

KAMPALA DECLARATION ON PRISON HEALTH IN AFRICA

Considering the poor records in the field of prison health in Africa,

Considering good health care management and practices that should be promoted and implemented,

The participants to the Kampala Workshop on Prison Health, 12-13 December 1999, recommended measures to be taken by Non-Governmental Organisations, Donors, Governments and Inter-Governmental Organisations to reform and improve prison health in Africa.

Inventory of prison health in Africa

Conditions in African prisons are life threatening and a potential health hazard to the prison population and society at large; morbidity and mortality rates are high; health status is worse in prison than in the general community.

Structural Problems

Few resources are dedicated by the Governments to prisons for health and adequately trained personnel is lacking.

Recruitment policy is inadequate and there are no incentives to attract doctors to work in prisons.

Access to health care is difficult, drugs and equipment are lacking. Access to facilities in the communities is not easy where prison facilities are not adequate.

Record keeping is inadequate.

Confidentiality and privacy are lacking.

The system lacks transparency.

Poor attention is paid to prisoners' complaints.

The community is not interested in the fate of prisoners.

General conditions of detention - Impact on health

Excessive recourse to pre-trial detention entails overcrowding which facilitates the spread of disease inside and outside prisons. In many countries, awaiting trial prisoners amounts to 70% or more of prison population.

Living conditions are precarious: dilapidated infrastructure, lack of ventilation, of bedding, clothing and exercise.

Proliferation of vectors such as mosquitoes goes uncontrolled.

There are high incidences of drug abuse as well as violence in some places.

The well being of prisoners is undermined by the lack of work and recreational activities as well as the lack of moral and spiritual support.

Extra/special care is needed for vulnerable groups (children born in prison, drug addicts, juveniles, foreigners, elderly people, women, alcoholics). However, the penitentiary system is not adapted to their needs.

Specific health issues

Sanitation and water facilities are poor.

Food is insufficient in quality and quantity.

There is high incidence/prevalence of infectious and contagious diseases such as TB and HIV/AIDS; facilities for the terminally ill are lacking and screening process is unsatisfactory.

Prison population is poorly informed about health care, infectious and sexually transmitted diseases. There is hardly any prevention and treatment. Information on the right to health is lacking as well as health education for prisoners.

Psychological and social support is inadequate and there is no specific approach to mental health.

Recommendations

All efforts possible should be made by NGOs, Governments and Donors to have the following recommendations implemented:

Governments should make sure that general good management practices are enforced

Norms and standards should be respected.

Governments should make sure that they fulfil obligations to international and regional standards pertaining to human rights, health and prison conditions. They should in particular implement World Health Organisation's directives and develop standards of health care - legislative and policy directives as well as a prisoner's manual on procedures and complaints.

Governments should commit themselves to less punitive criminal justice.

Imprisonment should remain the exception. Criminal justice systems should be improved to expedite awaiting trial prisoners. Legislative reform in line with international standards, notably in the field of non-custodial sentence, should be carried out and alternatives to imprisonment such as community service, diversion and mediation should be implemented. As many releases as possible should be ordered. Health should be considered when deciding upon an early release measure.

Equality of access to health care should be ensured.

The Ministry of Health should take over the responsibility of health in prison and prisons should be included in public health programmes. Adequate finance should be made available and budgeting for prison health care should be a separate line item. There should be transparency and accountability regarding health care. This should be achieved by having a state department responsible for health care and training of officials (including human rights training).

Prisons should be more open to the outside.

Prisons should be open to relevant external actors providing specific assistance as well as independent inspectors who should report to a high authority. Access to prisons by the public should be facilitated to enhance transparency. Open door visits could be organised on a regular basis to sensitise and educate the community about prison.

Production activities should be developed.

Governments should see to it that production activities are developed to increase prison administrations' and prisons self-sufficiency. Any labouring activities should benefit prisoners.

Sharing experiences and on-site training should be supported.

Regular exchanges should be facilitated between health professionals. Prison officials should be properly trained and progressive attitudes encouraged. Governments should participate fully in the Conference on Health to be convened by the Uganda Prisons Service.

Governments should make sure that some basic good practices are enforced at the level of each prison

Primary health care should be a priority. Prisoners should be allowed to take responsibility for their health.

Each prisoner must have a confidential clinical health record giving all essential details of the individuals health profile. It should record all incidences of illness and treatment. It should contain a fitness certificate on discharge.

Health examinations and treatment should be conducted in privacy.

Discipline regarding maintenance of hygiene and sanitation in institutional environment must be enforced.

Professionally trained personnel, diagnostic facilities and drugs should be available in adequate quantities at all times.

Health education and counselling should form an integral part of the treatment for all health care management.

There should be a public health programme for staff and prisoners alike to prevent disease rather than cure it later. It should be a continuing process.

Preventive health care programmes should focus on decongestion.

A holistic approach should be adopted to include paramedics and social welfare.

NGOs/civil society groups should

Assist in health awareness and education including AIDS and STDs.

Develop networks within the NGOs working in this field to co-ordinate their work, exchange and build synergies.

Engage constructively by including prisons in the planning of their activities whenever possible, by getting more involved in educating donors, by demonstrating ethical accountability and transparency.

Donors should

Make sure that their assistance benefits the recipient/targeted persons.

Encourage developmental programmes in the field of prison health in recipient countries.

Support NGOs doing work in the area of prison health.

Support prison administrations and justice systems for the improvement of health.

Kampala, 13 December 1999

