



UNODC

United Nations Office on Drugs and Crime

COVID-19 GUIDANCE NOTE

Mitigating the disruptive impact of infection prevention and control measures in prisons: core principles and recommendations

INTRODUCTION

In March 2020, the United Nations Office on Drugs and Crime (UNODC) published a position paper in which it urged Member States to initiate a rapid response to the coronavirus disease (COVID-19) in prisons by means of robust and human rights-compliant infection prevention and control¹ measures and an enhanced use of non-custodial measures.² Constituting congregated settings by definition, prisons are hazardous environments in terms of the pandemic. Prisoners – and by extension prison personnel – are exposed to a greater risk of COVID-19 infection and are more vulnerable to its serious health consequences than the general population.

“Prisons are epicentres for infectious diseases because of the higher background prevalence of infection, the higher levels of risk factors for infection, the unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary facilities, and the poor access to health-care services relative to that in community settings. Infections can be transmitted between prisoners, staff and visitors, between prisons through transfers and staff cross-deployment, and to and from the community. As such, prisons and other custodial settings are an integral part of the public health response to coronavirus disease 2019 (COVID-19).”

Stuart A. Kinner and others, “Prisons and custodial settings are part of a comprehensive response to COVID-19”, *The Lancet*, vol. 5, No. 4 (March 2020).

¹ In line with the definition used by the [World Health Organization \(WHO\)](#), the term “infection prevention and control” refers to a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers.

² UNODC, “[Position paper on COVID-19 preparedness and responses in prisons](#)” (March 2020).

Unsurprisingly, COVID-19 has caused extraordinary challenges for prisons and corrections administrations around the globe. Prisoners and prison staff in 122 countries have become infected. Current estimates point to nearly 550,000 prisoners having tested positive for the virus, including close to 4,000 fatalities.³ Effective preparedness for and responses to COVID-19 are therefore critical for Member States to comply with their special duty of care towards prisoners and their positive obligation to secure the lives, health and safety of those deprived of their liberty.

The above notwithstanding, the way in which prison-based infection prevention and control measures are implemented will, in many cases, have direct implications for the compliance of Member States with international standards and norms applicable to prison management. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), in particular, establish universally acknowledged conditions and safeguards that may be placed in jeopardy by restrictions imposed in response to COVID-19. Inadequate communication about these restrictions may prejudice prison safety and security; the temporary suspension of visits and the enhanced use of quarantine may lead to excessive isolation and endanger the mental health of prisoners; reduced involvement by prisoners in constructive activities may undermine the rehabilitative purpose of imprisonment; and limitations on legal visits may have an adverse impact on the defence of detainees.

How can legitimate health responses in prisons during a pandemic be implemented in a way that ensures continued adherence to the core safeguards embodied in international minimum standards?

While prison-based infection prevention and control measures have varied according to the national context, prison demographics, available resources and the severity of infection rates, UNODC has identified common opportunities, obstacles and issues of concern, as well as examples of promising practices. The guiding principles contained in the present guidance note are aimed at assisting prison administrations in minimizing, as much as possible, the negative impact of infection prevention and control measures on prison safety and security and on fundamental human rights.

GUIDING PRINCIPLES

Research conducted by UNODC has found that the infection prevention and control measures that are most likely to successfully reduce the risk of infection while minimizing the negative impact on prisoners and on prison safety and security have typically been based on the following four key principles: *(a)* alignment; *(b)* proportionality; *(c)* mitigation; and *(d)* involvement.

³ Justice Project Pakistan, COVID-19 and Prisoners, "Infected prisoners and deaths across the world". Available at www.jpp.org.pk/covid19-prisoners (accessed on 20 May 2021).

GUIDING PRINCIPLES



Alignment. Infection prevention and control measures are practicable and aligned with the national health response.



Mitigation. Any adverse impact of infection prevention and control measures on prisoners is proactively counterbalanced.



Proportionality. Infection prevention and control measures are of the least restrictive nature to effectively mitigate risks.



Involvement. Transparent communication channels and the buy-in of prisoners are ensured.



ALIGNMENT

The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

The Nelson Mandela Rules, rule 24.

Since the outbreak of the pandemic, most Member States have adopted dedicated health protocols to mitigate the risk of COVID-19 infection. An important challenge, however, is tailoring such protocols to the specific environment of prisons, even more so in those that are seriously underresourced or overstretched. Developing comprehensive, tailored and realistic COVID-19 preparedness and response protocols for prisons in line with the national health response and international guidance,⁴ including a carefully considered prioritization of infection prevention and control measures, is essential.

