

State of transition to Ministry of Health governance of prison healthcare in the Council of Europe region

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BACKGROUND

2023 marks the 20th anniversary of the WHO Moscow Declaration on Prison Health. Prison health is inextricably linked to public health. The Declaration emphasizes close collaboration between health and prison authorities to ensure quality care, connected surveillance, and continuity of care across prison and community settings.¹

This study aimed to examine timebound prison healthcare governance amendments and current structures in Europe two decades after the WHO Declaration on Prison Health as part of Public Health.

METHOD

The European Committee for the Prevention of Torture (CPT)² and WHO Regional Office for Europe HIPED³ databases were searched in October 2023 to identify the Ministry responsible for prison healthcare governance in CoE Member States. CPT country reports were systematically searched using keywords 'health,' 'ministry,' and 'justice'. Where relevant information could not be retrieved, the HIPED database was scrutinised. Data regarding the countries Moldova, Switzerland, and Liechtenstein could not be located in either databases and were located on journal paper, UN CAT report and World Prison Brief.

RESULTS

Current prison healthcare governance: As of October 2023, completed transfer of governance to the Ministry of Health is documented in 13 CoE Member States and the CoE candidate Kosovo.

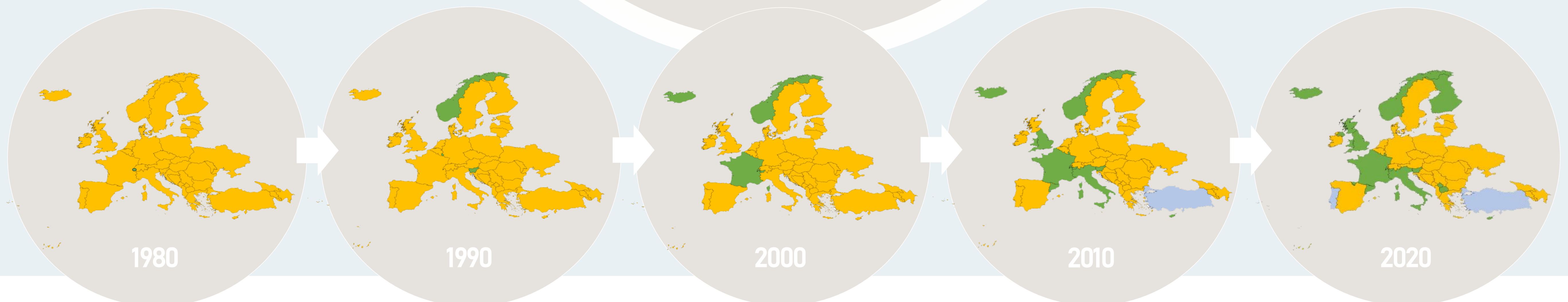
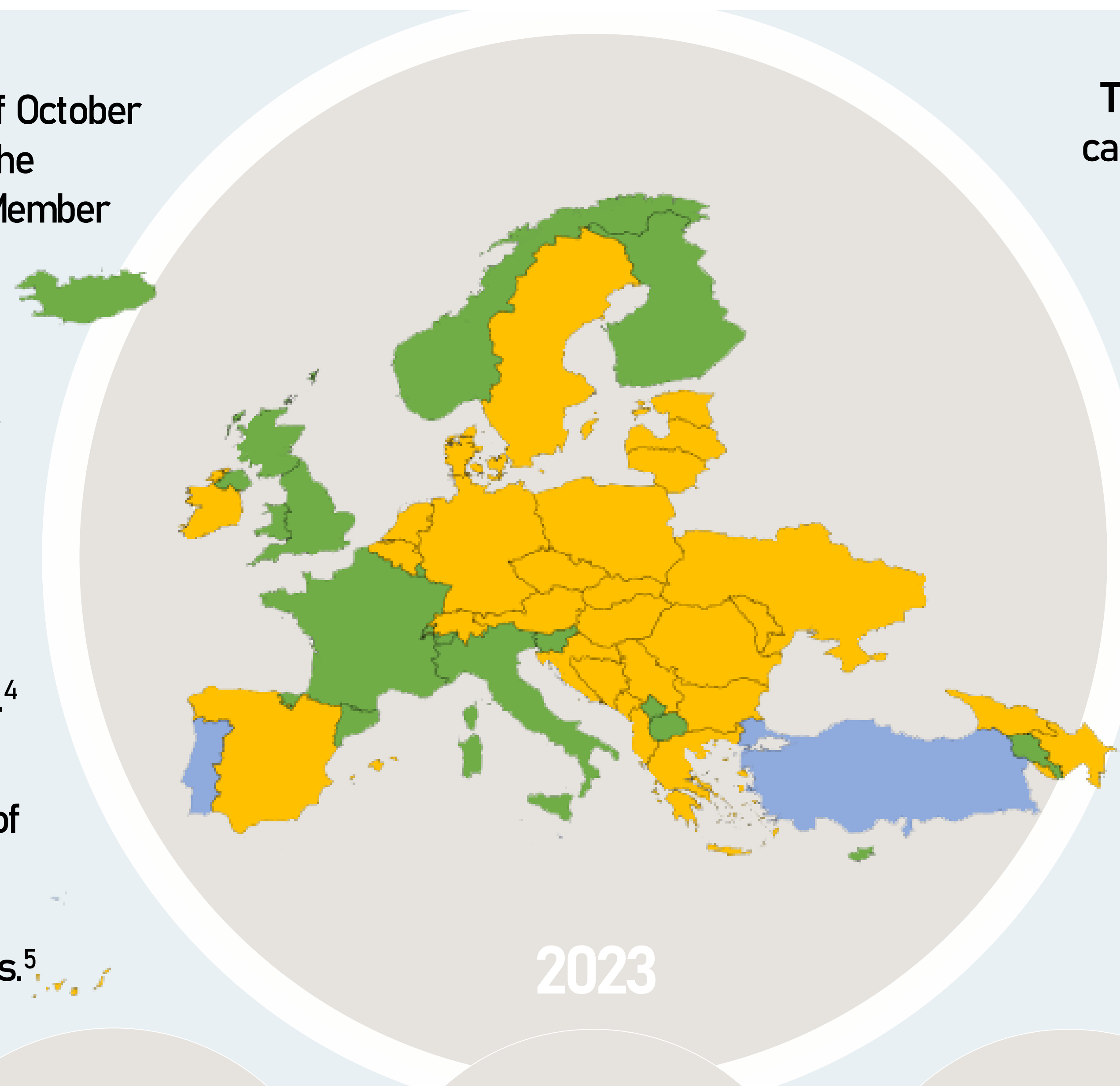
Monitoring & Evaluation: There is a notable lack of evaluations. Available reports from seven countries, e.g. France, Italy, often rely on limited data and retrospective analysis.

