

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

We, the leaders of global health 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 fully live up to their duty of care towards this marginalized key population that is part of our communities.

In the light of overcrowding in many prisons and other places of detention, which undermines hygiene, health, safety and human dignity, a health response alone 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 limit the deprivation of liberty, including pretrial detention, to a measure of last resort and 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 deprived of their liberty.

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. Clean water, soap, single-use tissues and hand sanitizer, as applicable, should be widely accessible to all people deprived of their liberty. In addition, common areas and cells should be cleaned more often than usual.

Compulsory drug detention and rehabilitation centres, where people suspected of using drugs or engaging in sex work are detained in closed settings, 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.

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. Preventive, testing and treatment health-care services in prisons 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 physical distancing, are severely restricted or not an option in closed settings.

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 complication 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.

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.

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.

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 guidance developed by WHO and never amount to torture and other cruel, inhuman or degrading treatment or punishment. In prisons, any interventions 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.

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

|                           |                                   |                            |   |                      |
|---------------------------|-----------------------------------|----------------------------|---|----------------------|
| <b>Ghada Fathi Waly</b>   | <b>Tedros Adhanom Ghebreyesus</b> | <b>Winnie Byanyima</b>     | <b>Michelle Bachelet</b>                          | <b>Achim Steiner</b> |
| Executive Director, UNODC | Director-General, WHO             | Executive Director, UNAIDS | United Nations High Commissioner for Human Rights | Administrator, UNDP  |

## Sources:

WHO (2020). Preparedness, prevention and control of COVID-19 in prisons and other places of detention, <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/news/news/2020/3/preventing-covid-19-outbreak-in-prisons-a-challenging-but-essential-task-for-authorities>.

Overall guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

WHO technical guidance regarding COVID-19 and HIV, hepatitis and STIs, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

UNODC (2020). Position paper on COVID-19 preparedness and responses in prisons.

[https://www.unodc.org/docs/treatment/Coercion/From\\_coercion\\_to\\_cohesion.pdf](https://www.unodc.org/docs/treatment/Coercion/From_coercion_to_cohesion.pdf).

[https://www.unodc.org/documents/drug-prevention-and-treatment/UN-Covid19-infographic-200328-A4\\_1.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/UN-Covid19-infographic-200328-A4_1.pdf).

<https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>.

[https://www.unodc.org/documents/UNODC\\_WHO\\_Alternatives\\_to\\_conviction\\_or\\_punishment\\_ENG.pdf](https://www.unodc.org/documents/UNODC_WHO_Alternatives_to_conviction_or_punishment_ENG.pdf).

UNODC, in cooperation with the International Committee of the Red Cross (2013).

Handbook on strategies to reduce overcrowding in prisons,

[https://www.unodc.org/documents/justice-and-prison-reform/Overcrowding\\_in\\_prisons\\_Ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Overcrowding_in_prisons_Ebook.pdf).

UNODC (2014). Women and imprisonment, 2nd edition.

[https://www.unodc.org/documents/justice-and-prison-reform/women\\_and\\_imprisonment\\_-\\_2nd\\_edition.pdf](https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf).

UNODC (2009). Handbook on prisoners with special needs,

[https://www.unodc.org/pdf/criminal\\_justice/Handbook\\_on\\_Prisoners\\_with\\_Special\\_Needs.pdf](https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf).

United Nations standard minimum rules for the treatment of prisoners (the Nelson Mandela rules),

[https://www.unodc.org/documents/justice-and-prison-reform/Nelson\\_Mandela\\_Rules-E-ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf).

United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders (the Bangkok rules),

[https://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN\\_Rules\\_Treatment\\_Women\\_Prisoners\\_Bangkok\\_Rules.pdf](https://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN_Rules_Treatment_Women_Prisoners_Bangkok_Rules.pdf).

United Nations standard minimum rules for non-custodial measures (the Tokyo rules),

<https://www.unodc.org/unodc/en/justice-and-prison-reform/compendium.html>.

Statement of the High Commissioner for Human Rights on COVID-19 and places of detention,

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E>.

Inter-Agency Standing Committee. Interim guidance on COVID-19: focus on persons deprived of their liberty, March 2020.

OHCHR and WHO, the special COVID-19 web page on the UNODC HIV website, <https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>.

WHO (2016). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, <https://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>.

Rights in the time of COVID-19: lessons from HIV for an effective, community-led response.

Good governance for prison health in the 21st century. A policy brief on the organization of prison health (2014), [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf](http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf).

A handbook for starting and managing needle and syringe programmes in prisons and other closed settings (2014), [https://www.unodc.org/documents/hiv-aids/2017/ADV\\_PNSP\\_REV\\_FEB2015with\\_cover1.pdf](https://www.unodc.org/documents/hiv-aids/2017/ADV_PNSP_REV_FEB2015with_cover1.pdf).

HIV testing and counselling in prisons and other closed settings (2009), [https://www.unodc.org/documents/hiv-aids/UNODC\\_WHO\\_UNAIDS\\_2009\\_Policy\\_brief\\_HIV\\_TC\\_in\\_prisons\\_ebook\\_ENG.pdf](https://www.unodc.org/documents/hiv-aids/UNODC_WHO_UNAIDS_2009_Policy_brief_HIV_TC_in_prisons_ebook_ENG.pdf).

Women and HIV in prison settings (2008), <https://www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf>.

[http://www.unodc.org/documents/hiv-aids/publications/Prisons\\_and\\_other\\_closed\\_settings/19-02279\\_Technical\\_Guide\\_PMTCT\\_ebook.pdf](http://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/19-02279_Technical_Guide_PMTCT_ebook.pdf).

Evidence for action technical papers: effectiveness of Interventions to address HIV in prisons (2007).

[http://www.who.int/hiv/idu/OMS\\_E4Acomprehensive\\_WEB.pdf](http://www.who.int/hiv/idu/OMS_E4Acomprehensive_WEB.pdf).

[http://www.unodc.org/unodc/en/hiv-aids/new/publications\\_prisons.html](http://www.unodc.org/unodc/en/hiv-aids/new/publications_prisons.html).

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E>.

Article 9(3) of the ICCPR and the related General Comment No.35 of the Human Rights Committee.