

## **UNODC, WHO, UNAIDS AND OHCHR JOINT STATEMENT ON COVID-19 IN PRISONS AND OTHER CLOSED SETTINGS\***

We, the leaders of global health, human rights and development institutions, come together to urgently draw the attention of political leaders to the heightened vulnerability of prisoners and other people deprived of liberty to the COVID-19 pandemic, and urge them to take all appropriate public health measures in respect of this vulnerable population that is part of our communities.

Acknowledging that the risk of introducing COVID-19 into prisons or other places of detention varies from country to country, we emphasize the need to minimize the occurrence of the disease in these settings and to guarantee that adequate preventive measures are in place to ensure a gender-responsive approach and preventing large outbreaks of COVID-19. We equally emphasize the need to establish an up-to-date coordination system that brings together health and justice sectors, keeps prison staff well-informed and guarantees that all human rights in these settings are respected.

### **Reduce overcrowding**

In the light of overcrowding in many places of detention, which undermines hygiene, health, safety and human dignity, a health response to COVID-19 in closed settings alone is insufficient. Overcrowding constitutes an insurmountable obstacle for preventing, preparing for or responding to COVID-19.

We urge political leaders to consider limiting the deprivation of liberty, including pretrial detention, to a measure of last resort, particularly in the case of overcrowding, and to enhance efforts to resort to non-custodial measures. These efforts should encompass release mechanisms for people at particular risk of COVID-19, such as older people and people with pre-existing health conditions, as well as other people who could be released without compromising public safety, such as those sentenced for minor, non-violent offences, with specific consideration given to women and children.

A swift and firm response aimed at ensuring healthy and safe custody, and reducing overcrowding, is essential to mitigate the risk of COVID-19 entering and spreading in prisons and other places of deprivation of liberty. Increasing cleanliness and hygiene in places of deprivation of liberty is paramount in order to prevent the entry of, or to limit the spread of, the virus.

Compulsory detention and rehabilitation centres, where people suspected of using drugs or engaging in sex work are detained, without due process, in the name of treatment or rehabilitation should be closed. There is no evidence that such centres are effective in the treatment of drug dependence or rehabilitation of people and the detention of people in such facilities raises human rights issues and threatens the health of detainees, increasing the risks of COVID-19 outbreaks.

### **Ensuring health, safety and human dignity**

All states are required to ensure not only the security, but also the health, safety and human dignity, of people deprived of their liberty and of people working in places of detention at all times. This obligation applies irrespective of any state of emergency.

Decent living and working conditions as well as access to necessary health services free of charge form intrinsic elements of this obligation. There must be no discrimination on the basis of the legal or any other status of people deprived of their liberty. Health care in prisons, including preventive, supportive and curative care, should be of the highest quality possible, at least equivalent to that provided in the community. Priority responses to COVID-19 currently implemented in the community, such as hand hygiene and physical distancing, are often severely restricted or not possible in closed settings.

## Ensuring access to continued health services

Prison populations have an overrepresentation of people with substance use disorders, HIV, tuberculosis (TB) and hepatitis B and C compared to the general population. The rate of infection of diseases in such a confined population is also higher than among the general population. Beyond the normal infectivity of the COVID-19 pandemic, people with substance use disorders, HIV, hepatitis and TB may be at increased risk of complications from COVID-19.

To ensure that the benefits of treatments started before or during imprisonment are not lost, provisions must be made, in close collaboration with public health authorities, to allow people to continue their treatments without interruption at all stages of detention and upon release. Countries should embrace a health systems approach, where prisons are not separated from the continuity-of-care pathway but integrated with community health services.

Enhancing prevention and control measures in closed settings as well as increasing access to quality health services, including uninterrupted access to the prevention and treatment of HIV, TB, hepatitis and opioid dependence, are therefore required. Authorities must ensure uninterrupted access and flow of quality health commodities to prisons and other places of detention. Staff, health-care professionals and service providers working in closed settings should be recognized as a crucial workforce for responding to the COVID-19 pandemic and receive appropriate personal protective equipment and support as necessary.

## Respect human rights

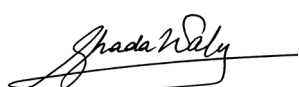
In their responses to COVID-19 in closed settings, states must respect the human rights of people deprived of their liberty. Restrictions that may be imposed must be necessary, evidence-informed, proportionate (i.e. the least restrictive option) and non-arbitrary. The disruptive impact of such measures should be actively mitigated, such as through enhanced access to telephones or digital communications if visits are limited. Certain fundamental rights of people deprived of their liberty and corresponding safeguards, including the right to legal representation, as well as the access of external inspection bodies to places of deprivation of liberty, must continue to be fully respected.

## Adhere to United Nations rules and guidance

We urge political leaders to ensure that COVID-19 preparedness and responses in closed settings are identified and implemented in line with fundamental human rights, are guided by World Health Organization (WHO) guidance and recommendations and never amount to torture and other cruel, inhuman or degrading treatment or punishment. In prisons, any intervention should comply with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

People deprived of their liberty exhibiting symptoms of COVID-19 or who have tested positive should be monitored and treated in line with the most recent WHO guidelines and recommendations. Prisons and other places of detention must be part of national COVID-19 plans with dedicated participation of affected populations. All cases of COVID-19 in closed settings should be notified to responsible public health authorities, who will then report to national and international authorities.

In line with our mandates, we remain available to provide support in the rapid deployment of the recommendations outlined above.



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\* We thank UNDP for their contributions to this statement.

**Sources:**

[WHO - People in prisons and other closed settings](#)

[WHO - Health in Prisons Programme \(HIPPP\)](#)

[UNODC - Prisons and HIV](#)

[UNODC - COVID-19 Prevention, Treatment, Care and Support for People who use Drugs and People in Prisons](#)

[UNAIDS - Rights in the time of COVID-19 — Lessons from HIV for an effective, community-led response](#)

[OHCHR - Urgent action needed to prevent COVID-19 “rampaging through places of detention” – Bachelet](#)