



Status report on prison health in the WHO European Region 2022



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Abstract

This report provides an overview of the performance of prison health systems in the WHO European Region. It contains 2020 data obtained through a survey collected from 36 countries, where a total of 613 497 people were deprived of their liberty. In most of these countries, responsibility for delivering prison health care was shared between the Ministry of Health and the Ministry of Justice/the Interior. Preventive services, such as vaccines, were universally offered for COVID-19 in all Member States, even though deficiencies still persisted in access to vaccination for other diseases such as hepatitis B. The response implemented for COVID-19 was good, except when people were transitioning into the community. Continuity of care was an area needing investment, with only around half of Member States ensuring access to community health services. The most prevalent condition was mental health disorders, but the ratio of psychiatrists to people in prison did not ensure equity of care and access to treatment was suboptimal. Harm minimization focused mostly on access to drug use treatment and less on safe injecting or tattooing practices. Access to hepatitis C (HCV) treatment was not on track to achieve HCV elimination and needs urgent attention. The most common cause of death in prisons was suicide, followed by COVID-19 and drug overdose. Overcrowding was reported in 20% of Member States. Even though Member States are improving their capacity to provide disaggregated data, further investment is needed to increase capacity to provide morbidity and health behaviour data.

KEYWORDS

PRISONS

DELIVERY OF HEALTH CARE

HEALTH INFORMATION SYSTEMS

HEALTH STATUS

HEALTH WORKFORCE

ISBN: 978-92-890-5867-4 (PDF)

ISBN: 978-92-890-5868-1 (print)

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Acknowledgements

The WHO Regional Office for Europe would like to thank Filipa Alves da Costa, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark, for developing this publication; and Daniela Correia, Institute of Public Health of University of Porto (ISPUP), Portugal, as part of the work conducted by the WHO Collaborating Centre on Behavioral and Social Determinants of Noncommunicable Diseases, for analysing the data. The WHO Regional Office for Europe is also thankful to Sumudu Kasturiarachchi, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark, for support in the selection and interpretation of external data for meaningful comparisons; and Elizaveta Lebedeva, Tobacco Control Programme, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark, for input on tobacco control policies; Sergei Bychkov, NCD Surveillance, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark, for support in survey development for data collection and management; and Sofia Ribeiro, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark, for critical revision of the report.

The work was conducted under the technical guidance of Carina Ferreira-Borges, Regional Advisor, Alcohol, Illicit Drugs and Prison Health, WHO Regional Office for Europe, Denmark.

The structure used in this report follows the WHO Prison Health Framework, a framework for assessment of prison health system performance. This framework was conceptualized with important contributions from Marieke Verschuuren, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark; Yanina Andersen, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark; Sunita Stürup-Toft, United Kingdom Health Security Agency, United Kingdom; and Daniel Lopez-Acuña, WHO European Office for the Prevention and Control of Noncommunicable Diseases, Denmark.

The indicators used in the survey resulted from refinements made to those used in the previous (2019) iteration of this document, which were further refined by a Technical Expert Group composed of Stuart Kinner and Louise Southalan, Justice Health Unit, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne, Australia; Emily Wang and Tyler Harvey, SEICHE Center for Health and Justice, Yale School of Medicine and Yale Law School, United States of America.

Further contributions were received by members of the Health in Prisons Programme (HIPPP)'s Steering Group: Ruth Gray, South Eastern Health and Social Care Trust, Northern Ireland, United Kingdom (oral health indicators); Ehab Salah, Prisons and HIV adviser, UNODC, Austria (pregnancy indicators); Olivia Rope, Chief Executive Officer, Penal Reform International, United Kingdom (gender-related indicators); Linda Montanari, Principal Scientific Analyst, European Monitoring Centre for Drugs and Drug Addiction, Portugal (drug use indicators); Éamonn O' Moore, National Health and Justice Team, United Kingdom Health Security Agency, United Kingdom (COVID-19-related indicators); Merja Mikkola and Jussi Korkeamäki, Finnish National Institute for Health and Welfare, Finland (health systems organization and financing indicators); Lara Tavoschi, Public Health Unit, University of Pisa, Italy (vaccine indicators); and Erika Duffel, European Centre for Disease Prevention and Control, Sweden (infectious disease indicators).

The WHO Regional Office for Europe would also like to acknowledge the focal points and WHO representatives who participated in the focus groups held both in Russian and in English to discuss aspects of data quality and strategies to improve the validity of responses. Particularly noteworthy, in this respect, were the contributions made by Germany, Kazakhstan, Spain, Switzerland, Ukraine and the United Kingdom. Thanks, too, to Maria Neufeld, Technical Officer, and Yanina Andersen, Public Health Specialist, Alcohol, Illicit Drugs and Prison Health Programme, WHO Regional Office for Europe, Denmark, for facilitating these focus groups.

The external reviewers of this report were Sunita Stürup-Toft, United Kingdom Health Security Agency, United Kingdom, and Lara Tavoschi, Public Health Unit, University of Pisa, Italy, for whose thoughtful comments we are extremely grateful.

Finally, this report would not be possible without the contribution of the focal points of the Member States of the WHO European Region. Their time and expertise put into answering the Health In Prisons European Database survey (HIPEDS) and providing additional responses and clarifications whenever requested during the validation process were crucial.

This publication was made possible by funding from the Finnish Ministry of Social Affairs and Health and from the United Kingdom Health Security Agency.

Abbreviations

BMI	body mass index
COPD	chronic obstructive pulmonary disease
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CVD	cardiovascular disease
DTP	diphtheria–tetanus–pertussis
EU	European Union
FTE	full-time equivalent
HBV	hepatitis B virus
HCV	hepatitis C virus
HIPED	Health in Prisons European Database
HIPEDS	Health in Prisons European Database Survey
HIPP	Health in Prisons Programme
HPV	human papillomavirus
MDR-TB	multidrug-resistant tuberculosis
MMR	measles, mumps and rubella
NCD	noncommunicable disease
PEP	post-exposure prophylaxis
PrEP	pre-exposure prophylaxis
SD	standard deviation
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	United Nations Programme on HIV and AIDS

Foreword

“Prison health is public health” – and I know first-hand that this is not merely a memorable headline. In my early career, my work as a medical doctor in a Siberian prison shaped my vision of prison health and my conviction that no one should be left behind. But allow me to go one step further and highlight that not only is prison health a human right, but also that every individual is entitled to access health care in the same conditions as any other person living in the community, throughout their life course. This is of utmost importance as prisons are not silos: they are embedded in communities and the investment made in the health of people in prison can become a community dividend. Incarceration should never become either a synonym for or a sentence to poorer health. Health is a human right as dictated by United Nations conventions, and all citizens are entitled to good-quality health care regardless of their legal status.

The WHO Health in Prisons Programme (HIPP) aims to improve the health of people living in detention and leave no one behind in the ambitious goal of achieving universal health coverage for all citizens. To achieve this aim, it was considered that the starting point should be an in-depth analysis of the prison health-care system. The Health in Prisons European Database (HIPED), open to the public and containing data collected through a periodic survey sent to Member States, facilitates monitoring and surveillance of health in prisons. The data provide an indication of the status of prison health in the WHO European Region and highlight areas of prison health policy that should be better aligned with WHO guidance. This is a unique resource and, as such, HIPP has been recognized since 2021 as the United Nations hub for health information in prison.

One of the key elements in improving health in prison settings is, undoubtedly, to have high-quality data.

This is particularly important for noncommunicable diseases (NCDs), as these are not yet prioritized to the same extent as infectious diseases. The results in the current report show that only 17% of Member States could extract data on the rate of overweight or obesity in the prison population. Although this is a considerable improvement on the previous report, it is still suboptimal. For this reason, WHO believes that it is a priority for prison health systems to invest in their health records, so that evidence-based policies can be adopted.

This report also shows that, upon release, less than 50% of Member States provide a support service to help people leaving prison to register with community health services, while less than 40% provide people with medication for all health conditions. There is abundant evidence that a significant proportion of people in contact with the justice system have limited access to health care, before and after incarceration. All these facts call for greater investment in continuity of care.

Nelson Mandela once said that “no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.” WHO’s European Programme of Work clearly states that we need concerted actions and partnerships across intergovernmental and nongovernmental agencies, without forgetting people with lived experience, to achieve higher gains. Prisons are often neglected, and the area of prison health has for too long been the invisible part of WHO’s work. It is time to change this narrative, contribute to reducing inequalities and invest in the health of people living in prisons.

Dr Hans Henri P. Kluge

Director

WHO Regional Office for Europe

Preface

Improving prison health is improving public health. Incarceration should no longer be a sentence to poorer health outcomes. Instead, it should be an opportunity to access timely and quality-based health care, and to address risk factors for both communicable and noncommunicable diseases, which will ultimately translate into health gains throughout the life course. These gains are important not only for individuals but also for the population in general, as prisons are part of communities, and incarcerated people will return to them upon completing their sentences.

This publication was guided by the European Programme of Work, 2020–2025 – “United Action for Better Health” and provides important insights in the context of prison health into one of its core priorities: moving towards universal health coverage. We must always bear in mind that incarcerated people have the right to access the same standards of health care, across prevention, diagnosis and treatment services, as the general population. Therefore, efforts must be made to drive equitable access and coverage of services to people in prison, who so often have been left behind.

However, we are only able to monitor and improve what we know, and this is no less true of prison health than it is of other areas. It is often said that information is the new gold, but data about prison health have historically been as difficult to collect as the precious metal itself. This limits our ability to design and implement effective interventions

that serve the needs of Member States. So, it was a game changer when, in 2019, the results of the first HIPED survey (HIPEDS) were published – the first ever comprehensive report on prison health, providing a comprehensive overview of the status of prison health in the WHO European Region. The current publication covers not only health services and outcomes, but also other areas that have a tremendous impact on health, such as behavioural factors and the prison environment. This latest report shows that inequalities still exist across the Region, as incarcerated people continue to have higher prevalence of disease and worse outcomes when compared to the general population. This means that there are many challenges that remain to be tackled over the coming years and that higher priority must be given to addressing the health-care needs of this vulnerable group. In addition, the report shows how important it is to invest in robust surveillance systems in prisons that allow enhanced data collection and storage, and highlights the importance of integrating these systems into national health information systems to ensure continuity of care.

Nevertheless – and in spite of the challenges that remain – we are confident that the latest iteration of this report will inspire Member States in their efforts, providing a comprehensive basis for action towards achieving better prison health and better public health in the WHO European Region.

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Executive summary

Background

Established in 1995, the WHO Health in Prisons Programme (HIPP) is committed to addressing the health needs of people in prison. Given that such people are typically excluded from population health data collections, HIPP has recognized the need for comparable data on the health of people in prison and on prison health governance, systems and administration. The availability of these data is an essential component in the monitoring of prison health system performance, and can ultimately be used to improve health services in prisons and reduce health inequalities.

To bridge the gap between evidence and policy, between 2014 and 2016 HIPP led the development of the WHO Health in Prisons European Database (HIPED), which represents one of the first attempts to provide comparable data on prison health systems in the WHO European Region and lays a foundation for future work to generate comprehensive and comparable data on prison health in Europe and globally. The data contained in this database are obtained through answers provided by Member States in the HIPED survey (HIPEDS), which focuses mainly on the health of people in prison and the health systems and services that exist to serve this population.

The previous edition of the current report, *Status report on prison health*, published in 2019, has been widely used by policy-makers, researchers and practitioners, attesting to its utility. Nonetheless, this same publication also revealed that many areas of prison health were still “black holes” of information and that health information systems had to be improved. Following this publication, HIPP did not allow the COVID-19 pandemic to stop its work. On the contrary, this challenge was turned into an opportunity to strengthen health information systems, and it was during this period that a minimum dataset was developed and implemented to help monitor the evolution of the epidemiological situation and the responses devised at country level. This voluntary exercise, which involved Member States periodically reporting cases identified in prison, together

with their evolution and outcome, undoubtedly contributed to a greater capacity to provide reliable data in a timely manner.

In 2021 HIPP was recognized as the United Nations information hub for health in prisons data, clearly acknowledging the enormous contribution it had made in the area. Notwithstanding, it was recognized that there were still many limitations in the information that was available or could be extracted or shared; the aim is to progressively address these limitations, apparent in the current report, over the coming years. In 2021 the WHO Prison Health Framework was published, which provides a framework for assessing prison health system performance and which was used to standardize data collection and reporting and to structure revision of HIPEDS. The development of this framework may be considered a first step in the process of improving data quality.

Methodology

All health ministries of the 53 Member States of the WHO European Region were invited to nominate a focal point to answer HIPEDS. After nominations had been received, all focal points were sent a token to enter their responses online. Whenever necessary, Member States also had the option of filling in HIPEDS in writing and data were then entered centrally. HIPEDS was operationalized in eight sections as follows:

- A. Penal statistics
- B. Prison health systems
- C. Health service delivery
- D. Health outcomes
- E. Prison environment
- F. Health behaviours
- G. Adherence to equivalence and other international standards
- H. Reducing health inequalities and addressing the needs of special populations.

Further information on the correlation between the structure of HIPEDS and the structure of the current report is given in section 1.2 below.

All data collected are from the year 2020, except when not available; in such cases, the period of reporting is duly acknowledged. Data were mainly analysed descriptively. Bivariate analysis was used to evaluate if countries where the responsibility for delivery of prison health care lies with the Ministry of Health perform differently from others (section 3).

|| Key findings

Prison population

A total of 613 497 people living in prison establishments was reported in the represented European countries. The average number of people in prison per 100 000 inhabitants in Europe was 108.8, ranging from 23.0 in San Marino to 246.0 in Georgia.

Only five countries in the WHO European Region did not legally permit the use of life sentences.

Prison health-care systems

The most common situation in 2020 was for responsibility for the delivery of prison health care to be shared between the Ministry of Health and the Ministry of Justice/the Interior ($n = 21$). There were eight countries where the responsibility lay with the Ministry of Justice alone, and seven where it lay with the Ministry of Health alone.

In half of all responding Member States ($n = 18$), the Ministry of Justice was responsible for financing prison health care.

Preventive services

All Member States reported that they had COVID-19 vaccination services available in all or most prisons. However, for other vaccine-preventable diseases, availability was more variable and qualified in many cases. Of particular note, 16.7% of Member States did not offer vaccination against hepatitis B (HBV) or diphtheria–tetanus–pertussis (DTP) in any prisons, both of which are recommended for all people on admission to prison.

Post-exposure prophylaxis (PEP) against HIV was available in all prisons in 75.0% of Member States. However, less than 60% of Member States had pre-exposure prophylaxis (PrEP) available in all prisons.

Only three Member States (8.3%) offered needles and syringes free of charge in all prisons. Other products offering protection against bloodborne infections from risky drug-related or sexual behaviours (such as disinfectants and lubricants) were also scarce; the most commonly available product was condoms, which were still offered by less than half of Member States in all prisons. One Member State did not offer soap free of charge in any of its prisons.

The majority of Member States (62.9%) had policies in place to promote physical activity, the lack of which is an important risk factor for many noncommunicable diseases (NCDs).

However, 60.0% of Member States reported that they provided treatment areas for people with drug use disorders either in a minority of prisons or not at all, while over 60% did not provide any promotional materials on safe tattooing practices.

Rehabilitation

Educational opportunities were offered by all Member States in all or most of their prisons. Employment opportunities, meanwhile, were available in all but one Member State in all or most prisons.

Primary care

Primary care is the main pillar of high-quality health care. Many Member States experienced difficulties reporting individual data that would allow the quality of primary care to be characterized. Only about a third of Member States could do so. Cardiovascular disease (CVD) was particularly well managed in these countries, with nearly 97% having implemented one or more routine health-care visits in the previous year, and over 92% providing access to pharmacological treatment. Diabetes management, by contrast, was suboptimal, with 86.1% of people with this condition having had access to at least two routine health-care visits in the previous year, and 65.5% having at least one ophthalmology visit over the same period;

the most favourable indicator for diabetes was access to pharmacological treatment, which was provided for over 95% of individuals. Oral health was an area calling for greater investment of resources, as only 72.8% of individuals had had access to one or more oral health visits in the previous year.

Prevention and management of infectious diseases, especially COVID-19, were considered quite good, as nearly 80% of Member States had contingency plans for managing the impact of an infectious disease, over 94% said that all individuals had access to laboratory tests when required, and all Member States provided access to hand sanitizer/soap and water and face masks. Whatever other difficulties health systems may have faced, several efficient solutions were put in place to address COVID-19, and over 97% of Member States reported that access was available to everyone's immunization status. Only two Member States said that prisons were not mentioned in their national vaccination plans. The weakest aspect of COVID-19 prevention and control was the procedure followed prior to release, when nearly 80% of Member States said that they did not test individuals before they were released.

All Member States reported that history of tuberculosis (TB), and current signs and symptoms of TB, were assessed at or close to admission for all people in prison. Almost 70% of Member States offered diagnostic tests in addition to clinical evaluation, and half of Member States provided additional assessment for multidrug-resistant TB (MDR-TB) in the event of a positive test.

Access to and completion of treatment for HIV and hepatitis C (HCV) fell below the levels recommended by the United Nations Programme on HIV and AIDS (UNAIDS). Only 91.1% of individuals with HIV had access to treatment, and just 52.5% completed it. In the case of HCV, only 48.7% had access to treatment and 54.5% completed it.

Access to pharmacological treatment for hypertension, CVD, diabetes and cancer was made available by over 90% of Member States able to report it. Lower values were reported for access to pharmacological treatment of drug use (64.9%) and mental health disorders (80.9%).

Secondary and tertiary care

Arrangements/protocols were in place for transferring people in all prisons to specialized institutions to treat cancer in 83.3% of Member States. In the case of severe mental health disorders, the comparable figure was 86.1% of Member States.

Continuity of care

In more than 72% of Member States, there was a procedure in place to ensure medication reconciliation at time of admission. However, less than half of Member States ($n = 17$; 47.2%) reported that they had a support service to register people with community health services upon release, and 11.1% did not provide any medication upon release. Of those Member States providing medication at time of release, 14 did so for all conditions. Among the other 18 Member States, which provided medication for certain conditions only, medication was provided, in order of decreasing frequency, for HIV, TB, HCV and drug use disorders.

Performance

There were 36.4 health-care staff per 1000 people in prison, with higher values for nurses and physicians when compared to the community. Conversely, there were fewer dentists than expected (1.4 per 1000 vs 6.2 in the general population). There were similar numbers of psychiatrists (1.3 vs 1.4 per 1000), which – given the high levels of drug use and mental health disorders in prisons – suggests that more investment in staff is needed in order to assure equity of care.

Morbidity

Between 14 and 28 Member States were able to provide figures on the number of individuals with diagnoses on record. However, only four could provide data on oral health status. The most prevalent condition reported was mental health disorders (32.8% of the population). Drug use disorders represented nearly 8% of the population. The most common NCD was hypertension (10.9%), followed by CVD (6.1%) and diabetes (3.0%). HCV and HIV represented, respectively, 3.8% and 2.6% of the population. These figures should be interpreted cautiously, as underreporting is very likely given what is known about the profile of the prison population.

Mortality

All Member States reported mortality data, 35 of which could also indicate cause of death. The standardized all-cause mortality rate per 100 000 incarcerated people was 42.5, as compared to 136.9 in the general population for the same region. The most common cause of death was suicide, followed by COVID-19 and then drug overdose.

Prison environment

In more than 94% of Member States, people in all prisons had access to showering and bathing facilities, with water at a temperature appropriate to the climate. The situation was less good with respect to access to a toilet in-cell in all prisons, which was reported in only 69.4% of Member States.

In all Member States, people in all prisons were given the opportunity to spend at least one hour per day outdoors. In over 90% of Member States, in all prisons, facilities for physical activity were available that people were allowed to use at least once a week.

The least favourable indicator in this domain was overcrowding, where nearly 20% of Member States (seven countries) exceeded their official capacity. Also, nutritional options available were suboptimal, with only 44.4% of Member States having diets adapted to meet gender needs.

Health behaviours

Only 4–10 Member States (11.1–27.8%) were able to provide data on health behaviours. Among those reporting,

the most prevalent behaviours were smoking (63.1% of the population) and drug use (17.8%). Overweight (BMI 25.0–29.9 kg/m²) was found in 34.8% of the population; obesity (BMI ≥ 30.0 kg/m²) in 9.7%. Only 10.5% of the population could be considered physically active. Even though the data were derived from a minority of Member States, the estimates seem relatively well aligned with the wider literature.

Adherence to equivalence and other international standards

In most Member States, health-care services were subject to the same accreditation procedures as in the general community. In all Member States, health-care professionals were subject to exactly the same ethical and professional standards. However, despite these good practices, more than 22% of Member States reported that clinical decisions could be overruled or ignored by non-health-care prison staff.

Reducing health inequalities and addressing the needs of special populations

National standards to meet the needs of special populations were mentioned by a majority of Member States – most commonly for pregnant women and people who use drugs (both 90.0% of Member States), followed by people with physical disabilities (86.7%). Over a third of Member States said that access to pregnancy tests was not given upon admission. In 2020, 105 women were reported by 27 Member States to have given birth in prison, representing 0.6% of the females detained.

Introduction

|| The European prison population

It is estimated that around 11.5 million people are held in prison globally (1) and around 13% of those are detained in Europe. The number of people living in prison in the European Union (EU) was around 463 700 in 2020, a decrease of around 6.6% compared to 2019, which was mainly due to COVID-19 measures (2).

According to Eurostat, the average incarceration rate in the EU in 2020 was 104 people per 100 000 population (2), but this value varies widely from country to country. Other sources that include countries outside the EU indicate that the figure ranges from 30.7 per 100 000 in Liechtenstein up to 328.1 per 100 000 in the Russian Federation (3).

Imprisonment comprises both jails, where unsentenced people are held, and prisons, where sentenced individuals are held. According to Eurostat (2), 19.1% of people incarcerated were unsentenced. There is also wide variability in this indicator, with the highest value (43.3%) found in Luxembourg and the lowest in Romania (7.8%). The share of unsentenced people increased in 2020, again probably as a result of the COVID-19 pandemic.

The variability in these figures is principally due to differences in the penal systems and criminal laws that exist nationally. Some offences may be punishable by law in some countries but not in others; drug offences, for example, are severely punished in some countries, while in others consumption is addressed by noncriminal diversion schemes.

The profile of the prison population has consistently shown that females represent approximately 5% of the total prison population, with a slight increase observed from 2019 to 2020 (from 5.3% to 5.4%) (2).

|| Prison health systems

The Universal Declaration of Human Rights of 1948 (4) was created to ensure that:

everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

This declaration does not exclude people living in prison. On the contrary, it specifically states that “everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind”.

Nonetheless, because it was felt that there was a need to provide States with detailed guidelines for protecting the rights of persons deprived of their liberty, from pretrial detainees to sentenced prisoners, the United Nations developed the Standard Minimum Rules for the Treatment of Prisoners, known as the Mandela Rules (5). In these rules, a specific section is devoted to the right to health care, several aspects of which are highlighted. Rule 24 states that “The provision of health care for prisoners is a State responsibility” and that “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”. Rule 25 states that “Every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health-care needs or with health issues that hamper their rehabilitation”.

However, such rules are intended to offer guidance (they are not legally binding), and mechanisms and support are needed to facilitate their uptake. For this reason, structures such as the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) were created (6). According to this body, “An inadequate level of health care can lead rapidly to situations falling within the scope of the term ‘inhuman and degrading treatment’” (7). The CPT performs regular visits to prisons during which health-care services are audited and the following aspects are taken into consideration:

- (a) access to a doctor
- (b) equivalence of care
- (c) patient’s consent and confidentiality
- (d) preventive health care
- (e) humanitarian assistance
- (f) professional independence
- (g) professional competence.

In addition to the CPT, some countries have created national bodies that have similar purposes. One example is His Majesty’s (HM) Inspectorate of Prisons, which is responsible for evaluating the extent and quality of health care in prisons in England and Wales. In one of this organization’s reports (8), it was stated that the quality of care varied greatly and that equivalence of health-care services and health-care providers’ training were not always ensured. In many countries in the WHO European Region, there are currently agencies in charge of inspecting prison services and a major concern of these agencies is evaluating equivalence of health care, compared to community health services.

Primary care is the most effective and efficient element of health care in any public health system; it is the foundation of prison health services and, as such, should be available to every person living in prison. At a minimum, primary care interventions are required at the times of highest risk to the health of those in prison – namely, at time of admission and release. However, such interventions are also needed to address health matters that arise in the course of imprisonment (9).

It has also been acknowledged that testing for infectious diseases in European correctional facilities could

substantially prevent disease transmission not only in prison settings but also in the communities to which people leaving prison return (10).

In comparison with the general population, there is a high incidence of psychiatric conditions among people in prison. Consequently, a doctor qualified in psychiatry should be attached to the health-care service of each prison, and some of the nurses employed there should have had training in this field (7). While some mental health care can be provided in the primary care context, severe forms of mental illness may require specialized treatment, so mechanisms to ensure referral of severe cases are needed. Suicide remains the leading cause of mortality in prisons worldwide, but noncommunicable diseases (NCDs) are increasing and were reported (in 2018) to be the leading cause of mortality in England and Wales (11). Among NCDs, cardiovascular disease (CVD) and cancer play a central role, and while most cardiovascular conditions may be treated and managed in primary care, the same is not true of many types and stages of cancer. In such circumstances, mechanisms to ensure access to specialized care are also essential for people in prison living with cancer.

The interface between public and prison health systems

The Helsinki Conclusions – a set of conclusions reached following a major international prison health conference that took place in Helsinki, Finland, in 2019 – highlight the need to recognize health care delivered to people in prison as part of a pathway to and from community health services (12). Therefore, in order to ensure that universal health coverage reaches those most in need – the poorest, the most marginalized, women, children, and people with disabilities, as well as people in prison – efforts must be made to drive equitable access for these groups. The Mandela Rules (5) also state that:

Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

This general notion of continuity of care also holds true for NCDs.

It is important to consider that transitions of care occur both ways, on both admission to and release from prison, and at these moments errors are prone to occur because of missing information. As such, mechanisms to ensure safe transition of care are recommended, and these include (for instance) medication reconciliation (13). Another important aspect to bear in mind is that, for many people, there are severe barriers, including lack of insurance, that prevent them from accessing health care, and prison may be their first opportunity to make contact with health-care providers.

It has been demonstrated that the period immediately following release is crucial to prevent overdoses and suicide. Studies show that, particularly during the first two weeks following release, there is an increased risk of opioid overdose death (14). Also, in this same period, the risk of death from any cause is more than 12 times higher for people leaving prison than it is for their counterparts in the outside community (15).

These are the main reasons that have led to transition clinics being developed and progressively expanding in various locations (16). There are already studies published demonstrating that creating such structures represents a good investment – they encourage better use of existing health-care resources and reduced recidivism, and hence produce cost savings (17,18).

The health profile of people in European prisons

Health is influenced by many factors, generally referred to as health determinants. These may be categorized in broad groups, such as genetic, behavioural, environmental, medical and social. Social determinants of health comprise economic and social conditions, which are shaped and influenced by socioeconomic and political factors, including education, occupation and income (19).

It has been well established that people in prison often come from marginalized groups of society. For example, social inequalities are evident in United States penitentiary systems (20). It is little surprise, therefore, that, compared with the general population, people in prison tend to have a higher prevalence of infections such as HIV, hepatitis B virus (HBV), hepatitis C virus (HCV), other sexually transmitted infections (STIs), and tuberculosis (TB) (21,22). However, it has also been noted that the incarceration period itself may further increase the risk of acquiring such infections (23). The literature suggests that prisons are burdened with a high prevalence not only of infectious diseases but also of the risk behaviours that encourage transmission of these diseases (24).

One of the environmental factors that has a major impact on the prison population is overcrowding, which has both a direct impact on health, for example by enhancing the transmission risk of airborne diseases such as TB (25), and an indirect impact, as it significantly diminishes the capacity of the prison health-care system to meet the needs of its patients (26). Other prison-specific environmental risk factors have been identified as potentially increasing the risk of self-harm; these include solitary confinement, disciplinary infractions, and sexual or physical victimization experienced while in prison.

Mental health and drug use disorders are both highly prevalent in the prison population. Recent data suggest that around half the prison population with nonaffective psychosis or major depression have a comorbid drug use disorder (27).

Finally, NCDs and their risk factors are of growing concern in the prison population. Weight gain during incarceration appears to be common (28), with a consequent high prevalence of CVD and diabetes (29). Rates of smoking in the prison population as high as 80% have been reported (30), with consequences for both respiratory conditions and cancers (29).

1. Methods

1.1 The WHO Prison Health Framework

The Health in Prisons European Database (HIPED), first developed in 2016, relies on periodic data collected through a survey sent out to all Member States of the WHO European Region. Data collated through this survey, first published in 2019, contained information provided by 39 Member States. In view of the data gaps identified in this first report, further validation work was carried out in 2020 to refine the indicators and to develop strategies for improving the quality of country reports.

In 2021 the WHO Prison Health Framework, a new framework for assessing prison health system performance, was developed to support Member States in improving their prison health systems (31). The purpose of the framework is to enhance Member States' capacity to evaluate the impact of changing governance models or improving service provision and to assess the impact that such initiatives have on the health status of people in prison. The published framework was then used to guide and optimize data collection in the second HIPEDS round, conducted in 2021.

The current framework is built on two cross-cutting principles: adhering to international standards on human rights and reducing health inequalities (Fig. 1). The first block of the framework captures system-level aspects of prison health care (i.e. inputs); the second block captures provision/delivery aspects of prison health care (i.e. outputs). These building blocks are in turn modified by two influencing factors: the prison environment and the health behaviours of people in prison. Ultimately, all these various elements affect health outcomes.

1.2 HIPEDS

The initial version of HIPEDS was presented to the WHO Health in Prisons Programme (HIPPP) Steering Group, with a request for input on wording, clarity and appropriateness of the proposed indicators. Expert feedback was then incorporated into a refined version.

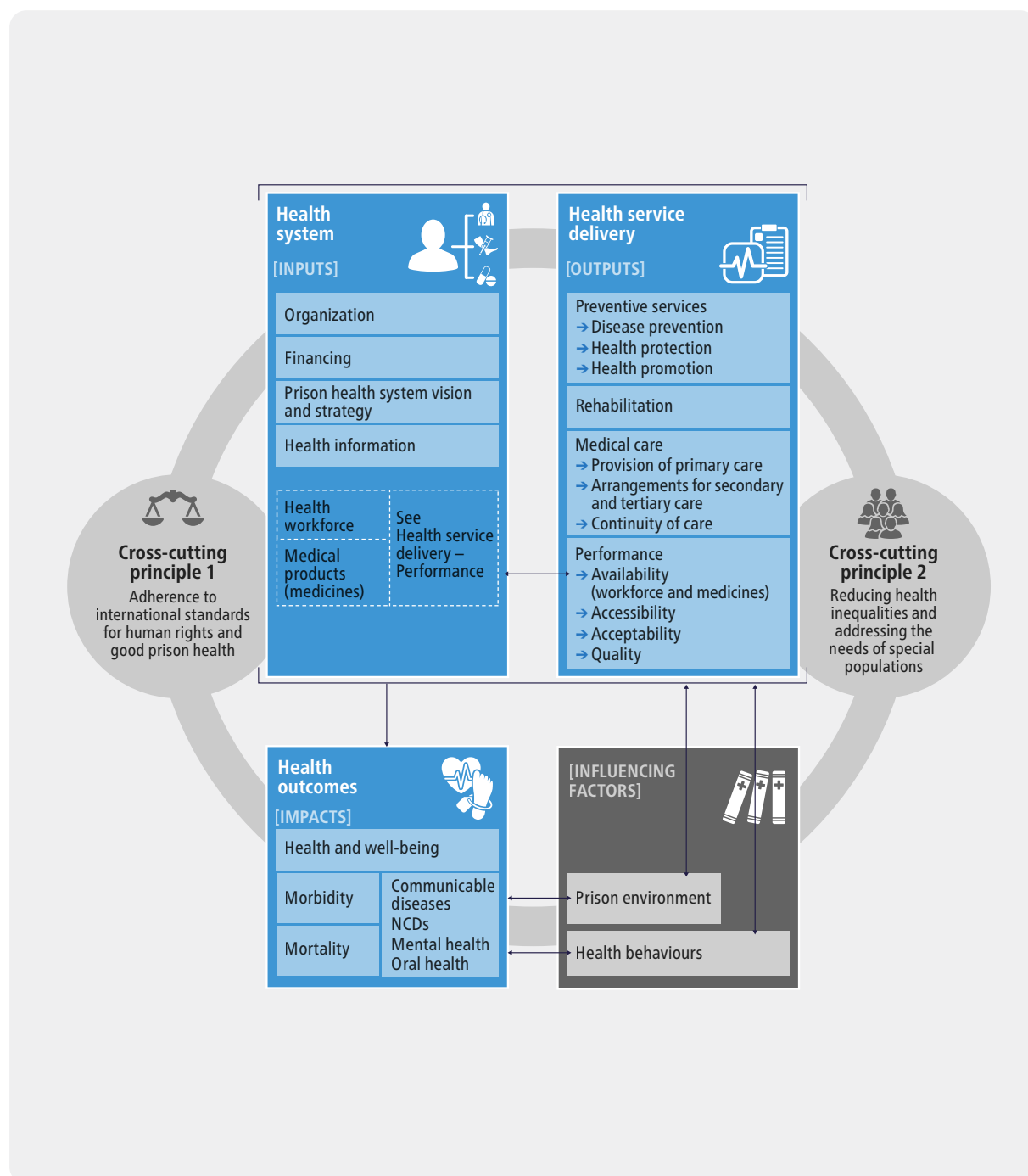
At the planning stage of the survey, two focus group discussions were held with the aim of exploring potential difficulties in the collection, aggregation and sharing of data. The selection of countries to participate in these discussions was guided by a number of criteria; they should be countries:

- where there were multiple regions or nationalities
- where there were different health financing systems
- where data information systems varied in level of development and complexity
- where there were different health governance arrangements.

Only participants who signed an informed consent form were included. The focus groups were facilitated by two WHO staff, audio-recorded and transcribed for data analysis. Following this, further modifications were made to HIPEDS.

The current status report broadly follows the format of the modified HIPEDS. The correlation between the eight HIPEDS sections and the sections of this report are shown in Table 1.

Fig. 1. The WHO Prison Health Framework



Source: WHO Prison Health Framework (31)

Table 1. Eight HIPEDS sections and their relation to the status report

HIPEDS section		Section in status report
A	Penal statistics	2.1
B	Prison health systems	2.2
C	Health service delivery	2.3
D	Health outcomes	2.4
E	Prison environment	2.5.1
F	Health behaviours	2.5.2
G	Adherence to equivalence and other international standards	2.6.1
H	Reducing health inequalities and addressing the needs of special populations	2.6.2

Inputs to prison health systems (B) were assessed under four domains:

- (1) Responsible level of government administration and responsible organization (2.2.1)
- (2) Financing of prison health care (2.2.2)
- (3) Vision and strategic approach to prison health (2.2.3)
- (4) Health information system used to monitor the prison health system (2.2.4).

The outputs of the prison health system (C) were also assessed under four domains:

- (1) Preventive services (2.3.1)
- (2) Rehabilitation (2.3.2)
- (3) Medical care (including primary care, secondary and tertiary care, and continuity of care) (2.3.3)
- (4) Performance of the health-care system (including availability of health-care staff and medicinal products; accessibility; acceptability; and quality of care) (2.3.4).

The areas assessed in HIPEDS in order to operationalize each of these four domains are shown in Table 2.

The impact of the prison health system on health outcomes (D) was assessed under three domains:

- (1) Health and well-being
- (2) Morbidity
- (3) Mortality.

Morbidity was operationalized by requesting Member States to report “diagnosis on record”, which could be used to estimate prevalence by dividing by the total prison population. The conditions considered in this domain were: TB, MDR-TB, HIV, HBV, HCV, STIs, COVID-19, mental health disorders, drug use disorders, oral health problems, diabetes, hypertension, CVDs and cancers.

For mortality, the main focus was on mortality rates of the most important and common causes of death in prisons. Mortality rates were considered for suicide, drug overdose and COVID-19. Other causes of death, categorized as “other”, included CVDs, HIV/AIDS, cancers, and other broader categories that could not be disaggregated, such as “natural causes”.

The survey also aimed to assess two cross-cutting principles: adherence to international standards for human rights; and addressing inequalities (assessed through the availability/existence of standards and guidelines). We also attempted to assess inequalities in the prison population by comparing the availability of health staff in prisons and in the general population and by comparing mortality rates of the most common causes of death in prisons with the values obtained in the general population.

Table 2. Domains and areas assessed in HIPEDS

Domain	Area assessed to operationalize domain
Preventive services	
Disease prevention	Assessment of NCD risk factors, mental health problems, oral health, chronic disease, COVID-19 immunization status, screening for infectious diseases (HIV, HBV, HCV, STIs, COVID-19) Screening for cancer (breast, cervical, colorectal)
Health protection	Availability of hygienic and sanitary products
Health promotion	Existence of health promotion materials and policies for physical activity in prisons Smokefree policies in the prison setting Treatment areas available for people with drug use disorders
Rehabilitation	
	Access to education and employment opportunities Allocation to prison close to home (to maintain family links)
Medical care	
Primary care	Availability of contingency plans for managing the impact of infectious disease outbreaks Accessibility of laboratory tests for suspected infectious disease cases Access to treatment: TB, HIV, HBV, HCV, STIs, mental health problems, drug use disorders, diabetes mellitus, hypertension, CVD, cancer
Secondary and tertiary care	Existence of transfer mechanisms for specialized care for severe mental health disorders and cancer
Continuity of care	Medication reconciliation at admission Registration with community health services upon release from prison for HIV, TB, HCV, drug dependence COVID-19 testing upon release
Performance	
Availability of health care	Availability of health workforce
Acceptability	Obtaining and documenting informed consent for health assessments and interventions
Accessibility	Availability of immunization for vaccine-preventable diseases Access to HIV prophylaxis
Quality of care	Regular assessments of availability of essential medicines Availability of standardized procedures for reporting adverse drug reactions and medication errors Mechanisms in place for patient involvement in health care

1.3 Data collection procedure

The process used for reaching the target audience was multistaged and initiated by an invitation sent by HIPPP to the Ministries of Health of all 53 Member States of the WHO European Region, requesting nomination of a focal point. Where prison health services were not under the authority of the Ministry of Health, invitations were forwarded to the responsible ministry (such as the justice or interior ministry). Irrespective of the option taken by the focal point, interministerial cooperation was encouraged and explicitly requested in the survey instructions.

As nominations were made, focal points were sent HIPEDS, together with an explanation of the process, and given two months to respond. When this timeline was deemed unsuitable, an alternative date for delivery of responses was agreed between HIPPP and the Member State concerned. A permanent helpdesk was created to respond to any difficulties experienced in answering the survey. Individualized tokens were sent to focal points for online submission of their responses. At the same time, in anticipation of potential limitations in Internet access, paper-based submission was also allowed, after which data were entered manually into the system by HIPPP staff. The system used for the online survey was WHO Dataform, which is an online survey application based on the open-source platform LimeSurvey. This web server-based software supports data collection by enabling the development and publishing of complex online surveys that are used to collect responses and export the resulting data to other applications.

1.4 Data analysis

Data received or entered in the online survey were exported into a CSV file and imported and analysed using R software, version 3.6.3. For all analyses, a significance level of $\alpha = 0.05$ was assumed.

Data analysis comprised descriptive analysis of all variables and indicators, as well as composite indicators created from two or more variables, or data on total population obtained from external sources (32–35).

For the main part of this report, indicators were mostly calculated and analysed at European level, for which only Member States with complete data on that indicator were included. For some variables of interest, indicators were calculated at Member State level and the distribution analysed, either graphically or by presenting the mean, standard deviation (SD) or range of values. Annex 1 includes detailed country profiles, with indicators calculated at Member State level whenever data were available.

1.4.1 Penal statistics

Incarceration rates per 100 000 inhabitants and the number of people newly admitted to prison per 100 000 inhabitants were calculated using the total number of incarcerated people by 31 December 2020 and the total number of unique individuals entering prison over 2020, respectively as numerators, both collected by this survey, and total population data as denominator.

Incarceration rates per 100 000 inhabitants were calculated using data collected in the survey on the total number of incarcerated people as of 31 December 2020 as numerator and total population data as denominator. Likewise, the number of people newly admitted to prison each year per 100 000 inhabitants was calculated using the total number of unique individuals entering prison over 2020 (collected in the survey) as numerator and total population data as denominator. In the case of Member States with various regions, nations, federal states or cantons, such as Germany, where data were provided independently, the World Prison Brief (33) was used to obtain data on the total population of each constituent region.

The percentages of people who were unsentenced or serving life sentences were calculated by dividing the total number of each subgroup by the total prison population as reported for 31 December 2020. A similar method was used in the case of distribution by sex and gender, age structure, origin or other relevant characteristic.

Occupancy level (an aspect of the prison environment as influencing factor) was calculated by using the total number of people incarcerated by 31 December 2020 as numerator and the total official capacity as denominator.

1.4.2 Governance arrangements for delivery of prison health care

Bivariate analysis was used to evaluate if countries where responsibility for delivery of prison health care lay with the Ministry of Health performed differently from others. For this, marginal distributions were analysed. In view of the small number of observations, the variables of interest for this study were recoded as two-class variables according to their natural tendency, and significant differences were assessed using Fisher's exact test.

1.4.3 Health-care staff availability

Ratios of prison staff and health-care staff per 1000 people incarcerated were calculated using the total number of staff and the total number of people incarcerated by 31 December 2020. Availability of health workforce was assessed only for the main categories of physicians, psychiatrists, dentists, nurses and total health-care staff. To make an assessment of the availability of health-care staff whenever health-care access was needed, only full-time staff (or estimated full-time equivalent staff) was considered. For example, if a Member State said that two contract staff visited a prison for 2.5 days each per week, this was considered as one full-time member of staff.

As an indication of equality in availability of human resources for health, these data were compared with data for the same categories of health-care staff available for the general population obtained from Eurostat and the WHO Global Health Observatory database (36). Eurostat gives preference to the concept "practising staff", as it best describes the availability of health-care resources (37). Common definitions of the distinct categories of health-care professionals (doctors, dentists, etc.) were agreed with the Organisation for Economic Co-operation and Development and WHO; detailed definitions are available in CIRCABC (Communication and Information Resource Centre for Administrations, Businesses and Citizens) (37). For purposes of comparison with the prison dataset, five indicators were extracted: total health-care staff (derived by adding health personnel to nursing and caring professionals), medical doctors, dentists (both extracted from health personnel) and psychiatrists (extracted by disaggregating physicians by medical specialty).

Data obtained from Eurostat relate to human resources available to provide health-care services in a country, irrespective of the sector of employment, and are given in

absolute numbers. Data from the prison dataset were given as full-time equivalents (FTEs), which were considered to be a reliable estimate, as in many countries – and particularly for certain specialties – use of part-time staff is common in the prison context.

1.4.4 Morbidity data

Morbidity data were derived by adding together the total number of people reported to have each of the diagnoses on record during 2020, as indicated by the reporting Member States. The proportion of people with each of the diagnoses was calculated by dividing this figure by the prison population reported as of 31 December 2020 in each Member State that provided data. All data presented were compared with the scientific literature on prisons to evaluate their reliability and against data reported for the prison population taken from an external source, in this case Global Burden of Disease 2019 (34). However, as 95% of the prison population is male, only data for males were considered when using this source.

1.4.5 Access to treatment

Access to health-care and pharmacological treatment is presented as absolute and relative frequencies; in the case of the latter, the denominator was the total number of people diagnosed with the particular disease for a given Member State, with both diagnosis and treatment reported. As an exception, TB and MDR-TB were given only as absolute frequencies, as the number of individuals receiving treatment might be higher than the number diagnosed, depending on the guidelines for treatment adopted and the reporting period.

Completion of treatment is presented as a relative frequency of people with access to treatment.

1.4.6 Behaviour data

Behaviour data were derived by adding together the total number of people reported to have engaged in each of the relevant behaviours during 2020, as indicated by the reporting Member States. The proportion of people showing each of the behaviours was calculated by dividing this figure by the total prison population reported as of 31 December 2020 in the Member States that provided data. All data presented were compared with the scientific literature on prisons to evaluate their reliability and against data

reported for the prison population taken from an external source, in this case the European Health Information Gateway (38). As in the case of morbidity data, only data for males were considered. It should be noted that data reported in this source are from 2016.

1.4.7 Mortality data

The mortality rate per 100 000 people in prison was calculated using the total number of deaths reported for the calendar year 2020 and the total number of people living in prison as of 31 December 2020. Causes of death were pre-coded in four categories: suicide, drug overdose, COVID-19 and other. The first three are always presented in the country profiles and in the status report. Analysis of the “other” category depended on the level of coding available; in some countries, only the highest level of classification (e.g. natural causes) could be used, while in others it was possible to use a lower level of classification (e.g. neoplasms, CVDs, HIV). All codable causes that are presented were contrasted with information reported for the general population; this was obtained from the Global Burden of Disease study (34), where available, and from Our World in Data for COVID-19-related deaths (35). As the prison population data were considered from age 20 and over, we used the crude mortality rate for the same age group. However, the most recent population-level mortality data were from 2019 or 2018 (depending on the Member State), while the prison data were from 2020.

1.5 Data validation

Data validation was conducted in two stages. The first round of data validation, carried out between August 2021 and January 2022, was conducted ahead of analysis. Focal points were contacted as needed to provide clarification of missing or inconsistent data. Out-of-range values were

identified and dealt with on a case-by-case basis, as time and resources permitted. External sources were also used to identify possible impossible or implausible data. Where it was not possible to address discrepancies in the data individually, they were resolved through logic checks, as Dataform permits skip logic/branching (i.e. setting conditions for questions based on previous answers) and piping. In rare instances where issues could not be resolved, a conservative approach of not reporting data for that indicator was adopted.

The term “No national data” was used for responses where Member States indicated that they did not have data for the indicator of interest or in the format required by HIPED. “No national data” was also used for instances where Member States with a federal structure indicated that they did not have data available for all jurisdictions and the reported data were considered insufficient to provide a valid country profile. “Missing” refers to data that were not provided and for which no explanation was given, or to data that were identified as out of range and could not be resolved through logic checks. “Not applicable” refers to responses that did not apply to a Member State based on its previous responses. Some countries, including those that reported “No national data” in cases where data were not available in the HIPED format, provided more detailed information for indicators as comment in an open field; whenever possible, this was used to supplement or correct the responses to which it applied.

The second round of validation was conducted following the data analysis and involved comparison with general population data as far as possible. When numbers varied significantly, Member States were made aware and asked to provide clarification of the data provided. The completed country profiles were approved and validated by the focal points.

2. Findings

Nominations were received from 41 Member States. However, only 36 Member States succeeded in submitting a response to HIPEDS within the agreed timeline.

The complete list of participating Member States was, in alphabetical order:

Albania
Armenia
Austria
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Ireland
Italy
Latvia
Lithuania
Luxembourg
Malta
Monaco
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Poland
Portugal
Republic of Moldova
Romania
San Marino
Slovakia
Slovenia
Spain

Switzerland
Ukraine
United Kingdom.

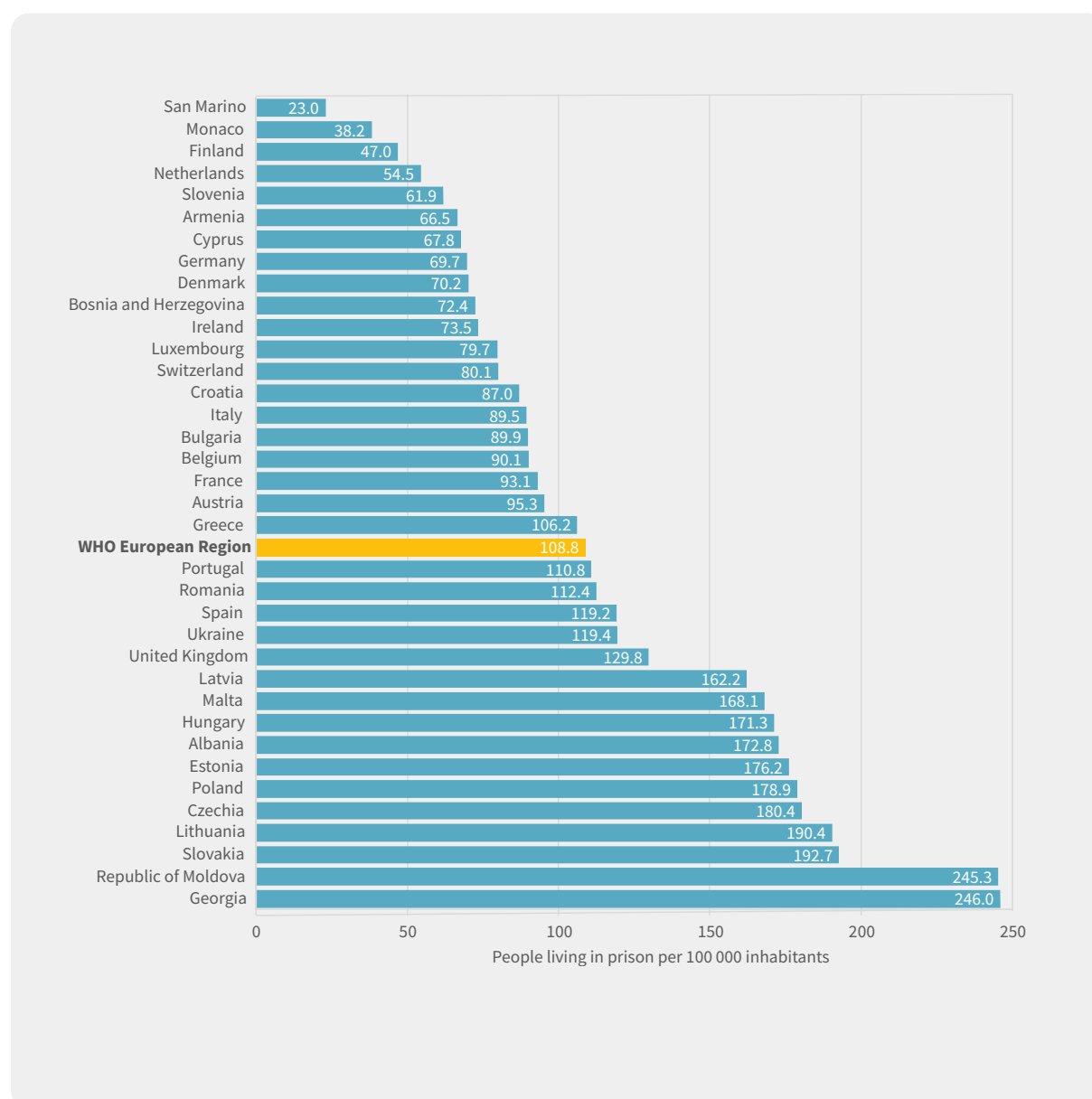
Switzerland and the United Kingdom, being countries with multiple nations/cantons/jurisdictions, worked internally to provide a single answer that represented the country as a whole; where necessary, limitations to the data reported are indicated in their country profiles. Germany opted to provide independent data for its 16 federal states, which were then analysed and aggregated by HIPP and sent back to the focal point to be validated. Germany's profile includes specific information on criteria adopted to deal with variations across regions and reach a unique profile.

2.1 Penal statistics

There were a total of 613 497 people living in prison establishments in the represented countries of the WHO European Region as of 31 December 2020. The total number of people held in custody nationally as of 31 December 2020 ranged from eight in San Marino to 87 019 in the United Kingdom. On average, there were 108.8 people living in prison per 100 000 inhabitants in Europe. The highest values were observed in Georgia and the Republic of Moldova, with values in excess of 200 people per 100 000 in each case (246.0 and 245.3, respectively). The countries with the lowest values were Finland (47.0), Monaco (38.2) and San Marino (23.0) (Fig. 2).

Most countries ($n = 34$) specified the number of unsentenced/remand prisoners. In total, there were 124 678 such individuals, equivalent to a European mean of 3667 individuals per 100 000 population (range: 7–18 205), representing 22.6% of the prison population. According to *Global prison trends 2022* (39), the global share of people in pretrial detention ranged between 29% and 31%, a figure similar to the one given in the current report.

Fig. 2. Proportion of people in prison per 100 000 inhabitants, WHO European Region, 2020



Disaggregation of the prison population by sociodemographic characteristics was not possible for all countries, as shown in Table 3.

On average, in Europe, there were 50 prison establishments per country (range: 1–279; $n = 35$ countries).

The average mean duration of a sentence reported in the European Region was 22.9 months (SD = 23.4; range: 1–78), across the 15 countries that could answer this question. The mean number of times an individual had entered prison in the previous year was reported to be, on average, 1.1 ($n = 8$ Member States).

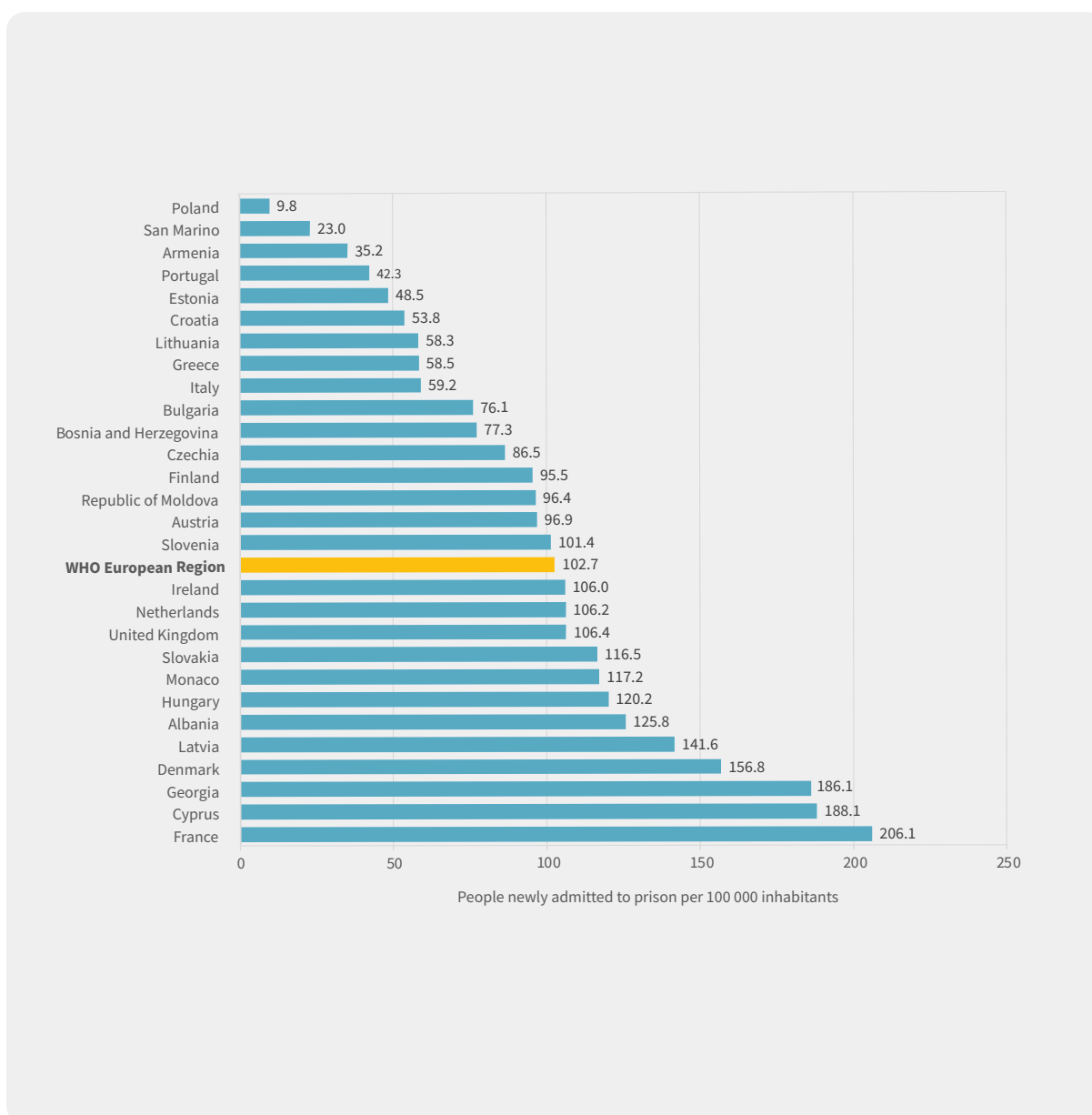
Table 3. Sociodemographic structure of the European prison population

	Number of countries	Absolute frequency (n)	Relative frequency (%)
Sex and gender distribution			
Females	36	28 943	4.7
Pregnant	14	27	0.1
LGBTQI+	7	23	0.2
Age structure			
Elderly (> 50 years)	28	66 303	15.3
Elderly (> 65 years)	23	14 723	3.9
Youth (< 18 years)	32	2352	0.6
Origin			
Migrants	29	107 497	23.4
Ethnic minority	6	22 195	24.4
Other relevant characteristics			
Disabled	16	8465	3.8
Intellectual disabilities	7	742	0.9
Physical disabilities	10	2107	1.5

Fig. 3 shows the number of people newly admitted to prison per 100 000 inhabitants in Europe in the previous year (2020). In the 28 countries in the European Region that answered this question, there were a total of 366 701 people

newly admitted to prison, representing 102.7 people per 100 000 inhabitants. This indicator ranged from 9.8 newly admitted people per 100 000 inhabitants in Poland to 206.1 in France.

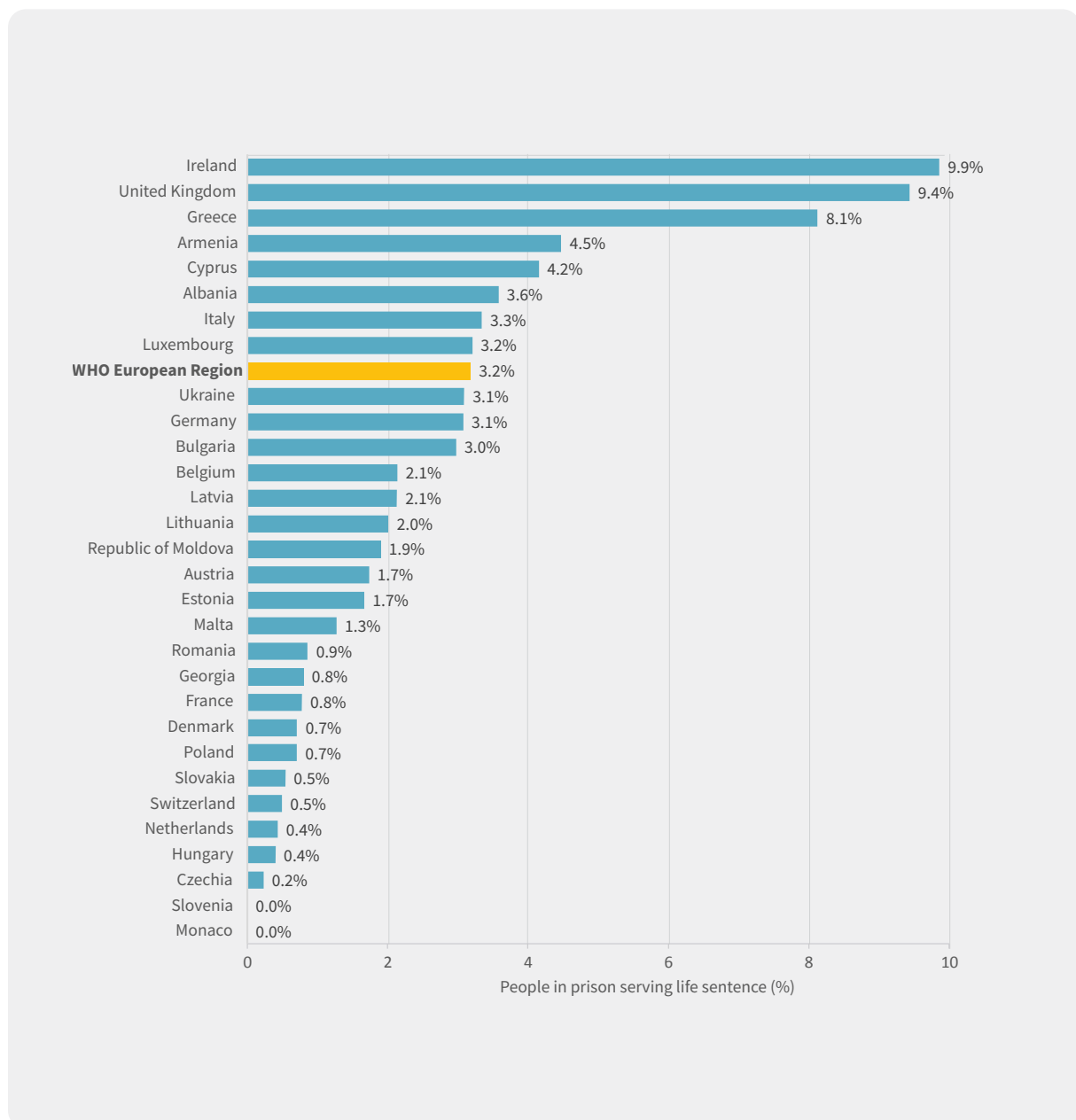
Fig. 3. Number of people newly admitted to prison per 100 000 inhabitants, WHO European Region, 2020



Only five countries in the WHO European Region did not legally permit the use of life sentences: Bosnia and Herzegovina, Croatia, Portugal, San Marino and Spain. For the remaining 31 countries, 30 reported the number of

individuals serving life sentences in 2020, which added up to a total of 17 311 people, 3.2% of the prison population of the countries concerned (Fig. 4).

Fig. 4. Percentage of people in prison serving life sentences, WHO European Region, 2020



2.2 Inputs: prison health system

2.2.1 Organization

Organization of the prison health system was operationalized using four questions.

The first and second questions addressed responsibility for health care, both in prisons and in the general community. The most common situation in the WHO European Region was that this responsibility was held by the national government, for both prisons ($n = 21$) and the general population ($n = 18$) (Fig. 5). All 36 Member States answered this question.

In 29 of the 36 Member States (80.6%), the level of government responsible for health care in prisons and the general population was the same; in most cases, responsibility belonged to the national government ($n = 17$) or jointly to both national and subnational governments ($n = 6$) (Fig. 6). Different levels of responsibility for health care in prisons and the general population were

reported by seven Members States (19.4%); the most common situation was that the national government had responsibility for prison health care but that national and subnational governments were jointly responsible for the general population ($n = 3$). All 36 Member States answered this question.

The third question considered the government ministry responsible for delivering prison health care. In 2020 the most common situation was for this responsibility to be shared between the Ministry of Health and the Ministry of Justice/the Interior ($n = 20$), followed by responsibility falling exclusively to the Ministry of Justice/the Interior ($n = 8$) (Fig. 7). There were seven countries where responsibility belonged to the Ministry of Health alone, and one where responsibility was attributed to the Ministry of Health and the Ministry of Citizen Protection. All 36 Member States answered this question.

Fig. 5. Level of government responsible for health care in prisons and in the general population

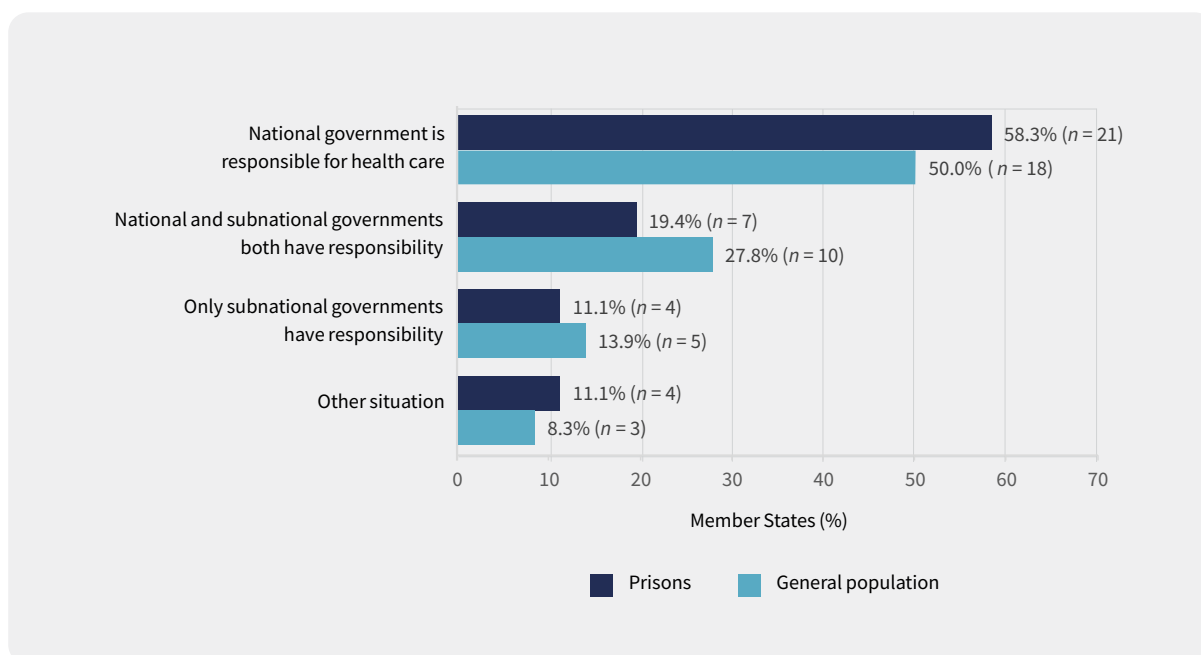


Fig. 6. Correspondence between level of government responsible for health care in prisons and in the general population

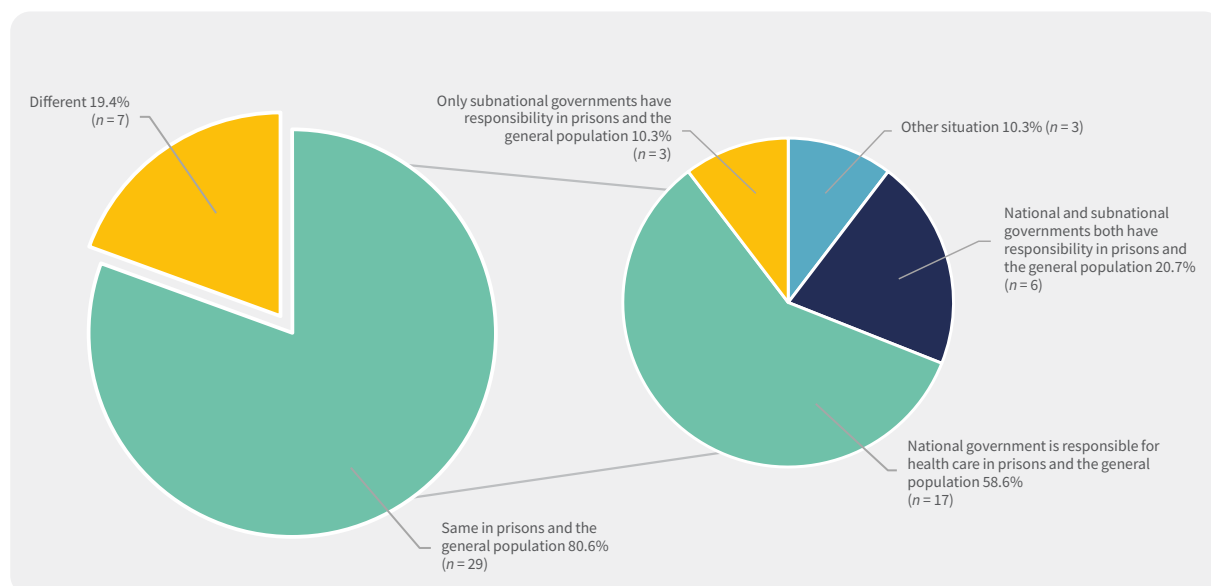
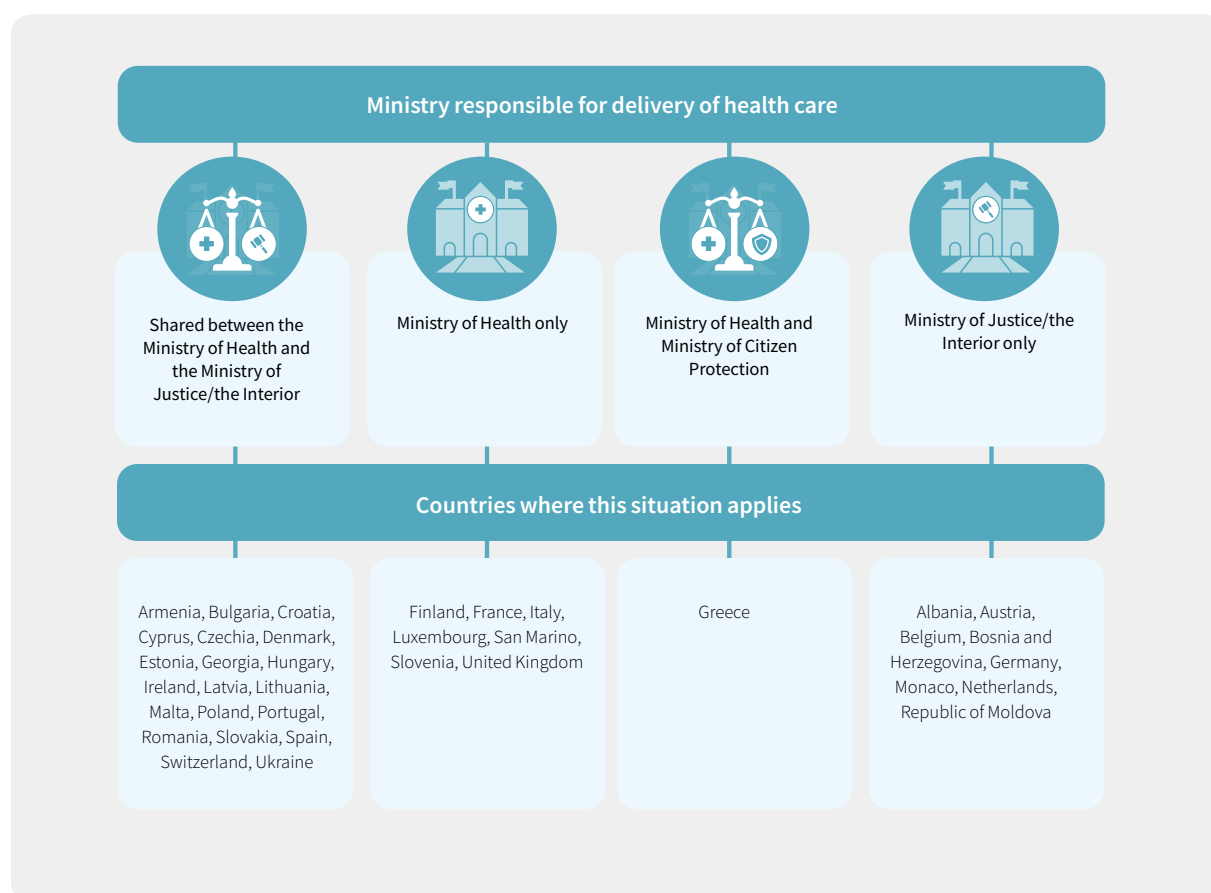


Fig. 7. Ministries responsible for delivering health care in European prisons



The fourth and final question addressed responsibility for the inspection of hygiene, nutrition and living conditions. In this domain, the most common situation was to have responsibility shared between the Ministry of Health and the Ministry of Justice/the Interior ($n = 20$), followed by the Ministry of Justice alone ($n = 6$) and the Ministry of Health or health authorities alone ($n = 5$) (Fig. 8). There were two Member States that mentioned other arrangements – namely, where the responsibility was attributed to an inspector of prisons or to subnational governments. There was one Member State that did not answer this question.

2.2.2 Financing

Health financing in the prison health-care system is presented in three variables: the agency responsible for funding the health-care system; how it is funded; and if people in prison must pay out of pocket for their health-care service or products.

In half of Member States, the Ministry of Justice was responsible for financing prison health care ($n = 18$), followed by responsibility being shared between the Ministry of Health and the Ministry of Justice/the Interior ($n = 11$) (Fig. 9). All 36 Member States answered this question.

Fig. 8. Agency or agencies responsible for inspection of prison hygiene, nutrition and living conditions

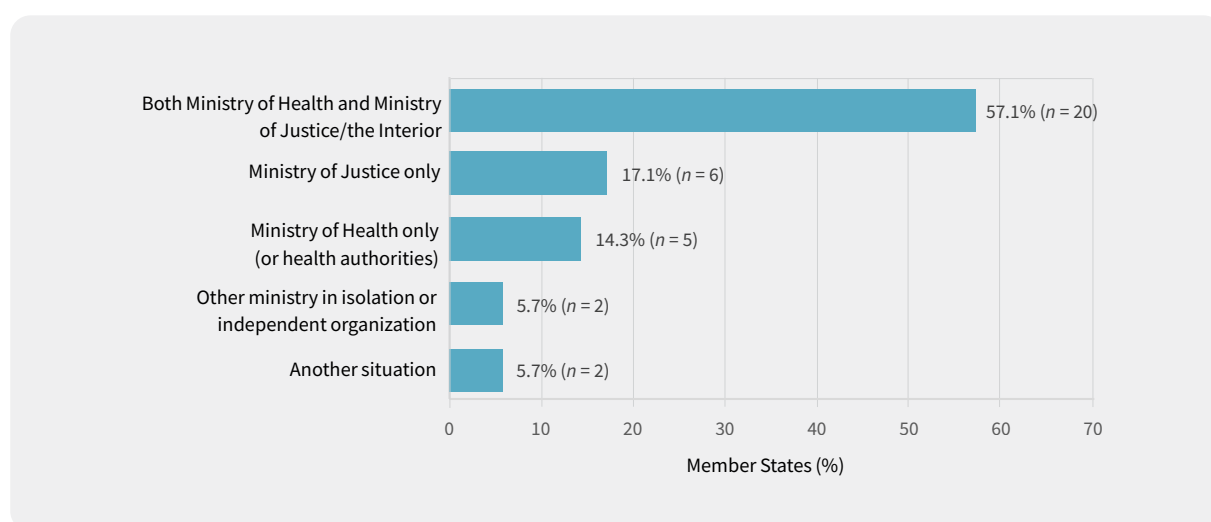
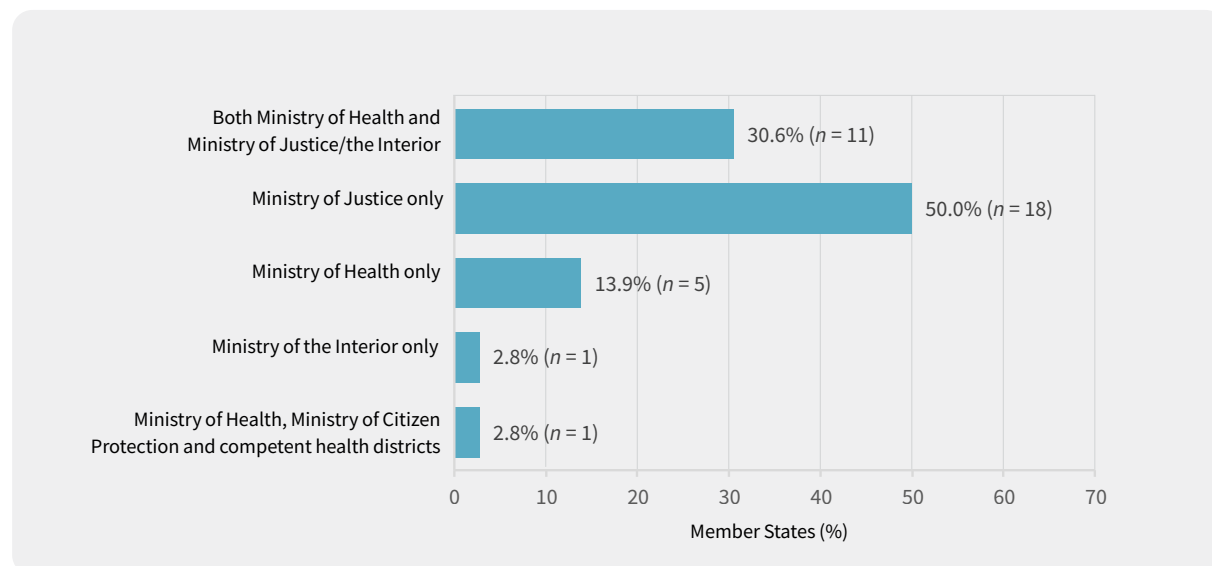


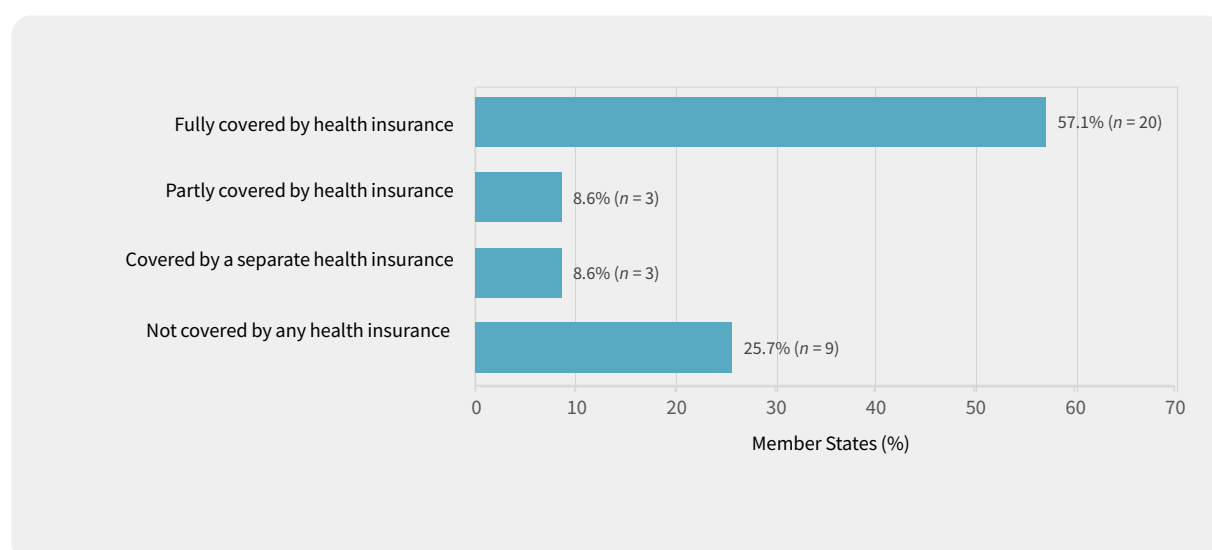
Fig. 9. Agency or agencies responsible for financing health care



The second variable assessed the coverage given to people in prison by any form of health insurance, either private or public, and how it compared with what was available to the general population. Although the most common answer was that health care in prison was fully covered by health

insurance ($n = 20$), it was worrying that nine Member States reported that there was no coverage by health insurance of any kind (Fig. 10). There was one Member State that did not answer this question.

Fig. 10. Health-care insurance coverage for people in prison



For this variable, three Member States indicated “other situation”. This has been recoded as “fully covered by health insurance” as the explanations given were that:

- (i) in general, health care for people in prison is fully covered by the prison system, but there are exceptions in state-funded treatment programmes;
- (ii) primary care is covered by the prison system and the remainder by the general public health system; and
- (iii) people in prison are entitled to necessary, sufficient and appropriate medical services as dictated by law, considering economic efficiency and general standard health insurance; thus, the statutory health-care system must be equivalent; entitlement to medical benefits is suspended if the person in prison (or in preventive detention) has health insurance by virtue of a free employment relationship.

Irrespective of the existence (and type) of health insurance, in 34 out of 36 Member States people in prison did not cover

any costs associated with general health-care services (Fig. 11). However, in the case of prescription medication, this was true of only 26 Member States. Other health-care expenses that might be incurred, such as visual aids, prosthetics and supplements, were fully covered only in a minority of Member States ($n = 16$). All 36 Member States answered this question.

2.2.3 Prison health system vision and strategy

This subdomain was operationalized by two variables: the first assessed the existence of health policies and strategies, the second their implementation.

Less than half the Member States ($n = 15$, 41.7%) reported that they had a national or subnational policy or strategy for prison health, although an additional nine (25.0%) reported that such a policy was embedded in their wider national policy (Fig. 12). All 36 Member States answered this question.

