

"No food or medicine here until you die"

MSF EXPOSES EMERGENCY NUTRITIONAL
AND MEDICAL NEEDS IN GUINEAN PRISONS



February 2009



INTRODUCTION:

Unacceptable conditions in Guinean prisons – an unjustified treatment

“The main problem in this prison is the food, we don’t get anything to eat, only a small handful, it’s nothing. You don’t get food or medicine here until the day you die.”

Man, three months in prison.

In September 2008, Médecins Sans Frontières (MSF)¹ started an emergency intervention in the civilian prison of Guéckédou in South-Eastern Republic of Guinea. Upon arrival, MSF found malnutrition in one in three adult male prisoners, one in five of whom suffered severe acute malnutrition. Appalling hygienic conditions had led to dehydration and rampant skin and respiratory infections. Overcrowded cells mixed both minors together with adults and prisoners with tuberculosis (TB) together with other inmates. Health care was only infrequently available.

MSF responded to the situation in Guéckédou prison with emergency therapeutic food distribution for about three months.² MSF also conducted medical consultations, donated medicines and provided material for water supply, sanitation and personal hygiene. MSF’s emergency intervention in Guéckédou prison raised concerns about the nutritional situation in other prisons in Guinea. Field teams therefore carried out assessments and conducted medical consultations where necessary, in three other prisons in Guinea—Mamou, Boké and Gaoual. Based on observations from our work in Guéckédou and beyond, MSF concludes that the appalling conditions observed in Guéckédou prison are unfortunately not an isolated case.³ Although conditions varied in different facilities, all prisons MSF visited failed to provide basic needs such as access to water, food and health care and to maintain minimum conditions respecting prisoners’ human dignity.

These dire humanitarian needs demand an immediate response. Yet a short-term emergency intervention cannot be the solution to pervasive and more structural dysfunctions in penitentiary administration as regards food distribution and maintenance of hygiene conditions, impacting above all on adult male inmates. Deprivation of food, water, minimal living conditions and other basic needs is life-threatening and tantamount to ill-treatment of prisoners.

¹ MSF has been present in the Republic of Guinea for 21 years. Projects have targeted the most vulnerable populations, including TB patients, street children, populations lacking access to health care in Guinée Forestière and refugees from the neighboring countries of Liberia and Sierra Leone. MSF currently provides care for HIV-AIDS patients and has conducted country-wide emergency vaccination campaigns for yellow fever and measles.

² MSF, “Civilian prisoners in Guinea prison suffer malnutrition, exposure to TB, in appalling conditions,” November 26, 2008, at http://www.msf.org/msfinternational/invoke.cfm?objectid=D873FCFD-15C5-F00A-253E1A309842A11C&component=toolkit.article&method=full_html

³ There is also a positive example of the small prison of Gaoual, where 11 prisoners enjoyed significantly better living conditions, food and medical care—showing that, in given circumstances, it is possible for inmates to be provided with adequate living conditions and coverage of their basic needs.



«Why does God allow the suffering of man?», says this graffiti on a prison wall

The failure to ensure basic minimum standards in Guinea's prisons⁴ can be linked to the country's generally poor human and economic development.⁵ Ongoing instability and conflict in neighbouring countries have long impacted on Guinea, while strikes and civil unrest have emerged in-country over the past few years. The ongoing international increase in food prices, especially in 2008, has exacerbated Guineans' already precarious living standards and food insecurity. As a result, the recurrent and already well-documented⁶ problem of malnutrition in Guinean prisons only deepened further in 2008.

Although the sub-standard conditions in Guinean prisons can be attributed partly to poverty and the country's limited resources, these factors alone do not explain the absence of response to recurring malnutrition and the unacceptable living conditions in Guéckédou and other prisons.

Guinean national authorities bear the ultimate responsibility to uphold the fundamental human rights of its inhabitants, including its incarcerated population. National and local authorities must act immediately to meet the basic needs of prisoners in accordance with international and national standards. International donors and other actors intervening in Guinea must respond to ensure basic needs for prisoners, as their lives and health hang in the balance.

⁴ In September 2004, the Guinean Ministry of Justice and the Ministry of Health signed a protocol establishing national minimum standards for detention. The protocol is based on recommendations emerging from a series of inter-sectoral round table meetings in October 2002 regarding health care in detention. This protocol provides for specific minimum standards as regards food rations, access to water, personal hygiene, living conditions and space per prisoner and access to medical care.

