which had dedicated facilities to manage both drug sensitive and multi-drug resistant tuberculosis (MDR-TB). Prison TB cases contribute to 25% of the total burden of disease in Kyrgyzstan. The delegation learned about the diagnostic, therapeutic and infection control protocols in the prison and the care pathways from custody to the community and met with doctors and nurses delivering care as well as prison staff. The second prison visited was a women's prison that accommodated 300 women. The tour included information on needle and syringe exchange programmes, opiate substitution treatment and drug and alcohol rehabilitation programmes as well as projects training women in work-related skills, such as a sewing workshop that included producing uniforms for state organisations and a 'dairy' producing soya-based milk and cheese products. Both activities raised money for the prison and provided an income for the women.

Both prisons provided opportunity to access open space and the buildings themselves were mainly two storeys, which created an ‘open’ feel. The focus on the development of the TB colony had meant there were new buildings to enable segregation of people with different diagnoses. There appeared to be relatively limited amenities to support activities of daily living like cooking and cleaning.

International conference

The second day of the programme was an international conference co-chaired by Dr Éamonn O’Moore of PHE and Dr Akylbek Asanov of GSIN, and opened by the Deputy Minister of Health of Kyrgyzstan, Mr Murzaliev Amangeldi.

The conference included a welcome from the WHO regional director for Europe, Ms Zsuzsanna Jakab and the director of the WHO HIPP, Dr Lars Møller. International experts included Dr George Ryan from PHE, Professor Frederick Altice from Yale University, Professor Heino Stöver from Germany, Mr Jan Malinowski of the Council of Europe, Dr Jose Manuel Arroyo Cobo from Spain and Dr Linda Montanari from the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA).

In keeping with the principle agreed to at the 2014 WHO conference of including the voice of the service user, the conference also heard from two former detainees and their experiences of drug rehabilitation in prison.

Topics covered included the emerging trend on the use of novel psychoactive substances (NPS); comparisons of the prevalence of infectious diseases associated with injecting drug use in European prisons; and the harm reduction programme in Kyrgyzstan including their ‘drug free zone’ programme.

Regional consultation event

The third day saw a regional consultation event of member states led by the WHO and chaired by Dr Éamonn O’Moore. There were presentations and discussions on specific initiatives including the transfer of responsibility for prison healthcare from the Ministry of Justice/Interior to the Ministry of Health (Kyrgyzstan and Finland); the development of a WHO Minimum Public Health Dataset for Prisons; the publication of a new WHO report on food (Food systems in correctional settings, WHO Europe, 2015); the Irish Red Cross Prison Programme; the TB prevention programme in Kyrgyzstan; the REHAB Project to improve communication between healthcare staff and prisoners and a presentation from Penal Reform International and UNODC on the new Mandela Rules that have been strengthened to endorse equivalent and effective treatment, clinical independence and state responsibility.

Outputs

The following products were agreed at the conference under PHE's leadership as the UK CC to the WHO HIPP:

- the **WHO Europe Prison Health Research Network** (WEPHReN). At the meeting PHE launched the new WHO Europe Prison Health Research Network – WEPHReN. This network will act as a forum for researchers to exchange ideas and to work together, disseminate research findings, and help develop the skills of health professionals and researchers
- the **WHO Europe Prison Health web platform** was launched, which can be found at http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health. It was agreed that a uniform approach to collecting information for the WHO web-based platform was required and PHE would design and test this template. The platform will collect information about the current issues for each Member State on health and justice, to inform others of good practice and detect emerging trends across the region
- the **WHO Minimum Public Health Dataset** was launched and data collection will begin across member states in 2016, a process that will be supported by PHE's UKCC WHO HIPP
- a **WHO/PHE independent evaluation of the Irish Red Cross Prison Programme** was agreed to understand its transferability to other countries

Outcomes

Bringing an international audience to Kyrgyzstan gave a very welcomed focus on the work that is being achieved in this country, including opiate substitution treatment and other harm reduction measures. This was particularly pertinent as Kyrgyzstan announced their intention to transfer the responsibility of prison healthcare to the Ministry of Health by 2020 in line with the WHO guidance on "Good governance for prison health in the 21st century".

It was also recognised that health and justice activities in England are innovative – the implementation of bloodborne virus opt-out, smoke-free prisons across one of the largest prison estates in the world, as well as our emerging understanding of novel psychoactive substances and their impact on prisons. Discussion and presentation of these experiences at the conference underlined PHE's expert authority in health and justice, and illustrated leadership among global peers.

The PHE UK Collaborating Centre's leadership role was also acknowledged and this conference gave us an opportunity to extend our reach beyond the WHO Europe Region, reflecting PHE's international leadership.

1. Introduction

In 1995, the World Health Organization (European Region) and the UK established a network for the exchange of experience in tackling health problems in prisons. From this network emerged the WHO Health in Prisons Programme (WHO HIPP), which now includes 47 member states of the 53 from the WHO EURO region. WHO Europe is the only region to have a prisons programme so in many ways provides global leadership in the area of health and justice. HIPP's main activity is to give technical advice to member states on:

- the development of prison health systems and their links with public health systems; and on
- technical issues related to communicable diseases (especially HIV/AIDS, hepatitis and tuberculosis), illicit drug use (including substitution therapy and harm reduction) and mental health.

1.1 PHE's UK Collaborating Centre to WHO HIPP

As with other WHO programmes, the WHO HIPP is supported in its mission by a UK Collaborating Centre (UK CC). The WHO collaborating centres form part of an institutional collaborative network set up by WHO in support of its technical work. They provide services to WHO at country, regional and global levels and are involved in technical cooperation for national health development. WHO CCs are required to participate in the strengthening of country resources and national health development via information sharing, service provision, research and training.

The UKCC was hosted initially by the Department of Health in England which contracted it to the University of Central Lancashire (UCLan). On April 1, 2014, PHE took over this function from UCLan. The decision was made to integrate the function of the UK CC into the wider work of PHE and to align the structure of this UK CC with the other eight WHO UKCCs provided by PHE. Funding from the Department of Health has been agreed until August 2017. The UKCC WHO HIPP's contribution to PHE's international activity is acknowledged in PHE's Global Health Strategy.

The PHE UKCC to WHO HIPP, works as part of a multi-disciplinary health and justice specialist team within PHE, which:

- oversees, co-ordinates and delivers high quality professional input, technical support and advice to the WHO Regional Office in Copenhagen and European partners on a range of health and social care issues

- co-delivers an international conference on prison health annually (London 2013, Portlaoise, Republic of Ireland 2014, Bishkek, Kyrgyzstan 2015)
- supports the co-ordination of work across the WHO EURO region through the Health in Prisons Programme Steering Group, whose membership includes representatives of member states, the WHO UK CC (PHE), non-governmental organisations and intergovernmental organisations

1.2 Purpose of the programme in Kyrgyzstan

PHE's Global Health Strategy recognises that there are challenges affecting us all which require global multi-system approaches. The health and justice agenda is an example of this: improving the health of those in detained settings and the impact of improving health in detained settings on community health and social outcomes is clearly an opportunity to reduce global health inequalities. By working in partnership we achieve not only our own domestic priorities, but also contribute to the public health priorities of others.

The UKCC to the WHO HIPP allows an opportunity for PHE to engage on international aspects of health and wellbeing, both around communicable and non-communicable diseases, strengthening future relationships for further global health activity and the potential to develop public health capacity in other countries.