Fig. 11. Health-care expenses covered

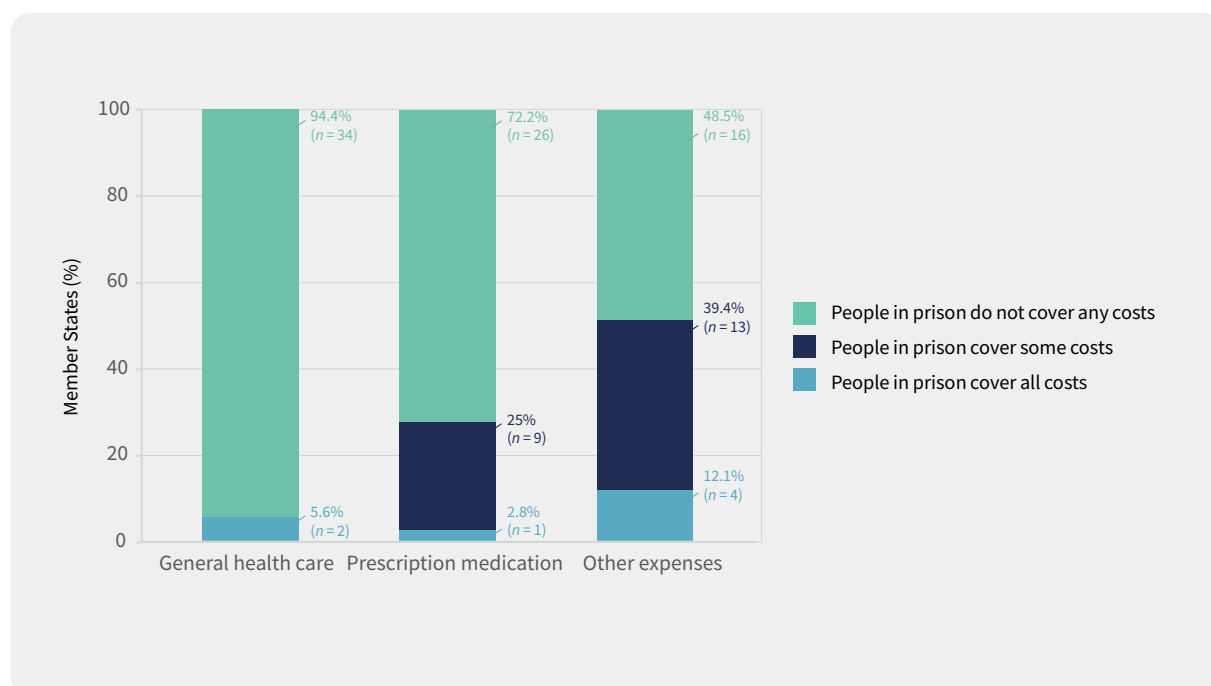
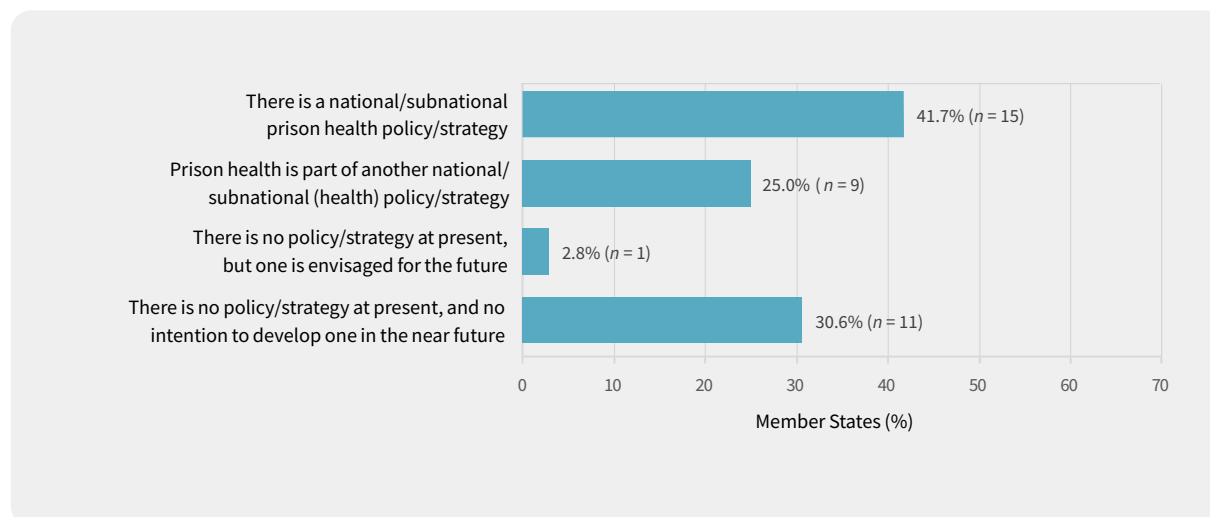


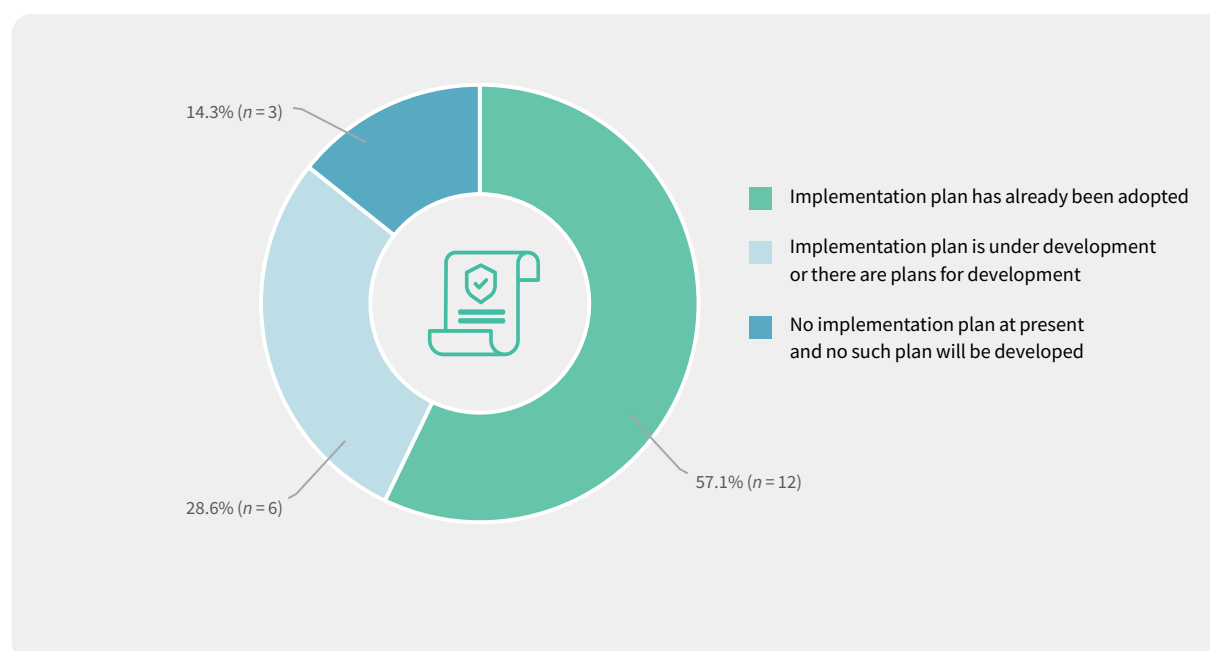
Fig. 12. Existence of prison health policies and strategies



Of the 24 countries saying that they had a prison health policy, either as a standalone policy or as part of another policy, 21 (57.1%) mentioned that an implementation plan

for the policy or strategy had been adopted or was being developed/planned (three did not answer) (Fig. 13).

Fig. 13. Proportion of Member States with an implementation plan for policy/strategy



2.2.4 Health information

Thirty-four of 36 countries (94.4%) reported that they had a system for tracking deaths in prisons. Of these 34, all but one recorded the cause of death and 14 regularly assessed the completeness and quality of all data on deaths sent to the national body responsible for civil registration and vital statistics (17 countries reported that they did not do such an assessment, and two did not give a response for this indicator).

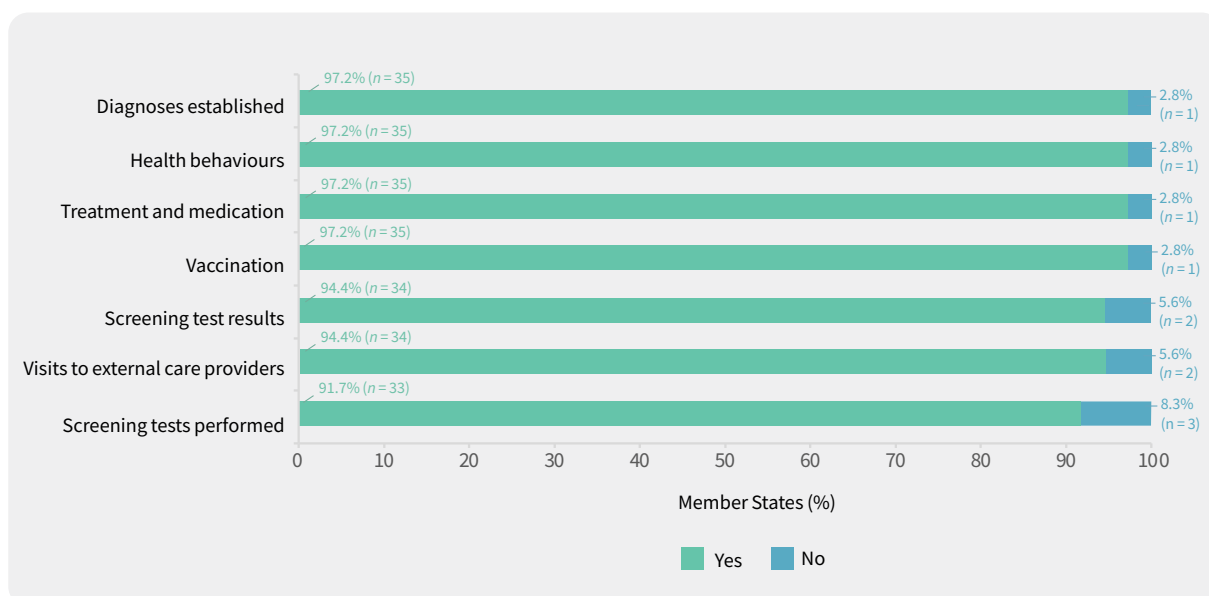
Thirty-one Member States explained the way in which data on deaths and causes of death were transferred from the prison registration system to the body responsible for national civil registration and vital statistics. There was a formal data transfer system in 18 Member States; of these, three stated that there was an electronic system to transfer death data, while four said that there was no regular formal mechanism to transfer death registration data to the national registry. Seven Member States did not provide any further information on the process of data transfer (raw data on the various transfer systems is given in Annex 3). Training for physicians in filling in death certificates was provided in only 18 Member States (50.0%), while one Member State stated that death certificates were not filled in by physicians (missing = 1).

With respect to disease registration, prisons in most Member States ($n = 33$) informed public health authorities about diseases among people living in prison. However, only 15 Member States preserved individual imprisonment status in the process of transferring information to all disease registries, 15 preserved imprisonment status only for infectious diseases, and three did not capture it in either disease registries or surveillance data. Of Member States that stated that they informed public health authorities, only seven were able to provide a link to NCD datasets and nine in the case of infectious diseases.

All Member States reported that they kept clinical health records of people in prison. The most common format for health records in European prisons was still paper-based ($n = 16$, 44.5%). However, 12 Member States said that they used a mixture of formats (33.3%), and eight kept electronic clinical health records (22.2%).

In almost all Member States, all relevant information was recorded in health records (Fig. 14). All 36 Member States answered this question.

Fig. 14. Proportion of Member States recording various types of information in the clinical health record system



There appeared to be considerable scope for improving compatibility of health records between prison and community as more than half of Member States ($n = 18$, 51.4%) stated that they did not have interoperable systems (Fig. 15). One Member State did not answer this question.

However, the situation was markedly different for COVID-19 vaccination status, where 34 Member States (94.4%) stated that the current system implemented specifically for this purpose was interoperable with general health records. This finding suggests that interoperability can be achieved.

Despite the generally poor condition of prison health information systems, most Member States ($n = 31$; 86.1%) stated that they had capacity to provide surveillance data of COVID-19 cases identified in prisons, with respect to both people living in prison and custodial staff, in a timely manner (i.e. to a standard equivalent to that achieved in the outside community). All Member States ($n = 36$) indicated that contact-tracing was undertaken in all prisons.

2.3 Outputs: health service delivery

2.3.1 Preventive services

2.3.1.1 Disease prevention

As described elsewhere (40), prison may be an opportunity to access health care. Indeed, all Member States stated that an initial urgent health needs assessment was conducted in the first 24 hours following detention, and most ($n = 32$; 88.9%) also conducted a more detailed review within the first week. However, only 16 Member States provided a precise number of individuals who received a health examination following admission, which overall was 93.8% of newly admitted people. The most common arrangement was for such assessments to be made mainly by nurses, with referral to a physician when necessary (Fig. 16). One Member State did not answer this question.

Fig. 15. Compatibility of health record systems used in prison and in the general population

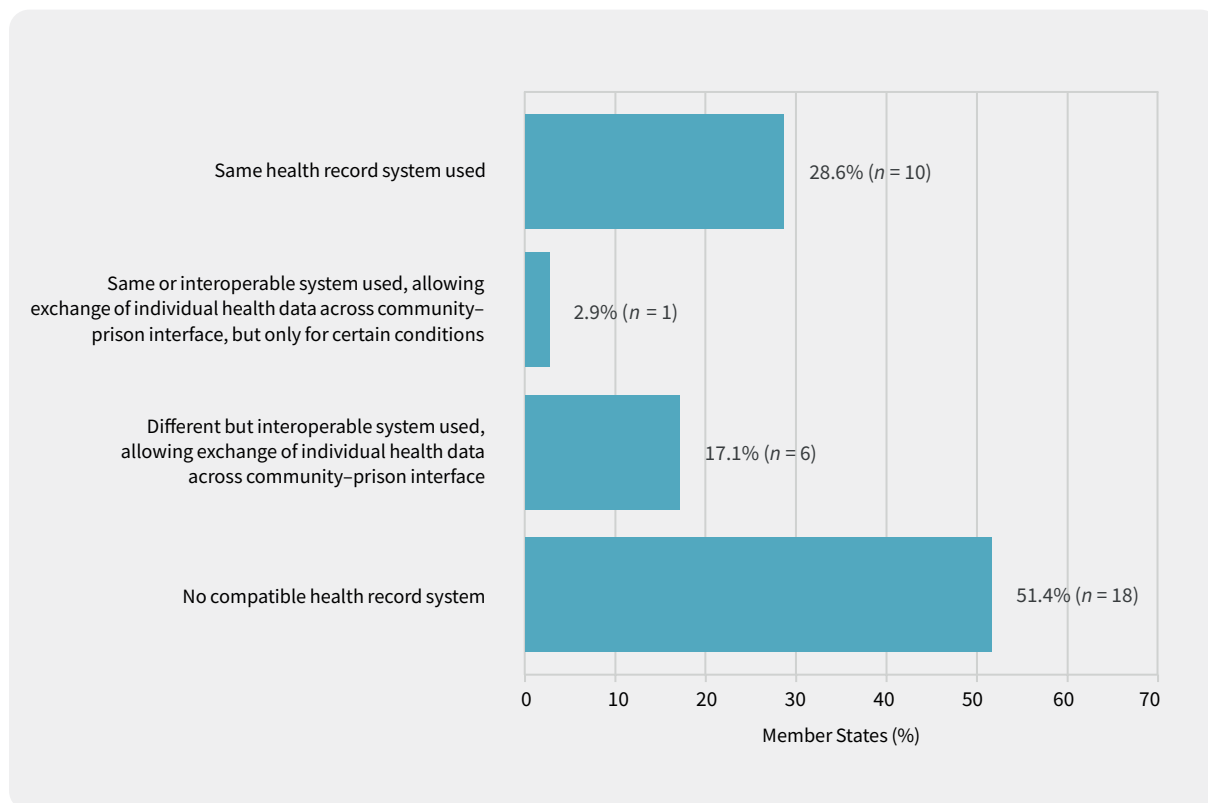
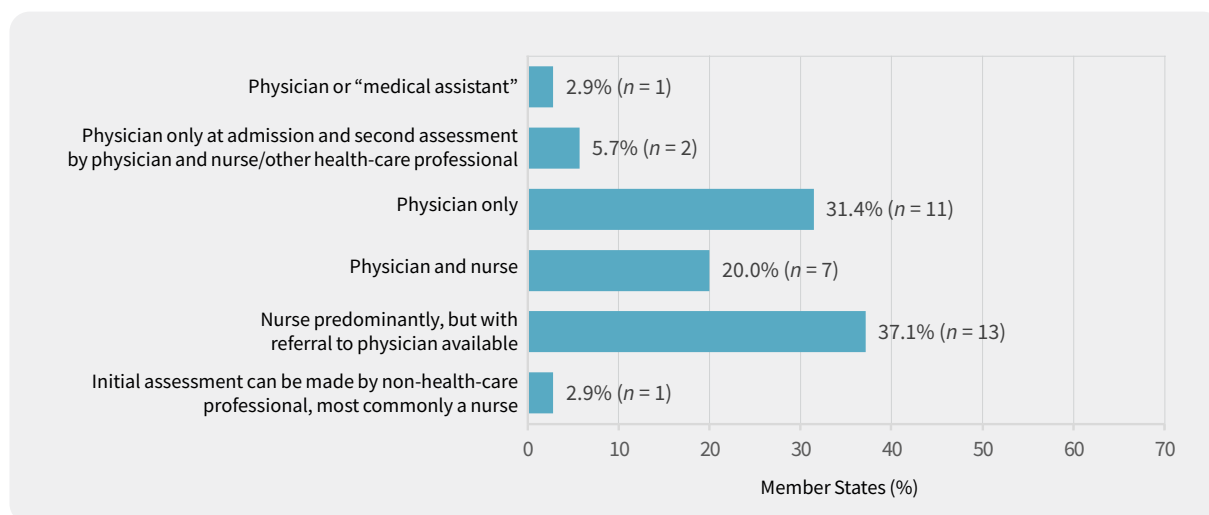


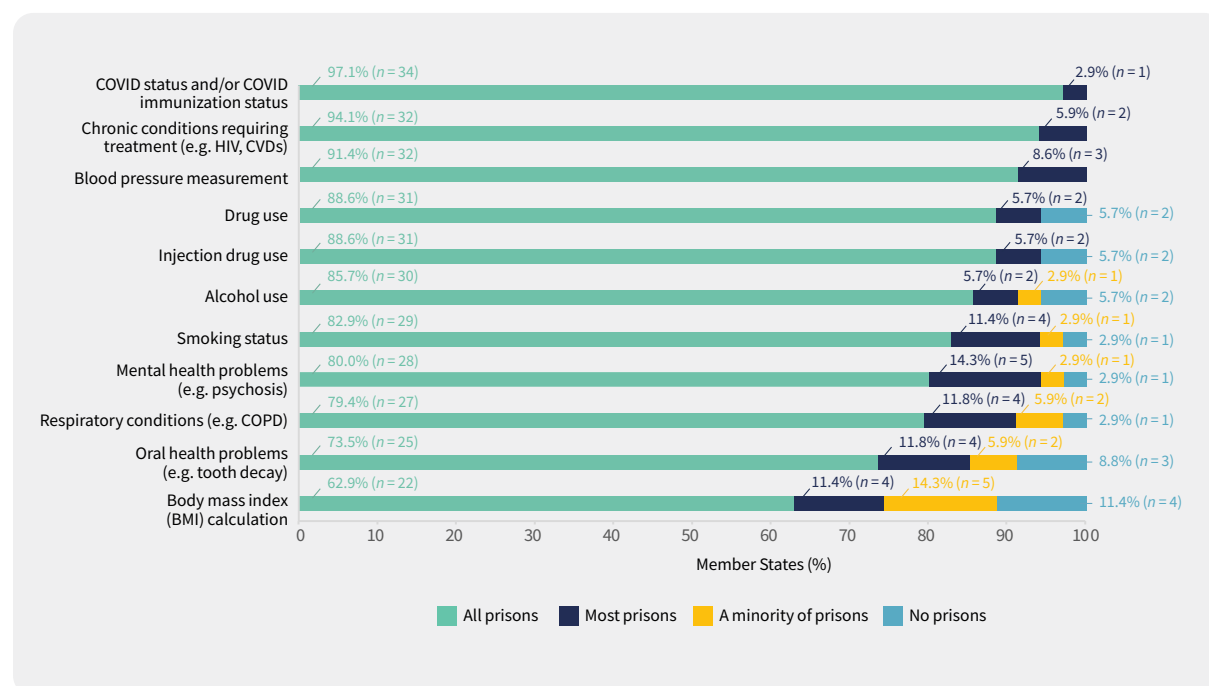
Fig. 16. Staff involved in making initial health assessments following admission



In the case of most Member States, these assessments were very detailed, covering a wide range of diseases, vaccination status and health behaviours, and were generally conducted

in all prisons in the country concerned (Fig. 17). One or two Member States did not answer this question, depending on the variable.

Fig. 17. Types of disease and health behaviour covered in prison assessments



It is noteworthy that BMI, though one of the easiest indicators to collect, was assessed in the fewest Member States.

History of TB and current signs and symptoms were reported by all Member States to be assessed at or soon after reception for all people in prison. Almost 70% of Member States (*n* = 25) reported that diagnostic tests were offered in addition to clinical evaluation, and half of Member States (*n* = 18) reported that an additional assessment for MDR-TB was provided in the event of a positive test.

Screening for diseases was common in most Member States and for most infectious diseases at or soon after admission, even though the methodology used to determine inclusion varied from country to country (Fig. 18). There was only one Member State that said that it did not screen for STIs upon

admission and all Member States screened for HIV, HCV and HBV. One or two Member States did not answer this question, depending on the variable.

It should be noted that WHO recommends voluntary STI screening for all people in prison and that the United Nations comprehensive package of services to address HIV, HBV and HCV is used (41). Prison systems must therefore ensure that all people in prison have easy access to testing, which should never be mandatory, thus favouring an opt-out approach.

The outlook was slightly different when it came to NCDs and particularly cancer, where two thirds of Member States screened for cervical and breast cancer, and 58.3% for colorectal cancer (Fig. 19). All 36 Member States answered this question.

Fig. 18. Screening for various infectious diseases at or soon after admission

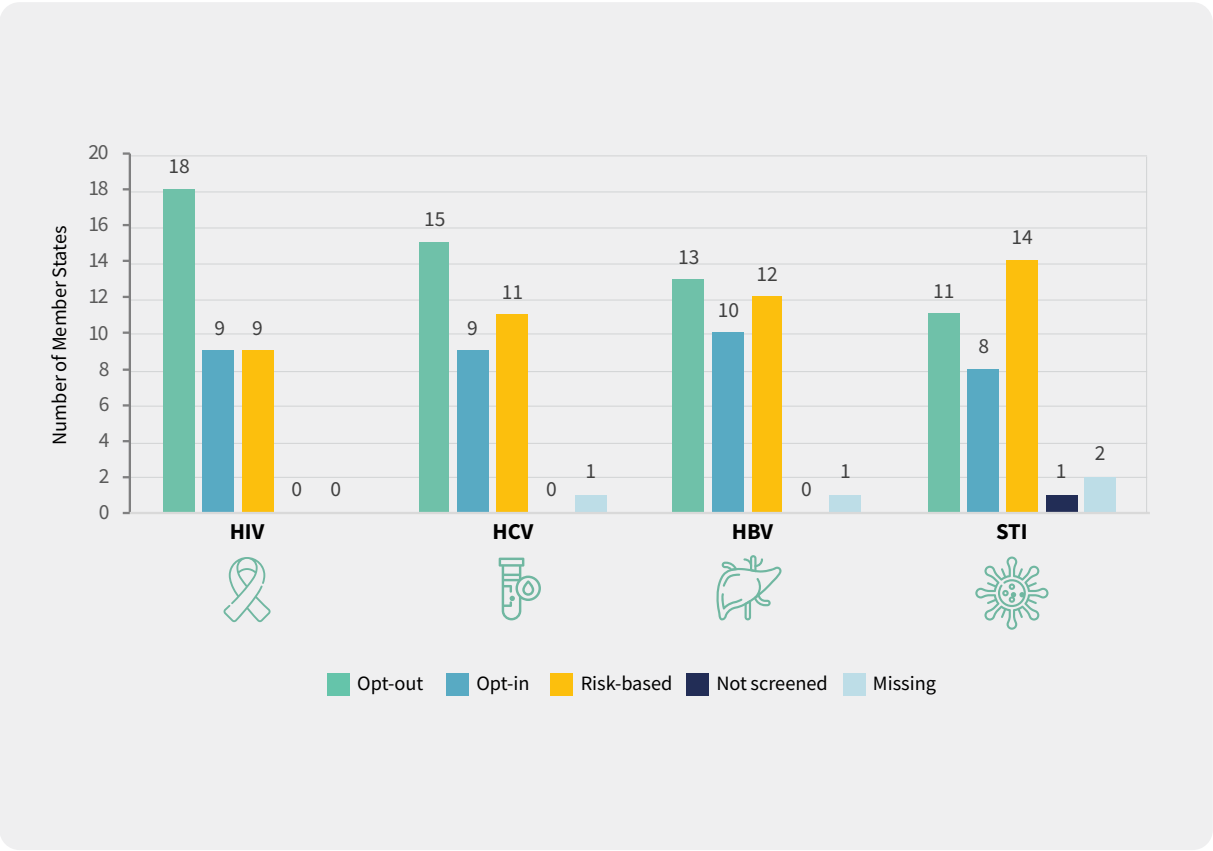
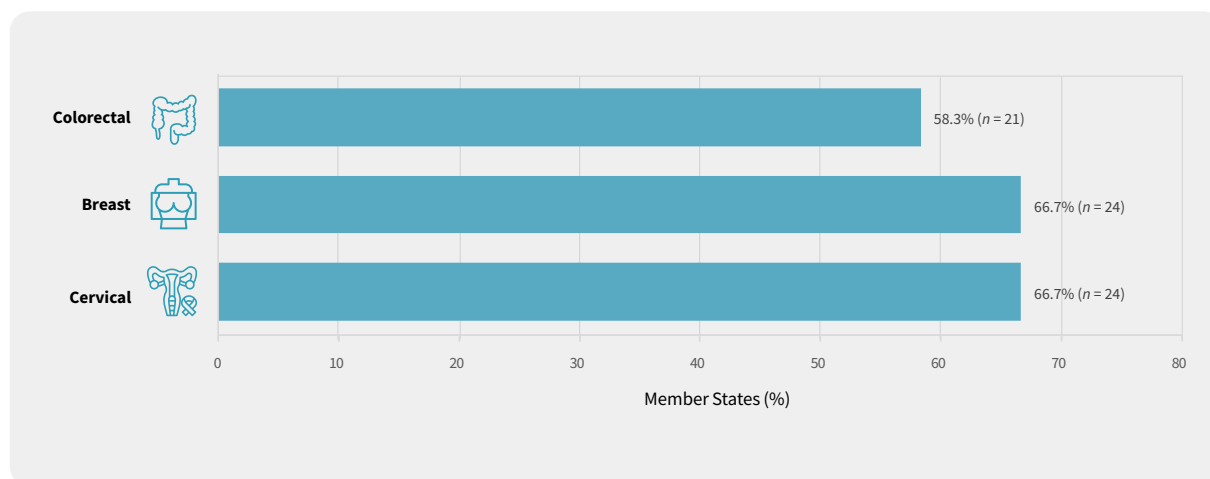


Fig. 19. Screening for various types of cancer in prisons



According to the Bangkok Rules (Rule 8), preventive health-care measures of relevance to women, such as Pap tests and screening for breast and gynaecological cancer, should be offered to female prisoners on the same basis as women of the same age in the outside community (42). Data obtained in the survey suggest that this was not the case in around a third of Member States.

All Member States screening for cancer in prisons stated that the same criteria applied as in the outside community and that there were no restrictions or differences in screening practices in prison and the community.

2.3.1.2 Health protection

Health protection was probably the area where most diversity was found across Member States. In 35 Member States, in all prisons, soap was provided free of charge to people living in prison (Fig. 20). Conversely, needles and syringes were provided free of charge in only three Member States, and lubricants in only four. An earlier study points to a similar number of Member States providing needles and

syringes as part of an exchange programme (43). However, this same study found that there were more Member States distributing lubricants free of charge. All 36 Member States answered this question, but some variables were left blank in certain cases (one missing value for dental dams, two for condoms and three for lubricants).

The situation was clearly much better in terms of offering protection from COVID-19 infection. All Member States stated that people in prison had had access to hand sanitizer/soap and water and face masks since the emergence of the pandemic, even though HIPEDS did not assess whether such products were provided free of charge.

Space was created for adequate quarantine of contacts and isolation of COVID-19 cases in all prisons in 33 Member States (91.7%) and in most prisons in the other three (Fig. 21). However, the space created did not always follow CPT rules in all Member States (6). All 36 Member States answered the initial question, but only 34 referred to the respect for CPT rules.

Fig. 20. Products offered free of charge to people in prison

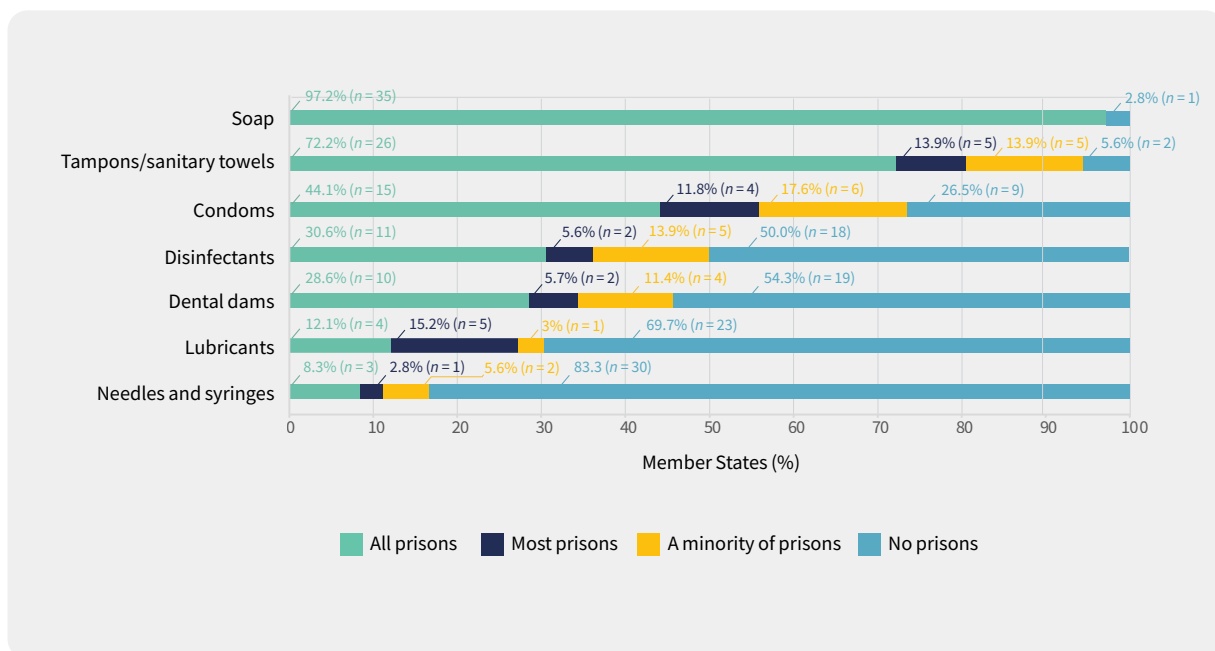
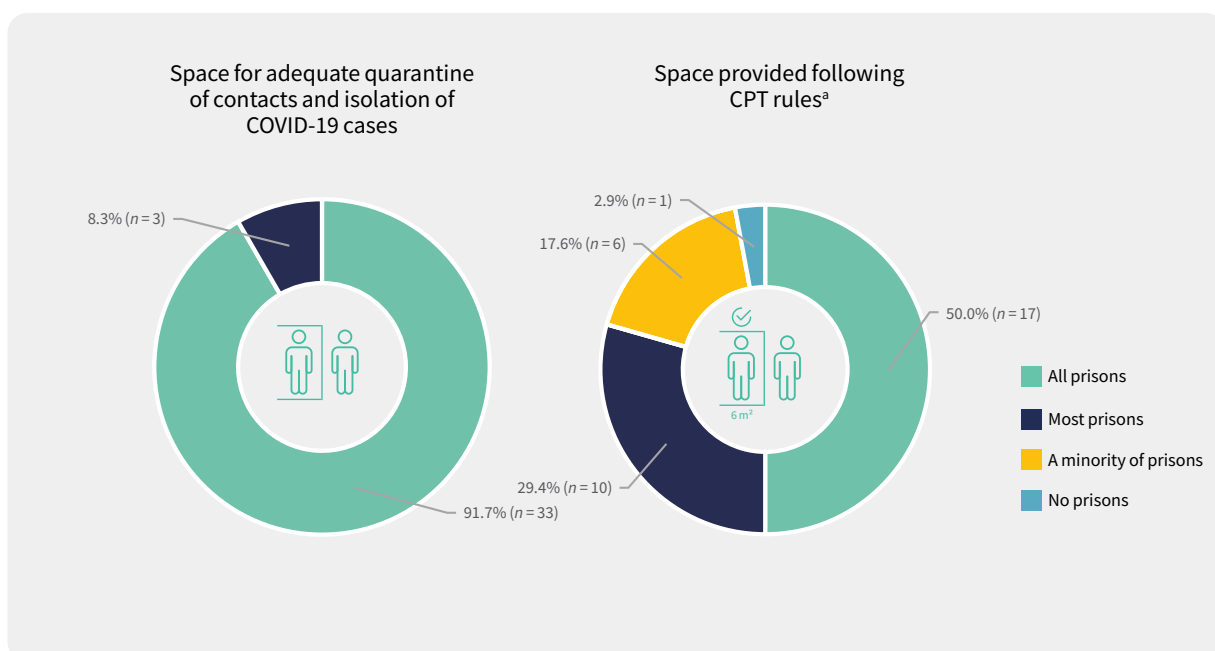


Fig. 21. Percentage of Member States providing space in prisons for quarantine and isolation of COVID-19 cases



^a CPT rules state that the minimum living space for a single-occupancy cell – excluding toilet space – should be 6 m², with a further 4 m² for each additional person (6).

2.3.1.3 Health promotion

Health promotion is a vast area, so only four indicators were chosen to characterize it: one focused on prevention of transmission of infectious diseases, two on prevention of NCDs and one related to drug use.

Less than half of Member States ($n = 14$) stated that they had materials to promote safe tattooing practices, a relevant health promotion strategy to prevent transmission of bloodborne diseases (Fig. 22). All 36 Member States answered this question.

A better result was obtained for policies to promote physical activity, which 63.9% of Member States ($n = 23$) reported that they had introduced (Fig. 23). All 36 Member States answered this question. However, only two were able to provide an Internet link to these policies and to describe them.

Fig. 22. Percentage of Member States providing promotional materials on safe tattooing practices in prisons

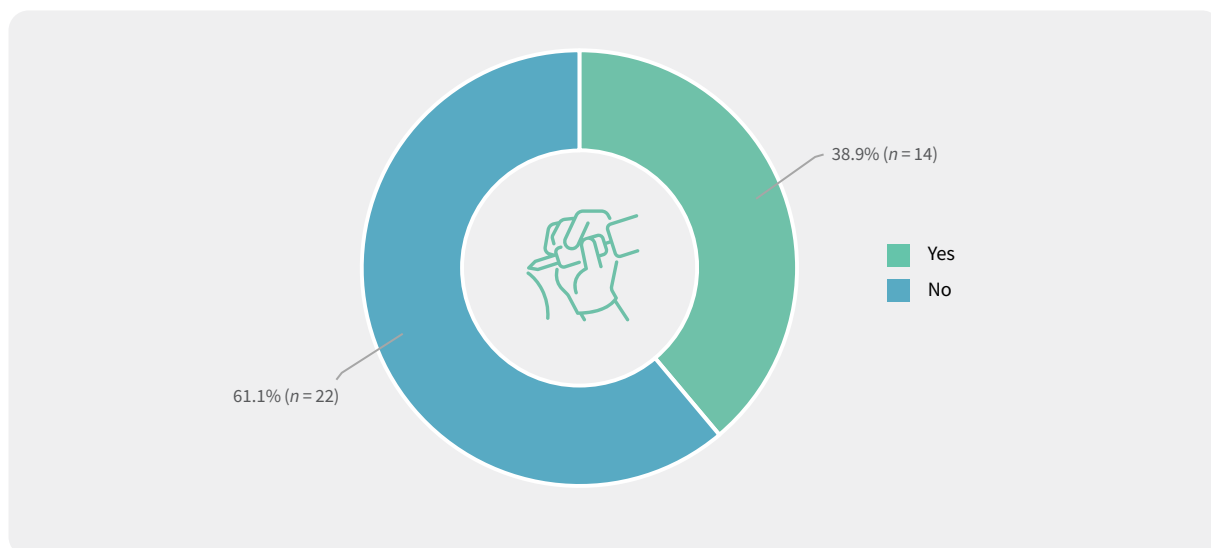
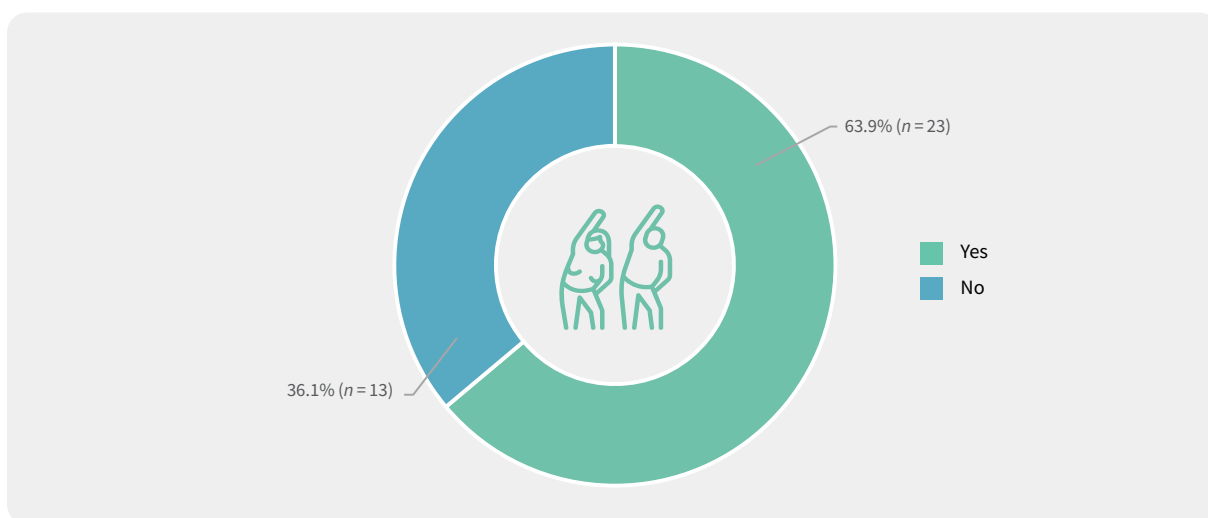


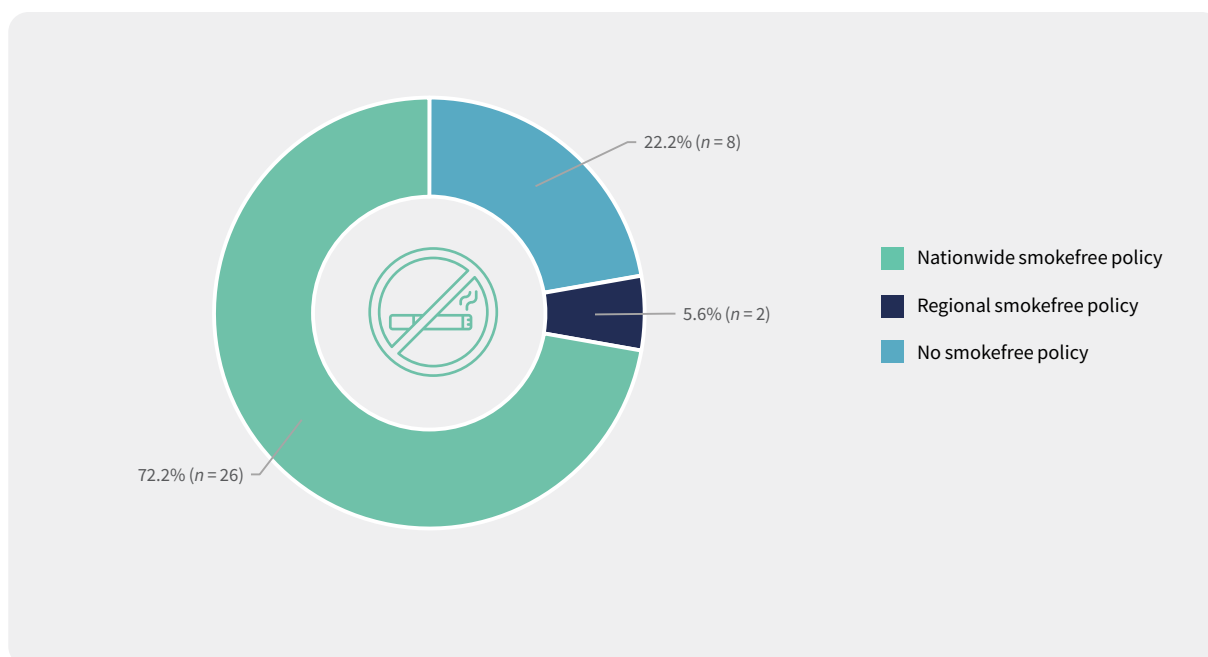
Fig. 23. Percentage of Member States having policies or procedures to promote physical activity in prisons



In terms of exposure to smoke, nearly three quarters of Member States (72.2%; $n = 26$) stated that they had a smokefree policy implemented nationwide, while two

Member States (5.6%) had such a policy in specific regions of the country (Fig. 24). All 36 Member States answered this question.

Fig. 24. Percentage of Member States having a smokefree policy in prisons



However, it is important to note that partial regulations, such as availability of smokefree cells, are insufficient, as they do not provide adequate protection against the harms of secondhand smoke, which is known to have damaging health effects, including an increased risk of heart disease and lung cancer (by 20% to 30%) in nonsmokers.

As reported in *Global prison trends 2022* (44), around 20% of the worldwide prison population are held for drug offences, suggesting that there is a high need for drug-related services. Despite this, four Member States (11.4%) said that they had no treatment areas available to tackle drug problems in any prison (Fig. 25), and nearly three quarters (65.7%) reported that accessibility was restricted. One Member State did not answer this question.

2.3.2 Rehabilitation

Access to education and training opportunities was reported by all Member States to be available in all ($n = 27$; 75.0%) or most prisons ($n = 9$; 25.0%) (Fig. 26). Only a single Member State reported providing access to employment opportunities only in a minority of prisons; most commonly, such access was provided in all ($n = 32$; 88.9%) or most prisons ($n = 3$; 8.3%). All 36 Member States answered both these questions.

It was reported that people’s home location was taken into account “as much as possible” when allocating them to prisons in order to help maintain family relationships ($n = 23$; 63.9%), while another four Member States (11.2%) said that proximity to home was always considered. However, nine Member States (25.0%) said that they considered other factors when allocating people to prisons.

Fig. 25. Percentage of Member States with treatment areas for people with drug problems

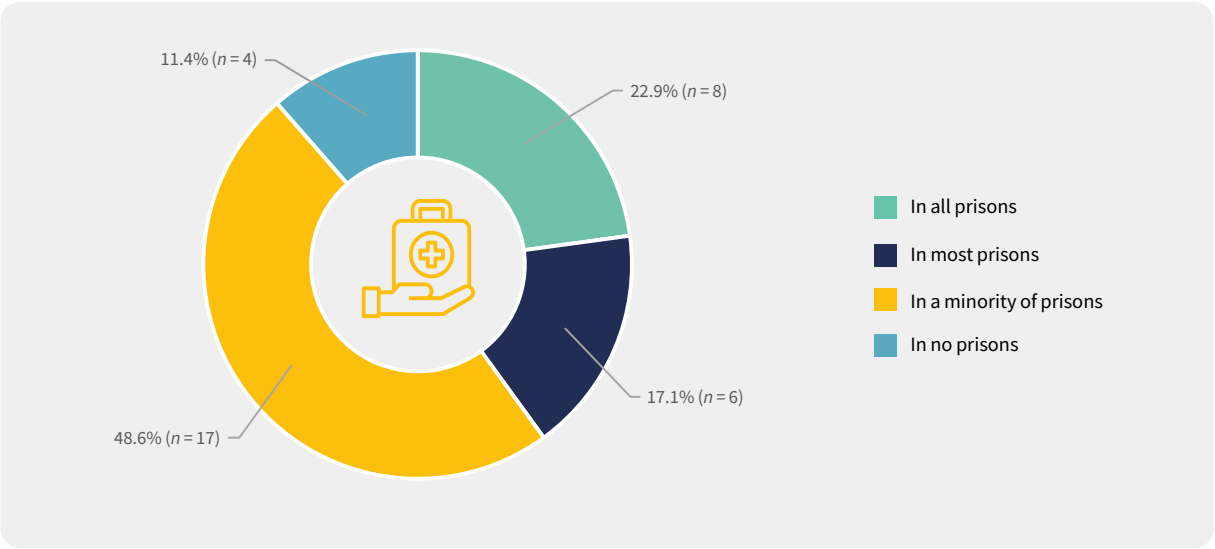
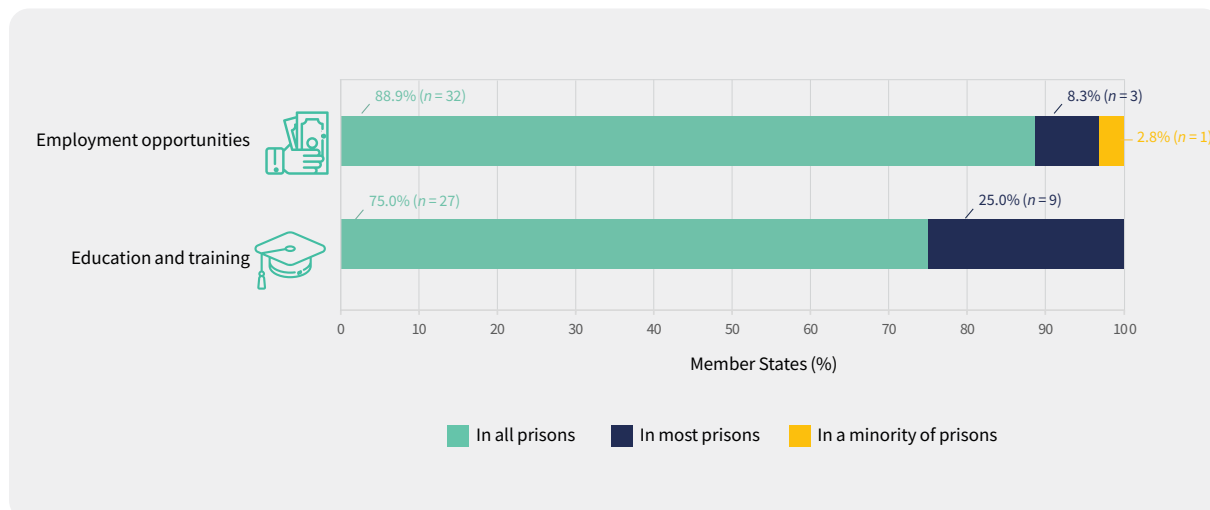


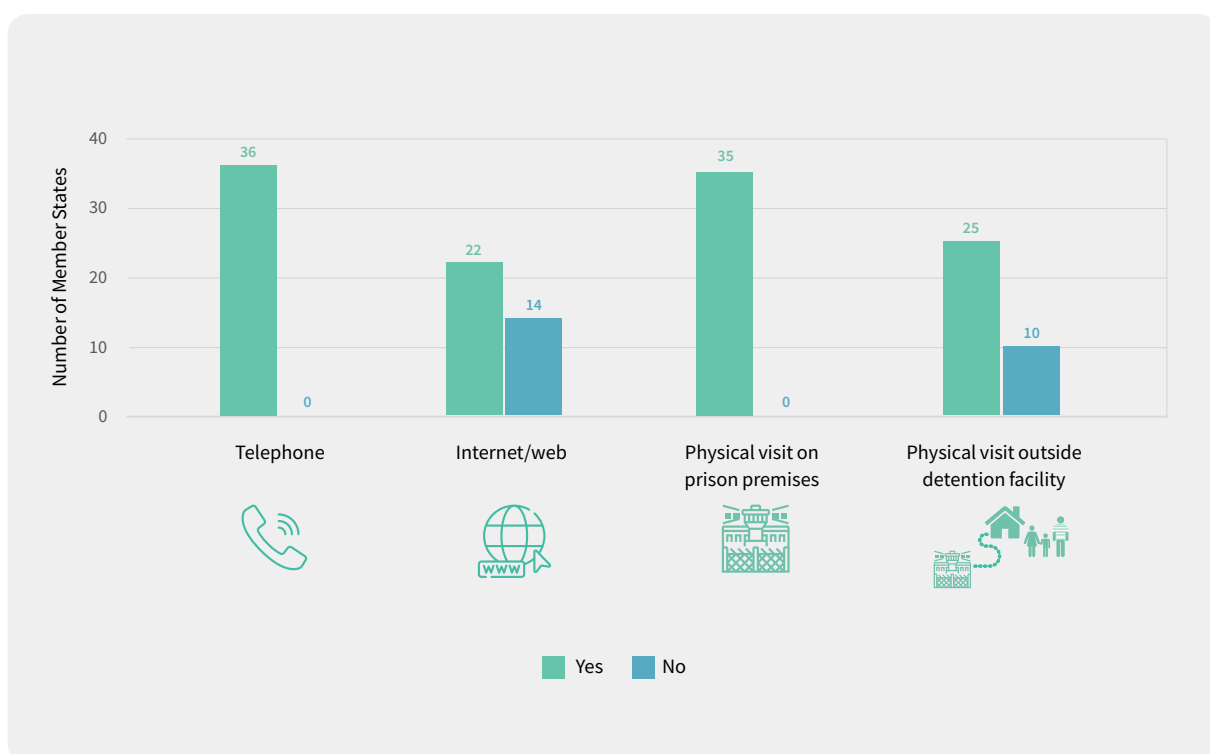
Fig. 26. Access to education and training and employment opportunities



Communication permitted to help maintain family relationships varied, as shown in Fig. 27, even within the same Member States ($n = 35$). Communication by telephone was allowed by all 36 Member States, although

all but one imposed time restrictions and only three did so free of charge. Use of the Internet was less common; only 22 Member States allowed it, and all but two of these imposed time restrictions.

Fig. 27. Means of communication allowed to help maintain family relationships



According to the Council of Europe's prison rules, revised in 2020 (45):

Prisoners shall be allowed to communicate as often as possible – by letter, telephone or other forms of communication – with their families, other persons and representatives of outside organisations, and to receive visits from these persons ... Communication and visits may be subject to restrictions and monitoring necessary for the requirements of continuing criminal investigations, maintenance of good order, safety and security, prevention of criminal offences and protection of victims of crime, but such restrictions, including specific restrictions ordered by a judicial authority, shall nevertheless allow an acceptable minimum level of contact.

The survey data suggest that these rules were broadly followed, though the situation could be improved if more modern means of communication were adopted.

2.3.3 Medical care

2.3.3.1 Primary care

While most health-care services provided to people in prison are part of primary care, two main indicators were chosen to characterize service delivery that were particularly relevant in the context of the COVID-19 pandemic. Member States were asked if they had any preparedness contingency plans for managing the impacts of infectious disease outbreaks (in general); and if suspected cases of infectious diseases had access to laboratory tests.

While most Member States reported that they had contingency plans in place in all prisons ($n = 28$; 77.8%), six countries had no such plans in any prison (Fig. 28). All 36 Member States answered this question. However, when asked to provide links to any existing pandemic response plans, only three Member States could do so, while five could do so for policy response plans. The majority said that their plans were either not published or not publicly available, or that no link was available.

Access to laboratory tests was available in all prisons in 34 Member States (94.4%) (Fig. 29). One Member State reported that no access to tests was provided; another that access was limited to priority cases.

Fig. 28. Percentage of Member States having contingency plans for managing the impact of an infectious disease outbreak in prisons

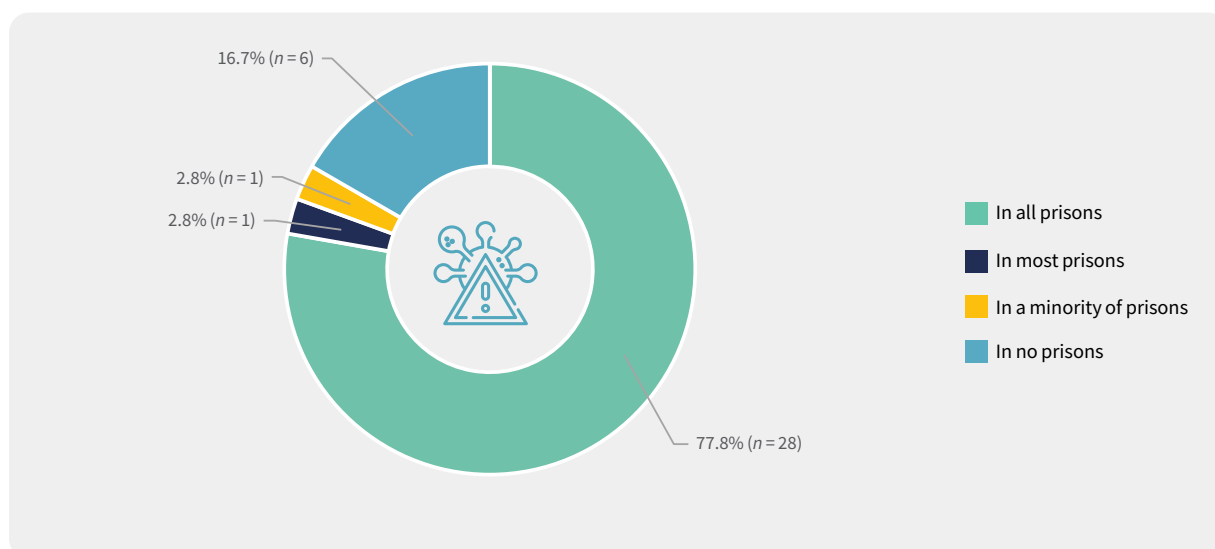
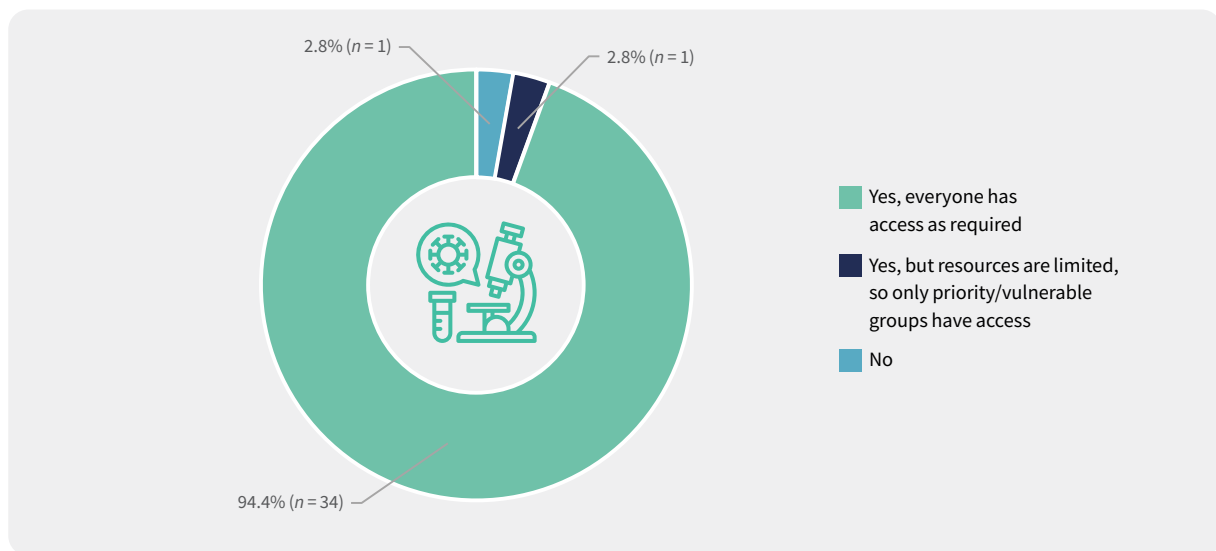


Fig. 29. Percentage of Member States providing access to laboratory tests for suspected infectious disease cases in prisons



Primary care was also characterized by exploring access to pharmacological treatment and to recommended appointments for specific conditions.

Access to treatment in 2020 was assessed by considering disease areas as indicators of primary care access (Table 4).

Table 4. Access to and completion of treatment for various infectious diseases in prisons

Condition	Access to treatment		Completion of treatment	
	Number of Member States reporting (%)	n (%) ^a	Number of Member States reporting (%)	n (%) ^b
TB	24 (66.7)	1425 ^c	25 (69.4)	982 (65.4)
MDR-TB	23 (63.9)	883 ^c	22 (61.1)	438 (49.6)
HIV	22 (61.1)	7373 (91.1)	16 (44.4)	3184 (52.5)
HCV	19 (52.8)	4385 (48.7)	13 (36.1)	1974 (54.5)
HBV	16 (44.4)	1757 (93.3)	12 (33.3)	259 (15.1)
STIs	14 (38.9)	2314 (98.8)	11 (30.6)	1432 (91.7)

^a Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year. Only countries providing both figures are considered for the calculations.

^b Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year. Only countries providing both figures are considered for the calculations.

^c Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

In the case of NCDs, in most situations, treatment is instituted and tends to be continuous, without there necessarily being a defined treatment end. For this reason, a modified version of the previous table is used to present access to treatment of NCDs as a primary care indicator (Table 5).

Information on access to recommended primary care visits was requested for oral health, diabetes and CVD, as these have specific European guidelines where a minimum frequency for good-quality care is stipulated (46) (Table 6).

Table 5. Access to treatment for various NCDs in prisons

Condition	Access to pharmacological treatment	
	Number of Member States reporting (%)	n (%)
Mental health disorder	10 (27.8)	18 005 (80.9)
Drug use disorder	13 (36.1)	5920 (64.9)
Diabetes mellitus	13 (36.1)	1823 (95.2)
Hypertension	12 (33.3)	7494 (96.6)
CVD	12 (33.3)	5431 (92.1)
Cancer	12 (33.3)	1167 (90.2)

Table 6. Primary care visits as indicator of quality of care for selected NCDs in prisons

	Number of Member States reporting	Diabetes n (%)	CVD n (%)	Oral health n (%)
Unique individuals with oral health visits over the previous 12-month period, expressed as a proportion of the total prison population	10			28 207 (72.8)
Unique individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the previous 12-month period	10	810 (86.1)		
Unique individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the previous 12-month period	10	616 (65.5)		
Unique individuals with a CVD diagnosis who had at least one routine health-care visit over the previous 12-month period	12		5711 (96.9)	

2.3.3.2 Secondary and tertiary care

Access to secondary care was characterized by asking whether arrangements were in place to ensure access to specialized treatment and institutions for mental health and for cancer.

Thirty-one Member States (86.1%) stated that they had such arrangements or protocols in place in all prisons for mental health disorders (Fig. 30). All 36 Member States answered this question.

Thirty Member States (83.3%) stated that they had such arrangements or protocols in place in all prisons for cancers. In this case, however, it is noteworthy that three Member States said that they did not have such arrangements in place in any prisons (Fig. 31). All 36 Member States answered this question.

Fig. 30. Percentage of Member States having arrangements/protocols for specialized treatment of mental health disorders in prisons

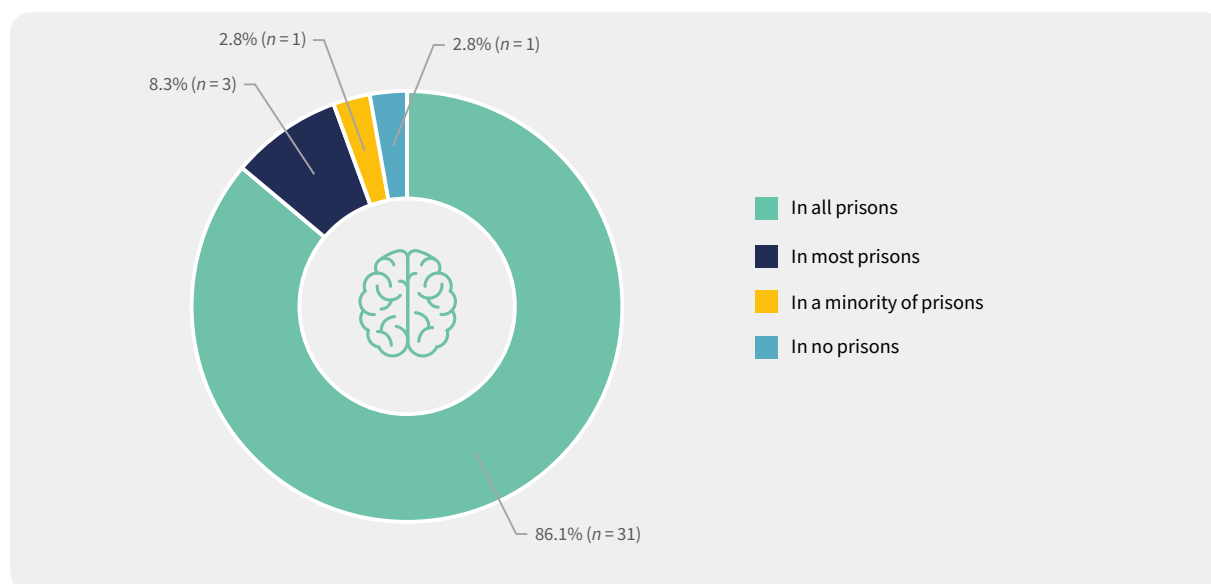
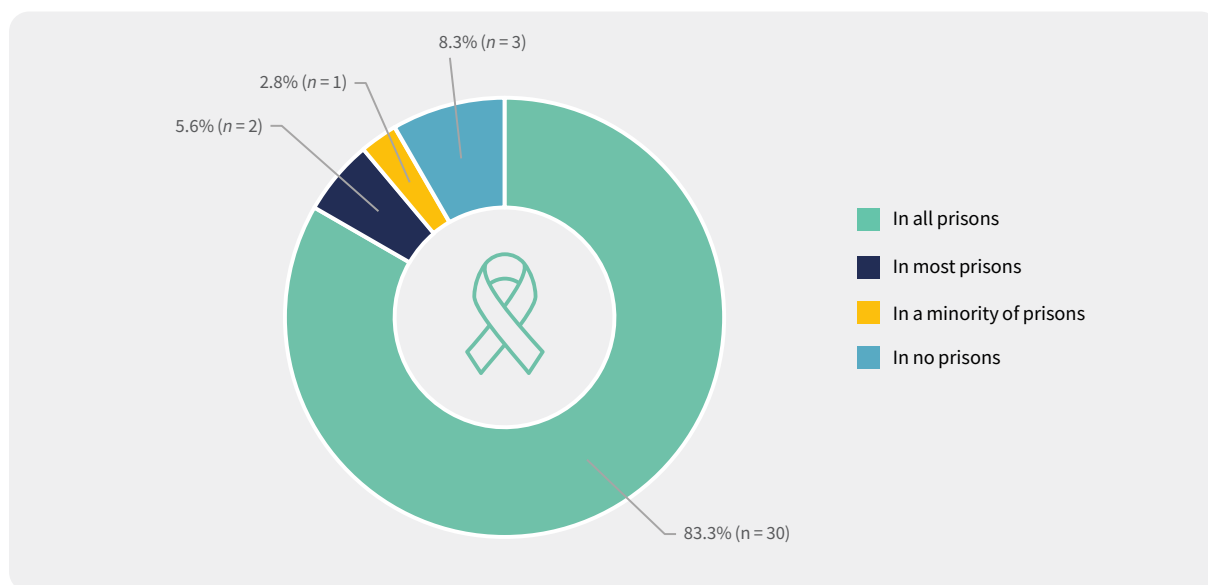


Fig. 31. Percentage of Member States having arrangements/protocols for specialized treatment of cancers in prisons

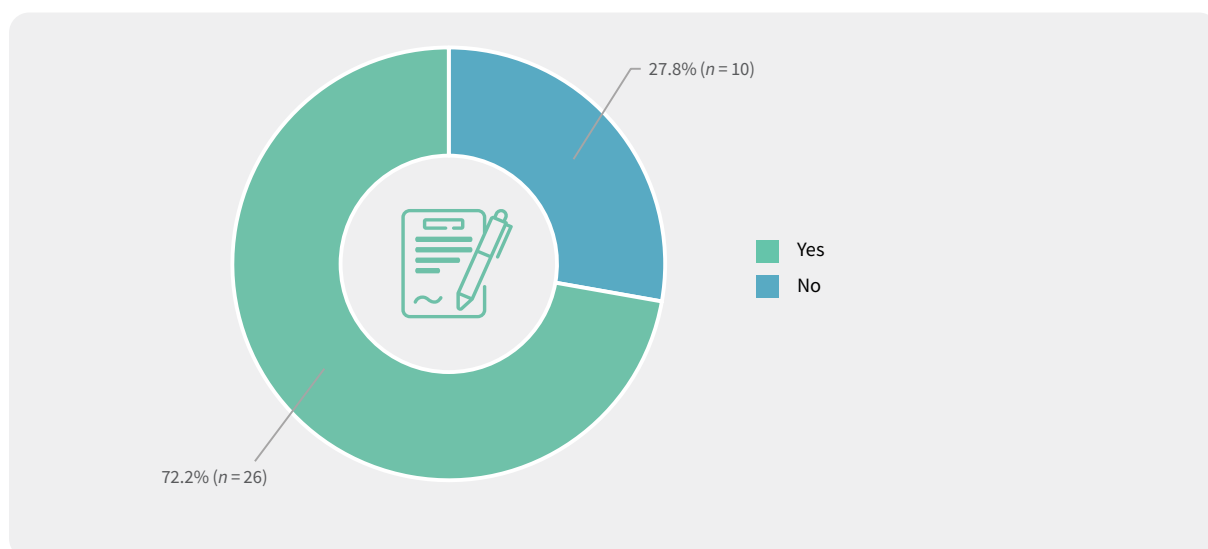


2.3.3.3 Continuity of care

Three variables were used to characterize continuity of care. The first focused on admission processes and asked Member States if there was a procedure in place

to ensure medication reconciliation. Twenty-six Member States (72.2%) stated that they had such a procedure in place (Fig. 32). All 36 Member States answered this question.

Fig. 32. Percentage of Member States having procedures to ensure medication reconciliation at admission



The remaining variables assessed procedures at time of release, including registration with community health services, provision of medication, and testing for COVID-19.

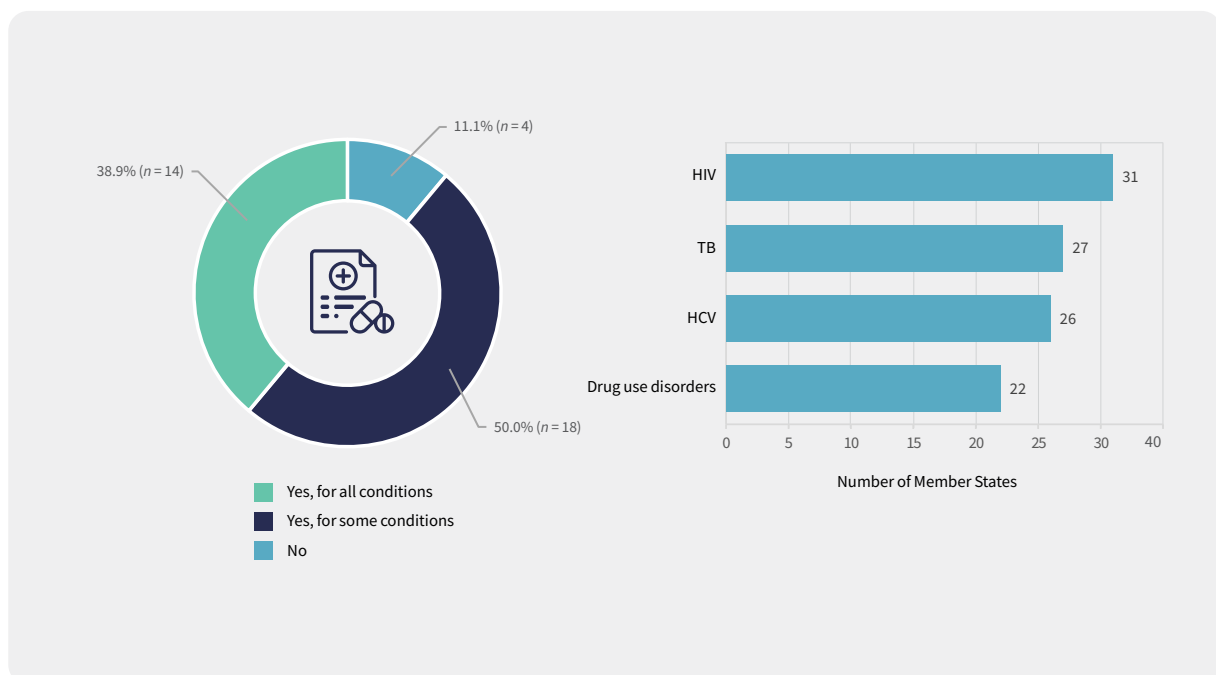
Only 17 Member States (47.2%) had a support service to register people with community health services upon release. Of those providing such a service, eight stated that the service included both scheduling a medical appointment upon release and developing a care plan to be shared with external providers. Four Member States provided only the first of these services, five only the second.

Upon release, only a minority of Member States ($n = 4$; 11.1%) did not provide any medication (Fig. 33). The most common arrangement was to provide medication for certain conditions only ($n = 18$; 50.0%). There were four Member States that did not answer this question. Among the 18 Member States that said they provided medication only for certain conditions, the medication most commonly provided upon release was for HIV, followed by medication for TB, HCV and drug use disorders.

Of course, continuity of care involves a great deal more than is covered by the domains assessed in the survey, and there are certain areas that are especially relevant, such as suicide and overdose prevention in the first period following release. It has been shown that the risk of overdose-related death is higher among people with a history of incarceration, particularly in the first two weeks following release (47,48). Various explanations of this have been given, including poor links established between prison and community health care. Indeed, research has suggested that ensuring that community health-care visits occur shortly after release may help to provide significant support in reducing and preventing overdose risk and harm (49).

Finally, another aspect that was evaluated related to response measures adopted to prevent transmission, both within prison and in the interface between prison and community. In this regard, it was surprising to find that, even though the survey was conducted during the COVID-19 pandemic, the majority of Member States (77.8%) did not test individuals upon release from prison.

Fig. 33. Medication provided upon release from prison



2.3.4 Health system performance

2.3.4.1 Availability

The availability of the health service delivery system was assessed by considering the availability of health-care staff. Table 7 shows the number of health-care staff in prisons in Europe, in total and disaggregated by category; also shown is the number of staff per 1000 people in prison and in the general population.

According to the Association for the Prevention of Torture (53):

The number and specialty of the health care staff available will be dependent on the size of the prison, but as a minimum there should be a general physician and sufficient nursing staff to meet the daily needs. A psychiatrist, as well as a psychologist and nurses with training in psychiatric care, should also be available at a frequency related to the size of the prison population. Again, their role must not be confined simply to the treatment of mental illness but must include the promotion of the mental well-being of the prison population and staff, and the prevention of self-harm and suicide, as well as all forms of physical or psychological violence.

One important aspect to bear in mind when comparing and interpreting the rates of health-care staff per 1000 people in prison and in the community is the meaning of the concept of equivalence of care. Equivalence does not in fact imply equality in the distribution of resources so much as equity, in the sense that resources should be allocated in a way that fairly reflects different needs. It has been established that people in detention more frequently have mental health and drug use disorders, so a greater investment is needed, for example, to achieve a higher ratio of psychiatrists to people in prison (53).

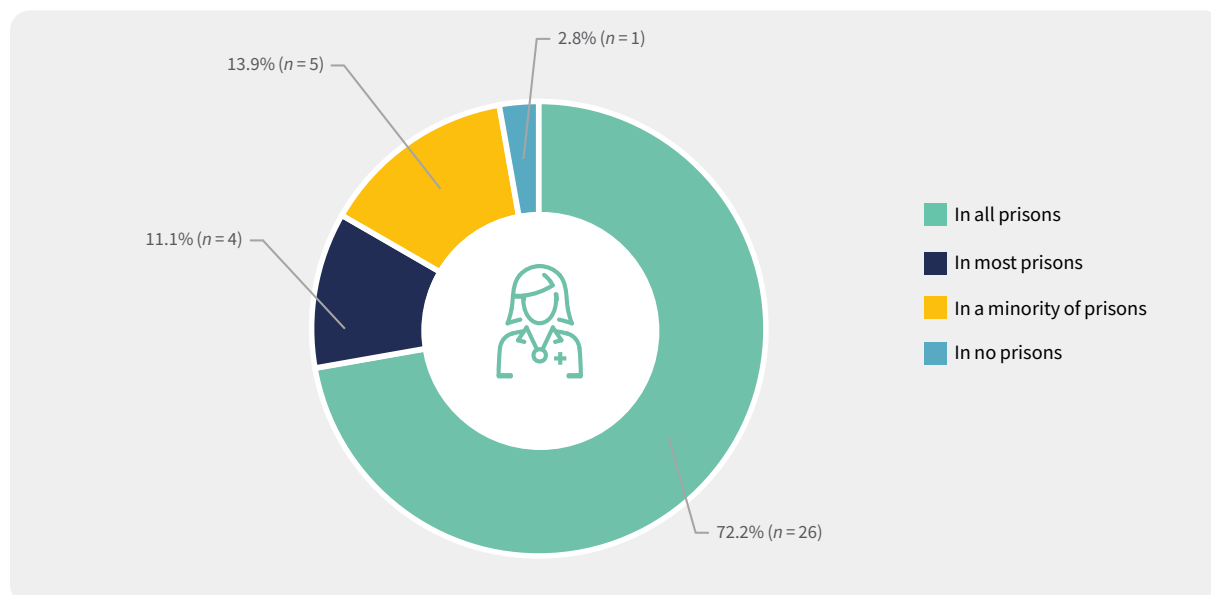
In 72.2% of Member States ($n = 26$) there was access in all prisons to mental health counsellors (including peer support and external providers – not specifically for mental health disorders but offering support for maintenance of well-being as required) (Fig. 34). Only one Member State reported that this option was not available in any of its prisons. All 36 Member States answered this question.

Table 7. Number of health-care staff (including external service providers) in prisons, expressed as full-time equivalents (FTEs)^a

Staff category	Number of Member States reporting	Prisons		General population
		Total (FTEs)	Per 1000 people living in prison	Per 1000 inhabitants
Nurses	30	7919.8	20.4	8.3 (50)
Physicians	31	3561.9	8.0	3.6 (51)
Dentists	28	460.2	1.4	6.2 (52)
Psychiatrists	30	489.9	1.3	1.4 (38)
Total staff	31	12 424.3	36.4	–

^a Data for physicians and dentists are available for 2020, while the latest available data for psychiatrists are from 2013. Data for the category of nurses in the general population also include midwifery staff and are available for 2020.

Fig. 34. Access to mental health counsellors in prisons

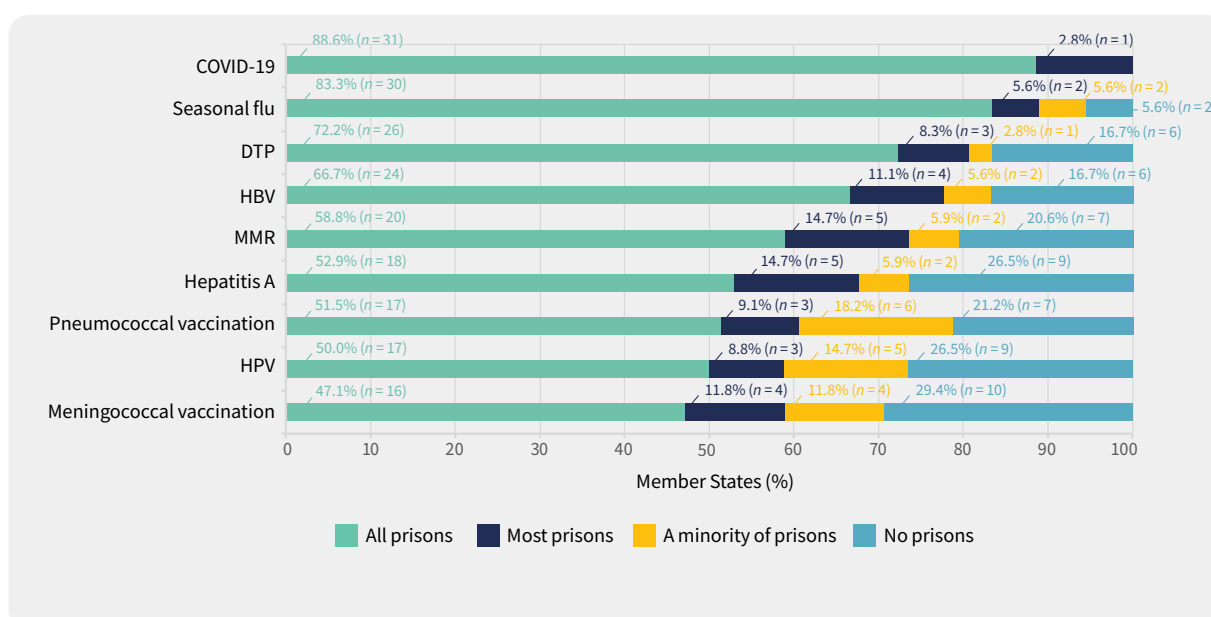


2.3.4.2 Accessibility

Access to immunization against vaccine-preventable diseases was very good across all Member States, with the highest access observed for COVID-19, for which 88.6% of Member States stated that they provided vaccination in all prisons (Fig. 35). There were between one and three Member States not answering this question, depending on the variable. On a negative note, vaccination against HBV,

as recommended by WHO (54), was reported to be available in all prisons in only 24 Member States (66.7%); clearly there is room for improvement in this area. Moreover, availability was assessed but not coverage. Coverage data through the RISE-Vac project (55) is likely to provide some additional useful information from participating Member States.

Fig. 35. Percentage of Member States providing vaccination against various infections in prisons



Access to HIV prophylaxis, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), was relatively high across Member States (Fig. 36). All 36 Member States answered this question. However, the level of access still fell short of the recommendations made by the United Nations Programme on HIV and AIDS (UNAIDS) (56): according to the 2025 global AIDS targets, 15% of people in prison should use PrEP in high-risk settings, and 90% should have access to PEP.

2.3.4.3 Acceptability

The most common situation in the WHO European Region is that informed consent is obtained before any health intervention is provided, including health assessments and screening tests. However, this process was documented in only 15 Member States (41.7%) (Fig. 37). All 36 Member States answered this question. It is a matter of concern that two Member States acknowledged that they did not even seek informed consent.

Fig. 36. Percentage of Member States providing access to HIV prophylaxis in prisons

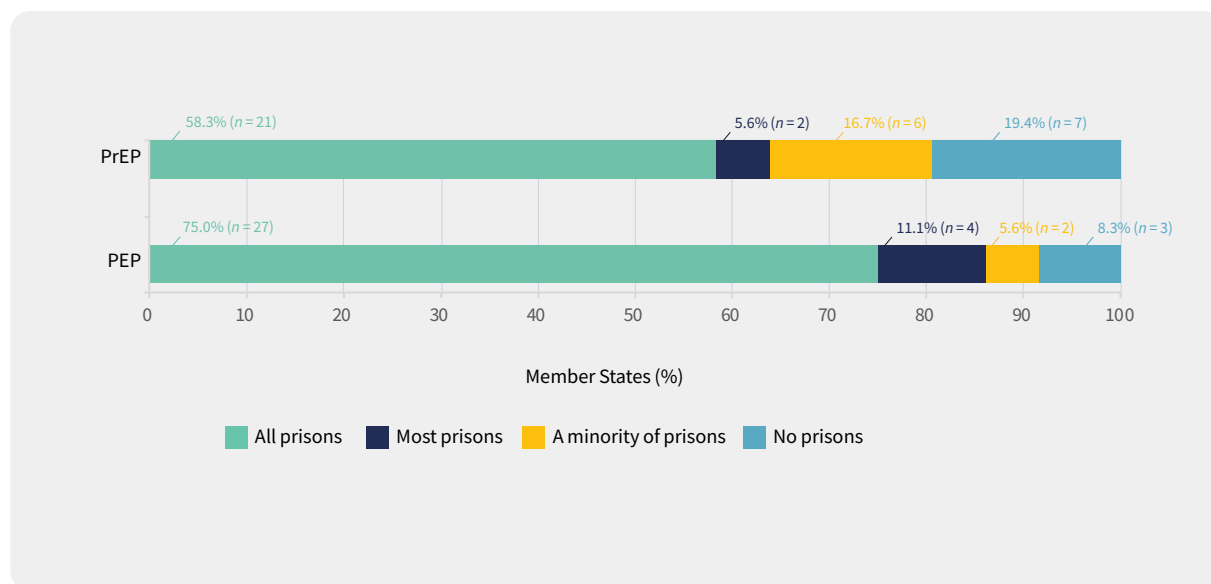
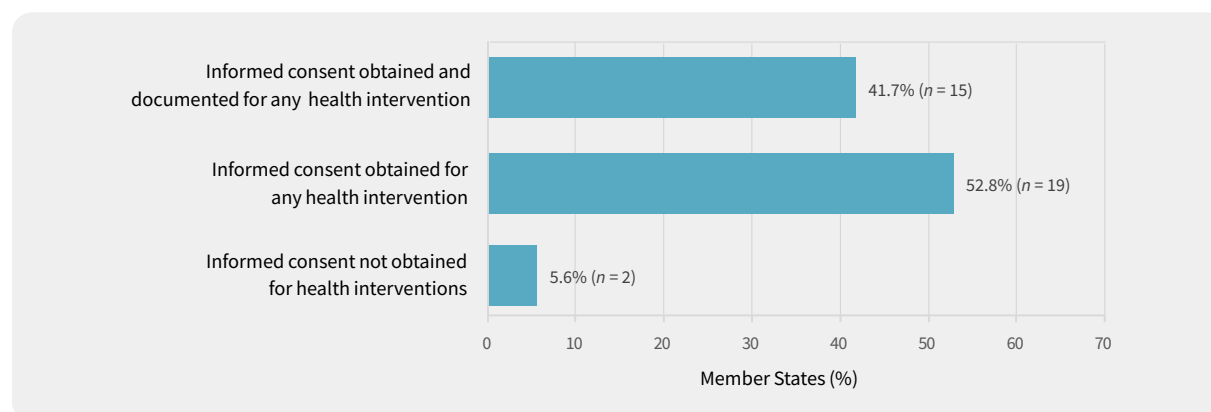


Fig. 37. Informed consent for screening tests and health assessments obtained from people in prison



2.3.4.4 Quality of care

Five main indicators were used to characterize quality of care, four of which are displayed in Fig. 38. All 36 Member States answered these five questions.

This figure shows that, although regular assessment of the availability of essential medicines was widespread in the WHO European Region, reported by 32 Member States (88.9%), the same could not be said of the other quality-of-care criteria. Only 41.7% of Member States reported that they had a standardized process for reporting medication errors. Although the number of countries that had a system for reporting adverse drug reactions was

higher, at 55.6%, it should be noted that this function is one of the responsibilities of most health-care professionals in countries under the influence of the European Medicines Agency. Even worse – the area where most work needs to be done – was the development and implementation of mechanisms for patient involvement in health care, which was reported by only 27.8% of Member States.

The fifth indicator evaluated whether standardized protocols were in place to identify and help people at risk of suicide or self-harm, or both. This was reported by 27 Member States (75.0%) (Fig. 39).