Certain essential human rights relevant to the protection of human dignity are also enshrined in Guinea's Constitution (Loi fondamentale) of December 1991. Article 5 states that:

"The person and the dignity of mankind are sacred. The State has the obligation to respect and protect them. The rights and liberties listed hereafter are inviolable, inalienable and unlimited. They are the fundament of all human society and guarantee peace and justice in the world."

For more on international covenants on human rights and on prisons minimum standards, see footnote 15 and 16.

⁵ Despite its wealth in natural resources, Guinea remains one of the world's poorest countries, ranked 160th of 175 countries in the 2007 UNDP Human Development Report. The Poverty Reduction Strategy Paper (PRSP II, 2007-2010) reports that poverty incidence on a national level has increased from 49.2% in 2002 to 53.6% in 2005 as GDP per capita has fallen from \$379 in 2002 to \$332 in 2006.

⁶ See e.g. Terre des Hommes, "Mineurs en conflit avec la loi: Etat des Lieux- Maison Centrale d'Arrêt de Conakry," May 2008, and "Mission 'd'urgence': à la prison civile de Guéckédou," November 24-December 2, 2006 and Human Rights Watch, "The Perverse Side of Things: Torture, Inadequate Detention Conditions and Excessive Use of Force by Guinean Security Forces," August 22, 2006, at <http://www.hrw.org/en/reports/2006/08/21/perverse-side-things> Several actors do intervene in Guinean prisons to respond to health, nutritional and other needs with both punctual and longer-term approaches, including ICRC, Terre des Hommes, Prisonniers Sans Frontières and national NGOs.

OVERVIEW:

Medical and humanitarian conditions in Guéckédou and other prisons

Access to food

The high prevalence of severe and moderate acute malnutrition among detainees provided the original rationale for MSF to intervene in Guéckédou prison. **MSF's initial nutritional screening⁷ found that 38% of the 72 prisoners suffered from acute malnutrition, with 21% severely malnourished and 17% moderately malnourished.** This alarming situation called for immediate intervention with therapeutic food distribution and medical consultations.

In follow-up visits to other Guinean prisons, MSF found similarly disturbing situations. Based on MSF's extensive experience in emergency nutritional interventions worldwide, such cases of severe acute malnutrition are rare among adult populations even in vastly more unstable settings of conflict and violence.

Malnutrition rates in Guinean prisons visited by MSF⁸

| Type of malnutrition | Body Mass Index (BMI) | 17-20/09/2008 Guéckédou n=72 | | 8-10/12/2008 Mamou n=116 | | 24/10/2008 Gaoual n=20 | | 27/10/2009 Boké n=41 | |
|---------------------------|-----------------------|------------------------------------|---------|--------------------------------|---------|------------------------------|---------|----------------------------|---------|
| | | Total | % Total | Total | % Total | Total | % Total | Total | % Total |
| Severe Malnutrition (S) | BMI < 16 | 15 | 21% | 15 | 13% | 0 | 0% | 9 | 22% |
| Moderate Malnutrition (M) | BMI >=16 et < 17 | 12 | 17% | 10 | 9% | 0 | 0% | 4 | 10% |
| At risk of Malnutrition | BMI >=17 et < 18,5 | 8 | 11% | 19 | 16% | 2 | 10% | 10 | 24% |
| Global Malnutrition (S+M) | BMI <17 | 27 | 38% | 25 | 22% | 0 | 0% | 13 | 32% |

⁷ MSF performed Body Mass Index (BMI) screenings during the first visit to each prison. Calculation of BMI= Weight/Height², resulting in an index where Normal BMI is 18.5<24.9, At risk of under-nutrition is BMI 17<18.4; Moderate Malnutrition is BMI 16<16.9 and Severe Malnutrition is BMI <16.

⁸ Malnutrition rates in Guinean prisons at the outset of MSF punctual interventions.

The single daily meal provided in the prisons visited by MSF teams failed to provide the nutritional content and recommended daily calorie intake necessary for maintaining good health.⁹ Often, this one daily meal simply consisted of 100-300 grams of white rice sometimes with a thin red palm oil sauce, rarely containing a few pieces of vegetables.

“What is most difficult is the food. We get a single spoonful of rice per person per day. There are no plates. There is no budget for more and I have no family to support me. People keep dying because there is no food and all these mosquitoes... Sometimes, we spend entire days locked up inside our cell.”

Man, 25 months in prison

“No one comes to visit me. My father is deceased and my mother is too old to come to visit. The problem here is the food. The rations are too small, one spoon per person. If we didn't have the nutritional biscuits, many people would die in here. If you have no family, you won't have food, you will die in here.”