The UKCC and the WHO HIPP aimed to produce a conference which provided an opportunity for sharing good practice across regional member states and a regional consultation meeting to hear about action already undertaken through the HIPP and consult on new areas of work. The stimulating agenda demonstrated PHE's expertise and leadership in health and justice, its partnership work with other member states and provided an opportunity to learn and develop a shared future for health and justice.

The conference topic was illicit drug use in prisons and associated health impacts, as well as discussion on other communicable diseases such as TB and non-communicable disease factors such as nutrition and mental wellbeing. Harm reduction programmes have been successfully implemented in Kyrgyzstan and the learning from this process for other jurisdictions was seen as an opportunity for the host nation to contribute to this agenda. The programme also provided opportunity for PHE to share innovative practice in the implementation of a bloodborne virus opt-out programme, developing smoke-free prisons, and our emerging understanding of novel psychoactive substances and their impact on prisons.

1.3 Organisation

The events were organised through the WHO Europe office and the WHO in-country office, supported by the UKCC. PHE hosted the conference website which was translated into Russian, arranged all registration, and worked together with WHO colleagues to ensure the delivery of the event.

1.4 Media engagement

A press event was held to inform local national media about the international conference and to highlight the planned transition of the responsibility for prison healthcare services in Kyrgyzstan from the Ministry of Justice to the Ministry of Health by 2020.

Dr Éamonn O'Moore from the UKCC was interviewed by local journalists alongside Dr Lar Møller from WHO Europe and Dr Akylbek Asanov of the State Penitentiary Service of the Kyrgyz Republic (GSIN), as well as senior officials and ministers from the Ministries of Health and Justice. The event received coverage on local press and TV.

1.5 Twitter

The event was given a social media presence using the Twitter hashtag #prisonhealth with some activity leading up to the conference, tweets during the conference, including retweets from wider international colleagues.

2. Background information on Kyrgyzstan

Kyrgyzstan, officially named the Kyrgyz Republic (Kyrgyz Respublikasy), is a landlocked republic in the eastern part of Central Asia that is bordered in the north by Kazakhstan, in the east by China, in the south by China and Tajikistan, and in the west by Uzbekistan. Bishkek is the capital and largest city.

Figure 1: Map of Kyrgyzstan[3]

2.1 Population statistics[4]

The health of people in the justice system needs to be contextualised by an understanding of the health of people in the community from which they come and more often than not, return. Kyrgyzstan has a population of 5.7 million, with an average life expectancy of 69.4 years. The infant mortality rate is 31.26 deaths per 1000 live births

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[3] http://www.geographicguide.com/asia/maps/kyrgyzstan.htm accessed on 25/11/15
[4] http://www.kyrgyzstan.orexca.com/ and https://www.cia.gov/library/publications/the-world-factbook/geos/kg.html#People accessed on 22/10/15

(compared to 3.8 deaths per 1000 live births in England and Wales, ONS 2013[5]). Only 6.2% of the population in Kyrgyzstan is over the age of 65.

According to the 1999 census, the ethnic composition of the population in Kyrgyzstan was as follows: Kyrgyz 64.9%, Uzbeks 13.8%, Russians 12.5%, Dungans 1.1%, Ukrainians 1%, Ugyhurs 1%, other 5.7%, including Koreans 0.4% and Germans 0.4%.[6]

Literacy is high with 98.7% (male: 99.3%; female: 98.1%) of those aged 15 years and above being able to read and write (1999 census).[2]

2.2 Community healthcare system[7]

In the mid-1990s Kyrgyzstan implemented major health reforms after the dissolution of the USSR to strengthen primary healthcare and clinical practice, and reorganise finance and governance.

There is a mixed economy of state-funded and private healthcare, and a basic package of care is provided free of charge to the whole population with an additional package of care for those people covered by the social health insurance system.

Reforms to develop the public health function of the health system and its integration at the primary care level were intended to strengthen the preventive aspect of health services.

2.2 Prison system

The following information is taken from UNODC's (2012)[8] asessment of the Kyrgyz prison system which has a total population of around 10,000 detainees across 33 prison establishments with a staff complement of 3,700. A new Strategy for the Development of the Kyrgyz Penitentiary System (2012-2016) supported by UNODC is supporting reform of its penitentiary system at legislative, policy and management levels. The Kyrgyz Penitentiary System faces numerous challenges including infrastructure degradation, high prevalence of tuberculosis, substance misuse and other diseases including violence among prisoners.

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[5] Office for National Statistics, http://www.ons.gov.uk/ons/rel/vsob1/child-mortality-statistics--childhood--infant-and-perinatal/2013/stb-child-mortality-stats-2013.html accessed on 26/11/15

[6] http://www.kyrgyzstan.orexca.com/ and https://www.cia.gov/library/publications/the-world-factbook/geos/kg.html#People accessed on 22/10/15

[7] Ibraimova, A., Akkazieva, B., Ibraimov, A., Manzhieva, E. and Rechel, B. (2011). Kyrgyzstan: Health system review. European Observatory on Health Systems and Policies

[8] UNODC (2012). The prison system of the Kyrgyz Republic, Facts and Figures. National Strategy for the Development of the Penitentiary System of the Kyrgyz Republic 2012-2016.

The numbers of prisoners in Kyrgyzstan has been decreasing since 2004, from 16,934 to 9832 prisoners reported in 2012. The number of prisoners sentenced to life imprisonment has increased from 139 in 2007 to 257 in 2012.

Over 94% of prisoners in the Kyrgyz penitentiary system are male with nearly 60% of all prisoners being between the ages of 30 and 55 years.

The reported number of prisoner illnesses per 1000 and the mortality rate of prisoners has decreased since 2007 to 2012. The numbers for new TB cases has decreased in this time period but the numbers of new HIV cases has increased.

Healthcare for people in prison is commissioned and provided for through the Kyrgyz Penitentiary System. There is a commitment to transfer the responsibility of prison healthcare to the Ministry of Health by 2020 in line with the WHO guidance on “Good governance for prison health in the 21st century”.

3. Prison visits

International delegates were invited by the State Penitentiary Service of the Kyrgyz Republic (GSIN) to visit correctional institutions 2 and 31 near the capital, Bishkek. Prisons are identified by a numerical system in Kyrgyzstan.

The purpose of the visits was to understand the local prison environments and their facilities, to engage with some of the prisoners to hear first hand about their experiences of some of the health programmes in the Kyrgyz prisons (eg substance misuse programmes) and an opportunity to talk to prison healthcare staff about their role.

3.1 Correctional Institution 31

Institution No. 31 located in the village of Modavanovka, Alamedin District, housed a TB and pulmonary disease hospital. The facilities included:

- an outpatient and diagnostic unit for drug-sensitive and extensively drug-resistant TB patients (150 beds) and a unit for patients with MDR-TB (40 beds)
- a unit for drug-resistant TB patients (40 beds)
- a unit for MDR-TB patients (60 beds)
- a clinical bacteriological laboratory
- a pharmacy

This 'TB prison colony' also had a harm-reduction programme including a needle exchange centre and a healthcare programme for people living with HIV supported by the Global Fund. The colony had a substitution maintenance therapy function supported by the Centre for Controlled Diseases and Prevention (CDC) and a rehabilitation programme, Atlantis, for alcohol and drug dependant prisoners, which was supported by the Soros Foundation Kyrgyzstan.

