**Commission on Crime Prevention and Criminal Justice**
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**Item 8 of the provisional agenda**

**Use and application of United Nations standards and norms in crime prevention and criminal justice**

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**Meeting of the Expert Group on the Standard Minimum Rules for the Treatment of Prisoners**

**Background note**

1. **Background**

   The General Assembly, in operative paragraph 10 of its resolution 65/230\(^1\) of 21 December 2010, entitled “Twelfth United Nations Congress on Crime Prevention and Criminal Justice”, requested the Commission on Crime Prevention and Criminal Justice to establish an open-ended intergovernmental expert group to exchange information on best practices, as well as national legislation and existing international law, and on the revision of the existing United Nations standard minimum rules for the treatment of prisoners so that they reflect recent advances in correctional science and best practices, with a view to making recommendations to the Commission on possible next steps.

   In order to prepare the ground for the discussions of the Open-ended Intergovernmental Expert Group Meeting (hereinafter “the Meeting”), the Secretariat requested Member States to provide information on best practices, as well as national legislation and existing international law, and on the revision of the existing United Nations standard minimum rules for the treatment of prisoners. It

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\(^{1}\) E/CN.15/2012/1.

This request was made to the Commission using the same language of paragraph 49 of the Salvador Declaration on Comprehensive Strategies for Global Challenges: Crime Prevention and Criminal Justice Systems and Their development in a Changing World, adopted by the Twelfth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held in Salvador, Brazil, from 12 to 19 April 2010. The Salvador Declaration is an annex of General Assembly resolution 65/230.
also prepared a paper, entitled Notes and comments on the United Nations Standard Minimum Rules for the Treatment of Prisoners, identifying for each of the Rules the advances in internationally recognized good practice and highlighting the references to more recent international instruments, with the help of a consultant, Professor Andrew Coyle, Director, International Centre for Prison Studies, University of Essex, United Kingdom. A number of consultations with international experts took place in the course of 2011 to provide the Secretariat with additional inputs for this background note, which is meant to assist the Meeting in its discussions and in the preparation of its recommendations on possible next steps to the twenty-first session of the Commission on Crime Prevention and Criminal Justice in 2012.

2. Evolution of the use of imprisonment and applicable norms

2.1 Brief history of the Standard Minimum Rules for the Treatment of Prisoners

The Standard Minimum Rules for the Treatment of Prisoners (hereinafter “the Rules”) were the outcome of a long development process which started in 1926 with the work of the International Penitentiary Commission (later the International Penal and Penitentiary Commission or IPPC) and continued with a revision in 1933, as well as further updating by an Ad Hoc Committee of Experts in 1949. Just before its dissolution in 1951, the IPPC put forward a revised draft of the Rules, which were finally adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders in 1955. They were approved by the Economic and Social Council in 1957.

Despite the fact that they were not legally binding, the Rules soon became acknowledged as the model against which other standards for the treatment of prisoners were to be measured. For over 60 years they have stood the test of time remarkably well. In general terms, their language is simple and easily understood and the principles they articulate remain as relevant as when they were first approved by ECOSOC.

It is worth recalling that, in 1984, the Economic and Social Council, in its resolution 1984/47, adopted the Procedures for the effective implementation of the Standard Minimum Rules for the Treatment of Prisoners in response to the challenges of translating the Rules into domestic provisions and practices. The Procedures contained provisions encouraging Member States to institutionalize the Rules in their own system. With a view to ascertaining the progress made in the implementation of the Rules, Member States were also invited to inform the Secretary-General every five years of the extent of the application of the Rules and of any difficulties encountered in their implementation. Such information was

2 The League of Nations “took note” of the Rules in 1934.
3 The functions of the IPPC, an informally organized intergovernmental organization, were transferred to the United Nations in 1950.
5 General Assembly resolution 2858 (XXVI) of 20 December 1971, inviting the attention of Member States to the Rules and recommending their effective implementation in the administration of penal and correctional institutions.
2.2 Evolution regarding relevant human rights standards and monitoring