Man, 3 months in prison

As the prison authorities do not fulfil their responsibility to provide sufficient food rations to prisoners in their custody, many inmates turn to their families or acquaintances to bring them food. However, the majority of prisoners who spoke with MSF do not receive food other than the prison's daily ration. Many Guinean households face significant difficulties to ensure their subsistence and avoid the risk of malnutrition. Food insecurity is a chronic phenomenon in the Republic of Guinea¹⁰, exacerbated by the country's difficult sociopolitical and economic situation and the 2008 international increase in food prices.¹¹

⁹ The recommended calorie intake for an average adult is between 2000 and 2500 calories per day.

¹⁰ According to the last countrywide food security assessment conducted by the World Food Programme (WFP) in August 2005, 16% of Guinean households are vulnerable to food insecurity, and 6% of these are highly vulnerable. The areas most affected are Moyenne, Haute and Guinée Forestière. Rising food prices have only aggravated this structural food insecurity and the vulnerability of households (WFP, “Rapport d'évaluation rapide: Impact de la flambée des prix sur la sécurité alimentaire et la nutrition,” May 2008). The preliminary results of a nationwide nutrition survey conducted between November 2007 and January 2008 (i.e. the period immediately following the harvest when malnutrition rates are typically at their lowest levels) found 7.4% global acute malnutrition and 2.5% severe acute malnutrition among children under five years of age. In some health districts, rates of global acute malnutrition (GAM) and severe acute malnutrition (SAM) reached 15.2% and 6%, respectively. (UN Consolidated Appeal Process (CAP) for West Africa 2009 Vol. 2, p 31; see <http://ochaonline.un.org/cap2005/webpage.asp?Page=1725>).

Similarly, according to the last national health and demographic study in Guinea by Direction Nationale de la Statistique (DNS), Ministère du Plan, 35% of children under five years old suffered from chronic malnutrition and 9.4% from Global Acute Malnutrition (of which 1.8% severe acute malnutrition (SAM)). (Guinée, “Enquête Démographique et de Santé en Guinée” (EDSG-II) conducted between 01/2-31/7 2005; see <http://www.measuredhs.com/pubs/pdf/FR162/10Chapter10.pdf>)

¹¹ Rice is Guinea's staple food and accounts for ca. 48% of caloric intake among the poorest populations. Along with a steady price increase for rice over the past years, rising petrol costs and the international spike in food prices has further aggravated food price inflation. A 50 kg bag of rice cost 40,000 Guinean Francs (FGN) in 2005, but reached 210,000 FGN in August 2008. Between September 2007 and September 2008, prices of locally produced rice increased by 30%, while the price of imported rice increased by 49% in the same period. Economist Intelligence Unit, “Report: Guinea,” September 2008. Cf. UN, West Africa CAP 2009, p 49
[http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/CAP_2009_WestAfrica/\\$FILE/CAP_2009_WestAfrica_VOL2_SCREEN.pdf?OpenElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/CAP_2009_WestAfrica/$FILE/CAP_2009_WestAfrica_VOL2_SCREEN.pdf?OpenElement)

Only 33% of the detainees in Guéckédou claimed to have received family visits during their time there, as some families may abandon prisoners due to social stigma, remain unaware of the prisoners' situation or live too far away from the prison to pay for travel. Already vulnerable families or other visitors are often asked to pay fees in money or in kind¹² to enter the prison to share food with prisoners, while inmates may be required to share within the prison any additional food received from outside—further disincentives to turn to even these very basic coping mechanisms.

MSF and other non-governmental organizations' nutrition activities can only serve as an emergency medical response to the health consequences of insufficient food in Guinea's prisons. According to Guinean national standards, prisoners should receive a daily ration of at least two balanced meals per day. **Established in 2004, the minimum food budget of 1400 FGN per detainee per day has not been adapted to increasing food prices. Inadequate and inflexible budgets, disbursement problems and rising food costs have merged to create a recipe for disaster—insufficient rations that repeatedly risk the lives and health of Guinean inmates.**

Access to safe drinking water, hygiene and sanitation

Despite Guinea sometimes being called the “water tower of West Africa”, Guinea's water supply systems are prone to frequent disruption and potable water is a scarce resource countrywide¹³, as well as in all prisons MSF visited. **When MSF arrived in Guéckédou prison, 42% of prisoners suffered from dehydration.**

Guinean national recommendations provide for a minimum of 10 litres of potable water per inmate per day. None of the prisons MSF visited were able to fulfil these nationally agreed standards. Wells and pumps were either absent or malfunctioning due to irregular maintenance or insufficient capacity of the water facilities originally installed.