Generally there were good facilities with screening activity and supervised medication led by medical staff who recognised the benefits of treating TB in prisons. Prison TB cases contribute to 25% of the total burden of disease in Kyrgyzstan. Unfortunately we did not have the opportunity to speak to any detainees at this prison.

A drug-free zone where nominated detainees are placed to complete an abstinence programme prior to returning to community was highlighted as good practice. Being a new initiative, it was not possible to gauge its impact on longer-term abstinence and reoffending rates at this point, although lived experience reflected a posiitve effect.

3.2 Correctional Institution 2

Correctional institution No.2 of the GSIN, was a women's prison located in the village of Stepnoye, Alamedin District. This was a general regime prison with a total of 300 women serving sentences for murder, fraud, robbery, theft and drug trafficking.

The institution had a health unit staffed with doctors – a paediatrician, a dermato-venerologist, a gynaecologist and two nurses. There was also a children's home which accommodated 15 children under the age of three years and their mothers. Harm reduction programmes were implemented at this institution: a needle exchange centre supported by the Global Fund; a centre for substitution maintenance therapy with methadone supported by CDC since 2013; a health care programme for people living with HIV supported by the Global Fund.

The rehabilitation programme Atlantis had been operating since 2007 for alcohol and drug dependent detainees, with financial support coming from the Soros Foundation Kyrgyzstan. The programme focused on building self-esteem and choices and the women we met on the programme were positive about the impact of the programme on their lives. There are plans to build a drug-free zone in 2016 with financial support from the Central Asian Drug Action Programme based in Kyrgyzstan (CAPAD-6).

The institution operated a sewing workshop, soya milk "dairy", bakery and a knitting workshop as part of their rehabilitation programmes.

The living conditions demonstrated the challenges inherent in a resource poor environment , with 60-70 women accommodate in a dormitory-style room with access to

a small kitchen and TV room. The rehabilitation unit provided 4 bedded rooms with access to cooking facilities.

This prison highlighted the serious problems of TB and HIV infection and drug dependence but also programmes to treat and prevent infection (including needle and syringe exchange programmes) and a willingness to address substance misuse through opiate substitution therapy (OST).

4. WHO HIPP and PHE conference

The second day of the programme included an international conference co-chaired by Dr Éamonn O'Moore from PHE and Dr Akylbek Asanov of the State Penitentiary Service of the Kyrgyz Republic (GSIN), attended by representatives from 25 countries and focussing on reducing harm from substance misuse in prisons including TB, HIV and bloodborne viruses.

The opening address was given by the Deputy Minister of Health of Kyrgyzstan, Murzaliev Amangeldi, Ejlodjaeva Anara also from the Ministry of Health and Alik Larimbekov, the Deputy Chairman of GSIN. Delegates and international experts were welcomed and encouraged to note the progress and challenges in delivering healthcare in the prisons of Kyrgyzstan. Prison health was highlighted as an example of a preventative approach to the health and wellbeing of those in the community, emphasising the need for high quality services in prisons.

Delegates were welcomed by WHO Regional Director for Europe, Ms Zsuzsanna Jakab and the Director of the WHO HIPP, Dr Lars Møller. WHO Europe acknowledged and encouraged the increasing interest in prison health as a way of impacting on community health and reducing health inequalities.

Presentations from international experts included Dr George Ryan from PHE, Professor Frederick Altice from Yale University, US, Professor Heino Stöver from Germany, Jan

Malinowski of the Council of Europe, Dr Jose Manuel Arroyo Cobo from Spain and Dr Linda Montanari from the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA).

In keeping with the principle agreed to at the 2014 WHO conference of including the voice of the service user, the conference also heard from two former detainees and their experiences of drug rehabilitation in prison.

Deputy Minister of Health of Kyrgyzstan, Murzaliev Amangeldi

4.1 Presentations

Illicit drug use in prisons

Dr George Ryan, PHE, presented on drug use in prisons in England, including diverted medication and the challenge of new psychoactive substances (NPS). He highlighted the work of PHE and other agencies in responding to the issues caused by NPS and the impact that they can have on the prison regime.

HIV and addictions in prisons in Kyrgyzstan

Professor Frederick Altice, Yale University, presented on his work on HIV, bloodborne viruses, mental health and substance misuse in Kyrgyzstan and other countries in Central Asia as well as Ukraine. The research highlighted that increased time in incarceration was associated with a greater risk of HIV infection. HIV in prison accounted for 11% of all HIV cases in Kyrgyzstan with more than half of those people who were HIV positive unaware of their status.

Harm Reduction Programmes in Prisons in Kyrgyzstan

Dr Akylbek Asanov (GSIN, Kyrgyzstan), presented on the substance misuse harm reduction measures implemented in the prisons of Kyrgyzstan. The use of education, information and support programmes has shown success but Dr Asanov emphasised

that there needs to be better evaluation of the effectiveness of "Drug-free Zones" in prisons, reoffending and the link between these recovery programmes and their impact on accessing housing and employment. The financial support for the harm reduction programmes in the prisons in Kyrgyzstan is provided by the Global Funds which ends in 2016/17.

From top left to bottom right: Dr Ryan, PHE; Professor Altice, Yale University; Dr Asanov, GSIN; Professor Stöver, Frankfurt University

Harm Reduction Measures in European Prisons

Professor Heino Stöver, Frankfurt University of Applied Sciences, gave an overview of problem drug use in prisons across Europe. He focused on condom distribution, opiate substitution and needle exchange out of the 15 interventions recommended by UNODC (2012) and how they are implemented in Europe.

Prison Health and Human Rights

Mr Jan Malinowski, Council for Europe, Pompidou Group, reiterated to the delegation the human rights aspects of prison healthcare, the right to life and the state's responsibility to ensure health in cases of deprivation of liberty. Action on preventable deaths was presented as the appropriate response to support the rights of life, dignity, privacy, and equivalence of care. These actions included suicide prevention, communicable disease prevention and drug interventions.

Harm Reduction in Spanish Prisons – a remarkable decrease in bloodborne diseases
Dr Jose Manuel Arroyo Cobo (Spain) presented on therapeutic communities in prisons that were introduced in the late 1990s in Spain and have contributed to a reduction in injecting drug use. The rehabilitation programmes focus on social integration as opposed to solely harm reduction.

Drug-use and Harm Reduction – data collected at EMCDDA
Ms Linda Montanari presented on the work of the European Monitoring Centre for Drugs and Drug Addiction based in Portugal, giving delegates a picture of substance misuse across Europe and drug use in prisons. Drug users represent a large proportion of prisoners in Europe, and are a dynamic population. There is good implementation of treatment across Europe but consistent coverage needs to be improved. The EMCDDA is reviewing their data collection methods to unify collection and provide a more accurate and consistent picture across Europe.

From left to right: Mr Malinowski, Council for Europe, Pompidou Group; Dr Arroyo Cobo, Spain; Ms Montanari, EMCDDA

Prisoner stories
Two people who had been incarcerated in the Kyrgyz Penitentiary System in the past and had experience of the substance misuse programmes while serving their sentences described the impact that the programmes had had on their lives. Peer support was emphasised as key to success. The positive outcomes for these two men, who told us of their recovery, strengthened family relationships and developing careers, served as a reminder as to the rehabilitative opportunities prison healthcare can provide.