The studies highlight **challenges** e.g. work-force issues, financial constraints, tensions between prison and public health systems. Positive impacts remain under-documented.⁴

Public Health England, reported **positive achievements** e.g. improved quality of care of people in prison, greater awareness of the national health policy around justice health, improved professional and clinical standards.⁵

Transferring governance to the Ministry of Health can take up to 10 years. Some states use a gradual approach across different administrative areas, with long-term preparation, monitoring, and evaluation. Governance recommendations are adapted to domestic and cultural contexts when sharing responsibilities between Ministries.⁶

Transfer of prison healthcare remains **controversial**, e.g. in 2016, the Lithuanian government commented that the legal status of the organiser of prison health care was irrelevant in terms of patients' rights and healthcare quality⁷. In 2021, the CPT reported that both Ministries in Romania considered it inappropriate to transfer clinical prison staff responsibility to that of the Ministry of Health, considering the country's healthcare service structure.⁸



MINISTRY OF HEALTH

Andorra	Italy	Spain (Catalonia, Basque Autonomous Community)
Armenia	Luxembourg	Switzerland (Geneva, Valais, Vaud, Basel-Stadt, Neuchatel)
Cyprus	North Macedonia	United Kingdom
Finland	Norway	Kosovo
France	San Marino	
Iceland	Slovenia	

MINISTRY OF JUSTICE

Albania	Bulgaria	Germany	Lithuania	Slovak Republic
Austria	Croatia	Greece	Monaco	Sweden
Azerbaijan	Czech Republic	Hungary	Montenegro	Ukraine
Belgium	Denmark	Ireland	Republic of Moldova	Poland
Bosnia & Herzegovina	Estonia	Latvia	Romania	Switzerland
	Georgia	Liechtenstein	Serbia	Spain

MINISTRY OF JUSTICE AND MINISTRY OF HEALTH

Malta
Portugal
Türkiye

CONCLUSION

Investing in prison healthcare is essential for human rights, public health, public safety, and economic reasons. Addressing the complex health needs of incarcerated individuals is crucial to reduce health inequalities, achieve universal health coverage, and fulfill the Sustainable Development Goals Agenda 2030. However, current prison healthcare often falls short of community standards. Governments and prison authorities must adopt a "whole of government approach" to ensure healthy prisons for all. Transferring prison healthcare governance to the Ministry of Health could be a significant step forward. Further research and evaluation are needed to assess the benefits of this approach.

REFERENCES

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