“I can drink tap water if it is working, but in the dry season, it will be hard because there is no rainwater to depend on. People who have no visitors will stay here for months and they will die.”

Man, 1 month in prison

“I drink water once in the morning, then again after 14.00. Even if there is water, I still don't get to drink very much. I clean myself by using the wrapping from the nutritional biscuits.”

Man, 1 month in prison

¹² Prisoners mentioned monetary fees of 2000 FGN (approximately \$0.40) as well as in-kind “fees” including providing portions of the food intended for the prisoner or candles for nighttime.

¹³ Almost half of Guinea's population is estimated to lack access to clean water—a problem that is further exacerbated during the dry season; see PRSP II (2007-2010) at <http://www.srp-guinee.org/dsrp2.htm> and UNDP Human Development Report 2007, at http://hdrstats.undp.org/countries/data_sheets/cty_ds_GIN.html



Prisoners often have no access to external latrines.

Instead, buckets are placed inside the cells and only infrequently emptied.

In addition to widespread dehydration, this limited access to water also results in **poor hygiene conditions and a high prevalence of skin disease**. Shower facilities are either missing entirely or only occasionally accessible, while prisoners lack soap to wash themselves, their clothes and the simple mats on which they sleep at night. This problematic hygiene situation is further complicated by prisoners' lack of access to external latrines—instead, buckets are often placed inside the cells and only infrequently emptied.

"I am dirty, I have to tell you. We empty the toilets and clean them—that way at least you can leave your cell for a little while. Since I've been here, I've washed myself two times—in nine months. I am dirty! I used to be totally naked. Some people who were released from prison gave me this t-shirt."

Man, 9 months in prison

Guinean national standards call for all detention centres to make infrastructure available for detainees to take showers on a daily basis. National recommendations likewise stipulate that all detention centres that have external latrines should allow the detainees to access them during the daytime.

In Guéckédou, the general scarcity of water along with security concerns were put forward by local authorities to explain prisoners' lack of access to external showers and latrines and the resulting decline in their basic hygiene conditions.



Around 25 inmates are crammed in this dark and poorly ventilated cell

Living conditions in the prison cells

Overcrowding is the striking norm in Guinean prisons—since the civil unrest of 2007-8, a number of prisons¹⁴ were destroyed, causing even further constraints as additional inmates were transferred to already overcrowded prisons.

In soiled, dark and poorly aired prison cells, the **living space for each prisoner rarely exceeds the national minimum standard of 2 m². In one prison visited by MSF, the barred window opening of a cell with 25-30 prisoners was walled up, leaving only a narrow horizontal hole for light and air to enter.** Even with these overcrowded conditions, most male prisoners are either never allowed into the prison courtyard at all, or only to a very limited extent. Again, the risk of escape due to insufficiently secure prison structures and the lack of personnel was cited to explain the ban on prisoners' access to prison courtyards.

¹⁴ A worsening socio-economic situation and unstable political environment over the past years led to strikes and civil unrest in early 2007 and again in 2008. During the events of 2007, at least 15 of the country's prisons were entirely or partially damaged.

“When I first came, they took me to the small cell, it was terrible and dark. Since then, I can’t hear or see well. I stayed in the small cell for one month and three weeks. After I got sick, they took me out. When I went to the toilet, only blood came out. Before prison, I weighed 80 kg, now it’s 56 kg.”

Man, 3 months in prison

Although female inmates are often in a relatively better state of health and nutrition than male detainees, and generally benefit from better living conditions—access to water and food, larger and separate cells, permission to use courtyards during the day—the specific vulnerability and medical needs of women, especially pregnant women, must be addressed.

Despite local and international efforts to ensure separate cells, MSF teams repeatedly found **minors between 13-18 years of age living in adult cells without respect for the specific rights and protection needs of children.**

Guinean national minimum standards provide for separation of cells by age and gender, as well as for prisoners to be able to go outside for at least one hour per day in conditions with secure prison walls and a sufficient number of guards. These national recommendations also provide for access to fresh air and sufficient light. MSF visited only one small prison which allowed consistent permission for detainees to exit their cells and to enjoy a minimum of physical movement, light, and fresh air.