Since 1957 a wide range of conventions, declarations and principles containing references to the treatment of prisoners have been approved by the United Nations. Some of them deal with relevant issues which were not considered when the Rules were first approved; others clarify and expand on general principles expressed in the Rules; others refer to officials involved in a variety of ways with persons deprived of liberty (see Annex). For example, the Basic Principles for the Treatment of Prisoners were adopted by the General Assembly in its resolution 45/111 of 14 December 1990. They articulated the underlying basis for the Rules with a view to facilitating the full implementation of the Rules. Since 2010, the Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (“The Bangkok Rules”) have filled the gap regarding the treatment of female prisoners.  

There are also arrangements for independent monitoring of the treatment of persons in detention. In 2002, the United Nations adopted the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. The Protocol entered into force in 2006 and established a system of regular visits to places of detention by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of the Committee against Torture, complemented by sustained regular visits conducted by national independent inspection groups.

Regional human rights treaties and standards (see Annex), such as the European Prison Rules of the Council of Europe, enhance the Rules, while regional judicial bodies are a further useful reference for measuring the extent to which individual States implement international standards on the treatment of prisoners. In the Americas, this role is fulfilled by the Inter-American Court of Human Rights, while in Europe a similar role is carried out by the European Court of Human Rights. Important case law on prison issues has been decided by both of these bodies.

In the Americas, the Inter-American Commission on Human Rights has been carrying out observation visits to countries since 1961 and has taken an increasing interest in the situation in prisons in the region. Within the member states of the Council of Europe, the observance of human rights standards in places of detention is monitored by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment which was established in 1989. In 1997, the African Commission on Human and People’s Rights appointed a Special Rapporteur on Prison Conditions. Each of these bodies publishes reports which describe and comment on conditions of detention. Such reports represent useful references for interpreting the contents of the Rules. Furthermore, regional initiatives like the Permanent Committee of Latin American for the revision and updating of the United

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8 General Assembly resolution 65/229 of 21 December 2010.
2.3 Changes and developments in the use of imprisonment since 1957

The nature and use of imprisonment has changed dramatically in a number of respects in many countries over the last sixty years. In the first place, there has been a significant increase in the total number of persons being held in prison, partly mirroring the exponential increase in the overall world population, but also due to more repressive criminal policies in many countries. It is now reliably estimated that there are over ten million prisoners in the world and prison populations are growing in all five continents.9

This increase has had several consequences. In many jurisdictions prison capacity has not kept pace with the increase in prisoners. This has led to gross overcrowding, with a resultant deterioration in conditions for many prisoners, including inadequate living accommodation, shortage of medical facilities and limited access to opportunities for education, skills training and work. In many countries there are prisons which are centuries old and which have not been properly maintained.

Throughout this period there have also been significant changes in the profile of prisoner populations. In many countries the number of young persons and juveniles, as well as of women in prison has increased disproportionately. At the same time, the majority of prisoners are still adult males, a fact which continues to influence the manner in which prisons are constructed and managed. In 1957 the Rules were adopted with male adult prisoners in mind, with little thought given to the different needs of young persons, women and other vulnerable groups in prison settings.

The health profile of prisoners, which has always been generally poor, has become a more acute problem over the last 60 years, with the prevalence in prisons of infectious diseases, of prisoners who are addicted to drugs or other substances, or who have mental illnesses.

Further, and as a result of international travel and the global movement of people, the proportion of prisoners who are not nationals of the country in which they are imprisoned, has increased. In some countries, over half of all prisoners fall into this category.

Delays in the judicial process, including difficulties in having access to legal aid, have resulted in an increasing proportion of prisoners who are awaiting trial. In some jurisdictions this is as high as seventy or eighty per cent.

An increasing proportion of prisoners are now serving very long sentences, including natural life. As a consequence the age profile of prisoners in many jurisdictions is increasing and in some cases prisoners require end of life medical, nursing and hospice care.