Health experts agree that people living and working in prisons should be considered a priority group, owing to their enhanced vulnerability to COVID-19, and that they should be explicitly included in the vaccine strategies of Member States.⁵ In its values framework for the allocation and prioritization of COVID-19 vaccination, the World Health Organization (WHO) and the Strategic Advisory Group of Experts on Immunization include populations in detention facilities as a group with a significantly elevated risk of COVID-19 infection.⁶

In addition to the above, infection prevention and control measures in prisons should encompass an acknowledgement, where necessary, that emergency efforts to reduce the prison population may constitute a precondition for infection prevention and control measures to be practicable and effective.⁷ This will be the case in particular for prisons and corrections administrations that are affected by severe overcrowding or have poor hygiene, sanitation and health capacities.

⁴ WHO Regional Office for Europe, *Preparedness, Prevention and Control of COVID-19 in Prisons and Other Places of Detention: Interim Guidance – 8 February 2021* (Copenhagen, 2021).

⁵ Nayanah Siva, “Experts call to include prisoners in COVID-19 vaccine plans”, *The Lancet*, vol. 396, No. 10266 (December 2020); and Nadie Kronfli and Matthew J. Akiyama, “Prioritizing incarcerated populations for COVID-19 vaccination and vaccine trials”, vol. 31, No. 100659 (December 2020).

⁶ WHO, “WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination” (September 2020), p. 10.

⁷ UNODC, “COVID-19 guidance note: emergency release mechanisms for detainees and prisoners during COVID-19 – findings and recommendations” (Vienna, 2021).

PRACTICAL RECOMMENDATIONS

It is recommended that Member States:

(a) Enhance coordination and cooperation with community health-care providers to align prison-based infection prevention and control measures with the national health response as much as possible;

(b) Include prisoners and prison personnel in national vaccine strategies by explicitly acknowledging their enhanced risk of infection with COVID-19;

(c) Introduce infection prevention and control measures tailored to the prison context, with a focus on protecting the health of prisoners at particular risk of COVID-19, namely, the elderly and those with underlying health conditions;

(d) Reduce prison overcrowding through emergency release mechanisms (prioritizing at-risk groups and those who do not pose a risk to public safety) and curb new admissions to prisons;

(e) Mobilize external support from both governmental and non-governmental sources, including relevant ministries, international organizations, civil society and the private sector.

PROMISING PRACTICES

Indonesia. In a swift response to the outbreak of the pandemic in 2020, the Directorate General of Corrections developed guidelines and related standard operating procedures on the prevention and management of COVID-19 in prison facilities, tailoring existing knowledge and expertise from UNODC, the International Committee of the Red Cross and WHO to the national context. The regulatory framework was synchronized to the health standards put forward by the Ministry of Health, thereby connecting the prison system to the COVID-19 response at the national level. The guidelines and the standard operating procedures were then expeditiously disseminated to over 525 prison facilities across the country in the first half of 2020, which helped defuse the signs of panic, anxiety and agitation identified in several prisons. The early warning system of the Directorate General of Corrections, developed in 2019, proved valuable in that regard, and also allowed for the early identification and care of both prisoners with COVID-19 symptoms and those considered to be particularly vulnerable in prison.

South Africa. The COVID-19 vaccine roll-out strategy developed by the Department of Health and a ministerial advisory committee on COVID-19 vaccines foresees that the vaccine will be given in three phases: phase I will include front-line health-care workers; phase II will include other essential workers and high-risk groups; and phase III will cover the wider population. Phase II encompasses people in confined settings, with a target population of 1.1 million persons. Importantly, this category explicitly includes persons who are working or living in detention centres and prisons. Similar to other persons living in confined settings, such care homes or shelters, they are envisaged to benefit from outreach vaccination programmes, namely, mobile clinics, during phase II of the vaccine roll-out plan.^a

^a South Africa, Department of Health, COVID-19 Online Resource and News Portal, "What does South Africa's COVID vaccine roll-out plan say?", 21 January 2021.



PROPORTIONALITY

Discipline and order shall be maintained with no more restriction than is necessary to ensure safe and secure custody, the secure operation of the prison and a well-ordered community life.

In no circumstances may restrictions [...] amount to torture or other cruel, inhumane or degrading treatment or punishment.

The Nelson Mandela Rules, rules 36 and 43.

The implementation of some infection prevention and control measures may create tension with core safeguards embodied in the Nelson Mandela Rules and broader human rights obligations. These safeguards and obligations include: *(a)* the continued contact of prisoners with the outside world, in particular their families; *(b)* unrestricted access to legal aid providers and external inspection bodies; *(c)* involvement in constructive out-of-cell activities; *(d)* fair trial and due process guarantees; and *(e)* legal remedies for complaints about ill-treatment.