Access to health care

Harsh prison conditions in Guinean prisons have directly resulted in the poor medical and nutritional state of many prisoners treated by MSF. **Prison conditions can be directly linked with prisoners’ most frequent morbidities**, including malnutrition, rampant and recurrent skin diseases and infection with lice, scabies and fungus; dehydration; and intestinal parasites. In addition, some 80% of detainees complained about vertigo in Gueckedou prison, which could be connected to the combined lack of food, water and physical movement.



The harsh conditions in the prisons result in widespread skin infections and other nutritional and medical needs.

The other diseases affecting inmates are not specific to the prison population, but represent common morbidities for the general population in Guinea. Still, detainees are rendered more vulnerable to common diseases such as malaria, diarrhoea and respiratory tract infections due to living conditions during detention and limited access to medical care.

Overview of top five morbidities and other pathologies related to conditions in Guinean prisons visited by MSF

| Morbidities | Total (n=251) | |
|--------------------------------------|---------------|-----|
| Skin infections | 116 | 46% |
| Intestinal parasites | 44 | 18% |
| Haemorrhoids | 18 | 7% |
| Dental Caries | 16 | 7% |
| Respiratory Infections (Upper/Lower) | 15 | 6% |
| Gastritis | 15 | 6% |
| Urinary Tract Infection | 14 | 6% |
| Diarrhoea (Bloody and Non-bloody) | 12 | 5% |
| Violent Trauma | 7 | 3% |
| Eye infections | 5 | 2% |
| Simple Malaria | 4 | 2% |
| Mental Disorders | 4 | 2% |
| Confirmed TB | 4 | 2% |
| Suspicion of TB | 3 | 1% |

Several people were suspected or confirmed to have tuberculosis in Guéckédou, but were only separated from other prisoners after explanation of the risk of infection to prison authorities. **The absence of consistent monitoring and separation of TB patients raises concerns about broader TB transmission within and beyond the Guinean prison environment.**

The lack of mosquito nets, bedding, blankets and clothes along with poor hygienic conditions, lack of physical movement, irregular or limited access to latrines, overcrowding and seasonal temperature changes leave inmates exposed to disease. Poor rations and malnutrition only enhance the risk of disease and death.

“We have problems with food and illness here. There are no medications. There is no doctor. Since 2007, 30 people have died here and the doctor didn’t come. They just tell the inmates who died.”
Man, 19 months in prison

“It’s hard to be cut off from the outside world when I am sick. The doctor brought me pills but he hasn’t come back for a long time. I have vertigo and I faint. I don’t get anything to eat.”

Man, 12 months in prison

In response to attempted escapes and/or as a high security detention measure, **several prisoners in Guéckédou prison are kept in chains. For periods lasting up to several months, prisoners’ feet remain attached to an iron bar together with two or three other persons.** Other alleged punitive practices in the prisons visited by MSF include beatings with sticks, isolation in separate cells or extended deprivation of food and water.

“I’ve been in chains for five months now. Two of us are attached to each other and it hurts. I just have these shorts to wear and it gets cold between 2 and 5 o’clock at night. To go to the toilet, you have to ask the others to bring you the bucket. Since August, seven people have died here.”

Man, 12 months in prison

Finally, prisoners’ mental health remains a concern, given their harsh living situation, worries about their families and their legal status— all factors contributing to a psychologically difficult and stressful situation. Many prisoners spend months in prison without a trial or legal defence. In one prison visited by MSF, as many as 86% of detainees claimed they had not had a trial; of these, one third had spent over three months in prison.

Despite their vulnerable situation, detainees lack access to basic health care. Guinea’s national minimum standards call for a health professional to be appointed by the authorities to monitor detainees’ health, including regular consultations, screening of new arrivals, maintenance of drug supplies and medical data and referrals to hospitals as necessary.

Yet, medical staff appointed by local health authorities receive no incentives for their work in often difficult conditions without separate space for consultations, treatment and follow-up. In the various prisons MSF visited, **medical registers, if at all available, confirm that consultations are not taking place regularly, sometimes leaving several months between medical visits.** Drug stocks are either entirely absent or poorly supplied, leaving prisoners and their families to pay for their medications.

“When someone gets sick, they call the doctor, but then he says you have to call your family to pay. The doctor just comes to look at you. He says you just have to pay for the medications. If you don’t have family here, you will die.”