There have also been significant developments in the way that prisons are managed in many countries. One example in a number of jurisdictions has been the large rise in the number of prisoners held in high security conditions, often either in total isolation or having minimal direct contact with any other person. This is justified on

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the grounds of the threat which such prisoners would pose were they to escape, or the danger that they present to other prisoners or staff, or the influences which they have over other prisoners, or because of the seriousness of the crimes which they have committed.

Lastly, general security arrangements in most countries have become more sophisticated in terms of physical and electronic security and of the restraints, physical and other, placed on the movements of individual prisoners.

3. Preparatory work for the Intergovernmental Expert Group Meeting

3.1 Replies from Member States

As at 9 February 2012, the Secretariat had received 33 replies to the Note Verbale of 8 March 2011\textsuperscript{10} and subsequent reminder,\textsuperscript{11} requesting information on the issue raised in operative paragraph 10 of General Assembly resolution 65/230. The following countries reported on their respective national legislation and best practices on the treatments of prisoners: Argentina, Austria, Bahrain, Belgium, Brazil, Canada, Chile, China, Denmark, Ecuador, Egypt, Estonia, Finland, Germany, Guatemala, Israel, Italy, Japan, Jordan, Lebanon, Mauritius, Mexico, New Zealand, Philippines, Romania, Salvador, South Africa, Switzerland, Thailand, Ukraine, United Arab Emirates, United Kingdom and United States of America.

Not many countries commented on the revision of existing United Nations standard minimum rules for the treatment of prisoners so that they reflect recent advances in correctional science and best practices. Denmark, in reporting on its prison policies, made comments to the extent that its national law had gone beyond the provisions of some of the Rules. For example, and as regards Rule 8 (d), Denmark suggested to replace the wording with the one found in Art. 37 (c) of the Convention on the Rights of the Child. Finland stated that only those Rules which were clearly outdated needed to be revised and that an assessment should identify areas requiring new provisions altogether. It also expressed the concern that drawing a new binding international convention might lower the standard of the current Rules.

New Zealand would like to see the Meeting establish a process for the review of the Rules so that Member States can contribute effectively. South Africa supported an approach focusing on targeted amendments to the Rules (e.g. terminology, additional protection for vulnerable groups) but was opposed to expanding the definition of “prisoner” to include all persons in detention. The United States of America indicated that the Rules should take into account the issue of women in prison and, as a minimum, refer to the Bangkok Rules. The Rules were considered as impressively advanced and the current global financial crisis might make this a difficult time to engage in a discussion on their revision.

A large number of reporting countries, including Austria, China, Finland, Japan, Mauritius, Mexico, New Zealand, South Africa and the United Kingdom, indicated that their national legislation on the treatment of prisoners was based on, or had been greatly influenced by the Rules. However, persistent problems in the application of national provisions were mainly due to chronic overcrowding in many prisons and insufficient prison infrastructures.

\textsuperscript{10} CU/2011/26.
\textsuperscript{11} CU 2011/182 of 20 October 2011.
Among the national good practices highlighted in the replies, Argentina reported that overcrowding in the Federal Prison Service was successfully overcome by the end of 2007 through the development of space allocations parameters, taking into account the indications of the International Committee of the Red Cross, and better distribution of the prisoners.

Austria was devoting particular attention to the possibility for prisoners to work and reported about 50 different categories of work in its prisons. Belgium had introduced regular family visits for all prisoners, with special emphasis on strengthening the parental bonds with their children. In Brazil, a Public Defender provided prisoners with full and free legal assistance and also bore the responsibility to regulate the enforcement of the sentence.

Canada referred to the implementation of a new model of training in community supervision (Strategic Initiative in Community Supervision). Day reporting Centres were developed in 2008 to provide services to offenders placed under community supervision and to ensure their accountability taking into account their risk level.