Summary of proceedings
Dr Éamonn O'Moore (director of UKCC to WHO HIPP)
The themes and key points of the conference were summarised by Dr O'Moore in the concluding comments. The value of coming together as a European Region to share our challenges, learn from each other and celebrate our successes was highlighted. Reviewing harm reduction measures from a European perspective and their

application in Central Asia as well as the host nation Kyrgyzstan, emphasised how much progress has been made and the areas in which we still need to fortify our efforts. Dr O'Moore reminded the delegation that the opportunity to share emerging challenges such as novel psychoactive substances strengthens the collaboration across the Region underpinned by our focus on the lived experience of the people in our prison systems and their right to life, dignity and equivalence of care.

4.2 Summary and observations

The conference provided informative presentations on the current situation on illicit drug use in prisons and emerging trends. PHE's presentation on the use of NPS in the UK generated great interest in the audience particularly around testing for substances. There was also an opportunity to highlight the recent decision in England and Wales to move towards a smoke-free prison estate.

PHE brought leadership to the conference through expertise and examples of UK practice, as well as developing an international perspective on the opportunity to reduce health inequalities through a public health systems approach to improve health in the justice system and wider community.

Discussion on the higher prevalence of HIV in Kyrgyz prisons compared to the community and the diagnosis and treatment of HIV drew parallels with PHE's work on bloodborne viruses in prisons. Developing and implementing a bloodborne virus opt out programme with NHS England and the National Offender Management Service (NOMS) has been a priority for the three organisations since 2013 and appears to be an innovative and effective approach in identifying people with bloodborn viruses compared to other European jurisdictions.

The harm reduction programme in Kyrgyzstan including the drug free zone programme showed some promising results, supported by the stories of people who have used these programmes to rebuild their lives. However, the need for more evidence and research was also apparent. There are opportunities identified for the PHE UKCC's new research network (WEPHReN) to support the development of a research agenda that can have benefits across Europe and beyond, and will develop research links with and for countries like Kyrgyzstan. Peer support was emphasised by service users as a critical element to their recovery. This was of particular significance to PHE who is interested in developing peer education programmes with NHS England, NOMS and third sector partners as well as supporting the PHE UKCC's work on behalf of the WHO

HIPP with the Irish Red Cross on evaluating the transferability of their peer health education programme to other countries.

There was an opportunity to learn about the challenges and good practice of member states particularly in their governance and commissioning systems, which will inform PHE as the UKCC to WHO HIPP to co-ordinate activities such as data collection and dissemination of good practice across Europe.

5. WHO Europe Regional Consultation Meeting

The aim of the regional consultation is to provide a platform for information exchange between the Regional Office and its network members. The meeting included presentations and discussions on specific initiatives in the area of prison health and prison health research.

The meeting was chaired by Dr Éamonn O'Moore, who also represented the United Kingdom as the nominated government-delegate and was opened by Dr Lars Møller (WHO Europe).

A brief summary of the meeting is presented below.

5.1 Presentations

Why food matters: understanding food systems in a correctional setting
Dr Amy Smoyer (Southern Connecticut State University, US)

This presentation highlighted the significance of food and nutrition in the prison context and introduced the new WHO publication Food systems in correctional settings: A literature review and case study (which was reviewed before publication by PHE's Food and Nutrition team). Dr Smoyer discussed obesity in the prison population, an issue associated with negative individual-level health outcomes and financial burden for the penitentiary system and the need to consider gender-specific nutritional requirements and the totality of food consumption among prisoners. Dr Smoyer also elaborated on the role of food when considering culture, identity and relationships, as illustrated by narratives from the US prison context.

Tuberculosis and prisons in Kyrgyzstan
Dr Elena Stepanova (State Penitentiary Service of Kyrgyzstan, GSIN)

Dr Stepanova presented an overview of the process by which TB Colony 31 was developed in its current form in 2006, a process involving the merger of three former hospitals. The process was supported by several international agencies, including the International Committee of the Red Cross (ICRC) and Doctors without Borders. Dr Stepanova illustrated a significant decrease in TB prevalence among prisoners during the period from 2006 to 2014. Reasons for the decline included improved early diagnosis and increased treatment efficiency, including poly-resistant forms of TB. Dr Stepanova also presented data on the increase in successful treatment rates (which, in part, is due to improved continuity of care post-release), as well as figures on decreasing TB mortality among prisoners.

Community Based Health and First Aid in Action (CBHFA) Programme
Fergal Black (Irish Prison Service, Ireland)

Mr Black informed the participants on a programme for prisoner empowerment and peer health education in the Irish Prison Service, with the education and training boards, and the Irish Red Cross. An initial programme evaluation has illustrated subjective changes in beliefs and values, identity, and capabilities among programme participants. Dissemination and communication activities are taking place internationally, and the programme is being implemented elsewhere (eg in Honduras). An international evaluation of the transferability of the programme is currently being discussed with WHO and PHE in its role as the UKCC.

Development of a minimum public health dataset for prisons in the WHO European Region
Ms Johanna Nordmyr (Consultant, WHO Regional Office for Europe)

Ms Nordmyr presented on this ongoing project to establish a minimum public health dataset, facilitating formal data collection on agreed indictors and metrics consistently across the WHO European Region. The dataset, which will contain national-level data on population demographics, prison health systems, disease risk factors, disease screening, disease prevention and treatment, as well as mortality data, would enable an increased understanding of the health needs of the prison population and provide information on the quality of delivered health care services. The data set would also allow for between-country comparisons and evidence-based strategy development. Project funding is provided by the Government of Finland and the first round of data collection will commence in 2016, with data collected every two to three years thereafter and hosted at the WHO Global Health Observatory (GHO) data repository. Country profiles will be published on the Partnership for Health in the Criminal Justice System online platform.

WHO Europe Prison Health Research Network (WEPHReN)
Dr O'Moore (UK Collaborating Centre for WHO HIPP (European Region))

Dr O'Moore introduced a research network founded and led by the PHE UKCC to establish a global leadership role in prison health research for the WHO European Region, the only WHO region with a health in prisons programme. The establishment of the network was motivated by gaps in current prison health research; its lack of strategic direction and prioritisation; its dissemination; and the crucial role that research has in improving the understanding of prisoners' health needs, health service availability in prisons and health service evaluation. WEPHReN welcomes healthcare professionals, policy makers, representatives of academic institutions and public health organisations, and prisoner representatives, providing a platform for developing the skills of health professionals and researchers to enable efficient execution of high-quality research and to support the credibility of the clinical workforce working in prison settings, aiding recruitment and retention. It will also be a vehicle to drive the development of effective networks within and between member states in the WHO European Region.

PHE in its role as a WHO Collaborating Centre informed the meeting that it will be appointing an honorary research fellow to assist in developing and implementing the network research strategy. Future plans also include the development of internship programmes. The network is actively seeking members, and all colleagues at the meeting were invited to join.

REHAB Project (REmoving prison HeAlth Barriers)
Dr Roberto Monarca (Health Without Barriers – European Federation for Prison Health)

Dr Monarca presented a video on the initiative funded by the European Commission, implemented in Italy and Spain, involving prison staff, medical staff and prisoners working together to improve the prison environment. The project aims to improve health and wellbeing and decrease health inequalities through health education training of both prisoners and staff and also to improve communication and address trust issues between prisoners and staff. Maintaining staff motivation and providing training on coping with job-related stress are included in these aims. The programme content is focused on topics such as communication, hygiene, disease communicability, conflict resolution and burnout.