Man, 4 months in prison

CONCLUSIONS

and an MSF call for action

In September 2008, MSF medical teams responded to the deplorable humanitarian conditions in several Guinean prisons in an emergency medical and nutritional intervention. In the south-eastern town of Guéckédou, where MSF's main medical and nutritional intervention took place, the prisoners' situation has stabilised momentarily. MSF completed its activities in Guéckédou at the end of December 2008, but continues to voice concerns about the situation and to monitor the situation of detainees in Guinea. MSF teams remain prepared to respond to emergencies where necessary. Still, in the longer term, Guinean local and national authorities need to take action to ensure adequate food and hygiene conditions for detainees, throughout the prison system.

International conventions¹⁵, international minimum standards for treatment of prisoners¹⁶ and Guinean national standards call for all prisoners to be ensured both the coverage of their basic needs and the respect for their fundamental human dignity.

Certain international standards may be unrealistic to implement immediately in all countries—especially where even the general population does not have access to basic necessities such as food, water or health care. However, **the life-threatening treatment of prisoners in Guinean prisons cannot be explained away solely by a lack of resources. At all levels, the Guinean authorities must maintain the (already very minimal¹⁷) national standards to which they have committed. When a state deprives people of their liberty, it assumes a duty to maintain detainees' health, safety and dignity.**

¹⁵ International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social and Cultural Rights (ICESCR), both ratified by Guinea in 1978.

¹⁶ United Nations Standard Minimum Rules of the Treatment of Prisoners (SMR) of 1955, see <http://www2.ohchr.org/english/law/treatmentprisoners.htm> These minimum standards are non-binding, but constitute one of the longest-standing international instruments concerning the treatment of people in custody. The SMR stipulate:

- food of nutritional value adequate for health and strength, of wholesome quality, well prepared and served
- the separation of categories (male from female, adults from minor, etc)
- accommodation shall meet health requirements (content of air, minimum floor space etc)
- prisoners shall be provided with water to keep their personal hygiene
- food of nutritional value adequate for health and strength shall be provided by the administration
- sanitary installations shall be adequate for prisoners to comply with the needs of nature
- pre-and post natal care and treatment should be available to women
- availability of qualified medical services (including specialist treatment and transfers to specialized institutions)
- new arrivals should be monitored; sick prisoners should be seen daily as should all who complain of illness
- prisoners suspected of infectious or contagious conditions should be segregated
- every prisoner shall have at least one hour of suitable exercise in the open air daily
- prisoners shall be allowed to communicate with their family and friends regularly

¹⁷ Guinean national standards for space per person (2 square meters) and potable water per person per day (10 litres) for detainees in a closed setting, are actually lower than basic standards established to ensure public health for displaced people in an open emergency setting (i.e. 3.5 square meters of shelter space per person and 15-20 liters of water per day). See http://www.refbooks.msf.org/msf_docs/en/Refugee_Health/RH3.pdf

Considering the persistently low and even deteriorating situation of Guinea's most vulnerable population, international initiatives for humanitarian and development oriented assistance remains relatively limited in Guinea. International and national aid organisations remain rather poorly represented, with their activities primarily concentrated in Conakry.

Still, international donors already work on two broad issues in Guinea that could be closely linked to the situation of detainees—governance and the food crisis—but have not yet addressed their urgent and precarious medical and nutritional situation. Donor efforts often include the concept of “good governance” encompassing an attempt to strengthen democratic institutions, at times including the judiciary sphere. In addition, the 2008 food price crisis has seen several bilateral donors and UN agencies engaging in support to broader nutrition activities. **Yet so far, only few concerted international efforts have been made to assess and respond to the urgent health and nutritional situation in Guinean prisons with its multiple causes.**

With malnutrition and significant medical needs even in the large and centrally located *Maison Centrale d'Arrêt* in Conakry, the conditions in scattered, smaller prisons in remote areas are even less likely to receive much-needed attention and response.

For many non-governmental actors, thresholds for emergency interventions remain high, leaving prisoners exposed to long-term medical and nutritional problems that unnecessarily risk their lives and health.

With the entire prison population of Guinea estimated at some 2500 to 3000 people, regular but short-term emergency interventions cannot be the only answer to recurring malnutrition and unaddressed medical needs. **Emergency humanitarian activities cannot substitute for the country-wide responsibility of the state to safeguard the lives and health of detainees who cannot act to ensure their own well-being.**

As a humanitarian organization, MSF calls for urgent and decisive action from national authorities and international bodies to ensure that prisoners in Guinea do not risk being condemned to life-threatening neglect of their health and basic human needs.

Backpage picture: *In this prison, the barred and blocked window barely allows light or air to enter*

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Médecins Sans Frontières is a humanitarian medical aid organisation that brings emergency medical assistance to populations in distress in over 60 countries.