Chile had introduced the “11 measures to restore dignity” addressing various prisoners’ basic needs, such as living conditions, hours spent outside the cell, spiritual assistance, as well as improving care and health service in emergency situations in prisons.

China reported on its measures to prevent torture. Ecuador illustrated its “Modelo de Atención Integral” for persons deprived of their liberty, with the objective of improving the quality of life in the centres for social rehabilitation and to enhance the individual capacity of each person deprived of his/her liberty to reintegrate into society.

Estonia referred to the Drug rehabilitation Unit in Tartu Prisons and the cooperation with the non-governmental organization Convictus Estonia for group work activities on drug misuse and HIV/AIDS. In particular, the practice of HIV testing and the medical aid available to positive patients in prison settings earned the Tartu Prison the Best practice Award of the World Health Organisation in 2003.

Germany had an enhanced programme of e-learning in prisons, which proved highly beneficial to the disproportionately large number of prisoners with educational shortcomings, particularly as it allowed an individual pace of learning. In Guatemala older prisoners were properly identified and registered with a view to providing them with special care responding to their health requirements.

In Israel, in 2007 the Supreme Court declared that the State must provide a bed to every prisoner held in an Israeli prison. In its decision, the Court stated that the right to sleep on a bed is a minimum standard of living and dignity.

Italy reported on a pilot project for offenders between 18 and 34 years of age, based on a voluntary commitment to undertake defined educational and work activities and to respect internal rules. The project (Progetto Giovani) was open to low risk first offenders and was aiming at their social reintegration.

In Jordan they had devoted great attention to the selection and training of staff in charge of prisoners’ care and rehabilitation programmes. Rehabilitation programmes were addressing the needs of various categories of offenders (e.g. elderly, wealthy, addicts, illiterate, etc.).
Lebanon indicated that efforts were being made to eradicate illiteracy among prisoners and that it was possible to pursue higher studies in prison. The Philippines reported on the introduction of e-dalaw services whereby prisoners can communicate with their families through teleconferencing. In Salvador, they had introduced new treatment programmes for the prisoners addressing e.g. conflict resolution and emotional self-control.

In South Africa, the department of Correctional Services had implemented a multi-pronged strategy against prison overcrowding, involving, inter alia, improved use of conversion of sentence to alternatives, enhancing community correctional supervision and encouraging national debate about reasons for incarceration as a sentence.

Switzerland had recently revised its Penal Code, including new provisions according to which work in prison and the participation in training courses are considered to be of equal value for the purpose of rehabilitation.

In the United Arab Emirates, all medical services and medicaments are provided free of charge to the prisoners, including surgeries.

The United Kingdom emphasized its programmes for the prevention of suicide, self-harm management, as well as violence reduction.12

3.2 Consultations

A High Level Expert Group Meeting on the Rules held in Santo Domingo, Dominican Republic, from 3 to 5 August 2011, was convened, with financial assistance by the Government of Brazil, as a preparatory step towards this Intergovernmental Expert Group Meeting. With the participation of experts from 15 Latin American and Caribbean countries, as well as observers from the International Penal and Penitentiary Foundation, the Association of Caribbean Heads of Correction and Prison Services (ACHCPS), the Organization of American States (OAS), the United Nations Latin American Institute for the Prevention of Crime and the Treatment of Offenders (ILANUD) and the Office of the High Commissioner for Human Rights (OHCHR), the High Level Expert Group Meeting aimed to identify good practices on the implementation of the region and to explore areas where the Rules may need to be updated or complemented. Emphasis was placed on the need to find ways to ensure that the current Rules be fully implemented in the region. It was underlined that nothing should be done to threaten the integrity of the Rules, which were recognized and acknowledged around the world and were neither outdated nor irrelevant. At the same time, the Experts concluded that an acknowledgement of more recent developments and current best practices would be useful. It was suggested that this might be done by using regional documents, such as the Principles and Practices on the Protection of Persons Deprived of their Liberty in the Americas.13