Furthermore, the use of quarantine for individuals who may have been exposed to COVID-19 or of medical isolation for persons who display symptoms or test positive for COVID-19 needs to be carefully managed in order to ensure a clear and manifest distinction between such health measures on the one hand and solitary confinement imposed as a disciplinary sanction on the other.⁸

In order to prevent infection prevention and control measures from impeding minimum prison standards beyond what is strictly required, such measures should be proportionate to the threat posed by COVID-19 and should last only as long as necessary to protect the safety of prisoners, prison personnel and the wider community. Although blanket restrictions and “prison lockdowns” may be necessary for a limited time period, regular reviews should be undertaken with the aim of identifying and adopting more measured and less restrictive infection prevention and control measures while maintaining protection against infection.

PRACTICAL RECOMMENDATIONS

It is recommended that Member States:

(a) Explore alternatives to a full suspension of in-person visits by family members and friends, for example, by adjusting numbers, duration and frequency, coupled with medical screenings and hygiene measures;

(b) Grant continued prison access by parties such as legal advisers, external inspectors, consular representatives and religious officials, either in person or by means of videoconferencing;

(c) Adapt meeting spaces for external visits, including by allowing more space in between desks, installing plexiglass shields and requiring the use of personal protective equipment;

(d) Render the use of quarantine and medical isolation subject to clinical decisions taken by health-care professionals and ensure that related living conditions are clearly distinct from the solitary confinement regime;

⁸The Nelson Mandela Rules, rules 42–46. See also David Cloud, Cyrus Ahalt and Brie Williams, “[The ethical use of medical isolation – not solitary confinement – to reduce COVID-19 transmissions in correctional settings](#)” (San Francisco, United States of America, Amend, University of California San Francisco, 2020).

(e) Maintain prisoners' access to the open air and constructive activities in smaller groups while ensuring physical distancing, including through rotational schedules for the use of shared spaces;

(f) Ensure that criminal proceedings continue to be conducted fairly and are not excessively delayed, for example through the use of audiovisual technology where court proceedings in person are temporarily suspended

PROMISING PRACTICES

United Kingdom of Great Britain and Northern Ireland. In England and Wales, Her Majesty's Inspectorate of Prisons introduced short scrutiny visits in April 2020 in order to continue to fulfil its statutory duty without adding an unreasonable burden to a system dealing with unprecedented challenges. An updated methodology was aimed at promoting transparency about the response to COVID-19 in places of detention while adhering to the principle of "do no harm". Visits involved only two or three inspectors, including one health inspector, took place over the course of a single day and focused on the most critical issues, including care for the most vulnerable groups of prisoners, meaningful human contact, including with the outside world, access to fresh air, self-harm and suicide prevention, hygiene and health care and legal rights. In August 2020, the short scrutiny visits were replaced with more intensive scrutiny visits, which focus on how individual establishments are recovering from the challenges of the COVID-19 pandemic.^a

Mexico. Following a continuous review process by health, prison and human rights entities, the penitentiary system of the State of Sonora, Mexico, resumed in-person visits in March 2021; such visits had been suspended since April 2020. The organization of and dissemination of information about the conditions and regulations governing the visits are issued by the social work entity in each prison facility. Visits are made by appointment only in order to maintain control, avoid crowds at the site and enable tracking of any COVID-19 cases. Only one person per prisoner may visit for 30 minutes, after having completed a health questionnaire. Visitors must follow a strict hygiene protocol, wear masks at all times and respect physical distancing of at least two metres during the visit. At the same time, video and telephone calls are being maintained for those prisoners who do not receive visits.^b

Czechia. A project named "Skype Defence", which was launched by the Czech Prison Service in April 2020, in cooperation with the Czech Bar Association, allows defence lawyers to communicate online with their clients in prison. A pilot project began in Liberec and Brno remand prisons in January 2020, but implementation was accelerated in response to COVID-19. Since then, all pretrial detention facilities and four prisons have been equipped with the technology to allow for online consultations between prisoners and their lawyers. The calls are booked in advance and take place in specially designated rooms without the presence of prison staff, thereby ensuring the confidentiality of the conversations.^c

^a United Kingdom, Her Majesty's Inspectorate of Prisons, "Alternative approach to scrutiny during the COVID-19 pandemic", version I (April 2020); and United Kingdom, Her Majesty's Inspectorate of Prisons, "Developing HMI Prisons scrutiny during recovery from the COVID-19 pandemic" (July 2020).

^b Proyecto Puente, "A partir del 8 de marzo, Ceresos e Itama reanudarán visitas familiares con cita previa", 5 March 2021.

