

# A REFLECTION ON COVID-19 AND CORRECTIONS

PRESENTED BY:

PATRICIA MAVHEMBU AND PRINCE KUNAKA  
ZIMBABWE PRISONS AND CORRECTIONAL SERVICE

# Introduction

1. This presentation draws influence from the international standards and norms of the criminal justice related to prison management and is premised on international guidance to prison health as provided by the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), the Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules), and WHO guidance on *Prisons and health* (2014).
2. The document aims to share notes and experiences on countries in developing specific plans and/or consolidating further action for prisons and other places of detention in response to the international COVID-19 outbreak, with consideration of preparedness plans, prevention and control strategies, and contingency plans to interface with the wider health and emergency planning system.

# Background/Justification

- ✓ The presentation is premised on the fact that due to incarceration and loss of liberty, prisoners are likely to be more vulnerable to various diseases and conditions. In general Prisons tend to be under resourced and often struggle to deliver even the most basic and life sustaining needs of prisoners. This situation is often exacerbated by the demographic characteristics of people in prisons who typically have a greater underlying burden of disease and worse health conditions than the general population, and frequently face greater exposure to risks such as smoking, poor hygiene and weak immune defence due to stress, poor nutrition, or prevalence of coexisting diseases, such as blood borne viruses, tuberculosis and drug use disorders.

- ▶ Usually prisons have inferior health care services which may not withstand ferocious and complex diseases like Covid-19. It is therefore necessary to employ the necessary strategies to repel or at least curb viral infections into prisons.
- ▶ There is also a poor network system between prisons health care and the public health. This makes it very difficult for prisons to successfully combat both communicable and non-communicable diseases since there is lack of enough support.
- ▶ States have an obligation to increase their level of preparedness to COVID-19 in particular as well as disasters and pandemics in general, taking cognizance of the fact that there is no one -size- fits -all approach to managing cases and outbreaks. Countries should therefore adjust and tailor their approach to the local context.

# Coordination

- ▶ Prisons are located at the receiving end of the criminal justice system. Therefore there is need to take action to enable and support coordinated, collaborative efforts across the criminal justice system in order to achieve Infection, Prevention and Control, following national guidance. Such actions should start right at the police when the offender is arrested and continue throughout the system to the courts and to the prisons. For instance our research revealed that there were gaps in prevention as some stakeholders failed to do their part in terms of conducting basic checks such as temperature on offenders or issuing face masks thus offloading the risk to prisons. Further, the activities should be corresponding with the level of emergency at the time to avoid panic and to ensure implementation of the most appropriate response at the appropriate time.

# Joint Planning

- ▶ In a prison setting, all staff should work together, for instance, custodial/detention staff should work together with health-care teams in prisons and other places of detention, following existing national protocols and country arrangements, to enable identification of suspected cases among employees and inmates their subsequent management in accordance with national guidelines. This might include subsequent isolation of identified cases and /or subsequent clinical assessment. For instance, it was learnt that in Zimbabwe and most prisons in the SADC region emergency response teams were established from Prison station level ,to provincial and national level for purposes of ensuring joint planning of activities towards addressing COVID -19 .These teams were further guided by standard operating procedures.

# Risk Management

- ▶ This includes measures such as screening at point of entry to prison, health-care and public health teams should undertake a risk assessment of all people entering the prison, irrespective of whether or not there are suspected cases in the community; information should be collected on any history of cough and/or shortness of breath, patients' recent travel history and possible contact with confirmed cases in the last 10 days. Persons checked should include prisoners/detainees, visitors and prison staff.
- ▶ Staff with recent travel history or coming from affected areas who develop COVID-19 symptoms can home-isolate and prison management can provide a high level of vigilance and support of their staff.
- ▶ A detailed daily registry of people moving in and out of the prison should be maintained.
- ▶ No unnecessary movements in prisons and its cantonment
- ▶ Continuous Covid-19 tests for both prisoners and staff

# Clinical Management

- ▶ rapid identification of laboratory-confirmed cases
- ▶ isolation and management either on site or in a medical facility
- ▶ Contact tracing and isolation- recommendations by WHO
- ▶ Health-care teams, using recommended personal protective equipment (PPE) including eye protection (face shield or goggles), gloves, mask and gown, should ensure that appropriate biological samples are taken from any suspected cases and sent for analysis to local microbiology services as per local protocols, in a timely manner and in compliance with clinical and information governance procedures.
- ▶ Ready availability of PPE stocks
- ▶ routine disinfection of the environment.
- ▶ Consideration should be given to measures such as distributing food in rooms/cells instead of a common canteen



# Contingency Planning

- ▶ To manage a COVID-19 outbreak, there need to be effective planning and robust collaborative arrangements between the sectors (health, justice and interior/home Ministries, as applicable) that have responsibility for the health and well-being of people in prisons and other places of detention. Such collaboration will be critical in ensuring a sustainable health-care delivery system within prisons and places of detention
- ▶ checklists should be established to help prison and detention systems to self-assess and improve their preparedness for responding to COVID-19.
- ▶ It is crucial to identify the different levels of risk and what impact they may have on the prison system and other places of detention (e.g. imported cases in the country which may be of different Covid-19 variant)
- ▶ Each action plan should specify who is responsible for delivering a particular action, the timescale for delivery, and how and by whom delivery will be ensured.

# Training

- ▶ Training of staff is a key element of any preparedness plan for prisons and other places of detention. Training activities should be appropriately planned and targeted towards custodial and health-care staff operating in prison settings. Such activities should, at a minimum, cover the following areas:
- ▶ • basic disease knowledge, including pathogen, transmission route, signs and clinical disease progression
- ▶ • hand hygiene practice and respiratory etiquette
- ▶ • appropriate use of, and requirements for, PPE
- ▶ • environmental prevention measures, including cleaning and disinfection

# Risk Communication

- ▶ In an event such as the COVID-19 outbreak, it is crucial that there is good coordination between the teams at national and subnational levels involved in risk communication. Close contacts must be established to ensure rapid clearance of timely and transparent communication messaging and materials in such crisis situations.
- ▶ Key messages for people in prison and other places of detention, custodial staff, health-care providers and visitors must be coordinated and consistent.
- ▶ To address language barriers, translation or visual material may be needed. Information resources for custodial and health-care staff, visitors, vendors and detained persons, such as short information sheets, flyers, posters, internal videos and any other means of communication, should be developed and placed in prison common areas and in areas designated for legal visits and family visits.

# Findings

- ▶ A number of inmates benefitted from remission of sentence in the second amnesty
- ▶ Most release measures targeted convicted prisoners, rather than pre-trial detainees
- ▶ The criteria used for release was diverse as it covered those convicted of non-violent offences, Vulnerable inmates such as those with disabilities and those who served a majority of their sentence.
- ▶ The releases, did not provide for post-release services
- ▶ Most prison systems are plagued by overcrowding and other systemic challenges and other systemic challenges, therefore COVID-19 prevention and control measures alone may prove insufficient.

# Recommendations

1. Make full use of non-custodial measures that are available in law and policy-limit imprisonment to a measure of last resort
2. Ensure that post-release services are available
3. Ensure a wide range of non-custodial measures, in both law and practice, at every stage of the criminal justice process
4. Strengthen the capacity of criminal justice authorities from police to prison
5. Establish a robust cooperation mechanism among players in the criminal justice system
6. Raise awareness to promote public acceptance, understanding and support for non-custodial measures

THANK YOU