On 3 October 2011, on the margins of a meeting organized by the World Health Organization on Health in Prisons (Abano Terme, Italy, 4-5 October 2011), a

12 PSO 64/2011 entitled "Management of prisoners at risk of harm to self, to others and from others (Safer Custody)".
13 Approved by the Inter-American Commission on Human Rights during its 131st regular period of sessions, 3-14 March 2008.
technical consultation took place among 15 experts to comment on the Rules on health, in particular Rules 22-26, 32, 52 and 82. Comments made by the experts were forwarded to the Secretariat prior to the Expert Group Meeting, which was organized in Vienna from 6 to 7 October 2011 as a further step in the preparation of this Meeting and was attended by eighteen experts from various countries and non-governmental organizations. The clear message which emerged from the Expert Group Meeting was that the Rules continued to be held in high regard and that they were the main reference point in terms of measuring minimum standards within the prison environment. Some experts urged that care should be taken not to undermine the integrity of the current rules and their international standing. They underlined that the current Rules would lose standing and legitimacy if they were open for discussion, while the negotiations of more modern rules would probably result in a time consuming process likely to leave the international community without high moral standards for the treatment of prisoners for a long time. In recognition of the fact that the Rules needed to be interpreted within the context of the development of international law and national legislation relating to imprisonment, and of current understanding of what constituted good practice in the management of prisons, they suggested that interpretative commentaries could be developed.

Other experts, however, were of the view that the Rules, which in 1957 sought only, “on the basis of the general consensus of contemporary thought and the essential elements of the most adequate systems of today, to set out what is generally accepted as being good principle and practice in the treatment of prisoners and the management of institutions”, should ideally be reviewed in the light of the numerous developments in human rights and penal science in the past sixty years. They also felt that the language of the Rules was dated and some provisions were insufficient or not acceptable any more. Among those in favour of the revision of the rules, some preferred a complete revision of the Rules, while most recognized the difficulties in reaching consensus on an entirely new set of Rules. As a middle way, a number of experts proposed a “targeted” revision of the Rules, focusing on the most urgently required amendments.

4. Options for the consideration of the Intergovernmental Expert Group Meeting

In light of the above, the Meeting may wish to consider the following options regarding the revision of the existing United Nations Standard Minimum Rules for the treatment of prisoners so that they reflect recent advances in correctional science and best practices and make corresponding recommendations to the Crime Commission, including a possible recommendation to add further discussion on the revision of the Rules as an agenda item of the Thirteenth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, to be held in 2015.

A. Considering that the idea of a convention on the treatment of prisoners is a recurring one and was last discussed at the Twelfth United Nations Congress in Salvador de Bahia in 2010, the Meeting may wish to consider the option of a

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14 Standard Minimum Rules for the Treatment of Prisoners, Preliminary observations, para. 1.
binding instrument whereby States Parties should be under the obligation to ensure certain standards in places of detention and to accept inspection visits through a system of mutual evaluation.

B. Another option would be a complete restructuring and substantive redrafting of the Rules. One model for this option could be the European Prison Rules (2006). According to such a model, a restructured set of Standard Minimum Rules would contain the following main parts:

- A preamble which would refer to all the human rights standards listed in the Annex;
- A new section containing basic principles relating to the treatment of prisoners, which might draw on the Basic Principles for the Treatment of Prisoners.
- A section on conditions of imprisonment which would incorporate many of the rules in the existing Part I (Rules of general application) along with many of the rules in the existing Part II (Rules applicable to special categories), section A (Prisoners under sentence).
- A section on health care.
- A section on good order
- A section on management and staff
- A section on inspection and monitoring
- A section on the rights of untried prisoners
- A section on the specific rights of sentenced prisoners