Fig. 38. Quality of care in prisons

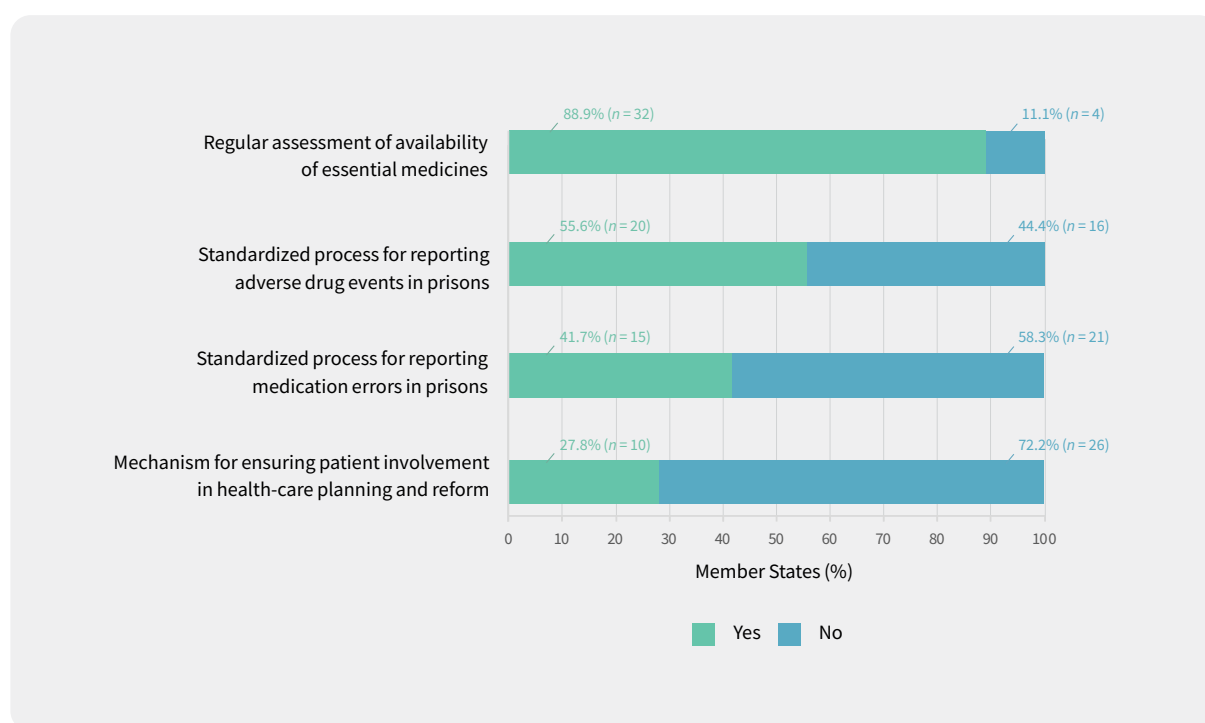
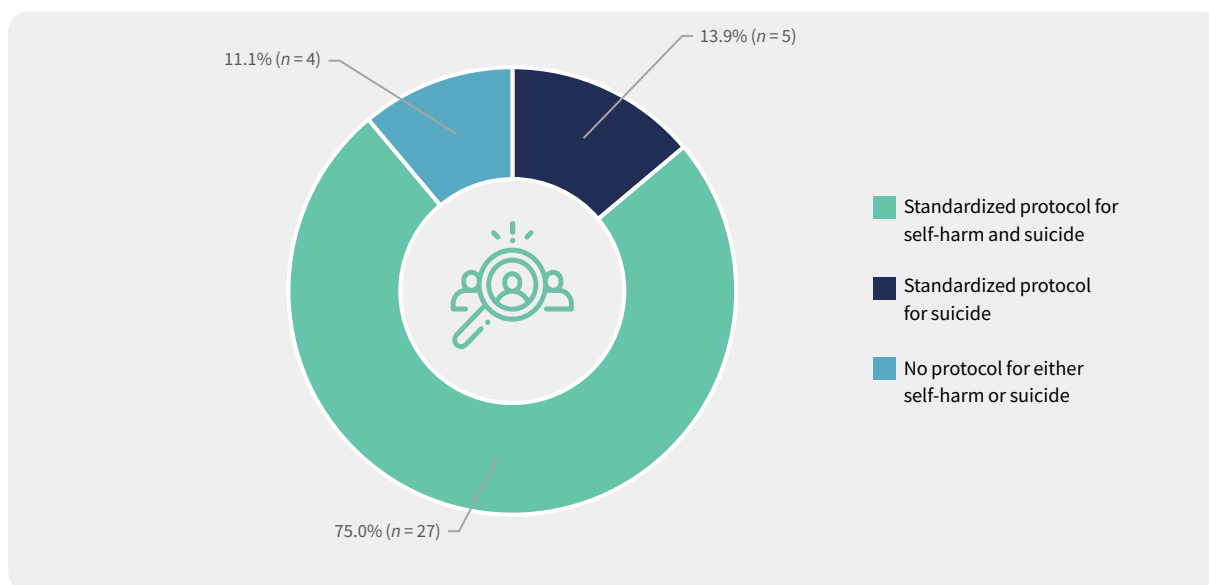


Fig. 39. Standardized protocol in place for identifying and helping people at risk of suicide/self-harm



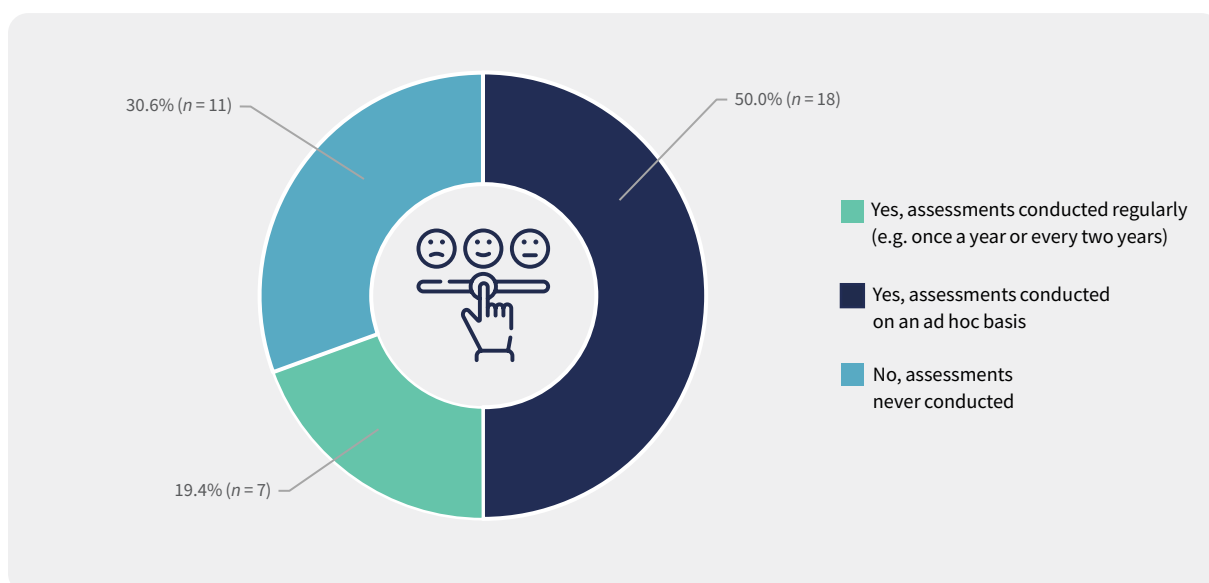
2.4 Impacts: health outcomes

2.4.1 Health and well-being

The domain of health and well-being was evaluated by considering whether assessments of perceived well-being (or life satisfaction) of people in prison were conducted. While the majority of Member States conducted such

assessments either regularly ($n = 7$; 19.4%) or on an ad hoc basis ($n = 18$; 50.0%), 11 Member States (30.6%) had never done so (Fig. 40). All 36 Member States answered this question.

Fig. 40. Percentage of Member States conducting assessments of perceived well-being of people in prison



2.4.2 Morbidity

Not all Member States could provide data on the number of people with a given condition, and only a very small proportion was able to further disaggregate by gender (Table 8).

Table 8. Morbidity in prison

Condition	Number of Member States reporting	Number of people in prison with a diagnosis on record (%) ^a	Expected prevalence (from literature on prisons)	Prevalence in the general community (%) ^b
TB	28	1771 (0.46) (95% CI: 0.44–0.48)	1000 (95% CI: 510–1770) per 100 000 people in prison (25) 2.8% active TB (57) 0.8–6.0% (58)	9.6 cases reported per 100 000 people (2019)
MDR-TB	25	1062 (0.35) (95% CI: 0.33–0.37)	0.48% (95% CI: 0.02–1.32)– 1.15% (95% CI: 0.15–2.73) depending on detection methods (59)	0.01
HIV	25	9506 (2.60) (95% CI: 2.55–2.65)	5.0% (95% CI: 0.0–11.0) (60) 3.8% (57)	0.43
HCV	23	13 491 (3.75) (95% CI: 3.69–3.82)	26% (95% CI: 23–29) (61) 15.1% (57)	0.006
HBV	20	3003 (1.20) (95% CI: 1.16–1.25)	2.05 (95% CI: 1.54–2.72) (62) 4.8% (57)	0.025
STIs	16	2367 (1.07) (95% CI: 1.02–1.11)	Syphilis, 1.1%; herpes simplex virus 2, 22.4% (63)	13.6
COVID-19	29	15 497 (3.55) (95% CI: 3.49–3.60)	By 23 September 2020, cumulative incidence rate for people in federal prisons, 11 710.1 per 100 000 (64)	–
Oral health (individuals keeping 21 or more natural teeth)	4	27 266 (42.88) (95% CI: 42.50–43.27)	67.0% decayed teeth/tooth missing due to caries (65); equivalent to 33% preserving 21 or more natural teeth	–
Mental health disorder	15	79 857 (32.76) (95% CI: 32.57–32.94)	29%, common mental health disorders (66)	13.1
Psychotic disorder	11	2021 (1.37) (95% CI: 1.31–1.43)	6.2% (67)	–
Recorded suicide attempt events	11	366 (0.39) (95% CI: 0.35–0.43)	Only “completed suicide” studies	–
Drug use disorder	18	20 059 (7.84) (95% CI: 7.73–7.94)	Men: 30% (95% CI: 22–38) Women: 51% (95% CI: 43–58) (68)	1.3
Diabetes	16	5456 (3.04) (95% CI: 2.96–3.12)	14% (95% CI: 12–16) (29)	10.8
Hypertension	14	18 812 (10.89) (95% CI: 10.74–11.04)	39% (95% CI: 32–47) (29)	–
CVD	15	10 933 (6.14) (95% CI: 6.03–6.25)	38% (95% CI: 33–42) (29)	13.3
Cancer	16	2748 (1.38) (95% CI: 1.33–1.43)	8% (95% CI: 6–10) (29)	13.6

^a Percentage is calculated by dividing the number of people with a diagnosis on record in 2020 by the total number of people in prison in the same country (but only where data have been provided for the same reference year).

^b Data from Global Burden of Disease 2019 (34); reported for males only.

This table suggests that, across all conditions, there may be some underreporting by Member States, when comparison is made with systematic reviews published on prevalence of such conditions in similar populations (for some conditions, however, the literature identified for prisons was not considered to be suitable, either because of the low quality of the studies or lack of comparability of the data reported). The differences identified are more visible for NCDs, which may result from there being less focus on these in prisons.

Nonetheless, assuming that some values are underreported, the prevalence of most infectious diseases is considerably higher in prisons than in the general community, the exception being STIs, for which only 16 Member States reported data. Mental health and drug use disorders were also reported to represent a considerably higher share of the prison population compared to the community. Conversely, prevalence of NCDs was lower in prisons than in the community, although careful interpretation of these data is needed as very few Member States reported them. Moreover, in certain situations, the values reported were zero (even after validation had been requested from Member States), which suggests that NCDs may be ignored in some prisons.

Previous reports have acknowledged gaps in knowledge of the prevalence of certain conditions in European prisons, namely on active and latent TB (58).

2.4.3 Mortality

All Member States reported mortality data. Disaggregation by cause of death was possible only for 27–35 Member States, depending on the cause. Standardized all-cause mortality rate per 100 000 incarcerated people was 42.5, as compared to 136.9 in the general population (Table 9).

The data obtained confirm that suicide remained a major cause of death in prisons. Previous reports had suggested that the risk of suicide among people in European prisons was seven times higher than that of the general population (70). This is a higher ratio than the one identified in the current report, even though the standardized rate in prison was very similar (105 per 100 000 people in prison). It has also been suggested that a considerable proportion of people who commit suicide in prison have drug-related problems (58).

Table 9. Main causes of death in prison (compared to the general community)

Deaths	Number of Member States reporting	Number of cases	Rate/100 000 people in prison	Rate/100 000 people in the community
All causes	36	2598	424.9	1369.2 (34)
Suicide	35	626	103.0	39.5 (34)
Overdose	27	92	24.5	4.4 (34)
COVID-19	33	163	31.2	126.8 ^a

^aThe cumulative mortality rate for COVID-19 was estimated by combining the total cumulative number of deaths due to COVID-19 between 22 January 2020 and 31 December 2020 obtained from the Our World in Data database (35) and the EU population as of 1 January 2020 obtained from Eurostat (69). Data were reported for males only.

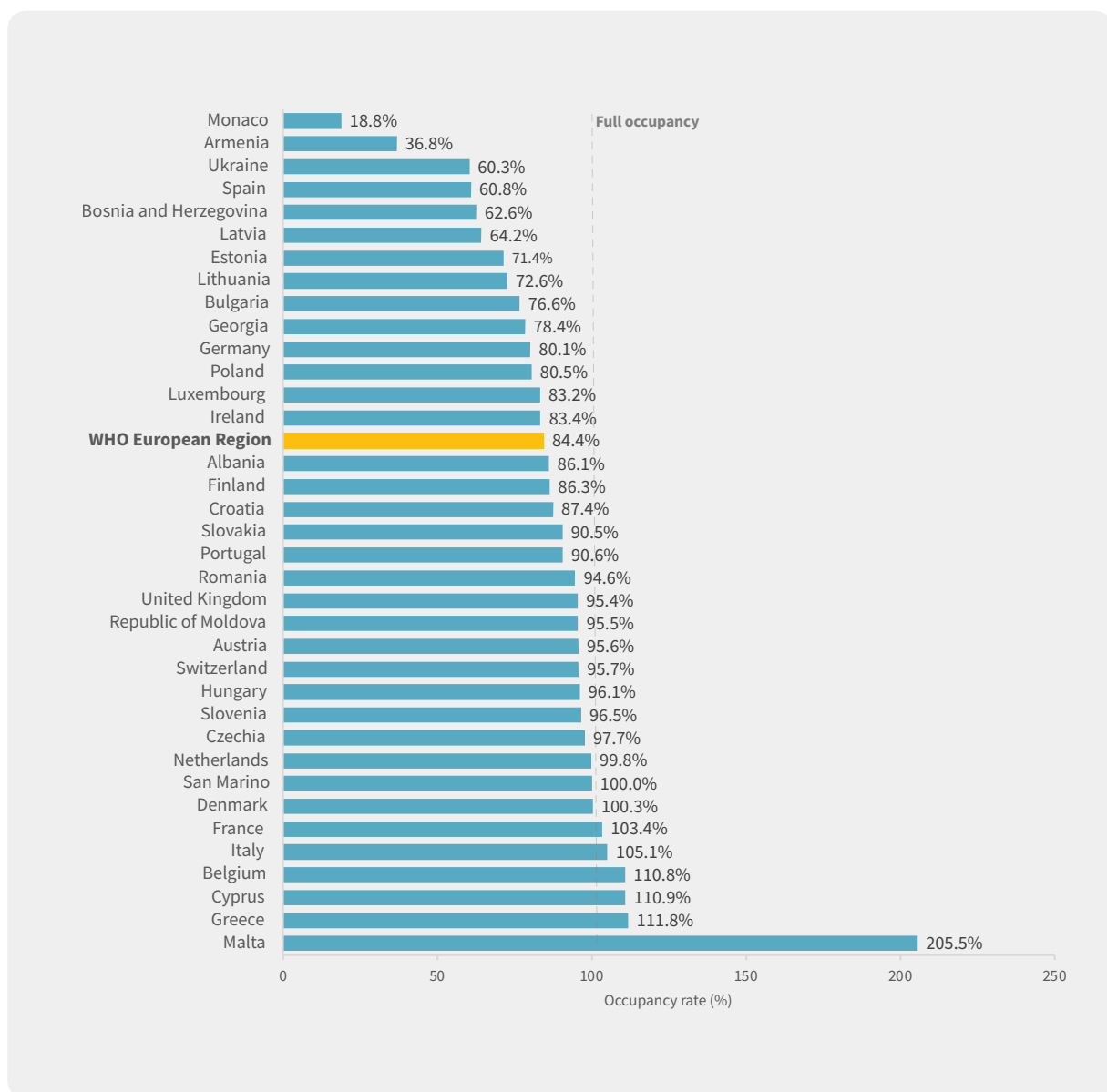
2.5 Influencing factors

2.5.1 Prison environment

The prison environment was characterized using five indicators. The first of these looked at occupancy rate. The overall occupancy rate in the WHO European Region was 84.4%, ranging between 18.8% in Monaco and 205.5% in

Malta (Fig. 41). There were a total of seven Member States that exceeded their official capacity and thus had prisons in a state of overcrowding.

Fig. 41. Occupancy rate in prisons in the WHO European Region



It is important to remember two stipulations of the Mandela Rules (5), neither of which is likely to be respected in situations of overcrowding:

[Rule 12.1] Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself or herself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception to this rule, it is not desirable to have two prisoners in a cell or room.

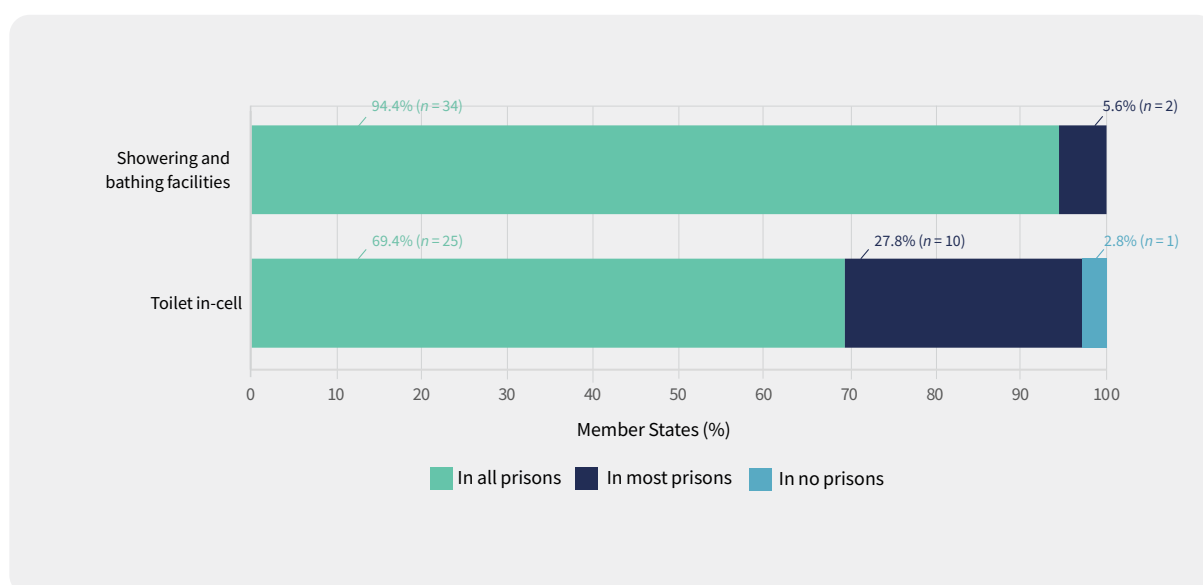
[Rule 13] All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

The second indicator looked at the use of solitary confinement as a punitive measure. In the 22 Member States that answered the question, a total of 7978 individuals were held in solitary confinement in 2020, representing 2.9% of the annual prison population. A higher value (4.3%) was reported in *Global prison trends 2022* (39). The Council of Europe's prison rules, revised in 2020 (45), regulate solitary

confinement; specific stipulations are given, such as that the maximum duration should never amount to "more than 22 hours a day without meaningful human contact" and that it should only be used exceptionally and "for the shortest period possible and never amount to torture or inhuman or degrading treatment or punishment". However, the maximum duration of solitary confinement is in practice set by national law. When solitary confinement is imposed, the people affected "shall be visited daily". However, there are also reports suggesting that such measures, particularly for pretrial detention, have been part of Scandinavian prison practice for many years (71), which may explain the higher values reported by such countries. Moreover, the current survey was conducted during the COVID-19 pandemic; according to Penal Reform International, prisons in the United States saw a 500% increase over previous levels in the use of solitary confinement in June 2020 (72).

The third indicator looked at sanitation conditions, which were subdivided into having access to a toilet in-cell and having access to showering and bathing facilities of appropriate temperature. While the second of these facilities was ensured in all prisons in 94.4% of Member States, only 69.4% reported in-cell toilets in all prisons (Fig. 42). All 36 Member States answered these two questions.

Fig. 42. Sanitation conditions in prisons



It is important to highlight the Mandela Rules that focus on these two specific aspects (5):

[Rule 15] The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.

[Rule 16] Adequate bathing and shower installations shall be provided so that every prisoner can, and may be required to, have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.

Insufficient sanitation facilities have also been reported in *Global prison trends 2022* (39).

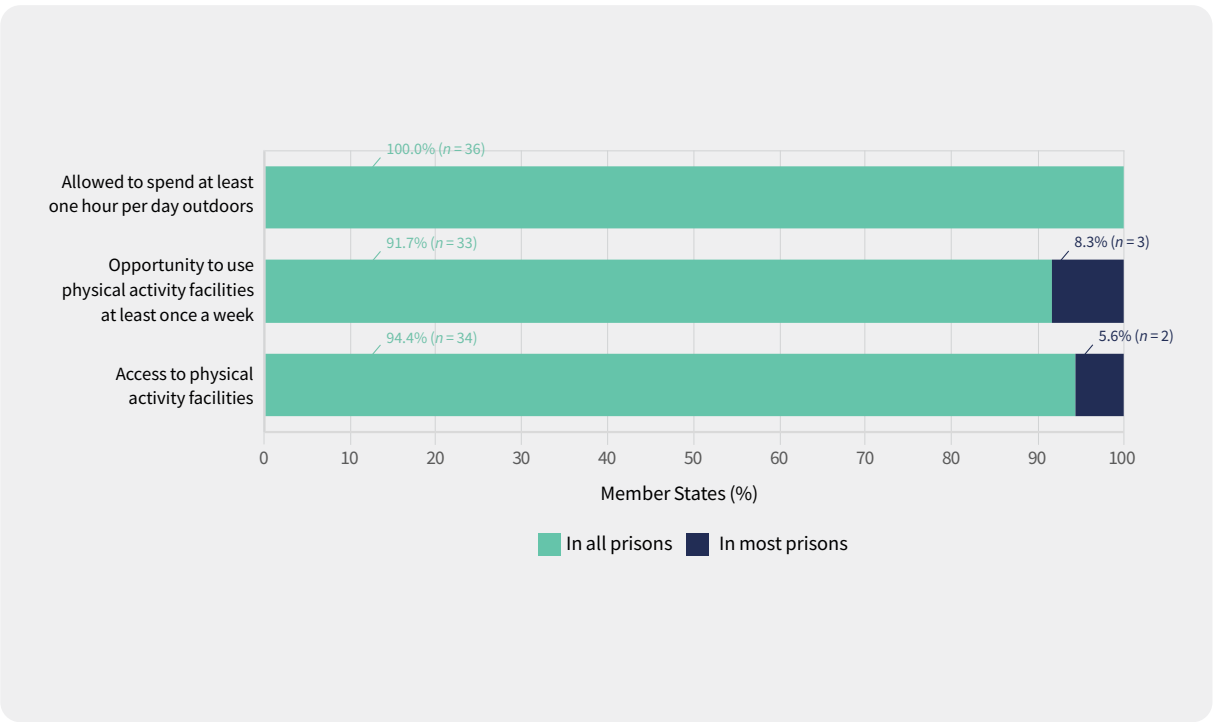
The fourth indicator looked at available infrastructure and procedures to ensure that people in prison have access to

fresh air and the opportunity to engage in physical activity, as stipulated by Mandela Rule 23 (5):

- 1. Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.
- 2. Young prisoners, and others of suitable age and physique, shall receive physical and recreational training during the period of exercise. To this end, space, installations and equipment should be provided.

Every Member State respected the first part of this rule, stipulating that people in prison should be allowed to spend at least one hour per day outdoors (Fig. 43). However, two Member States did not make physical activity facilities available in all prisons, and three did not give people the opportunity to use these facilities at least once a week. All 36 Member States answered these three questions.

Fig. 43. Access to fresh air and the opportunity and means to engage in physical activity in prisons



The fifth indicator looked at access to food and nutritional options and their adaptation to cultural and gender needs, as stipulated by Mandela Rule 22 (5):

Every prisoner shall be provided by the prison administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.

The survey data indicate that adaptation to cultural needs was respected in most Member States, but more needed to be done to ensure that women in detention were also given food of adequate nutritional value for their health needs (Fig. 44). All 36 Member States answered both questions.

Previous research has shown that people in prison tend to gain weight (28) and – even though women represent only around 5% of the prison population – women are more vulnerable to have low physical activity and to be diagnosed with eating disorders, and thus to display abdominal

obesity more frequently (73). Consumption habits, notably of ultraprocessed foods during detention (74), have also been held accountable for short- and long-term negative consequences, including the development or aggravation of NCDs.

It should be mentioned that having nutritional options adapted to health needs is, of course, equally important, but this information was not collected in HIPEDS.

2.5.2 Health behaviours

Health behaviours were characterized by asking Member States, for a total of seven variables, the number of people in prison adopting a certain behaviour (Table 10). Even though all Member States said that this information was recorded in their clinical records, most also acknowledged that there were limitations in their ability to extract such data. For this reason, this was the domain where Member States had most difficulty in providing valid information.

Fig. 44. Access to food and nutritional options in prisons

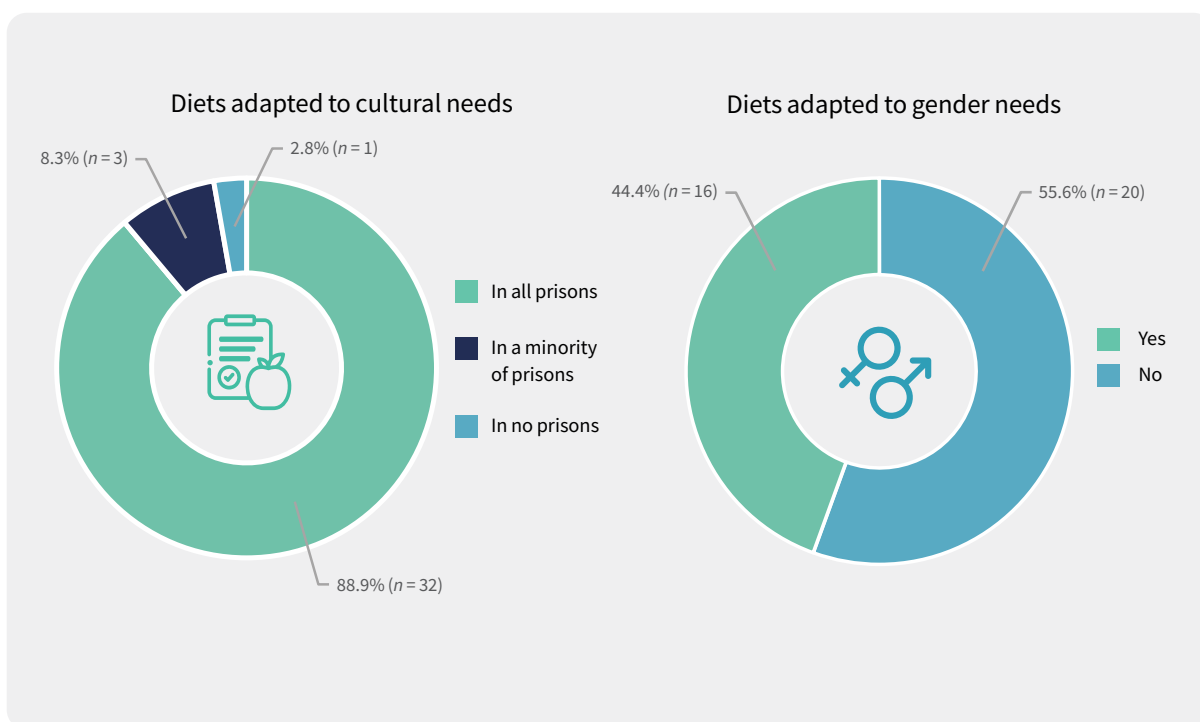


Table 10. Health behaviours in prison

Behaviour	Number of Member States reporting	Number of people in prison (% of prison population)	Values reported for prisons in the literature	Values reported for the general population
Overweight (BMI 25.0–29.9 kg/m ²)	5	4989 (34.81) (95% CI: 34.04–35.60)	55.8% for UK (75)	62.9% (38) ^a
Obese (BMI ≥ 30.0 kg/m ²)	4	1764 (9.71) (95% CI: 9.29–10.15)	8.0–56.0% (76) Important gender inequalities (75)	21.8% (38) ^a
Smokers ^b	6	15 528 (63.13) (95% CI: 62.53–63.73)	72.3% (95% CI: 54.8–84.7) (77) – western Europe	38.1% (38) ^a
Drinkers (last 12 months) ^c	10	7382 (12.98) (95% CI: 12.70–13.26)	Males only, 18–30% (78)	12-month prevalence rates for alcohol use dependence 6.1% for males in Europe (79)
Drug users (last 12 months) ^b	10	10 129 (17.81) (95% CI: 17.49–18.12)	Male prisoners 10–48% Females 30–60% (78)	5.6% of people aged 15–64 used drugs at least once
Injectable drug users (last 12 months) ^b	7	1551 (6.52) (95% CI: 6.21–6.84)	17.3% (24)	0.2% of people aged 15–64 used drugs at least once
Physically active (exercising ≥ 150 minutes/week)	4	638 (10.48) (95% CI: 9.74–11.28)	46.2% for UK (75)	75% (81)

^a European Health Information Gateway 2016 data for males only.

^b We cannot verify when these statistics were collected in prisons. The point of assessment would imply if the people in prison had consumed alcohol, drugs or tobacco while in prison or if they had consumed them within the 12 months before they entered prison.

^c For the reason given in the previous note, the population-level statistic for current alcohol drinkers is not given here; instead, we give the population-level statistics and prison statistics reported in the literature to indicate alcohol use dependence, which we believe will add more value to this discussion.

In spite of the low level of reporting by Member States, this table suggests that, across all behaviours, there may be some underreporting. Even though less visible than in the

morbidity domain, this is apparent when comparisons are made with published systematic reviews on the prevalence of such conditions in similar populations.

2.6 Cross-cutting principles

2.6.1 Adherence to international standards for human rights and good prison health

Nine indicators were taken into account when characterizing the first cross-cutting principle. These were:

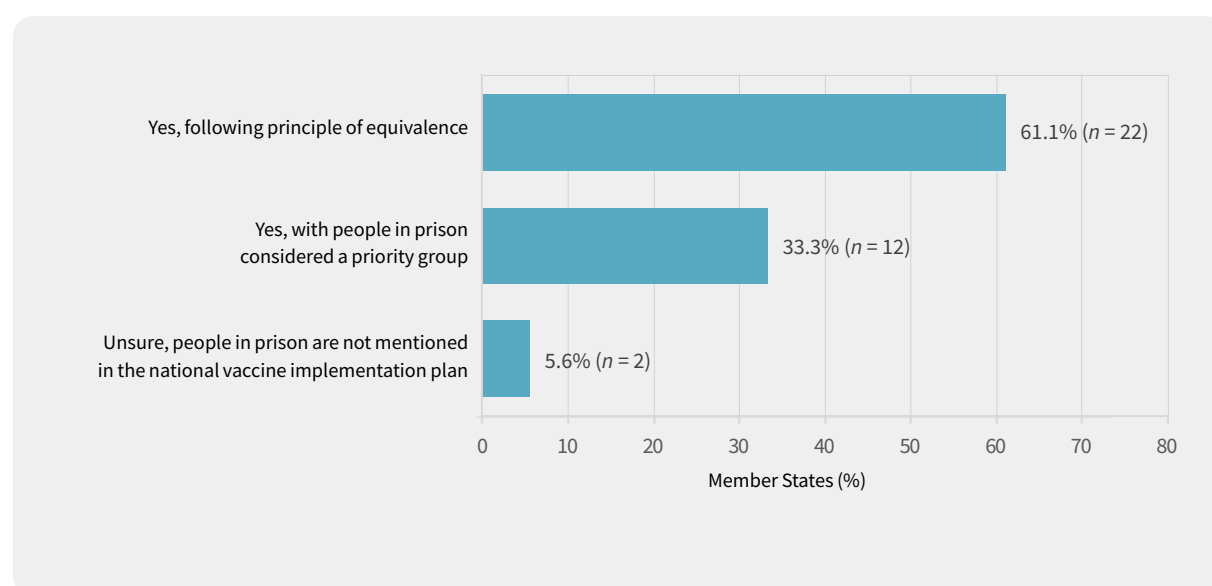
- (1) equivalence in the scope of services offered;
- (2) equivalence in access to vaccination by plans established;
- (3) equivalence in standards and accreditation procedures for health-care services;
- (4) equivalence in professional standards established for the workforce;
- (5) equivalence in ethical standards established for the workforce;
- (6) provisions of international law on the health of people in detention incorporated into national law;
- (7) clinical independence;
- (8) publicly available reports of prison hygiene, nutrition and living conditions; and

(9) existence of national health-care complaints system for people in prison.

All Member States stated that they offered the same range of health-care services to people in prison as those available in the outside community.

Of the 36 Member States, 34 reported that they had a national vaccine implementation plan establishing access to COVID-19 vaccine for people in prison, with such people being given priority status in 12 Member States (Fig. 45). All 36 Member States answered this question. People in prison were not mentioned in the national vaccine implementation plans of the two other Member States. WHO has worked jointly with the United Nations Office on Drugs and Crime and Penal Reform International to call for people living and working in prisons to be included in national COVID-19 vaccination plans, but it appears that more work still needs to be done (82).

Fig. 45. Existence of national COVID-19 vaccination implementation plans mentioning access for people in prison



Eighteen Member States (50.0%) stated that their health-care services were subject to the same accreditation procedures across all type of services, while another 16 Member States stated these procedures applied only to publicly contracted services (Fig. 46). All 36 Member States answered this question.

All 36 Member States reported that their prison health workforce was subject to the same professional standards as the health workforce in the community. Moreover, of the 35 Member States that provided an answer, all stated that their prison health workforce was subject to the same ethical standards as the health workforce in the community.

All Member States stated that the provisions of international law regarding the health of people in prisons and other places of detention were incorporated into their national law.

Even though most Member States ($n = 28$; 77.8%) stated that clinical decisions could not be overruled or ignored by nonhealth prison staff, eight Member States reported that prison health staff did not have clinical independence, which is a basic principle of good prison health (83,84) (Fig. 47). All 36 Member States answered this question.

Fig. 46. Standards and accreditation procedures for health-care services in prisons and the community

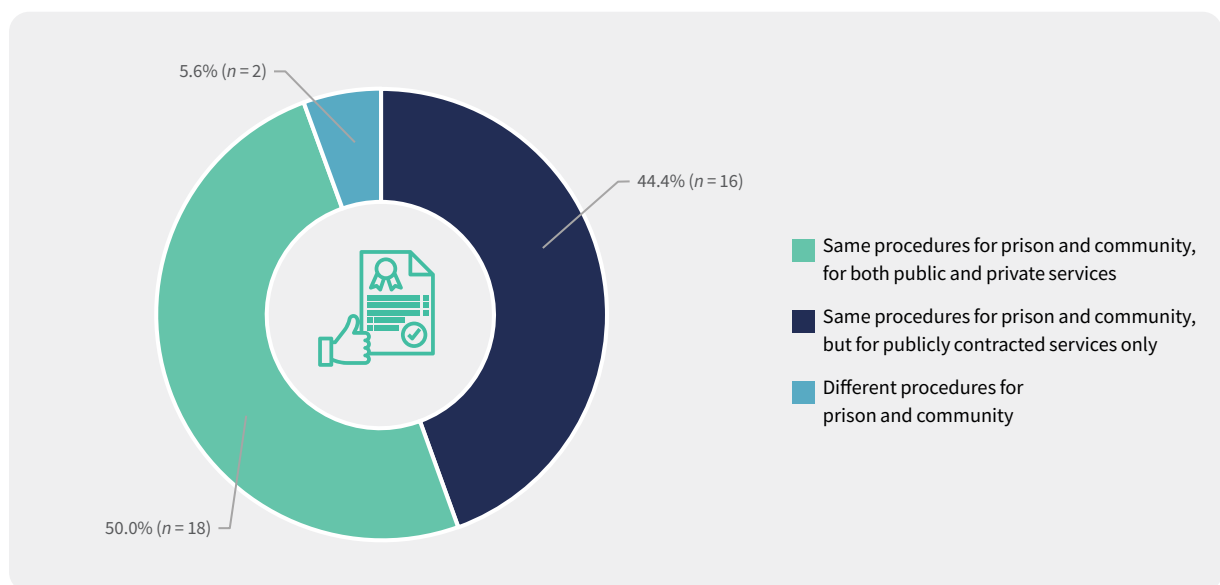
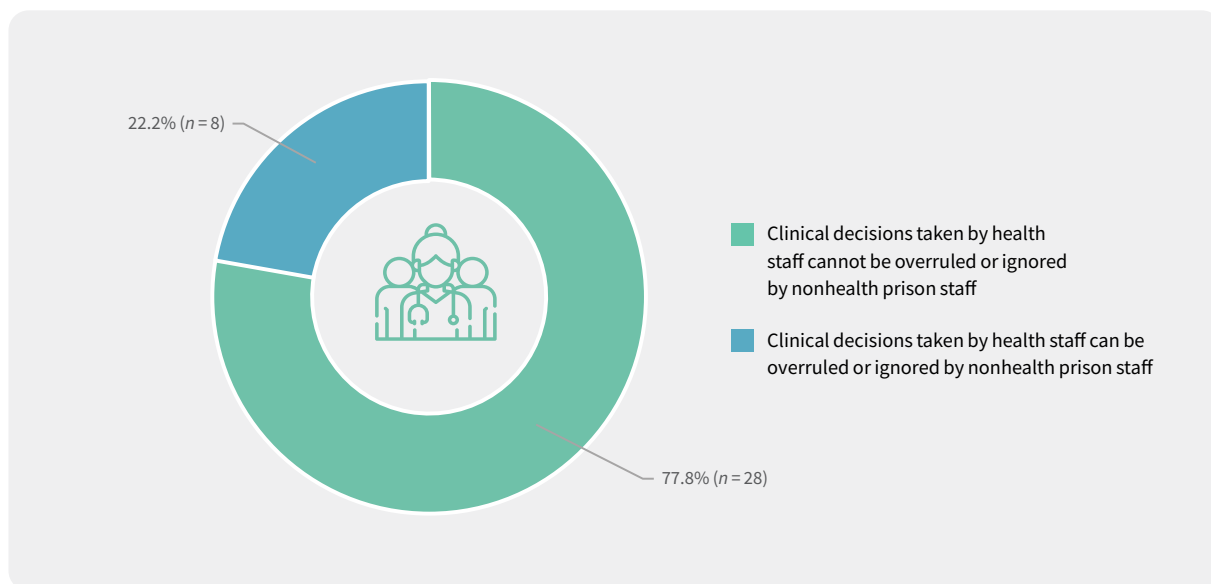


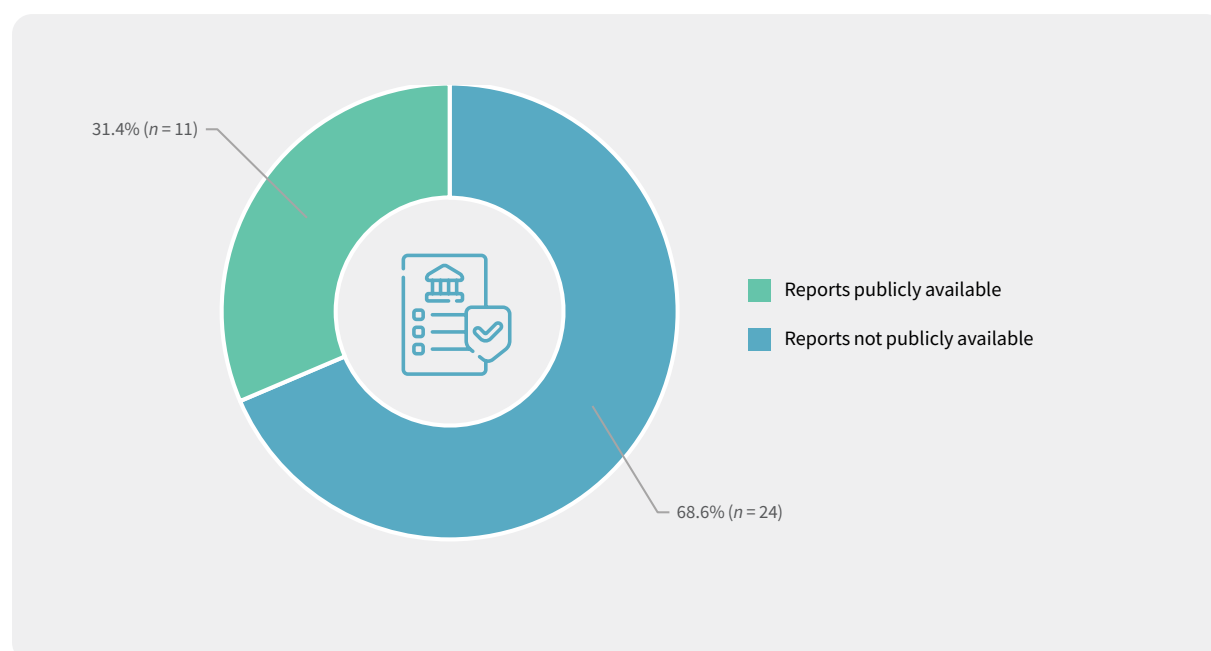
Fig. 47. Clinical independence of prison health staff



Most Member States ($n = 24$; 68.6%) stated that they did not have publicly available reports on prison hygiene, nutrition

and living conditions (Fig. 48). One Member State did not answer this question.

Fig. 48. Public availability of reports on prison hygiene, nutrition and living conditions



Most Member States reported that they had a complaints system in place ($n = 26$; 72.2%) (Fig. 49). All 36 Member States answered this question. However, when asked how many complaints had been received in 2020, only 15 of these 26 (57.7%) were able to provide a figure. There were, on average, 380.5 complaints per Member State ($SD = 718.54$); assuming these complaints were made by unique individuals, this corresponds to 4.1% of the prison population.

According to the updated Mandela Rules (5):

[Rule 24] 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.

Most indicators in this domain seem to be broadly aligned with this recommendation. However, more needs to be done to ensure clinical independence and transparency in reports on prison hygiene, nutrition and living conditions and in the number of complaints received.

2.6.2 Reducing health inequalities and addressing the needs of special populations

Member States were asked if they had national standards to meet the health needs of special populations in prison. There were six Member States that did not answer this question. In the remaining 30 Member States, the population subgroups given the most consideration were pregnant women and people who use drugs, followed by people with physical disabilities, children and youth, and women (Fig. 50).

Fig. 49. Availability of a complaints system in prison

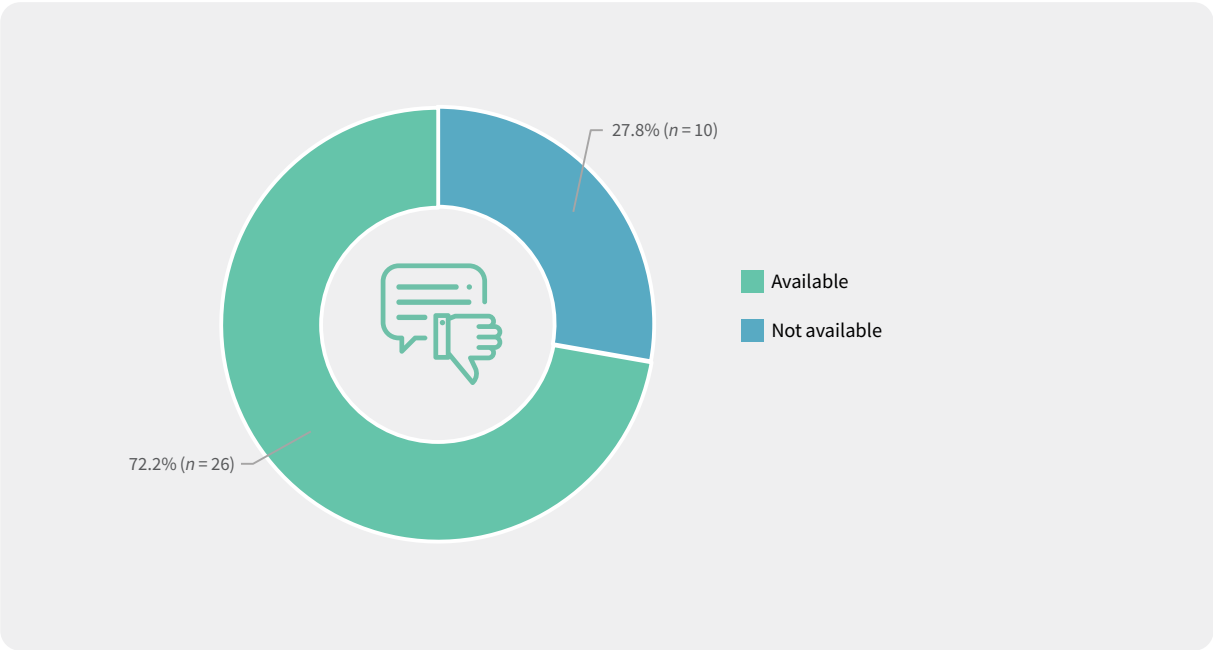
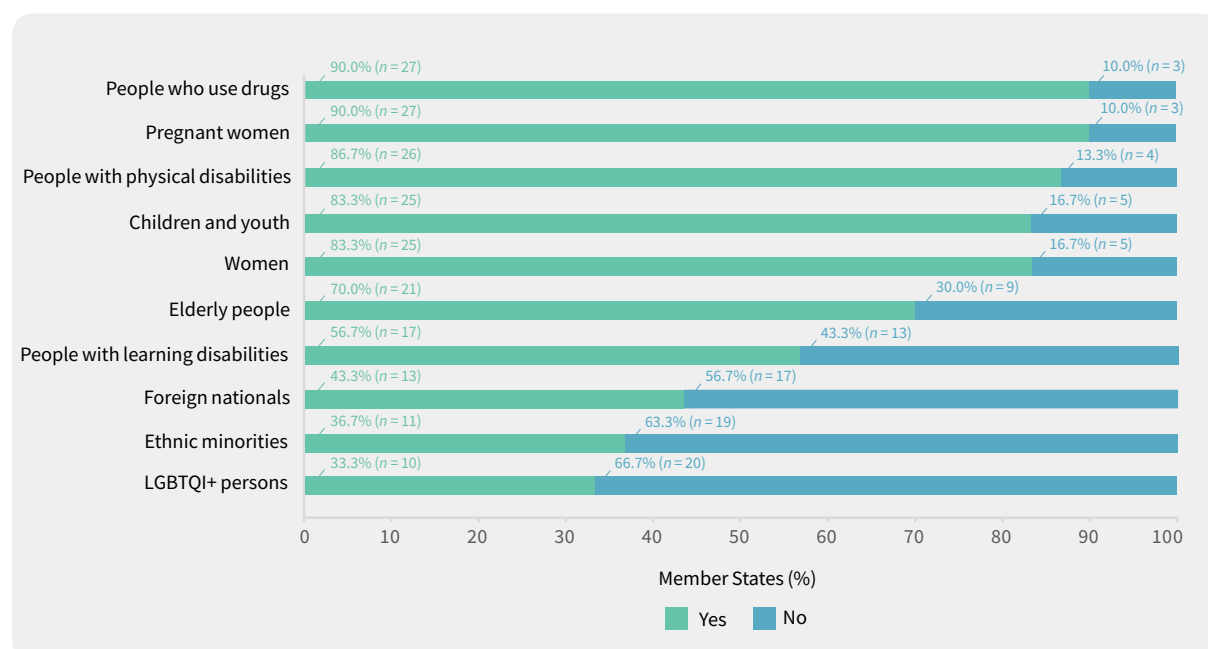


Fig. 50. Availability of national standards to meet the health needs of special populations in prison



When asked if these national standards were based on international ones, six Member States answered “no” and 20 answered “yes” (four did not answer).

There are several standards and guidance documents issued to support population subgroups in the general population, such as the International Standards for People with Drug Use Disorders (85), that are also applicable to people in detention.

Member States were asked if their prisons had health-related information products for people in prison, such as brochures and leaflets, in multiple languages. Just over half ($n = 19$; 52.8%) reported that these were available in all prisons (Fig. 51). All 36 Member States answered this question.

There were three questions dealing with women’s health and specific needs. All 36 Member States answered the first two questions. The first asked if women in prison

had the option to be attended by female health-care staff. Three quarters of Member States ($n = 27$; 75.0%) answered positively, while nine stated that such an arrangement could not be guaranteed.

There was a range of positions adopted on access to pregnancy tests. Most commonly, pregnancy tests were not made available ($n = 14$; 38.9%), but in around a third of Member States they were made available at regular intervals ($n = 12$; 33.3%), and in the remainder they were made available only once ($n = 10$; 27.8%) (Fig. 52). All 22 Member States that gave access to pregnancy tests stated that the option of prenatal care or termination was available in the event of a positive result.

In the 27 Member States that responded to the third question, a total number of 105 women were reported to have given birth in prison in 2020, representing 0.6% of the females in prison.

Fig. 51. Availability of health-related information products for people in prison in multiple languages

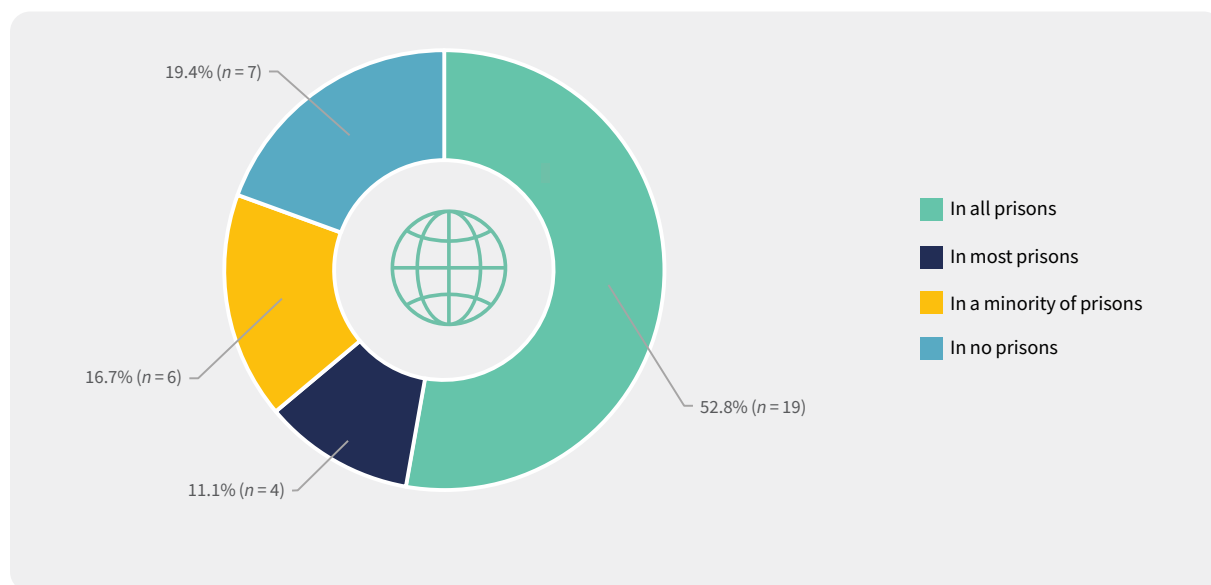
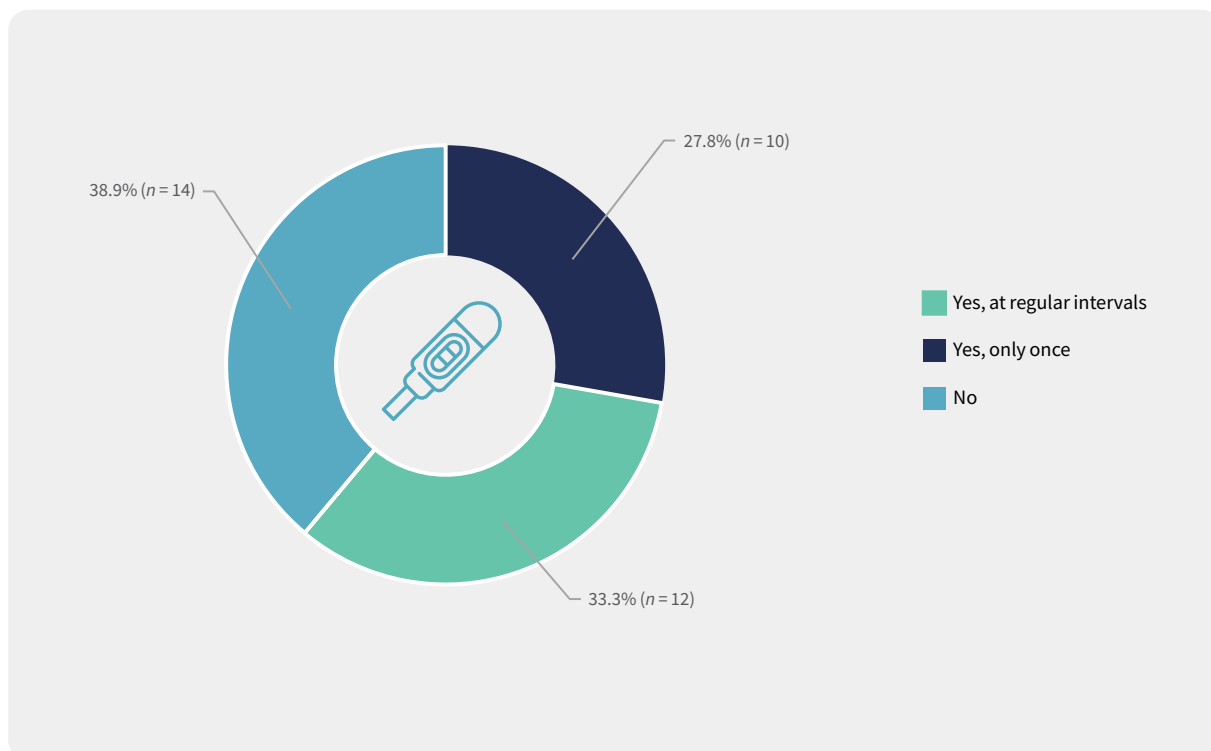


Fig. 52. Access to pregnancy tests in prisons



3. Exploring the effects of governance arrangements for the delivery of health care in prisons

WHO and the United Nations Office on Drugs and Crime have concluded that (i) managing and coordinating all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility; and (ii) health ministries should provide and be accountable for health-care services in prisons and advocate healthy prison conditions (84). However, there is insufficient evidence about the effects of different governance arrangements, beyond case studies of good practice that illustrate these principles.

In 2020 WHO issued a policy brief which described the governance arrangements for prison health in three European countries (86). In two of these countries, responsibility for prison health lay with the Ministry of Health; in the other, responsibility lay with the Ministry of Justice, but health-care delivery was assured through a formal collaboration with the Ministry of Health. The arrangements in each country seemed to show positive results, although there was some room for improvement in terms of documenting health outcomes. In light of this, we

hypothesized that two possible models could lead to better health-care provision: responsibility lying exclusively with the Ministry of Health; and responsibility shared between the Ministry of Health and the Ministry of Justice. We tried to put countries into one or other of these groups, and then used the grouping as the main variable in an attempt to understand four major aspects that characterize prison health systems.

3.1 Health information systems

First, we considered health information systems – specifically, their ability to provide data on behaviours, morbidity and mortality indicators (Table 11).

Regardless of the groupings made, the data suggest that the differences identified in the ability to report health information data cannot be explained by diverse arrangements in the responsibility for the delivery of health care in prisons.

Table 11. Association between governance arrangements and health information systems in prison

	Ministry of Health	Ministry of Justice or both	<i>p</i> -value ^a	Ministry of Health or both	Ministry of Justice	<i>p</i> -value ^a
	Number of Member States (%)			Number of Member States (%)		
Mortality data (both sexes)						
complete data	4 (57.1)	23 (79.3)		20 (71.4)	7 (87.5)	
incomplete data	3 (42.9)	6 (20.7)	0.333	8 (28.6)	1 (12.5)	0.648
Morbidity data (both sexes)						
complete or incomplete data	5 (71.4)	26 (89.7)		24 (85.7)	7 (87.5)	
no data	2 (28.6)	3 (10.3)	0.244	4 (14.3)	1 (12.5)	1.000
Health behaviour data (both sexes)						
incomplete data	2 (28.6)	11 (37.9)		9 (32.1)	4 (50.0)	
no data	5 (71.4)	18 (62.1)	1.000	19 (67.9)	4 (50.0)	0.422

^a Two-tailed Fisher's exact test. Values below 0.05 show significant differences in proportions, according to the significance level defined for the statistical analysis. Values between 0.05 and 0.10 are considered trends.

3.2 Delivery of health-care services

Next, we looked at delivery of health-care services (Table 12). This was operationalized by considering:

- (i) availability of needles and syringes (health protection)
- (ii) treatment areas for people with drug use disorders (health promotion)
- (iii) availability of PrEP and PEP (preventive services)
- (iv) primary care quality (following recommendations for oral health visits and ophthalmology visits in the case of diabetes).

Table 12. Association between governance arrangements and delivery of health-care services in prison

	Ministry of Health	Ministry of Justice or both	<i>p</i> -value ^a	Ministry of Health or both	Ministry of Justice	<i>p</i> -value ^a
	Number of Member States (%)			Number of Member States (%)		
Needles and syringes						
Available in all prisons	2 (28.6)	1 (3.4)		3 (10.7)	0 (0.0)	
Not available in all prisons	5 (71.4)	28 (96.6)	0.089	25 (89.3)	8 (100.0)	1.000
Treatment areas for people with drug problems						
Available in all or most prisons	4 (66.7)	10 (34.5)		12 (44.4)	2 (25.0)	
Available in a minority or no prisons	2 (33.3)	19 (65.5)	0.191	15 (55.6)	6 (75.0)	0.431
Access to mental health counsellors						
Available in all or most prisons	6 (85.7)	24 (82.8)		23 (82.1)	7 (87.5)	
Available in a minority of or no prisons	1 (14.3)	5 (17.2)	1.000	5 (17.9)	1 (12.5)	1.000
PEP						
Available in all prisons	6 (85.7)	21 (72.4)		23 (82.1)	4 (50.0)	
Not available in all prisons	1 (14.3)	8 (27.6)	0.652	5 (17.9)	4 (50.0)	0.086
PrEP						
Available in all prisons	4 (57.1)	17 (58.6)		18 (64.3)	3 (37.5)	
Not available in all prisons	3 (42.9)	12 (41.4)	1.000	10 (35.7)	5 (62.5)	0.236
Oral health visit						
Frequency meets recommendations	0 (0.0)	3 (37.5)		2 (25.0)	1 (50.0)	
Frequency does not meet recommendations	2 (100.0)	5 (62.5)	1.000	6 (75.0)	1 (50.0)	1.000

^a Two-tailed Fisher's exact test. Values below 0.05 show significant differences in proportions, according to the significance level defined for the statistical analysis. Values between 0.05 and 0.10 are considered trends.

Table 12 (contd)

	Ministry of Health	Ministry of Justice or both	<i>p</i> -value	Ministry of Health or both	Ministry of Justice	<i>p</i> -value
	Number of Member States (%)			Number of Member States (%)		
Care provided to people with diabetes mellitus						
Routine health care meets recommendations (at least two routine health-care visits per year)	1 (100.0)	6 (66.7)		4 (57.1)	3 (100.0)	
Routine health care does not meet recommendations (less than two routine health-care visits per year)	0 (0.0)	3 (33.3)	1.000	3 (42.9)	0 (0.0)	1.000
Ophthalmology care meets recommendations (at least one ophthalmology visit per year)	0 (0.0)	4 (44.4)		3 (42.9)	1 (33.3)	
Ophthalmology care does not meet recommendations (less than one ophthalmology visit per year)	1 (100.0)	5 (55.6)	1.000	4 (57.1)	2 (66.7)	1.000
Care provided to people with CVD diagnosis						
Care meets recommendations (at least one routine health-care visit per year)	1 (100.0)	9 (81.8)		7 (77.8)	3 (100.0)	
Care does not meet recommendations (less than one routine health-care visit per year)	0 (0.0)	2 (18.2)	1.000	2 (22.2)	0 (0.0)	1.000

Needles and syringes tended to be distributed more frequently when responsibility for delivery of health services was exclusively under the Ministry of Health, even though the difference only indicated a trend (*p*-value=0.089). This trend was not, however, replicated in the distribution of other health protection products.

There were no differences found in access to treatment areas for people with drug use disorders or in access to mental health counsellors.

There was a marginally significant increase in the frequency of PEP distribution when responsibility for delivery of health services was shared between the Ministry of Health and the Ministry of Justice. No further differences were noted in preventive services.

3.3 Environmental factors

Next, we looked at the effect of different governance arrangements on environmental factors, using adaptation of diets to meet gender needs as an example (Table 13). However, no significant differences were identified.

3.4 Adherence to the principle of equivalence and other international standards

Finally, we looked at the relationship between prison governance arrangements and the level of adherence to the principle of equivalence and other international standards (Table 14).

The data suggest that, when responsibility for delivery of health services was exclusively under the Ministry of Health, there was more frequent adoption of national standards for special populations – notably, LGBTQI+ (80.0% vs 24.0%, p -value = 0.031) and ethnic minorities (80.0% vs 28.0%, p -value = 0.047). The same trend was observed for people with learning disabilities, despite the lack of power for statistically significant results (100.0% vs 48.0%). However, an arrangement in which responsibilities were under the Ministry of Health or shared between the Ministry of Health and the Ministry of Justice seemed to be more favourable with respect to clinical independence, when compared to being exclusively under the Ministry of Justice (10.7% vs 62.5%, p -value = 0.006).

Table 13. Association between governance arrangements and adaptation of diets to gender needs

	Ministry of Health	Ministry of Justice or both	<i>p</i> -value ^a	Ministry of Health or both	Ministry of Justice	<i>p</i> -value ^a
	Number of Member States (%)			Number of Member States (%)		
Gender-adapted diets						
Yes	1 (14.3)	15 (51.7)	0.104	11 (39.3)	5 (62.5)	0.422
No	6 (85.7)	14 (48.3)		17 (60.7)	3 (37.5)	

^a Two-tailed Fisher's exact test. Values below 0.05 show significant differences in proportions, according to the significance level defined for the statistical analysis. Values between 0.05 and 0.10 are considered trends.

Table 14. Association between governance arrangements and the principle of equivalence and other international standards in prison

	Ministry of Health	Ministry of Justice or both	<i>p</i> -value ^a	Ministry of Health or both	Ministry of Justice	<i>p</i> -value ^a
	Number of Member States (%)			Number of Member States (%)		
COVID-19 vaccine implementation plan						
People in prison are prioritized or the principle of equivalence is followed	6 (85.7)	28 (96.6)		26 (92.9)	8 (100.0)	
People in prison are not mentioned or are the last covered	1 (14.3)	1 (3.4)	0.356	2 (7.1)	0 (0.0)	1.000
National standards for special populations						
LGBTQI+						
Yes	4 (80.0)	6 (24.0)		9 (37.5)	1 (16.7)	
No	1 (20.0)	19 (76.0)	0.031	15 (62.5)	5 (83.3)	0.633
People with learning disabilities						
Yes	5 (100.0)	12 (48.0)		15 (62.5)	2 (33.3)	
No	0 (0.0)	13 (52.0)	0.052	9 (37.5)	4 (66.7)	0.360
Ethnic minorities						
Yes	4 (80.0)	7 (28.0)		10 (41.7)	1 (16.7)	
No	1 (20.0)	18 (72.0)	0.047	14 (58.3)	5 (83.3)	0.372
Clinical independence						
Yes	7 (100.0)	21 (72.4)		25 (89.3)	3 (37.5)	
No	0 (0.0)	8 (27.6)	0.309	3 (10.7)	5 (62.5)	0.006

^a Two-tailed Fisher's exact test. Values below 0.05 show significant differences in proportions, according to the significance level defined for the statistical analysis. Values between 0.05 and 0.10 are considered trends.

4. Limitations

The mortality and prevalence data in prisons used for this report were calculated using the number of people in detention as of 31 December 2020 as the population of exposure, while we used the cumulative number of cases and deaths for the year 2020. While it is acknowledged that the prison population is relatively small yet dynamic, it was assumed for the report that the rate of change of the prison population stayed relatively constant, allowing the end-of-year population figure to be used.

An important limitation of this report is that, while its aim is to provide an overview of the performance of prison health systems and of the health status profile of people living in prison in the whole WHO European Region, only 36 of 53 Member States responded. While comparisons are made with WHO European Region data for the general population, these should be interpreted with caution as some of the missing countries are large and represent an important share of the prison population of the Region. Moreover, irrespective of their size, these missing countries may also have particular features in their organization and functioning that would be relevant in characterizing the prison health system as a whole.

For those countries that were represented, there were also substantial limitations in the availability of data across many indicators, notably for behaviour and morbidity variables. This may be because some countries do not collect these data at national level; because data are collected but cannot be extracted in an aggregate manner; or perhaps – in the case of certain variables (such as those associated with population profiles) – because of inconsistencies between the HIPED indicators and the countries' data collection processes and systems (such as the age cutoff used).

Comparisons of conditions and risk factors between the incarcerated population and the community at large

cannot easily be made with these data. Rates adjusted for age, sex and social class would be needed to allow sound conclusions to be drawn, and these were not available for the prison population. We attempted to correct for this by using mortality and prevalence rates for the general population over 20 years of age and by drawing comparisons with males only, since the female representation in prisons is only 5% of the total population.

When exploring governance arrangements for the delivery of prison health care (section 3), some trends were revealed. However, the limited sample size reduced the potential to further explore the effect of different organizational models, as shown by *p*-values that often could only point towards trends. Notwithstanding, given the limited data published on evidence of the impact of governance in the delivery of prison health care, we believe the data provided are still of value, even though cautious interpretation is needed.

For most countries, the period to which HIPEDS data refer was 2020. However, for some external sources, the reference year was different, making direct comparison more difficult.

Countries that consist of multiple regions, cantons or nations posed a particular challenge, as the option to use nationally aggregated data presented in a uniform and consistent manner was not generally available. Some countries (such as Switzerland in the case of workforce) opted to indicate “missing data” whenever there were no aggregate national data, while others (such as England and Wales in the case of the United Kingdom) indicated the situation in the regions that represented a larger proportion of the prison population and highlighted any exceptions whenever appropriate. Others still (such as Germany) delivered a regional report, leaving national aggregation to be done by HIPED. For this reason, the validity of the country profiles of these countries may vary.

5. Discussion and conclusions

This report builds on the evidence gathered in a previous report on prison health in the WHO European Region published in 2019 (87). Although this earlier report was innovative in creating a source of information that explored the prison health system, adopting for the most part a health systems perspective, several limitations or caveats were nevertheless acknowledged. In particular, there were difficulties obtaining valid data on behaviours. For example, only 0.5% of Member States reported the proportion of people who were overweight; in the current report, we were able to obtain estimates from 13.9% of Member States, which is far from ideal but represents a significant improvement in countries' capacity to extract data from their health information systems. A similar improvement was seen in other domains described in the Prison Health Framework, notably in the morbidity domain. For example, in the previous report 20.5% of Member States were able to give the proportion of people diagnosed with hypertension, while 51.3% and 41.0% did so for TB and HIV, respectively; in the current report, the respective figures for hypertension were 77.8% of Member States, and for TB and HIV 69.4%. Nonetheless, we are aware that, for all morbidity estimates, underreporting is very likely, which suggests that it is a high priority to **invest in health information systems** that allow aggregate data to be extractable, to assist monitoring of individuals over time, including at moments of transition to and from the community.

Even though we did not ascertain respect for all Mandela Rules, compliance with some of those assessed was seen in the great majority of Member States (5). However, there are still improvements needed in ensuring clinical independence in more than one fifth of Member States. Moreover, greater investment is needed in assuring equity in standards of care, for example, by achieving a higher ratio of psychiatrists to people in prison. Equally worrying is that one fifth of Member States reported overcrowding, which has various negative consequences on health both directly (such as violence, mental health impacts and transmission of infectious diseases) and indirectly

(such as insufficient capacity for health service delivery). Therefore, it is recommended that **alternative measures of incarceration** should be considered for offences that do not present a high risk to society and for which more effective measures, such as diversion to treatment for drug use disorders, exist (88).

The aim of Strategic Objective 3, as stated in Annex 3 to the Follow-up to the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (89), is to ensure that there is an adequate number, availability and distribution of skilled health workers to deliver an essential package of oral health services to meet population needs. However, our data showed that there are severe deficiencies in the number of dentists working in prison, suggesting that additional investments in this skilled workforce are needed.

In addition, the median number of mental health workers, worldwide, is 13 per 100 000 in the general population. However, the current report shows that there are some deficiencies in the ratio between the size of the prison health workforce and the number of people in prison, particularly with respect to psychiatrists, given the high demand for mental health services in the prison population. According to the Mandela Rules (Rule 25), prisons should retain a sufficient number of specialists on their staff, including psychiatrists and psychologists (5). Therefore, it is important that there is **investment in the mental health workforce in prisons** so that equity of care can be assured.

People with disabilities have the right to equal recognition before the law (90). This includes people with intellectual disabilities, cognitive impairments, psychosocial disabilities and other mental disabilities. There are also well-established principles to protect persons with mental illness (91). However, WHO recognizes that some people with mental health disorders may be admitted to prison for relatively minor offences, which could potentially be dealt with in the community if appropriate treatment and support

were available (92). The mental health disorders of those committing more serious offences could be better treated in secure and specialized hospitals (54). Ideally, therefore, the **primary consideration in dealing with mental health disorders should be the most appropriate treatment**. In the case of those for whom no alternative exists, medical assessments at admission to prison must include **screening for mental health conditions** and the risk of suicide and self-harm (Mandela Rule 30) and, where appropriate, referral to relevant specialist professional treatment (Mandela Rule 27). Equally important is that people with mental health disorders are protected from restrictive measures, including solitary confinement, that would inevitably lead to aggravation of their condition (Mandela Rule 46).

As the current report shows, suicide remains the main cause of death in prison. Nevertheless, nearly 90% of Member States reported that they had standardized protocols in place to help identify and support people at risk of suicide. This suggests that such protocols may be insufficient and that **more effective practices to prevent suicide are needed in prisons**. These, in turn, should be accompanied by more intensive visits undertaken by responsible bodies such as the national preventive mechanisms established by the Association for the Prevention of Torture (93) or the Committee for the Prevention of Torture (6), so that situations and practices that contribute to the problem may be rapidly identified.

Investment should be made in the **prevention and treatment of the most common disorders that affect the prison population, notably mental health and drug use disorders**. Such measures should include ensuring access to vaccines in all prisons, availability of HIV PrEP and PEP, access to health protection equipment such as needles, condoms and lubricants, and access to mental health counsellors, treatment areas for people with drug use disorders, and the most cost-effective pharmacological treatments. In the current report, it was shown that only around 80% of people with mental health disorders and less than 65% of people with drug use disorders have access to pharmacological treatments.

Prisons are considered a high-risk environment for the transmission of infectious diseases, which is exacerbated

during incarceration because the risk is amplified by overcrowding, poor infrastructure and often inadequate access to health-care services. Practices and behaviours common in prisons that contribute to enhanced transmission risk of HIV, HBV and HCV and occurrence of outbreaks in prison establishments include exchange of contaminated/used needles, tattooing and piercing, consensual or coercive sexual activity, sharing of shaving razors, and episodes of violence. For this reason, the European Monitoring Centre for Drugs and Drug Addiction and the European Centre for Disease Prevention and Control recommend that a **comprehensive package of prevention measures** be implemented in prison settings; this includes health promotion and education focused on safer injecting behaviour, reduced sexual risk behaviour, distribution of sterile injecting equipment, condom and lubricant distribution, opioid substitution therapy, vaccination, PrEP and PEP, early testing and treatment, prevention of mother-to-child transmission, and safe health services (58,94).

WHO also recommends that all people should be tested on entry into prison for viral hepatitis, on an opt-out basis (95,96), and that **all people in closed settings, including in prisons, should be vaccinated against HBV** (97). All people admitted to prison who have not been vaccinated should be offered HBV vaccination, without the need to check serological status before vaccination if there is no suspicion of HBV infection (54). Previous studies have indicated that HBV vaccination was available in prison in 21 out of 30 European countries (43), a similar result to the one reported here (24 out of 36 Member States, or 66.7%). Viral hepatitis is the leading cause of cirrhosis and liver cancer and is an important cause of cancer death worldwide. People living in prison are disproportionately affected by bloodborne viruses because of several behaviours, including injecting drug use, tattooing and risky sexual behaviour. In addition, vaccination against seasonal influenza, DTP, and measles, mumps and rubella (MMR) is also recommended to all incoming people without a reliable vaccination history. Hepatitis A vaccination is also recommended to all nonimmune people entering prison, and pneumococcal vaccination to those aged over 65 years or with HIV/AIDS.

All Member States reported that they had COVID-19 vaccination services available in all or most prisons. However, for other vaccine-preventable diseases, availability was restricted in many cases. Of particular note, 16.7% of Member States did not offer vaccination against HBV and DTP in any of their prisons, both of which are recommended for all people admitted into prison without a reliable vaccination history (54). It is therefore important that all Member States consider **including people living in prison among groups targeted for adult immunization within the national immunization plan**. New admissions to prison present an excellent opportunity to update vaccination status and consider recommendations according to age, gender and other risk factors.

HIV PEP was available in all prisons in 75.0% of Member States ($n = 27$), but less than 60% of Member States had PrEP available. Previous studies indicated that 20 countries (out of 30) provided PEP, suggesting that there has been some improvement in recent years (43). According to the United Nations Office on Drugs and Crime, the International Labour Organization, the United Nations Development Programme, UNAIDS and WHO (98), **PEP should be part of a comprehensive response to HIV in prisons**, alongside other interventions that target identification of cases, prevent risk factors contributing to bloodborne, sexual and vertical transmission, and treat the infections and behaviours that lead to them (54). More recently, PrEP has also been recognized as an additional and effective measure to prevent HIV transmission for all key populations at substantial risk (41,94).

TB in prisons is a major public health problem (99). Assessment of TB history and current signs and symptoms for all people at or close to admission was reported by all Member States. However, only half of Member States implemented an additional assessment for MDR-TB in the event of a positive test. Prompt detection of TB among people in prison should be ensured through a combination of screening methods (screening on entry, mass screening at regular intervals, passive screening, contact screening). Moreover, **active and latent infection case finding is recommended in prison settings** (94), coupled with effective treatment of all types of TB, including drug-resistant TB and TB coinfection with HIV and/or other

infectious diseases; continuation of care after release should also be ensured (100). The fact that, in most Member States, prison health information systems are not interoperable with community health information systems makes it more difficult to verify successful completion of treatment, potentially leading to resources already invested being wasted.

Promotion and protection of people's health and well-being through the development of strong health systems have been recommended as a priority for governments by the Astana Declaration (101). This cannot be achieved unless **enabling and health-conducive environments are established** so that individuals are empowered and engaged in maintaining and enhancing their health and well-being – a recommendation that covers all environments, including detention settings. This implies that preventive care should be a cornerstone. Cancers and CVDs are the leading causes of death in the WHO European Region (102).

Each country should meet the 90–70–90 (vaccination–screening–treatment) targets for cancer screening by 2030 in order to get on track to eliminate cervical cancer within the next century (103). However, our report showed that only two thirds of Member States offered cervical cancer screening to people in prison and that only half offered HPV vaccination free of charge in all prisons. Even a low level of screening, or early-detection programmes, could potentially lead to more cases being identified at earlier stages of development, thereby enhancing the prospects of recovery/survival. The most positive indicator found for cancer was access to pharmacological treatment, which was guaranteed in 90.2% of Member States, and this may also be linked to mechanisms and protocols put in place to ensure appropriate transfer to specialized care. It is essential that screening for the three cancers shown to be most cost-effective (breast, cervical and colorectal) is adopted by all Member States as, for many people, prison may be their first opportunity to benefit from preventive care.

Moments of transition from and to the community are inevitably moments that may lead to errors in transmission of health information and disruptions in access to

health-care services and treatments. In many health-care systems, there are barriers restricting access to care for people with involvement in the criminal justice system. The current report shows that more than 50% of Member States did not have health information systems that were compatible between prison and community health services. However, in the context of the COVID-19 pandemic, this apparent barrier to the interoperability of health information systems was overcome by 34 of 36 Member States with respect to vaccination status, suggesting it is feasible if sufficiently prioritized.

Moreover, less than half of Member States had a support service to register people with community health services upon release. Even though most Member States provided

medication upon release, this was generally restricted to certain conditions and available for limited periods of time, potentially leading to treatment being discontinued and all resources invested during incarceration being lost. For all these reasons, it is recommended that **Member States create structures that facilitate transition to the community** and help ensure continued access to health care, thereby preventing treatment disruptions, negative health outcomes and recidivism (12).

Data suggest that governance arrangements are likely to affect clinical independence, reinforcing WHO's previous recommendation that **health ministries should be involved in health-care delivery in prisons**.

6. Key messages

1. Consider adoption of noncustodial measures in place of incarceration for offences where diversion to treatment promises to be more beneficial and effective.
2. Invest in the prison health workforce by providing conditions and career pathways that encourage professionals to dedicate themselves to working for this vulnerable population. Set up the necessary conditions that allow international standards, especially clinical independence, to be respected.
3. Include prison settings and people living in prison in all relevant national health strategies, from preparedness plans to prevention of disease (including immunization and screening) and disease control and management.
4. Increase access to psychosocial support and pharmacological treatment for mental health disorders.
5. Invest in a comprehensive response to bloodborne viruses in prisons, which must include at minimum: access to screening for drug use and drug use disorders; referral to appropriate support and, if necessary, treatment interventions with referral to treatment services for drug use disorders and to PEP; and access to materials and products that prevent risk factors and unsafe practices contributing to bloodborne, sexual and vertical transmission.
6. Assure screening and referral for breast, cervical and colorectal cancer in all Member States.
7. Consider prisons as an ideal setting to ensure access to immunization for vaccine-preventable diseases, by providing a full course of vaccination against HBV, seasonal influenza, DTP and MMR for all newly admitted people.
8. Create structures that facilitate transition to the community and ensure continued access to health care.
9. Invest in health information systems that allow aggregate data to be extractable, to assist monitoring of individuals over time, including at moments of transition to and from the community (interoperability).

The data collected in HIPEDS represent an important attempt to provide comparable data on prison health systems in the WHO European Region. This report builds on previous findings published in the 2019 *Status report on prison health* (87) and lays a foundation for future work to generate comprehensive and comparable data on prison health in Europe and globally. Interest has been expressed in expanding HIPEDS to other regions beyond Europe and to extend its scope to include children in juvenile detention. It has been argued that exclusion of people in prison from the service coverage index contributes to an overestimation of coverage and masks inequities in care, hampering progress towards the United Nations Sustainable Development Goals (104). However, for full coverage information, health information systems must progress to the point where coverage can be consistently assessed before, during and after periods of incarceration.

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Annex 1. Country profiles



Albania

2 845 955

Population, 2020

Upper middle

Income group

US\$ 5 332

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

5714

NUMBER OF PEOPLE IN PRISON:

4917

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

3579

2016

2020

OCCUPANCY LEVEL (%)

99.0

86.1

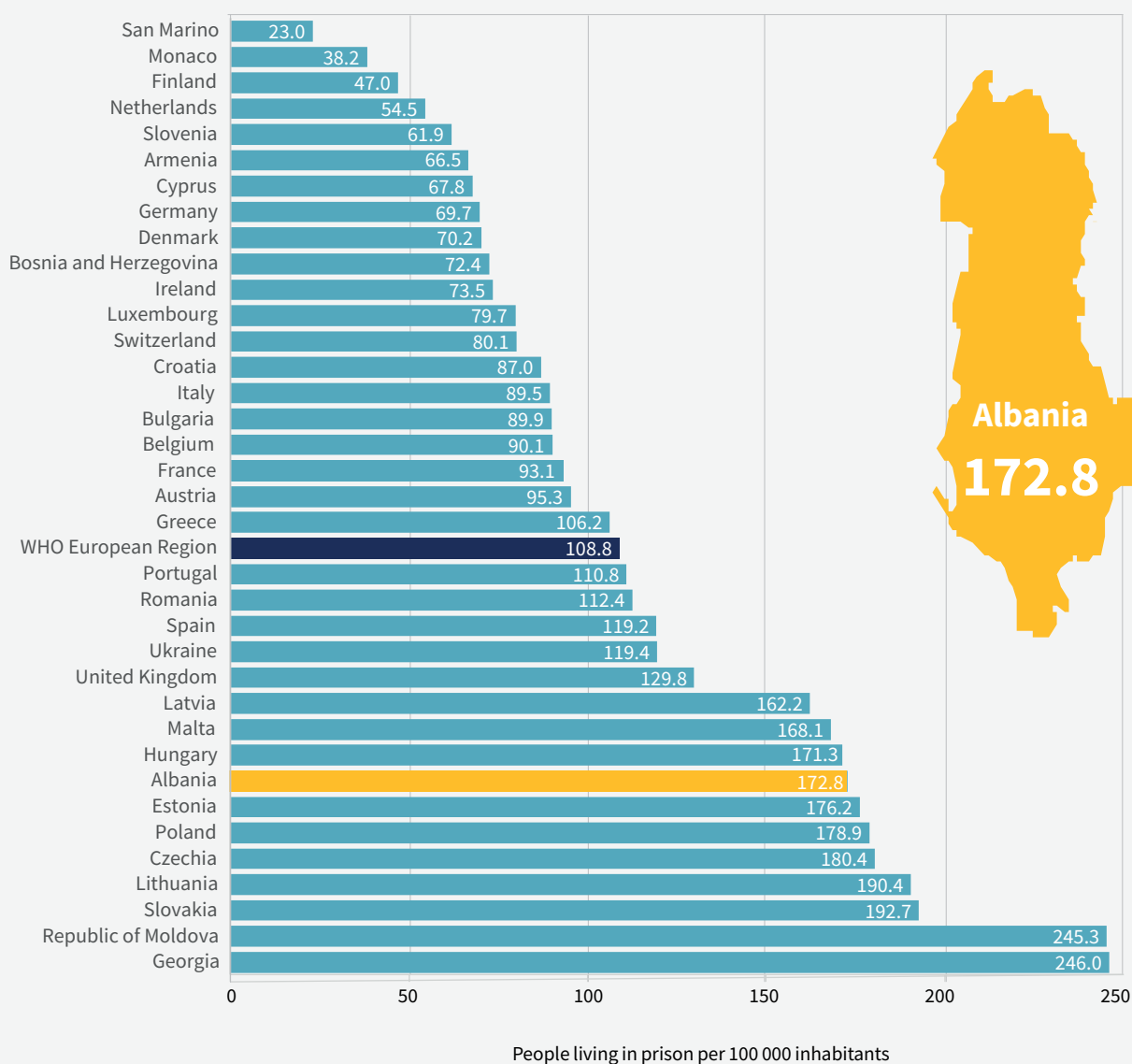
INCARCERATION RATE

189.0

172.8

Per 100 000 of national population

Figure 1.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

23

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsented and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	2276 (46.3)
Number of individuals serving life sentences	176 (3.6)

Social characterization of people in prison

	<i>n</i>	%
Females	77	1.6
Pregnant	0	0.0
LGBTIQ	2	0.0
Under 18	21	0.4
Above 50	863	17.6
Above 65	174	3.5
Migrants	87	1.8
Minorities	MISSING	MISSING
Disabled	9	0.2
Physically disabled	3	33.3
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Justice only, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n*=36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n*=36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n*=36).

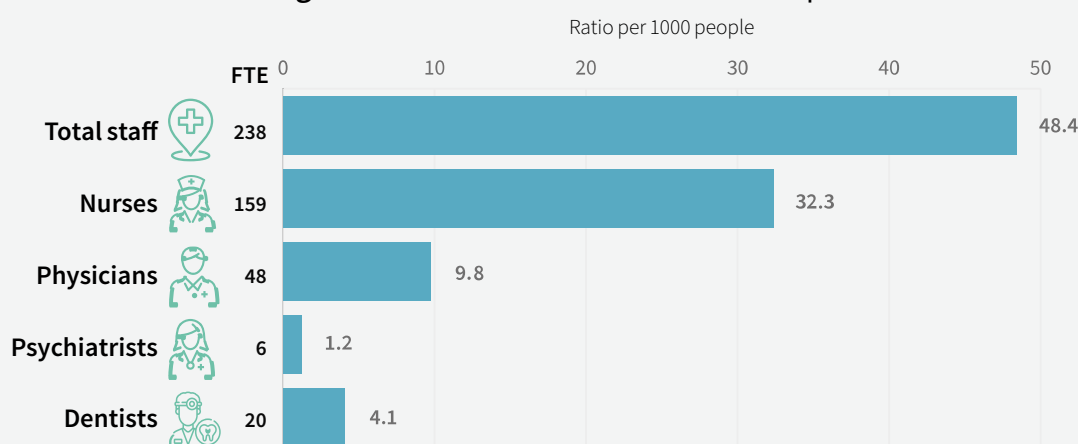


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 1.2: Health-care staff available in prison



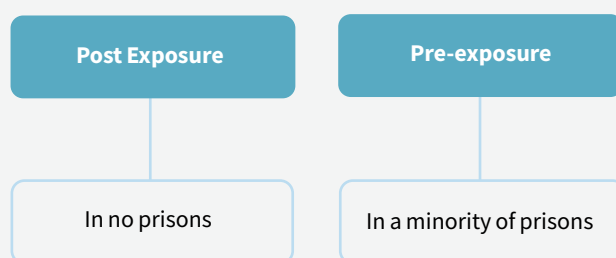
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	No prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	No prisons	69.4
Seasonal flu	A minority of prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	Most prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	NO	91.7
Screening tests results	NO	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

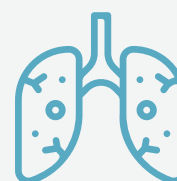
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, risk-based screening


HCV

Yes, risk-based screening


HBV

Yes, risk-based screening


STI

Yes, risk-based screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

NO


Colon

NO


Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

A minority of prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prisons

No prisons

A minority of prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: No. Most Member States report “Yes nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, but there are limited resources, so only the priority/vulnerable groups have access. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	0 (-) ^a
Individuals completing TB treatment over the last 12-month period	0 (-)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	8 (100.0)
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	2 (7.7)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	1 (100.0)
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	102 (100.0)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

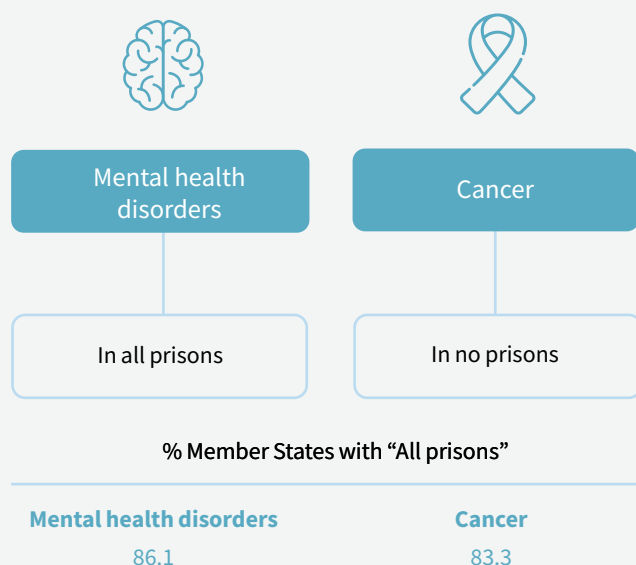
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

MISSING

Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In a minority of prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	26	528.8	1223.9 ^a
Suicide	5	101.7	13.9 ^a
Drug overdose	0	0.0	2.2 ^a
COVID-19	2	40.7	41.1 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As female prison population is 1.6%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).




MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:











	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	0 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	8 (0.2)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	26 (0.5)
 Hepatitis B Chronic HBV (HBsAg)	31 (0.6)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	1 (0.0)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	142 (2.9)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	341 (6.9) MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	102 (2.1)
 Diabetes Mellitus Diagnosis on record	157 (3.2)
 Hypertension Diagnosis on record	228 (4.6)
 Cardiovascular Disease Diagnosis on record	97 (2.0)
 Cancer Diagnosis on record	10 (0.2)

¹Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	Most prisons	Most prisons	A minority of prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$).

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

$n=0$ (0.0% of all women living in prison).

Armenia

2 959 694

Population, 2020

Upper middle

Income group

US\$ 4 266

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

5346

NUMBER OF PEOPLE IN PRISON:

1967

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

1042

2016

2020

OCCUPANCY LEVEL (%)

*

36.8

INCARCERATION RATE

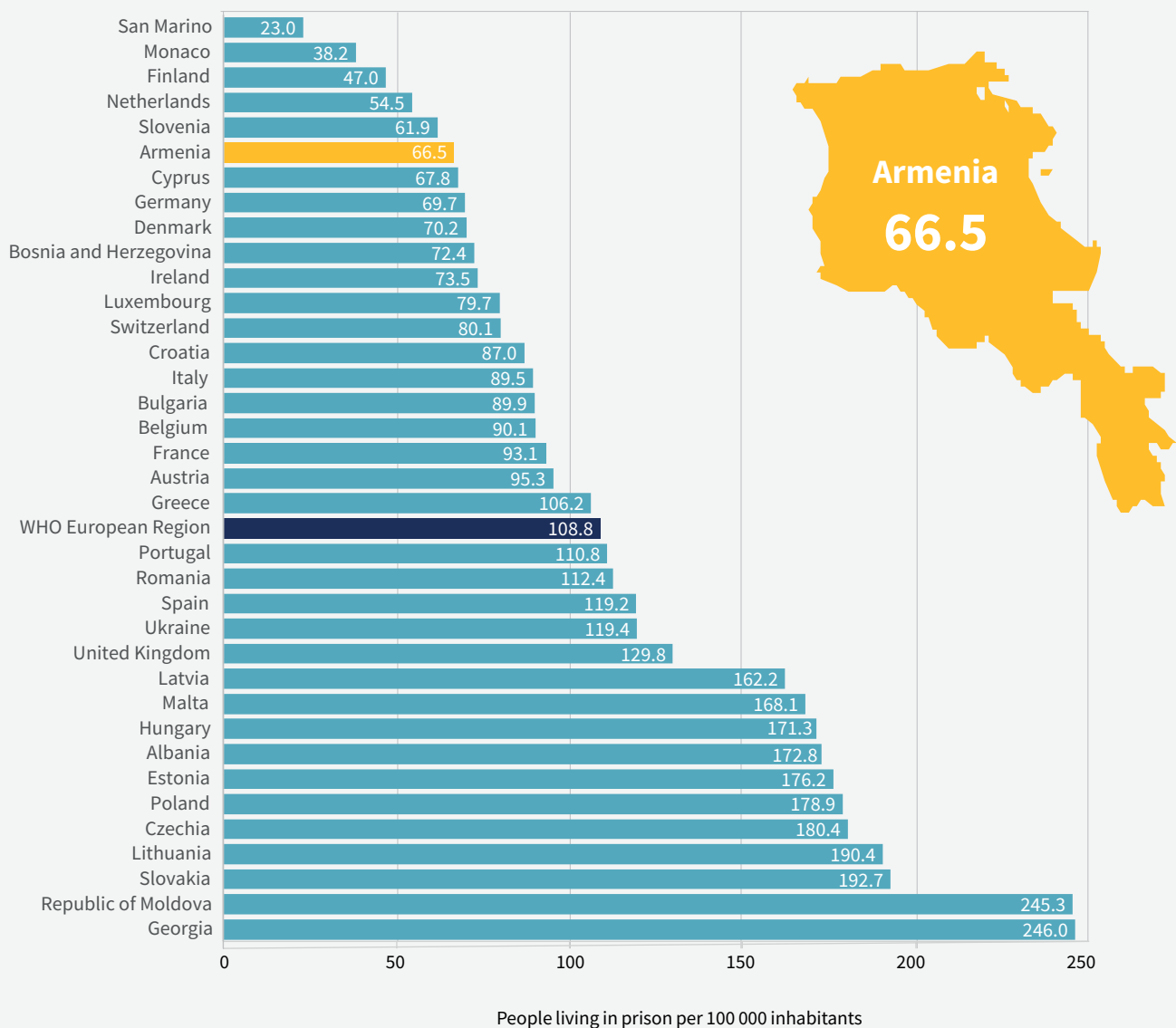
Per 100 000 of national population

*

66.5

* Not available

Figure 2.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

12

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsented and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	914 (46.5)
Number of individuals serving life sentences	88 (4.5)

Social characterization of people in prison

	<i>n</i>	%
Females	46	2.3
Pregnant	3	6.5
LGBTIQ	MISSING	MISSING
Under 18	5	0.3
Above 50	MISSING	MISSING
Above 65	MISSING	MISSING
Migrants	107	5.4
Minorities	MISSING	MISSING
Disabled	100	5.1
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: **Both Ministry of Health and Ministry of Justice/ Ministry of Interior**, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care: **Both Ministry of Health and Ministry of Justice/ Ministry of Interior.** Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Another situation: **MISSING** Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

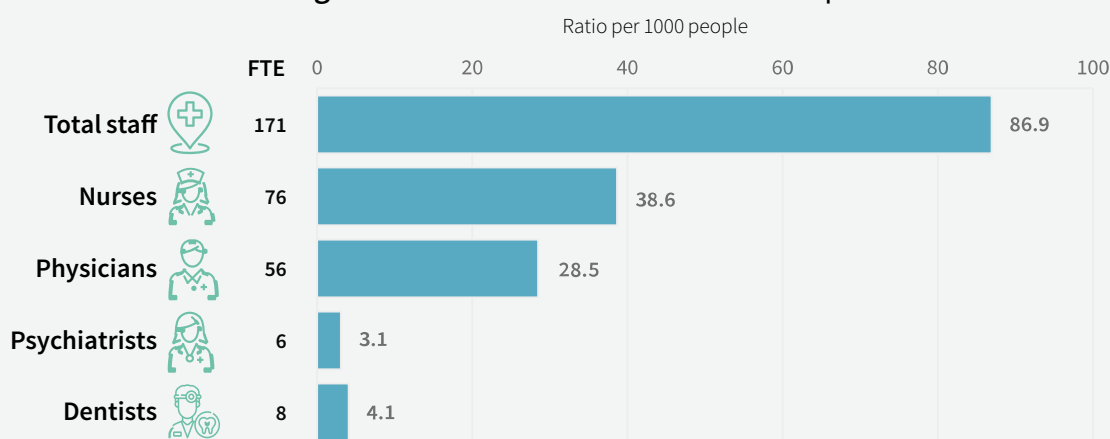


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 2.2: Health-care staff available in prison



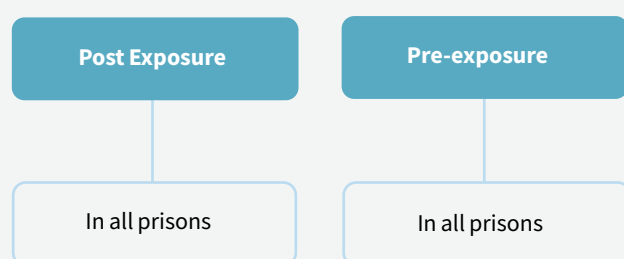
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records.

Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

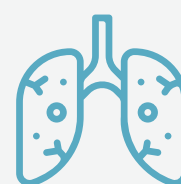
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, on an
opt-out basis

HCV

Yes, on an
opt-out basis

HBV

Yes, on an
opt-out basis

STI

MISSING

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

NO


Breast

NO

% Member States with “Yes

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

All prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2



HEALTH PROMOTION

Smoke free policy implemented in the country applicable to prisons: **Yes, nationwide.** Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).














PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary.

Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	6 ^a
Individuals completing TB treatment over the last 12-month period	1 (16.7)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	4 ^a
Individuals completing MDR-TB treatment over the last 12-month period	1 (25.0)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	26 (96.3)
Individuals completing HIV treatment over the last 12-month period	0 (0.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	1 (0.3)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	0 (0.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	1 (100.0)
Individuals completing STI treatment over the last 12-month period	1 (100.0)
 Oral health	
Individuals with oral health visit over the last 12-month period	1439 (73.2)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	249 (100.0)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	89 (100.0)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	60 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	311 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	311 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	311 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

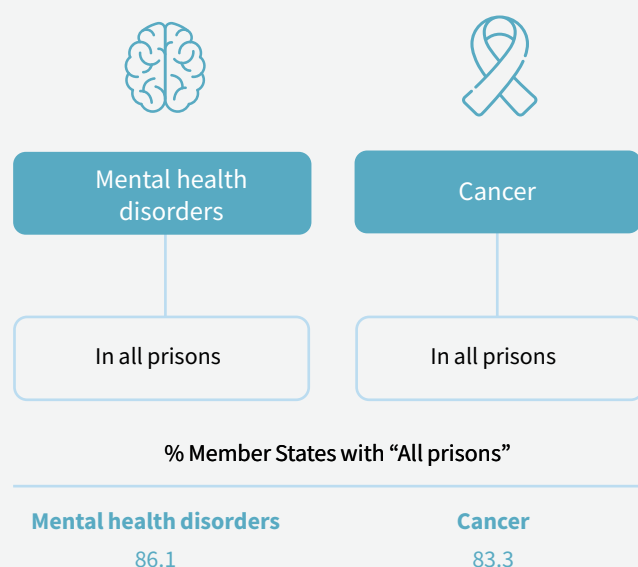
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

Yes, with time restrictions/Yes, free of charge. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	NO	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, regularly (for example once every year or once every two years). Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	5	254.2	1343.0 ^a
Suicide	1	50.8	31.2 ^a
Drug overdose	0	0.0	0.6 ^a
COVID-19	0	0.0	95.1 ^b
Natural causes	4	203.4	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 2.3%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).


MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:











	<i>n (%)</i>
 Tuberculosis (TB)	
Active TB diagnosis	6 (0.3)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	4 (0.2)
 HIV	
Active HIV diagnosis	27 (1.4)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	308 (15.7)
 Hepatitis B	
Chronic HBV (HBsAg)	15 (0.8)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	1 (0.1)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	39 (2.0)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	249 (12.7)
Psychotic disorder diagnosis on record	MISSING
Recorded suicide attempt events (last 12-month)	MISSING
 Substance Use Disorders	
Active drug use disorder (last 12-month)	89 (4.5)
 Diabetes Mellitus	
Diagnosis on record	60 (3.1)
 Hypertension	
Diagnosis on record	311 (15.8)
 Cardiovascular Disease	
Diagnosis on record	311 (15.8)
 Cancer	
Diagnosis on record	20 (1.0)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: missing.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, and they are repeated at regular intervals

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

$n=1$ (2.2% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

8869

NUMBER OF PEOPLE IN PRISON:

8482

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

8626

2016

2020

OCCUPANCY LEVEL (%)

*

95.6

INCARCERATION RATE

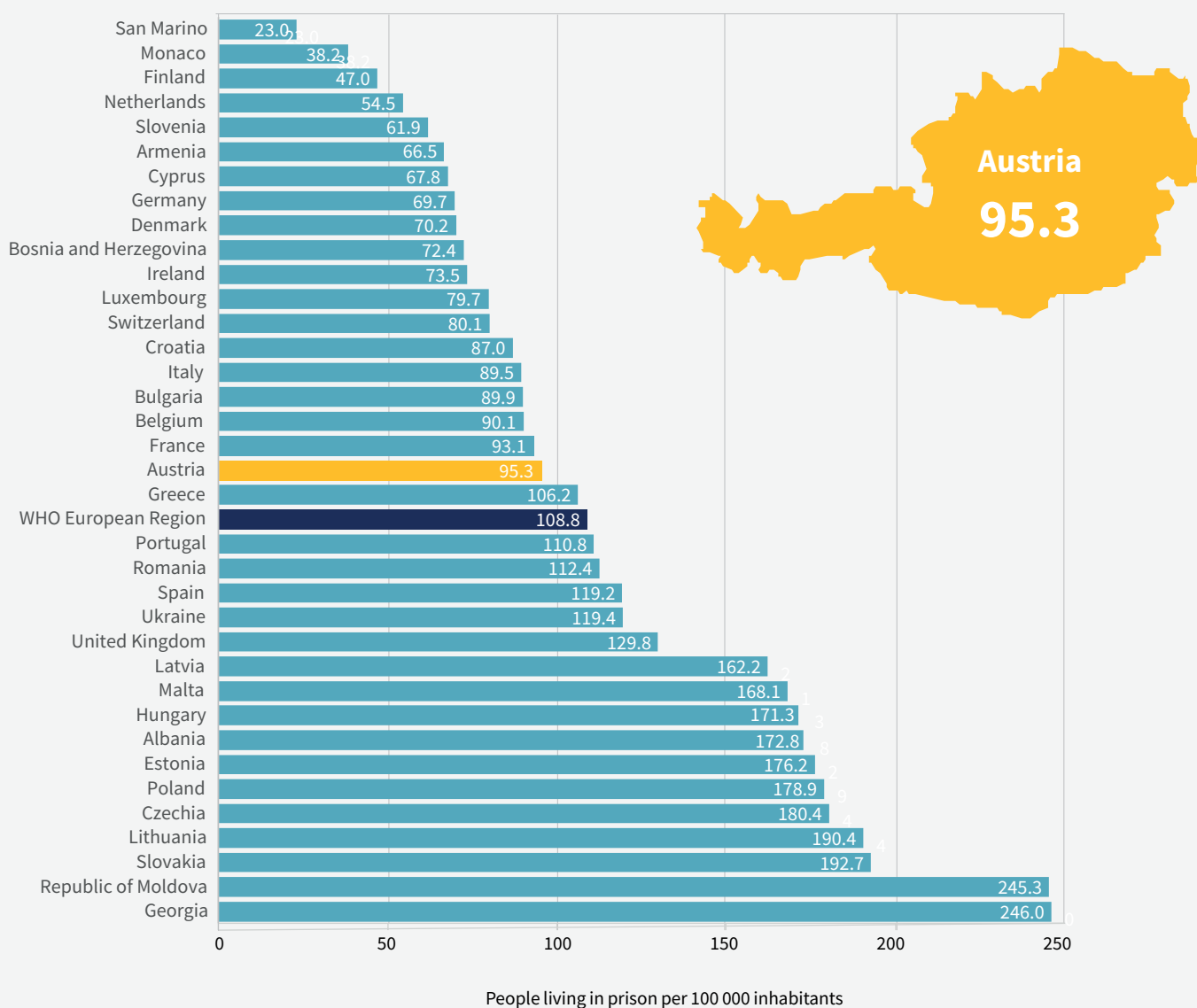
*

95.3

Per 100 000 of national population

* Did not participate

Figure 3.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

28

Mean length of incarceration per individual over the last 12-month period: **27 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	1684 (19.9)
Number of individuals serving life sentences	147 (1.7)

Social characterization of people in prison

	<i>n</i>	%
Females	552	6.5
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	85	1.0
Above 50	1 364	16.1
Above 65	224	2.6
Migrants	4 292	50.6
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Justice only, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

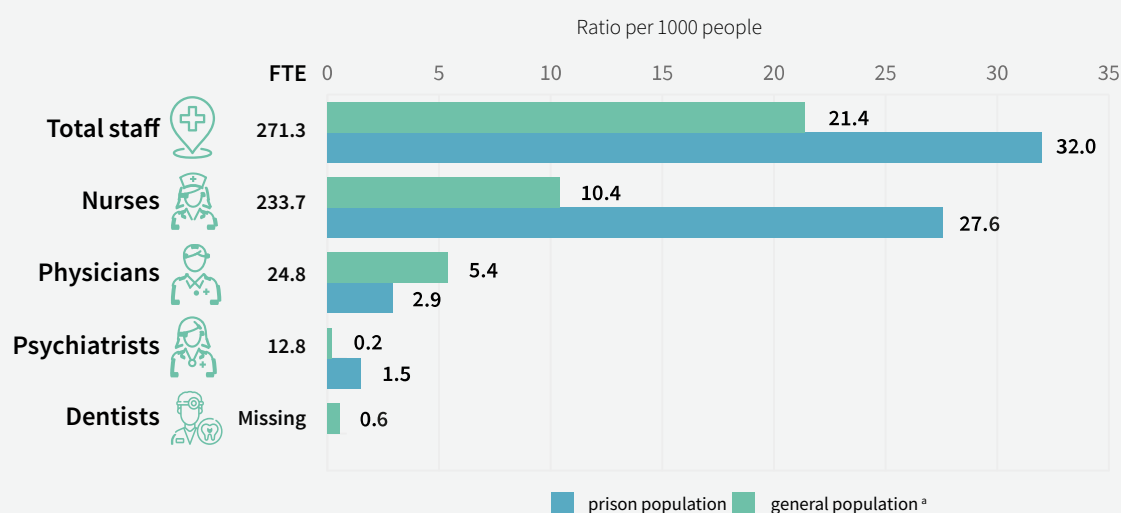


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 3.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2020)

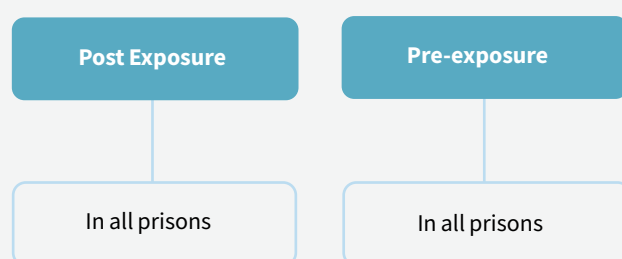
ACCEPTABILITY

Proportion of prison establishments where these are available to be administered to eligible prisoners:



	Offered at	% Member States with "All prisons"
DTP	A minority of prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	Most prisons	55.9
Hepatitis B	Most prisons	69.4
Seasonal flu	All prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	A minority of prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where prisoners have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records.

Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

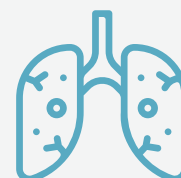
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:



HIV

Yes, on an
opt-in basis



HCV

Yes, on an
opt-in basis



HBV

Yes, on an
opt-in basis



STI

Yes, risk-based
screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:



Cervical

NO



Colon

NO



Breast

NO

% Member States with “Yes

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:



Soap



Condoms



Lubricants



Needles and syringes

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3



Disinfectants



Dental dams



Tampons/ sanitary towels

Offered at

A minority
of prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: **Yes, in specific regions of the country.** Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	6(-) ^a
Individuals completing TB treatment over the last 12-month period	6 (100.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	1(-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	1 (100.0)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	201 (100.0)
Individuals completing HIV treatment over the last 12-month period	201 (100.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	64 (7.8)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	64 (100.0)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	245 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	245 (100.0)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	980 (100.0)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	980 (100.0)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	130 (100.0)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	130 (100.0)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	130 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	340 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	35 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	35 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	14 (100.0)

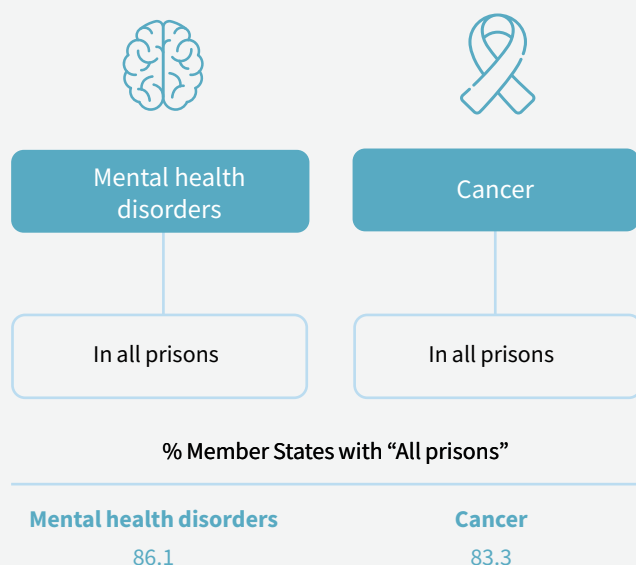
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction): No, it has never been done.

Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	29	341.9	1139.3 ^a
Suicide	8	94.3	31.3 ^a
Drug overdose	7	82.5	2.8 ^a
COVID-19	0	0.0	68.8 ^b
Cardiovascular disease	2	23.6	417.3 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 1.3%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	6 (0.1)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	1 (0.0)
 HIV Active HIV diagnosis	201 (2.4)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	824 (9.7)
 Hepatitis B Chronic HBV (HBsAg)	245 (2.9)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	175 (2.1)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	980 (11.6)
 Diabetes Mellitus Diagnosis on record	130 (1.5)
 Hypertension Diagnosis on record	340 (4.0)
 Cardiovascular Disease Diagnosis on record	35 (0.4)
 Cancer Diagnosis on record	14 (0.2)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)

	BMI ≥ 25	4462 (52.6)	4227 (53.3)	232 (42.1)
	BMI ≥ 30	1569 (18.5)	1459 (18.4)	109 (19.8)
	Currently use tobacco products	6285 (74.1)	5916 (74.6)	370 (67.1)
	Drink/have drunk alcohol (last 12 months)	3554 (41.9)	3394 (42.8)	163 (29.5)
	Use/have used drugs (last 12 months)	3350 (39.5)	3172 (40)	182 (32.9)
	Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
	Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Absolute numbers estimated from reported percentages, females and total number of people living in prison.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$).

H: HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

	YES	Yes, only once	YES
% Member States with “Yes”	75.0	61.1	100.0

Number of women who gave birth whilst in prison in the last 12 months:

$n=4$ (0.7% of all women living in prison).

Belgium

11 522 440

Population, 2020

High

Income group

US\$ 45 189

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

9372

NUMBER OF PEOPLE IN PRISON:

10 381

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

2016

2020

OCCUPANCY LEVEL (%)

106.0

110.8

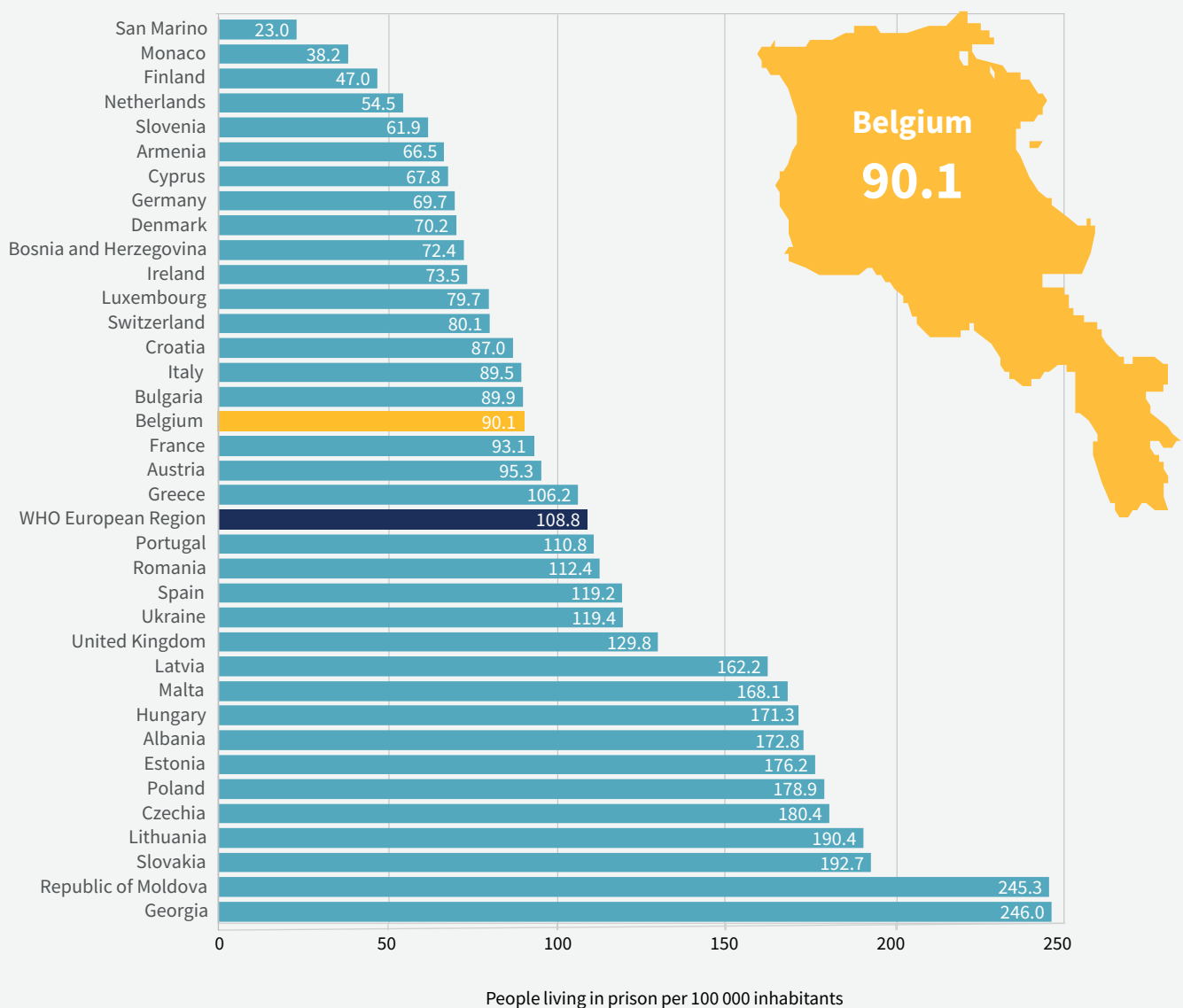
INCARCERATION RATE

95.0

90.1

Per 100 000 of national population

Figure 4.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

35

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	3762 (36.2)
Number of individuals serving life sentences	222 (2.1)

Social characterization of people in prison

	<i>n</i>	%
Females	470	4.5
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	0	0.0
Above 50	1 638	15.8
Above 65	224	2.2
Migrants	3 173	30.6
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Ministry of Justice only¹, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

¹ Although the deliver is currently under the responsibility of Ministry of Justice, there is an ongoing project to transfer it to the Ministry of Health, albeit no information was obtained on timeline for implementation.

Agency or agencies are responsible for financing prison health care: Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

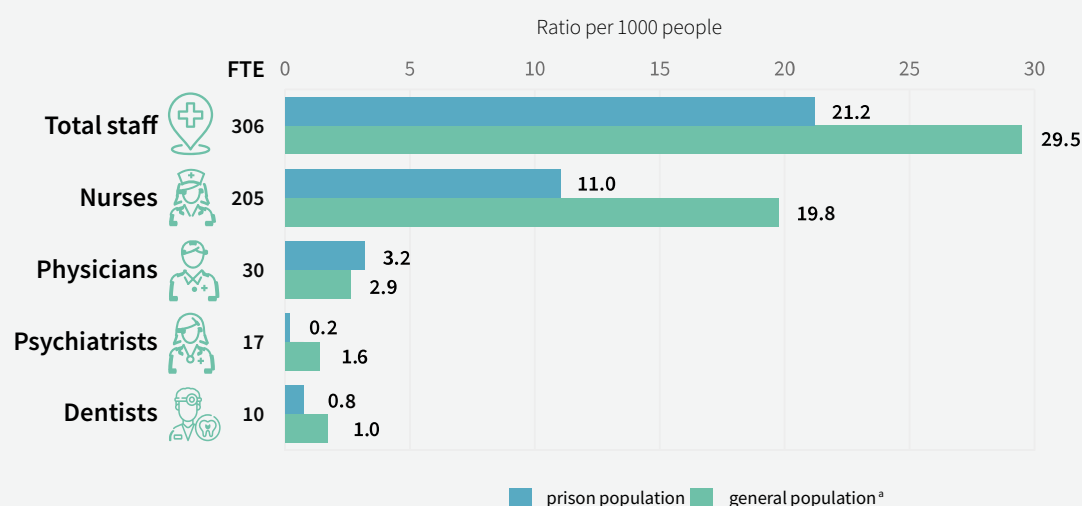
Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 4.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

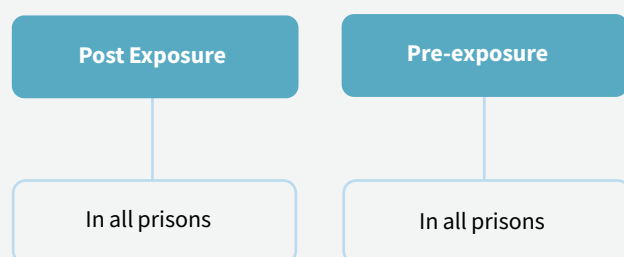
ACCEPTABILITY

Proportion of prison establishments where these are available to be administered to eligible prisoners:



	Offered at	% Member States with "All prisons"
DTP	All prisons	55.9
Human Papilloma virus	All prisons	69.4
Hepatitis A	All prisons	83.3
Hepatitis B	All prisons	61.8
Seasonal flu	All prisons	52.9
MMR	All prisons	57.6
Meningococcal vaccination	All prisons	91.4
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where prisoners have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	NO	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases legally required (notifiable diseases). Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records.

Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

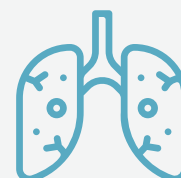
C: HEALTH SERVICES

PREVENTIVE SERVICES





DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:




Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

				
	HIV Yes, on an opt-in basis	HCV Yes, on an opt-in basis	HBV Yes, on an opt-in basis	STI Yes, on an opt-in basis
% Member States with "Yes, on an opt-out basis"	50.0	42.9	37.1	32.4

Cancer screening offered to prisoners:




			
	Cervical YES	Colon YES	Breast YES
% Member States with "Yes"	66.7	58.3	66.7

Note: cancer screening was indicated to be performed whenever indicated by the physician or on request of the patient if considered useful by the physician.

HEALTH PROTECTION

Products offered free of charge:

				
	Soap	Condoms	Lubricants	Needles and syringes
Offered at	All prisons	All prisons	No prisons	No prisons
% Member States with "All prisons"	97.2	47.1	12.1	8.3

			
	Disinfectants	Dental dams	Tampons/ sanitary towels
Offered at	All prisons	No prisons	All prisons
% Member States with "All prisons"	30.6	28.6	72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: No¹. Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).














¹ Clarification: Staff can only smoke in designated spaces, while inmates can smoke in their cells or outside.

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	13 (-) ^a
Individuals completing TB treatment over the last 12-month period	8 (61.5)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	1 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	1 (100.0)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	54 (missing)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

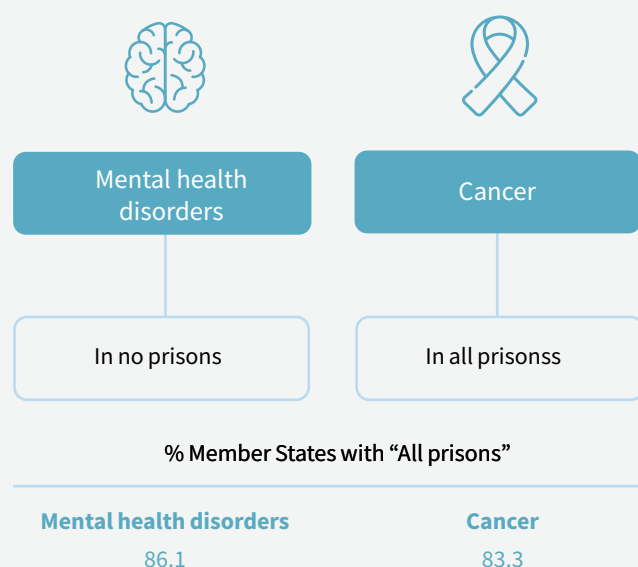
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions**. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	32	308.3	1294.1 ^a
Suicide	16	154.1	37.9 ^a
Drug overdose	MISSING	MISSING	3.5 ^a
COVID-19	5	48.2	167.9 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.5%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source)

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	9 (0.1)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	1 (0.0)
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	1271 (12.2)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record	MISSING
Psychotic disorder diagnosis on record	MISSING
Recorded suicide attempt events (last 12-month)	MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

MISSING

MISSING

MISSING



Use/have used drugs (last 12 months)

MISSING

MISSING

MISSING



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

Clarification: Data recorded in individual electronic clinical files but not available for extraction in aggregate manner.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes¹. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: **MISSING**

¹ This was further clarified by stating “Clinical decisions can be overruled by staff; if a prison governor decides to ignore a decision of a health worker, he becomes legally responsible for the consequences. However, a prison governor cannot oblige a medical staff member to administer any form of treatment or medication.”

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months: **MISSING**

Bosnia and Herzegovina

3 280 815

Population, 2020

Upper middle

Income group

US\$ 6 082

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

3792

NUMBER OF PEOPLE IN PRISON:

2374

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

2535

2016

2020

OCCUPANCY LEVEL (%)

75.0

62.6

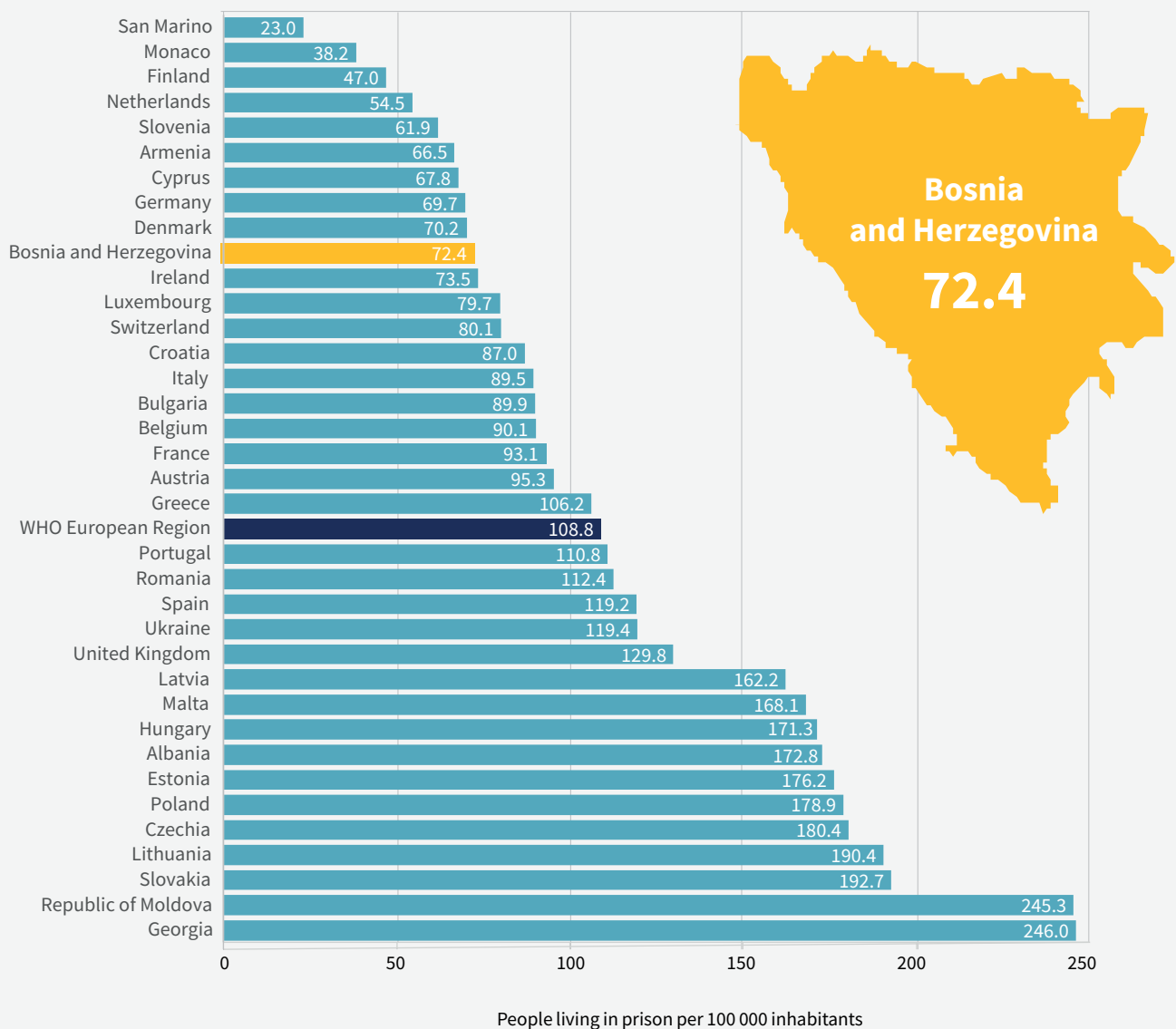
INCARCERATION RATE

72.0

72.4

Per 100 000 of national population

Figure 5.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison
establishments
in the country

14

Mean length of incarceration per individual
over the last 12-month period: **40 months**

Unsented and serving life
sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	218 (9.2)
Number of individuals serving life sentences	Not legally permitted in the country

Social characterization of people in prison

	n	%
Females	60	2.5
Pregnant	1	1.7
LGBTIQ	3	0.1
Under 18	3	0.1
Above 50	319	13.4
Above 65	148	6.2
Migrants	132	5.6
Minorities	53	2.2
Disabled	142	6.0
Physically disabled	134	94.4
Intellectually disabled	8	5.6

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Ministry of Justice only, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care: Ministry of Justice only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

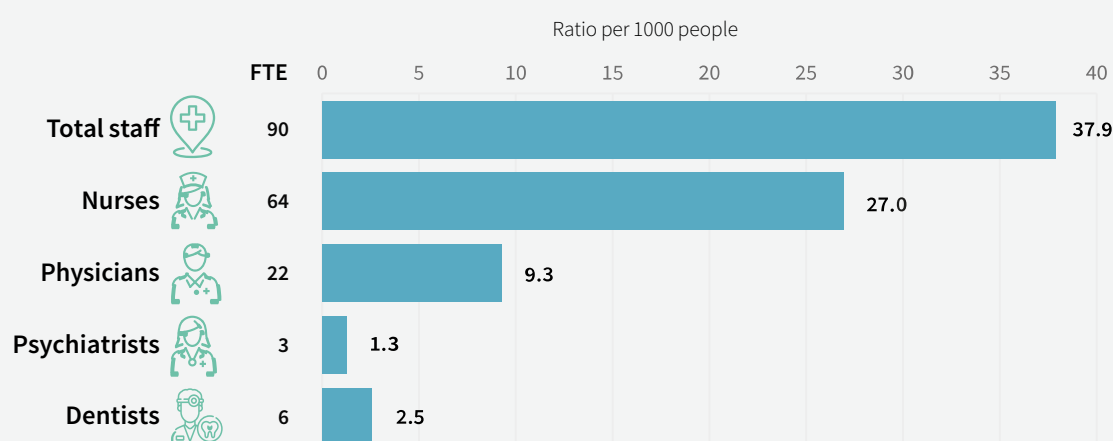
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 5.2: Health-care staff available in prison



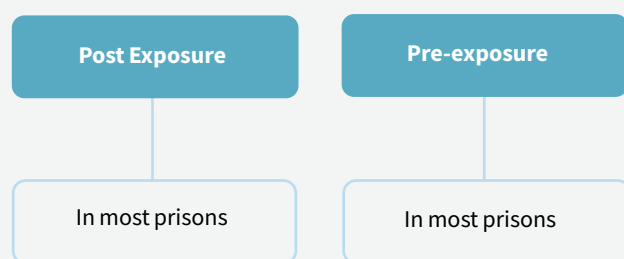
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with “All prisons”
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	Most prisons	52.9
Pneumococcal vaccination	Most prisons	57.6
COVID-19	Most prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with “All prisons”

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with “Yes”
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

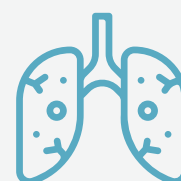
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, risk-based screening


HCV

Yes, risk-based screening


HBV

Yes, risk-based screening


STI

Yes, risk-based screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

NO


Colon

YES


Breast

YES

% Member States
with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

A minority of prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

A minority of prisons

A minority of prisons

Most prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION















Smoke free policy implemented in the country applicable to prisons:
No. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	Tuberculosis (TB)	<i>n</i> (%)
Individuals receiving TB treatment over the last 12-month period		4 (-) ^a
Individuals completing TB treatment over the last 12-month period		3 (75.0)
	Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period		MISSING
Individuals completing MDR-TB treatment over the last 12-month period		MISSING
	HIV	
Individuals with HIV who received treatment over the last 12-month period		2 (66.7)
Individuals completing HIV treatment over the last 12-month period		2 (100.0)
	Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period		13 (26.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period		6 (46.2)
	Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period		4 (36.4)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period		2 (50.0)
	Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period		1 (25.0)
Individuals completing STI treatment over the last 12-month period		1 (100.0)
	Oral health	
Individuals with oral health visit over the last 12-month period		1856 (78.2)
	Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period		684 (85.6)
	Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period		378 (120.0)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period		83 (22.0)
	Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period		169 (91.4)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period		80 (43.2)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period		174 (94.1)
	Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period		492 (92.7)
	Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period		322 (90.4)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period		356 (100.0)
	Cancer	
Individuals who have received treatment for cancer over the last 12-month period		16 (80.0)

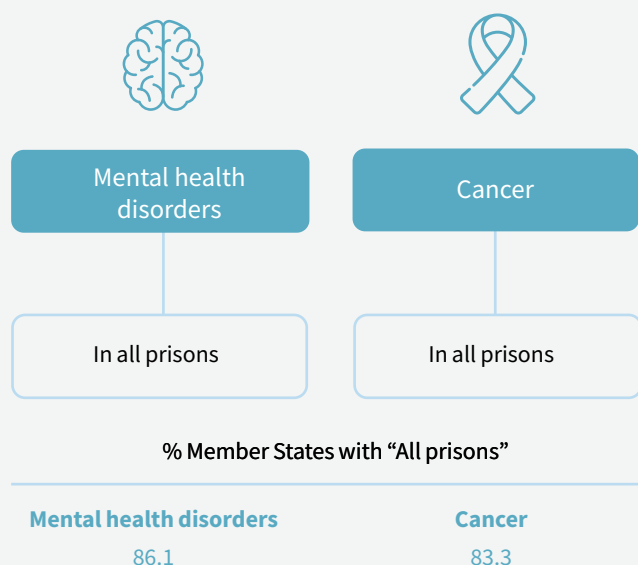
^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, regularly (for example once every year or once every two years). Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In most prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	22	926.7	1482.9 ^a
Suicide	3	126.4	27.1 ^a
Drug overdose	0	0.0	0.5 ^a
COVID-19	3	126.4	124.1 ^b
Cardiovascular disease	2	84.3	678.2 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 2.5%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source)

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB)	
Active TB diagnosis	4 (0.2)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	MISSING
 HIV	
Active HIV diagnosis	3 (0.1)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	50 (2.1)
 Hepatitis B	
Chronic HBV (HBsAg)	11 (0.5)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	4 (0.2)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	164 (6.9)
 Oral health	
Individuals keeping 21 or more natural teeth	532 (22.4)
 Mental health disorders	
Mental disorder diagnosis on record	799 (33.7)
Psychotic disorder diagnosis on record	51 (2.1)
Recorded suicide attempt events (last 12-month)	19 (0.8)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	315 (13.3)
 Diabetes Mellitus	
Diagnosis on record	185 (7.8)
 Hypertension	
Diagnosis on record	531 (22.4)
 Cardiovascular Disease	
Diagnosis on record	356 (15.0)
 Cancer	
Diagnosis on record	20 (0.8)

¹Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	296 (12.5)	291 (12.6)	5 (8.3)
 BMI ≥ 30	20 (0.8)	13 (0.6)	7 (11.7)
 Currently use tobacco products	655 (27.6)	644 (27.8)	11 (18.3)
 Drink/have drank alcohol (last 12 months)	217 (9.1)	217 (9.4)	0 (0.0)
 Use/have used drugs (last 12 months)	178 (7.5)	173 (7.5)	5 (8.3)
 Inject/have injected drugs (last 12 months)	10 (0.4)	8 (0.3)	2 (3.3)
 Regularly exercise for a minimum of 150 minutes/week	159 (6.7)	159 (6.9)	0 (0.0)

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$).



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In a minority of prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

	YES	Yes, and they are repeated at regular intervals	YES
% Member States with “Yes”	75.0	61.1	100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=0$ (0.0% of all women living in prison).

Bulgaria

6 951 482

Population, 2021

Upper middle

Income group

US\$ 10 079

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

8161

NUMBER OF PEOPLE IN PRISON:

6251

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

5287

2016

2020

OCCUPANCY LEVEL (%)

90.0

76.6

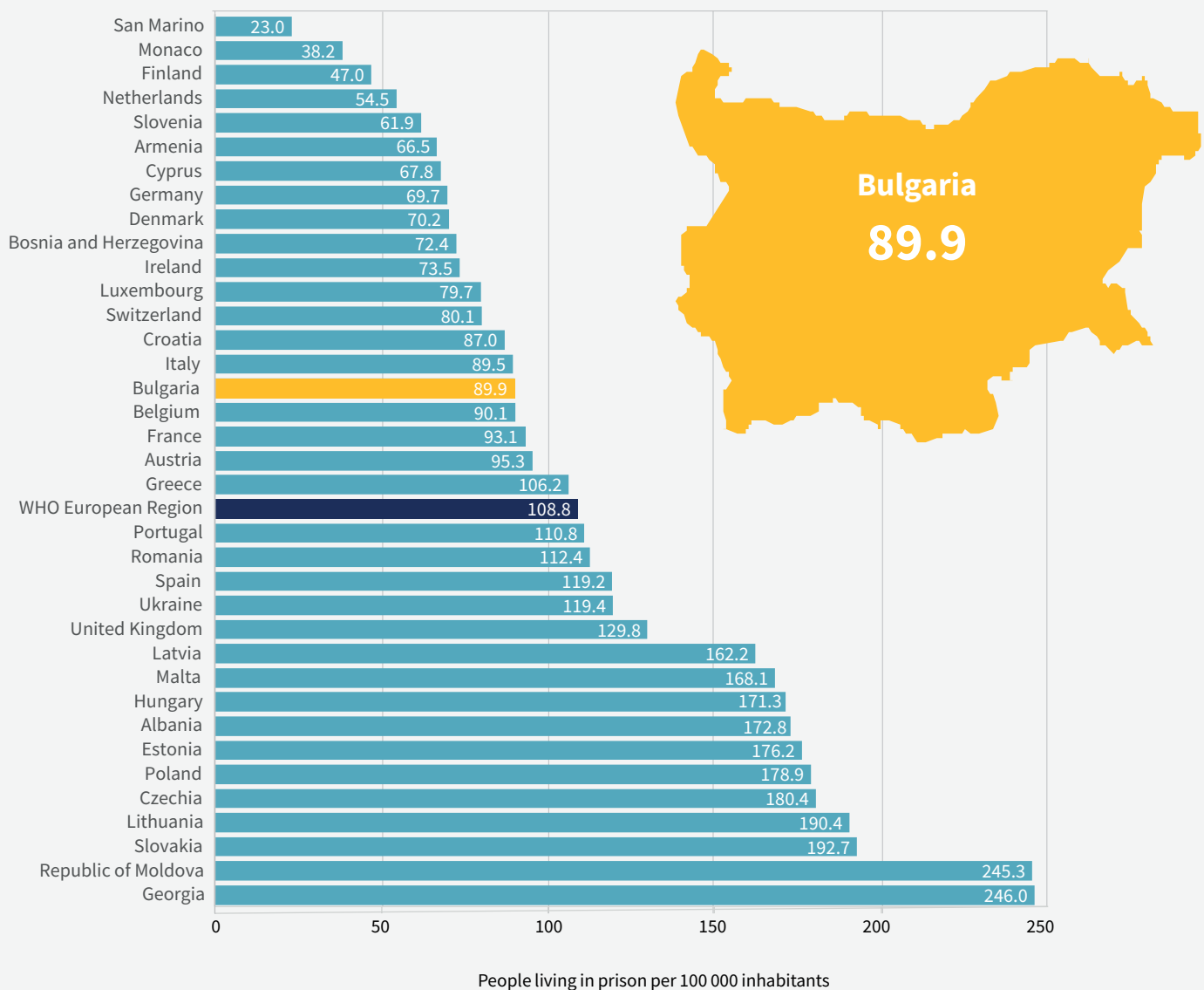
INCARCERATION RATE

102.0

89.9

Per 100 000 of national population

Figure 6.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

12

Social characterization of people in prison

	n	%
Females	192	3.1
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	30	0.5
Above 50	936	15.0
Above 65	MISSING	MISSING
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	18	0.3
Physically disabled	10	55.6
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	677 (10.8)
Number of individuals serving life sentences	186 (3.0)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Both Ministry of Health and Ministry of Justice/Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care: Ministry of Justice only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Health care for people in prison is covered by a separate health insurance system (different to what is available in the general community). Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

Clarification: Health care for inmates in prisons in Bulgaria is provided in medical institutions under the Ministry of Justice. These are two Specialized Hospitals for Active Treatment of Inmates (SHATI) in Sofia and Lovech, and 12 Medical Centers (MC) under the respective prisons. Both hospitals provide medical care to inmates from all over the country and in this sense, they are the only ones with specific functions related to the regime, security and safety during the serving of the sentence "imprisonment".

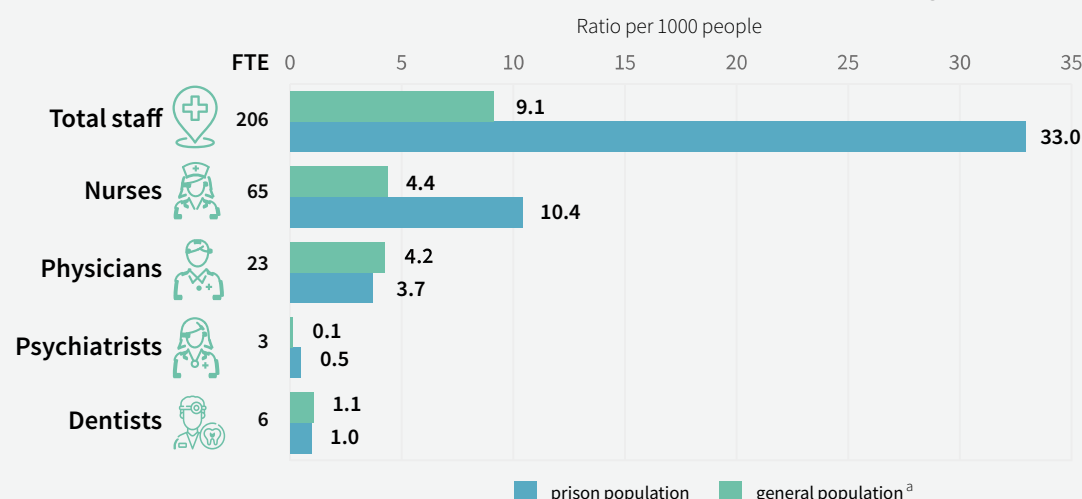
According to Art. 128 of the Law on Execution of Sentences and Detention is provided an opportunity to conduct treatment of inmates in medical institutions outside the places of imprisonment, as health insured persons with continuous health insurance rights. In this way the access to medical care is ensured, which is guaranteed by the package of health services of the National Health Insurance Fund, according to the National Framework Agreement.

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 6.2: Health-care staff available in prison and in the general population



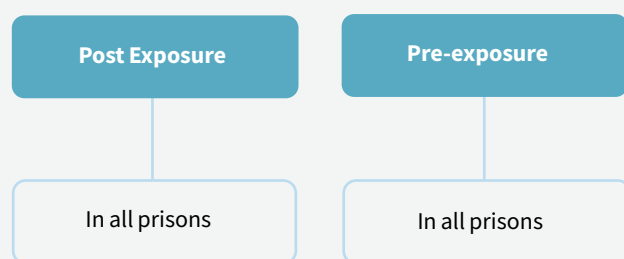
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	No prisons	72.2
Human Papilloma virus	MISSING	52.9
Hepatitis A	MISSING	55.9
Hepatitis B	No prisons	69.4
Seasonal flu	No prisons	83.3
MMR	MISSING	61.8
Meningococcal vaccination	MISSING	52.9
Pneumococcal vaccination	MISSING	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed



for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).

Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

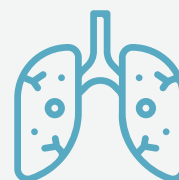
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-in basis**HCV**Yes, on an
opt-in basis**HBV**Yes, on an
opt-in basis**STI**Yes, on an
opt-in basis% Member States with
"Yes, on an **opt-out** basis"

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

NO

**Colon**

NO

**Breast**

NO

% Member States with "Yes"

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

MISSING

MISSING

No prisons

% Member States
with "All prisons"

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

All prisons

All prisons

No prisons

% Member States
with "All prisons"

30.6

28.6

72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).














PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary.

Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received¹ or completed² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	8 (-) ^a
Individuals completing TB treatment over the last 12-month period	8 (100.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	1 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	1 (100.0)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	25 (missing)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

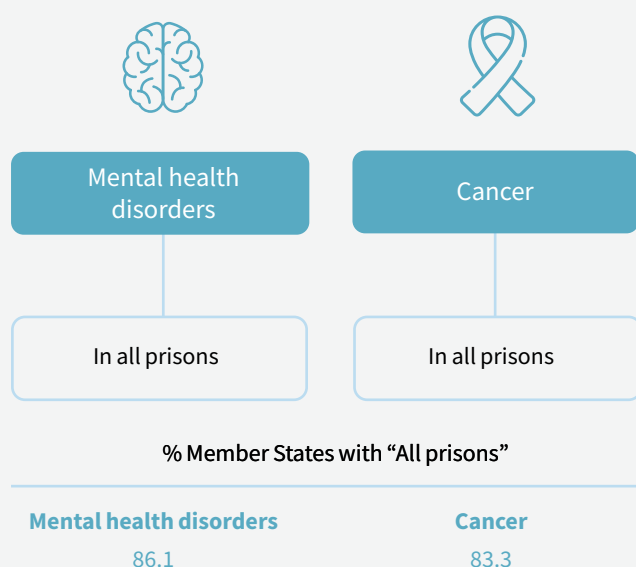
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, free of charge.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	47	751.9	2334.3 ^a
Suicide	1	16.0	35.1 ^a
Drug overdose	1	16.0	1.9 ^a
COVID-19	3	48.0	109.9 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 3.1%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source)

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	2 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	MISSING
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	159 (2.5) 23 (0.4) 27 (0.4)
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

MISSING

MISSING

MISSING



Use/have used drugs (last 12 months)

MISSING

MISSING

MISSING



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

Clarification: Though these indicators are recorded in the clinical file of each inmate, the country could not provide an aggregate value that can be reported here.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$).



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In a minority of prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months: $n=2$ (1.0% of all women living in prison).

Croatia

4 058 165

Population, 2020

High

Income group

US\$ 14 132

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

4041

NUMBER OF PEOPLE IN PRISON:

3531

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

2185

2016

2020

OCCUPANCY LEVEL (%)

87.0

87.4

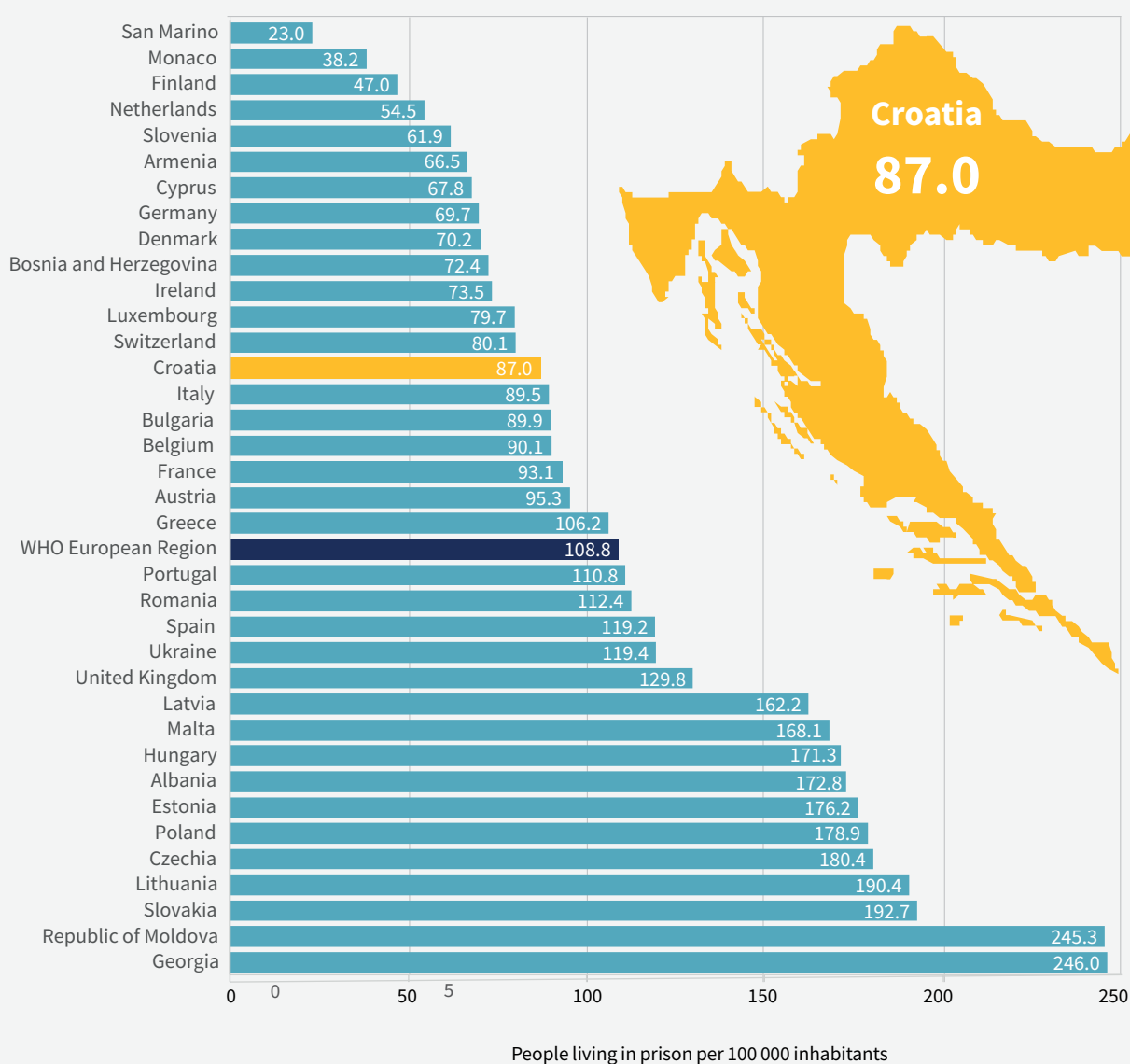
INCARCERATION RATE

81.0

87.0

Per 100 000 of national population

Figure 7.1: Incarceration rate per 100 000 inhabitants in Europe.





Number of prison establishments in the country

23

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsented and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	1281 (36.3)
Number of individuals serving life sentences	Not legally permitted in the country

Social characterization of people in prison

	<i>n</i>	%
Females	188	5.3
Pregnant	2	1.1
LGBTIQ	MISSING	MISSING
Under 18	32	0.9
Above 50	548	15.5
Above 65	205	5.8
Migrants	381	10.8
Minorities	MISSING	MISSING
Disabled	62	1.8
Physically disabled	59	95.2
Intellectually disabled	3	4.8

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: **Both Ministry of Health and Ministry of Justice/ Ministry of Interior**, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n*=36).

Agency or agencies are responsible for financing prison health care: **Both Ministry of Health and Ministry of Justice/ Ministry of Interior**.

Most Member States (50%, out of *n*=36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Partly covered by health insurance¹. Health care fully covered by health insurance was reported by 41.7% of Member States (*n*=36).

¹ Clarification: "Foreign nationals living in prison do not have their health care covered by the national health insurance and are therefore provided with health care from the budget of the prison service (Ministry of Justice and Public Administration)"

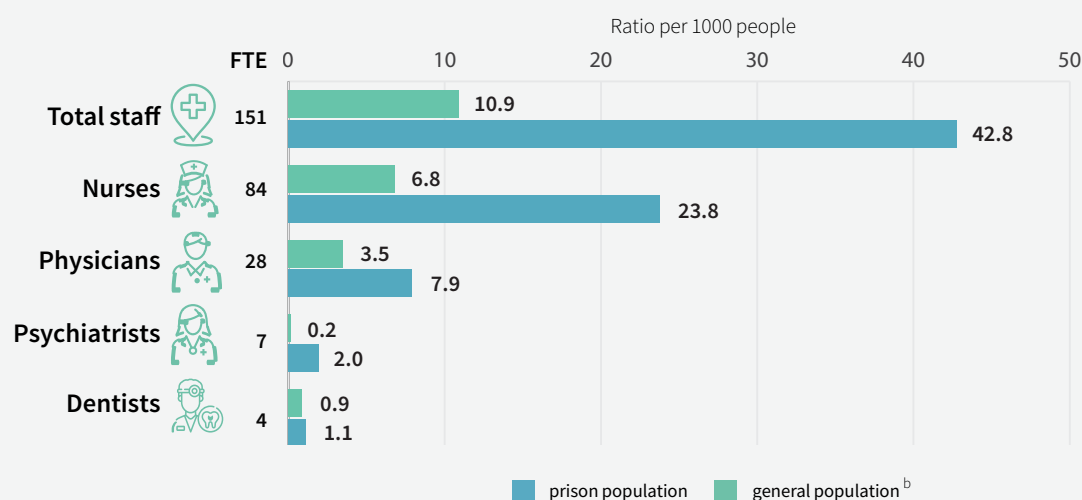


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 7.2: Health-care staff ^a available in prison and in the general population



^a Outsourced medical staff working only part-time not included. Therefore, data is not comparable with other profiles.

^b Source: Eurostat (2019)

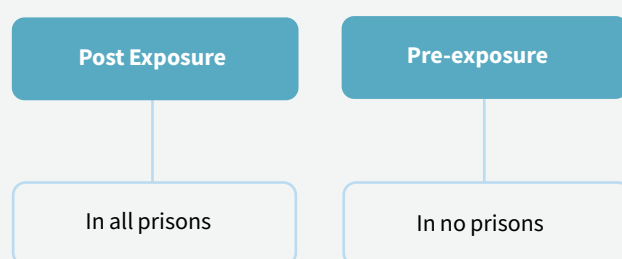
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	No prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	A minority of prisons	69.4
Seasonal flu	All prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"	
Post Exposure ^a	Pre-exposure
77.8	58.3



^a In general, prisoners have access to health care and treatment measures in the same extent as other citizens. Therefore, if prison health-care cannot provide some measure within the prison system it is provided in the public health system, including HIV postexposure prophylaxis (PEP). So, in all prisons, PEP would be available for prisoners, if necessary.

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records¹.

Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

¹ During 2020, there was a pilot for electronic health records that finished by the end of the year, resulting in keeping data in both electronic and paper version. According to the Enforcement of the Prison Sentence Act, all data in the prisoner's file, including the medical file must be kept both electronically and in paper.

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

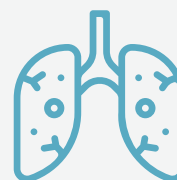
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history.

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:



HIV

Yes, risk-based
screening



HCV

Yes, risk-based
screening



HBV

Yes, risk-based
screening



STI

Yes, risk-based
screening

% Member States with “Yes,
on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:



Cervical

NO



Colon

NO



Breast

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:



Soap



Condoms



Lubricants



**Needles and
syringes**

Offered at

All prisons

A minority of prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3



Disinfectants



Dental dams



**Tampons/
sanitary towels**

Offered at

No prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: Yes, nationwide¹. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).














¹ Pursuant to the Law on Restricting the Use of Tobacco Products, smoking is allowed in special rooms designated for smokers. These rooms must be marked with a special sign that smoking is allowed.

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

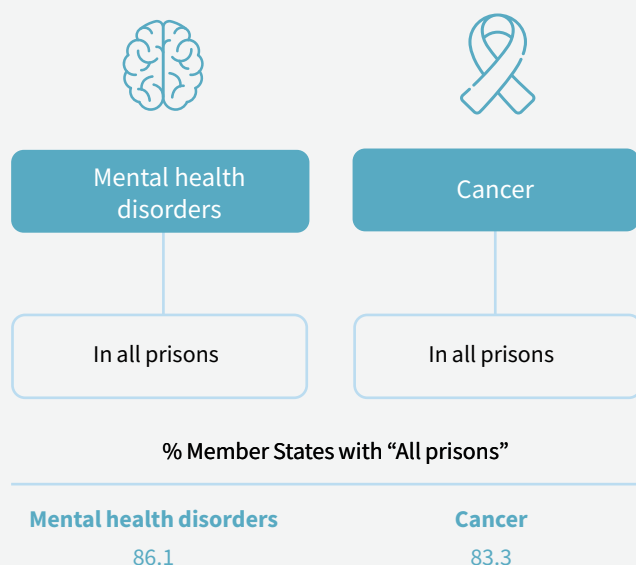
Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received or completed treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period	MISSING
Individuals completing TB treatment over the last 12-month period	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period	MISSING
Individuals completing MDR-TB treatment over the last 12-month period	MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



^a In all prisons but limited depending to the size and type of prison

People are allowed to continue their family relationships by web communication:

Yes, with time restrictions / Yes, free of charge. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	NO	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	9	254.9	1 568.8 ^a
Suicide	0	0.0	33.1 ^a
Drug overdose	0	0.0	2.9 ^a
COVID-19	2	56.7	96.0 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 5.3%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source)

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	MISSING
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	1219 (34.5)
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	Most prisons	All prisons	Most prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

MISSING

MISSING

MISSING



Use/have used drugs (last 12 months)

MISSING

MISSING

MISSING



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

360 (59.8)

MISSING

MISSING

Clarification: Records are kept in each prisoner's individual medical file. However, no records for requested diagnosis are kept on national level, so the data could only be extracted by manually searching the individual files.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 109 complaints on prison health care submitted to prison directors, 34 complaints on prison health-care submitted to the Head Office of the Prison System, 18 requests for protection of rights regarding health care submitted to the enforcement judges. No data available on number of complaints submitted to the Ministry of Health, Ombudsperson or other authorities.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison ^a

NO

NO

% Member States with “Yes”

75.0

61.1

^a Only if women ask for the test, or the medical doctor indicates testing

Number of women who gave birth whilst in prison in the last 12 months:

$n=2$ (1.1% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

543

NUMBER OF PEOPLE IN PRISON:

602

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

1670

2016

2020

OCCUPANCY LEVEL (%)

*

110.9

INCARCERATION RATE

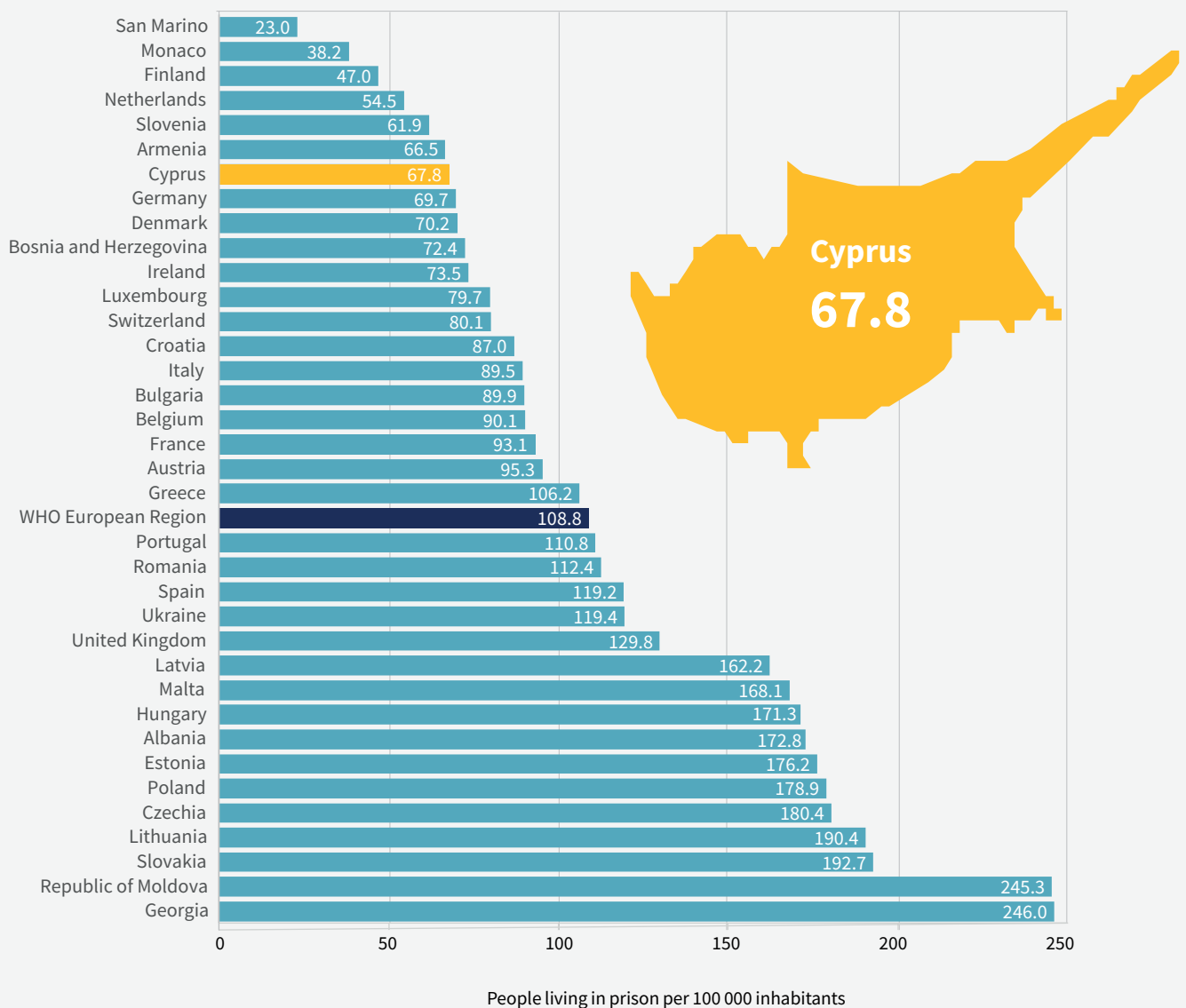
*

67.8

Per 100 000 of national population

* Not available

Figure 8.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

5

Social characterization of people in prison

	n	%
Females	30	5.0
Pregnant	0	0.0
LGBTIQ	1	0.2
Under 18	4	0.7
Above 50	MISSING	MISSING
Above 65	MISSING	MISSING
Migrants	260	43.2
Minorities	12	2.0
Disabled	1	0.2
Physically disabled	1	100.0
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsentenced and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	168 (27.9)
Number of individuals serving life sentences	25 (4.2)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Health only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



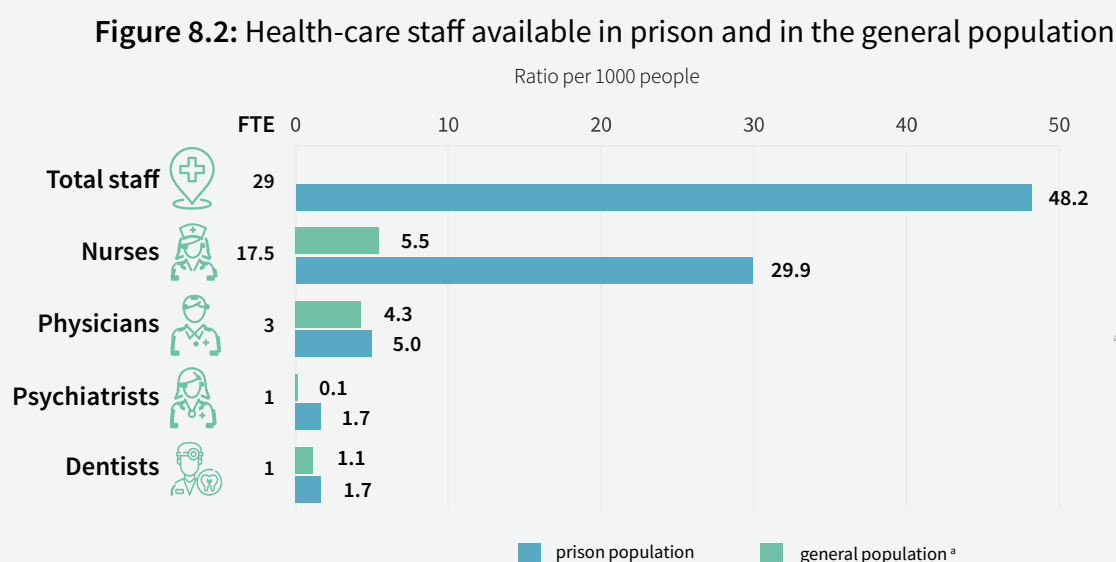
To what extent is health care of people in prison covered by any health insurance systems:

Separate health insurance system. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:



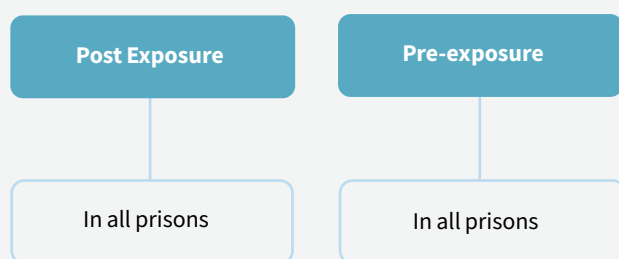
ACCEPTABILITY

Proportion of prison establishments where these are available to be administered to eligible prisoners:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

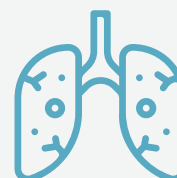
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-out basis**HCV**Yes, on an
opt-out basis**HBV**Yes, on an
opt-out basis**STI**Yes, on an
opt-out basis% Member States with
"Yes, on an **opt-out** basis"

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with "Yes"

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with "All prisons"

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prisons

No prisons

All prisons

% Member States
with "All prisons"

30.6

28.6

72.2



HEALTH PROMOTION














Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

No. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	0 (-) ^a
Individuals completing TB treatment over the last 12-month period	0 (-)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	4 (100.0)
Individuals completing HIV treatment over the last 12-month period	0 (0.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	0 (0.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	881 (146.3)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	260 (missing)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	114 (missing)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	49 (missing)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	9 (100.0)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	9 (100.0)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	9 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	50 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	3 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	3 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	1 (100.0)

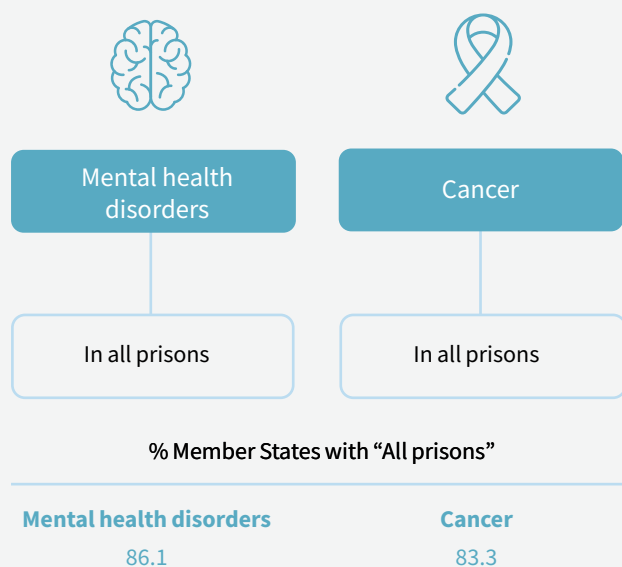
^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

Yes, with time restrictions / Yes, free of charge. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	NO	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, regularly (for example once every year or once every two years). Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	1	166.1	896.8 ^a
Suicide	0	0.0	13.1 ^a
Drug overdose	0	0.0	2.8 ^a
COVID-19	0	0.0	13.4 ^b
Natural causes	1	166.1	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 5.0%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).





MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	0 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	4 (0.7)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	13 (2.2)
 Hepatitis B Chronic HBV (HBsAg)	0 (0.0)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	0 (0.0)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	0 (0.0)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record	MISSING
Psychotic disorder diagnosis on record	MISSING
Recorded suicide attempt events (last 12-month)	0 (0.0)
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	9 (1.5)
 Hypertension Diagnosis on record	50 (8.3)
 Cardiovascular Disease Diagnosis on record	3 (0.5)
 Cancer Diagnosis on record	1 (0.2)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.











E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity^a	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)^b
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

^a Prisoners can use exercise facilities every day

^b Besides the normal menu, 7 different menus meeting religion, health and vegetarian needs are offered.

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	360 (59.8)	MISSING	MISSING

Clarification: Even though health behaviours are evaluated during the initial interview but are not kept in a database. They are kept in the personal files of the inmates. These evaluations help the administration on their decision inter alia regarding the distribution (allocation) of the inmates to wings and specifically to cells with inmates that they have compatible features and needs in order to make their accommodation more comfortable and reduce any stressful factors.