The Standard Minimum Rules for the Treatment of Prisoners (the "Nelson Mandela Rules")
Ms Signe Rotberga (UNODC) and Ms Alison Hannah (Penal Reform International (PRI))

Ms Rotberga provided background on the revised rules, underlining the complex task of health care delivery in prisons and the difficulties in applying medical ethics in this particular setting. Guidance for prison health staff is of utmost importance, considering the important role they can play in preventing or detecting suspected cases of torture and ill-treatment. The revised rules reflect more strongly that prisoners deserve the same health care rights as other persons, that they should have access to the same standard of care as available in the community, and that services should allow for effective continuation of treatment upon release. Ms Hannah gave a more detailed overview of the rules, focusing especially on those regarding health care services. She reminded delegates of the UN Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders (the "Bangkok Rules"), which considers female offenders exclusively.

Partnership for Health in the Criminal Justice System web-based platform

Dr Lars Møller (WHO Regional Office for Europe)

The Health in the Criminal Justice System web platform, launched during the conference, is designed to support knowledge sharing between organisations and member states and provide up-to-date information on ongoing activities in the area of prison health. The aim is for the platform to be a living document, with organisation and country information. A video was shown highlighting the platform features, such as activities, news, events, an interview with PHE's Dr O'Moore presenting on the impact of improving health in prisons as well as links to other partners' of the HIPP. The site is available in English and Russian. The platform project is funded by the governments of Finland and Switzerland.

5.2 Country updates

The consultation continued with an update from member state delegates regarding developments in prison health governance in their respective countries. It was evident that there was variation in the development of prison health governance across member states, with some countries in the midst of transitioning their prison healthcare services to the Ministry of Health, while others were still developing their plans. There was also discussion about the challenges to providing equivalence of care due to financial constraints and the structuring of healthcare systems. Support and development requirements of staff working in custodial settings were highlighted by several country representatives, with resourcing, training and wellbeing support as key issues.

Dr O'Moore, as the nominated government-representative for the UKI, reported on the following developments in England, Scotland, Wales and Northern Ireland:

- **the Five Nations' Health and Justice Collaboration** (Ireland, England, Wales, Scotland and Northern Ireland) which was established in 2013 by the UKCC hosted by PHE, a network that today cooperates on many joint programmes and is a forum for best practice sharing. The work model supports quick learning and rapid health programme implementation, resulting in a more efficient way of tackling existing and emerging problems. For example, one current programme involves a working group on new psychoactive substances. It also aims to conduct more prison health research in areas of mutual interest, such as the ageing of the prison population, more foreign nationals in the prison population, and the issue of a complex regional structure

- the **use of a national partnership agreement** between PHE, NHS England and NOMS (who are invested partners in England and Wales), which publically states a shared work programme and shared values. This agreement supports cross-departmental working across government

- **opt-out testing for bloodborne viruses**, which was introduced in English prisons in 2013. Testing has increased from 4% to 10% across the population, and in prisons with a testing protocol, to 22%. Scotland and Wales plan to adopt the method

- **smoke-free prisons** are to be introduced in a rolling implementation starting within the current financial year in England and Wales

5.3 Summary and observations

It was evident that there was variation in the development of prison health governance across member states, with some countries in the midst of transitioning the responsibility for their prison healthcare services from Ministries of Justice/Interior to the Ministry of Health, while others were still developing their plans. There was also discussion about the challenges to providing equivalence of care due to financial constraints and the structuring of healthcare systems.

The UK's contribution to examples of good practice was particularly acknowledged with England's national partnership agreement between PHE, NHS England and NOMS cited as a method of developing national cross-departmental action on health and justice that would be useful for other member states across Europe to consider.

Support and development requirements of staff working in custodial settings were highlighted by several country representatives, particularly relating to resourcing, recruitment, retention, training and wellbeing.

PHE UKCC's research network, WEPHReN was welcomed, as the evidence gaps in health and justice were acknowledged as well as the need to be more effective in publishing and disseminating findings. The link between research evidence and its potential contribution to funding for ongoing activities in all jurisdictions was clearly made. Member states were encouraged to prepare for data collection for the Minimum Public Health Dataset, which constitutes a research development aimed at informing practice and providing national-level comparisons. PHE UKCC is supporting the WHO HIPP in developing and collecting this dataset. The value of the new prison health platform for continually highlighting research findings and ongoing activities was

recognised and the PHE UKCC will be assisting in the development of a standard template to create a profile for every member state.

PHE UKCC and the WHO's contribution to the organisation and chairing of the events was acknowledged. A special thanks was given to the Finnish Ministry of Social Affairs and Health for financial support for the conference and meeting.

6. Conclusions

The three-day programme in Kyrgyzstan has extended many opportunities. Bringing an international audience to Kyrgyzstan has increased focus on the country's achievements in tackling substance misuse in prisons, including opiate substitution treatment and other harm reduction measures and their medical facilities to deal with TB. PHE wishes Kyrgyzstan success in their plans to transfer the responsibility of prison healthcare to the Ministry of Health by 2020, applying learning from other member state's experiences and adding to the body of knowledge for the use of other jurisdictions. The warm hospitality afforded to us by our hosts created the collaborative atmosphere for the conference and meeting to be a success.

The continuing challenge of delivering equivalence of care between detained settings and community settings was shared among international colleagues. Member states were often united in their difficulties in resourcing service provision and maintaining an effective workforce. Examples of successes provided inspiration and renewed motivation, as did presentations of research into developing territory for health and justice, such as nutrition.

The power of the evidence base to support us in meeting these challenges was a common theme throughout the programme. The opportunities for WEPHReN, the WHO Minimum Public Health Dataset for Prisons and the unifying of data collection by the EMCDDA will strengthen the European capability to develop strategies and programmes to meet these challenges through shared learning and research.

PHE was able to showcase many of the innovative health and justice activities in England: implementation of a bloodborne virus opt-out programme, progress to create a smoke-free prison estate, and developing an understanding of the challenges posed by new psychoactive substances on prisons. PHE has built on its global reputation in excellence in health and justice, bringing the local experience in England to an international stage.

The UK Collaborating Centre to the WHO HIPP is an example of PHE's role in strengthening UK partnerships for global activity. Its leadership role in shaping the international health and justice agenda is acknowledged and this conference has given PHE an opportunity to develop its international ambitions on research, and communicable and non-communicable disease prevention in order to reduce health inequalities and improve health in the justice system and wider community.

Appendix 1 – Agenda for the three days

Health and Justice Annual Conference Park Hotel Bishkek, Department, Bermet Asypbekova, 87, Orozbekov str: Bishkek, Kyrgyzstan

Programme:

Tuesday 27 October: 09:00 – 17:00	Prison Visits for international participants (high security, female and a TB prison): Participants will be picked up at Park Hotel, ensure that you are at the lobby for 9:00. Lunch will be provided during the day
19:00 – 22:00	WHO Delegates – Dinner by GSIN (Kyrgyzstan prison service). The dinner will take place at Naval National Restaurant, Togolok Moldo str, 11, Bishkek (a 10-minute drive from Park Hotel) and is scheduled from 19:00 to 22:00. International delegates should meet in the **lobby of Park Hotel at 18:50**