A decision would have to be made on the scope of the rules. Such a decision would determine whether there should be new sections to include rules relating to groups such as the mentally ill, immigration detainees, those held in police stations and other places of detention, those detained on non-criminal grounds and those detained without any specific charge.
Under this option, it might be expected that Member States would seek substantial review of several of the existing rules. These might include, among others, the scope of the Rules (Rules 4, 94 and 95), the basic principle in Rule 6; separation of categories (Rule 8); accommodation (Rule 9); medical services (Rules 22 to 26 and 82); the prohibition of punishing a prisoner twice for the same offence (Rule 30.1); the prohibition on corporal punishment (Rule 31); the obligation on the medical officer to visit daily prisoners undergoing certain punishments (Rule 32.3); the use of instruments of restraint (Rules 33 and 34); arrangements for requests and complaints (Rule 36); prisoners contact with the outside world (Rules 37 to 40); religion (Rule 41); removal of prisoners (Rule 45); institutional personnel (Rules 46 to 54); inspection (Rule 55); the afflictive nature of imprisonment (Rule 57); the purpose and justification of a prison sentence (Rule 58); the regimes for and treatment of prisoners (Rules 59 to 78); social relations and after-care (Rules 79 to 81 and 83); various rules relating to untried prisoners, including the right to sleep singly in separate rooms, to have their food sent in from outside, to wear their own clothes, to be treated by their own doctor (Rules 84 to 93); the rules relating to civil prisoners (Rule 94) and to prisoners detained without charge (Rule 95).

All rules would have to be re-written to make them gender neutral and there would have to be significant updating of terminology. Redrafting would also have to take account of the obligations in the Convention on the Rights of Persons with Disabilities.

This option would involve the commitment of significant resources by Member States, the Commission on Crime Prevention and Criminal Justice and the Secretariat. This process would be likely to be lengthy and its outcome would not be guaranteed.

C. Acknowledging the complexity involved in the complete revision of the Rules and the risk to lower some of the standards enshrined in the Rules, the Meeting may wish to consider the option of restricting the substantive redrafting of the Rules to an essential minimum. It is suggested that an essential minimum redrafting would include:

- A new preamble.
- Rules 4, 94 and 95 to indicate the scope of the rules, to include all persons deprived of their liberty, be it on criminal, civil or administrative grounds (e.g. the mentally ill, immigration detainees, those held in police stations and other places of detention, those detained on non-criminal grounds and those detained without any specific charge).
- Rule 6 to be expanded to include a new set of basic principles applicable to the Rules as a whole
- Several of the rules relating to medical/health services (Rules 22 to 26 and 82) to reflect the changed standards about a doctor’s role, the principle of confidentiality and medical ethics.
- Rules 31 to 33, notably in respect of the use of close/solitary

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17 See for example Basic Principles for the Treatment of Prisoners, General Assembly resolution 45/111, annex.
confinement, which should be dealt with in detail, and the unacceptability of reduction of diet as a punishment.

- Rules which deal with protection of vulnerable prisoners, notably Rule 36 in terms of requests and complaints.
- Rule 37 to include the right of access to a lawyer, particularly by convicted prisoners.
- Rules 36 and 55 to make specific reference to the right of access to external avenues of complaint and to emphasise the importance of external inspection.
- Replacing outdated terminology throughout, specifically in terms of Rule 82 and 83.
- All rules to take account of the Convention on the Rights of Persons with Disabilities

Although these are the changes which were thought to be most essential, it is likely that negotiations to redraft these Rules might still be complex and fraught with difficulty. Member States might also disagree with the above list and might wish to re-open discussion on other Rules. Such a development would in effect result in this option being converted into option B.

D. The Meeting may wish to acknowledge the consensus view that the Rules have stood the test of time and remain valid today. A Preamble could be added to the Rules which would include a list of the fundamental principles contained in the treaties, standards and norms with regard to the treatment of prisoners, as well as reference to international law and national legislation.