G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff

YES

75.0



Pregnancy test on admission to prison

Yes, and they are repeated at regular intervals

61.1



Possibility of prenatal care or termination, in case of a positive result

YES

100.0

% Member States with “Yes”

Number of women who gave birth whilst in prison in the last 12 months:

$n=0$ (0.0% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

19733

NUMBER OF PEOPLE IN PRISON:

19286

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

9251

2016

2020

OCCUPANCY LEVEL (%)

109.0

97.7

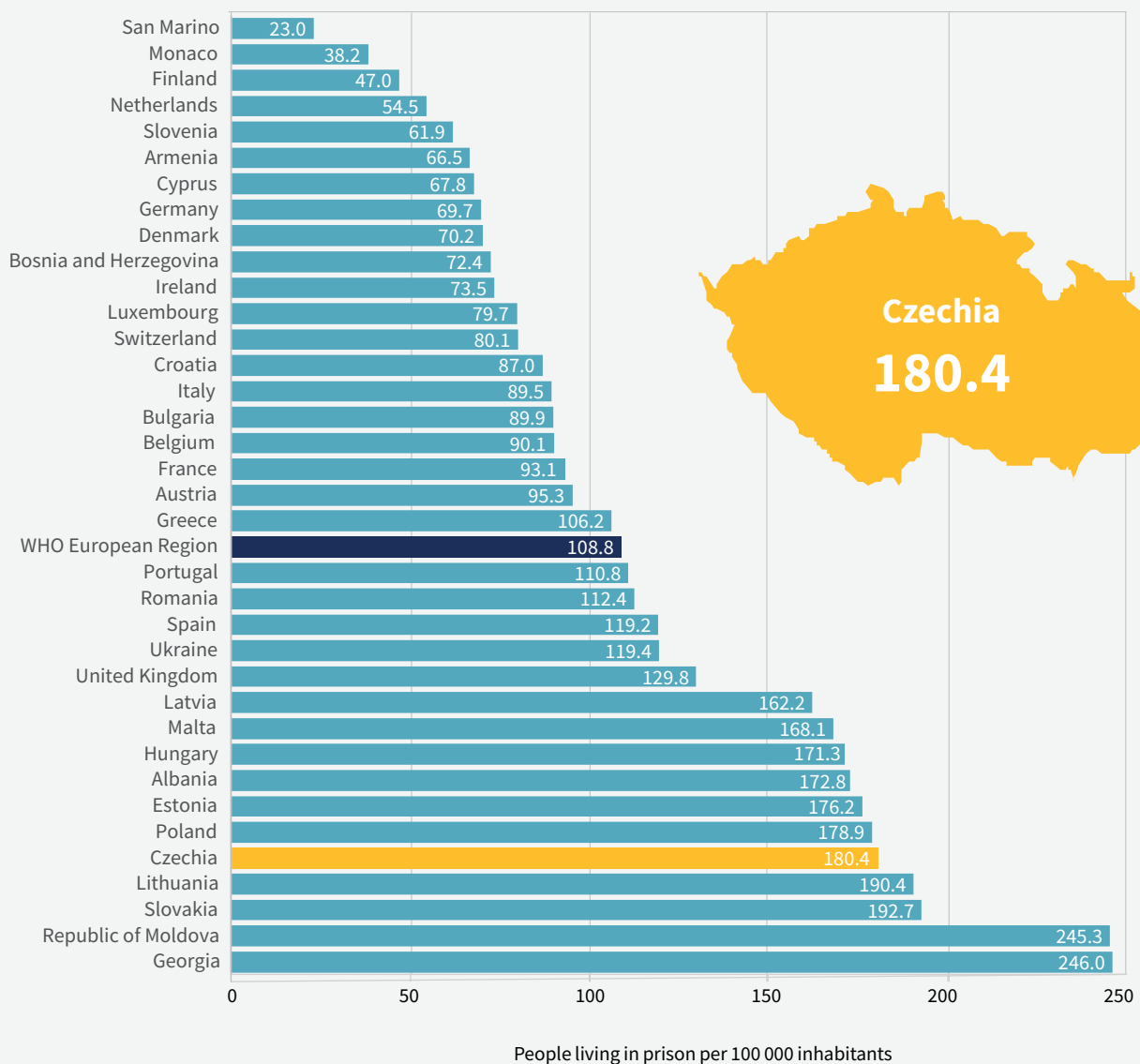
INCARCERATION RATE

213.0

180.4

Per 100 000 of national population

Figure 9.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

35

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	1570 (8.1)
Number of individuals serving life sentences	44 (0.2)

Social characterization of people in prison

	<i>n</i>	%
Females	1 574	8.2
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	44	0.2
Above 50	3 023	15.7
Above 65	337	1.8z
Migrants	1 531	7.9
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n*=36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n*=36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

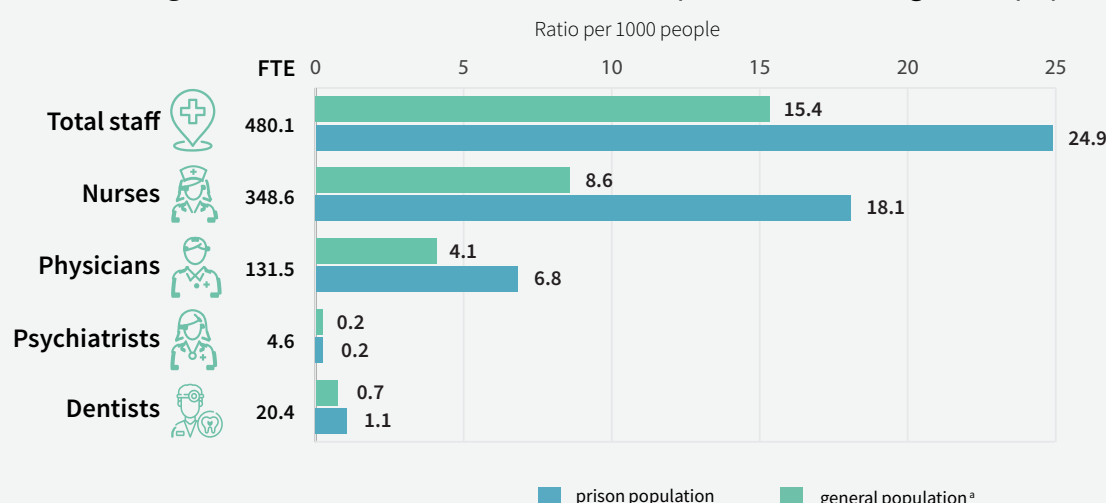
Partly covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n*=36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 9.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

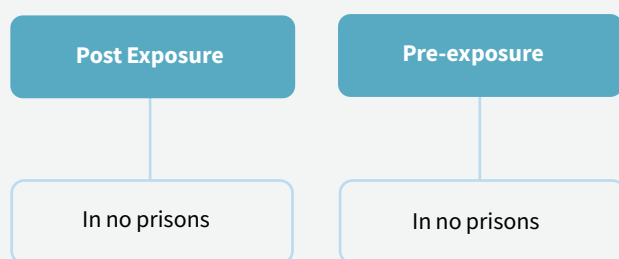
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

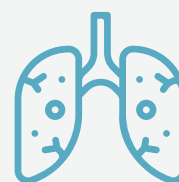
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-in basis**HCV**Yes, on an
opt-in basis**HBV**Yes, on an
opt-in basis**STI**Yes, on an
opt-in basis% Member States with "Yes,
on an **opt-out** basis"

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with "Yes"

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

A minority of prisons

No prisons

No prisons

% Member States
with "All prisons"

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prisons

No prisons

All prisons

% Member States
with "All prisons"

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	3 (-) ^a
Individuals completing TB treatment over the last 12-month period	2 (66.7)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	38 (73.1)
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	213 (37.4)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	29 (85.3)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	131(missing)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

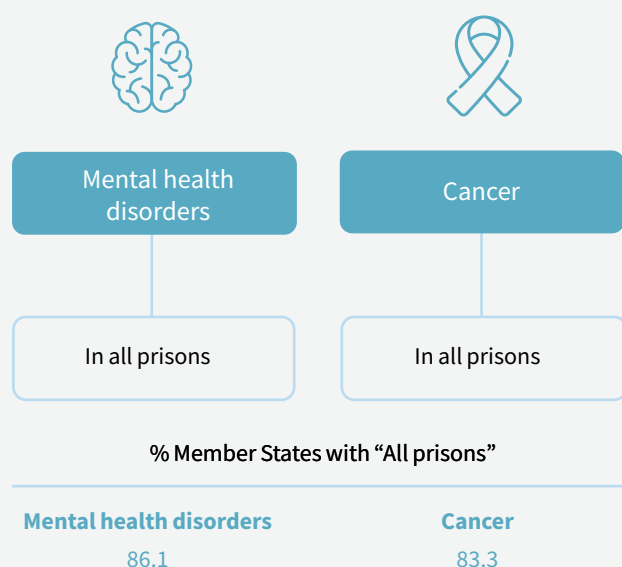
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	41	212.6	1 389.9 ^a
Suicide	19	98.5	30.0 ^a
Drug overdose	4	20.7	2.0 ^a
COVID-19	8	41.5	108.0 ^b
Neoplasm	4	20.7	413.5 ^a
Cardiovascular disease	10	51.8	576.1 ^a
Other natural causes	3	15.5	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 8.2%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	3 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	52 (0.3)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	570 (3.0)
 Hepatitis B Chronic HBV (HBsAg)	34 (0.2)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	MISSING
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	159 (0.8)
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	84 (0.4)	MISSING	MISSING
 Use/have used drugs (last 12 months)	1094 (5.7)	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Although all data are recorded in individual electronic clinical files, the coding system used does not allow extraction in aggregate manner. The only exception is drug use (including alcohol), because these behaviors are monitored throughout imprisonment.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In a minority of prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

NO

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

$n=0.0$ (0.0% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

4073

NUMBER OF PEOPLE IN PRISON:

4085

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

9132

2016

2020

OCCUPANCY LEVEL (%)

*

100.3

INCARCERATION RATE

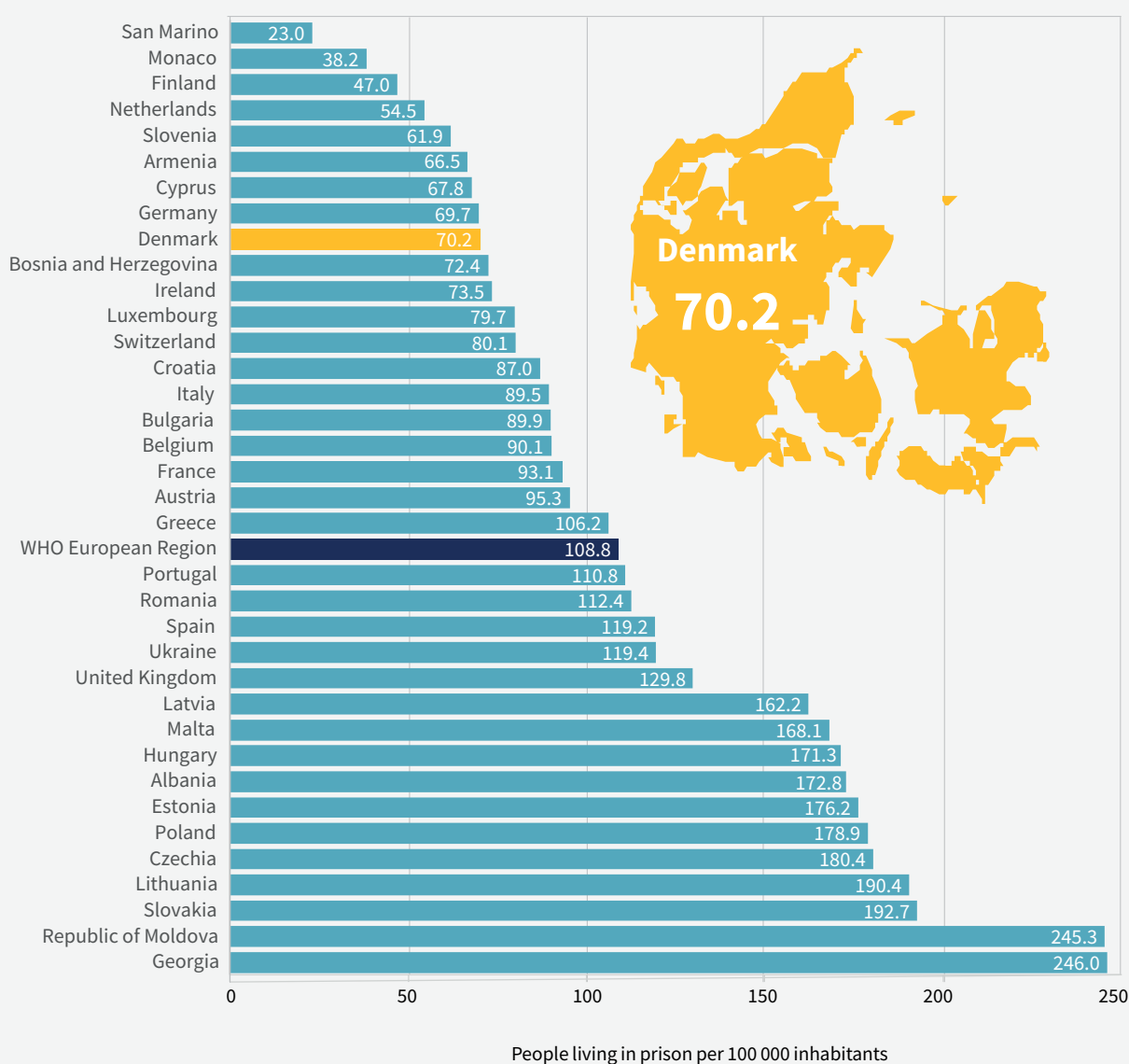
Per 100 000 of national population

*

70.2

* Not possible to compare

Figure 10.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

55

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	1533 (37.5)
Number of individuals serving life sentences	29 (0.7)

Social characterization of people in prison

	<i>n</i>	%
Females	185	4.5
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	9	0.2
Above 50	474	11.6
Above 65	MISSING	MISSING
Migrants	1 194	29.2
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

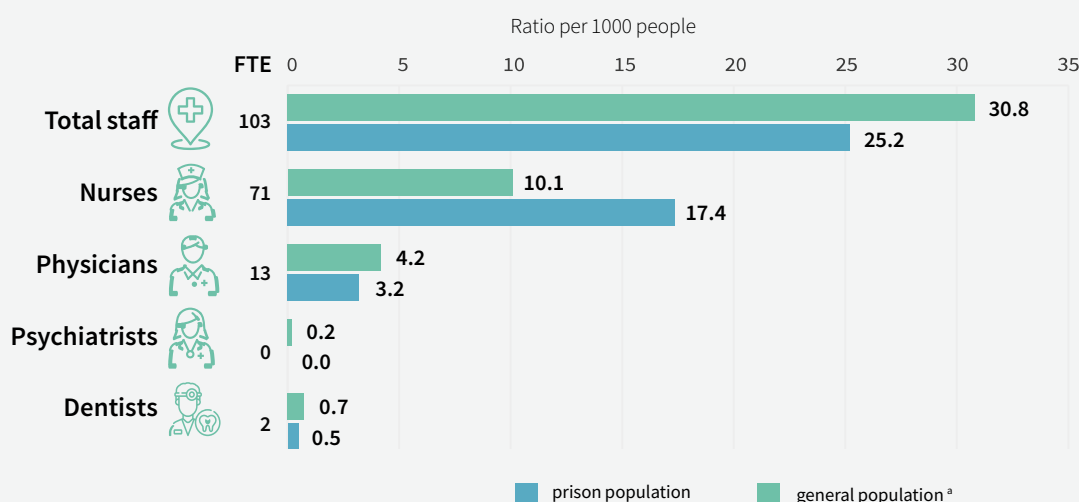
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 10.2: Health-care staff available in prison and in the general population



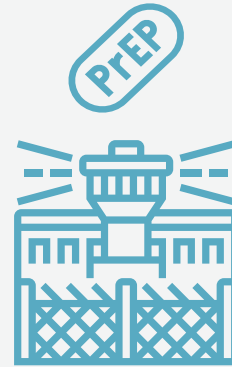
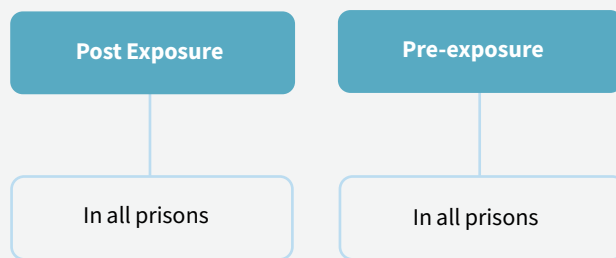
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with “All prisons”
DTP	All prisons	72.2
Human Papilloma virus	Most prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	Most prisons	61.8
Meningococcal vaccination	Most prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with “All prisons”

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with “Yes”
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

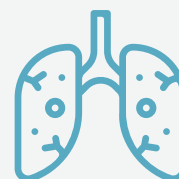
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%,



Screening for infectious diseases:

**HIV**

Yes, risk-based screening

**HCV**

Yes, risk-based screening

**HBV**

Yes, risk-based screening

**STI**

Yes, risk-based screening

% Member States with
"Yes, on an **opt-out** basis"

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with "Yes"

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and syringes**

Offered at

All prisons

All prisons

Most prisons

No prisons

% Member States
with "All prisons"

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prisons

Most prisons

Most prisons

% Member States
with "All prisons"

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period Individuals completing TB treatment over the last 12-month period	MISSING MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period Individuals completing MDR-TB treatment over the last 12-month period	MISSING MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period Individuals completing HIV treatment over the last 12-month period	MISSING MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period Individuals completing STI treatment over the last 12-month period	MISSING MISSING
 Oral health Individuals with oral health visit over the last 12-month period	0 (0.0)
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING MISSING MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

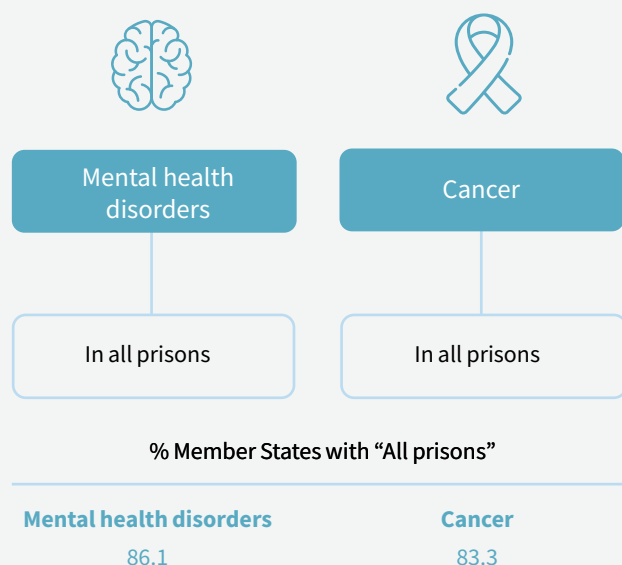
¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Data recorded in individual health journals but not available for extraction in aggregate manner due to data confidentiality.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY

	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	4	97.9	1258.3 ^a
Suicide	4	97.9	22.7 ^a
Drug overdose	0	0.0	6.5 ^a
COVID-19	0	0.0	22.3 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.5%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion of unique individuals living in prison diagnosed with:



Tuberculosis (TB)

n (%)

Active TB diagnosis

MISSING



Multidrug-resistant Tuberculosis (MDRTB)

Active MDR-TB diagnosis

MISSING



HIV

Active HIV diagnosis

MISSING



Hepatitis C

Chronic HCV infection (HCV RNA positive)

MISSING



Hepatitis B

Chronic HBV (HBsAg)

MISSING



Sexually Transmitted Infections (STIs)

STI diagnosis (last 12-month)

MISSING



COVID-19

SARS-Co-V2 infection laboratory confirmed

MISSING



Oral health

Individuals keeping 21 or more natural teeth

MISSING



Mental health disorders

Mental disorder diagnosis on record

MISSING

Psychotic disorder diagnosis on record

MISSING

Recorded suicide attempt events (last 12-month)

MISSING



Substance Use Disorders

Active drug use disorder (last 12-month)

MISSING



Diabetes Mellitus

Diagnosis on record

MISSING



Hypertension

Diagnosis on record

MISSING



Cardiovascular Disease

Diagnosis on record

MISSING



Cancer

Diagnosis on record











MISSING

Clarification: Data recorded in individual health journals but not available for extraction in aggregate manner due to data confidentiality.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Data recorded in individual health journals but not available for extraction in aggregate manner due to data confidentiality.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In most prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

NO

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

$n=1$ (0.5% of all women living in prison).

Estonia

1 328 889

Population, 2020

High

Income group

US\$ 23 054

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

3278

NUMBER OF PEOPLE IN PRISON:

2341

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

644

2016

2020

OCCUPANCY LEVEL (%)

92.0

71.4

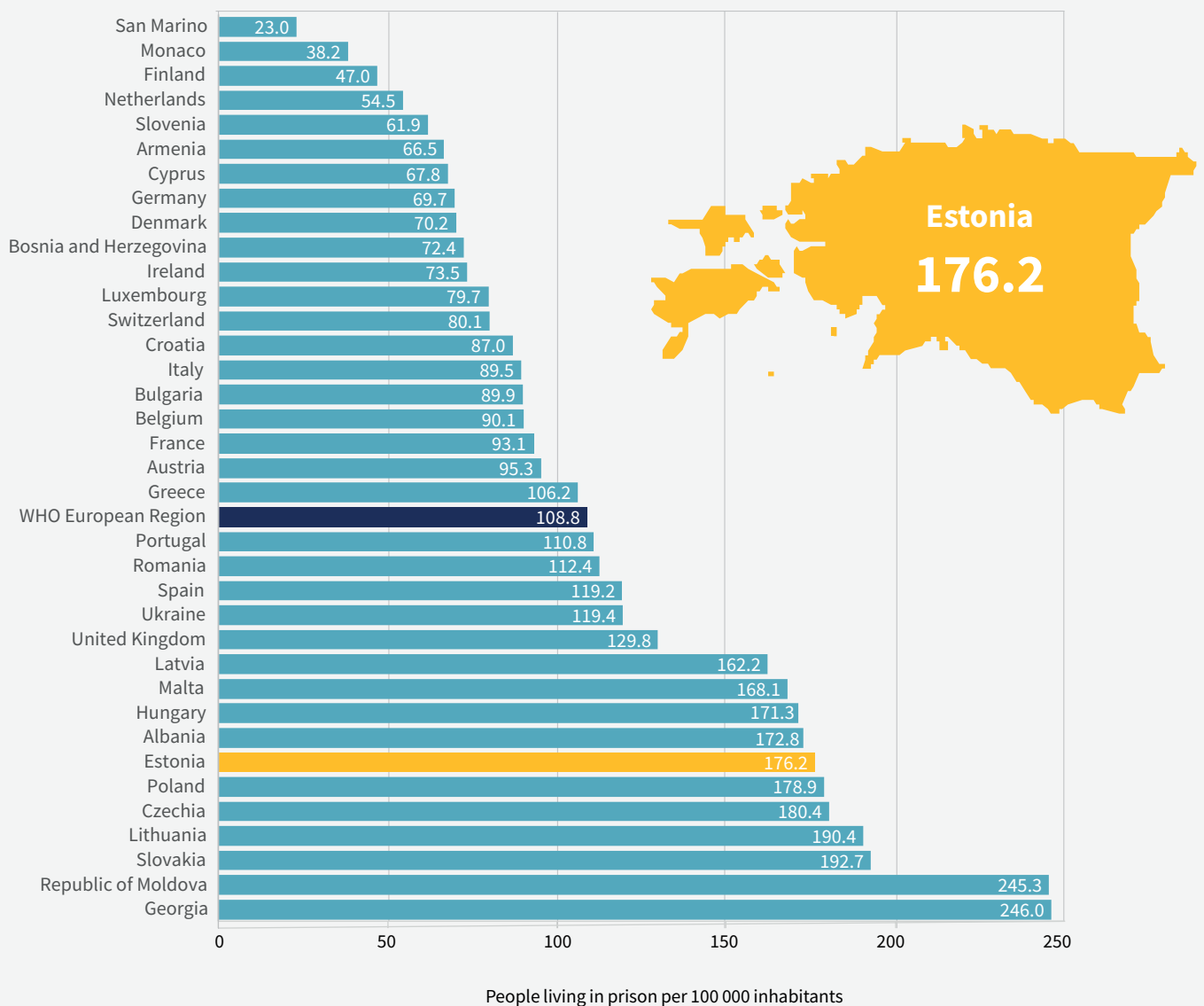
INCARCERATION RATE

204.0

176.2

Per 100 000 of national population

Figure 11.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

3

Mean length of incarceration per individual over the last 12-month period: **16 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	459 (19.6)
Number of individuals serving life sentences	39 (1.7)

Social characterization of people in prison

	<i>n</i>	%
Females	96	4.1
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	5	0.2
Above 50	463	19.8
Above 65	60	2.6
Migrants	783	33.5
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

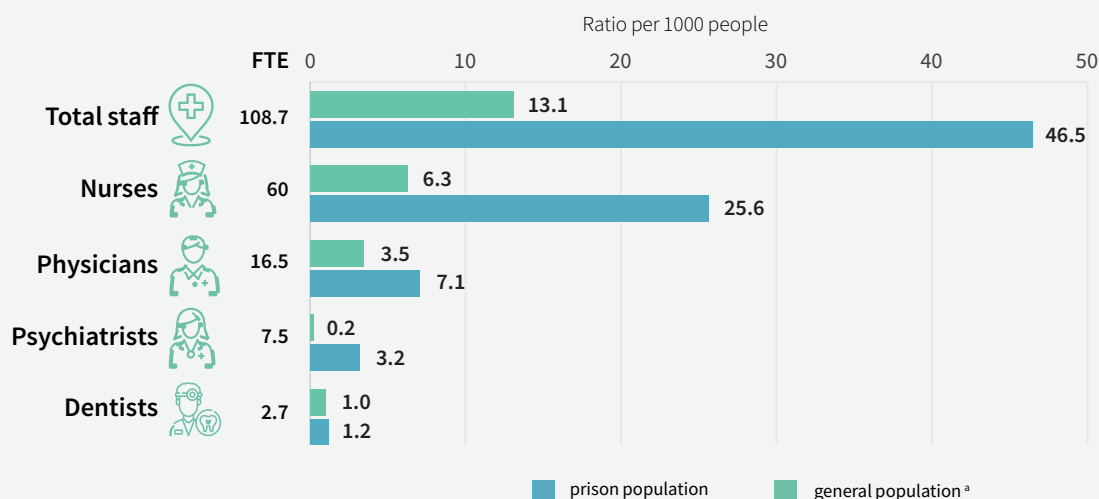


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 11.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

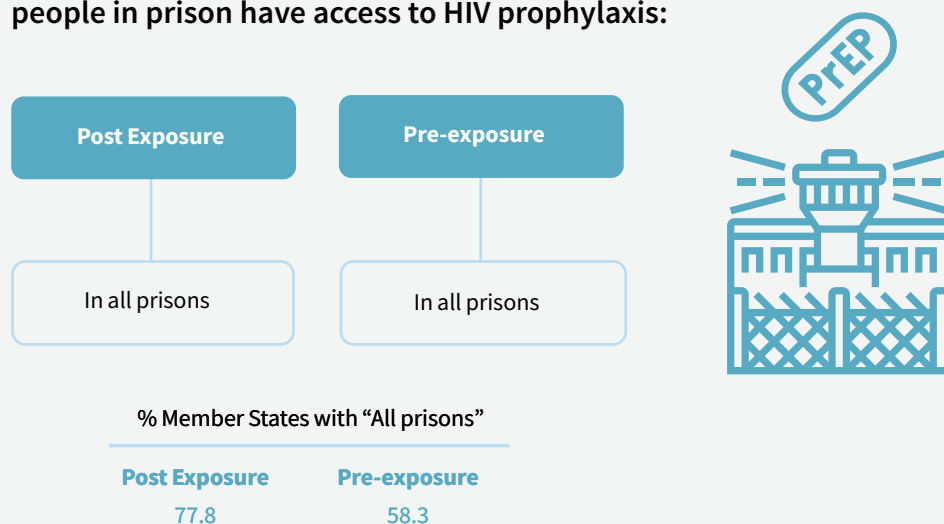
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	MISSING	52.9
Hepatitis A	MISSING	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	MISSING	61.8
Meningococcal vaccination	MISSING	52.9
Pneumococcal vaccination	MISSING	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

No. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

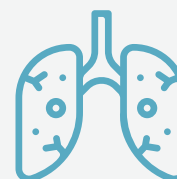
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-out basis**HCV**Yes, risk-based
screening**HBV**Yes, risk-based
screening**STI**Yes, risk-based
screening% Member States with
“Yes, on an **opt-out** basis”

25.0

25.7

28.6

23.5

Cancer screening offered to prisoners:

**Cervical**

NO

**Colon**

NO

**Breast**

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	5 (-) ^a
Individuals completing TB treatment over the last 12-month period	5 (100.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	251 (98.8)
Individuals completing HIV treatment over the last 12-month period	0 (0.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	136 (24.4)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	3 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	193 (20.8)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	193 (100.0)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

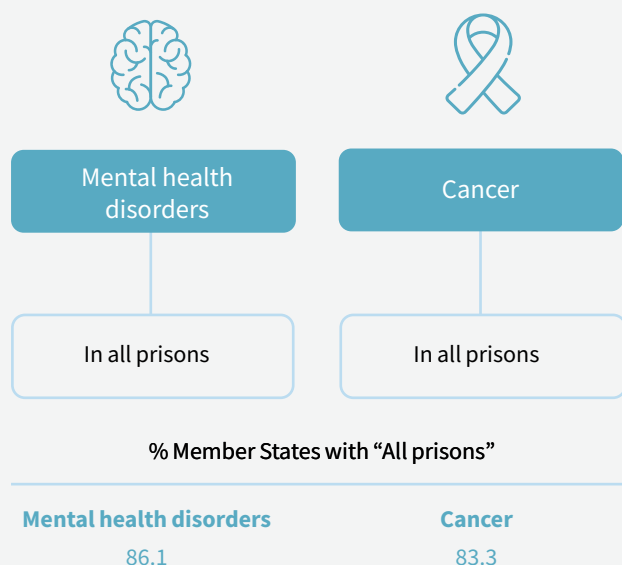
¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Data on NCD diagnoses and treatment is recorded in individual clinical files but not available for extraction in aggregate manner.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	14	598.0	1489.7 ^a
Suicide	3	128.2	43.0 ^a
Drug overdose	0	0.0	22.4 ^a
COVID-19	0	0.0	17.3 ^b
Cardiovascular disease	5	213.6	664.6 ^a
Other natural causes	6	256.3	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 4.1%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	5 (0.2)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	254 (10.9)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	558 (23.8)
 Hepatitis B Chronic HBV (HBsAg)	3 (0.1)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	231 (9.9)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING 2 (0.1)
 Substance Use Disorders Active drug use disorder (last 12-month)	926 (39.6)
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Data on NCD diagnoses and treatment is recorded in individual clinical files but not available for extraction in aggregate manner.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products ^a	0 (0.0)	0 (0.0)	0 (0.0)
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

^a Reported as zero as consequence of the smoke free policy implemented in prisons nationwide.

Clarification: Data on NCD diagnoses and treatment is recorded in individual clinical files but not available for extraction in aggregate manner.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

	YES	NO
% Member States with “Yes”	75.0	61.1

Number of women who gave birth whilst in prison in the last 12 months:

$n=1$ (1.0% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

3007

NUMBER OF PEOPLE IN PRISON:

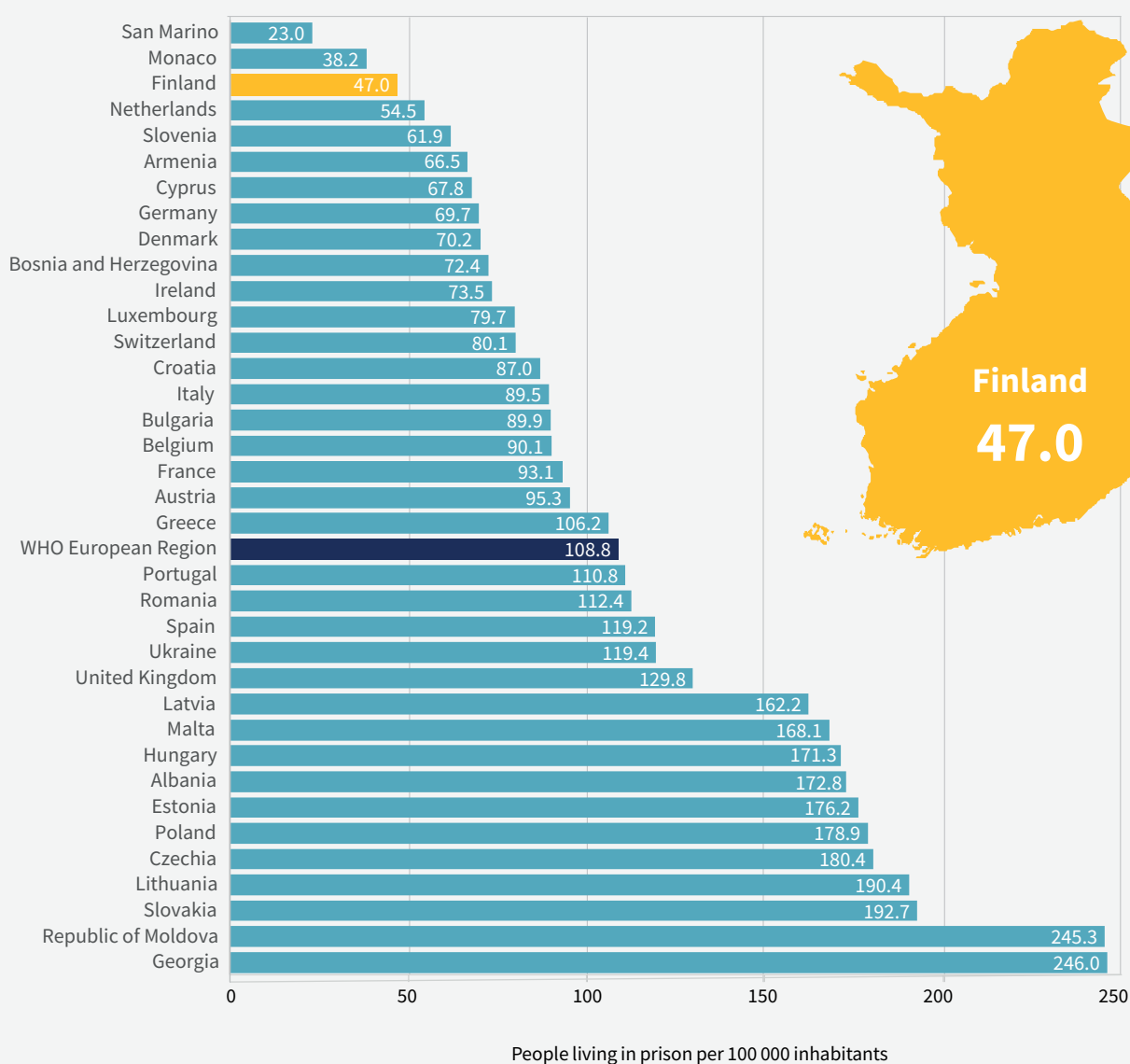
2595

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

5278

	2016	2020
OCCUPANCY LEVEL (%)	97.0	86.3
INCARCERATION RATE Per 100 000 of national population	55.0	47.0

Figure 12.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

26

Mean length of incarceration per individual over the last 12-month period: **6 months**

Unsentenced and serving life sentences individuals:

Number of unsentenced/remand prisoners

n (%)
567 (23.1)

Number of individuals serving life sentences

MISSING

Social characterization of people in prison

	n	%
Females	182	7.4
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	MISSING	MISSING
Above 50	MISSING	MISSING
Above 65	MISSING	MISSING
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Health only (or health authorities), with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Health only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

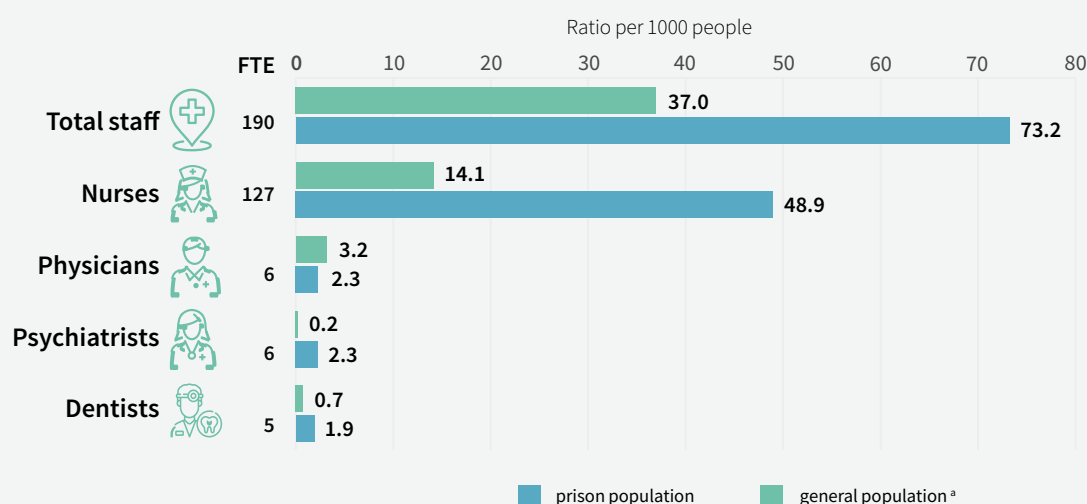


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 12.2: Health-care staff available in prison and in the general population



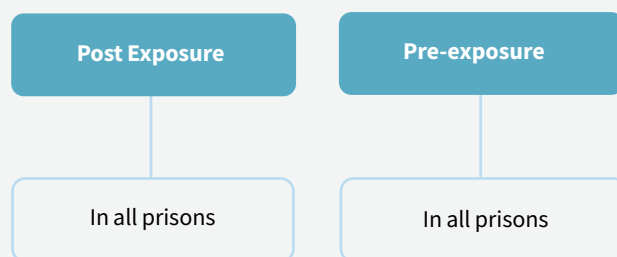
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with “All prisons”
DTP	All prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with “All prisons”

Post Exposure

77.8

Pre-exposure

58.3



QUALITY OF CARE



	Yes/No	% Member States with “Yes”
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

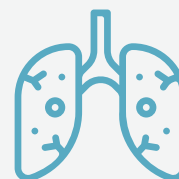
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:



HIV
Yes, on an
opt-out basis



HCV
Yes, on an
opt-out basis



HBV
Yes, on an
opt-in basis



STI
Yes, on an
opt-in basis

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:



Cervical

YES



Colon

YES



Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:



Soap



Condoms



Lubricants



**Needles and
syringes**

Offered at

All prisons

All prisons

All prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3



Disinfectants



Dental dams



**Tampons/
sanitary towels**

Offered at

All prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION



**Smoke free policy implemented in
the country applicable to prisons:**














No. Most Member States report “Yes,
nationwide” (72.2%, out of $n = 36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

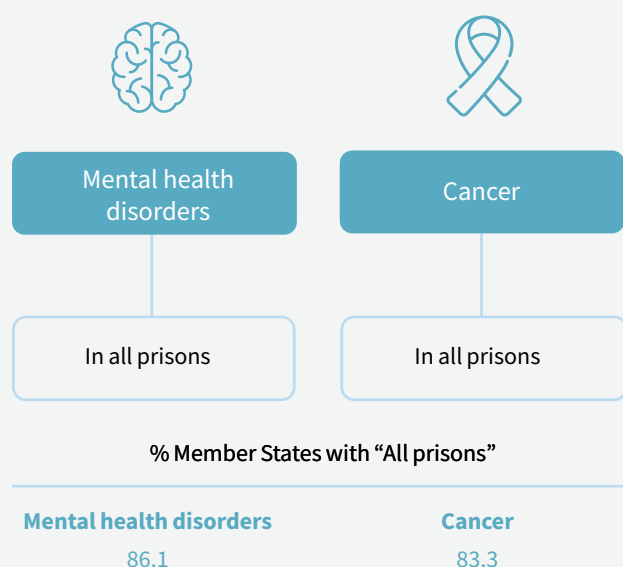
Number and proportion of people diagnosed that received or completed treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period Individuals completing TB treatment over the last 12-month period	MISSING MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period Individuals completing MDR-TB treatment over the last 12-month period	MISSING MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period Individuals completing HIV treatment over the last 12-month period	MISSING MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period Individuals completing STI treatment over the last 12-month period	MISSING MISSING
 Oral health Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING MISSING MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

Clarification: Although data are recorded in individual electronic clinical files but not available for extraction in aggregate manner.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, free of charge**. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	NO	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	8	308.3	1317.5 ^a
Suicide	4	154.1	33.4 ^a
Drug overdose	MISSING	MISSING	10.3 ^a
COVID-19	1	38.5	10.7 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 7.4%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion of unique individuals living in prison diagnosed with:











	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	MISSING
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

Clarification: Although data are recorded in individual electronic clinical files but not available for extraction in aggregate manner.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Although data are recorded in individual electronic clinical files but not available for extraction in aggregate manner.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, and they are repeated at regular intervals

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

MISSING

France

66 859 768

Population, 2020

High

Income group

US\$ 38 780

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

60585

NUMBER OF PEOPLE IN PRISON:

62673

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

138711

2016

2020

OCCUPANCY LEVEL (%)

114.0

103.4

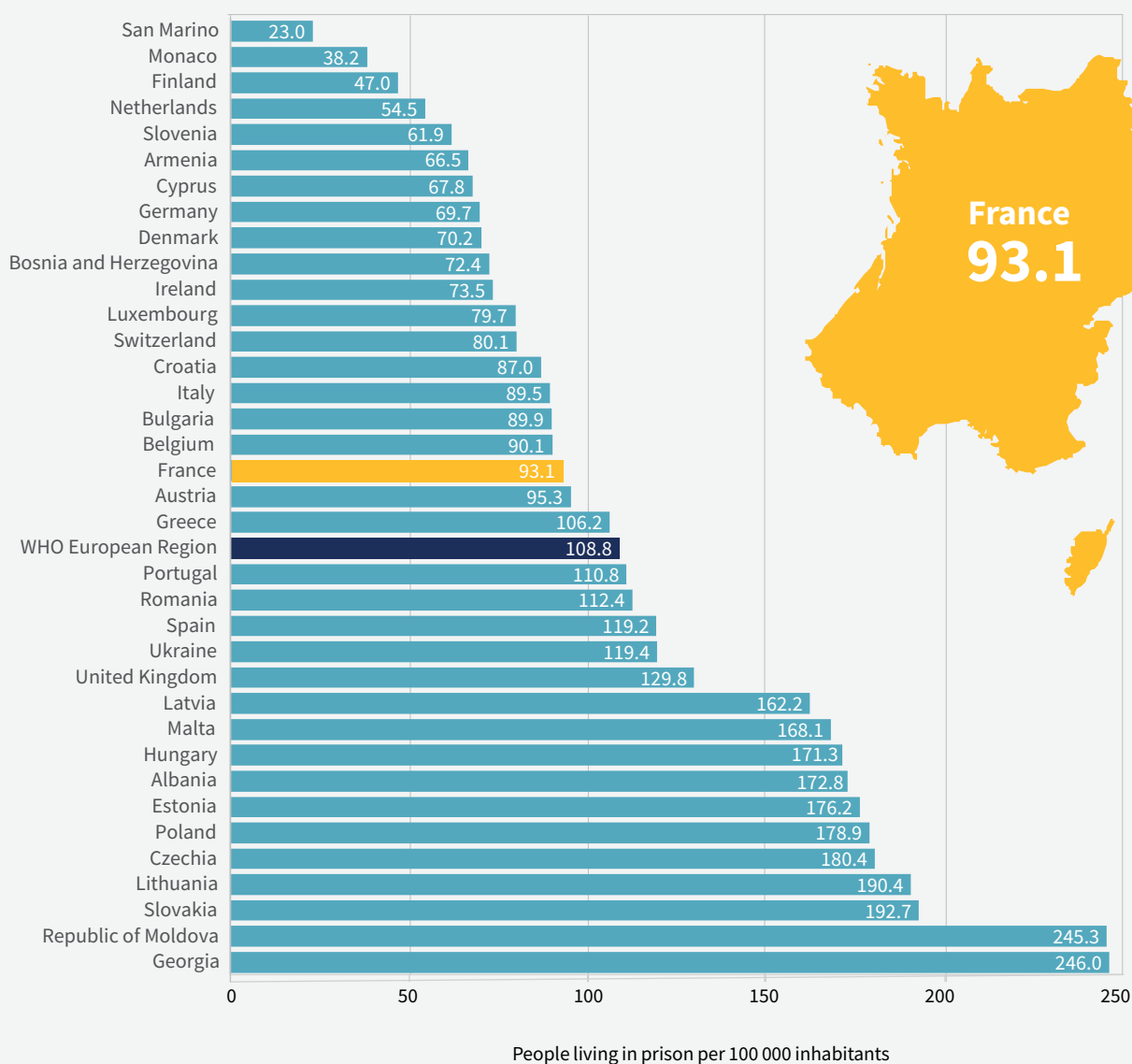
INCARCERATION RATE

100.0

93.1

Per 100 000 of national population

Figure 13.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

188

Social characterization of people in prison

	n	%
Females	791	1.3
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	775	1.2
Above 50	7 700	12.3
Above 65	1 323	2.1
Migrants	15 418	24.6
Minorities	MISSING	MISSING
Disabled	1 250	2.0
Physically disabled	453	36.2
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual over the last 12-month period: **11 months**

Unsentenced and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	17856 (28.5%)
Number of individuals serving life sentences	487 (0.8%)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Health only (or health authorities), with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Health only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Separate health insurance system. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

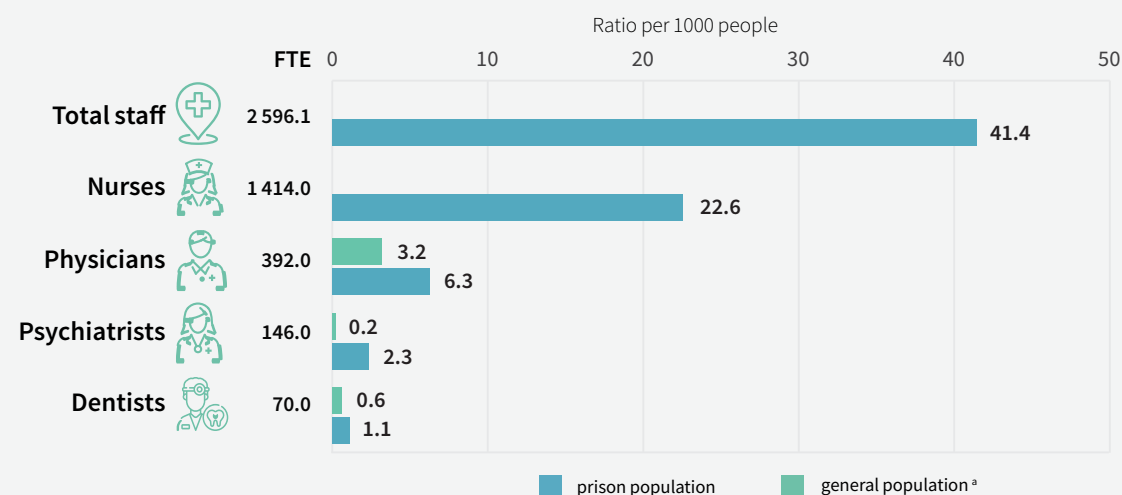


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

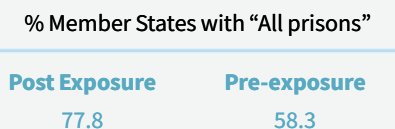
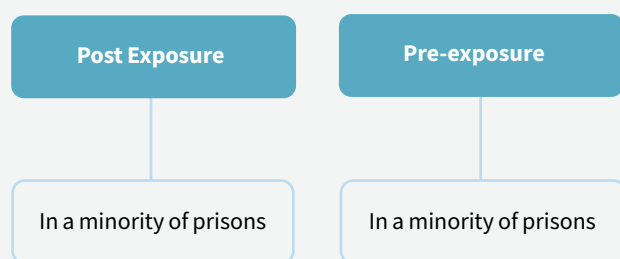
Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 13.2: Health-care staff available in prison and in the general population



* Source: Eurostat (2019)

Proportion of prison established with vaccines available:



	Yes/No	% Member States with “Yes”
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

No¹. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



¹ Clarification: In France, the law provides for the creation of an information system to identify people with notifiable diseases (article L3113-1 of the public health code). These are subject to the mandatory transmission of individual data to the health authority by doctors and managers of public and private medical biology services and laboratories. However, there is no operating system for notifiable diseases specific to the penitentiary environment.

Information registered in clinical records:

Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records². Electronic clinical health records in all prisons was reported by 22.2% of Member States ($n=36$).

² Clarification: Different record system are used for clinical health records.

	Yes/No	% Member States with "Yes"
Screening tests performed	NO	91.7
Screening tests results	NO	94.4
Vaccination	NO	97.2
Health behaviours	NO	97.2
Diagnoses established	NO	97.2
Visits to external care providers	NO	94.4
Treatment and medications	NO	97.2

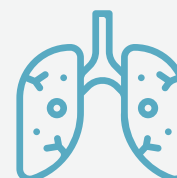
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-in basis**HCV**Yes, on an
opt-in basis**HBV**Yes, on an
opt-in basis**STI**Yes, on an
opt-in basis% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

Most prisons

Most prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

All prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION

**Smoke free policy implemented in
the country applicable to prisons:****No.** Most Member States report “Yes
nationwide” (72.2%, out of $n = 36$).














PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, but there are limited resources, so only the priority/vulnerable groups have access.

Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

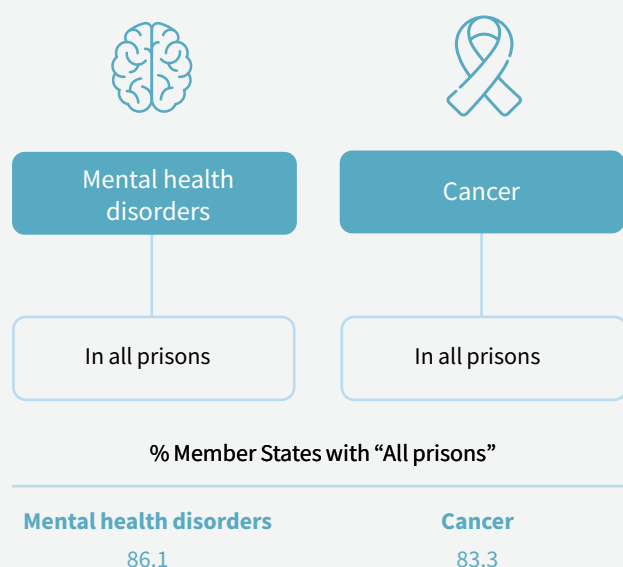
Number and proportion of people diagnosed that received or completed treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	MISSING
Individuals completing TB treatment over the last 12-month period	MISSING
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	MISSING
Individuals completing MDR-TB treatment over the last 12-month period	MISSING
 HIV	
Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

Clarification: In France, the law provides for the creation of an information system to identify people with notifiable diseases. The rest is subject to medical secrecy.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	NO	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	175	279.2	1242.6 ^a
Suicide	119	189.9	35.4 ^a
Drug overdose	MISSING	MISSING	4.0 ^a
COVID-19	5	8.0	95.9 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 1.3%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	34 (0.1)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	1381 (2.2)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	3248 (5.2)
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	1173 (1.9)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	54138 (86.4) MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	6767 (10.8)
 Diabetes Mellitus Diagnosis on record	2707 (4.3)
 Hypertension Diagnosis on record	10828 (17.3)
 Cardiovascular Disease Diagnosis on record	4737 (7.6)
 Cancer Diagnosis on record	1354 (2.2)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: In France, the law provides for the creation of an information system to identify people with notifiable diseases. The rest is subject to medical secrecy. Therefore, all data reported is extracted from ad-hoc studies published in the scientific literature (selected by the prison focal point).

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

MISSING

MISSING

MISSING



Use/have used drugs (last 12 months)

MISSING

MISSING

MISSING



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

Clarification: In France, the law provides for the creation of an information system to identify people with notifiable diseases. The rest is subject to medical secrecy. "Any person treated by a health professional or a health establishment has the right to respect for his private life and to the secrecy of medical information concerning him." (Regulation No. 2016/679 of the European Parliament and of the Council of April 27, 2016). Although the prison focal point provided data from the Ministry of Social Affairs and Health for the proportion of individuals in prison smoking and drinking, these data were not considered as it was from 2012.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$).

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In most prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Number of women who gave birth whilst in prison in the last 12 months

YES

NO

MISSING

% Member States with “Yes”

75.0

61.1

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

11656

NUMBER OF PEOPLE IN PRISON:

9143

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

6918

2016

2020

OCCUPANCY LEVEL (%)

44.0

78.4

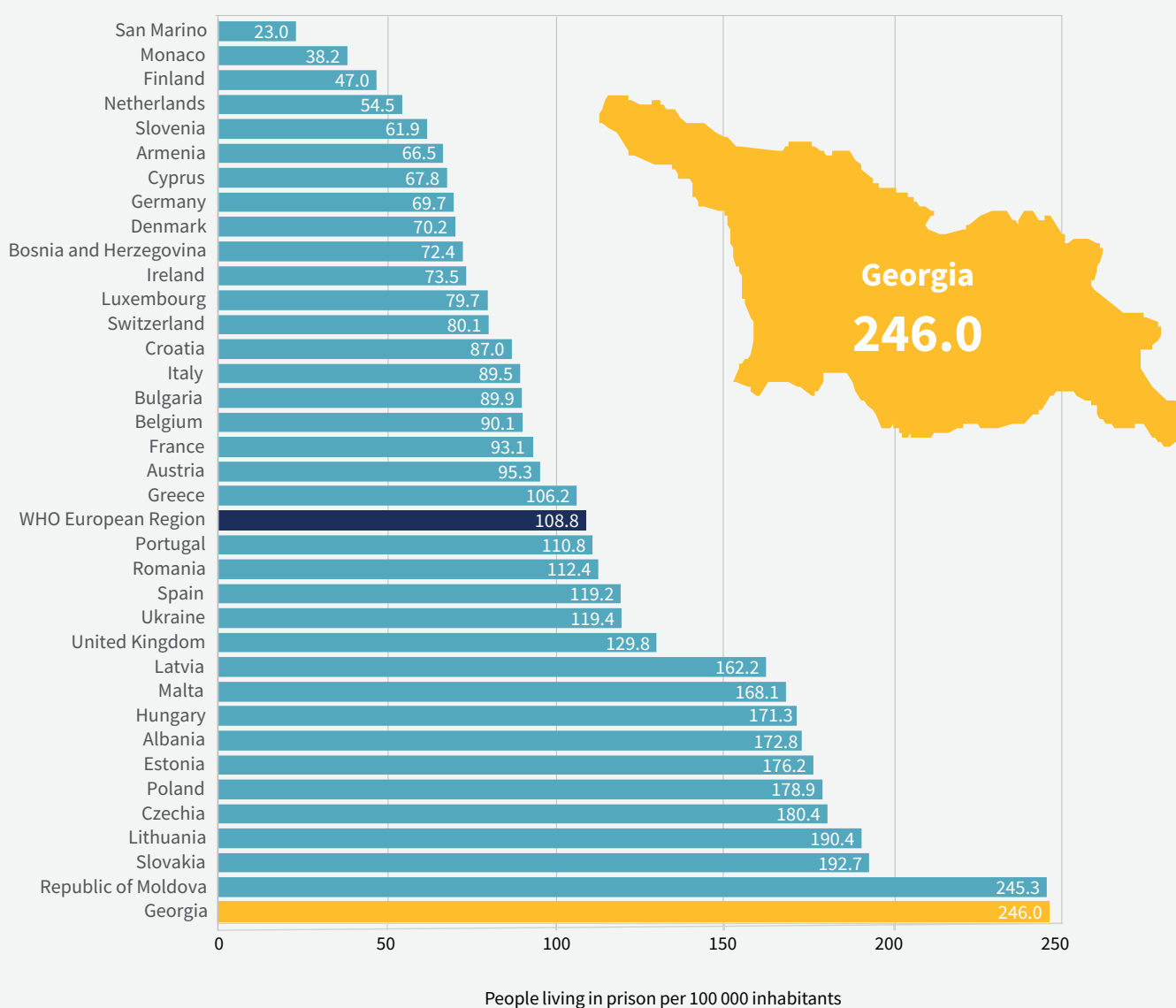
INCARCERATION RATE

255.0

246.0

Per 100 000 of national population

Figure 14.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison
establishments
in the country

13

Social characterization of people in prison

	n	%
Females	333	3.6
Pregnant	2	0.6
LGBTIQ	MISSING	MISSING
Under 18	5	0.1
Above 50	97	1.1
Above 65	17	0.2
Migrants	66	0.7
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual
over the last 12-month period: MISSING

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	1646 (18.0)
Number of individuals serving life sentences	73 (0.8)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Ministry of Justice and State Subordinate Institution – Special Penitentiary Service (SPS) of the Ministry of Justice and in terms of the state funded programs - the Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs of Georgia, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:
Ministry of Justice and Special Penitentiary Service (SPS) of the Ministry of Justice.

Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

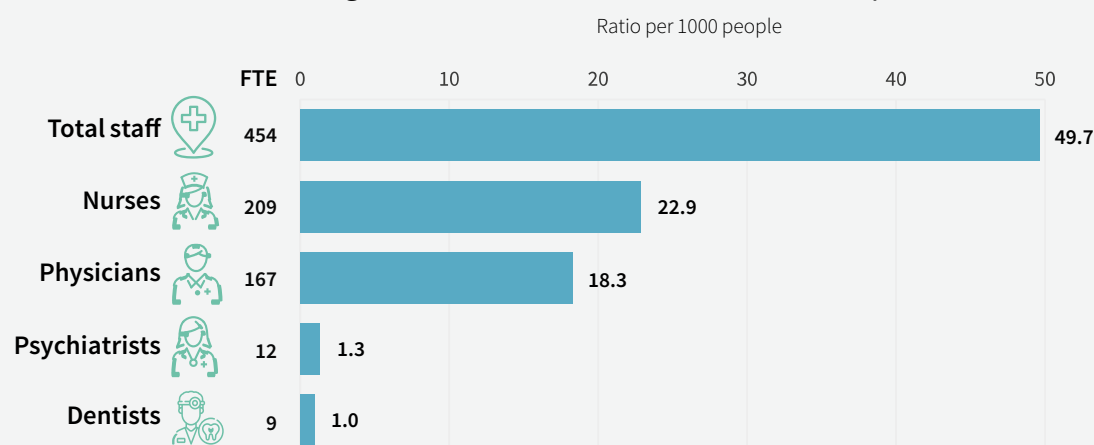
To what extent is health care of people in prison covered by any health insurance systems:
Another situation: Health-care for people in prison is fully covered by the SPS with exception of state funded treatment programs for Hepatitis B, Hepatitis C, HIV, TB, Drug detox treatment, etc. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 14.2: Health-care staff available in prison



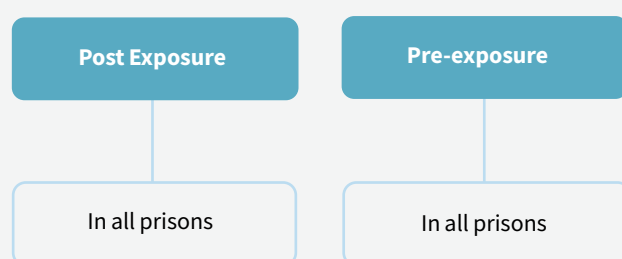
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

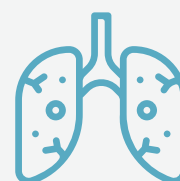
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-out
basis**HCV**Yes, on an
opt-out basis**HBV**Yes, on an
opt-out basis**STI**Yes, on an
opt-out basis% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

All prisons

No prisons

All prisons A minority
of prisons% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	47 (-) ^a
Individuals completing TB treatment over the last 12-month period	24 (51.1)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	11 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	10 (90.9)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	90 (100.0)
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	320 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	308 (96.2)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	1 (2.2)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	0 (0.0)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	10 (100.0)
Individuals completing STI treatment over the last 12-month period	10 (100.0)
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	1097 (100.0)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	157 (100.0)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	612 (389.8)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	180 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	526 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	38 (100.0)

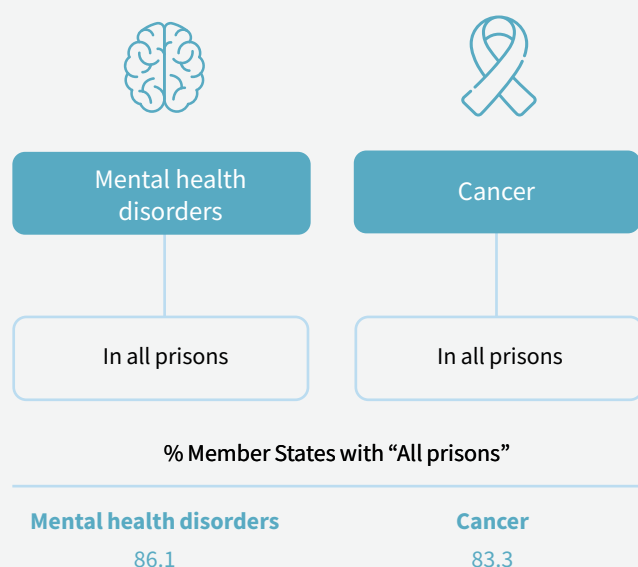
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, regularly (for example once every year or once every two years). Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	15	164.1	1958.1 ^a
Suicide	5	54.7	27.7 ^a
Drug overdose	0	0.0	1.5 ^a
COVID-19	0	0.0	62.9 ^b
Cardiovascular disease	1	10.9	1101.9 ^a
Other natural causes	7	76.6	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 3.6%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:











	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	44 (0.5)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	9 (0.1)
 HIV Active HIV diagnosis	90 (1.0)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	320 (3.5)
 Hepatitis B Chronic HBV (HBsAg)	45 (0.5)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	10 (0.1)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	12 (0.1)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	1097 (12.0) 85 (0.9) MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	157 (1.7)
 Diabetes Mellitus Diagnosis on record	180 (2.0)
 Hypertension Diagnosis on record	526 (5.8)
 Cardiovascular Disease Diagnosis on record	204 (2.2)
 Cancer Diagnosis on record	38 (0.4)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: SPS is currently working on the new advanced IT infrastructure where medical module will be covered. Hence, in the future we will be in a position to include and provide indicated data on health behaviours.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, and they are repeated at regular intervals

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=2$ (0.6% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

72385

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

NUMBER OF PEOPLE IN PRISON:

58004

2016

2020

OCCUPANCY LEVEL (%)

*

80.1

INCARCERATION RATE

Per 100 000 of national population

*

69.7

*Not possible to aggregate

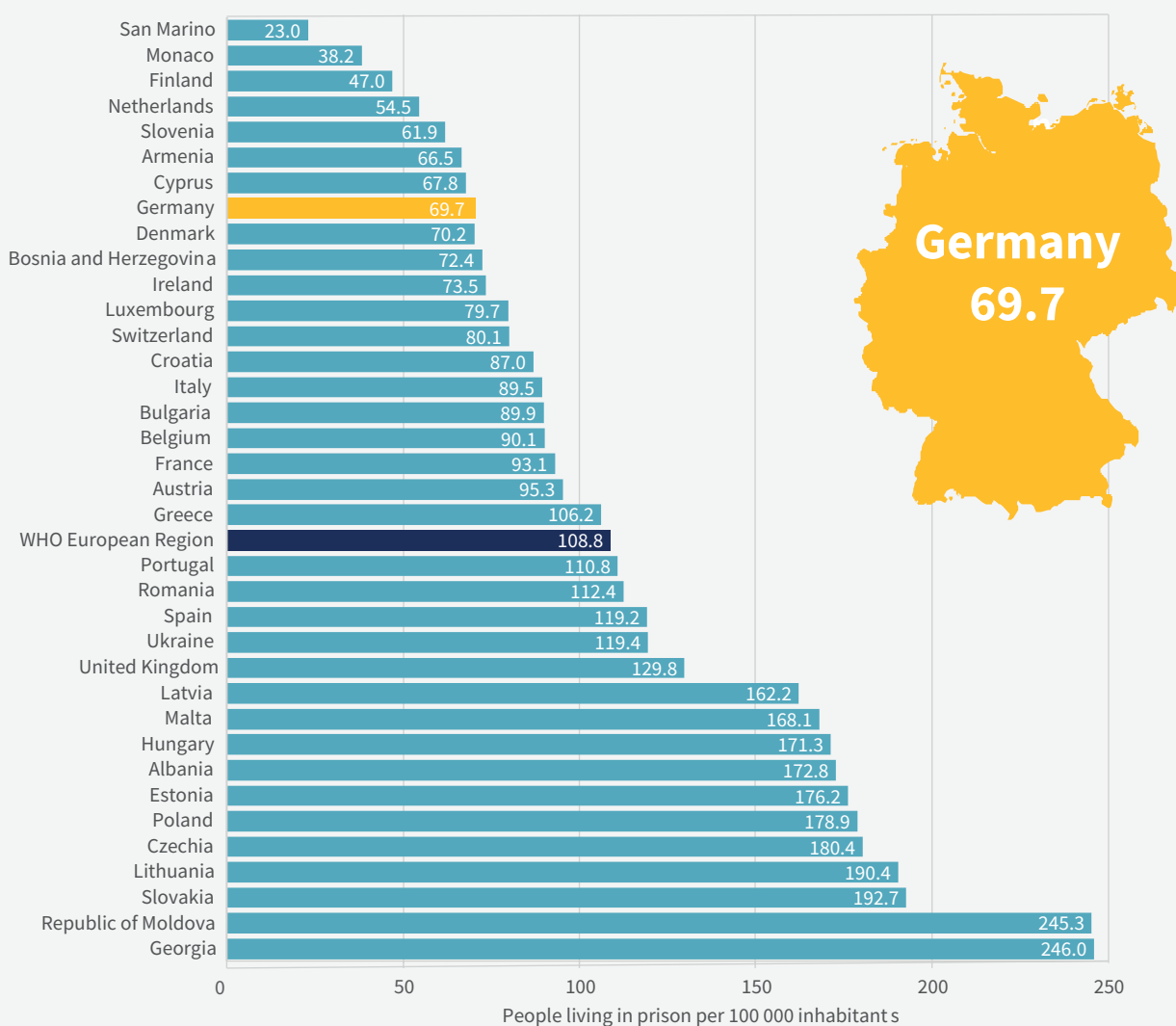
Federal state	people living in prison n (%)
National data	58004 (100.0)
Baden-Württemberg (BW)	6570 (11.1)
Bayern-Bavaria (BY)	9653 (16.3)
Berlin (BE)	3222 (5.5)
Brandenburg (BB)	1118 (1.9)
Bremen (HB)	560 (0.9)
Hamburg (HH)	1829 (3.1)
Hessen-Hesse (HE)	4233 (7.2)
Mecklenburg-Vorpommern – Mecklenburg-West Pomerania (MV)	1001 (1.7)
Niedersachsen- Lower Saxony (NI)	4620 (7.8)
Nordrhein-Westfalen – North Rhine-Westphalia (NW)	15726 (26.6)
Rhineland-Palatine (RP)	2838 (4.8)
Saarland (SL)	761 (1.3)
Sachsen - Saxony (SN)	2796 (4.7)
Sachsen-Anhalt - Saxony-Anhalt (ST)	1657 (2.8)
Schleswig-Holstein (SH)	1072 (1.8)
Thüringen – Thuringia (TH)	1402 (2.4)

Methodological note: Germany is divided into 16 federal states (Länder), who have the competence for legislation on prison law and for the execution of the prison sentence. Therefore, the focal point has considered more correct to provide an answer per federal state, which was analysed independently and then aggregated. Aggregation was conducted taking three approaches, depending on the type of variable: Nominal or dichotomous variables (e.g., yes/no): assuming the response of most Länder and indicating in the profile how many Länder gave such an answer. Whenever there are exceptions believed to be relevant, these are indicated as a comment or footnote to the data presented.

Ordinal data (e.g., all prisons, most prisons...): an intermediate response was considered to account for the diversity of federal states, with extreme answers (all prisons vs no prisons) only being assumed in case answered by all federal states.

Numerical data (mortality, morbidity and behaviors), a similar approach could not be used because most federal states provided no data. Therefore, two types of data have been used:

- Published data from external sources indicating the federal state and year it refers to, and also indicating the proportion of prison population covered (as indicated by World Prisons Brief).
- Whenever data has been reported by federal states, the sum of federal states providing complete answers is given and using the sum of population as denominator to estimate proportions. In certain variables, when the national response for Germany is presented, a comparison is made with the most common answer from the other Member States that have participated in HIPEDS.

Figure 15.1: Incarceration rate per 100 000 inhabitants in Europe

Number of prison establishments in the country

279

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	12 064 (20.8) ^a
Number of individuals serving life sentences	1785 (3.1)

^aRemand prisoners

Social characterization of people in prison

	n	%
Females	3 307	5.7
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	649	1.1
Above 50	8 669	15.0
Above 65	MISSING	MISSING
Migrants	23 017	39.7
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Ministry of Justice only (indicated by 10 federal states in Germany)¹, with 16.7% of the 36 Member States reporting Ministry of Health only (or health authorities) ($n=36$).

¹ There were some federal states (BY and HE) indicating the option "Both Ministry of Health and Ministry of Justice" but adding "the focus of the responsibility lies in the ministry of Justice" and therefore considered equivalent to the answer provided in most federal states.



Agency or agencies are responsible for financing prison health care: Ministry of Justice only (answer provided by 12 federal states)². Most Member States (50%, out of $n=36$) are financed by the Ministry of Justice only.

² BY indicated "Both Ministry of Health and Ministry of Justice" and RP indicated "Another situation" but adding "The Ministry of Justice applies to the Ministry of Finance, which is responsible for the allocation of funds, for the expected funds required as part of the budget planning" and therefore considered equivalent to the answer provided in most federal states.

To what extent is health care of people in prison covered by any health insurance systems: Another situation: In in all of Germany, health services are provided by or through the prison / prison administration; the statutory health insurance is not in charge of (sentenced) prisoners. The principle of equivalence states that the standards of health services provided by or through the prison must be equivalent to the standards of service covered by the statutory health insurance.

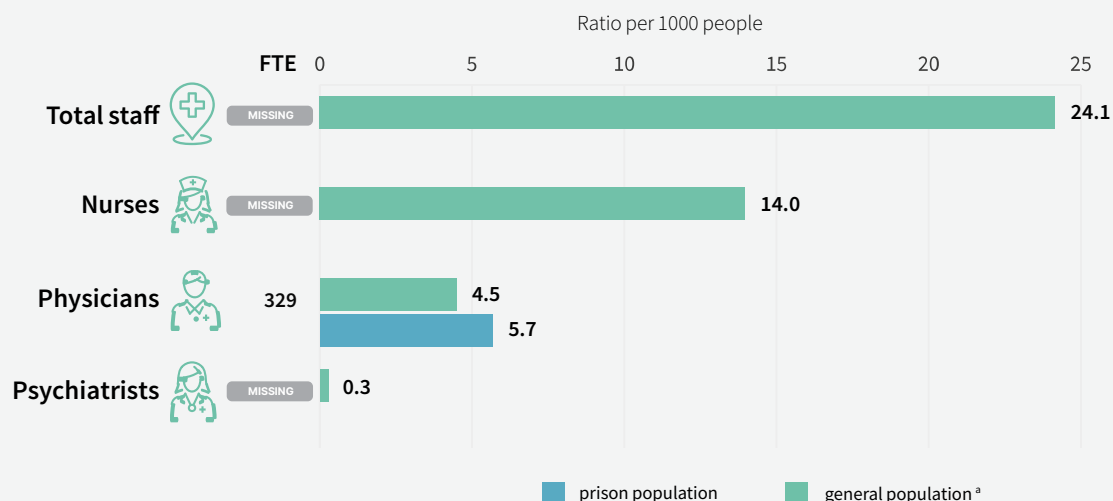
Health care fully covered by health insurance was reported by 38.9% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 15.2: Health-care staff available in prison and in the general population



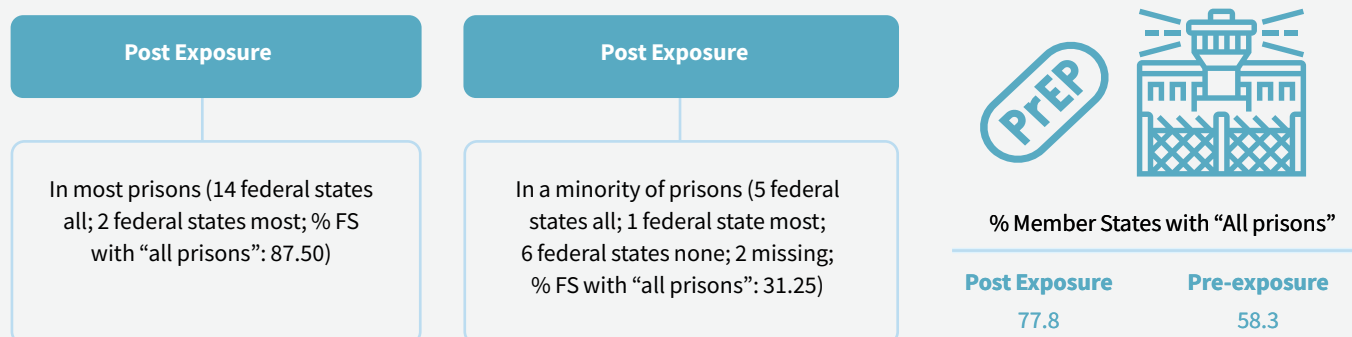
^a Source: Eurostat (2019)



ACCEPTABILITY

	Offered at	% Member States with "All prisons"
DTP	Most prisons (15 federal states all; 1 federal state most; % FS with "all prisons": 93.75)	72.2
Human Papilloma virus	Most prisons (9 federal states all prisons; 1 federal state most; 5 federal states minority; 2 federal states none; % FS with "all prisons": 56.25)	52.9
Hepatitis A	Most prisons (12 federal states all; 3 federal states most; 1 federal state none; % FS with "all prisons": 75.00)	55.9
Hepatitis B	Most prisons (12 federal states all; 3 federal states most; 1 federal state none; % FS with "all prisons": 75.00)	69.4
Seasonal flu	Most prisons (14 federal states all; 2 federal states most; % FS with "all prisons": 87.50)	83.3
MMR	Most prisons (11 federal states all; 2 federal states most; 2 federal states minority; 1 federal state none; % FS with "all prisons": 68.75)	61.8
Meningococcal vaccination	Most prisons (10 federal states all; 2 federal states most; 1 federal state minority; 3 federal states none; % FS with "all prisons": 62.50)	52.9
Pneumococcal vaccination	Most prisons (11 federal states all; 3 federal states most; 2 federal states none; % FS with "all prisons": 68.75)	57.6
COVID-19	Most prisons (15 federal states all; 1 federal state most; % FS with "all prisons": 93.75)	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES (14 federal states; 2 FS stated no; % FS with "yes": 87.50)	88.9
Standardized process for reporting medication errors in prisons	NO (14 federal states; 2 FS stated yes; % FS with "yes": 12.50)	41.7
Standardized process for reporting adverse drug events in prisons	NO No (10 federal states; 6 FS stated Yes; % FS with "yes": 37.5)	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (11 FS: 73.33%; 2 FS stated “for both IDs and NCDs”: 13.33; 2 FS stated “no”:13.33; and 1 FS could not provide an answer given the diversity of arrangements within the state). Public health authorities being informed for both IDs and for NCDs was reported by 45.50% of Member States ($n=33$).

Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records (reported by 9 federal states; 7 federal states reported paper-based only). Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).



Information registered in clinical records:

	Yes/No	% Member States with “Yes”
Screening tests performed	YES (all FS: 100.00)	91.7
Screening tests results	YES (all FS: 100.00)	94.4
Vaccination	YES (all FS: 100.00)	97.2
Health behaviours	YES (all FS: 100.00)	97.2
Diagnoses established	YES (all FS: 100.00)	97.2
Visits to external care providers	YES (all FS: 100.00)	94.4
Treatment and medications	YES (all FS: 100.00)	97.2

C: HEALTH SERVICES



PREVENTIVE SERVICES

Number of unique individuals receiving a health examination following admission:

Not available (21 113 provided by 7 regions; the other 9 stated data was not recorded, even if in many a comment was added to say “all people entering prison undergo an initial evaluation”)

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured (9 regions marked this option). Most Member States report “Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured” (50%, out of $n=36$).

Screening for infectious diseases:



HIV

Yes, risk-based screening/ opt-in / opt-out ¹



HCV

Yes, risk-based screening/ opt-in / opt-out ¹



HBV

Yes, risk-based screening/ opt-in / opt-out ¹



STI

Yes, risk-based screening/ opt-in / opt-out ¹

% Member States with "Yes, on an **opt-out** basis"

50.0

42.9

37.1

32.4

¹ Risk-based for 6 federal states, opt-in for 6 federal states (37.5% of FS) and opt-out for 4 federal states

Cancer screening offered to prisoners:



Cervical

YES

(13 federal states; 3 FS stated no; % FS with "yes":81.25)



Colon

YES

Yes (14 federal states; 2 FS stated no; % FS with "yes":87.5)



Breast

YES

Yes (13 federal states; 3 FS stated no; % FS with "yes": 81.25)

% Member States with "Yes"

66.7

58.3

66.7

In BW, although yes was answered, a comment was added to say "if necessary"; therefore, not counted

HEALTH PROTECTION

Products offered free of charge:



Soap

All prisons (16 federal states; % FS with "all prisons": 100.00)



Condoms

Most prisons (9 federal states all; 2 federal states most; 3 federal states minority; 2 federal states none; % FS with "all prisons": 56.25)



Lubricants

A minority of prisons (2 federal states all; 2 federal states most; 3 federal states minority; 9 federal states none; % FS with "all prisons":12.50)



Needles and syringes

A minority of prisons (1 federal state minority; 15 federal states none; % FS with "all prisons": 0.00)

% Member States with "All prisons"

97.2

47.1

12.1

8.3



Disinfectants

A minority of prisons (2 federal states all; 1 federal state minority; 13 federal states none; % FS with "all prisons":12.50)



Dental dams

A minority of prisons (1 federal state minority; 14 federal states none; 1 federal state missing; % FS with "all prisons":0.00)



Tampons/ sanitary towels

All prisons (16 federal states; % FS with "all prisons": 100.00)

% Member States with "All prisons"

30.6

28.6

72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: Yes, nationwide (marked by 13 federal states and refer exceptions to the policy, cell and outside; % FS with “yes”: 81.25). Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

Health promotion materials like brochures and leaflets available on safe tattooing practices: Yes, in 12 federal states (75.00%; 4 FS stated No).



PROVISION OF PRIMARY CARE






Therapeutic spaces available for people with drug use problems: A minority of prisons (8 federal states answering “no prisons”, 3 federal states “minority”, 2 federal states answering “all prisons”, 1 federal state “most prisons”; 2 federal states did not answer). Most Member States reported “In a minority of prisons” (48.6%, out of $n=35$).

Suspected cases of an infectious disease with access to laboratory tests: Yes, everyone in prison has access to laboratory tests when these are necessary (16 federal states; % FS with “yes”: 100.00). Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).



Number and proportion of people diagnosed that received¹ or completed² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	21 (-) ^a (reported by BB, BW, TH and SN)
Individuals completing TB treatment over the last 12-month period	12 (92.3) (reported by BB and SN)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	2 (-) ^a (reported by BB, SN and BW)
Individuals completing MDR-TB treatment over the last 12-month period	0 (100) (reported by BB and SN)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	25 (47.2) ^b 18 (94.7) ^c
Individuals completing HIV treatment over the last 12-month period	2 (11.1)

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months (contd):

Hepatitis C

Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	31 (5.2) ^b 52 (24.8) ^c
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	16 (30.8) ^c

Hepatitis B

Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	8 (100.0) ^c
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	3 (37.5) ^c

Sexually Transmitted Infections (STIs)

Individuals with STIs who received treatment over the last 12-month period	10 (100.0) ^c
Individuals completing STI treatment over the last 12-month period	10 (100.0) ^c

Oral health

Individuals with oral health visit over the last 12-month period	8390 (14.5) ^c
--	--------------------------

Mental health disorders

Individuals who have received treatment for any mental health disorder over the last 12-month period	1083 (94.1) ^c
--	--------------------------

Substance Use Disorders

Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	1341 (88.7) ^b 1543 (86.7) (reported by TH and SN)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	497 (Not available) ^b 295 (19.1) ^c 3,357 (41.9) ^d

Diabetes Mellitus

Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	94 (80.3) ^c
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	57 (48.7) ^c
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	111 (94.9) ^c

Hypertension

Individuals who have received pharmacological treatment for hypertension over the last 12-month period	579 (92.2) ^c
--	-------------------------

Cardiovascular Disease

Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	151 (68.0) ^c
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	115 (51.8) ^c

Cancer

Individuals who have received treatment for cancer over the last 12-month period	16 (64.0) ^c
--	------------------------

^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

^bAbsolute numbers and prevalence data indicated for infectious diseases extracted from a published report which represents the region of Baden-Wuerttemberg, which hosts 6568 people in prison (11% of total prison population). This option was taken because data for this region is up to date (2019) and more exhaustive and most of the regions were not able to provide morbidity data.

^cHCV data reported by 4 regions and proportion calculated using the total number of HCV diagnosis reported for the same 4 regions. HIV, TB and oral health data reported by 3 regions. Diabetes, cancer and hypertension data reported by 2 regions. CVD reported by one region. The same methodology was used.

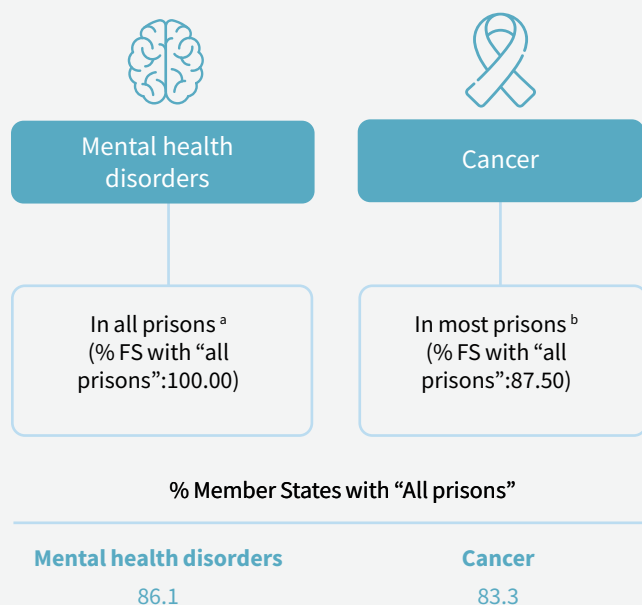
^dData on substitution therapy obtained from a national report, where the total number of people with Opioid use disorder reported was 8,014

¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:

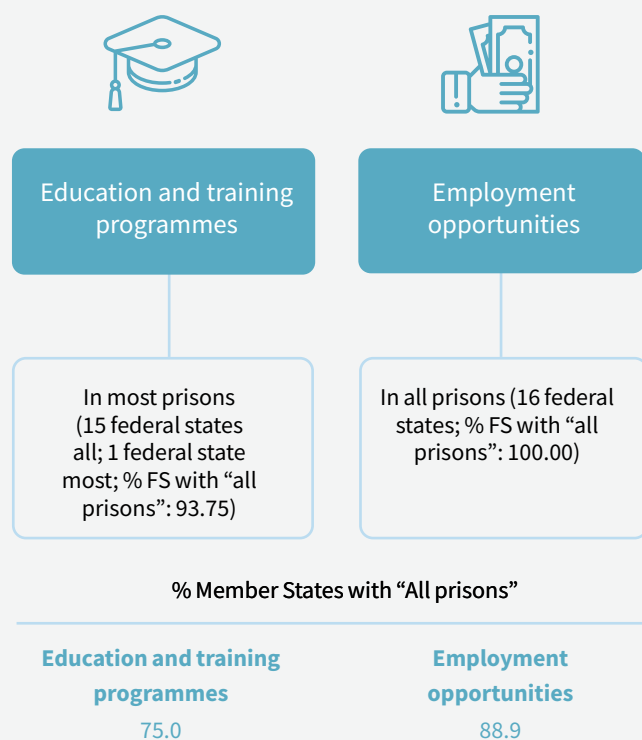


^a Answer indicated by all 16 regions; Reported as "in all prisons" by 14 regions, "in a minority of prisons" by 1 region and "in no prisons" in 1 region, therefore considered to be "most prisons".

^b

REHABILITATION

Access to:



CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes (answered provided by 10 regions; 3 regions stated "no"). Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES ^a	70.6
Development of a Care Plan to be shared with external providers	YES ^b	76.5

^a mentioned by 3 regions and in another 2 stated "if needed"; mentioned by 4 regions and in 1 region stated "if needed"

^b

Procedure in place to ensure medication is reconciled:

Not reconciled in most regions (10 regions stated "No" and 6 stated "Yes").

Most members states stated to have this procedure in place (72.2%, out of $n=36$).

Medication provided upon release:

Yes in 15 regions (for all diseases in 6 regions, "case dependent" in 1 region and for some diseases in 8 regions; not provided in 1 region). Most members states stated to provide medication upon release for some conditions (50.0%, out of $n=36$).



People are allowed to continue their family relationships by web communication:

Yes, with time restrictions (11 federal states (68.75%); 5 federal states said "no"). Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

In 9 federal states, people are placed considering the location of their home "as much as possible" and in 7 federal states this is not done; no FS stated "always".

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis (answer given by 7 regions; 5 regions mentioned “regularly” and 4 regions mentioned “never”).

Assessments conducted regularly were reported by 19.4% of Member States ($n = 7$).

Access to mental health counsellors:

In all prisons (16 regions). Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n = 36$).

MORTALITY

Total mortality and mortality rates per 100 000 incarcerated person year:

	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	172 ^a	237.6 ^a	1 155.1 ^b
Suicide	78 ^a	107.8 ^a	11.4 ^b
Drug overdose	1 ^a	0.00	0.9 ^b
COVID-19	0	0.00	40.3 ^c

^a Values indicated are a sum of all federal states ($n = 16$)

^b Source: Eurostat (2018)

^c Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:



Tuberculosis (TB)

Active TB diagnosis

n (%)

9 (0.1) ^a
39 (0.2) ^b



Multidrug-resistant Tuberculosis (MDRTB)

Active MDR-TB diagnosis

0 (0.0) ^a
2 (0.0) ^{a,a}



HIV

Active HIV diagnosis

53 (0.8) ^a
112 (0.4) ^c



Hepatitis C

Chronic HCV infection (HCV RNA positive)

596 (9.1) ^a
1411 (6.6) ^b



Hepatitis B

Chronic HBV (HBsAg)

264 (4.0) ^a
347 (1.6) ^b



Sexually Transmitted Infections (STIs)

STI diagnosis (last 12-month)

8 (0.1) ^a
18 (0.2) ^d



COVID-19

SARS-Co-V2 infection laboratory confirmed

857 (1.6) ^e









Oral health

Individuals keeping 21 or more natural teeth

MISSING

Number and proportion ¹ of unique individuals living in prison diagnosed with (contd):

	<i>n (%)</i>
 Mental health disorders	
Mental disorder diagnosis on record	6437 (98.0) ^a
	5838 (54.2) ^f
Psychotic disorder diagnosis on record	529 (18.9) ^g
Recorded suicide attempt events (last 12-month)	7 (0.3) ^g
	35 (0.5) ^a
 Substance Use Disorders	
Active drug use disorder (last 12-month)	15,726 (27.0) ^h
	11,212 (40.8) ⁱ
 Diabetes Mellitus	
Diagnosis on record	117 (2.8) ^j
 Hypertension	
Diagnosis on record	628 (15.0) ^j
 Cardiovascular Disease	
Diagnosis on record	222 (7.9) ^g
 Cancer	
Diagnosis on record	25 (6.0) ^j

^a Absolute numbers and prevalence data indicated for infectious diseases only represents the region of Baden-Wuerttemberg, which hosts 6568 people in prison (11% of total prison population). This option was taken because data for this region is up to date (2019) and more exhaustive and most of the regions were not able to provide morbidity data.

^{aa} Baden-Wuerttemberg reported data for HIPEDS. Total population considered 6570.

^b Data reported by five regions, the prevalence is estimated considering the total population in these same regions (Baden-Wurtemberg, 6568; Bavaria, 9653; Brandenburg, 118; Sachsen, 2796; Thuringern, 1402; total=21,537)

^c Data reported by six regions, the prevalence is estimated considering the total population in these same regions (Baden-Wurtemberg, 6568; Bavaria, 9653; Brandenburg, 118; Hessen, 4233; Sachsen, 2796; Thuringern, 1402; total=25,770)

^d Data reported by four regions, the prevalence is estimated considering the total population in these same regions (Brandenburg, 118; Thuringern, 1402; Sachsen, 2796; Baden-Wurtemberg, 6568; total=11,886)

^e Data reported by 13 regions, the prevalence is estimated considering the total population in these same regions (n =53,178)

^f Data reported by three regions, the prevalence is estimated considering the total population in these same regions (Baden-Wurtemberg, 6570; Sachsen, 2796; Thuringern, 1402; total=10768)

^g Data reported by one region, the prevalence is estimated considering the total population in this same region (Sachsen, 2796).