Wednesday 28 October	**Theme: Illicit drugs and prisons** **Chair morning session: UKCC**
09:00 – 09:30	Registration
09:30 – 10:00	Welcome by Minister of Health and Mr Alik Mamyrkulov, Chairman of GSIN Video recorded welcome by Ms Zsuzsanna Jakab, WHO Regional Director for Europe Welcome from WHO HIPP – Drs Éamonn O'Moore and Lars Møller
10:00 – 10:20	Dr George Ryan (UK) – Prisons Illicit Drugs
10:20 – 10:30	Question and Answer session
10:30 – 10:50	Dr Frederick Altice (US) – Infectious Diseases

	in Prisons in Kyrgyzstan
10:50 – 11:00	Question and Answer session
11:00 – 11:30	COFFEE/TEA BREAK/Press Conference
11:30 – 11:50	Dr Akylbek Asanov (Kyrgyzstan) – Harm Reduction Programmes in Prisons in Kyrgyzstan
11:50 – 12:00	Question and Answer session
12:00 – 12:20	Professor Heino Stöver (Germany) – Harm Reduction Measures in European Prisons
12:20 – 12:30	Question and Answer session
12:30 – 13:30	LUNCH
13:30 – 13:45	POSTER SESSION
	Chair afternoon session: Dr Akylbek Asanov, Kyrgyzstan
13:45 – 14:05	Mr Jan Malinowski (Council of Europe) – Prison Health and Human Rights
14:05 – 14:15	Question and Answer session
14:15 – 14:35	Dr Jose Manuel Arroyo Cobo (Spain) – Harm Reduction in Spanish Prisons – a remarkable decrease in bloodborne diseases
14:35 – 14:45	Question and Answer session
14:45 – 15:15	COFFEE/TEA
15:15 – 15:35	Prisoner stories from prisons and panel discussion
15:35 – 16:00	Question and Answer session
16:00 – 16:20	Ms Linda Montanari (Italy) – Drug-use and Harm Reduction – data collected at EMCDDA
16:20 – 16:30	Question and Answer session
16:30 – 16:45	Dr Éamonn O'Moore (UK) – summing up the day
16:45 – 18:30	Reception at Park Hotel

Thursday 29 October	**Theme: Sharing good practice between member states – Chair: Dr Éamonn O'Moore, Director UK Collaborating Centre, WHO HIPP**
09:30 – 09:35	Introduction to Day two – Dr Lars Møller
09:35 – 10:00	Dr Amy Smoyer (US) – Food and Prisons: good practice examples and launch of new WHO publication
10:00 – 10:10	Question and Answer session
10:10 – 10:30	Dr Elena Stepanova (Kyrgyzstan) – TB and

	Prisons – example from Kyrgyzstan
10:30 – 10:40	Question and Answer session
10:40 – 11:00	Fergal Black (Ireland), Irish Prison Service – Prisoner empowerment
11:00 – 11:30	COFFEE/TEA
11:30 – 13:00	New developments in prison health governance – panel: Kyrgyzstan,Moldova,Azerbaijan, Georgia, UK, France, Italy and Spain
13:00 – 14:00	LUNCH
14:00 – 14:25	Ms Johanna Nordmyr (Finland) – Prison Health Database
14:25 – 14:50	Dr Eamonn O'Moore (UK) – Research and Prison Health
14:50 – 15:10	Dr Roberto Monarca (Italy) - Improving Health in Prison through better communication: The REHAB Project Experience
15:10 – 15:30	COFFEE/TEA
15:30 – 15:50	Ms Alison Hannah (UK) – Information on the Mandela Rules
15:50 – 16:10	Dr Lars Møller (WHO) – Prison Health Platform – launch of new WHO prison health website
16:10 – 16:20	Fergal Black (Ireland) – Summing up the day

Appendix 2 – Posters presented at the conference

a) **Leading the way in Health and Justice Internationally: PHE's role in being the UK Collaborating Centre to the WHO Health in Prisons Programme in Europe.**
Dr Éamonn O'Moore and Sunita Stürup-Toft, PHE.

b) **Building a minimum health dataset for prisons in the WHO European region**
Dr Tom Stephenson, William Harvey Hospital, England and
Dr Éamonn O'Moore, PHE.

c) **Food systems in correctional settings**
Dr Amy B. Smoyer, Southern University of Conneticut, US and
Dr Linda Kjære Minke, University of Southern Denmark, Denmark.

Protecting and improving the nation's health

Leading the Way in Health & Justice Internationally: PHE's role as UK Collaborating Centre to the WHO Health in Prisons Programme in Europe

Dr. Éamonn O'Moore[1] and Sunita Stürup-Toft[2].

[1]National Lead for Health & Justice, PHE and Director UK Collaborating Centre to the WHO Health in Prisons Programme, Premier House, Reading, England;
[2]Health and Justice Public Health Specialist, PHE South East and UK Collaborating Centre to WHO Health in Prisons Programme, Premier House, Reading, England.

THE UK CC FOR WHO HEALTH IN PRISONS PROGRAMME (WHO HIPP)

In 1995, the World Health Organization (European Region) and the UK established a network for the exchange of experience in tackling health problems in prisons. From this network emerged the WHO Health in Prisons Programme (WHO HIPP), which now includes 47 member states of the 53 from the WHO EURO region. WHO Europe is the only Region to have a prisons programme so in many ways provides global leadership in the area of health & justice. WHO HIPP's main activity is to give technical advice to Member States on:

- the development of prison health systems and their links with public health systems;
- technical issues related to communicable diseases (especially HIV/AIDS, hepatitis and tuberculosis), illicit drug use (including substitution therapy and harm reduction) and mental health.

As with other WHO programmes, the WHO HIPP is supported in its mission by a UK Collaborating Centre (UK CC). The UK CC was hosted initially by the Department of Health (DH) in England which contracted it to the University of Central Lancashire (UCLan). **On April 1, 2014, Public Health England (PHE) took over this function** from UCLan. This decision was made to integrate the function of the UK CC into the wider work of PHE and to align the structure of this UK CC with other WHO UKCC provided by PHE.

"No health without justice, no justice without health"

The UK CC, working as part of a multi-disciplinary specialist team within PHE, oversees, coordinates and delivers high quality professional input, technical support and advice to the WHO Regional Office in Copenhagen and European partners on a range of health and social care issues; delivers an annual international conference on prison health (London 2013, Portlaoise, Republic of Ireland 2014 and Bishkek, Kyrgyzstan 2015), and supports the coordination of work across the WHO EURO region through the Health in Prisons Programme Steering Group.

THE GLOBAL PRISON POPULATION

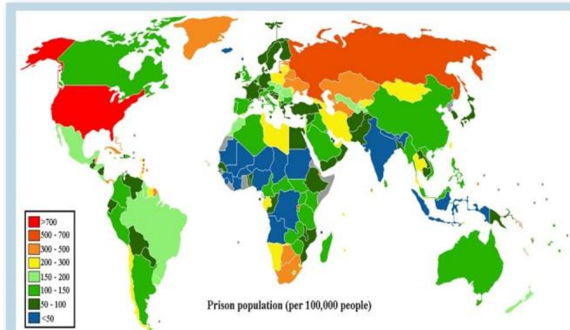

Figure 1: The global prison population per 100,000 people, in 2015[i]

The prison population continues to grow over the world. Six million people are imprisoned in the WHO European Region every year. People in prison often face the poorest health outcomes.

SHAPING A GLOBAL VIEW ON HEALTH & JUSTICE

The UK CC plays a key role in developing policy guidance with the WHO HIPP to shape health and justice across the WHO Europe Region and beyond.

Publications include a joint document with WHO and UNODC, **Good governance for prison health in the 21st century**[ii] which concluded that managing and coordinating all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility; and health ministries should provide and be accountable for health care services and advocate healthy conditions in prisons.