The Notes and comments on the United Nations Standard Minimum Rules for the Treatment of Prisoners referring to international law and the standards relating to the use of imprisonment, as well as the current understanding of what constitutes good practice in the management of prisons, could be the basis for a commentary to the Rules to be further developed.\(^\text{18}\)

Rather than embarking on a lengthy process of review, increased efforts would be channelled to implement the Rules, interpreting them within the context of existing international law relating to imprisonment. In order to facilitate the monitoring of the implementation of the Rules, consideration could be given to the possible revival of the Procedures for the effective implementation of the Standard Minimum Rules for the Treatment of Prisoners.\(^\text{19}\)

\(^{18}\) In this context, the experts of the Meeting in October 2011 referred to the publication “Making standards work, an international handbook on good prison practice”, Penal Reform International, United Kingdom, 1995, which had been distributed at the Ninth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held in Cairo, Egypt, in 1995. Such publication presented an overview of the Rules and explained concretely their value and meaning for prison policies and daily practice.

\(^{19}\) See supra footnote 5.
ANNEX

INTERNATIONAL INSTRUMENTS DEALING WITH THE TREATMENT OF PRISONERS

1. UN INSTRUMENTS

1.1. UN Instruments focusing on the Treatment of Prisoners

- Standard Minimum Rules for the Treatment of Prisoners (1957)
- Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1982)
- Procedures for the effective implementation of the Standard Minimum Rules for the Treatment of Offenders (1984)
- Safeguards guaranteeing protection of the rights of those facing the death penalty (1984)
- Model Agreement on the Transfer of Foreign Prisoners and Recommendations for the Treatment of Foreign Prisoners (1985)
- Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988)
- Basic Principles for the Treatment of Prisoners (1990)
- Rules for the Protection of Juveniles Deprived of their Liberty (1990)
- Model Treaty on the Transfer of Supervision of Offenders Conditionally Sentenced or Conditionally Released (1990)
- Kampala Declaration on Prison Conditions in Africa (1996)
- Arusha Declaration on Good Prison Practice (1999)
- Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (2010)

1.2. UN Instruments relevant for the Treatment of Prisoners

- Vienna Convention on Consular Relations (1963)
- International Covenant on Civil and Political Rights (1976)
- International Covenant on Economic, Social and Cultural Rights (1976)
- Code of Conduct for Law Enforcement Officials (1979)
- Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief (1981)
- Standard Minimum Rules for the Administration of Juvenile Justice (1985)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol (1987)
- Basic Principles on the Use of Force and Firearms by Law Enforcement Officials (1990)
- Basic Principles on the Role of Lawyers (1990)
- Guidelines on the Role of Prosecutors (1990)
- Principles for Older Persons (1991)
- Principles for the protection of persons with mental illness and the improvement of mental health care (1991)
- Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (1992)
- Declaration on the Protection of All Persons from Enforced Disappearances (1992)
- Declaration on the Elimination of Violence against Women (1993)

2. REGIONAL INSTRUMENTS

2.1. Regional Instruments focusing on the Treatment of Prisoners

- Recommendation R(98)7 concerning the ethical and organizational aspects of health care in prisons (1998) – Council of Europe, Committee of Ministers
- Recommendation Rec(2003)23 on the management by prison administrators of life sentence and other long-term prisoners – Council of Europe, Committee of Ministers
- European Rules on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse (2006) – Council of Europe
- European Rules for juvenile offenders subject to sanctions or measures (2009) – Council of Europe
2.2. Regional Instruments relevant for the Treatment of Prisoners

- European Convention on Human Rights (1950)
- American Convention on Human Rights (1978)
- European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (1987)
- Inter-American Convention to Prevent and Punish Torture (1992)
- American Declaration on the Rights and Duties of Man (1998)
- Principles and Guidelines on the Right to a Fair Trial and Legal Assistance in Africa (2001)

3. OTHER REFERENCES

- Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment (1975) – World Medical Association
- Oath of Athens (1979) – International Council of Prison Medical Services
- Istanbul Statement on the Use and Effects of Solitary Confinement (2007) – International Psychological Trauma Symposium