^h Obtained from the Annual fact sheet on substance-related addiction problems in German prisons (03/2021) which includes data from 15 of the 16 federal states, available at https://www.berlin.de/justizvollzug/_assets/senjustv/sonstiges/fact-sheet_sucht_substitution_im_justizvollzug_2021.pdf

ⁱ Data reported by 6 regions (Thuringern, 1402; Sachsen, 2796; Bavaria, 9653; Baden-Wurtemberg, 6568; Hessen, 4233; Rhineland-Palatine; total=27,492)

^j Data reported by 2 regions (Thuringern, 1402 and Sachsen, 2796; total=4198)

¹ Note that the numbers presented are not national, but they represent figures provided by some of the federal states, as indicated between brackets and in footnotes to the table. Whenever percentages are presented, these are calculated considering the total population only in the same federal states providing the data. In addition, it is important to note that the prevalence estimates are presented considering all diagnoses on record throughout the year, but the denominator only considers the total number of prison population by 31.12.2020, so values should be interpreted with caution.

Note: there were 3 regions that indicated missing for all diseases listed.











E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons ^a	All prisons ^a	All prisons ^a	Yes ^b
% Member States with "All prisons"	69.4	94.4	91.7	88.9

^a Answer provided by 16 regions.

^b Answer provided by 8 regions; 7 regions answered "no" and 1 region said "not applicable" as only men are hosted

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	1050 (37.55) ^a	MISSING	MISSING
 BMI ≥ 30	160 (5.72) ^a	MISSING	MISSING
 Currently use tobacco products	5517 (84.0) ^b	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	2600 (92.99) ^a	MISSING	MISSING
 Use/have used drugs (last 12 months)	3193 (25.65) ^c	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	1240 (18.88) ^b	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	7385 (48.31) ^d	MISSING	MISSING

^a Data reported by one federal state and proportions estimated for the same federal state (SN, which hosts a total of 2796 individuals in prison).

^b Absolute numbers and prevalence data indicated extracted from a published report which represents the federal state of Baden-Wuerttemberg, which holds 6568 people in prison (11% of total prison population).

^c Data reported by two federal states (SN, 2796; BY, 9653; total=12,449) and proportions estimated for the same federal states.

^d Data reported by three federal states (SN, 2796; BY, 9653; RP, 2838; total=15,287) and proportions estimated for the same federal states.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



Decisions taken by health staff can be overruled or ignored by non-health prison staff: **No (indicated by 12 regions; 4 regions stated yes, out of which 2 stated “in justified exceptional cases”).** Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners: **Yes (15 federal states (93.75%).**

Most Member States report “Yes” (69.4%, out of $n=36$). Number of complaints received: 194.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

National standards to meet the health needs of special populations in prison: **Yes, for all special populations (most standards referred by 2-4 regions, in 6 regions “none”, in 4 regions “same as outside”, in 2 regions “not applicable at the federal level” and in 1 region “unknown”).**

National standards to meet the health needs of special populations based on relevant international standards: **No (answer indicated by 7 regions).**

Health related information products for people in prison in multiple languages: **In all prisons (answer indicated by 12 regions).** Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health care staff

YES^a

% Member States with “Yes”

75.0



Pregnancy test on admission to prison

Yes, only once^b

61.1



Possibility of prenatal care or termination, in case of a positive result

YES^c

100.0

^a Answer indicated by 14 regions (1 not applicable and 1 invalid); ^b Answer indicated by 6 regions, which stated “not by routine, only when needed/upon suspicion” (2 answered “yes, and regularly repeated” and 6 answered “no”); ^c Answer provided by 7 regions (2 answered “no” and 7 “missing/NA”)

Number of women who gave birth whilst in prison in the last 12 months:
 $n=37$ (1.12% of all women living in prison) – data obtained from 13 regions (2 regions provided no data and another region indicated “not applicable”).

Greece

10 718 565

Population, 2020

High

Income group

US\$ 17 647

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

10175

NUMBER OF PEOPLE IN PRISON:

11379

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

6267

2016

2020

OCCUPANCY LEVEL (%)

*

111.8

INCARCERATION RATE

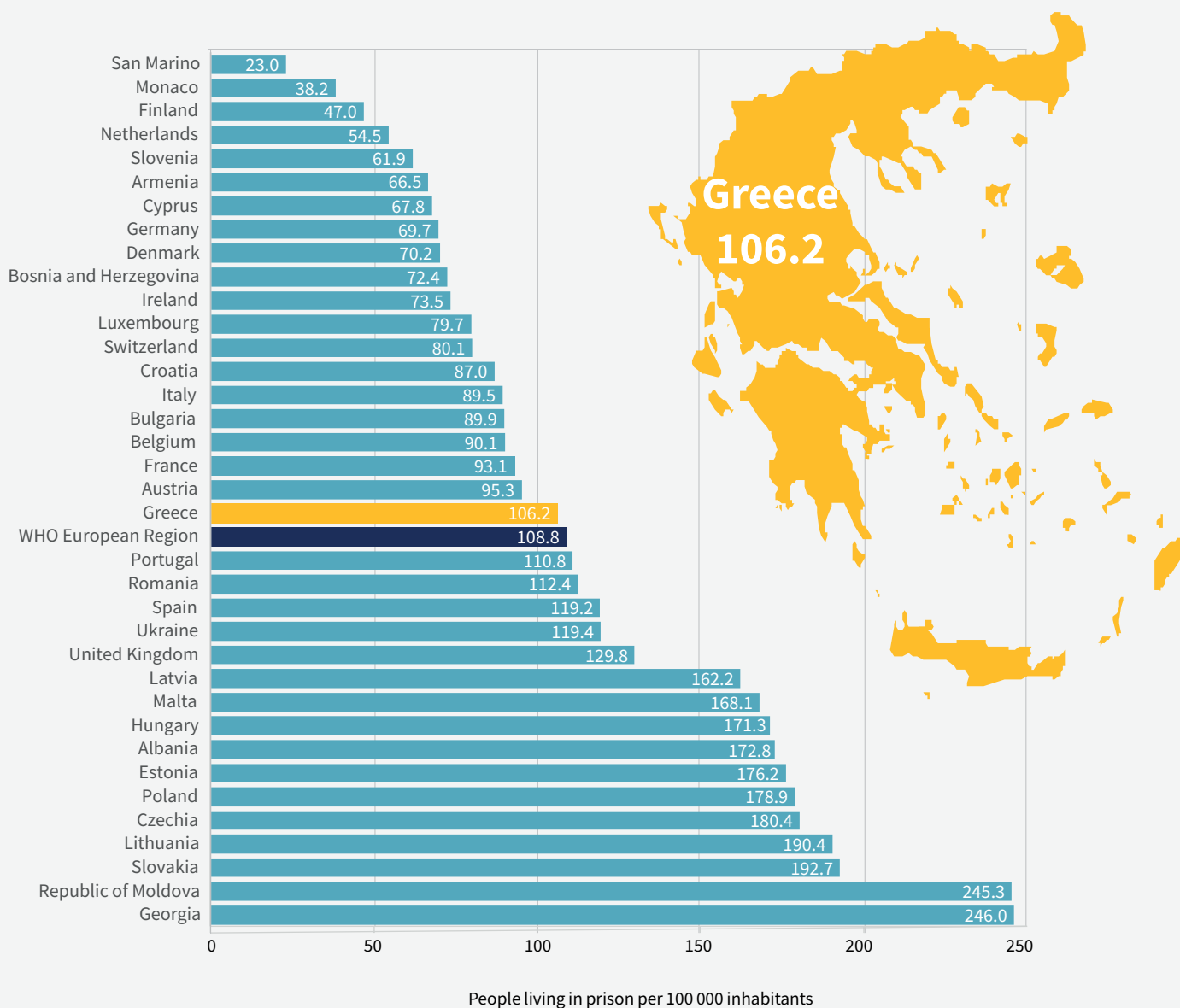
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106.2

Per 100 000 of national population

*Did not participate

Figure 16.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

34

Social characterization of people in prison

	n	%
Females	527	4.6
Pregnant	2	0.4
LGBTIQ	MISSING	MISSING
Under 18	33	0.3
Above 50	2 134	18.8
Above 65	261	2.3
Migrants ^a	6 799	59.8
Minorities	MISSING	MISSING
Disabled	227	2.0
Physically disabled	88	38.8
Intellectually disabled	139	61.2

^a Foreign inmates, i.e., inmates with a nationality other than Greek

Mean length of incarceration per individual over the last 12-month period: **1.5 months**

Unsentenced and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	2654 (23.3)
Number of individuals serving life sentences	925 (8.1)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Citizen Protection, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

The Ministry of Health, the Ministry of Citizen Protection and the Competent Health Districts. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



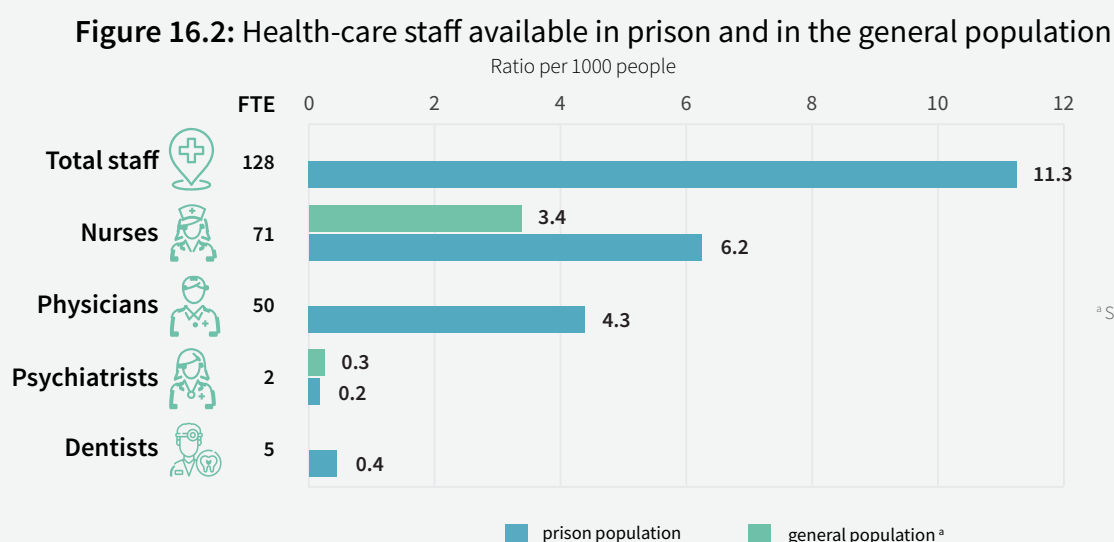
To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:



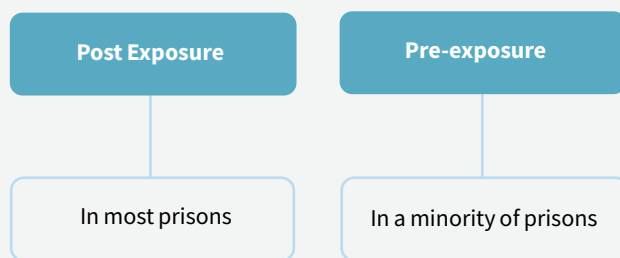
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	Most prisons	72.2
Human Papilloma virus	A minority of prisons	52.9
Hepatitis A	A minority of prisons	55.9
Hepatitis B	Most prisons	69.4
Seasonal flu	A minority of prisons	83.3
MMR	Most prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	A minority of prisons	57.6
COVID-19	Most prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Missing. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

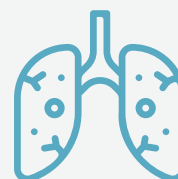
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, on an
opt-in basis

HCV

Yes, on an
opt-in basis

HBV

Yes, on an
opt-in basis

STI

NO

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

NO


Colon

NO


Breast

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

No prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION















**Smoke free policy implemented in
the country applicable to prisons:**
No. Most Member States report “Yes,
nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	6 (-) ^a
Individuals completing TB treatment over the last 12-month period	4 (66.7)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	110 (100.0)
Individuals completing HIV treatment over the last 12-month period	110 (100.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	0 (0.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	2 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	2 (100.0)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	2 (100.0)
Individuals completing STI treatment over the last 12-month period	2 (100.0)
 Oral health	
Individuals with oral health visit over the last 12-month period	510 (4.5)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	856 (60.7)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	75 (62.5)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	8 (6.7)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	95 (79.2)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	170 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	58 (93.5)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	62 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	23 (92.0)

^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

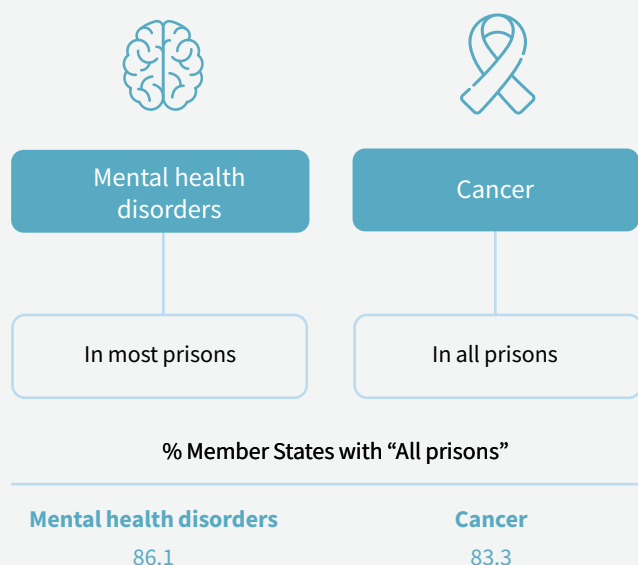
¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Although data are recorded in individual electronic clinical files but not available for extraction in aggregate manner.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

Yes, with time restrictions / Yes, free of charge. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In a minority of prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	69	606.4	1 600.7 ^a
Suicide	6	52.7	12.3 ^a
Drug overdose	0	0.0	1.5 ^a
COVID-19	4	35.2	46.7 ^b
Natural causes	46	404.3	-
Homicide	1	8.8	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.6%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











	<i>n</i> (%)
 Tuberculosis (TB)	
Active TB diagnosis	6 (0.1)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	0 (0.0)
 HIV	
Active HIV diagnosis	110 (1.0)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	36 (0.3)
 Hepatitis B	
Chronic HBV (HBsAg)	2 (0.0)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	2 (0.0)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	7 (0.1)
 Oral health	
Individuals keeping 21 or more natural teeth	205 (1.8)
 Mental health disorders	
Mental disorder diagnosis on record	1410 (12.4)
Psychotic disorder diagnosis on record	215 (1.9)
Recorded suicide attempt events (last 12-month)	82 (0.7)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	0 (0.0)
 Diabetes Mellitus	
Diagnosis on record	120 (1.1)
 Hypertension	
Diagnosis on record	170 (1.5)
 Cardiovascular Disease	
Diagnosis on record	62 (0.5)
 Cancer	
Diagnosis on record	25 (0.2)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	Most prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification 1: SPS is currently working on the new advanced IT infrastructure where medical module will be covered. Hence, in the future we will be in a position to include and provide indicated data on health behaviors.

Clarification 2: Smoking status is part of the initial assessment made but it is not tracked during imprisonment, considered a constantly changing variable. The remaining variables are not part of the initial assessment.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff

NO

% Member States with “Yes”

75.0



Pregnancy test on admission to prison

NO

61.1



Number of women who gave birth whilst in prison in the last 12 months:

$n=5$ (1.0% of all women living in prison).

Hungary

9 769 526

Population, 2020

High

Income group

US\$ 16 075

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

17402

NUMBER OF PEOPLE IN PRISON:

16732

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

11740

2016

2020

OCCUPANCY LEVEL (%)

*

96.1

INCARCERATION RATE

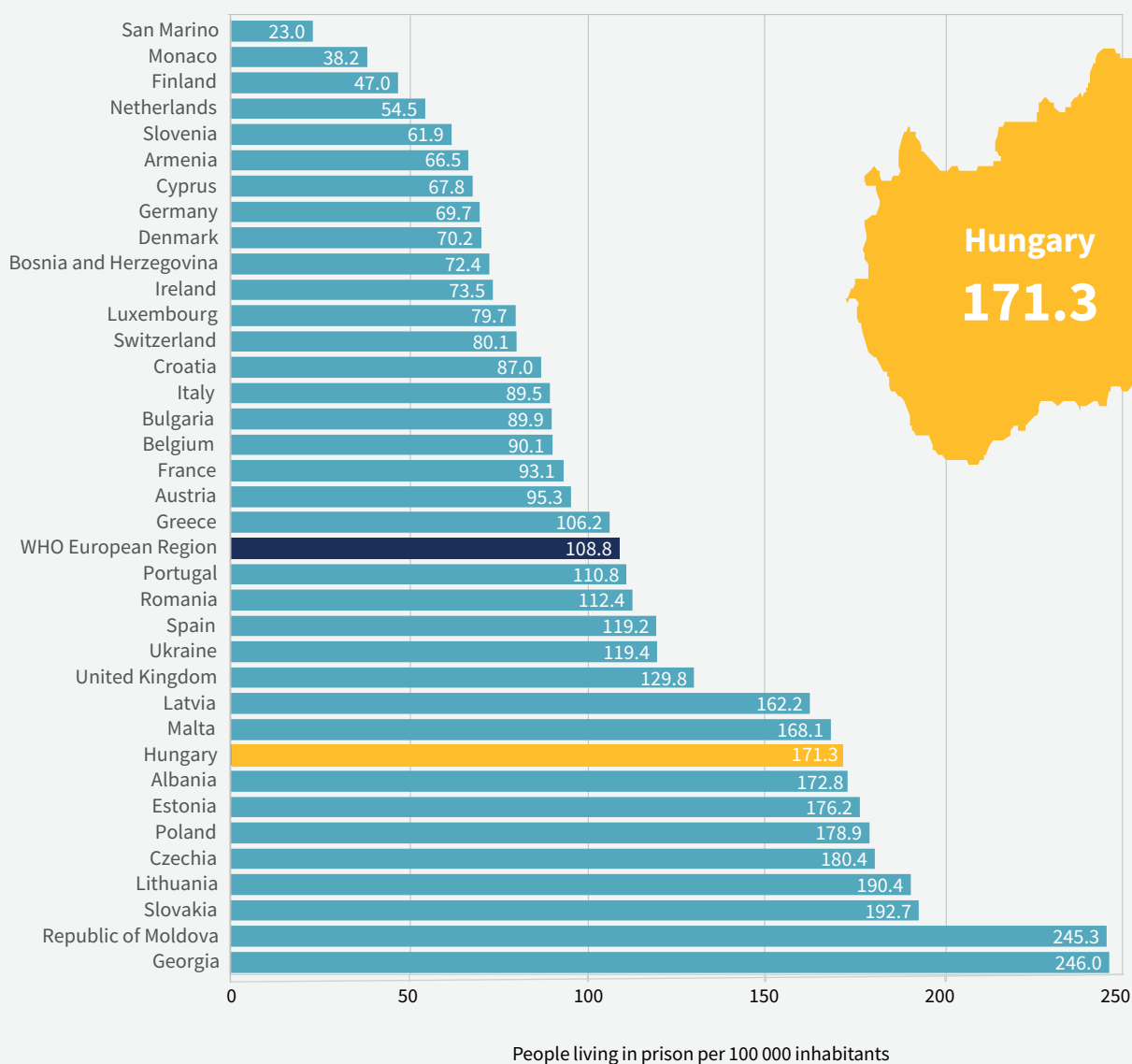
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171.3

Per 100 000 of national population

*Did not participate

Figure 17.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

33

Mean length of incarceration per individual over the last 12-month period: **31 months**

Unsentenced and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	3421 (20.4)
Number of individuals serving life sentences	67 (0.4)

Social characterization of people in prison

	n	%
Females	1 288	7.7
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	29	0.2
Above 50	2 952	17.6
Above 65	289	1.7
Migrants	997	6.0
Minorities	MISSING	MISSING
Disabled	251	1.5
Physically disabled	MISSING	MISSING
Intellectually disabled	251	100.0

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care: Both Ministry of Health and Ministry of Justice/ Ministry of Interior. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Separate health insurance system. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

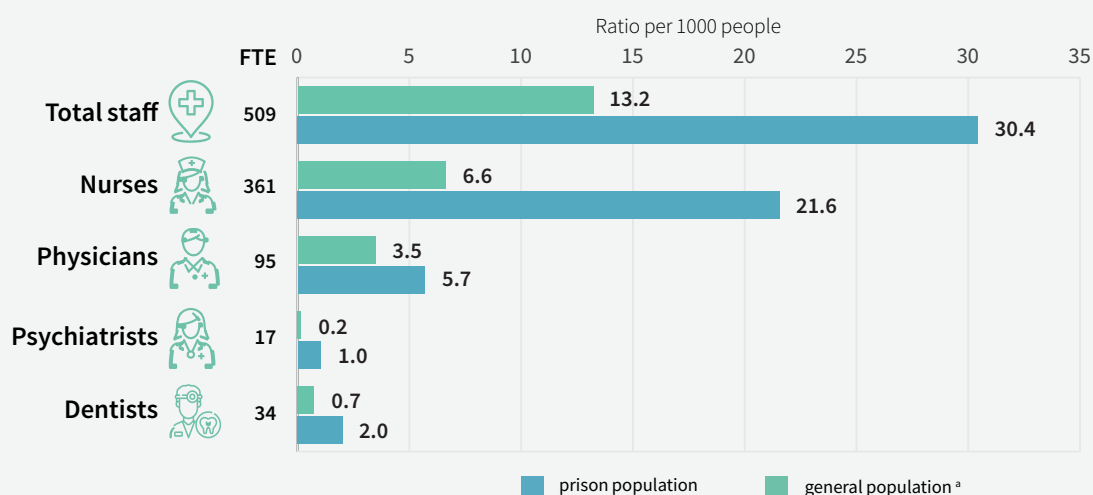


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 17.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

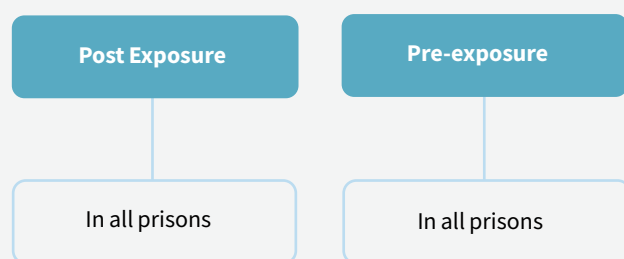
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

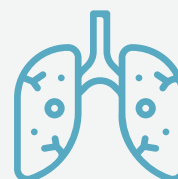
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, on an
opt-in basis

HCV

Yes, on an
opt-in basis

HBV

Yes, on an
opt-in basis

STI

Yes, on an
opt-in basis

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

NO


Breast

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: **Yes, nationwide**. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	24 (-) ^a
Individuals completing TB treatment over the last 12-month period	4 (16.7)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	MISSING
Individuals completing MDR-TB treatment over the last 12-month period	MISSING
 HIV	
Individuals with HIV who received treatment over the last 12-month period	17 (94.4)
Individuals completing HIV treatment over the last 12-month period	0 (0.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	64 (48.9)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	3 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	415 (missing)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	3 (0.7)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

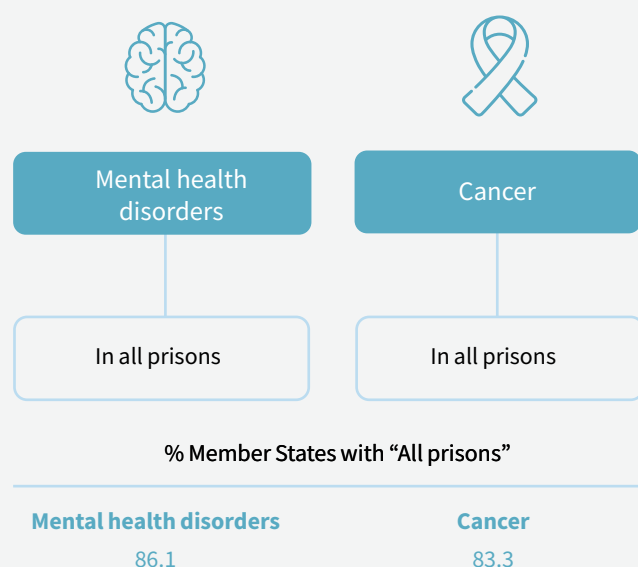
¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Most data are recorded in individual electronic clinical files but not available for extraction in aggregate manner.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	NO	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	71	424.3	1 691.8 ^a
Suicide	5	29.9	40.7 ^a
Drug overdose	MISSING	MISSING	1.3 ^a
COVID-19	5	29.9	99.0 ^b
Neoplasm	38	227.1	502.9 ^a
Cardiovascular disease	12	71.7	737.3 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 7.7%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	2 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	18 (0.1)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	131 (0.8)
 Hepatitis B Chronic HBV (HBsAg)	3 (0.0)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	508 (3.0)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year

Clarification: Most data are recorded in individual electronic clinical files but not available for extraction in aggregate manner.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

MISSING

MISSING

MISSING



Use/have used drugs (last 12 months)

MISSING

MISSING

MISSING



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

Clarification: Data recorded in individual electronic clinical files but not available for extraction in aggregate manner.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months:
 $n=5$ (0.4% of all women living in prison).

Ireland

4 964 440

Population, 2020

High

Income group

US\$ 85 422

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

4375

NUMBER OF PEOPLE IN PRISON:

3650

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

5263

2016

2020

OCCUPANCY LEVEL (%)

89.0

83.4

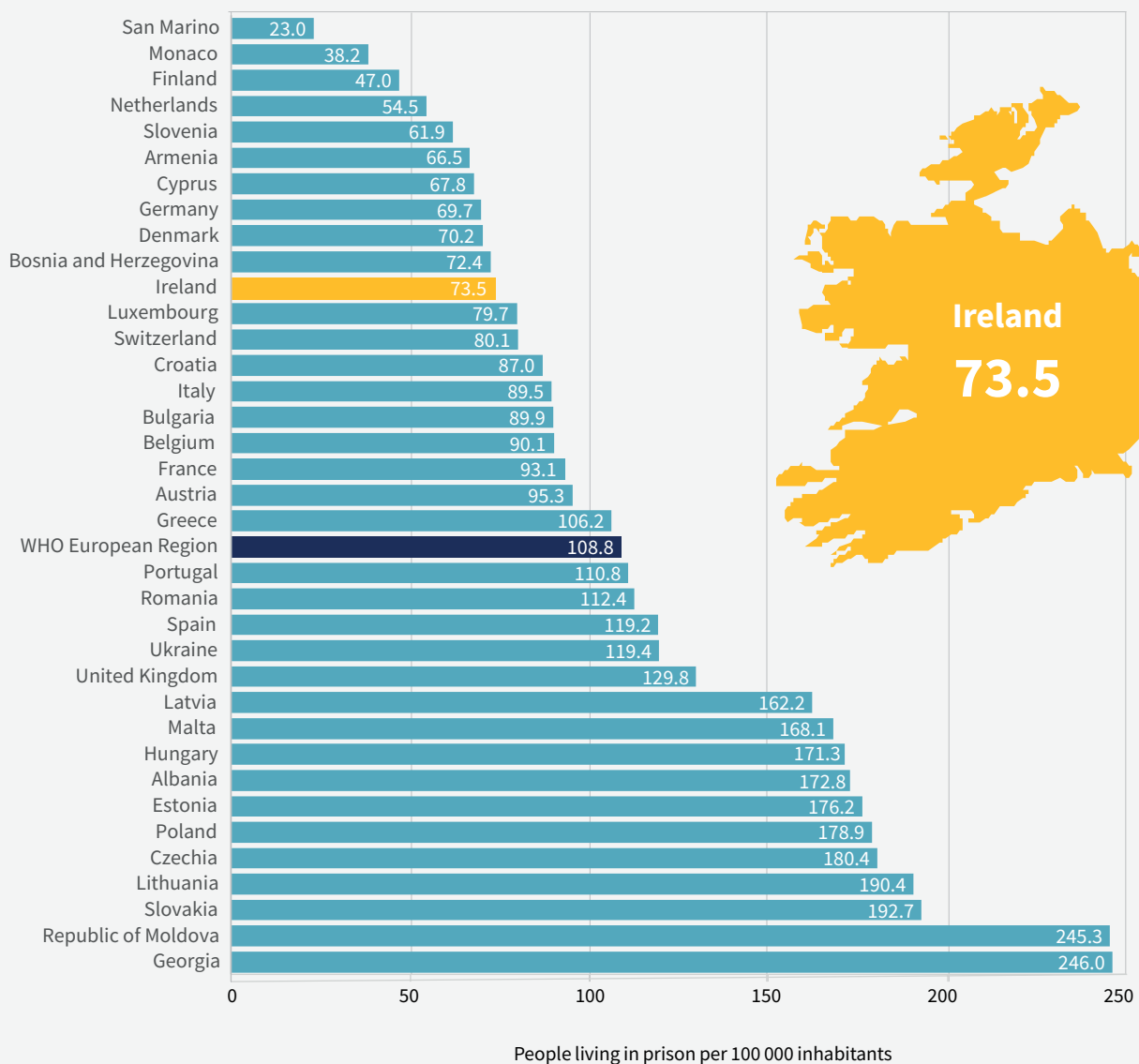
INCARCERATION RATE

77.0

73.5

Per 100 000 of national population

Figure 18.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

12

Mean length of incarceration per individual over the last 12-month period: **33 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	660 (18.1)
Number of individuals serving life sentences	360 (9.9)

Social characterization of people in prison

	<i>n</i>	%
Females	146	4.0
Pregnant	6	4.1
LGBTIQ	MISSING	MISSING
Under 18	0	0.0
Above 50	478	13.1
Above 65	114	3.1
Migrants	569	15.6
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

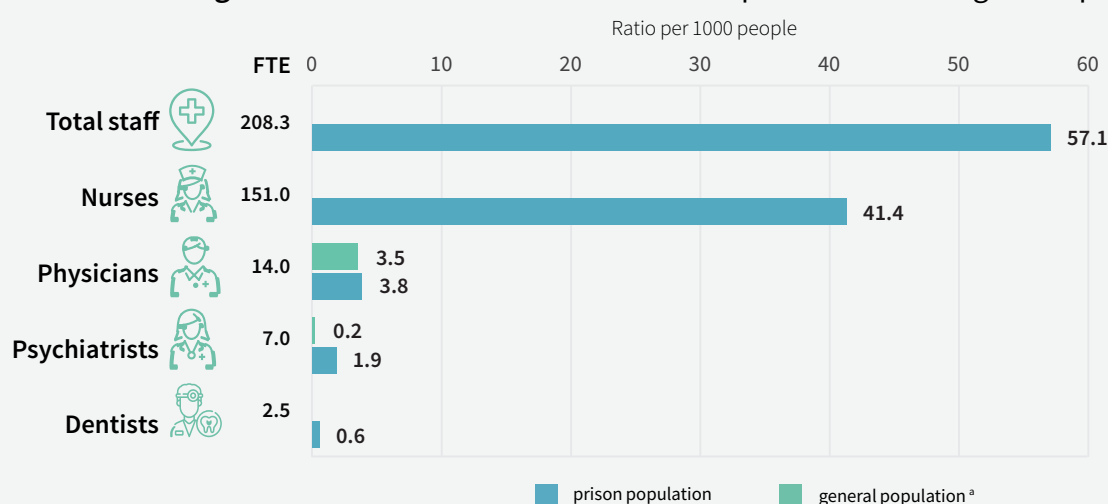
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 18.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2020)

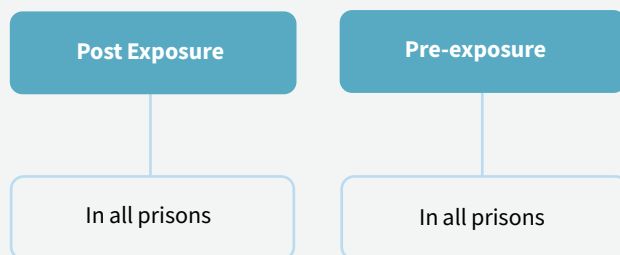
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs) that are notifiable. Public health

authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records. Electronic clinical health

records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

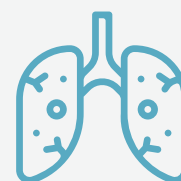
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history. Most Member

States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

	 HIV Yes, on an opt-in basis	 HCV Yes, on an opt-in basis	 HBV Yes, on an opt-in basis	 STI Yes, on an opt-in basis
% Member States with "Yes, on an opt-out basis"	50.0	42.9	37.1	32.4

Cancer screening offered to prisoners:

	 Cervical YES	 Colon YES	 Breast YES
% Member States with "Yes"	66.7	58.3	66.7

HEALTH PROTECTION

Products offered free of charge:

	 Soap	 Condoms	 Lubricants	 Needles and syringes
Offered at	All prisons	A minority of on a case-by-case basis	No prisons	No prisons
% Member States with "All prisons"	97.2	47.1	12.1	8.3

	 Disinfectants	 Dental dams	 Tampons/ sanitary towels
Offered at	No prisons	No prisons	All prisons
% Member States with "All prisons"	30.6	28.6	72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: **Yes, in specific regions of the country.** Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion¹ of people diagnosed that received or completed treatment over the last 12 months:

Tuberculosis (TB)

Individuals receiving TB treatment over the last 12-month period

n (%)

6 (1 active case & 5 latent cases)^a

Individuals completing TB treatment over the last 12-month period

MISSING

Multidrug-resistant Tuberculosis (MDRTB)

Individuals receiving MDR-TB treatment over the last 12-month period

MISSING

Individuals completing MDR-TB treatment over the last 12-month period

MISSING

HIV

Individuals with HIV who received treatment over the last 12-month period

96

Individuals completing HIV treatment over the last 12-month period

MISSING

Hepatitis C

Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period

55

Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period

MISSING

Hepatitis B

Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period

MISSING

Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period

MISSING

Sexually Transmitted Infections (STIs)

Individuals with STIs who received treatment over the last 12-month period

MISSING

Individuals completing STI treatment over the last 12-month period

MISSING

Oral health

Individuals with oral health visit over the last 12-month period

MISSING

Mental health disorders

Individuals who have received treatment for any mental health disorder over the last 12-month period

MISSING

Substance Use Disorders

Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period

MISSING

Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period

1293^b

Diabetes Mellitus

Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period

MISSING

Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period

MISSING

Individuals who have received pharmacological treatment for diabetes over the last 12-month period

MISSING

Hypertension

Individuals who have received pharmacological treatment for hypertension over the last 12-month period

MISSING

Cardiovascular Disease

Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period

MISSING

Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period

MISSING

Cancer

Individuals who have received treatment for cancer over the last 12-month period

MISSING

^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

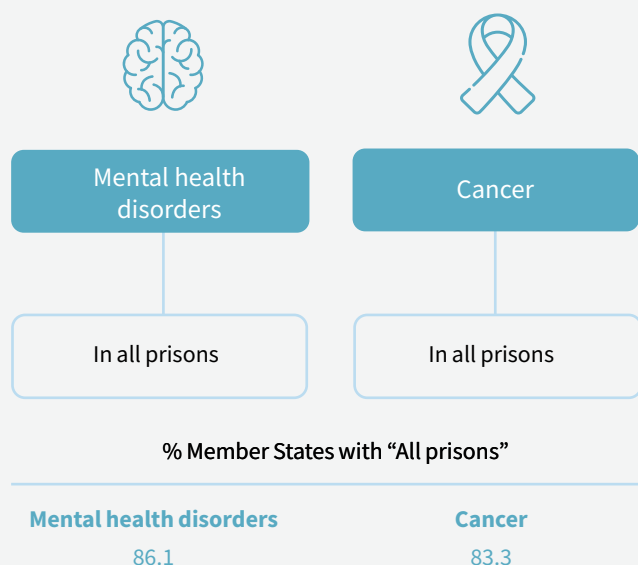
^b Data provided by the Drug Treatment Centre Board (DTCB).

¹ Proportion cannot be presented as denominators (diagnoses) were missing.

Clarification: This data is recorded on each patient's file, as part of their individual electronic record. However, it has not been possible to collate such data, as PHMS is an electronic health-care record system, and not a reporting tool.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	10	274.0	945.0 ^a
Suicide	MISSING	MISSING	20.0 ^a
Drug overdose	MISSING	MISSING	8.0 ^a
COVID-19	0	0.0	44.9 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 4.0%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	1 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	23 (0.6)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Data recorded in individual electronic clinical files but not available for extraction in aggregate manner.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

	Yes, but not in prison	Yes, and they are repeated at regular intervals	YES
% Member States with “Yes”	75.0	61.1	100.0

Number of women who gave birth whilst in prison in the last 12 months: $n=0$ (0.0% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

50779

NUMBER OF PEOPLE IN PRISON:

53364

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

35280

2016

2020

OCCUPANCY LEVEL (%)

110.0

105.1

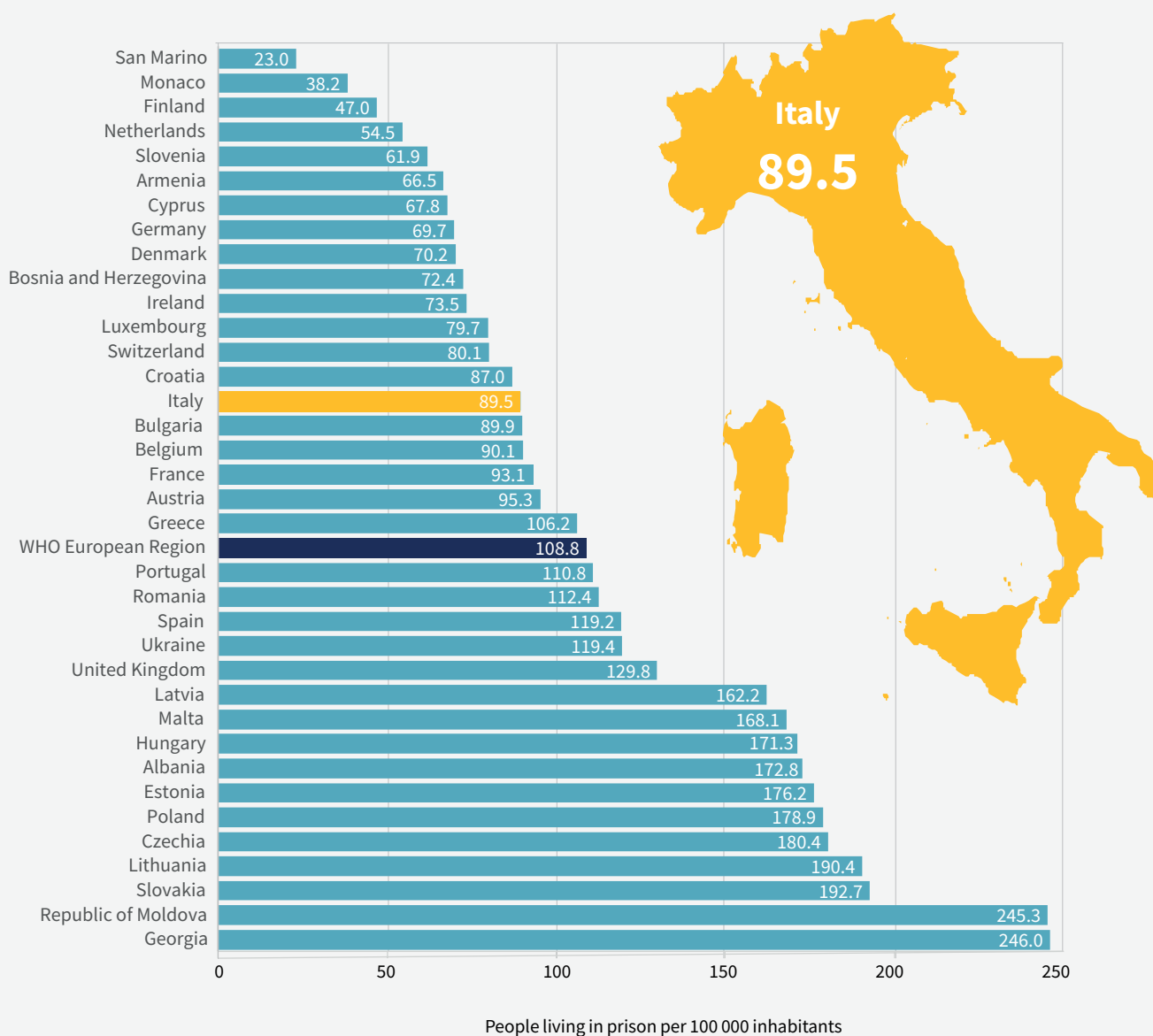
INCARCERATION RATE

91.0

89.5

Per 100 000 of national population

Figure 19.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

198

Mean length of incarceration per individual over the last 12-month period: **60 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	16840 (31.6)
Number of individuals serving life sentences	17840 (33.4)

Social characterization of people in prison

	<i>n</i>	%
Females	2 265	4.2
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	MISSING	MISSING
Above 50	9 504	17.8
Above 65	4 630	8.7
Migrants	17 334	32.5
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Health only (or health authorities), with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Health only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

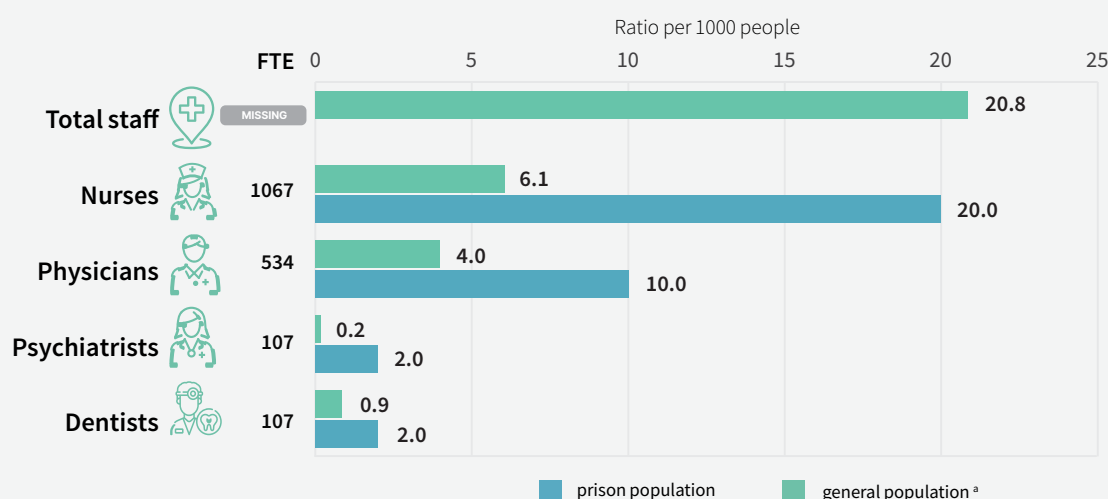
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 19.2: Health-care staff available in prison and in the general population



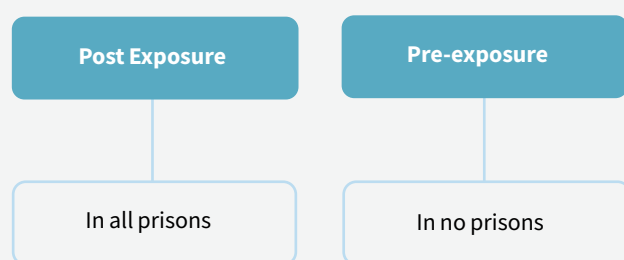
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	A minority of prisons	52.9
Hepatitis A	Most prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	A minority of prisons	61.8
Meningococcal vaccination	A minority of prisons	52.9
Pneumococcal vaccination	A minority of prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

MISSING Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	NO	94.4
Treatment and medications	YES	97.2

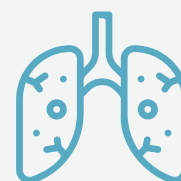
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:



HIV

Yes, on an
opt-in basis



HCV

Yes, on an
opt-in basis



HBV

Yes, on an
opt-in basis



STI

Yes, on an
opt-in basis

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:



Cervical

YES



Colon

YES



Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:



Soap



Condoms



Lubricants



**Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3



Disinfectants



Dental dams



**Tampons/
sanitary towels**

Offered at

No prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: No. Most Member States report “Yes, nationwide” (72.2%, out of $n = 36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

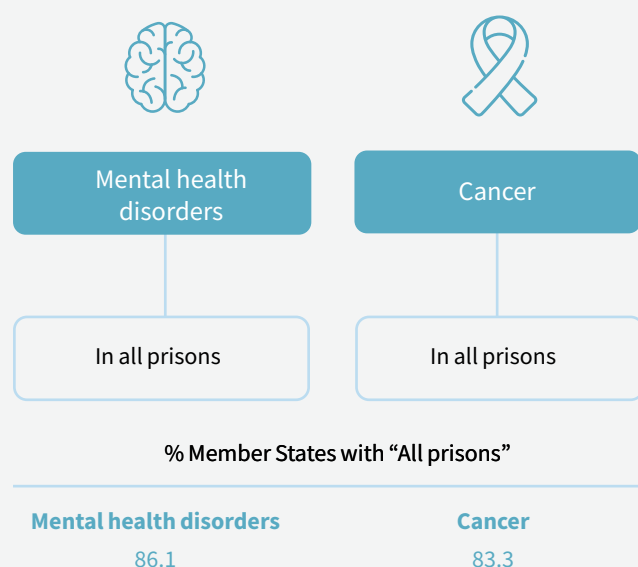
Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n = 36$).

Number and proportion of people diagnosed that received or completed treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period Individuals completing TB treatment over the last 12-month period	MISSING MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period Individuals completing MDR-TB treatment over the last 12-month period	MISSING MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period Individuals completing HIV treatment over the last 12-month period	MISSING MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period Individuals completing STI treatment over the last 12-month period	MISSING MISSING
 Oral health Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING MISSING MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	NO	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In a minority of prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	186	348.6	1 294.4 ^a
Suicide	63	118.1	15.4 ^a
Drug overdose	MISSING	MISSING	1.8 ^a
COVID-19	15	28.1	122.8 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.2%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	6351 (11.9)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	1759 (3.3)
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	Most prisons	A minority of prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Although data are recorded in individual electronic clinical files, the current legislation in Italy on health care for prisoners (Legislative Decree 230/99 and subsequent additions) does not allow the Department of the Penitentiary Administration to access this information, not even in aggregate form.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In most prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=28$ (1.2% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

4822

NUMBER OF PEOPLE IN PRISON:

3095

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

2702

2016

2020

OCCUPANCY LEVEL (%)

75.0

64.2

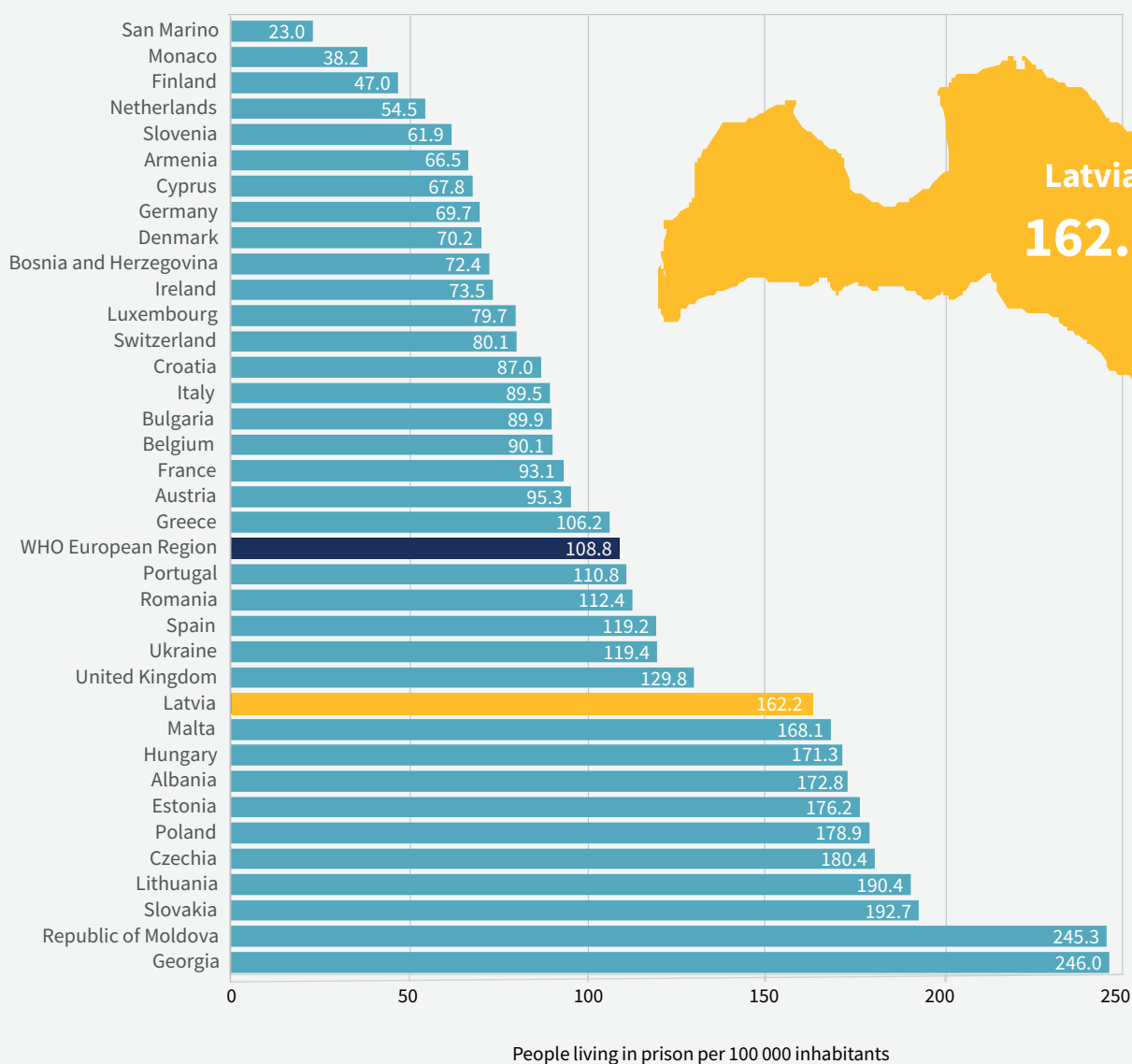
INCARCERATION RATE

225.0

162.2

Per 100 000 of national population

Figure 20.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

9

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsented and serving life sentences individuals:

	<i>n (%)</i>
Number of unsentenced/remand prisoners	2031 (65.6)
Number of individuals serving life sentences	66 (2.1)

Social characterization of people in prison

	<i>n</i>	%
Females	253	8.2
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	11	0.4
Above 50	416	13.4
Above 65	113	3.7
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care: Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

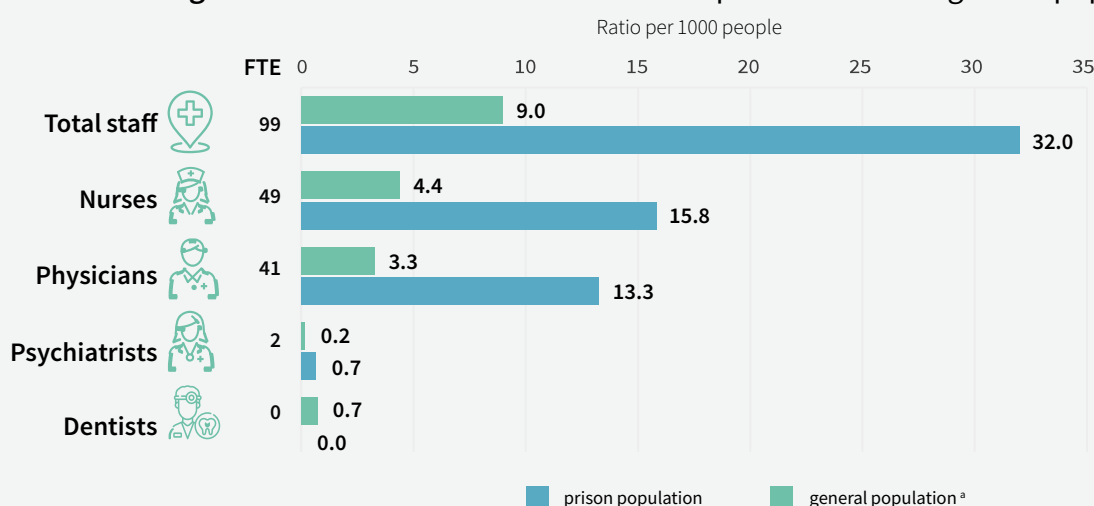
Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 20.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

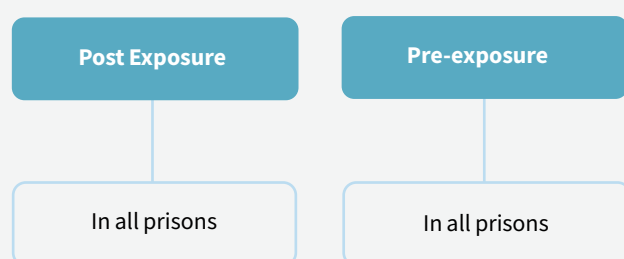
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	No prisons	69.4
Seasonal flu	All prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

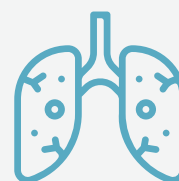
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-out basis**HCV**Yes, on an
opt-out basis**HBV**Yes, risk-based
screening**STI**Yes, risk-based
screening% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION














**Smoke free policy implemented in
the country applicable to prisons:****No.** Most Member States report “Yes,
nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	20 (-) ^a
Individuals completing TB treatment over the last 12-month period	16 (80.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	5 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	5 (100.0)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	403 (79.2)
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	442 (42.6)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	401 (90.7)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	9 (21.4)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	2 (22.2)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	1 (100.0)
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	457 (29.6)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	581 (83.0)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	111 (19.1)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	44 (45.8)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	31 (32.3)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	96 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	630 (93.5)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	380 (85.4)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	224 (50.3)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	19 (17.9)

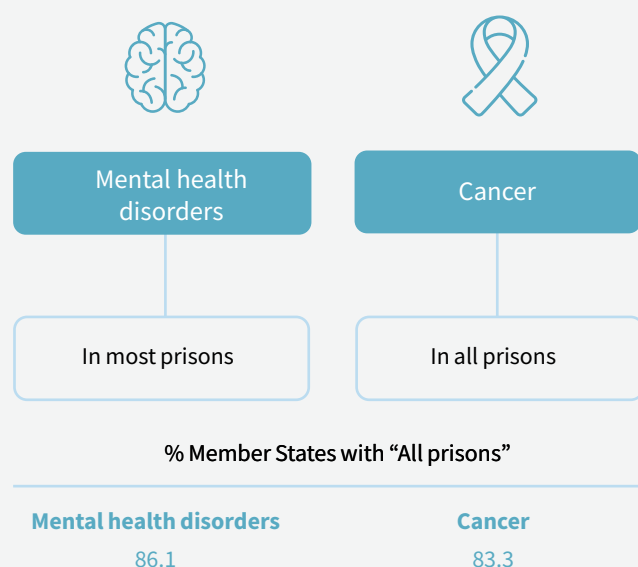
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed with active TB.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In a minority of prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	33	1 066.2	1 781.3 ^a
Suicide	9	290.8	59.3 ^a
Drug overdose	0	0.0	5.8 ^a
COVID-19	0	0.0	34.0 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 8.2%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB)	
Active TB diagnosis	20 (0.6)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	5 (0.2)
 HIV	
Active HIV diagnosis	509 (16.4)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	1038 (33.5)
 Hepatitis B	
Chronic HBV (HBsAg)	42 (1.4)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	1 (0.0)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	365 (11.8)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	1545 (49.9)
Psychotic disorder diagnosis on record	424 (13.7)
Recorded suicide attempt events (last 12-month)	65 (2.1)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	700 (22.6)
 Diabetes Mellitus	
Diagnosis on record	96 (3.1)
 Hypertension	
Diagnosis on record	674 (21.8)
 Cardiovascular Disease	
Diagnosis on record	445 (14.4)
 Cancer	
Diagnosis on record	106 (3.4)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

1196 (38.6)

MISSING

MISSING



Use/have used drugs (last 12 months)

1621 (52.4)

MISSING

MISSING



Inject/have injected drugs (last 12 months)

1122 (36.3)

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

112 (3.6)

MISSING

MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In a minority of prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

MISSING

Lithuania

2 794 090

Population, 2020

High

Income group

US\$ 20 232

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

7326

NUMBER OF PEOPLE IN PRISON:

5320

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

1630

2016

2020

OCCUPANCY LEVEL (%)

85.0

72.6

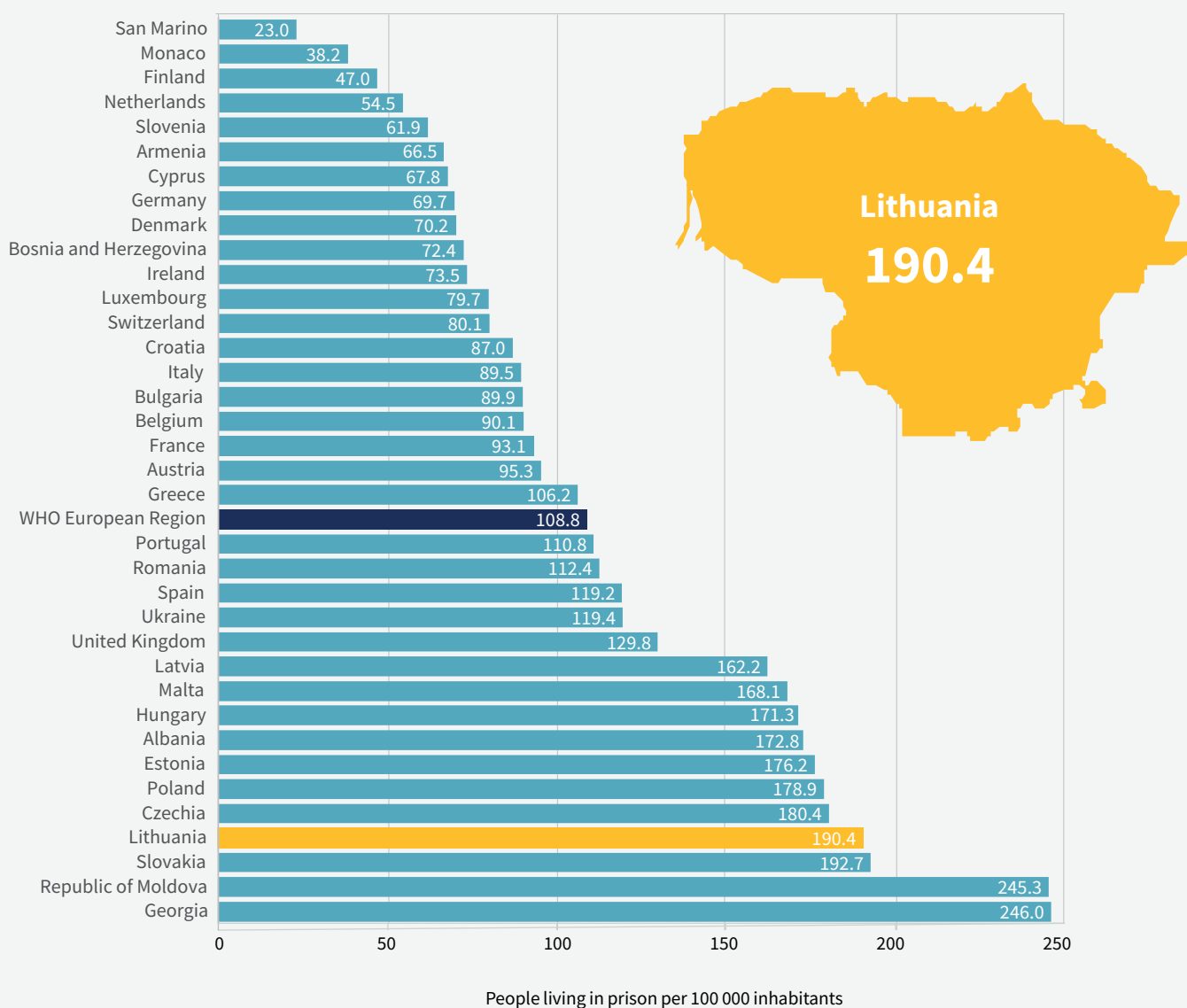
INCARCERATION RATE

238.0

190.4

Per 100 000 of national population

Figure 21.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

8

Mean length of incarceration per individual over the last 12-month period: **33 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	581 (10.9)
Number of individuals serving life sentences	107 (2.0)

Social characterization of people in prison

	<i>n</i>	%
Females	252	4.7
Pregnant	3	1.2
LGBTIQ	MISSING	MISSING
Under 18	22	0.4
Above 50	746	14.0
Above 65	MISSING	MISSING
Migrants	102	1.9
Minorities	MISSING	MISSING
Disabled	124	2.3
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior,

with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior.

Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

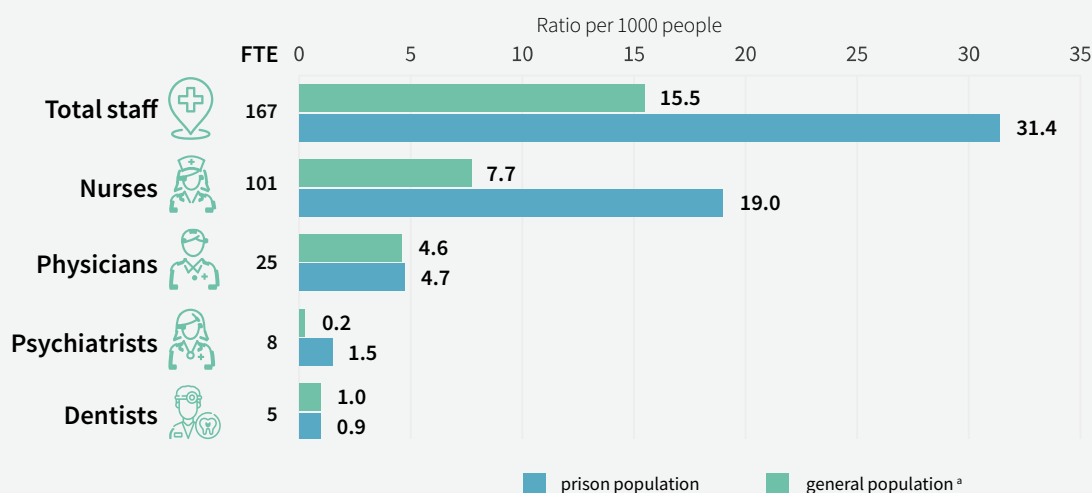
Partly covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 21.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

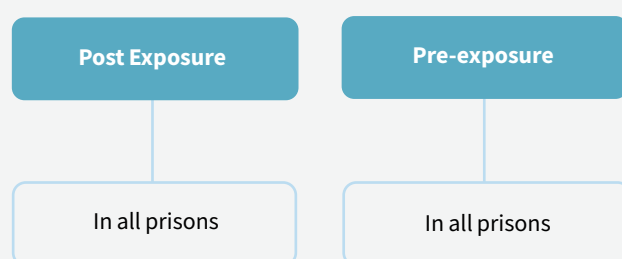
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	No prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	No prisons	69.4
Seasonal flu	All prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

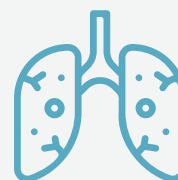
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, on an
opt-out basis

HCV

Yes, risk-based
screening

HBV

Yes, risk-based
screening

STI

Yes, on an
opt-out basis

% Member States with
“yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

NO


Breast

YES

% Member States with “yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

Most prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	43 (-) ^a
Individuals completing TB treatment over the last 12-month period	10 (23.3)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	8 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	1 (12.5)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	131 (55.3)
Individuals completing HIV treatment over the last 12-month period	0 (0.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	23 (missing)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	23 (100.0)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	106 (missing)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	62 (86.1)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	72 (100.0)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	72 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	1006 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	847 (84.2)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	24 (92.3)

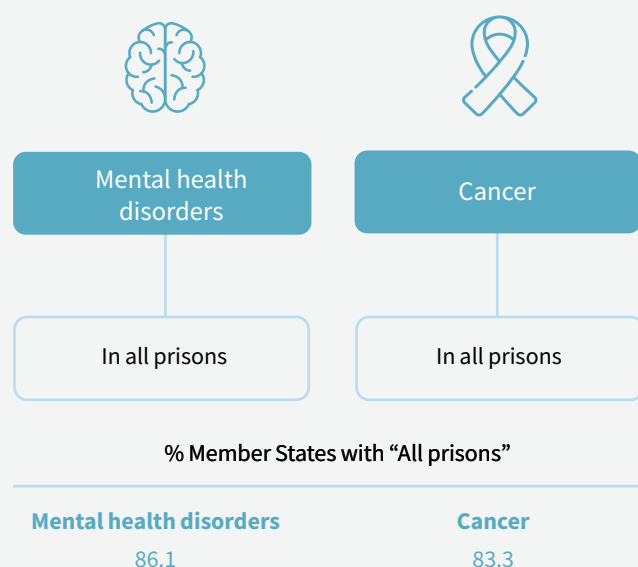
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	27	507.5	1 778.0 ^a
Suicide	7	131.6	77.1 ^a
Drug overdose	0	0.0	4.2 ^a
COVID-19	0	0.0	66.8 ^b
Cardiovascular disease	12	225.6	851.8 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.7%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	23 (0.4)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	8 (0.2)
 HIV Active HIV diagnosis	237 (4.5)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	0 (0.0)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	529 (9.9)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	1118 (21.0) MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	1035 (19.5)
 Diabetes Mellitus Diagnosis on record	72 (1.4)
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	1006 (18.9)
 Cancer Diagnosis on record	26 (0.5)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

476 (8.9)

415 (8.2)

61 (24.2)



Use/have used drugs (last 12 months)

1035 (19.5)

987 (19.5)

48 (19.0)



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

Clarification: The indicators with missing data are not collected upon admission.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months:
 $n=1$ (0.4% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

600

NUMBER OF PEOPLE IN PRISON:

499

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

2016

2020

OCCUPANCY LEVEL (%)

*

83.2

INCARCERATION RATE

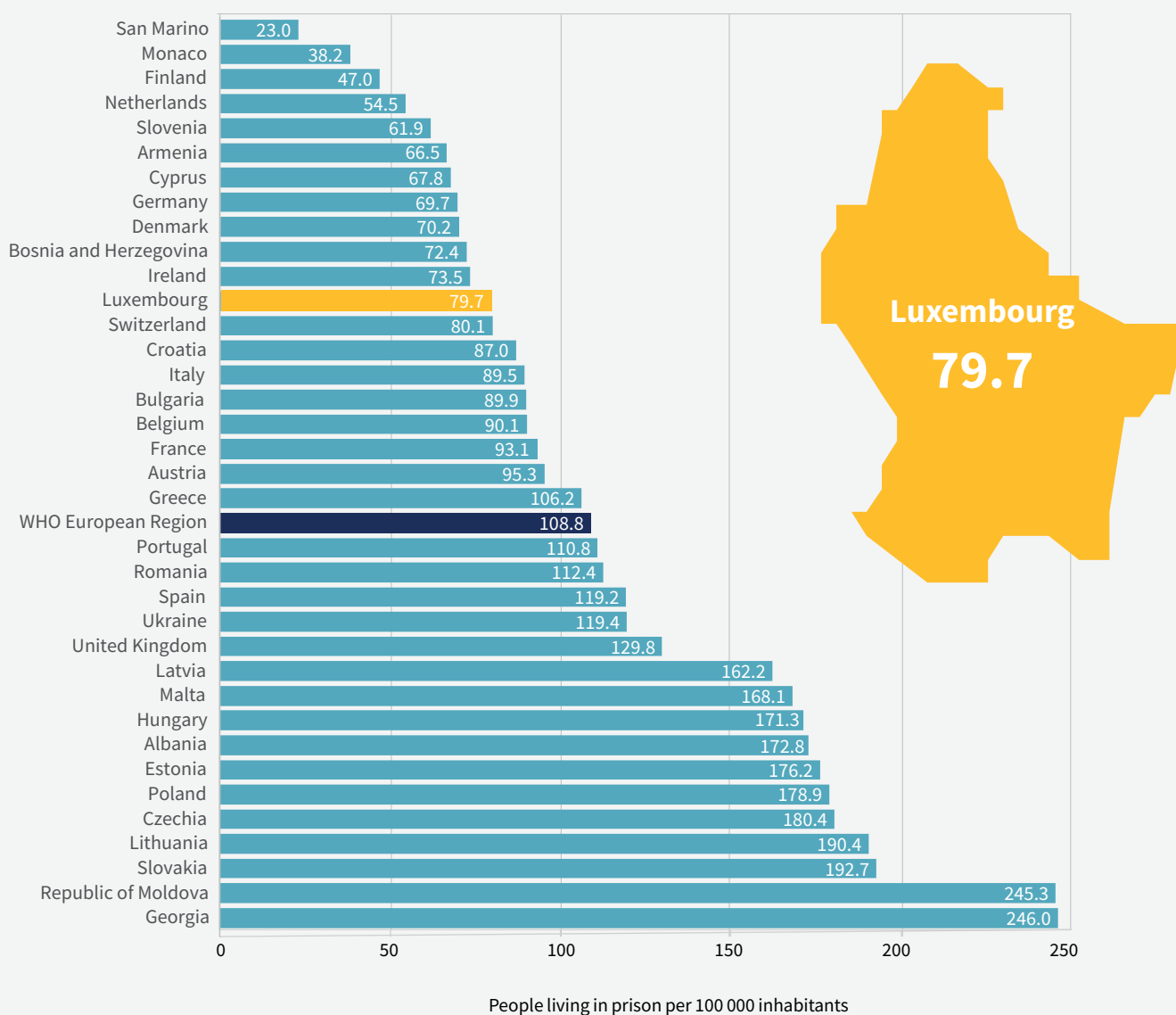
*

79.7

Per 100 000 of national population

* Did not participate

Figure 22.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

MISSING

Mean length of incarceration per individual over the last 12-month period:

MISSING

Unsentenced and serving life sentences individuals:

Number of unsentenced/remand prisoners

MISSING

Number of individuals serving life sentences

16 (3.2)

n (%)

Social characterization of people in prison

	<i>n</i>	%
Females	22	4.4
Pregnant	1	4.6
LGBTIQ	MISSING	MISSING
Under 18	1	0.2
Above 50	MISSING	MISSING
Above 65	MISSING	MISSING
Migrants	208	41.7
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Centre Hospitalier de Luxembourg, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

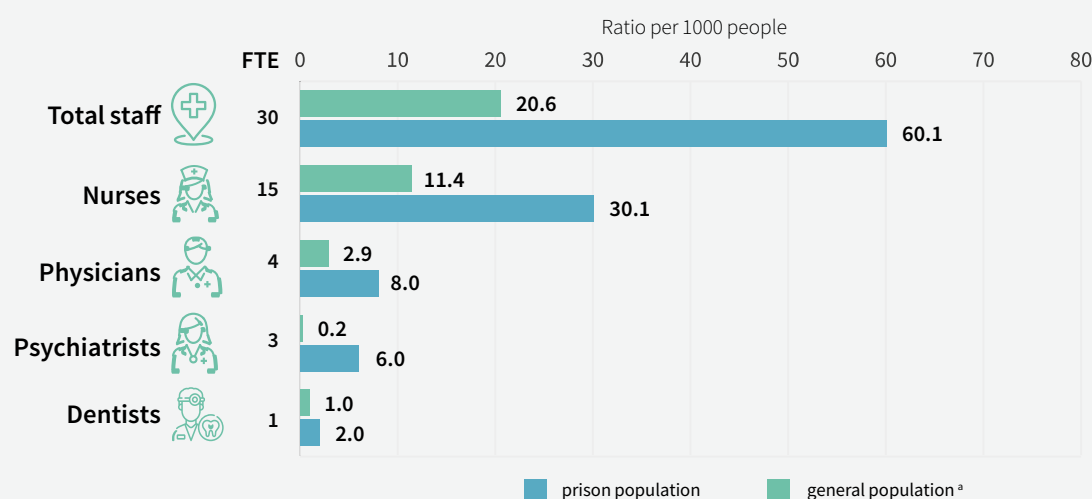


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 22.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2017)

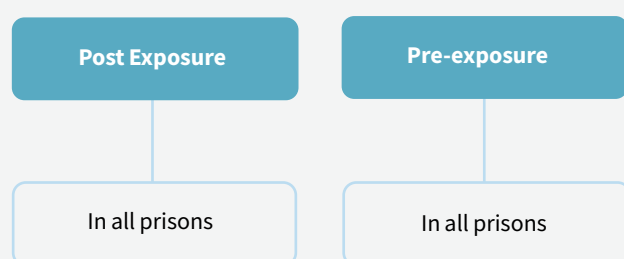
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records.

Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

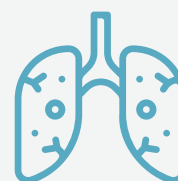
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured"



Screening for infectious diseases:


HIV

Yes, on an
opt-out basis

HCV

Yes, on an
opt-out basis

HBV

Yes, on an
opt-out basis

STI

Yes, on an
opt-out basis

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

YES


Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

All prisons

MISSING

All prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

All prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	3 (-) ^a
Individuals completing TB treatment over the last 12-month period	3 (100.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	MISSING
Individuals completing MDR-TB treatment over the last 12-month period	MISSING
 HIV	
Individuals with HIV who received treatment over the last 12-month period	6 (100.0)
Individuals completing HIV treatment over the last 12-month period	6 (100.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	23 (28.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	40
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	13 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	1 (7.7)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	15 (100.0)
Individuals completing STI treatment over the last 12-month period	6 (40.0)
 Oral health	
Individuals with oral health visit over the last 12-month period	15 (3.0)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	441 (100.0)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	210 (65.2)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	57 (27.1)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	30 (96.8)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	25 (83.3)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	44 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	48 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	48 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	1 (100.0)

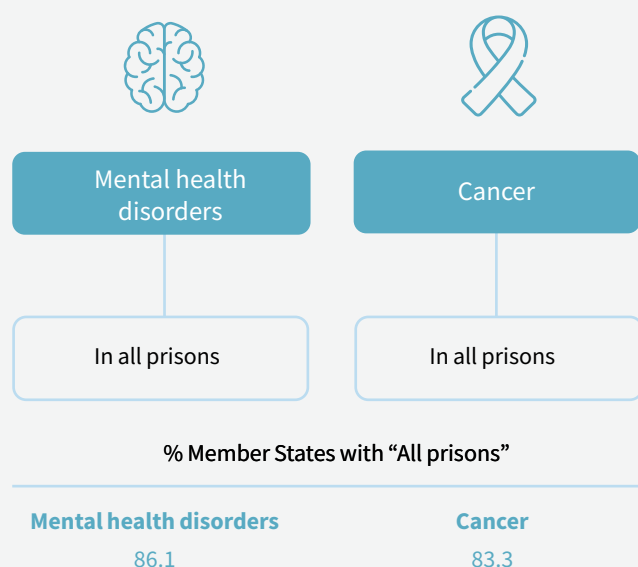
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	1	200.4	837.7 ^a
Suicide	1	200.4	22.2 ^a
Drug overdose	0	0.0	4.2 ^a
COVID-19	0	0.0	78.0 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.4%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:











	<i>n (%)</i>
 Tuberculosis (TB)	
Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	0 (0.0)
 HIV	
Active HIV diagnosis	6 (1.2)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	82 (16.4)
 Hepatitis B	
Chronic HBV (HBsAg)	13 (2.6)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	15 (3.0)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	9 (1.8)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	MISSING
Psychotic disorder diagnosis on record	441 (88.4)
Recorded suicide attempt events (last 12-month)	110 (22.0)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	322 (64.5)
 Diabetes Mellitus	
Diagnosis on record	31 (6.2)
 Hypertension	
Diagnosis on record	44 (8.8)
 Cardiovascular Disease	
Diagnosis on record	48 (9.6)
 Cancer	
Diagnosis on record	1 (0.2)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	124 (24.8)	MISSING	MISSING
 Use/have used drugs (last 12 months)	150 (30.1)	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	90 (18.0)	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, and they are repeated at regular intervals

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months: $n=0$ (0.0% of all women living in prison).