^c Council of Bars and Law Societies of Europe, *Overview of Measures Taken in Some European Countries Addressing the Impact of the Crisis on Justice Issues: Czech Republic* (May 2020).



MITIGATION

The prison system shall not, except as incidental to justifiable separation or the maintenance of discipline, aggravate the suffering inherent in [imprisonment and other measures that result in cutting off persons from the outside world].

The Nelson Mandela Rules, rule 3.

As even legitimate and proportionate infection prevention and control measures may be accompanied by significant restrictions on the regular prison regime, it is important to mitigate the adverse impact that they may have on prisoners. This is of particular importance for those measures that are most likely to have a direct negative impact on prisoners' physical and mental health and well-being, notably restrictions on family visits and on access to fresh air, the suspension of rehabilitation programmes and other constructive activities and temporary separation from the general prison population.

Certain categories of prisoners, including incarcerated parents, women and children,⁹ may be particularly affected by these measures. More broadly, tightened prison regimes risk decreasing the extent to which the special needs of all vulnerable groups of prisoners continue to be catered for in practice and may undermine a rehabilitative approach to prison management. Restrictive infection prevention and control measures should therefore be combined with support mechanisms aimed at compensating, or at the very least mitigating, their negative impact on the health and well-being of prisoners.

PRACTICAL RECOMMENDATIONS

It is recommended that Member States:

- (a)* Proactively raise awareness by using information, education and communications materials about COVID-19 (what it is, how it spreads, which groups are most at risk, how to protect against it, what the symptoms are and what to do if these symptoms are experienced or observed);
- (b)* Increase the number of telephone calls, reduce or eliminate the costs of telephone calls, introduce videocalls or provide other communication tools to mitigate the impact of restrictions on visits;
- (c)* Ensure continued access to consignments of products (e.g., food and hygiene items) from the outside world in the absence of visits, coupled with infection prevention and control measures, where appropriate;
- (d)* Respond to the disproportionate impact of restrictions on particular categories of persons who have special needs in prison settings;^a
- (e)* Protect the mental health of those held in quarantine or medical isolation, including through suicide and self-harm risk monitoring protocols and the provision of related guidance for prison staff;

⁹ Alliance for Child Protection in Humanitarian Action and United Nations Children's Fund, "Technical note: COVID-19 and children deprived of their liberty" (2020).

(f) If the suspension of in-person classes, training and other rehabilitation programmes is strictly necessary, initiate online educational opportunities or distribute written guidance material;

(g) Introduce psychosocial support programmes for prisoners, including through online, telephone or broadcast services or audio recordings that focus on managing distress and anxiety;

(h) Maintain or increase the minimum amount of time that prisoners can spend outdoors, including through the use of rotational schedules, to mitigate the reduction in other constructive activities;

(i) Provide support services for prison officers and other personnel, including on how to deal with the additional stress, anxiety and other challenges they face as a result of the COVID-19 pandemic.

^a Including women, children, young people, elderly persons, foreign nationals, persons with physical or mental health-care needs, persons with disabilities, persons from ethnic minority groups, indigenous persons and lesbian, gay, bisexual, transgender and intersex persons.

PROMISING PRACTICES

Spain. The Social Services Branch of the Catalan Prison Service in Spain responded to the suspension of family visits by mobilizing their “treatment teams” to keep families in frequent touch with prisoners through introducing remote visits, extended telephone access and weekly videocalls. The teams, which include social workers, educators, lawyers, psychologists and cultural and artistic experts, work with prisoners and their families to provide support and information by notifying them about changes in policies and procedures related to COVID-19 and providing advice on specific areas of concern.^a

Uganda. A partnership between the Uganda Prisons Service and UNODC resulted in the delivery of a significant consignment of goods to boost the COVID-19 response in the country’s prison system. In addition to hospital beds with mattresses and bedding, water tanks, sanitary items, sports equipment and fuel to facilitate continued court appearances, mobile telephones with pre-purchased credit to aid prisoners’ communication with the outside world were provided. Computers and videoconferencing systems were procured to support online court hearings in prison facilities. As of March 2021, online court hearings were still being held in Jinja main prison, with four additional facilities to follow, thereby ensuring prisoners’ continued access to justice.^b

Ireland. The Psychology Service of the Irish Prison Service has introduced a “telepsychology” programme to mitigate the potential mental health impact of COVID-19 restrictions. This includes a series of audio recordings, available to all prisoners, that focus on mindfulness, managing distress and anxiety, muscle relaxation and breathing techniques. The Service also provides prisoners with a confidential space to talk, express their feelings and access information to help them cope with the situation.