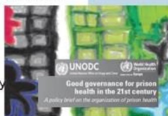

Figure 2 (above): Accountability for health in prisons across Europe[iv].

One of the aims of the WHO HIPP is to encourage transfer of accountability to Health Ministries (rather than Justice/Interior Ministries).

In 2014, WHO HIPP published **Prisons and Health**[iii], a book outlining important suggestions by international experts to improve the health of people in prison and to reduce the risks posed by imprisonment to both health and society.

The 5 Nations Health and Justice Collaborative Group

The UK CC is informed by a forum for government officials and senior clinicians from across England, Wales, Scotland, Northern Ireland and the Republic of Ireland. The group shares best practice, co-ordinates research priorities and work programmes across borders. These international meetings are held three times a year across the United Kingdom & Republic of N.I.

Developing a WHO European Prison Health Research Strategy: *Moving from Grey to Light*

Developing the evidence-base to support effective, efficient, cost-effective and high quality healthcare in prisons and other justice settings requires an active research programme. The evidence base in this area is underdeveloped and therefore remains in the 'grey literature' making it inaccessible to other researchers and those developing the evidence base for prison health.

Improving research into the health of prisoners plays an important role in improving their health, driving forward the quality of healthcare and reducing health inequalities. Developing a research strategy will enable us to shine a light on current health and healthcare issues more effectively and to highlight best practice which can be used as a template for action for others.

PHE, in its role as UK CC for the WHO HIPP, will support the **WHO European Prison Health Research Network (WEPHReN**) which will provide:

- A means of disseminating important research findings across the Region;
- A platform for developing the skills of health professionals and researchers with an interest in prisoners across all countries in the Region thus promoting interest in prison health as a professional discipline
- A vehicle to drive development of effective collaborative networks within Member States between academic institutions, policy makers, practitioners and public health organisations, as well as between Member States, enabling academic collaborations between institutions supporting research programmes
- Global leadership in prison research

Is prison health, public health?

The WHO Moscow Declaration[v] on October 24, 2003, stated that prison health is an integral part of the public health system of any country. There is an over representation of poor health in prisons and the movement of people to and from civil society makes prison a setting of opportunity to address health inequalities. The WHO Moscow Declaration advocates for closer working between Ministries of Health and Ministries of Justice/Interior to provide high quality free healthcare for people in prison with a focus on communicable disease, mental health and the physical environment of prison.

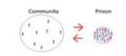

Figure 3: Prison concentrates ill health from the community

INTERNATIONAL COLLABORATION

The UKCC for WHO HIPP work in collaboration with other international organisations to further understanding and action for people in detained settings. In 2014-15 alone, international engagements have included:

- WHO HIPP international conference on the empowerment of people in prison (October 2014), Portlaoise, Ireland;
- European Committee for the Prevention of Torture 25th Meeting (March 2015); Strasbourg, France; attended by ECDC, EMCDDA, other Directorates within the EU
- Meeting with the Director for Public Health for the EU Commission regarding public health challenges of prisons in Europe (May 2015), Luxembourg.
- Healthcare Behind Bars- HIV/AIDS, TB & other socially dangerous diseases conference (July 2015); Ukraine, Kiev : joint working with WHO, UNODC, UNAIDS, USAID and the Council of Europe and State Penitentiary Service of Ukraine.

FUTURE PLANS

At the most recent meeting WHO HIPP Steering Group in Copenhagen (May, 2015), the following activities for 2015–2016 were agreed:

- **an international conference in Kyrgyzstan in October 2015**
- **development of a new web-based platform to serve as a clearing house for prison health information supplied by WHO and partner organizations**
- **the development of a new Minimum Public Health Dataset for Prisons in the WHO European Region.**
- **The WHO UK CC for HIPP to establish the new WHO Europe Prison Health Research Network (WEPHReN)**

Through its engagement with WHO Europe as a UK CC, PHE enhances the international reputation of the UK as a leader in prison public health. The opportunity to highlight prison health during the UK Presidency of the European Council in 2017 will further enhance our system leadership internationally and well as provide an opportunity to showcase improvements in the quality of health and healthcare for people in prisons achieved through partnership work.

ACKNOWLEDGEMENTS

We would like to acknowledge the contributions of *Dr. Lars Møller*, World Health Organization Regional Office for Europe, Copenhagen, Denmark; and *Professor Jörg Pont*, University of Vienna, Austria.

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Building a minimum public health dataset for prisons in the WHO European region

Dr Thomas Stephenson [1] and Dr Éamonn O'Moore [2]

[1] William Harvey Hospital, Ashford, England; [2] National Lead for Health & Justice, Public Health England and Director UK Collaborating Centre, WHO Health in Prisons Programme (Europe).

THE PROBLEM

The WHO European Region comprises 53 member states (see **Figure 1**). The WHO Health in Prisons Programme (**WHO HIPP**) supports Member States in understanding & meeting healthcare needs of people in prison. Europe is the only WHO Region to have a prisons' programme. PHE's Health & Justice Team provides the UK Collaborating Centre (UKCC) function to the WHO HIPP.

There is a lack of comprehensive, consistent and reliable public health data on prison populations and their health needs across the WHO European Region[1,2]. Where data are available currently, they show a higher prevalence of infectious disease, chronic illness and hazardous behaviour including injecting drug use among people in prison compared to peers in the wider community[2-5]. The lack of a common minimum public health dataset limits ability to evaluate the quality of care provided in prisons and understand how this varies between Member States. WHO Europe in collaboration with the PHE UK CC, is working to establish a **Minimum Public Health Dataset for Prisons in Europe** which will enable formal collection of data on agreed indictors and metrics at national level consistently across the WHO European region for the first time.

METHODS

Scope: The database will be compiled from data reported at national level only.

Data collection: Data will be collected via an online survey tool completed by a nominated key informant within the government ministry responsible for the health of prisoners (Ministry of Health or Ministry of Justice/Interior depending on jurisdiction). If necessary, parts of the survey will be completed by other national experts nominated by the key informant.

Timescale: The first round of data collection will commence in late 2015, to be published in early 2016. Data will be collected every two-three years thereafter.