Malta

514 564

Population, 2020

High

Income group

US\$ 28 946

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

421

NUMBER OF PEOPLE IN PRISON:

865

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

1090

2016

2020

OCCUPANCY LEVEL (%)

79.0

205.5

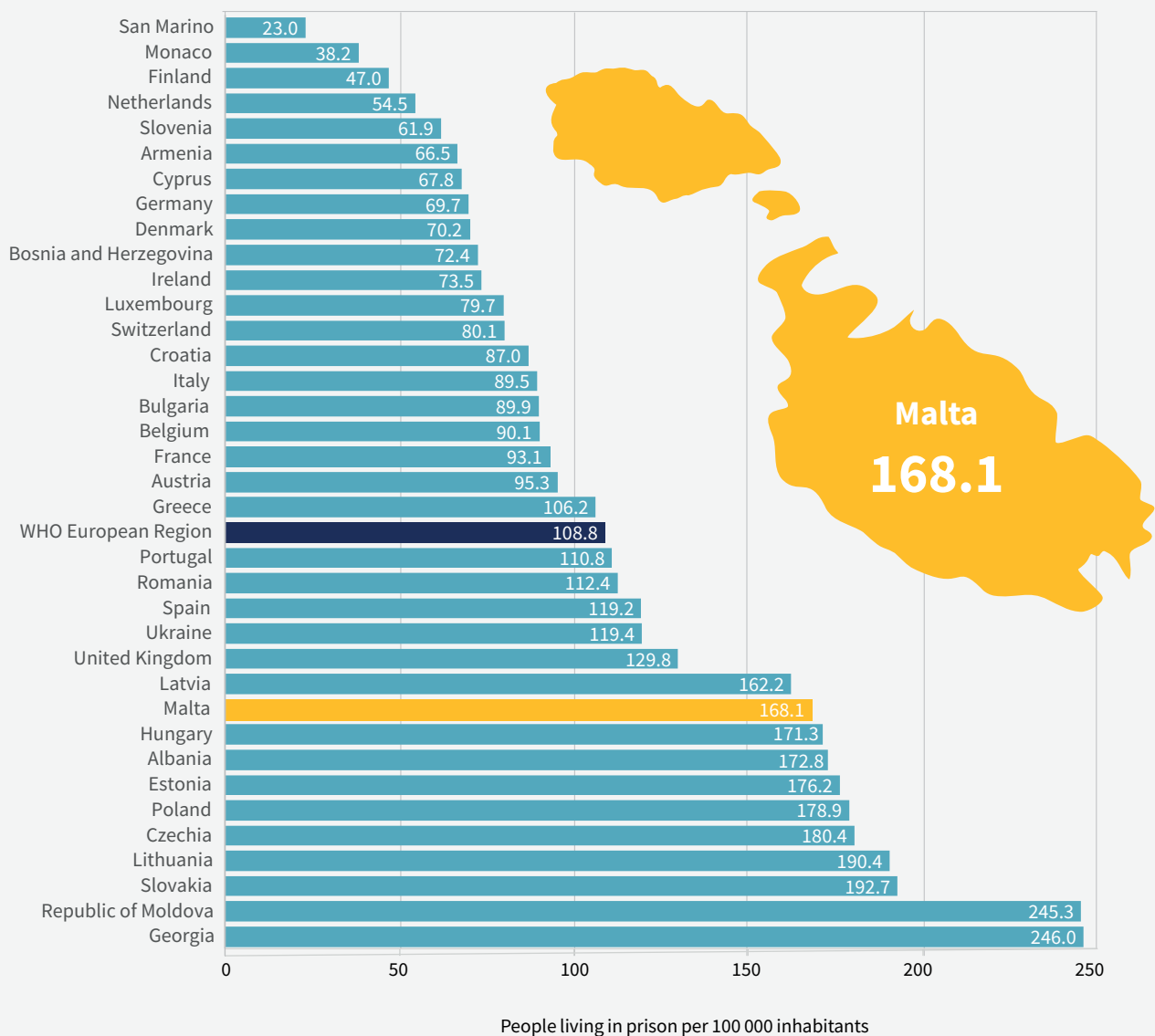
INCARCERATION RATE

126.0

168.1

Per 100 000 of national population

Figure 23.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

3

Mean length of incarceration per individual over the last 12-month period: **MISSING**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	570 (65.9)
Number of individuals serving life sentences	11 (1.3)

Social characterization of people in prison

	<i>n</i>	%
Females	57	6.6
Pregnant	2	3.5
LGBTIQ	15	1.7
Under 18	18	2.1
Above 50	96	11.1
Above 65	33	3.8
Migrants	408	47.2
Minorities	276	31.9
Disabled	5	0.6
Physically disabled	3	60.0
Intellectually disabled	2	40.0

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/Ministry of Interior. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

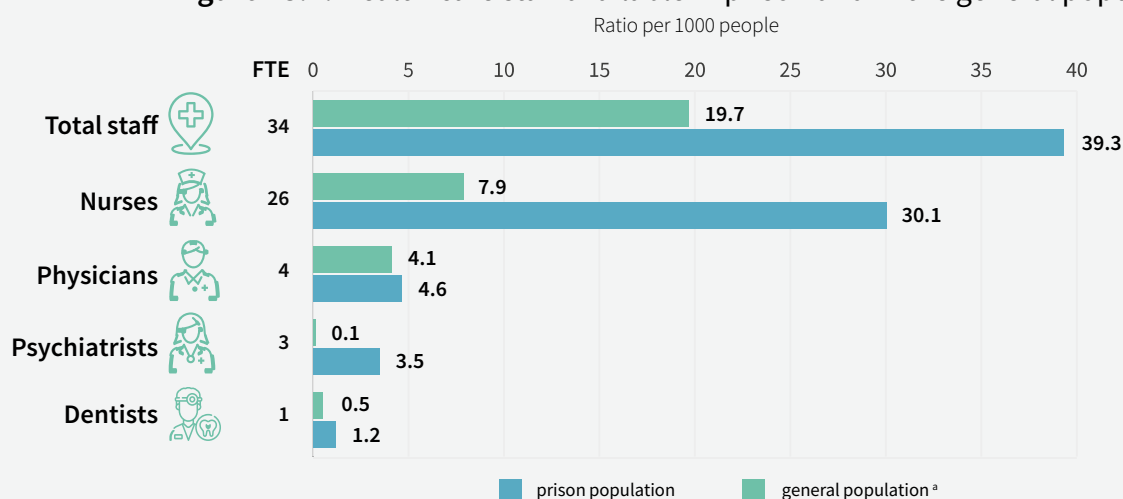


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 23.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

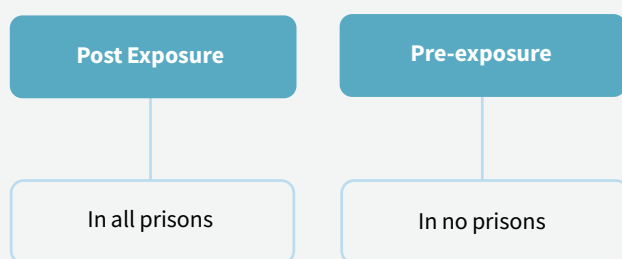
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

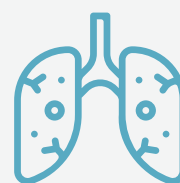
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-out basis**HCV**Yes, on an
opt-out basis**HBV**Yes, on an
opt-out basis**STI**Yes, on an
opt-out basis% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with “Yes

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

All prisons

No prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	16 (-) ^a
Individuals completing TB treatment over the last 12-month period	14 (87.5)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	4 (80.0)
Individuals completing HIV treatment over the last 12-month period	4 (100.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	37 (60.7)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	30 (81.1)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	27 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	3 (11.1)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	22 (100.0)
Individuals completing STI treatment over the last 12-month period	22 (100.0)
 Oral health	
Individuals with oral health visit over the last 12-month period	411 (47.5)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	292 (100.0)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	312 (92.6)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	109 (34.9)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	40 (97.6)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	27 (65.9)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	41 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	85 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	30 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	30 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	4 (100.0)

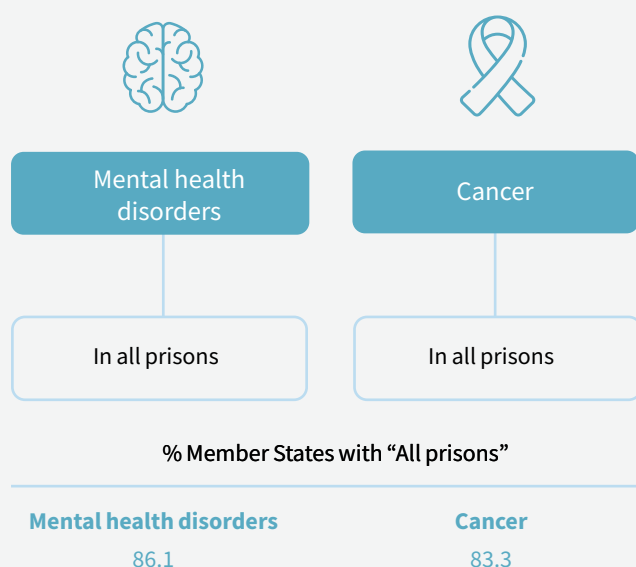
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions**. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	5	578.0	1096.0 ^a
Suicide	2	231.2	13.1 ^a
Drug overdose	0	0.0	4.0 ^a
COVID-19	0	0.0	42.4 ^b
Cardiovascular disease	3	346.8	414.8 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 6.6%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB)	
Active TB diagnosis	1 (0.1)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	0 (0.0)
 HIV	
Active HIV diagnosis	5 (0.6)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	61 (7.1)
 Hepatitis B	
Chronic HBV (HBsAg)	27 (3.1)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	22 (2.5)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	70 (8.1)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	292 (33.8)
Psychotic disorder diagnosis on record	51 (5.9)
Recorded suicide attempt events (last 12-month)	3 (0.3)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	337 (39.0)
 Diabetes Mellitus	
Diagnosis on record	41 (4.7)
 Hypertension	
Diagnosis on record	85 (9.8)
 Cardiovascular Disease	
Diagnosis on record	30 (3.5)
 Cancer	
Diagnosis on record	4 (0.5)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

229 (26.5)

201 (24.9)

28 (49.1)



BMI ≥ 30

81 (9.4)

70 (8.7)

11 (19.3)



Currently use tobacco products

405 (46.8)

383 (47.4)

22 (38.6)



Drink/have drunk alcohol (last 12 months)

92 (10.6)

72 (8.9)

20 (35.1)



Use/have used drugs (last 12 months)

337 (39)

302 (37.4)

35 (61.4)



Inject/have injected drugs (last 12 months)

47 (5.4)

40 (5)

7 (12.3)



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=2$ (3.5% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

80

NUMBER OF PEOPLE IN PRISON:

15

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

46

2016

2020

OCCUPANCY LEVEL (%)

*

18.8

INCARCERATION RATE

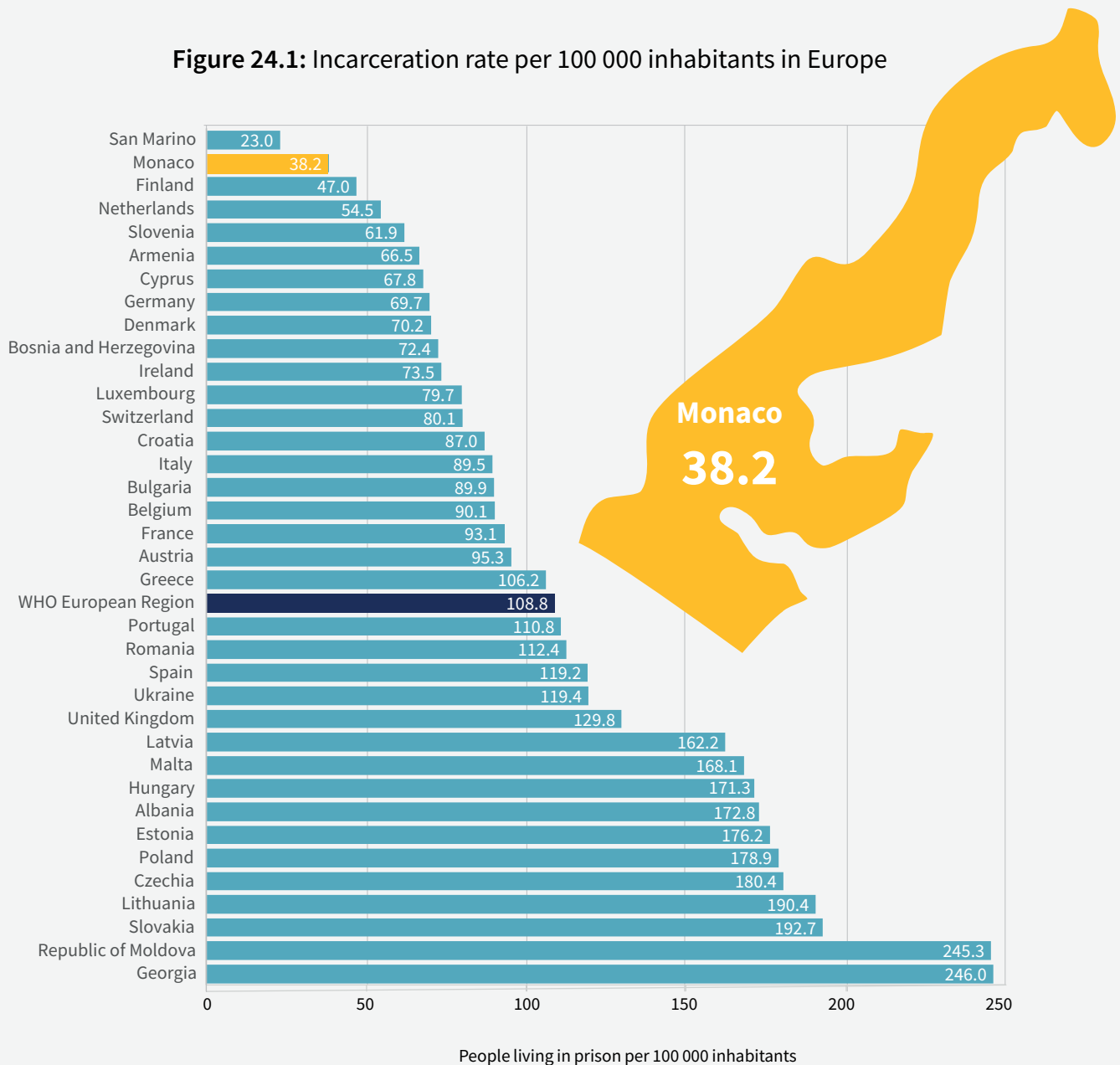
Per 100 000 of national population

*

38.2

* Not available

Figure 24.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

1

Social characterization of people in prison

	<i>n</i>	%
Females	2	13.3
Pregnant	0	0.0
LGBTIQ	0	0.0
Under 18	0	0.0
Above 50	3	20.0
Above 65	0	0.0
Migrants	0	0.0
Minorities	0	0.0
Disabled	0	0.0
Physically disabled	0	0.0
Intellectually disabled	0	0.0

Mean length of incarceration per individual over the last 12-month period: **3.4 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	10 (66.7)
Number of individuals serving life sentences	0 (0.0)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care: **Ministry of Justice only**, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care: **Ministry of Justice only**. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

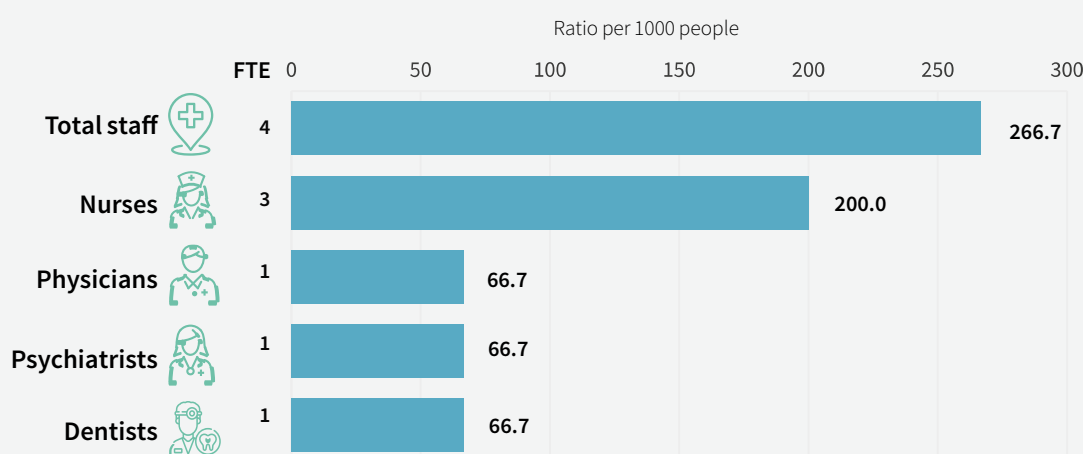
Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 24.2: Health-care staff available in prison



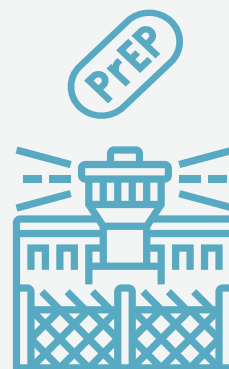
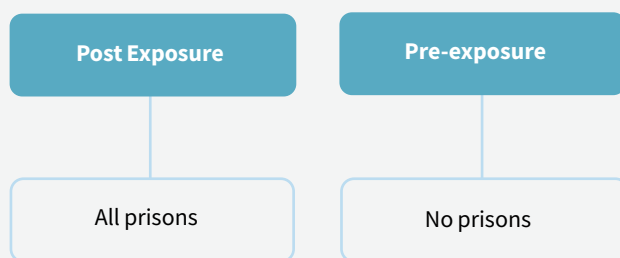
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	MISSING	57.6
COVID-19	MISSING	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records.

Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	NO	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

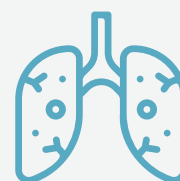
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history.

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:



HIV
Yes, on an
opt-out basis



HCV
Yes, on an
opt-out basis



HBV
Yes, on an
opt-out basis



STI
Yes, on an
opt-out basis

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:



Cervical

NO



Colon

NO



Breast

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:



Soap



Condoms



Lubricants



**Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3



Disinfectants



Dental dams



**Tampons/
sanitary towels**

Offered at

All prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















**Smoke free policy implemented in the country
applicable to prisons: Yes, nationwide.** Most Member
States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n = 36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	0 (-) ^a
Individuals completing TB treatment over the last 12-month period	0 (-)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	0 (-)
Individuals completing HIV treatment over the last 12-month period	0 (-)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	0 (-)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	0 (-)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	0 (-)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	0 (-)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	0 (-)
Individuals completing STI treatment over the last 12-month period	0 (-)
 Oral health	
Individuals with oral health visit over the last 12-month period	0 (-)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	0 (-)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	0 (-)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	0 (-)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	0 (-)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	0 (-)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	0 (-)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	0 (-)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	0 (-)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	0 (-)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	0 (-)

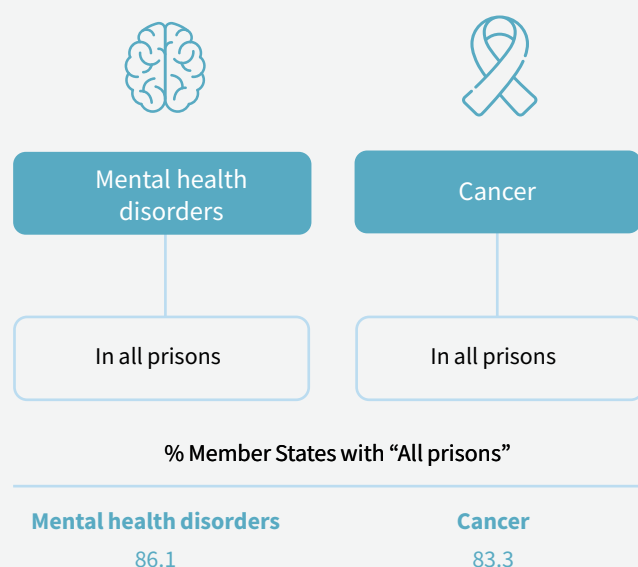
^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, regularly (for example once every year or once every two years). Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	1	6 666.7	1786.3 ^a
Suicide	1	6 666.7	25.5 ^a
Drug overdose	0	0.0	0.6 ^a
COVID-19	0	0.0	7.8 ^b
Neoplasm	0	0.0	827.2 ^a
Cardiovascular disease	0	0.0	498.6 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (The general population data is given only for males over 20 years, due to low female prison population)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:











	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	0 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	0 (0.0)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	0 (0.0)
 Hepatitis B Chronic HBV (HBsAg)	0 (0.0)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	0 (0.0)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	0 (0.0)
 Oral health Individuals keeping 21 or more natural teeth	0 (0.0)
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	0 (0.0) 0 (0.0) 0 (0.0)
 Substance Use Disorders Active drug use disorder (last 12-month)	0 (0.0)
 Diabetes Mellitus Diagnosis on record	0 (0.0)
 Hypertension Diagnosis on record	0 (0.0)
 Cardiovascular Disease Diagnosis on record	0 (0.0)
 Cancer Diagnosis on record	0 (0.0)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	1 (2.2)	0 (0.0)	1 (50.0)
 BMI ≥ 30	2 (4.3)	2 (4.5)	0 (0.0)
 Currently use tobacco products	22 (47.8)	20 (43.4)	2 (100.0)
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	0 (0.0)	0 (0.0)	0 (0.0)
 Regularly exercise for a minimum of 150 minutes/week	7 (15.2)	7 (15.9)	0 (0.0)

Clarification: The numbers reported are for the newly admitted people to prisons in 2020, instead number of people in prison by 31.12.2020.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff

YES



Pregnancy test on admission to prison

Yes, only once



Possibility of prenatal care or termination, in case of a positive result

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=0$ (0.0% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

9505

NUMBER OF PEOPLE IN PRISON:

9483

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

18494

2016

2020

OCCUPANCY LEVEL (%)

75.0

99.8

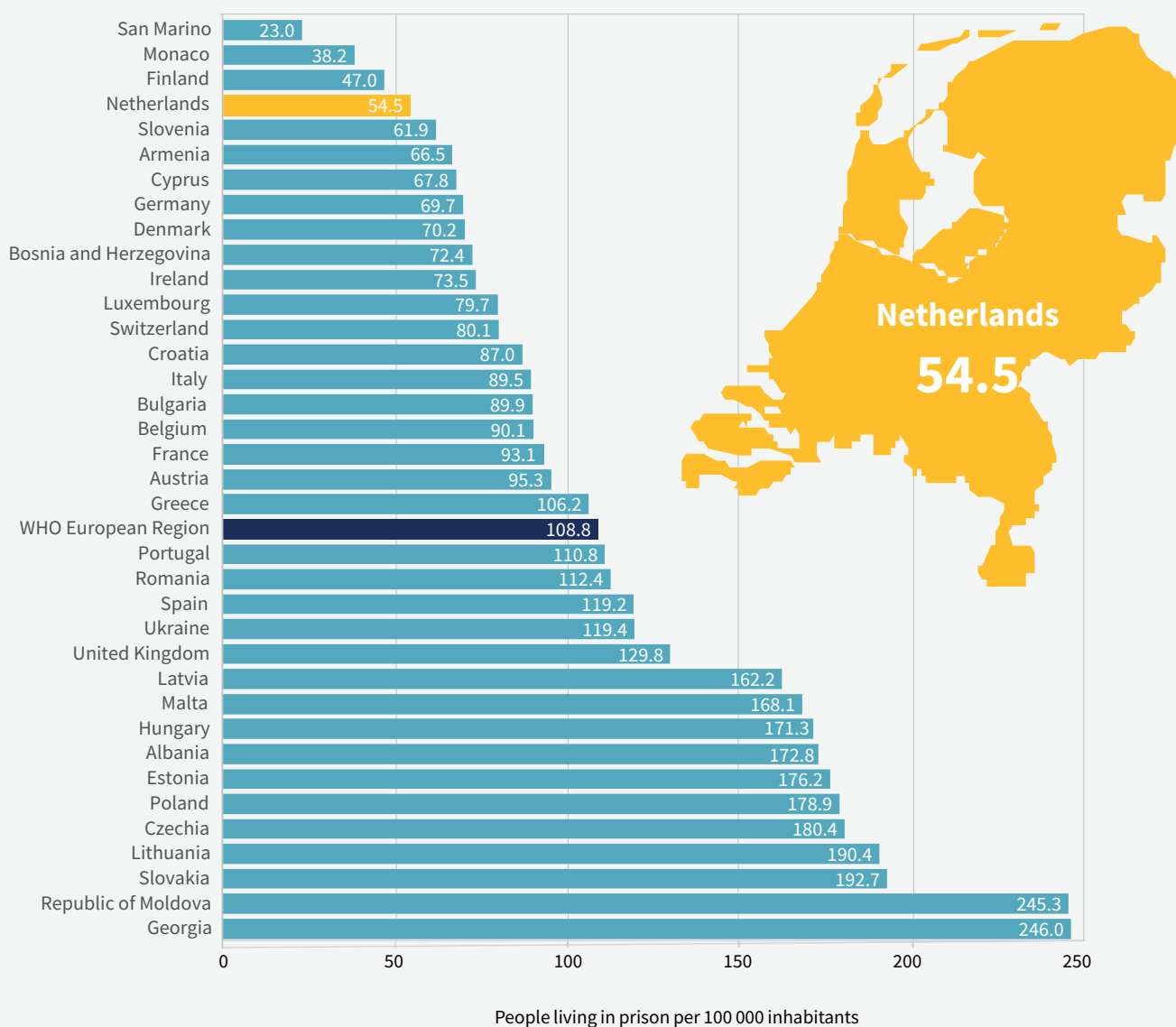
INCARCERATION RATE

53.0

54.5

Per 100 000 of national population

Figure 25.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

30

Mean length of incarceration per individual over the last 12-month period: **1 months**

Unsentenced and serving life sentences individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	4357 (45.9)
Number of individuals serving life sentences	41 (0.4)

Social characterization of people in prison

	<i>n</i>	%
Females	446	4.7
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	0	0.0
Above 50	1 504	15.9
Above 65	177	1.9
Migrants	2 032	21.4
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Justice only, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health-care of people in prison covered by any health insurance systems:

Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

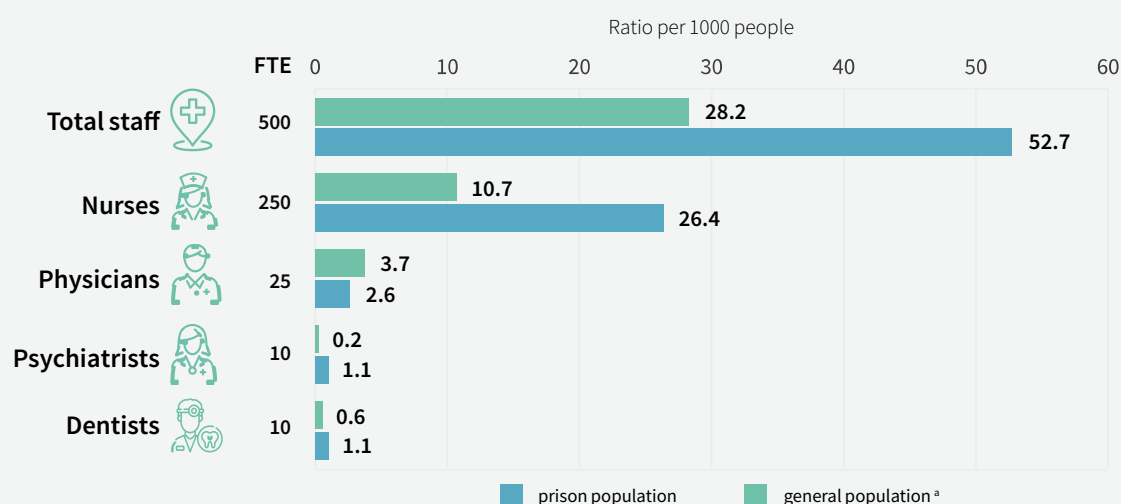


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 25.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

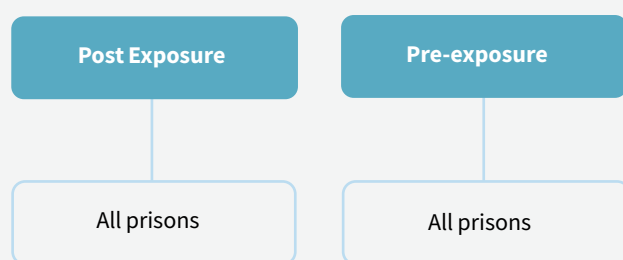
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	No prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	A minority of prisons	61.8
Meningococcal vaccination	A minority of prisons	52.9
Pneumococcal vaccination	A minority of prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure
77.8

Pre-exposure
58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records.

Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

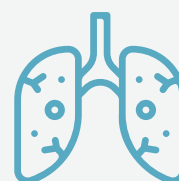
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured"



Screening for infectious diseases:


HIV

Yes, risk-based screening


HCV

Yes, risk-based screening


HBV

Yes, risk-based screening


STI

Yes, risk-based screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

YES


Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

All prisons

All prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prison

No prison

A minority of prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: No. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).














PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary.

Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	MISSING
Individuals completing TB treatment over the last 12-month period	MISSING
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Data recorded in individual electronic clinical files but not available for extraction in aggregate manner as a special module is needed for extraction.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



Mental health disorders

In all prisons



Cancer

In all prisons

% Member States with "All prisons"

Mental health disorders

86.1

Cancer

83.3

REHABILITATION

Access to:



Education and training programmes

In all prisons



Employment opportunities

In all prisons

% Member States with "All prisons"

Education and training programmes

75.0

Employment opportunities

88.9

People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	27	284.7	1170.2 ^a
Suicide	12	126.5	21.7 ^a
Drug overdose	2	21.1	2.0 ^a
COVID-19	0	0.0	66.7 ^b
Cardiovascular disease	5	52.7	302.9 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.7%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	16 (0.2)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	331 (3.5)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Data recorded in individual electronic clinical files but not available for extraction in aggregate manner as a special module is needed for extraction.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Data recorded in individual electronic clinical files but not available for extraction in aggregate manner as a special module is needed for extraction.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

	NO	Yes, and they are repeated at regular intervals	YES
% Member States with “Yes”	75.0	61.1	100.0

Number of women who gave birth whilst in prison in the last 12 months:

MISSING

Poland

37 958 138

Population, 2020

High

Income group

US\$ 15 742

Gross national income per capital

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

84328

NUMBER OF PEOPLE IN PRISON:

67894

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

3725

2016

2020

OCCUPANCY LEVEL (%)

81.0

80.5

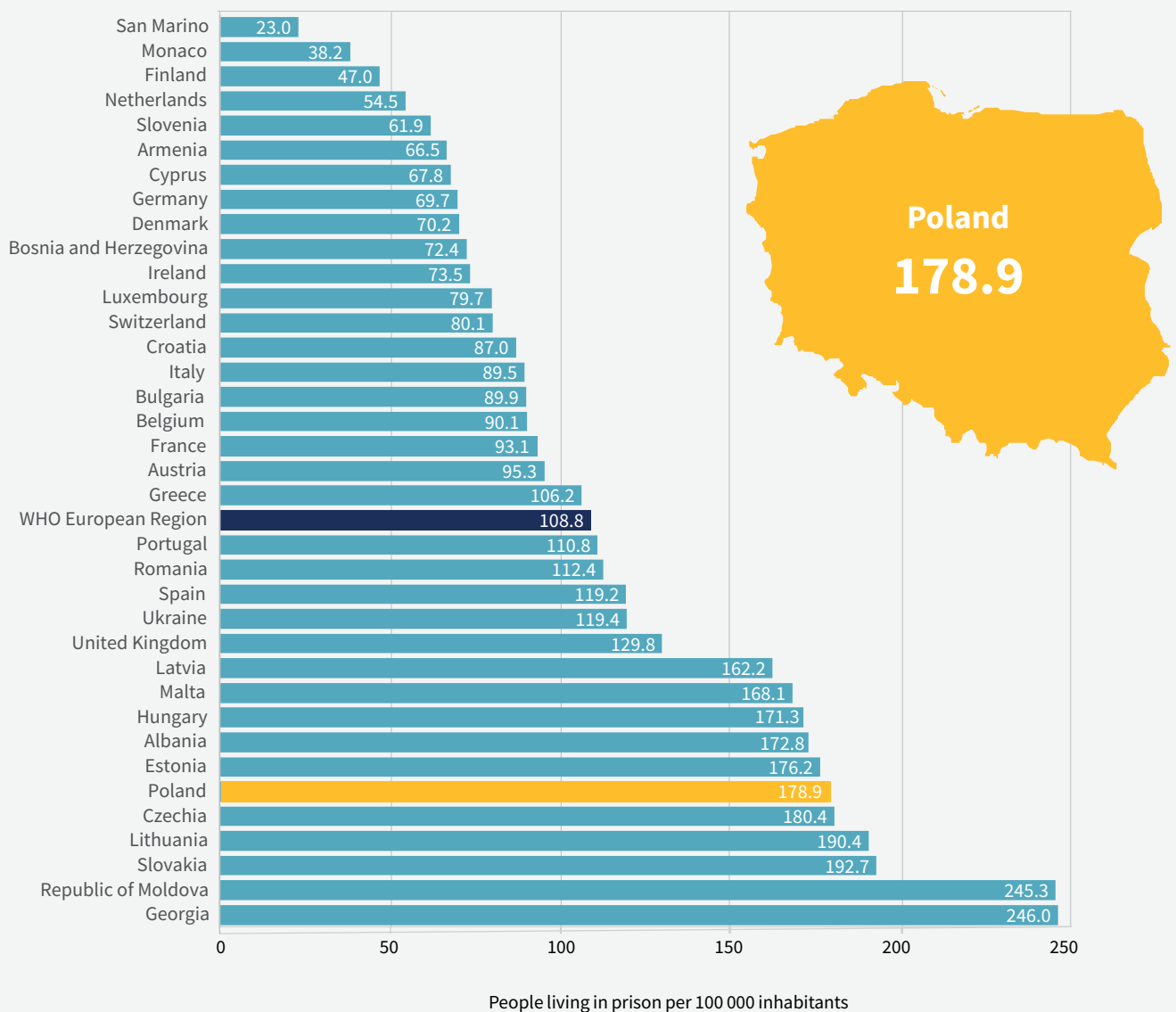
INCARCERATION RATE

187.0

178.9

Per 100 000 of national population

Figure 26.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

120

Social characterization of people in prison

	n	%
Females	3 056	4.5
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	MISSING	MISSING
Above 50	MISSING	MISSING
Above 65	MISSING	MISSING
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsentenced and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	8692 (12.8)
Number of individuals serving life sentences	479 (0.7)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

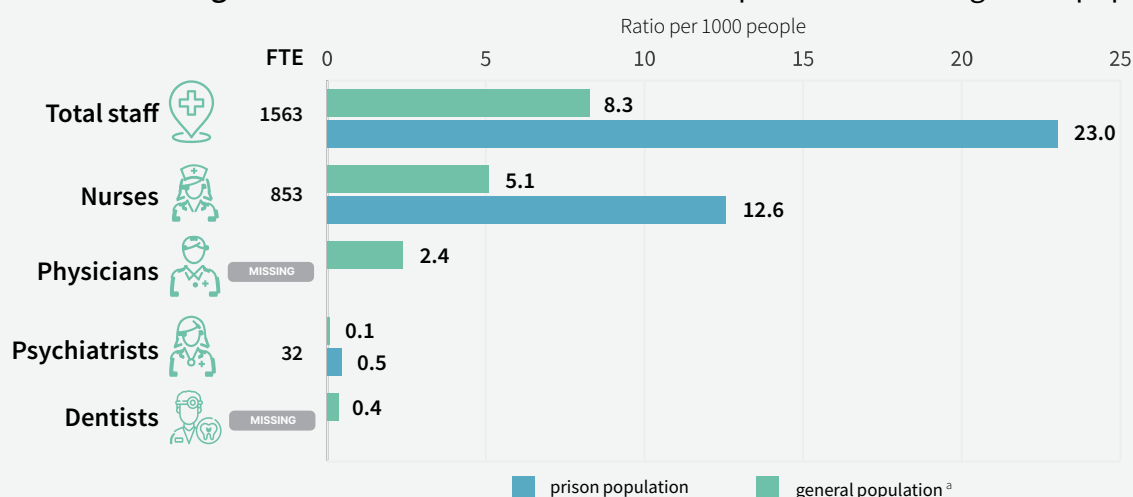
Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 26.2: Health-care staff available in prison and in the general population



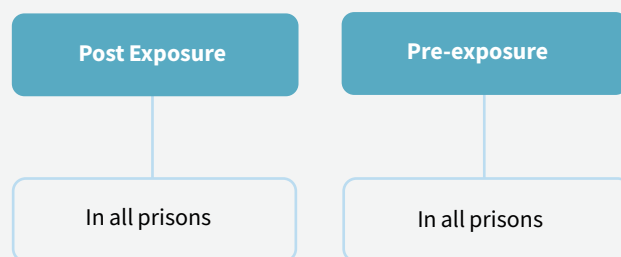
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

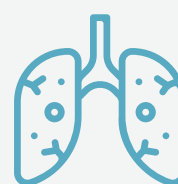
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, on an
opt-out basis

HCV

Yes, on an
opt-out basis

HBV

Yes, on an
opt-out basis

STI

Yes, risk-based
screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

NO


Colon

NO


Breast

NO

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

A minority of prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prisons

All prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: **Yes, nationwide.** Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

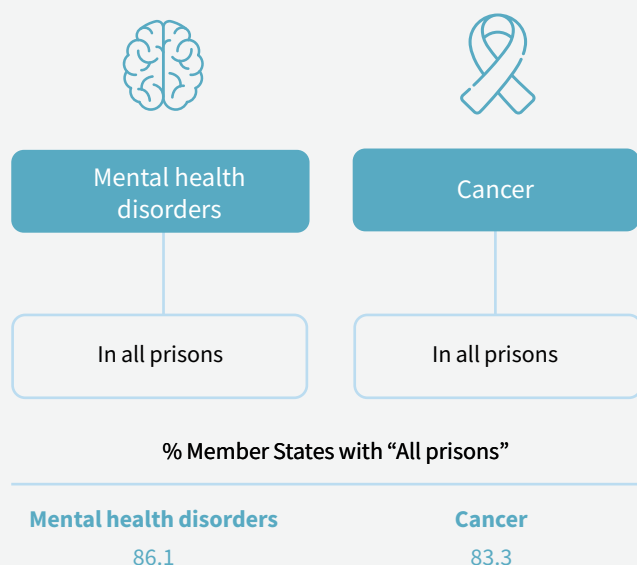
Number and proportion of people diagnosed that received or completed treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period Individuals completing TB treatment over the last 12-month period	MISSING MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period Individuals completing MDR-TB treatment over the last 12-month period	MISSING MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period Individuals completing HIV treatment over the last 12-month period	MISSING MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period Individuals completing STI treatment over the last 12-month period	MISSING MISSING
 Oral health Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING MISSING MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

Clarification: Missing data on diagnosis and treatment refers to data not collected.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In no prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	174	256.3	1 418.0 ^a
Suicide	27	39.8	41.1 ^a
Drug overdose	MISSING	MISSING	1.1 ^a
COVID-19	MISSING	MISSING	75.6 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.5%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	334 (0.5)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	170 (0.3)
 HIV Active HIV diagnosis	33 (0.0)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	227 (0.3)
 Hepatitis B Chronic HBV (HBsAg)	18 (0.0)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	0 (0.0)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	603 (0.9)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record	MISSING
Psychotic disorder diagnosis on record	MISSING
Recorded suicide attempt events (last 12-month)	MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Missing data on diagnosis and treatment refers to data not collected.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Data on health behaviours not collected.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, and they are repeated at regular intervals

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=36$ (1.2% of all women living in prison).

Portugal

10 295 909

Population, 2020

High

Income group

US\$ 22 194

Gross national income per capital

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

12600

NUMBER OF PEOPLE IN PRISON:

11412

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

4357

2016

2020

OCCUPANCY LEVEL (%)

114.0

90.6

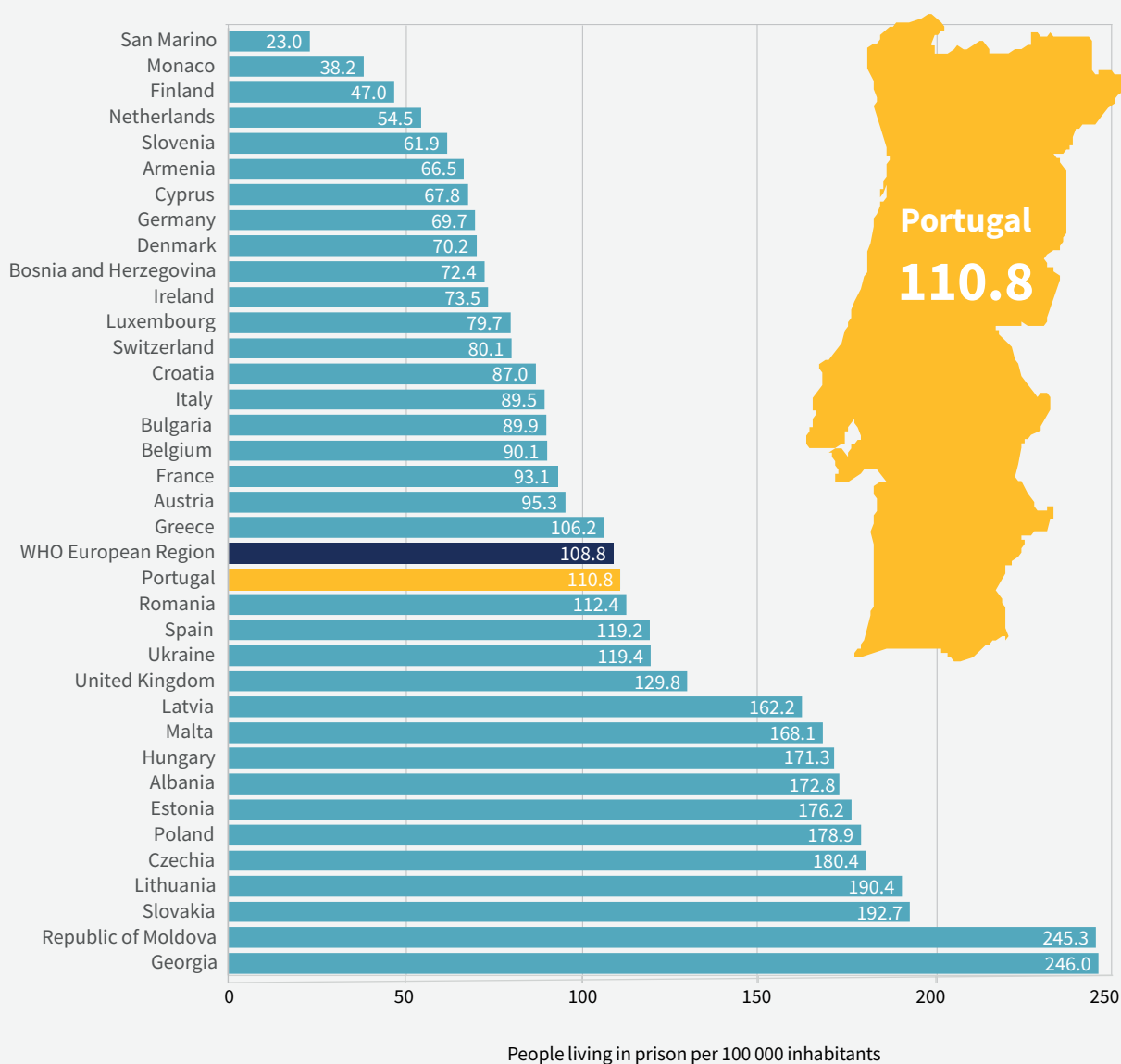
INCARCERATION RATE

139.0

110.8

Per 100 000 of national population

Figure 27.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

49

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	2273 (19.9)
Number of individuals serving life sentences	Not legally permitted in the country

Social characterization of people in prison

	n	%
Females	796	7.0
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	38	0.3
Above 50	2 204	19.3
Above 65	474	4.2
Migrants	1 764	15.5
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior.

Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

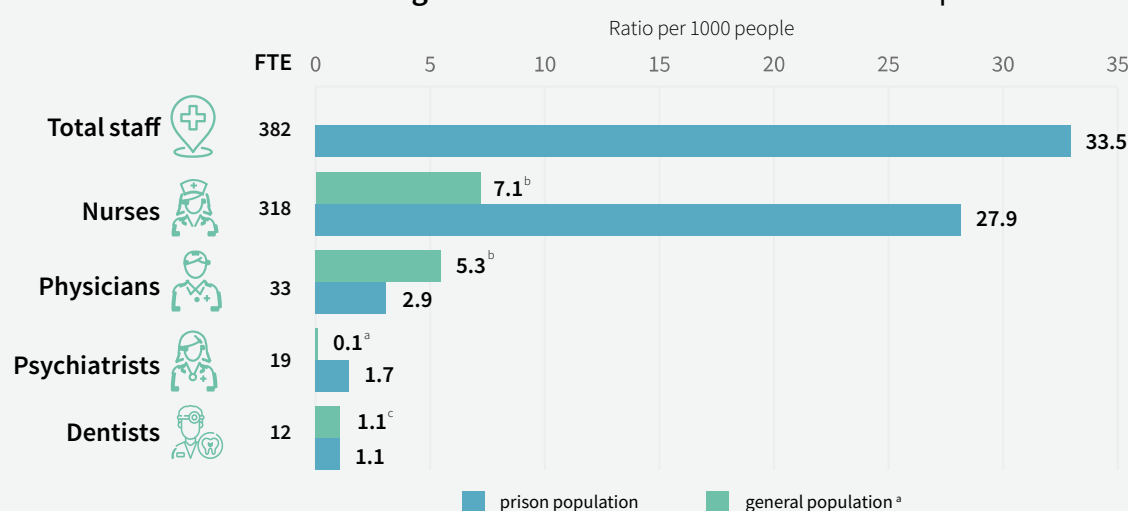
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 27.2: Health-care staff available in prison



^a Source: Eurostat (2019)

^b Health at a Glance (2021)

^c Health at a Glance (2020)

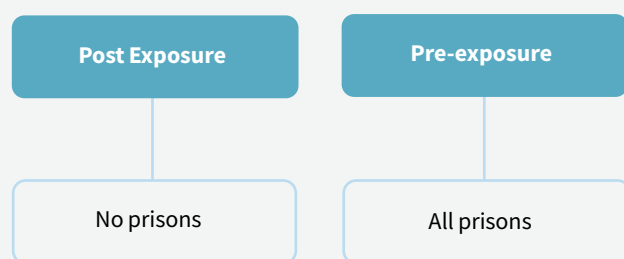
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	A minority of prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only

(IDs). Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records.

Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

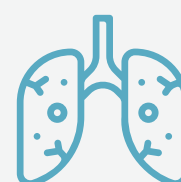
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history.

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, on an
opt-out basis

HCV

Yes, on an
opt-out basis

HBV

Yes, on an
opt-out basis

STI

Yes, risk-based
screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

NO


Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prison

No prison

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period Individuals completing TB treatment over the last 12-month period	76 (-) ^a 11 (14.5)
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period Individuals completing MDR-TB treatment over the last 12-month period	MISSING MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period Individuals completing HIV treatment over the last 12-month period	386 (87.3) MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	81 (8.4) MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period Individuals completing STI treatment over the last 12-month period	MISSING MISSING
 Oral health Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING MISSING MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

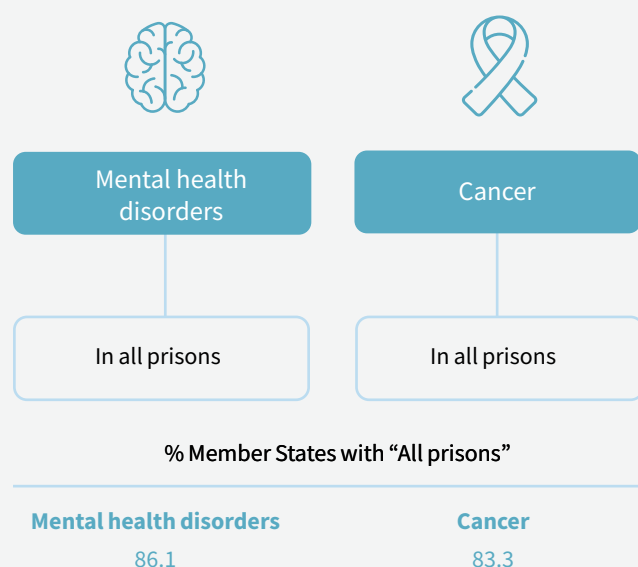
¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Health data is recorded in a physical clinical process, thus not available for extraction and analysis.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	72	630.9	1 427.8 ^a
Suicide	21	184.0	27.9 ^a
Drug overdose	MISSING	MISSING	0.9 ^a
COVID-19	0	0.0	67.9 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 7.0%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	442 (3.9)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	965 (8.5)
 Hepatitis B Chronic HBV (HBsAg)	182 (1.6)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	520 (4.6)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Health data is recorded in a physical clinical process, thus not available for extraction and analysis.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Health data is recorded in a physical clinical process, thus not available for extraction and analysis.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In a minority of prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

	NO	Yes, and they are repeated at regular intervals	YES
% Member States with “Yes”	75.0	61.1	100.0

Number of women who gave birth whilst in prison in the last 12 months:
 $n=4$ (0.5% of all women living in prison).

Republic of Moldova

2 620 495

Population, 2020

Upper middle

Income group

US\$ 4 525

Gross national income per capital

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

6735

NUMBER OF PEOPLE IN PRISON:

6429

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

2527

2016

2020

OCCUPANCY LEVEL (%)

*

95.5

INCARCERATION RATE

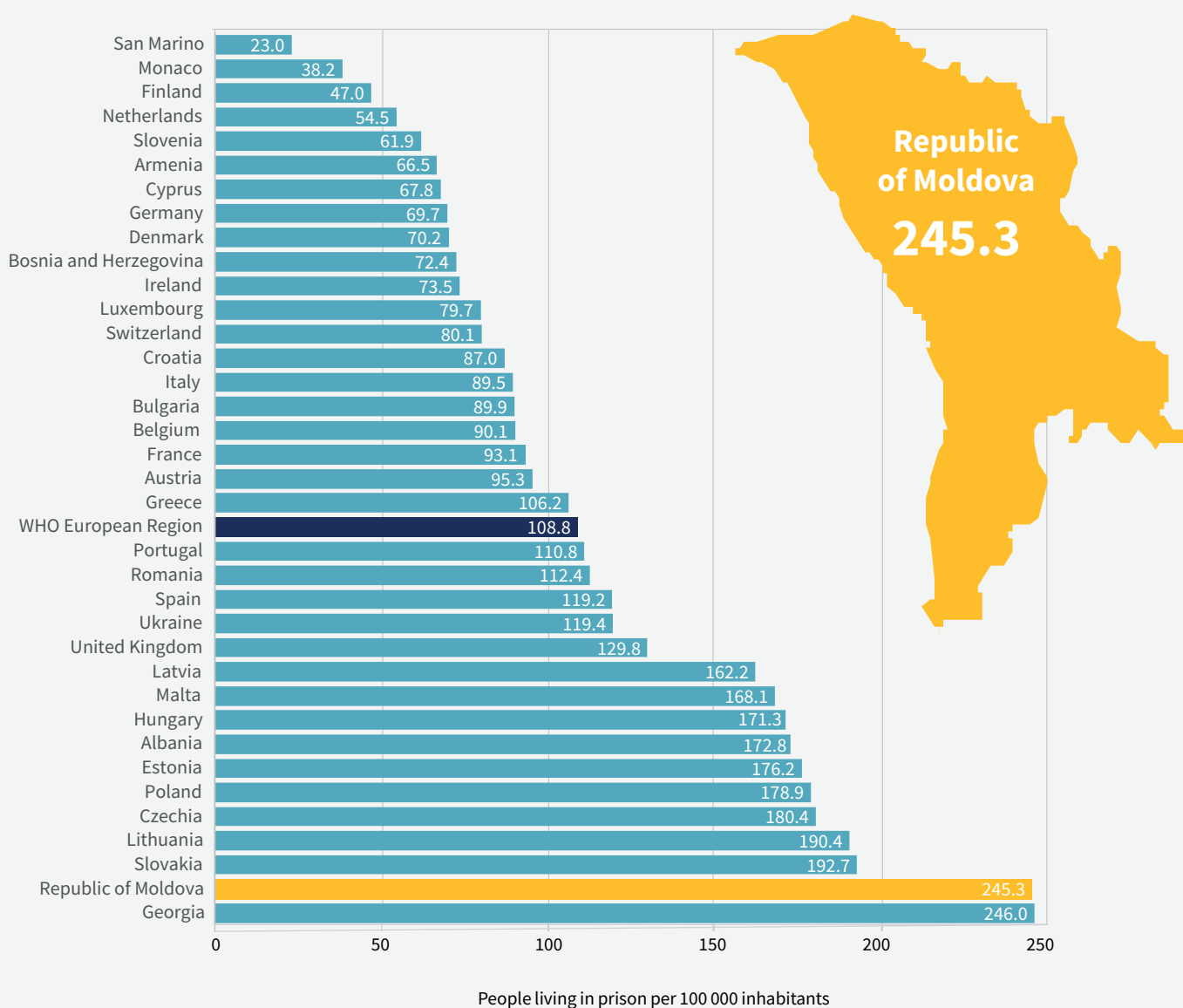
219.0

245.3

Per 100 000 of national population

* Not available

Figure 28.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

17

Social characterization of people in prison

	n	%
Females	372	5.8
Pregnant	MISSING	MISSING
LGBTIQ	2	0.0
Under 18	61	1.0
Above 50	498	7.8
Above 65	219	3.4
Migrants	53	0.8
Minorities	MISSING	MISSING
Disabled	209	3.3
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	983 (15.3)
Number of individuals serving life sentences	122 (1.9)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Justice only, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

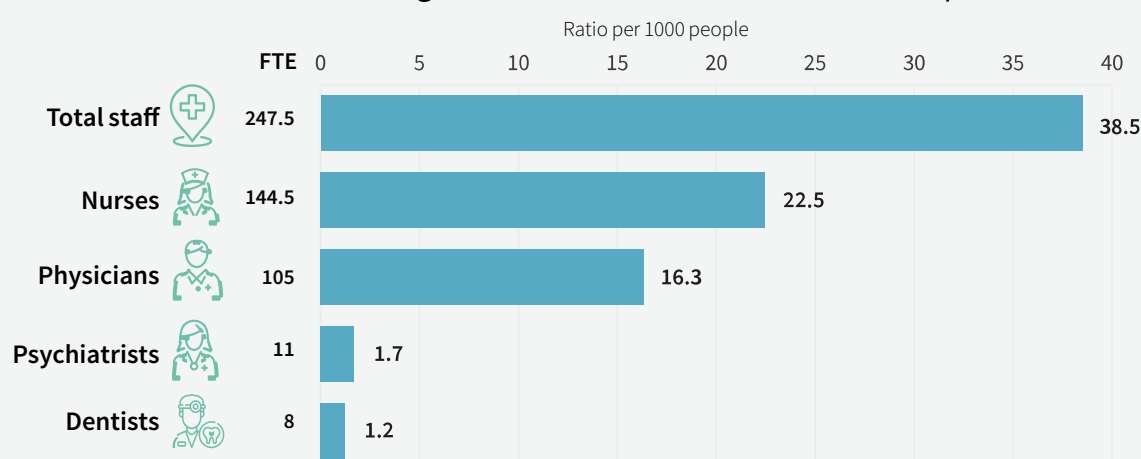


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 28.2: Health-care staff available in prison



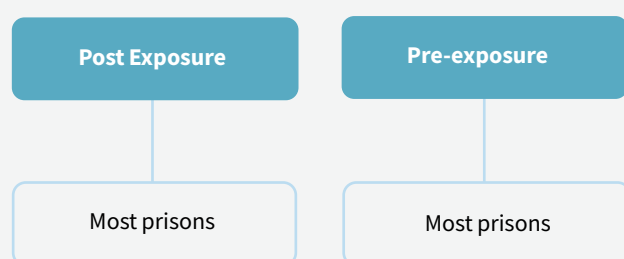
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	No prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	No prisons	69.4
Seasonal flu	No prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	NO	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs). Public health authorities

being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health

records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

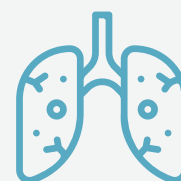
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, and a diagnostic test is offered in addition to the clinical evaluation. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

	 HIV Yes, on an opt-out basis	 HCV Yes, on an opt-out basis	 HBV Yes, on an opt-out basis	 STI Yes, on an opt-out basis
% Member States with “Yes, on an opt-out basis”	50.0	42.9	37.1	32.4

Cancer screening offered to prisoners:

	 Cervical NO	 Colon NO	 Breast YES
% Member States with “Yes”	66.7	58.3	66.7

HEALTH PROTECTION

Products offered free of charge:

	 Soap	 Condoms	 Lubricants	 Needles and syringes
Offered at	All prisons	Most prisons	Most prisons	Most prisons
% Member States with “All prisons”	97.2	47.1	12.1	8.3

	 Disinfectants	 Dental dams	 Tampons/ sanitary towels
Offered at	Most prisons	No prison	A minority of prisons
% Member States with “All prisons”	30.6	28.6	72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	97 (-) ^a
Individuals completing TB treatment over the last 12-month period	80 (1150.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	20 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	17 (164.7)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	139 (85.8)
Individuals completing HIV treatment over the last 12-month period	7 (5.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	66 (28.3)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	55 (83.3)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	94 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	4 (4.3)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	57 (95.0)
Individuals completing STI treatment over the last 12-month period	52 (91.2)
 Oral health	
Individuals with oral health visit over the last 12-month period	6377 (99.2)
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	3089 (97.0)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	489 (81.1)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	99 (20.2)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	79 (92.9)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	62 (72.9)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	82 (96.5)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	472 (80.5)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	275 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	275 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	31 (100.0)

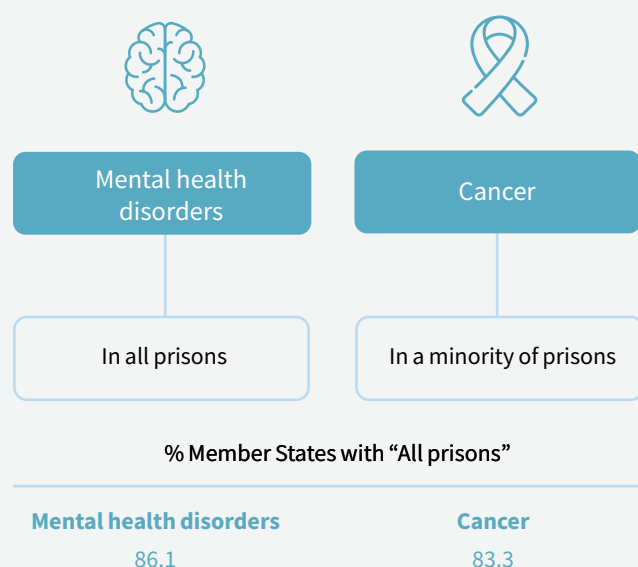
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions**. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In most prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	56	871.1	1526.0 ^a
Suicide	7	108.9	44.3 ^a
Drug overdose	0	0.0	1.6 ^a
COVID-19	0	0.0	74.2 ^b
Neoplasm	12	186.7	265.7 ^a
Cardiovascular disease	14	217.8	785.5 ^a
Other natural causes	8	124.4	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 5.8%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).





MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











 Tuberculosis (TB)	<i>n</i> (%)
Active TB diagnosis	61 (0.9)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	3 (0.0)
 HIV	
Active HIV diagnosis	162 (2.5)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	233 (3.6)
 Hepatitis B	
Chronic HBV (HBsAg)	94 (1.5)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	60 (0.9)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	166 (2.6)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	3186 (49.6)
Psychotic disorder diagnosis on record	23 (0.4)
Recorded suicide attempt events (last 12-month)	18 (0.3)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	603 (9.4)
 Diabetes Mellitus	
Diagnosis on record	85 (1.3)
 Hypertension	
Diagnosis on record	586 (9.1)
 Cardiovascular Disease	
Diagnosis on record	275 (4.3)
 Cancer	
Diagnosis on record	31 (0.5)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	A minority of prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	93 (1.4)	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	208 (3.2)	202 (3.3)	6 (1.6)
 Use/have used drugs (last 12 months)	6 (0.1)	6 (0.1)	0 (0.0)
 Inject/have injected drugs (last 12 months)	2 (0.0)	2 (0.0)	0 (0.0)
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received 611.



H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

	YES	NO
% Member States with “Yes”	75.0	61.1

Number of women who gave birth whilst in prison in the last 12 months: $n=4$ (1.1% of all women living in prison).

Romania

19 328 838

Population, 2020

Upper middle

Income group

US\$ 12 956

Gross national income per capital

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

22978

NUMBER OF PEOPLE IN PRISON:

21734

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

2016

2020

OCCUPANCY LEVEL (%)

*

94.6

INCARCERATION RATE

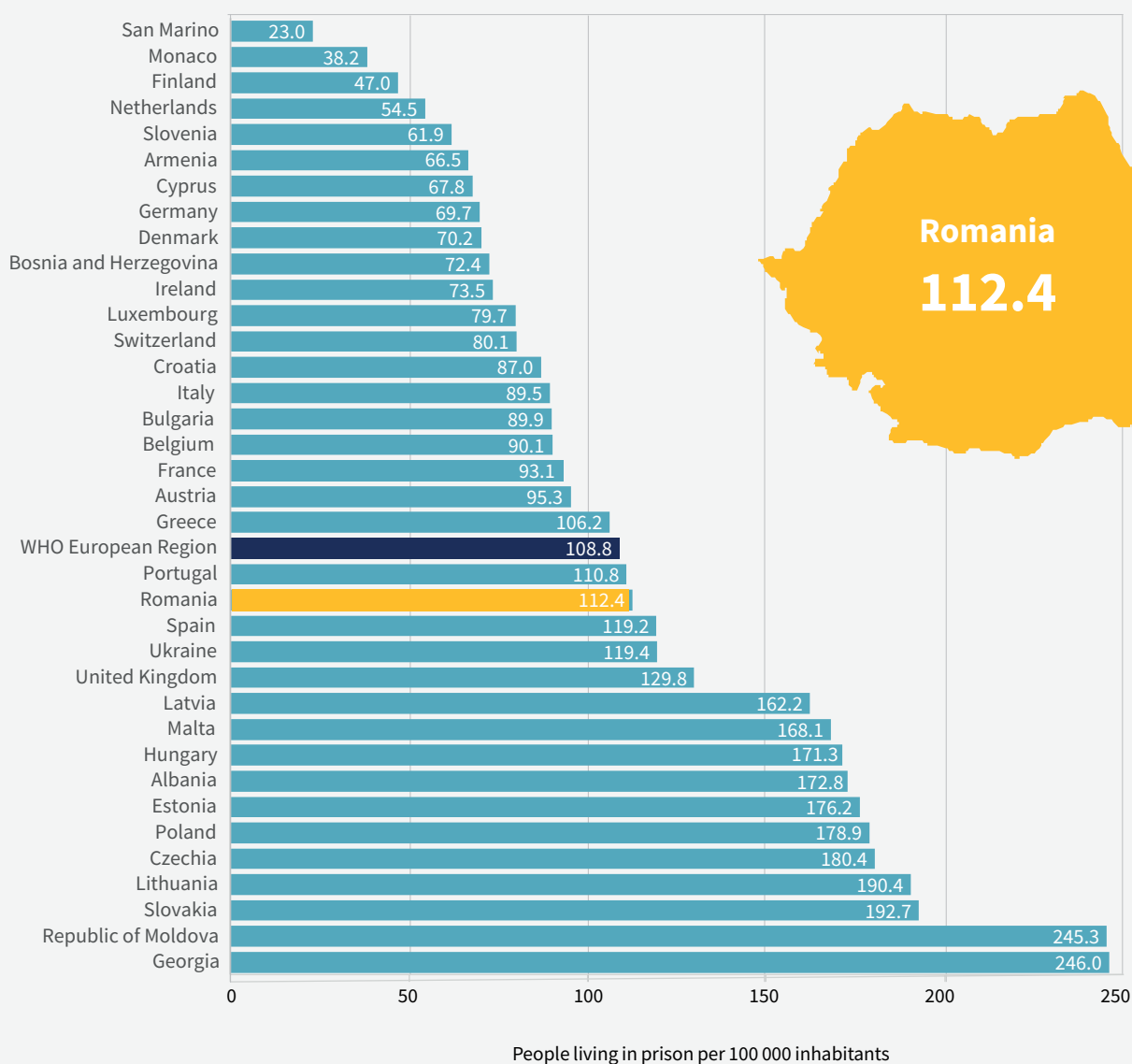
*

112.4

Per 100 000 of national population

* Not available

Figure 29.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

44

Social characterization of people in prison

	n	%
Females	862	4.0
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	218	1.0
Above 50	3 023	13.9
Above 65	MISSING	MISSING
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual over the last 12-month period: MISSING

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	2040 (9.4)
Number of individuals serving life sentences	187 (0.9)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

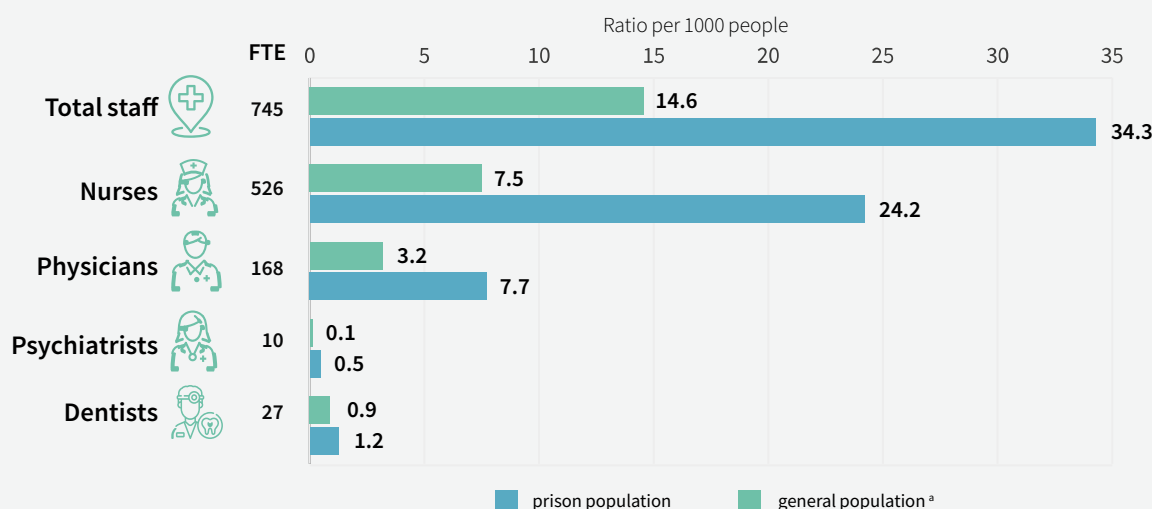


HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 29.2: Health-care staff available in prison and in the general population



^a Source: Eurostat (2019)

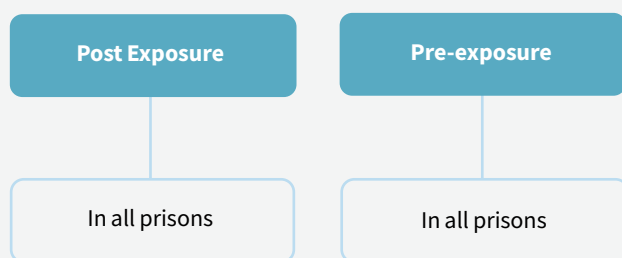
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	No prisons	52.9
Hepatitis A	No prisons	55.9
Hepatitis B	No prisons	69.4
Seasonal flu	All prisons	83.3
MMR	No prisons	61.8
Meningococcal vaccination	No prisons	52.9
Pneumococcal vaccination	No prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only

(IDs). Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records.

Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

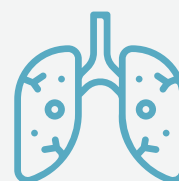
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history.

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**

Yes, risk-based screening

**HCV**

Yes, risk-based screening

**HBV**

Yes, risk-based screening

**STI**

Yes, risk-based screening

% Member States with
"Yes, on an **opt-out** basis"

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

NO

**Colon**

NO

**Breast**

NO

% Member States with "Yes"

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and syringes**

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with "All prisons"

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prisons

All prisons

All prisons

% Member States
with "All prisons"

30.6

28.6

72.2

HEALTH PROMOTION














**Smoke free policy implemented in the country
applicable to prisons: Yes, nationwide.**Most Member States report "Yes,
nationwide" (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	163 (-) ^a
Individuals completing TB treatment over the last 12-month period	46 (28.2)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	7 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	3 (42.9)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	384 (95.0)
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	3092 (62.7)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	151 (missing)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

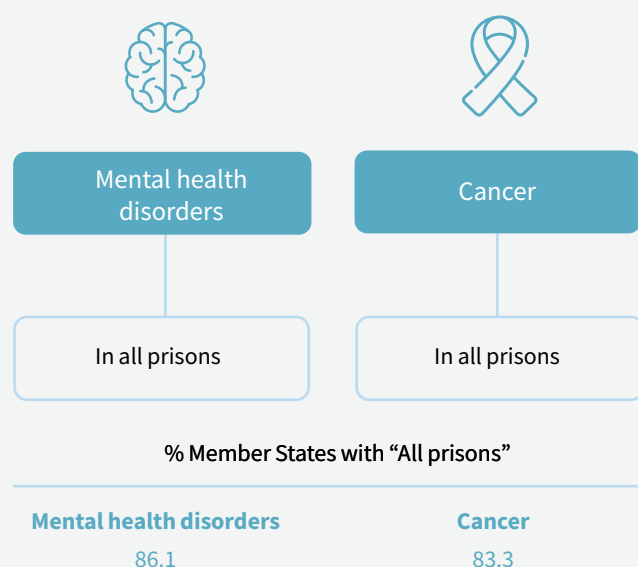
¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Although all penitentiaries keep record of patients with chronic diseases, the information is not available via a digital register and could not be obtained in a short notice.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	107	492.3	1 841.8 ^a
Suicide	14	64.4	27.9 ^a
Drug overdose	0	0.0	1.4 ^a
COVID-19	5	23.0	82.4 ^b
Neoplasm	24	110.4	426.5 ^a
Cardiovascular disease	25	115.0	950.4 ^a
Other natural causes	12	55.2	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.0%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	180 (0.8)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	7 (0.0)
 HIV Active HIV diagnosis	404 (1.9)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	1017 (4.7)
 Hepatitis B Chronic HBV (HBsAg)	888 (4.1)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	859 (4.0)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	4931 (22.7) MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	70 (0.3)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Although all penitentiaries keep record of patients with chronic diseases, the information is not available via a digital register and could not be obtained in a short notice.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)



BMI ≥ 25

MISSING

MISSING

MISSING



BMI ≥ 30

MISSING

MISSING

MISSING



Currently use tobacco products

MISSING

MISSING

MISSING



Drink/have drunk alcohol (last 12 months)

MISSING

MISSING

MISSING



Use/have used drugs (last 12 months)

MISSING

MISSING

MISSING



Inject/have injected drugs (last 12 months)

MISSING

MISSING

MISSING



Regularly exercise for a minimum of 150 minutes/week

MISSING

MISSING

MISSING

Clarification: Records of health behaviors are kept within penitentiary units but are not available for extraction in aggregated manner.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months: $n=1$ (0.1% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

8

NUMBER OF PEOPLE IN PRISON:

8

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

8

2016

2020

OCCUPANCY LEVEL (%)

*

100.0

INCARCERATION RATE

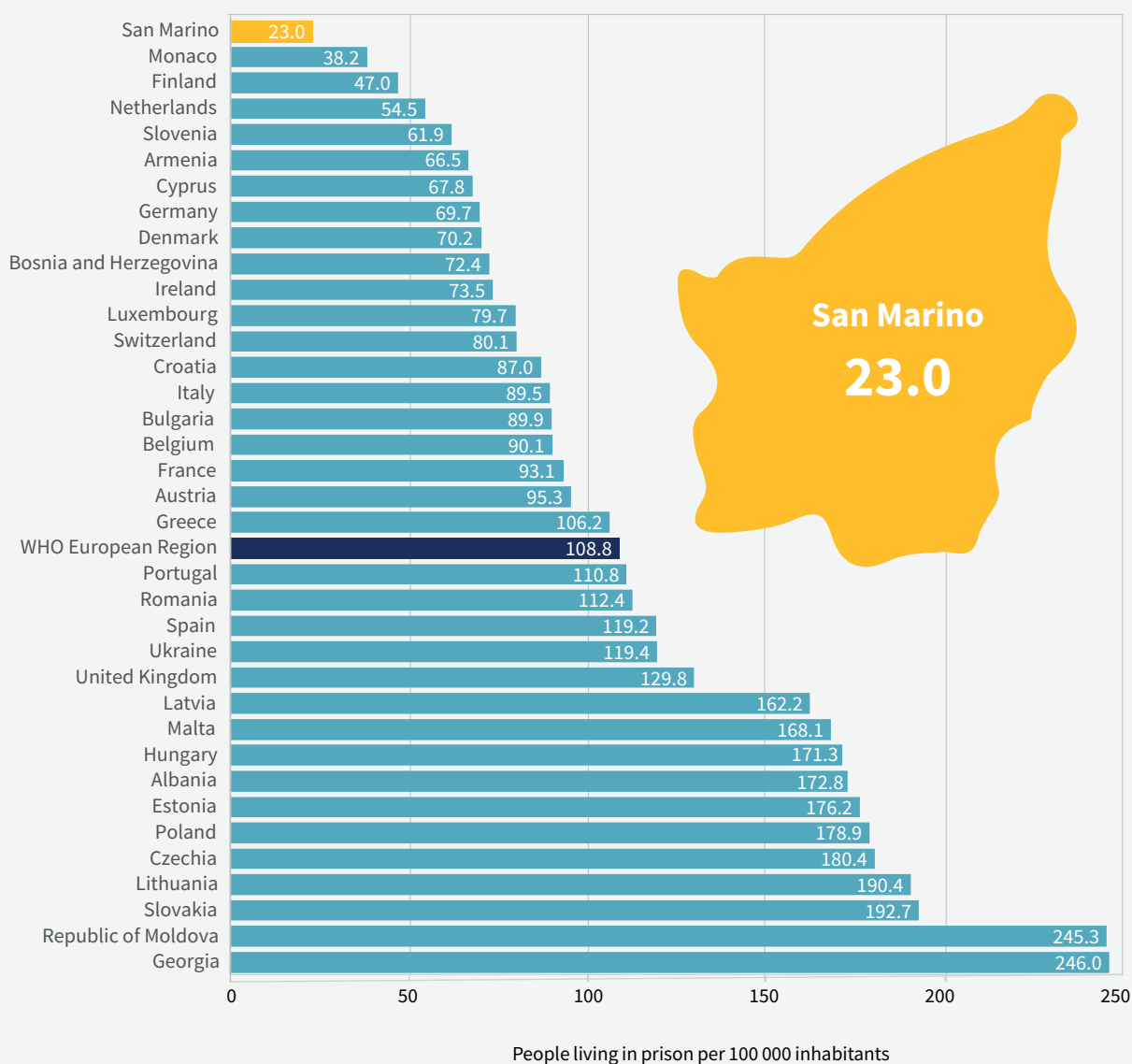
Per 100 000 of national population

*

23.0

* Did not participate

Figure 30.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

1

Social characterization of people in prison

	n	%
Females	1	12.5
Pregnant	0	0.0
LGBTIQ	0	0.0
Under 18	0	0.0
Above 50	2	25.0
Above 65	1	12.5
Migrants	3	37.5
Minorities	0	0.0
Disabled	0	0.0
Physically disabled	0	MISSING
Intellectually disabled	0	MISSING

Mean length of incarceration per individual over the last 12-month period: **1 month**

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	7 (87.5)
Number of individuals serving life sentences	Not legally permitted in the country

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Health only (or health authorities), with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior.

Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).



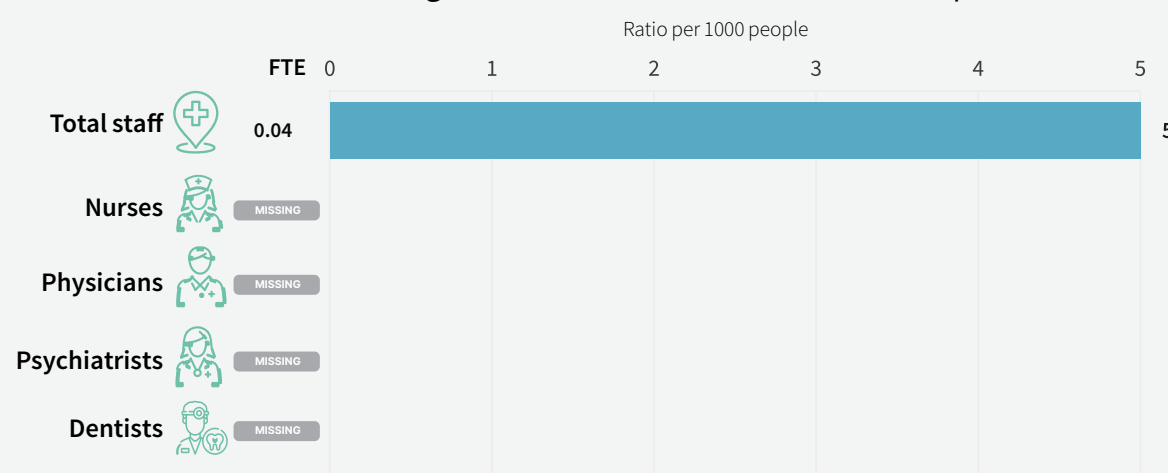
Clarification: Health care in prison is guaranteed by the public health personnel, who are always available for routine and in case of emergency.

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 30.2: Health-care staff available in prison



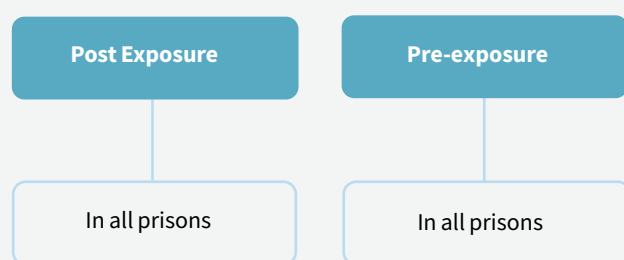
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

No. Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

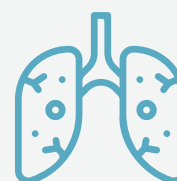
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

	HIV Yes, on an opt-out basis	HCV MISSING	HBV MISSING	STI MISSING
% Member States with "Yes, on an opt-out basis"	50.0	42.9	37.1	32.4

Cancer screening offered to prisoners:

	Cervical NO	Colon NO	Breast NO
% Member States with "Yes"	66.7	58.3	66.7

HEALTH PROTECTION

Products offered free of charge:

	Soap	Condoms	Lubricants	Needles and syringes
Offered at	All prisons	MISSING	MISSING	All prisons
% Member States with "All prisons"	97.2	47.1	12.1	8.3

	Disinfectants	Dental dams	Tampons/ sanitary towels
Offered at	All prisons	MISSING	All prisons
% Member States with "All prisons"	30.6	28.6	72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report "Yes, nationwide" (72.2%, out of $n = 36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	0 (-) ^a
Individuals completing TB treatment over the last 12-month period	0 (-)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^aPercentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

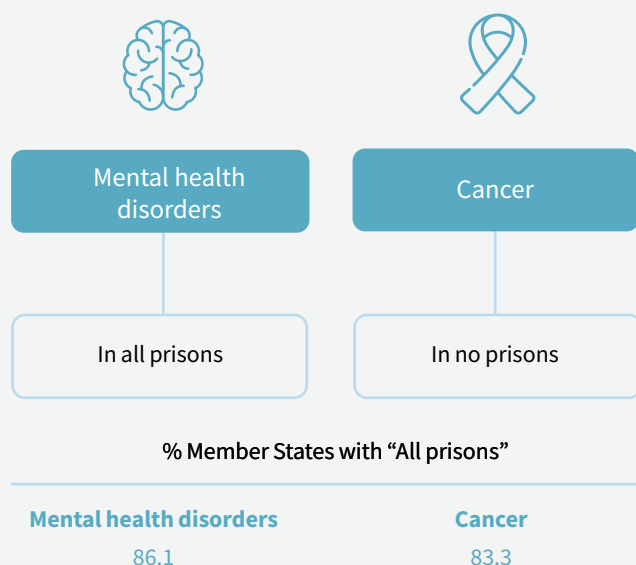
¹Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

²Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Although all penitentiaries keep record of patients with chronic diseases, the information is not available via a digital register and could not be obtained in a short notice.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

No, it has never been done. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	0	0	1264.5 ^a
Suicide	0	0	26.7 ^a
Drug overdose	0	0	0.6 ^a
COVID-19	0	0	173.5 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 12.5%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	0 (0.0)
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	0 (0.0)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	0 (0.0)
 Hepatitis B Chronic HBV (HBsAg)	0 (0.0)
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	0 (0.0)
 COVID-19 SARS-Co-V2 infection laboratory confirmed	0 (0.0)
 Oral health Individuals keeping 21 or more natural teeth	0 (0.0)
 Mental health disorders Mental disorder diagnosis on record	MISSING
Psychotic disorder diagnosis on record	MISSING
Recorded suicide attempt events (last 12-month)	MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT



Access to a toilet in-cell



Facilities available for physical activity



Able to use facilities at least once a week



Diets in prison adapted to cultural needs (at least two options of food)

Offered at	No prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS



Both sexes, *n* (%)



Male, *n* (%)



Female, *n* (%)

	BMI ≥ 25	MISSING	MISSING	MISSING
	BMI ≥ 30	MISSING	MISSING	MISSING
	Currently use tobacco products	MISSING	MISSING	MISSING
	Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
	Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
	Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
	Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Despite keeping paper-based clinical health-records of each inmate, the country could not provide an aggregate value that can be reported here.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

No. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 0.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, only once

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months: $n=0$ (0.0% of all women living in prison).

Slovakia

5 457 873

Population, 2020

High

Income group

US\$ 19 266

Gross national income per capital

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

11625

NUMBER OF PEOPLE IN PRISON:

10519

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

6360

2016

2020

OCCUPANCY LEVEL (%)

89.0

90.5

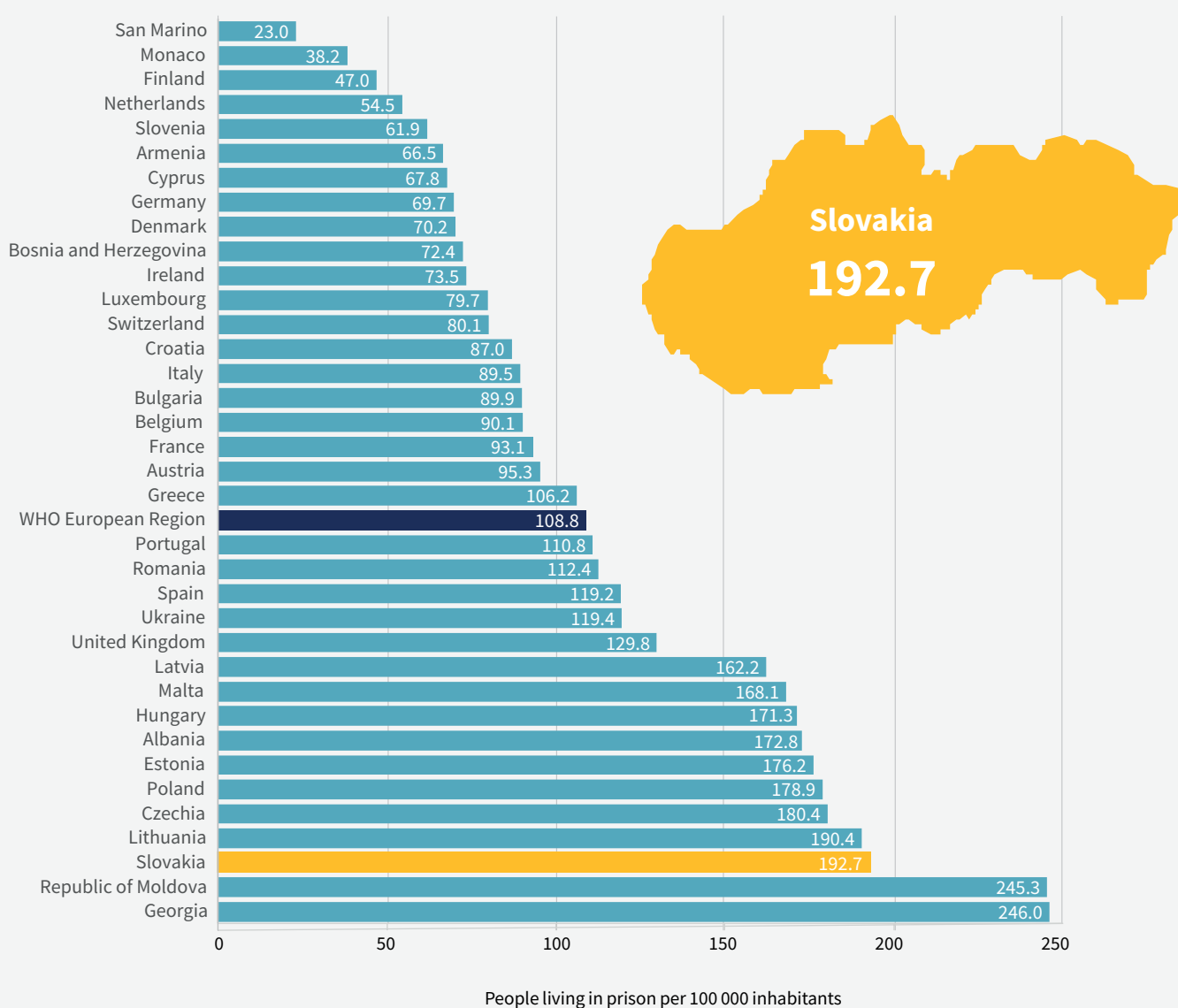
INCARCERATION RATE

183.0

192.7

Per 100 000 of national population

Figure 31.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison
establishments
in the country

18

Social characterization of people in prison

	n	%
Females	658	6.3
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	24	0.2
Above 50	2 071	19.7
Above 65	164	1.6
Migrants	219	2.1
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual
over the last 12-month period: MISSING

Unsented and serving life
sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	1657 (15.8)
Number of individuals serving life sentences	57 (0.5)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

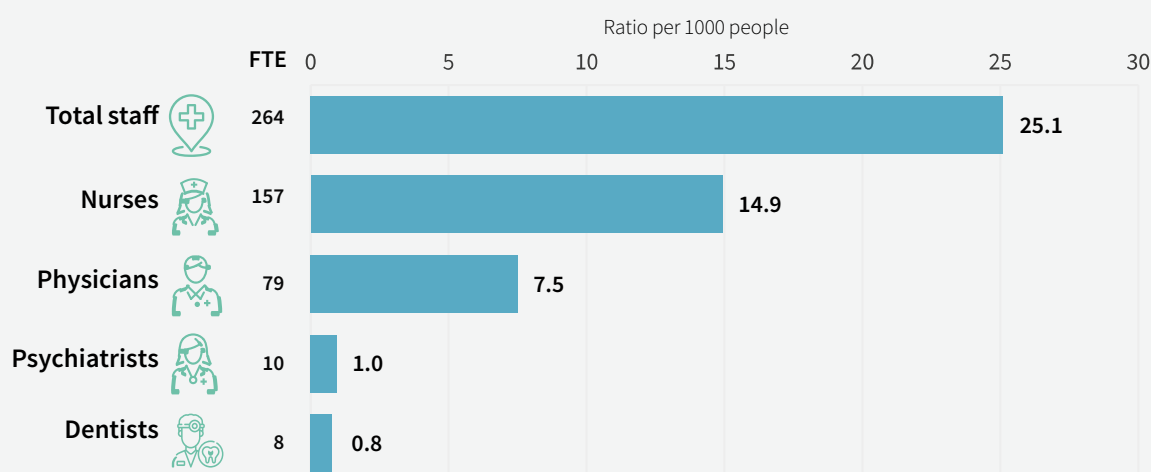
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 31.2: Health-care staff available in prison



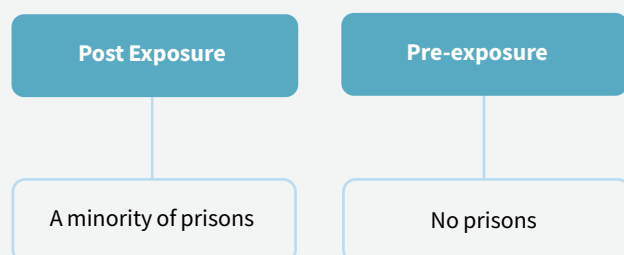
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	A minority of prisons	52.9
Hepatitis A	A minority of prisons	55.9
Hepatitis B	A minority of prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	A minority of prisons	52.9
Pneumococcal vaccination	A minority of prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Information registered in clinical records:

Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

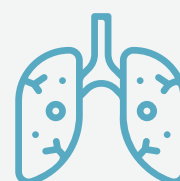
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:


HIV

Yes, risk-based screening


HCV

Yes, risk-based screening


HBV

Yes, risk-based screening


STI

Yes, risk-based screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

YES


Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

No prisons

No prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

No prison

No prisons

No prisons

% Member States
with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION
















Smoke free policy implemented in the country applicable to prisons: **Yes, nationwide.** Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	12 (-) ^a
Individuals completing TB treatment over the last 12-month period	12 (100.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	(-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	5 (100.0)
Individuals completing HIV treatment over the last 12-month period	0 (0.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	289 (75.5)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	2 (8.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	751 (97.0)
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	16718
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	1835 (84.7)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	2248 (95.4)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	78 (3.5)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	681 (missing)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	3658 (98.3)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	693 (89.5)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	690 (99.6)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	765 (96.0)

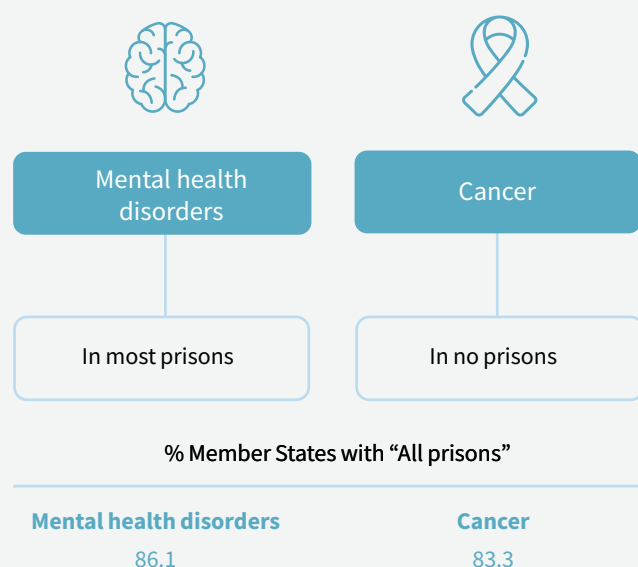
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction): **No, it has never been done.**

Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	30	285.2	1308.8 ^a
Suicide	4	38.0	31.4 ^a
Drug overdose	0	0.0	0.5 ^a
COVID-19	1	9.5	39.2 ^b
Neoplasm	6	57.0	379.3 ^a
Cardiovascular disease	20	190.1	574.5 ^a

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 6.3%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











 Tuberculosis (TB)	n (%)
Active TB diagnosis	12 (0.1)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	0 (0.0)
 HIV	
Active HIV diagnosis	5 (0.0)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	383 (3.6)
 Hepatitis B	
Chronic HBV (HBsAg)	25 (0.2)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	774 (7.4)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	1010 (9.6)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	2166 (20.6)
Psychotic disorder diagnosis on record	100 (1.0)
Recorded suicide attempt events (last 12-month)	40 (0.4)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	2357 (22.4)
 Diabetes Mellitus	
Diagnosis on record	733 (7.0)
 Hypertension	
Diagnosis on record	3723 (35.4)
 Cardiovascular Disease	
Diagnosis on record	774 (7.4)
 Cancer	
Diagnosis on record	797 (7.6)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	8158 (77.6)	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	1429 (13.6)	1351 (13.7)	78 (11.9)
 Use/have used drugs (last 12 months)	2357 (22.4)	2046 (20.7)	311 (47.3)
 Inject/have injected drugs (last 12 months)	280 (2.7)	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: The missing data presented is justified by the insufficient adoption of the health information system by health professionals - data on blood pressure, height, weight and BMI have separate fields in the electronic medical record, but health professionals put these data in the body of the medical report, from where the system cannot extract these specific data.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes¹. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 17

¹ Clarification: Complaints about the provision of health care to both prisoners and civilians are handled by the Office for the Supervision of Health Care (a total of 17 complaints from prisoners in 2020) and, in some cases, by the Public Defender of Rights (a total of 28 complaints from prisoners in 2020).