Kazakhstan. With a view to mitigating the currently restricted access of prisoners to the outside world, special regulations were introduced in Kazakhstan that increased the number and duration of prisoners’ telephone calls, introduced videoconference calls and expanded the permitted volume of parcel and hand-delivered packages, coupled with the introduction of an

online store for prisoners and their families. In addition, 121 newly established electronic terminals in prisons ensure that prisoners continue to be able to submit requests, complaints and appeals, including to the Anti-Corruption Agency, the prosecutor's office, the judiciary and internal affairs bodies.^c

^a Government of Catalonia, *Measures Adopted by the Catalan Government to Face the COVID-19 Pandemic* (2020), pp. 35–39.

^b UNODC, "Major donation to boost COVID-19 response in Uganda's prisons", 30 June 2020.

^c Analytical Center for Central Asia, "Kazakhstan will improve nutrition for prisoners", 20 October 2020; and Kazakhstan Today, "Electronic terminals for filing complaints will appear in Kazakhstani prison camps", 3 October 2020.



INVOLVEMENT

The prison regime should seek to minimize any differences between prison life and life at liberty that tend to lessen the responsibility of the prisoners or the respect due to their dignity as human beings.

The Nelson Mandela Rules, rule 5.

Prison-based infection prevention and control measures that actively involve prisoners, through either consultation or implementation, have proved to be particularly successful. While any such engagement must not derogate from the fact that health care in prisons is a State responsibility, the carefully considered involvement of prisoners can enhance dynamic security in prisons. By investing in cooperation, positive staff-prisoner relationships and providing prisoners with a sense of responsibility as part of the broader COVID-19 response, such an approach has the potential to increase buy-in and decrease tensions, thereby benefiting safety and security.

Prison riots linked to COVID-19 in numerous prisons worldwide seem to have been closely related to the lack of provision of timely and accurate information about the pandemic and any resulting restrictions imposed. Many documented incidents of unrest were attributed to the inaction, or perceived inaction, of prison administrations to prevent and control the pandemic, including a lack of personal protective equipment, poor sanitary conditions and inadequate health-care facilities and services to deal with an outbreak or further spread of the virus. Therefore, solid communication channels that ensure transparent and timely information-sharing about COVID-19 and related measures are key.

PRACTICAL RECOMMENDATIONS

It is recommended that Member States:

(a) Undertake consultations with prisoners (and their families) about envisaged infection prevention and control measures and associated changes in prison practices and routines, including justification therefor, and make efforts to obtain their feedback;

(b) Provide regular updates on COVID-19 in the prisoners' community and country more broadly, coupled with transparent external communication about infection rates in prisons and related infection prevention and control measures;

(c) Provide for the participation of prisoners in the development and implementation of hygiene protocols and other initiatives (e.g., peer-to-peer education, awareness-raising and support);

(d) Adjust vocational training and work programmes towards the production of hygiene materials, in particular when personal protective equipment is not readily available.

PROMISING PRACTICES

Ireland. The Community-based Health and First Aid Prison programme is a well-established initiative jointly implemented by the Irish Red Cross, the Irish Prison Service and Education and Training Boards Ireland. Since 2014, it has been operating in all 13 prisons across Ireland and involves prisoners working as Red Cross volunteers with a view to improving health awareness and education within prison communities. The programme has proved the vast potential for peer-to-peer education and support in prisons, with services ranging from violence prevention programmes to drug overdose prevention and cancer awareness. The existing Red Cross volunteer teams were able to adapt quickly to the COVID-19 pandemic by adding education on the importance of social distancing and hygiene protocols while also providing psychosocial support.^a

Namibia. With UNODC support, the Namibian Correctional Service introduced a soap and detergent production facility in the correctional facility of Windhoek. In addition to offering the continued involvement of prisoners in constructive activities and providing them with vocational skills, the workshop also resulted in better environmental hygiene in prison. In order to further contribute to the Namibian Correctional Service's preparedness for and response to COVID-19, the workshop was subsequently expanded to also produce liquid hand sanitizer. Handwashing stations have been placed at the prison entrance and at various strategic points throughout the prison to enable both prison officers and prisoners to wash their hands regularly.^b

^a Jordyn Orcutt, "Irish Red Cross (IRC): **Community Based Health and First Aid (CBHFA) prison program: IRC inmate volunteers response to COVID-19 in Irish prisons**" (Irish Prison Service, Irish Red Cross and Education and Training Boards Ireland, 2020).

^b UNODC, "**With UNODC support, Namibia prisoner rehabilitation project helps stop COVID-19 spread**", 20 April 2020.

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