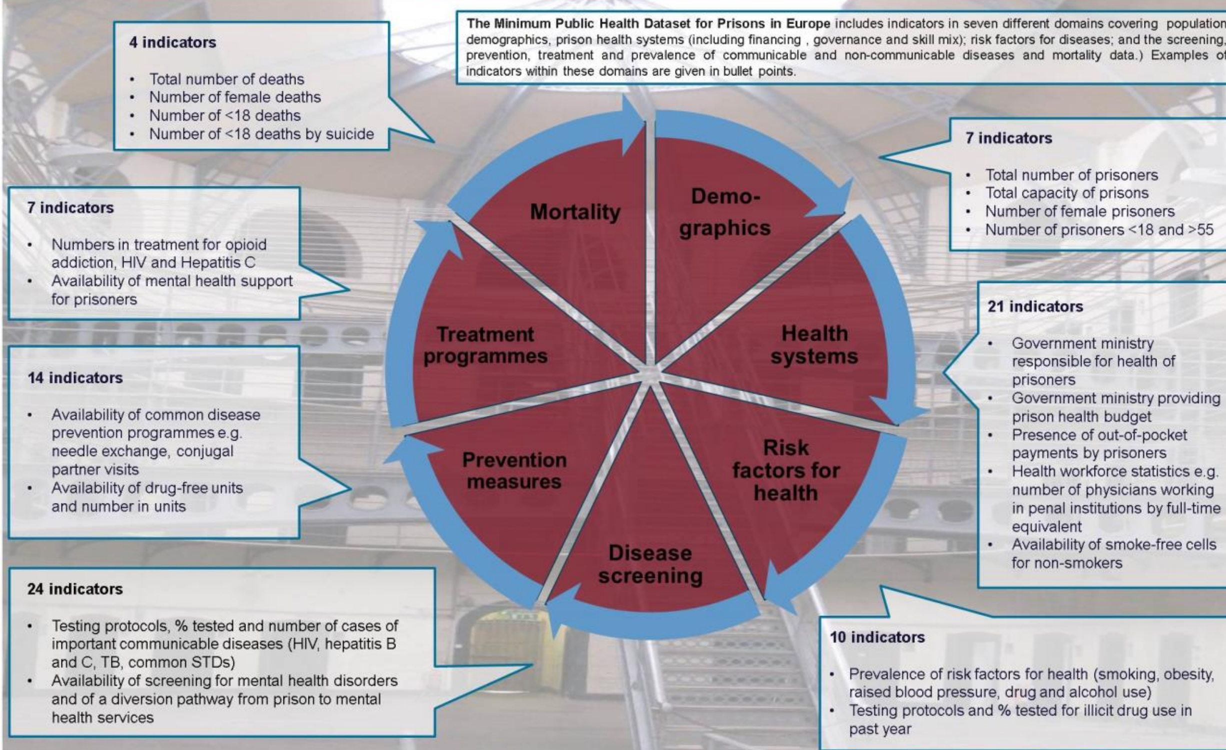
Contents: The database will comprise approximately 85 indicators of prison health, selected and in collaboration with PHE as the UKCC to the WHO HIPP and in consultation with international experts and partners organisations who also collect data at national/international level to avoid overlap and ensure consistency in

Figure 1: Map of WHO European region

indicator definitions and key figures (including EMCDDA, ECDC, and the Council of Europe).

Publication and dissemination: Data will be published on WHO HIPP web platform at www.euro.who.int/prisons

A MINIMUM DATASET – WHAT TO COVER?



CHALLENGES

The state of development of informatic services in prisons across the WHO EURO Region is highly variable with some countries relying entirely on paper-based systems and others having variable quality computerised informatic systems. In England, all prisons have SystmOne which enables data to be captured and reported using specific READ codes. Even where computerised systems are present, not all indicators will be covered well or even at all.

Equally some data may not be routinely aggregated at a national level. Therefore, one of the key inter-dependencies is the need to upgrade prison health informatics systems and data collection, reporting and aggregation at national level to avoid bias in reporting due to the capability of Member States to collate and report data.

POTENTIAL OUTPUTS

A WHO regional public health dataset for prisons will allow healthcare commissioners and providers, policy makers, national and international inspectorates and human rights organisations to:

- Improve their understanding of the health needs of the population in prisons, inform health needs assessments and health service evaluation;
- Plan services to meet national standards and local needs
- Allow for between-country comparison by WHO and other international organisations;
- Facilitate the development of evidence-based strategies for prison health and the championing of best practice;
- Help to give global prominence to the public health importance of prison health.

ACKNOWLEDGEMENTS

Funding for this project is provided by the Government of Finland. Expert input was received from the following:

Sean Duggan, Centre for Mental Health (UK); Dr Ruth Gray, National Association of Prison Dentistry (UK); Council of Europe; European Centre for Disease Control; European Monitoring Centre for Drugs and Drug Addition; Dr. Lars Moller (WHO, Denmark)

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Food Systems in Correctional Settings

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Impact of Prison Food on Health

Physical Weight-Related Outcomes

- 59% of adults in Europe are overweight.
- 23% of adults in Europe are obese.
- Many people, especially women, gain weight while incarcerated.
- Weight gain is related to health problems, including diabetes and cardiovascular disease.

Behavioral Outcomes

- Emerging evidence suggests associations between food and aggressive behavior.
- Food consumption may be used to regulate moods and cope with anxiety or depression.

Impact of Food on Prison Culture

Examination of daily prison food activities builds knowledge about how inmates understand, construct, and interpret their prison experience.

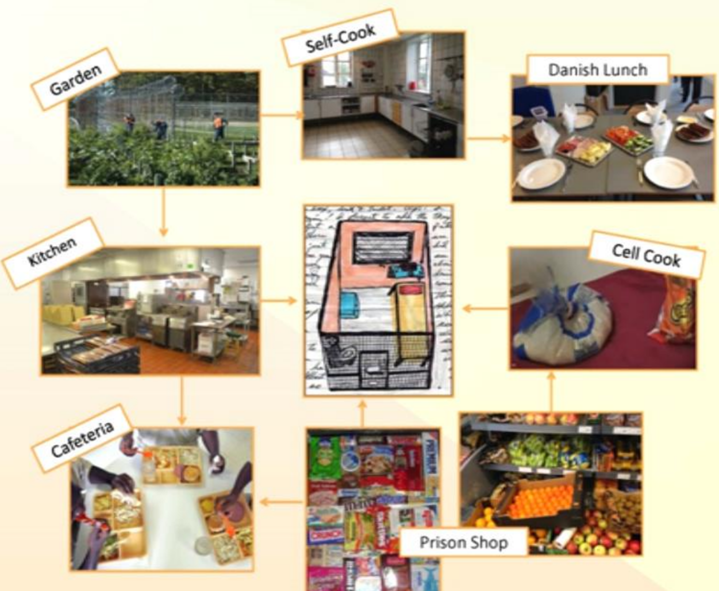
Identity

- Prisoners use food to reinforce existing identities and construct new ones.
- Informal, illicit food systems are used to resist experience of powerlessness.
- Food builds gender, religious and ethnic identities.

Relationships

- Food systems develop and maintain relationships between inmates, inmates and staff, and between inmates and non-incarcerated friends and family.
- Delegation of cooking-related tasks reflects prison hierarchies.

Understanding Food Systems



Action Steps

1. **Assess Facility Food Systems**
   - Engage multi-disciplinary team.
   - Identify formal and informal systems.
2. **Record Weights of Prison Population**
   - Consider intake and exit exams.
   - Weight, height, biomedical markers (diabetes & cardiovascular disease)
3. **Recognize Gender & Ethnicity**
   - Create flexible food services that are mindful of gender and ethnic differences.
   - Leave room for multiple expressions of health and identity.
4. **Foster Positive Food Interactions**
   - Boost life skills & psychosocial outcomes.
   - Model pro-social behaviors
5. **Exemplar Programs Inform Food Interventions**
   - Consider innovation at other facilities.
   - Adapt models to cultural context.
6. **Teach Culinary Skills**
   - Provide education & job training.
7. **Train Staff**
   - In-service about meanings & use of food.

Danish Prisons: A Case Study

Remand Prison

- Meals prepared in regional kitchen.
- Food delivered on trays to cells.
- Small refrigerators in each cell.
- Prison shop sells snack food.
- Complaint: unhygienic and redundant.
- 38% satisfied with these food systems.
- Cooking classes teach culinary skills.

Open & Closed Prisons

- No central kitchen or cafeteria.
- Prisoners shop, cook & clean for themselves.
- Prison shop sells wide range of food, including fresh meat and vegetables.
- Communal kitchen shared by 20 people.
- 70% satisfied with these food systems.
- Cooking classes teach culinary skills.

Culinary class cooks pizza in Copenhagen prison, 2014.

Acknowledgements