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In no prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

NO

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months: $n=1$ (0.2% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

1345

NUMBER OF PEOPLE IN PRISON:

1298* *Average number throughout the year instead of by 31.12.2020

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

2125

2016

2020

OCCUPANCY LEVEL (%)

105.0

96.5

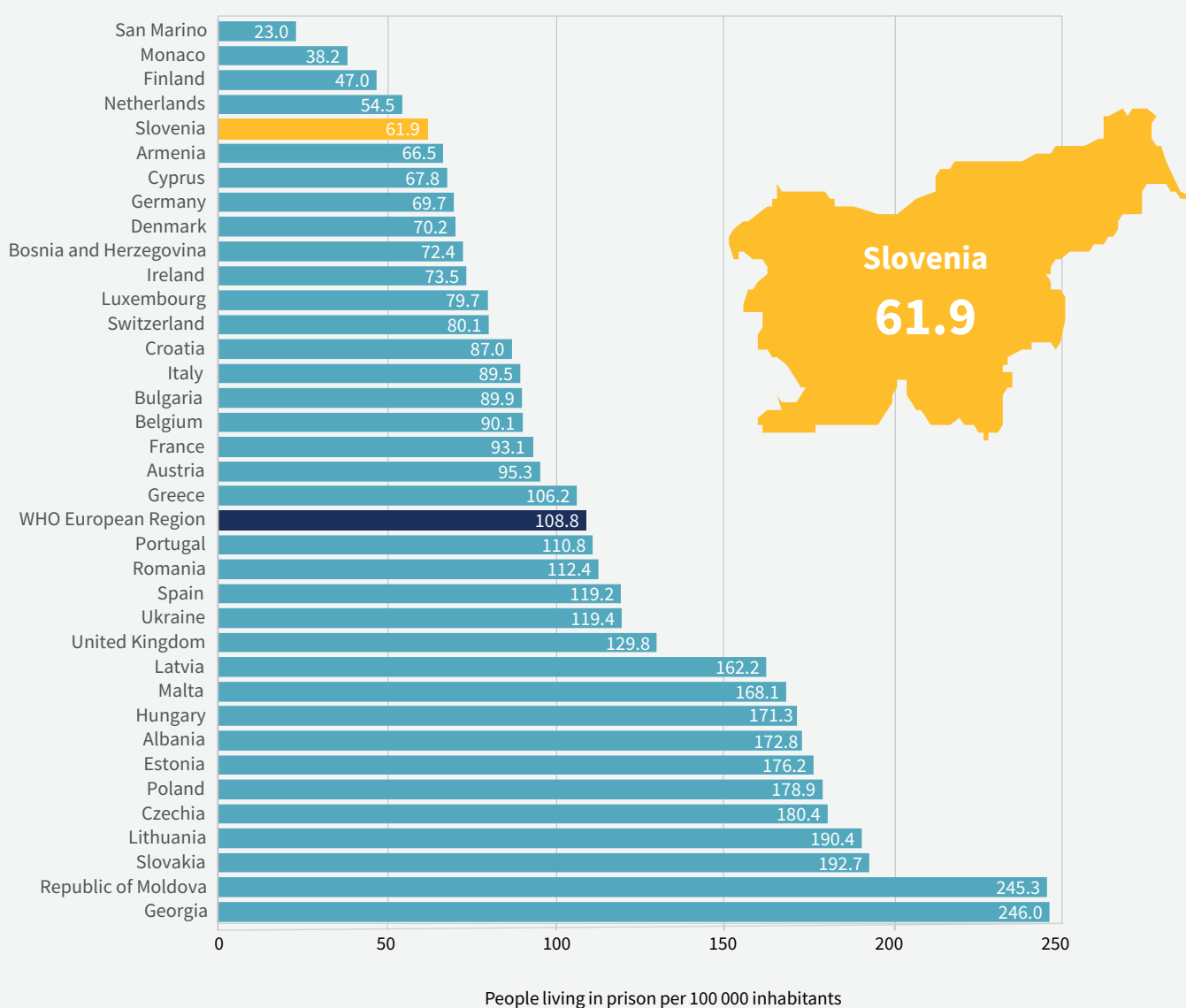
INCARCERATION RATE

67.0

61.9

Per 100 000 of national population

Figure 32.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

13

Mean length of incarceration per individual over the last 12-month period: **78 months**

Unsentenced and serving life sentences individuals:

	<i>n (%)</i>
Number of unsentenced/remand prisoners	399 (30.7)
Number of individuals serving life sentences	0 (0.0)

Social characterization of people in prison

	<i>n</i>	%
Females	41	3.2
Pregnant	5	12.2
LGBTIQ	MISSING	MISSING
Under 18	14	1.1
Above 50	120	9.2
Above 65	24	1.8
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Health only (or health authorities), with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* = 36).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior. Most Member States (50%, out of *n* = 36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

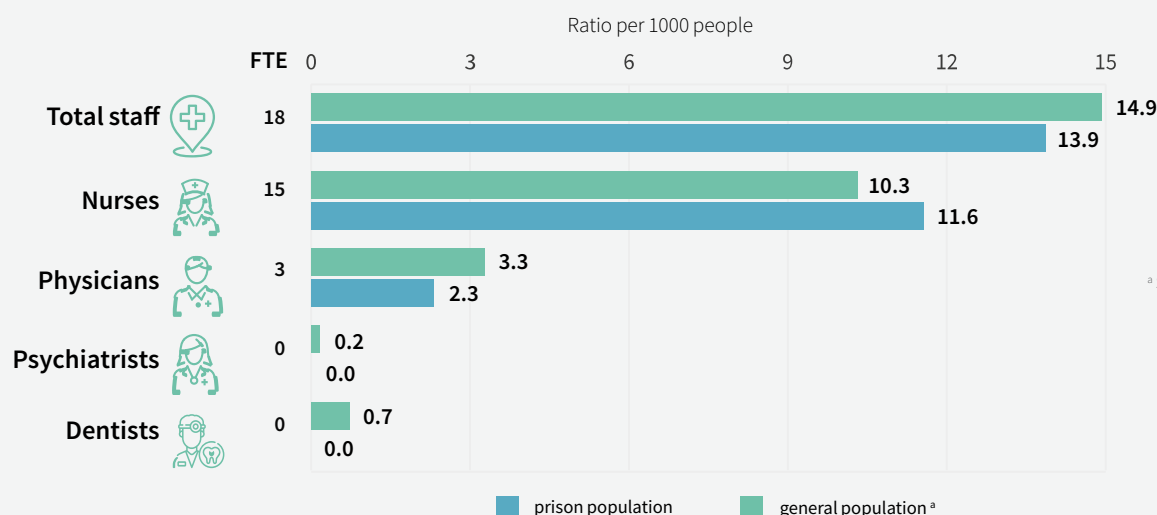
Fully covered by health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States (*n* = 36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 32.2: Health-care staff available in prison and in the general population



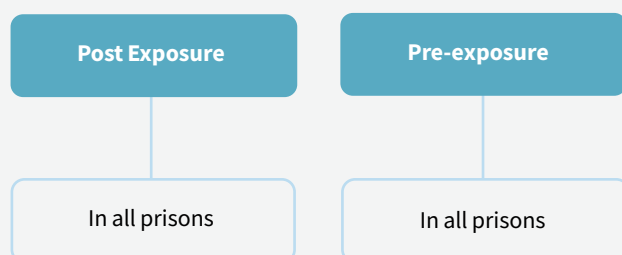
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep paper-based clinical health-records.

Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

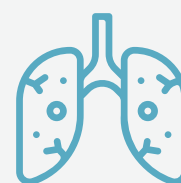
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history.

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:

**HIV**Yes, on an
opt-out basis**HCV**Yes, on an
opt-out basis**HBV**Yes, on an
opt-out basis**STI**Yes, on an
opt-out basis% Member States with
"Yes, on an **opt-out** basis"

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:

**Cervical**

YES

**Colon**

YES

**Breast**

YES

% Member States with "Yes"

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:

**Soap****Condoms****Lubricants****Needles and
syringes**

Offered at

All prisons

All prisons

No prisons

No prisons

% Member States
with "All prisons"

97.2

47.1

12.1

8.3

**Disinfectants****Dental dams****Tampons/
sanitary towels**

Offered at

No prison

No prisons

All prisons

% Member States
with "All prisons"

30.6

28.6

72.2



HEALTH PROMOTION














Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report "Yes, nationwide" (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	0 (-) ^a
Individuals completing TB treatment over the last 12-month period	0 (-)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	0 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	0 (-)
 HIV	<i>n (%)</i>
Individuals with HIV who received treatment over the last 12-month period	1 (100.0)
Individuals completing HIV treatment over the last 12-month period	1 (100.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	37 (missing)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	964 (missing)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	678 (70.3)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

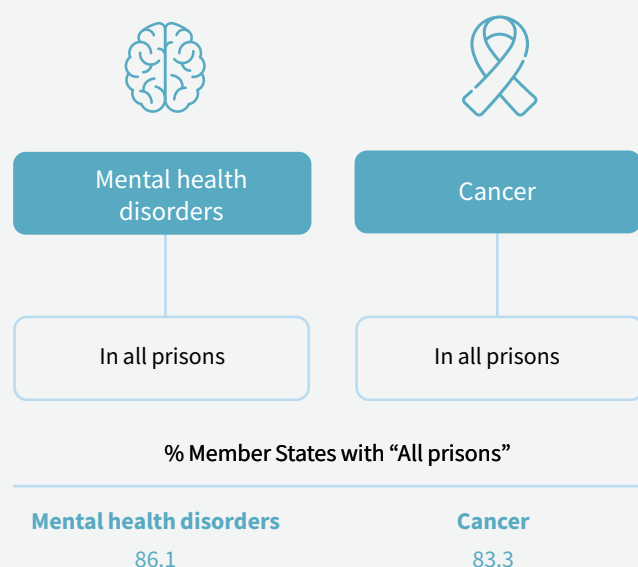
¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

Clarification: Missing data is justified because NCDs are screened and treated in Slovenia upon symptoms or when a person is of specific age and this is a national policy for NCD. There is no centralized database for NCDs in prisons – GPs, who are external providers, hold their records in various databases and thus cannot be extracted.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions / Yes, free of charge.**

Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, on an ad hoc basis. Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	6	462.3	1267.0 ^a
Suicide	1	77.0	40.9 ^a
Drug overdose	0	0.0	2.7 ^a
COVID-19	0	0.0	129.7 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 6.3%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion¹ of unique individuals living in prison diagnosed with:




	<i>n</i> (%)
 Tuberculosis (TB) Active TB diagnosis	0 (0.0) ^a
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	0 (0.0)
 HIV Active HIV diagnosis	1 (0.1)
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	2 (0.2)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	678 (52.2)
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

^a There is no active search of tuberculin in Slovenia.











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Missing data is justified because NCDs are screened and treated in Slovenia upon symptoms or when a person is of specific age and this is a national policy for NCD. There is no centralized database for NCDs in prisons – GPs, who are external providers, hold their records in various databases and thus cannot be extracted.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Missing data is justified because there is no centralized database for NCDs in prisons – GPs, who are external providers, hold their records in various databases and thus cannot be extracted.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 17

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In a minority of prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months:
 $n=2$ (4.9% of all women living in prison).

Spain

39 680 230

Population, 2020

High

Income group

US\$ 27 056

Gross national income per capital

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

77 783

NUMBER OF PEOPLE IN PRISON:

47 300

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

2016

2020

OCCUPANCY LEVEL (%)

93.0

60.8

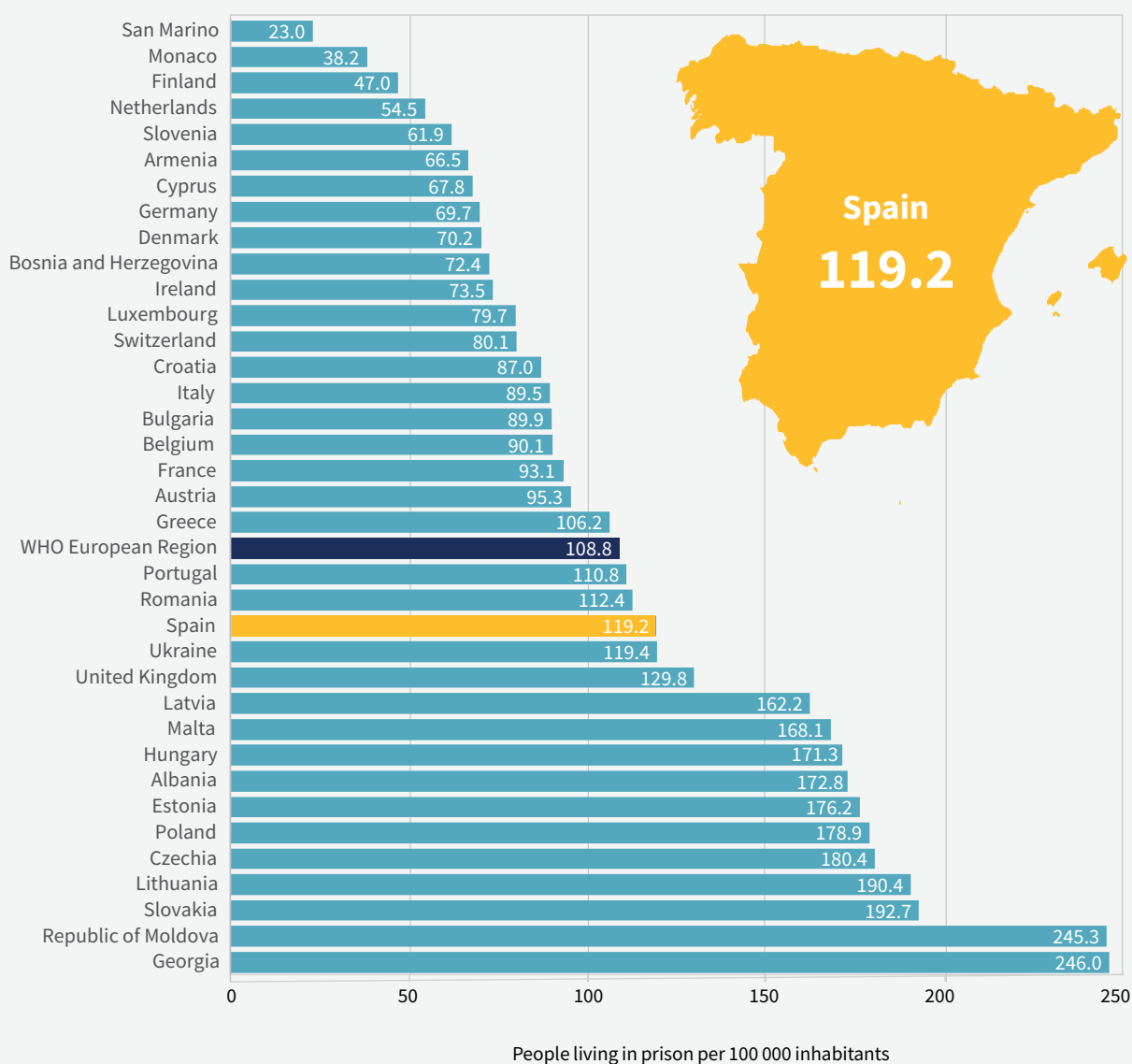
INCARCERATION RATE

132.0

119.2

Per 100 000 of national population

Figure 33.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison
establishments
in the country

69

Mean length of incarceration per individual
over the last 12-month period: MISSING

Unsented and serving life sentences
individuals:

	<i>n</i> (%)
Number of unsentenced/remand prisoners	7236 (15.3)
Number of individuals serving life sentences	Not legally permitted in the country

Social characterization of people in prison

	<i>n</i>	%
Females	3 502	7.4
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	0	0.0
Above 50	MISSING	MISSING
Above 65	2 466	5.2
Migrants	12 142	25.7
Minorities	MISSING	MISSING
Disabled	4 823	10.2
Physically disabled	1 356	28.1
Intellectually disabled	339	7.0

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Interior only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

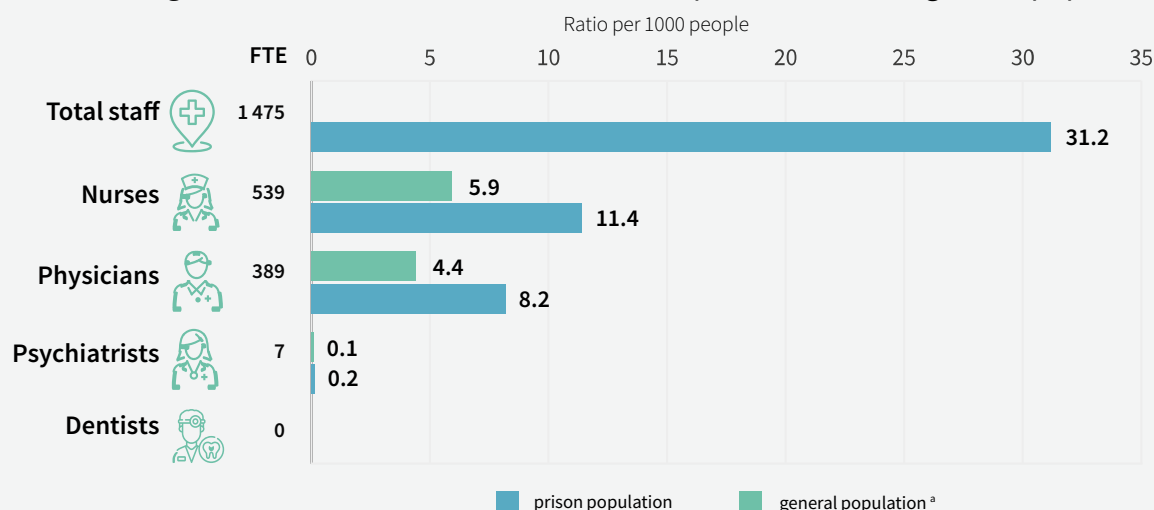
Another situation: primary care is provided by the prison health system and the rest of the care by the general health system through the regions (national public service). Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 33.2: Health-care staff available in prison and in the general population



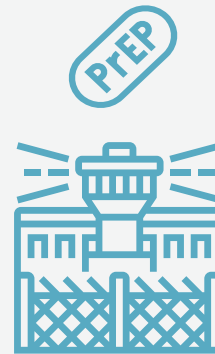
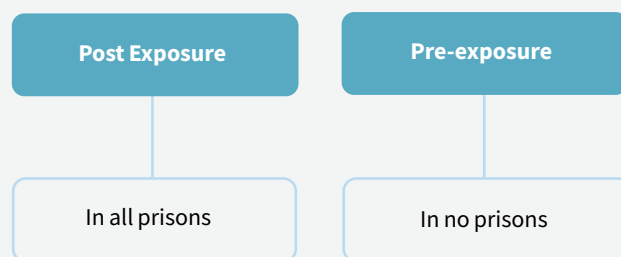
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	NO	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs).

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records¹. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

¹ However, the country reported not being able to obtain many requested indicators due to lack of a computer tool to do so.

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

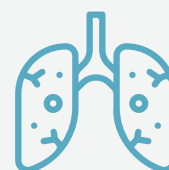
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison: **Yes, clinical**

assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



Screening for infectious diseases:



HIV

Yes, on an
opt-out basis



HCV

Yes, on an
opt-out basis



HBV

Yes, on an
opt-out basis



STI

Yes, on an
opt-out basis

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:



Cervical

YES



Colon

YES



Breast

YES

% Member States with “Yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:



Soap



Condoms



Lubricants



**Needles and
syringes**

Offered at

All prisons

All prisons

All prisons

All prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3



Disinfectants



Dental dams



**Tampons/
sanitary towels**

Offered at

No prisons

A minority
of prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2



HEALTH PROMOTION













Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	24 (-) ^a
Individuals completing TB treatment over the last 12-month period	17 (70.8)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	1566 (-) ^a
Individuals completing HIV treatment over the last 12-month period	1566 (100.0)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	489 (91.4)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	669 (136.8) ^b
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	4971 (missing)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	2070 (missing)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	3401 (missing)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed with active TB.

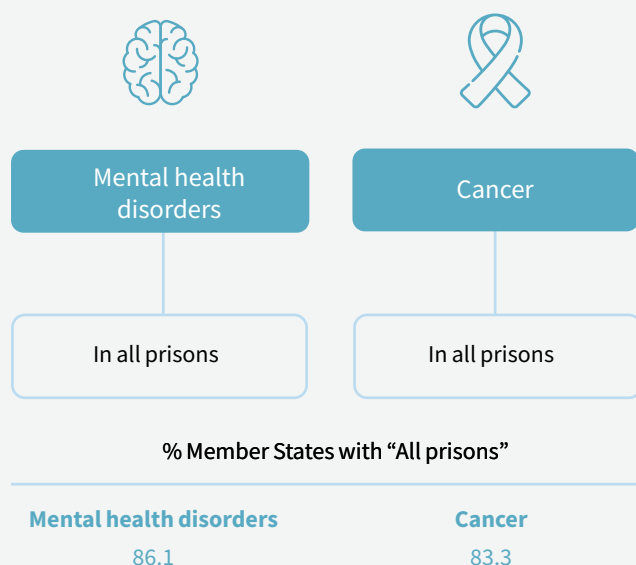
^b The number of individuals achieving sustained viral response is higher than those receiving treatment because the assessment is made some time after completion of treatment; therefore, it may include individuals terminating treatment in the previous 12 months but also those completing treatment previously.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication:

No. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

No. Having this support service was reported by 47.2% of Member States ($n=36$).

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction): **Yes, regularly (for example once every year or once every two years).**

Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In all prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	194	410.2	1 189.4 ^a
Suicide	43	90.9	16.8 ^a
Drug overdose	38	80.3	2.9 ^a
COVID-19	3	6.3	108.8 ^b
HIV	1	2.1	3.0 ^a
Natural causes	102	215.6	-
Accidental	5	10.6	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 7.4%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n</i> (%)
 Tuberculosis (TB)	
Active TB diagnosis	21 (0.0) ^a
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	0 (0.0)
 HIV	
Active HIV diagnosis	1653 (3.5)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	535 (1.1)
 Hepatitis B	
Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	24 (0.1)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	815 (1.7)
 Oral health	
Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders	
Mental disorder diagnosis on record	1844 (3.9)
Psychotic disorder diagnosis on record	608 (1.3)
Recorded suicide attempt events (last 12-month)	MISSING
 Substance Use Disorders	
Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus	
Diagnosis on record	MISSING
 Hypertension	
Diagnosis on record	MISSING
 Cardiovascular Disease	
Diagnosis on record	MISSING
 Cancer	
Diagnosis on record	MISSING

^a The numbers reported do not include any latent TB cases. There is a very extensive active case-finding programme for active and latent TB cases. The priorities of the programme are as follows:


- Active case finding, health education and investigation of inmates with clinical compatible TB, in order to improve early diagnosis. Respiratory isolation during the infectious period. Communication to extra-penitentiary services of inmates undergoing treatment.
- Investigation of the disease/infection situation in contacts close to each case of TB and administration of treatment for latent TB if necessary.

Source: <http://www.interior.gob.es/documents/642317/1201664 Programa+de+prevenci%C3%B3n+y+control+de+la+tuberculosis+en+el+medio+penitenciario+%28NIPO+126-10-136-9%29.pdf/a60d4338-79ef-4ee6-9c78-57ecedbb2dde#:~:text=En%20los%20centros%20penitenciarios%20se,los%20infectados%20por%20esta%20enfermedad.>











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: Missing values presented in the table are explained because even though an anamnesis is carried out both on admission and during the clinical follow-up of the digital history, it is not possible to extract these data globally.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Even though this data is collected as part of the anamnesis carried out both on admission and during the clinical follow-up of the digital history, it is not possible to extract these data globally.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS



Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). In 2020, 567 complaints were received by the Ombudsman and 143 by the Andalusian Ombudsman.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

YES

Yes, and they are repeated at regular intervals

YES

% Member States with “Yes”

75.0

61.1

100.0

Number of women who gave birth whilst in prison in the last 12 months:

MISSING

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

7209

NUMBER OF PEOPLE IN PRISON:

6897

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

In Switzerland, the total number of entries is collected but not the number of "unique individuals" entering prisons. Considering all types of incarceration, the total number recorded in the previous year was 34203.

2016

2020

OCCUPANCY LEVEL (%)

92.0

95.7

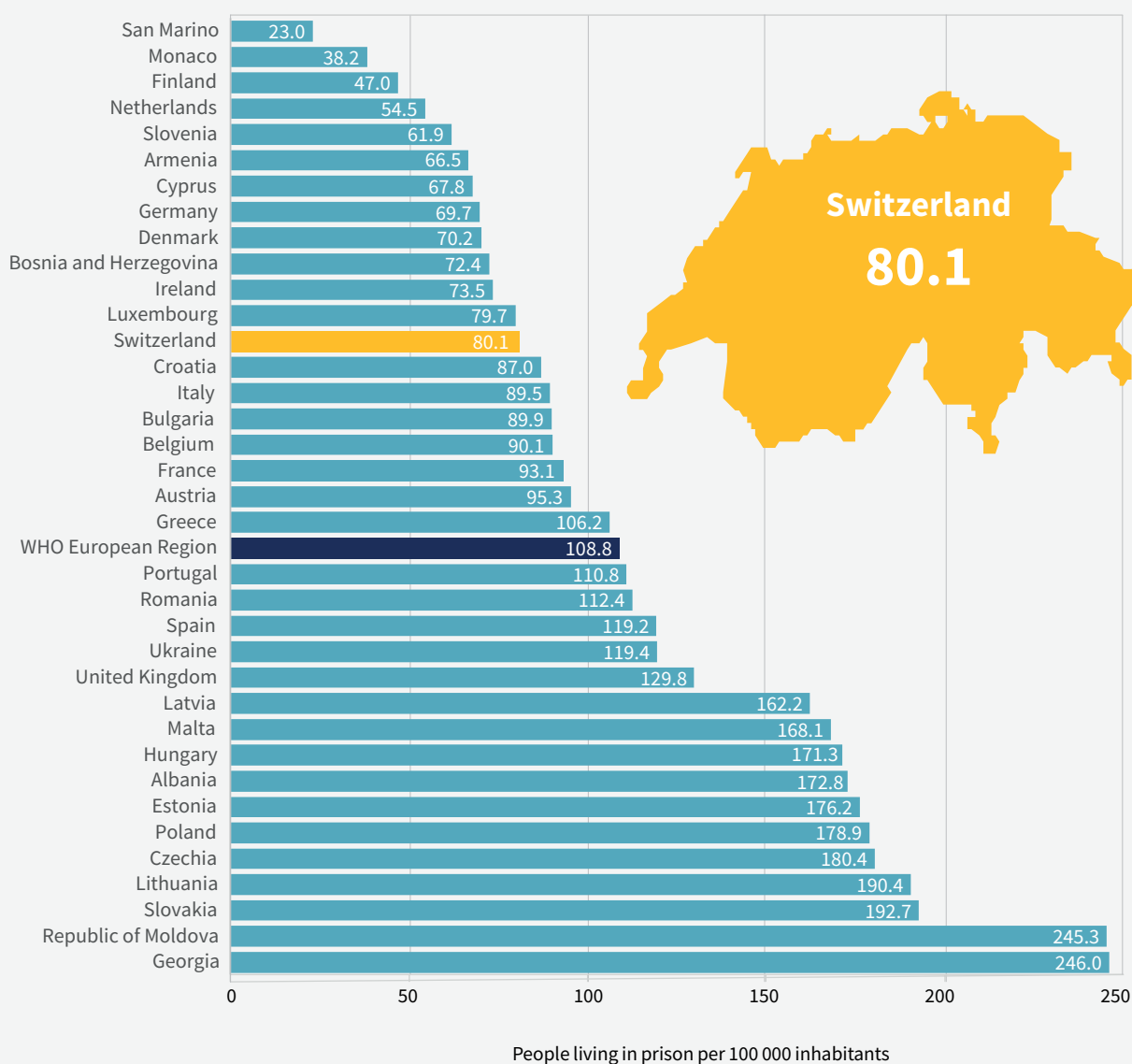
INCARCERATION RATE

83.0

80.1

Per 100 000 of national population

Figure 34.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison establishments in the country

87

Mean length of incarceration per individual over the last 12-month period: 2.1 months

Unsented and serving life sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	2884 ^a (41.8)
Number of individuals serving life sentences	34 ^b (0.5)

^a Unsented/remand prisoners includes all early execution of a custodial sentence or measure, in addition to remand prisoners.

^b The term "serving life sentences" is not the right indicator for the Swiss penal system. In the Statistics on the Execution of Sanctions (SVS), there was an average of 34 persons (thereof 2 female) in execution of a life sentence in 2020. However, in the same year, there was an average of 151 persons (thereof 1 female) in execution of internment in a Swiss penal institution. (Internment refers to persons who have served their sentence but who must remain in custody until further notice for reasons of public safety).

Social characterization of people in prison

	n	%
Females	347	5.0
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	52	0.8
Above 50	MISSING ^c	MISSING
Above 65	MISSING	MISSING
Migrants	4 340	62.9
Minorities	MISSING	MISSING
Disabled	MISSING	MISSING
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

^c Data officially published (Exécution des peines et des mesures: effectif moyen des personnes âgées au-dessus de 49 ans - 1984-2019 | Table | Federal Statistical Office (admin.ch) indicates general demographic data statistic of persons entering and leaving Swiss prisons but only on those who are in early execution of a sentence, early execution of a measure, execution of a sentence or execution of a measure (gender, age, nationality, etc.). There is no statistic available to inform about the whole of the prison population.

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior (answer given applies to 20/26 cantons), with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Fully covered by health insurance¹. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).



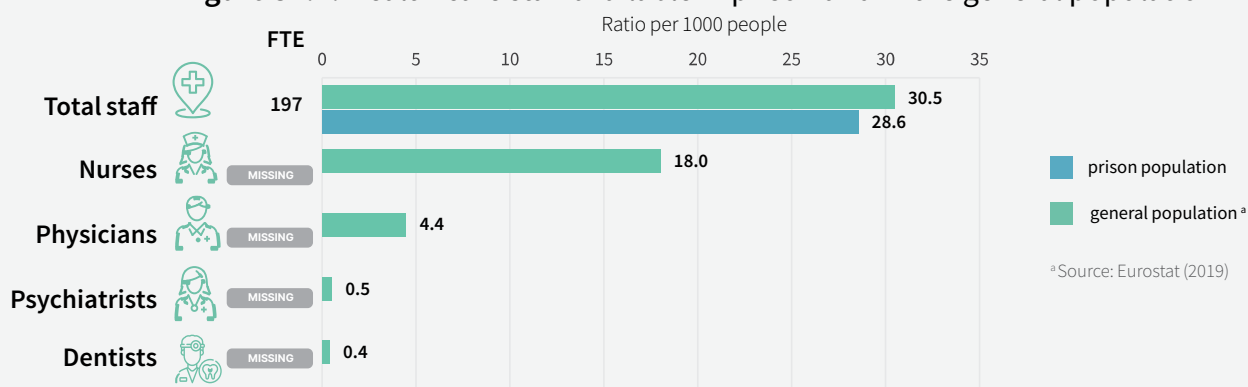
¹ Clarification: Prisoners without legal residence in Switzerland are not eligible for mandatory health insurance. Their expenses are either covered by social welfare or by the prison establishment. This is the case for approximately 1/3 of the total prison population (rough estimation).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 34.2: Health-care staff available in prison and in the general population



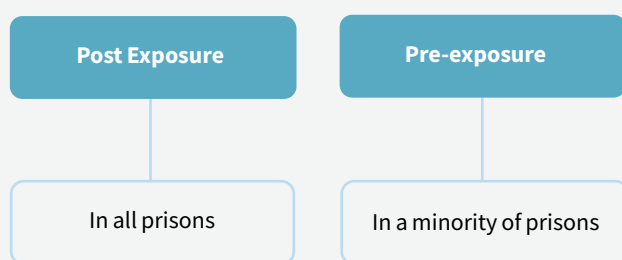
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	Most prisons	72.2
Human Papilloma virus	A minority of prisons	52.9
Hepatitis A	Most prisons	55.9
Hepatitis B	Most prisons	69.4
Seasonal flu	Most prisons	83.3
MMR	Most prisons	61.8
Meningococcal vaccination	A minority of prisons	52.9
Pneumococcal vaccination	A minority of prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	NO	88.9
Standardized process for reporting medication errors in prisons	YES	41.7
Standardized process for reporting adverse drug events in prisons	YES	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, for infectious diseases only (IDs)¹

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).

¹ Clarification: Mandatory reporting only for infectious diseases according to Federal Epidemics Act.. However, the reporting responsibility lies with medical doctors; compliance varies – some MD report, others do not report - yet, there are no data available on this.



Information registered in clinical records²:

Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

² The clinical record captures all elements, but not systematically in all prisons; this is under cantonal sovereignty and varies accordingly as there is no national standard available.

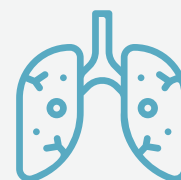
C: HEALTH SERVICES

PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured³. Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



³ Clarification: In some prisons MDR-TB assessment is made; in others only clinical evaluation.

Screening for infectious diseases:


HIV

Yes, risk-based screening ^a

HCV

Yes, risk-based screening


HBV

Yes, risk-based screening


STI

Yes, risk-based screening

% Member States with
“Yes, on an **opt-out** basis”

50.0

42.9

37.1

32.4

^a Some cantons (GE) follow an opt-in or out strategy.

Cancer screening offered to prisoners:


Cervical

YES


Colon

YES


Breast

YES

% Member States with “yes”

66.7

58.3

66.7

Note: All 3 screening tests are being offered only in a minority of prisons.

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

Needles and syringes

Offered at

All prisons

Most prisons

Most prisons

A minority of prisons

% Member States with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

A minority of prisons

A minority of prisons

All prisons

% Member States with “All prisons”

30.6

28.6

72.2

HEALTH PROMOTION



Smoke free policy implemented in the country applicable to prisons: **Yes, nationwide¹.** Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).













¹ Clarification: The national non-smoking policy includes the Federal law on protection from passive smoking and the public campaign SmokeFree. For prisons, this usually means, smoking is allowed only in the cell and in the yard. However, there are certain exceptions to the provisions of the smoke free policy in the context of prisons.

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

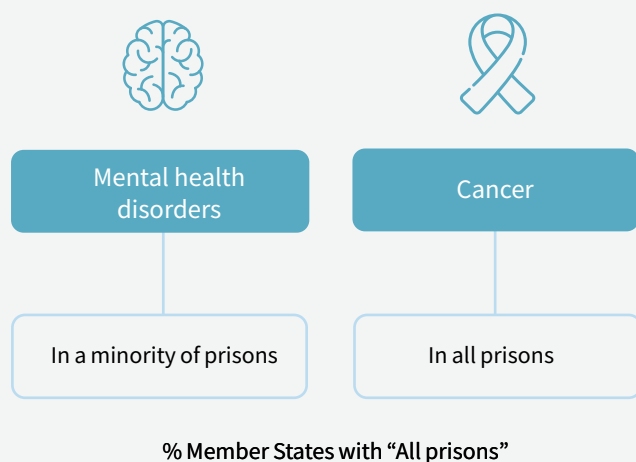
	<i>n (%)</i>
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	MISSING
Individuals completing TB treatment over the last 12-month period	MISSING
 HIV	
Individuals with HIV who received treatment over the last 12-month period	MISSING
Individuals completing HIV treatment over the last 12-month period	MISSING
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	MISSING
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	MISSING
Individuals completing STI treatment over the last 12-month period	MISSING
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	4971 (missing)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	MISSING
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	2070 (missing)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	3401 (missing)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	MISSING
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	MISSING

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



Mental health disorders

86.1

Note: Access to mental health care is granted, but frequently delayed due to insufficient staffing of nurses, psychologists / psychiatrists, especially in remand prisons.

Cancer

83.3

REHABILITATION

Access to:



Education and training programmes

75.0

Employment opportunities

88.9

People are allowed to continue their family relationships by web communication: **Yes, with time restrictions.** Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction): No, it has never been done.

Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In a minority of prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY

	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	9 ^c	130.5	965.3 ^a
Suicide	2 ^c	29.0	24.6 ^a
Drug overdose	MISSING	MISSING	4.0 ^a
COVID-19	1 ^d	14.5	90.3 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019). (As the female prison population is 5.0%, the general population data is given only for males over 20 years)















^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

^c The Federal Statistical Office (FSO) provides the statistic on deprivation of liberty on the total number of deaths and suicides occurring in the prison population, whether the death occurred in an institution of deprivation of liberty or in hospital.

^d This is not official data provided by the FSO, and it is provided by the correctional authorities. Therefore, should be interpreted with caution.

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	1 (0.0)
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING











¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

Clarification: There is no data available on a national level. Such data is not collected. Except to the Federal Epidemic Act, which requires reporting of all newly detected cases of a defined number of communicable diseases, which, in principle, should cater for the provision of the respective data also from the prison population, there are no national legal norms, standards, regulations, recommendations or concepts which could serve as a basis for a systematic collection of morbidity data in the prison population. Currently, the JMIR Research Protocols - The Swiss Prison Study (SWIPS): Protocol for Establishing a Public Health Registry of Prisoners in Switzerland is collecting data on morbidity in prisons in the region of Zurich. (<https://www.researchprotocols.org/2020/12/e23973>). Results to be expected late 2021/beginning 2022. Additionally, some more studies are available with regional/local data, however, no national data is available whatsoever for 2020.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

	 Both sexes, <i>n</i> (%)	 Male, <i>n</i> (%)	 Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Even though this data is collected as part of the anamnesis carried out both on admission and during the clinical follow-up of the digital history, it is not possible to extract these data globally.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

Yes¹. Most Member States report “No” (77.8%, out of $n=36$).

¹ Clarification: for people without health insurance clinical decisions may be overruled; however, in urgent cases access to care is always granted.



National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$).

Number of complaints received: **MISSING**

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In most prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months: **MISSING**

Ukraine

41 732 779

Population, 2020

Lower middle

Income group

US\$ 3 751

Gross national income per capita

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

82610

NUMBER OF PEOPLE IN PRISON:

49823

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

MISSING

2016

2020

OCCUPANCY LEVEL (%)

*

60.3

INCARCERATION RATE

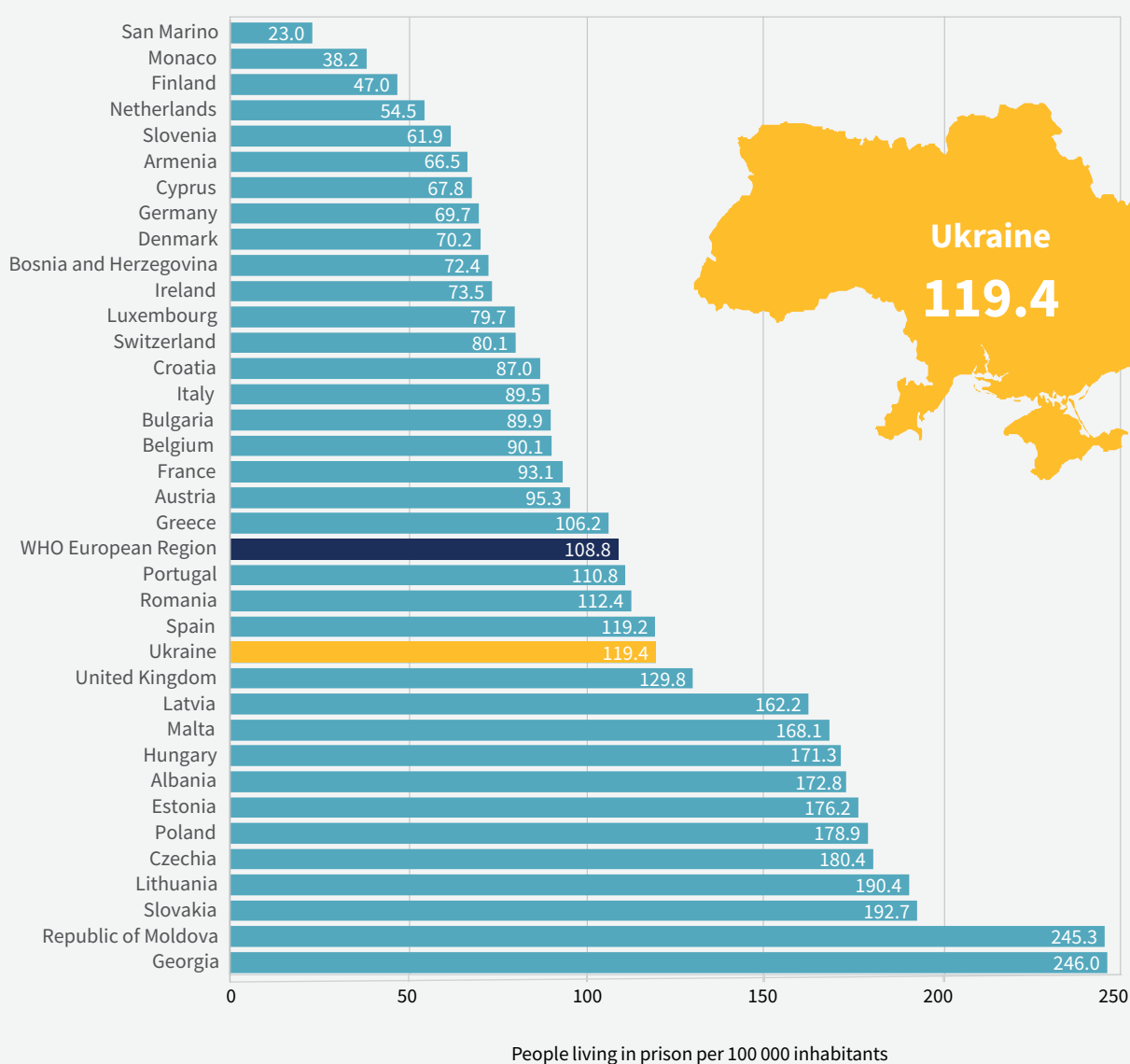
*

119.4

Per 100 000 of national population

* Did not participate

Figure 35.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison
establishments
in the country

109

Social characterization of people in prison

	n	%
Females	2 477	5.0
Pregnant	MISSING	MISSING
LGBTIQ	MISSING	MISSING
Under 18	164	0.7
Above 50	MISSING	MISSING
Above 65	MISSING	MISSING
Migrants	MISSING	MISSING
Minorities	MISSING	MISSING
Disabled	1 244	2.5
Physically disabled	MISSING	MISSING
Intellectually disabled	MISSING	MISSING

Mean length of incarceration per individual
over the last 12-month period: MISSING

Unsented and serving life
sentences individuals:

	n (%)
Number of unsentenced/remand prisoners	18205 (36.5)
Number of individuals serving life sentences	1541 (3.1)

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Both Ministry of Health and Ministry of Justice/ Ministry of Interior, with 16.7% of Member States reporting Ministry of Health only (or health authorities) ($n=36$).

Agency or agencies are responsible for financing prison health care:

Ministry of Justice only. Most Member States (50%, out of $n=36$) are financed by Ministry of Justice only.



To what extent is health care of people in prison covered by any health insurance systems:

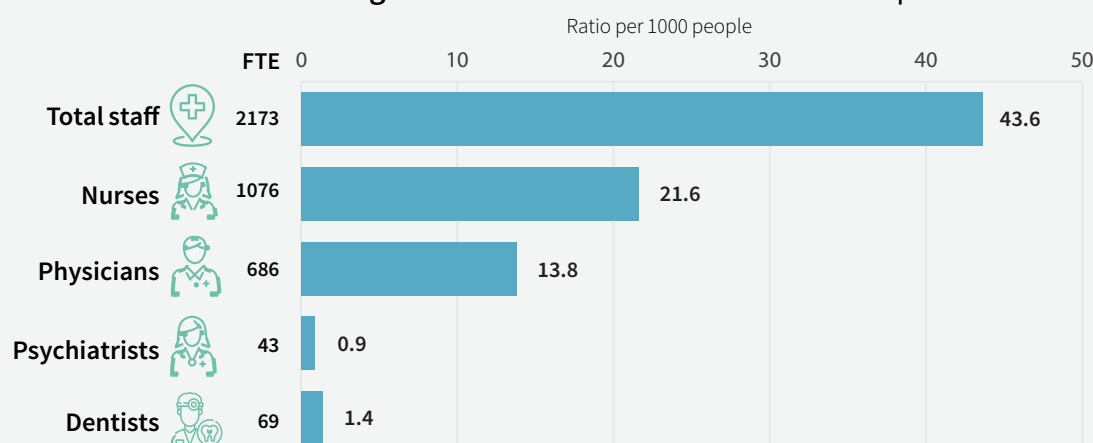
Not covered by any health insurance. Health care fully covered by health insurance was reported by 41.7% of Member States ($n=36$).

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) and ratio (per 1000 incarcerated people) for a known year:

Figure 35.2: Health-care staff available in prison



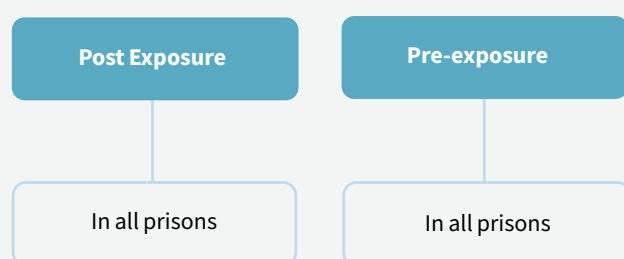
ACCEPTABILITY

Proportion of prison established with vaccines available:



	Offered at	% Member States with "All prisons"
DTP	All prisons	72.2
Human Papilloma virus	All prisons	52.9
Hepatitis A	All prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	All prisons	61.8
Meningococcal vaccination	All prisons	52.9
Pneumococcal vaccination	All prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"

Post Exposure

77.8

Pre-exposure

58.3

QUALITY OF CARE



	Yes/No	% Member States with "Yes"
Assessments performed in prisons on the availability of essential medicines	YES	88.9
Standardized process for reporting medication errors in prisons	NO	41.7
Standardized process for reporting adverse drug events in prisons	NO	55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



Keep clinical health records of people in prison:

Yes, in some prisons we keep paper-based clinical health-records and in others we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

Information registered in clinical records:

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

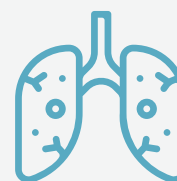
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:





Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured¹.

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).






¹ Clarification: In some prisons MDR-TB assessment is made; in others only clinical evaluation.

Screening for infectious diseases:

	 HIV Yes, on an opt-out basis	 HCV Yes, on an opt-out basis	 HBV Yes, on an opt-out basis	 STI Yes, on an opt-out basis
% Member States with “yes, on an opt-out basis”	50.0	42.9	37.1	32.4




Cancer screening offered to prisoners:

	 Cervical YES	 Colon YES	 Breast YES
% Member States with “yes”	66.7	58.3	66.7

HEALTH PROTECTION

Products offered free of charge:

	 Soap	 Condoms	 Lubricants	 Needles and syringes
Offered at	All prisons	All prisons	All prisons	No prisons
% Member States with “All prisons”	97.2	47.1	12.1	8.3

	 Disinfectants	 Dental dams	 Tampons/ sanitary towels
Offered at	All prisons	All prisons	Most prisons
% Member States with “All prisons”	30.6	28.6	72.2



HEALTH PROMOTION

Smoke free policy implemented in the country applicable to prisons: Yes, nationwide¹. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).














¹ Clarification: The national non-smoking policy includes the Federal law on protection from passive smoking and the public campaign SmokeFree. For prisons, this usually means, smoking is allowed only in the cell and in the yard. However, there are certain exceptions to the provisions of the smoke free policy in the context of prisons.

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

Number and proportion of people diagnosed that received ¹ or completed ² treatment over the last 12 months:

	<i>n</i> (%)
 Tuberculosis (TB)	
Individuals receiving TB treatment over the last 12-month period	919 (-) ^a
Individuals completing TB treatment over the last 12-month period	708 (77.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Individuals receiving MDR-TB treatment over the last 12-month period	825 (-) ^a
Individuals completing MDR-TB treatment over the last 12-month period	398 (48.2)
 HIV	
Individuals with HIV who received treatment over the last 12-month period	3601 (92.3)
Individuals completing HIV treatment over the last 12-month period	1327 (36.9)
 Hepatitis C	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	2145 (74.8)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	378 (17.6)
 Hepatitis B	
Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period	1325 (100.0)
Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	0 (0.0)
 Sexually Transmitted Infections (STIs)	
Individuals with STIs who received treatment over the last 12-month period	1453 (100.0)
Individuals completing STI treatment over the last 12-month period	1338 (92.1)
 Oral health	
Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders	
Individuals who have received treatment for any mental health disorder over the last 12-month period	6354 (96.5)
 Substance Use Disorders	
Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period	181 (8.1)
Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	181 (100.0)
 Diabetes Mellitus	
Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period	172 (100.0)
Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period	172 (100.0)
Individuals who have received pharmacological treatment for diabetes over the last 12-month period	172 (100.0)
 Hypertension	
Individuals who have received pharmacological treatment for hypertension over the last 12-month period	716 (100.0)
 Cardiovascular Disease	
Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period	2550 (100.0)
Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	2550 (100.0)
 Cancer	
Individuals who have received treatment for cancer over the last 12-month period	231 (100.0)

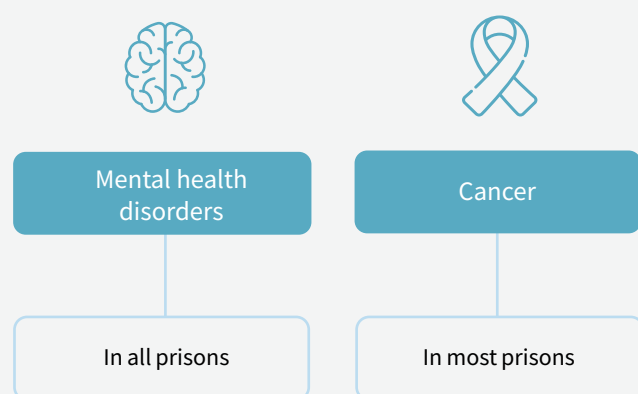
^a Percentage not reported as number of individuals receiving treatment might be higher than individuals diagnosed.

¹ Percentage is calculated by dividing the number of individuals receiving treatment in 2020 by the total number of individuals with diagnosis on record, using the same reference year.

² Percentage is calculated by dividing the number of individuals completing treatment in 2020 by the total number of individuals with access to treatment, using the same reference year.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



% Member States with "All prisons"

Mental health disorders

86.1

Cancer

83.3

Note: Access to mental health care is granted, but frequently delayed due to insufficient staffing of nurses, psychologists / psychiatrists, especially in remand prisons.

REHABILITATION

Access to:



% Member States with "All prisons"

Education and training programmes

75.0

Employment opportunities

88.9

People are allowed to continue their family relationships by web communication:

Yes, with time restrictions. Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes. Having this support service was reported by 47.2% of Member States ($n=36$).

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	NO	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction): Yes, on an ad hoc basis.

Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

Access to mental health counsellors:

In most prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	485	973.5	2264.8 ^a
Suicide	48	96.3	97.7 ^a
Drug overdose	14	28.1	7.8 ^a
COVID-19	0	0.0	44.4 ^b
HIV	57	114.4	26.3 ^a
Cardiovascular disease	168	337.1	1297.3 ^a
Other natural causes	170	341.2	-

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 5.0%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).

MORBIDITY

Number and proportion ¹ of unique individuals living in prison diagnosed with:











	<i>n (%)</i>
 Tuberculosis (TB)	
Active TB diagnosis	978 (2.0)
 Multidrug-resistant Tuberculosis (MDRTB)	
Active MDR-TB diagnosis	854 (1.7)
 HIV	
Active HIV diagnosis	3901 (7.8)
 Hepatitis C	
Chronic HCV infection (HCV RNA positive)	2866 (5.8)
 Hepatitis B	
Chronic HBV (HBsAg)	1325 (2.7)
 Sexually Transmitted Infections (STIs)	
STI diagnosis (last 12-month)	1453 (2.9)
 COVID-19	
SARS-Co-V2 infection laboratory confirmed	68 (0.1)
 Oral health	
Individuals keeping 21 or more natural teeth	26529 (53.2)
 Mental health disorders	
Mental disorder diagnosis on record	6582 (13.2)
Psychotic disorder diagnosis on record	0 (0.0)
Recorded suicide attempt events (last 12-month)	0 (0.0)
 Substance Use Disorders	
Active drug use disorder (last 12-month)	2232 (4.5)
 Diabetes Mellitus	
Diagnosis on record	172 (0.3)
 Hypertension	
Diagnosis on record	716 (1.4)
 Cardiovascular Disease	
Diagnosis on record	2550 (5.1)
 Cancer	
Diagnosis on record	231 (0.5)

¹ Percentage is calculated by considering the number of people with a diagnosis on record in 2020 divided by the total number of people in prison in the same country where data has been provided for the same reference year.

E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell	Facilities available for physical activity	Able to use facilities at least once a week	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	All prisons	All prisons	All prisons	No prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drunk alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No. Most Member States report “No” (77.8%, out of $n=36$).



National health-care complaints system, available to prisoners:

Yes¹. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 2803.

¹ https://coz.kvs.gov.ua/?page_id=117

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison

YES

NO

% Member States with “Yes”

75.0

61.1

Number of women who gave birth whilst in prison in the last 12 months: $n=3$ (0.1% of all women living in prison).

A: PENAL STATISTICS

OFFICIAL PRISON CAPACITY:

91175

NUMBER OF PEOPLE IN PRISON:

87019

NUMBER NEWLY ADMITTED IN THE PREVIOUS YEAR:

71319

2016

2020

OCCUPANCY LEVEL (%)

96.0

95.4

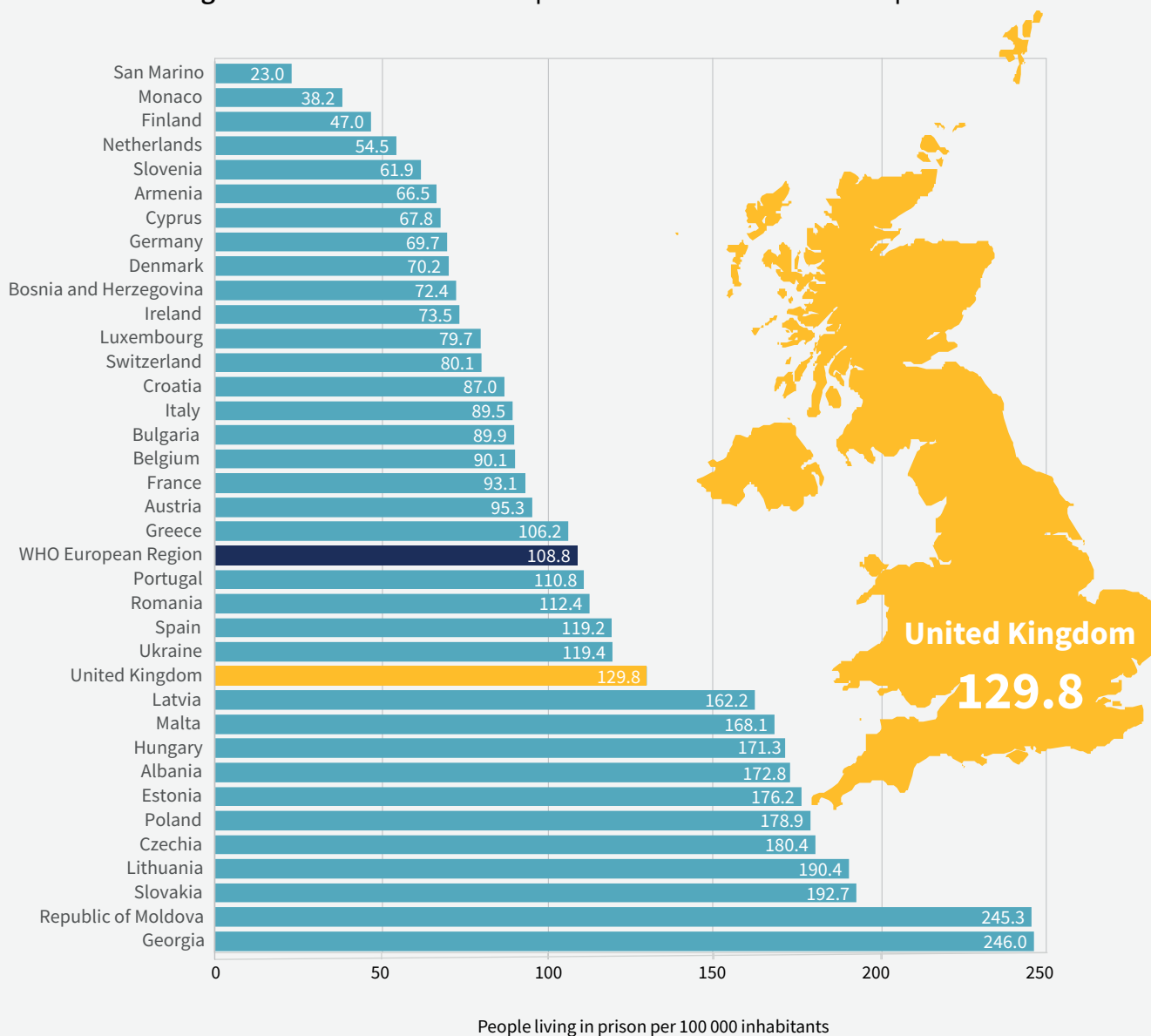
INCARCERATION RATE

143.0

129.8

Per 100 000 of national population

Figure 36.1: Incarceration rate per 100 000 inhabitants in Europe





Number of prison
establishments
in the country

138

Unsentenced and serving life
sentences individuals:

n (%)

Number of unsentenced/
remand prisoners 14567 (16.7)

Number of individuals
serving life sentences 8213 (9.4)

Mean length of incarceration per
individual over the last 12-month
period: **15.3 months¹**

¹ Considering prisons from England and Wales.

Social characterization of people in prison

	The United Kingdom <i>n</i> (%)	England and Wales <i>n</i>	Scotland <i>n</i>	Northern Ireland <i>n</i>
Females	3 490 (4.0)	-	-	-
Pregnant	-	-	0	1
LGBTIQ	-	2104	186	-
Under 18	-	381	25	-
Above 50	14 458 (16.6)	-	-	-
Above 65	3 251 (3.7)	-	-	-
Migrants	10 086 (11.6)	-	-	-
Minorities	21 854 (25.1)	-	-	-
Disabled	-	-	664	511
Physically disabled	-	-	-	178
Intellectually disabled	-	-	-	333

B: PRISON HEALTH SYSTEMS

HEALTH SYSTEM FINANCING

Agency or agencies are responsible for delivering prison health care:

Ministry of Health only (or health authorities), with 16.7% of Member States reporting Ministry of Health only (or health authorities) (*n* =36).

Agency or agencies are responsible for financing prison health care:

Ministry of Health only. Most Member States (50%, out of *n* =36) are financed by Ministry of Justice only.

To what extent is health care of people in prison covered by any health insurance systems:

Health care for people in prison is fully covered by health insurance (the same as for the general community)². Health care fully covered by health insurance was reported by 41.7% of Member States (*n* =36).



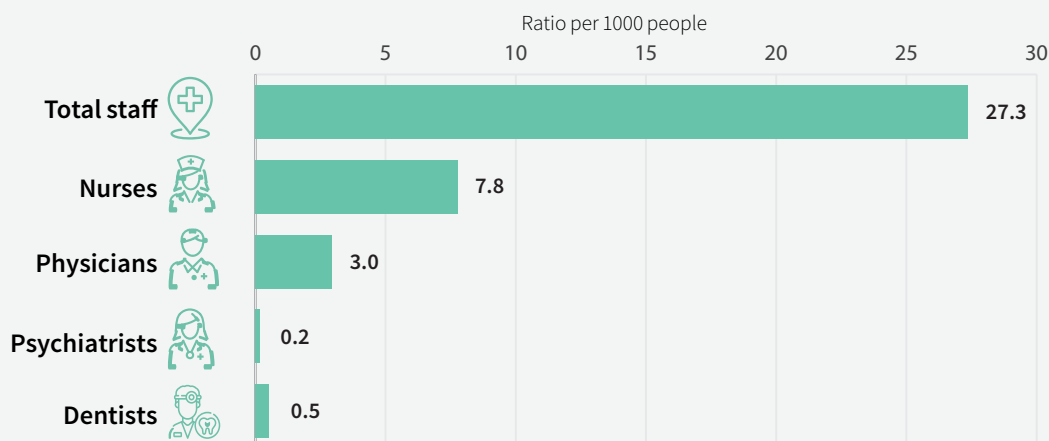
² Access to all health care is free at the point of entry and is therefore covered by the state for people in secure settings as it is for people in the community. Access to NHS Dental services has a cost attached for some people in the community, for those on benefits /limited income it is free and people in prison meet these criteria too. In Scotland only, dental provision for people in prison is at no cost to them and treatments provided are the same as NHS in the community.

HEALTH SYSTEM PERFORMANCE

AVAILABILITY

Total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) on full-time equivalents (FTEs) and ratio (per 1000 people) for a known year:

Figure 36.2: Health-care staff available in the general population

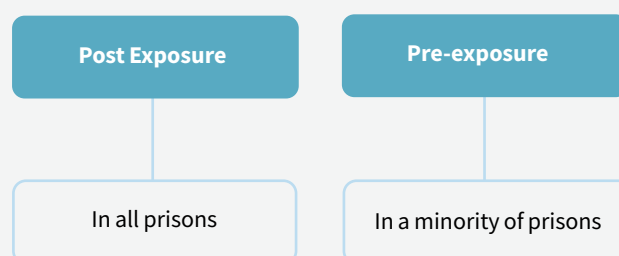


ACCEPTABILITY

Proportion of prison established with vaccines available:

	Offered at	% Member States with "All prisons"
DTP	Most prisons	72.2
Human Papilloma virus	Most prisons	52.9
Hepatitis A	Most prisons	55.9
Hepatitis B	All prisons	69.4
Seasonal flu	All prisons	83.3
MMR	Most prisons	61.8
Meningococcal vaccination	Most prisons	52.9
Pneumococcal vaccination	Most prisons	57.6
COVID-19	All prisons	91.4

Proportion of prison establishments where people in prison have access to HIV prophylaxis:



% Member States with "All prisons"	
Post Exposure	Pre-exposure
77.8	58.3

QUALITY OF CARE



Assessments performed in prisons on the availability of essential medicines

Yes/No

YES

% Member States with "Yes"

88.9

Standardized process for reporting medication errors in prisons

YES

41.7

Standardized process for reporting adverse drug events in prisons

YES

55.6

HEALTH INFORMATION

Inform public health authorities about diseases amongst prisoners:

Yes, both for IDs and for NCDs¹.

Public health authorities being informed for both IDs and for NCDs was reported by 45.5% of Member States ($n=33$).



¹ Clarification: In Wales, only IDs are reported. In Scotland, a minority didn't inform public health authorities, and some prisons did it only for IDs.

Information registered in clinical records:

Keep clinical health records of people in prison:

Yes, we keep electronic clinical health records. Electronic clinical health records in all prisons were reported by 22.2% of Member States ($n=36$).

	Yes/No	% Member States with "Yes"
Screening tests performed	YES	91.7
Screening tests results	YES	94.4
Vaccination	YES	97.2
Health behaviours	YES	97.2
Diagnoses established	YES	97.2
Visits to external care providers	YES	94.4
Treatment and medications	YES	97.2

C: HEALTH SERVICES

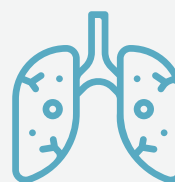
PREVENTIVE SERVICES

DISEASE PREVENTION

History of TB and current signs and symptoms assessed on or close to reception for all people in prison:

Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured².

Most Member States report "Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured" (50%, out of $n=36$).



² Clarification: Wales, Scotland and Northern Ireland didn't offer a diagnostic test.

Screening for infectious diseases:


HIV

Yes, on an
opt-out basis

HCV

Yes, on an
opt-out basis

HBV

Yes, on an
opt-out basis

STI

Yes, on an
opt-out basis

% Member States with “yes,
on an **opt-out** basis”

50.0

42.9

37.1

32.4

Cancer screening offered to prisoners:


Cervical

YES


Colon

YES


Breast

YES

% Member States with “yes”

66.7

58.3

66.7

HEALTH PROTECTION

Products offered free of charge:


Soap

Condoms

Lubricants

**Needles and
syringes**

Offered at

All prisons

All prisons

Most prisons

No prisons

% Member States
with “All prisons”

97.2

47.1

12.1

8.3


Disinfectants

Dental dams

**Tampons/
sanitary towels**

Offered at

A minority
of prisons

Most prisons

All prisons

% Member States
with “All prisons”

30.6

28.6

72.2



HEALTH PROMOTION














Smoke free policy implemented in the country applicable to prisons: Yes, nationwide. Most Member States report “Yes, nationwide” (72.2%, out of $n=36$).

PROVISION OF PRIMARY CARE

Suspected cases of an infectious disease with access to laboratory tests:

Yes, everyone in prison has access to laboratory tests when these are necessary. Most Member States report “Yes, everyone in prison has access to laboratory tests when these are necessary” (94.4%, out of $n=36$).

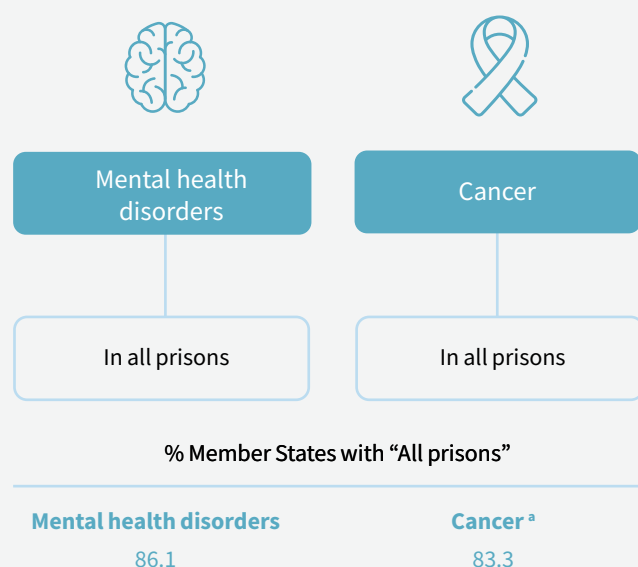
Number and proportion of people diagnosed that received or completed treatment over the last 12 months:

	<i>n (%)</i>
 Tuberculosis (TB) Individuals receiving TB treatment over the last 12-month period Individuals completing TB treatment over the last 12-month period	MISSING MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Individuals receiving MDR-TB treatment over the last 12-month period Individuals completing MDR-TB treatment over the last 12-month period	MISSING MISSING
 HIV Individuals with HIV who received treatment over the last 12-month period Individuals completing HIV treatment over the last 12-month period	MISSING MISSING
 Hepatitis C Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Hepatitis B Individuals with chronic HCV infection who received antiviral treatment over the last 12-month period Individuals who following antiviral treatment achieved sustained viral response over the last 12-month period	MISSING MISSING
 Sexually Transmitted Infections (STIs) Individuals with STIs who received treatment over the last 12-month period Individuals completing STI treatment over the last 12-month period	MISSING MISSING
 Oral health Individuals with oral health visit over the last 12-month period	MISSING
 Mental health disorders Individuals who have received treatment for any mental health disorder over the last 12-month period	MISSING
 Substance Use Disorders Individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period Individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period	MISSING MISSING
 Diabetes Mellitus Individuals with a diabetes mellitus diagnosis who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period Individuals with a diabetes mellitus diagnosis who had at least one ophthalmology visit over the last 12-month period Individuals who have received pharmacological treatment for diabetes over the last 12-month period	MISSING MISSING MISSING
 Hypertension Individuals who have received pharmacological treatment for hypertension over the last 12-month period	MISSING
 Cardiovascular Disease Individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period Individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period	MISSING MISSING
 Cancer Individuals who have received treatment for cancer over the last 12-month period	MISSING

Clarification: Due to the COVID-19 pandemic the collection of these data was considered insufficiently robust for reporting.

ARRANGEMENTS FOR SECONDARY AND TERTIARY CARE

Arrangements/protocols established for transferring people in prison to specialized institutions to treat:



^a In Scotland where there are no prison specific protocols in place, treatment would be provided in line with community guidance.

REHABILITATION

Access to:



People are allowed to continue their family relationships by web communication: **Yes, with time restrictions / Yes, free of charge¹.**

Most Member States report "Yes, with time restrictions" (38.9%, out of $n=36$).

¹ In England and Wales web communication is only used due to COVID-19 restrictions on visiting. Physical visits outside the prisons are only carried out in England and Wales, and eligibility is strictly limited, this is not a universal offer.

CONTINUITY OF CARE

Support service to register people released from prison with a GP/community health service:

Yes². Having this support service was reported by 47.2% of Member States ($n=36$).

² Not in Wales. In Scotland arrangements are in place for people currently receiving treatment.

Components included in the support service:

	Yes/No	% Member States with "Yes"
Scheduling medical appointment upon release	YES ^a	70.6
Development of a Care Plan to be shared with external providers	YES	76.5

^a Considering prisons in England. Northern Ireland does not have scheduling medical appointment upon release. No data for this question from Wales nor Scotland.

D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

Assessments of perceived well-being (or life satisfaction):

Yes, regularly (for example once every year or once every two years)³.

Assessments conducted regularly were reported by 19.4% of Member States ($n=7$).

³ On an ad-hoc basis in Scotland

Access to mental health counsellors:

In most prisons. Having mental health counsellors in all prisons was reported by 72.2% of Member States ($n=36$).

MORTALITY















	Total mortality	Mortality rates per 100 000 incarcerated people	Mortality rates per 100 000 people (general pop.)
Total deaths	435	499.9	1217.0 ^a
Suicide	87	100.0	17.3 ^a
Drug overdose	25	28.7	7.4 ^a
COVID-19	105	120.7	107.9 ^b

^a Source: Global Burden of Disease database, according to the most recent data available (2019), (As the female prison population is 4.0%, the general population data is given only for males over 20 years)

^b Source: Our World Data Database (2020) (Given for both sexes, as disaggregated data was not available in open source).




MORBIDITY

Number and proportion of unique individuals living in prison diagnosed with:

	<i>n (%)</i>
 Tuberculosis (TB) Active TB diagnosis	MISSING
 Multidrug-resistant Tuberculosis (MDRTB) Active MDR-TB diagnosis	MISSING
 HIV Active HIV diagnosis	MISSING
 Hepatitis C Chronic HCV infection (HCV RNA positive)	MISSING
 Hepatitis B Chronic HBV (HBsAg)	MISSING
 Sexually Transmitted Infections (STIs) STI diagnosis (last 12-month)	MISSING
 COVID-19 SARS-Co-V2 infection laboratory confirmed	MISSING
 Oral health Individuals keeping 21 or more natural teeth	MISSING
 Mental health disorders Mental disorder diagnosis on record Psychotic disorder diagnosis on record Recorded suicide attempt events (last 12-month)	MISSING MISSING MISSING
 Substance Use Disorders Active drug use disorder (last 12-month)	MISSING
 Diabetes Mellitus Diagnosis on record	MISSING
 Hypertension Diagnosis on record	MISSING
 Cardiovascular Disease Diagnosis on record	MISSING
 Cancer Diagnosis on record	MISSING

Clarification: Due to the COVID-19 pandemic the collection of these data was considered insufficiently robust for reporting.











E: PRISON ENVIRONMENT

				
	Access to a toilet in-cell ^a	Facilities available for physical activity	Able to use facilities at least once a week ^b	Diets in prison adapted to cultural needs (at least two options of food)
Offered at	Most prisons	All prisons	All prisons	All prisons
% Member States with "All prisons"	69.4	94.4	91.7	88.9

^a All in Northern Ireland.

^b The absolute minimum mandated in England and Wales is 30 mins outdoors, but the general position where a regime is operating normally is a minimum of 1h.

F: HEALTH BEHAVIOURS

			
	Both sexes, <i>n</i> (%)	Male, <i>n</i> (%)	Female, <i>n</i> (%)
 BMI ≥ 25	MISSING	MISSING	MISSING
 BMI ≥ 30	MISSING	MISSING	MISSING
 Currently use tobacco products	MISSING	MISSING	MISSING
 Drink/have drank alcohol (last 12 months)	MISSING	MISSING	MISSING
 Use/have used drugs (last 12 months)	MISSING	MISSING	MISSING
 Inject/have injected drugs (last 12 months)	MISSING	MISSING	MISSING
 Regularly exercise for a minimum of 150 minutes/week	MISSING	MISSING	MISSING

Clarification: Due to the COVID-19 pandemic the collection of these data was considered insufficiently robust for reporting.

G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

Decisions taken by health staff can be overruled or ignored by non-health prison staff:

No¹. Most Member States report “No” (77.8%, out of $n=36$).

National health-care complaints system, available to prisoners:

Yes. Most Member States report “Yes” (72.2%, out of $n=36$). Number of complaints received: 2803.



¹ Clarification: The prison service in England, Wales and Northern Ireland is committed to acting on expert clinical and public health advice. When the prison service cannot fully implement specific clinical advice because of specific operational or logistical considerations, there is dialogue with the health-care/public health agencies to explain the situation and actions /advice they can take or implement and those they cannot and agreement sought on appropriate mitigations. In Scotland, Scottish Prison Service will work in collaboration with NHS colleagues, to come to a mutually acceptable position, taking cognizance of the significance of the decision and the impact on the individual concerned and others, however on rare occasions there will be occurrences where SPS will overrule NHS decisions on the grounds of security, and NHS should ensure evidence is available to support what Scottish Prison Service are refusing.

H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Health related information products for people in prison in multiple languages:

In all prisons. Most Member States report “In all prisons” (52.8%, out of $n=36$).



Option to be attended by female health-care staff



Pregnancy test on admission to prison



Possibility of prenatal care or termination, in case of a positive result

	NO ^a	Yes, and they are repeated at regular intervals ^b	YES ^c
% Member States with “Yes”	75.0	61.1	100.0

^a Yes in Scotland and Northern Ireland, no answer for Wales.

^b No data from Wales, in Scotland 5 prisons (out of a total of 15) answered “Yes”.

^c No answer for Wales.

Number of women who gave birth whilst in prison in the last 12 months:

$n=1$ (no data for Wales and therefore percentage is not estimated).

Annex 2. Health in Prisons European Database Survey (HIPEDS)

National questionnaire for minimum public health dataset for prisons in the WHO European Region

The Health in Prisons European Database (HIPED), is an initiative led by WHO Europe to build on evidence around the health of people in prison and the services provided to them. As part of this initiative, we request Member States to periodically provide data to contribute to HIPED through a survey.

The current survey builds on the WHO Framework for Prison health system's performance assessment. This framework describes eight domains for which a selected list of key indicators has been identified to reflect the prison environment, issues of availability, accessibility, care provision, health behaviours and health outcomes. It is a long survey, but not exhaustive so that all domains may be captured.

Guidance on completing the questionnaire

This survey is addressed at the survey focal point nominated by the Member State's Ministry of Health. However, you may find it useful to involve other Ministries with responsibility shared for health care in prisons, several national experts or an expert group in the completion of this questionnaire. If possible, please list all experts consulted in the section provided below as appropriate, so that they can be acknowledged in the final Report to be produced. We specifically ask for the identification of the survey focal point in case any additional contact is requested to request further clarifications.

1. The data requested refers to the most recent year, *i.e.*, from **01.01.2020 to 31.12.2020**. In case it is not possible to provide such updated data, please refer to the previous homologous period (01.01.2019-31.12.2019) and indicate that in the comments.
2. Where a question refers to the prisoners in your country, please provide a response which applies to **all persons in the prisons of your country**, including those held in pre-trial detention (*e.g.* in remand prison/jail) wherever available. Questions which refer to the prisons of your country likewise require a response which applies to **all the prisons in your country**. Note: even though WHO adopts person-centred wording in all external publications (people living in prisons, for simplicity of the survey, throughout the questions we will use the term "prisoner").
3. Wherever your responses refer to a different base (*e.g.*, prisoners excluding those in pre-trial detention), please indicate this clearly with a comment.
4. This survey **does not refer to other prescribed places of detention** (*e.g.* immigration detention centres and police custody or their equivalent).

5. Where questions ask about national practice, if there is substantial regional variation in practice please provide detail about this in a comment.
6. Where answer categories provided do not apply to the situation in your country, please write a comment.
7. Please document each source that contributed to the data provided, including whether it was obtained from a published report and if so, the nature of that publication (*i.e.*, scientific journal or government agency), and if any data was obtained from an unpublished source. Whenever possible, please indicate the links to the source data.

Experts consulted

For the completion of this survey, comprising the sections: A. Penal Statistics; B. Prison Health Systems; C. Health Services; D. Health Outcomes; E. Prison Environment; F. Health Behaviours; G. Adherence to Equivalence and Other International Standards; and H. Reducing Health Inequalities, you are encouraged to contact and consult additional experts. These experts could come from the following areas:

- Person in charge of or involved in prison health in the Ministry of Health/Ministry of Justice/Ministry of Interior of your country, or the most senior government official in charge of prison health conditions;
- The head of a prominent non-governmental organization dedicated to prison health;
- A health professional (*e.g.*, medical doctor, nurse, pharmacist, social worker, psychologist) specialized in prison health-related services;
- A faculty member of a university department;
- A police or other law enforcement officer;
- A person at the Ministry of Finance, tax agency or statistical office.

For countries with regional or sub-national arrangements, alternatively you can also select experts from each of the different regions and eventually then set up meetings to evaluate and decide the comparability of data and the possibility for national aggregation.

Contact for questions or clarifications: azevedof@who.int

Contact information

Date: __/__/____ (Day/Month/Year)

WHO Region: _____

Country: _____

Questionnaire completed by:

Last name: _____ **First name:** _____

Title/Position: _____

Institute/Ministry/etc. _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

For those whom you did consult, please enter the following information accordingly:

Expert 1 –

Name: _____

Position: _____

Organization: _____

Expert 2 –

Name: _____

Position: _____

Organization: _____

Expert 3 –

Name: _____

Position: _____

Organization: _____

Comments:

SECTION A: PENAL STATISTICS

A1. What is the official prison capacity in your country?

Note: The official capacity of a prison is defined by the total number of detainees that it can accommodate while respecting the standards set by the relevant authority in the country. When prison buildings are old, prison administrations are not always able to give figures for the floor space allocated to each detainee or group of detainees. However, the official capacity of prisons at the time of construction is usually known.

	Data	No data
A2. What is the total number of prisoners in your country by 31.12.2020?		<input type="checkbox"/>
A2.1 Among those mentioned in A2, how many are:		<input type="checkbox"/>
a) Female		<input type="checkbox"/>
i) Of those in a), how many were pregnant during the last 12 months?		<input type="checkbox"/>
b) Lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ)		<input type="checkbox"/>
c) Young people (under 18 years of age)		<input type="checkbox"/>
d) Older people (above 50 years of age)		<input type="checkbox"/>
e) Older people (above 65 years of age)		<input type="checkbox"/>
f) Migrants (i.e. not national citizens in the country of detention)		<input type="checkbox"/>
g) From an ethnic/racial minority		<input type="checkbox"/>
h) People living with disabilities		<input type="checkbox"/>
i) Physical disabilities		<input type="checkbox"/>
ii) Intellectual disabilities		<input type="checkbox"/>

	Data	No data
A3. What is the number of unsentenced/remand prisoners in your country (excluding those in police custody) by 31.12.2020?		<input type="checkbox"/>
A4. What is the number of unique individuals entering prison over the most recent 12-month period (01.01.2020–31.12.2020)?		<input type="checkbox"/>
A5. What is the mean number of occasions a unique individual entered prison over the last 12-month period?		<input type="checkbox"/>
A6. What was the mean length of incarceration per individual over the last 12-month period (please indicate your answer in <u>months</u>)?		<input type="checkbox"/>
A7. What is the total number of prison establishments in your country?		<input type="checkbox"/>

	Data	No data	Not legally permitted in the country
A8. What is the number of individuals serving life sentences?		<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: PRISON HEALTH SYSTEMS

Health system organization

B1. In your country, what level of government is responsible for prison health care? Please choose the answer that best describes your country. If none of the options perfectly describes it, please choose “other” and specify.

- ☐ a. National government is responsible for prison health care
- ☐ b. National government and sub-national governments both have responsibilities
- ☐ c. Sub-national governments have responsibility and national government does not have responsibility
- d. Other. Please specify:

B2. In your country, what level of government is responsible for the delivery of health care for the general population (i.e., outside of prisons and can include primary and secondary care)? Please choose the answer that best describes your country. If none of the options perfectly describes it, please choose “other” and specify.

- ☐ a. National government is responsible for health care
- ☐ b. National government and sub-national governments both have responsibilities
- ☐ c. Sub-national governments have responsibility and national government does not have responsibility
- d. Other. Please specify:

B3. In your country, which agency or agencies are responsible for delivering prison health care. Please choose the answer that best describes your country. If none of the options perfectly describes it, please choose “other” and specify.

- a. Ministry of Health only (or health authorities)
- b. Ministry of Justice only
- c. Ministry of Interior only
- d. Other ministry in isolation. Please state which: _____
- e. Both Ministry of Health and Ministry of Justice/Ministry of Interior
- f. Another situation. Please specify:

B4. In your country, which agency or agencies are responsible for the inspection of prison hygiene, nutrition and living conditions? Please choose the answer that best describes your country. If none of the options perfectly describes it, please choose “other” and specify.

- ☐ a. Ministry of Health only (or health authorities)
- ☐ b. Ministry of Justice only
- ☐ c. Ministry of Interior only
- ☐ d. Other ministry in isolation or independent organization. Please state which: _____
- ☐ e. Both Ministry of Health and Ministry of Justice/Ministry of Interior
- ☐ f. Another situation. Please specify:

Health system financing

B5. In your country, which agency or agencies are responsible for financing prison health care (i.e., is responsible for holding and managing the budget for these services).

Note: Financing refers to responsibility for managing the funding necessary for prison health-care services. This may be the responsibility of one or more ministries. It may be the same agency which is responsible for the delivery of prison health-care services, or a separate agency. Please choose the answer that best describes your country. If none of the options perfectly describes it, please choose “another situation” and specify.

- ☐ a. Ministry of Health only
- ☐ b. Ministry of Justice only
- ☐ c. Ministry of Interior only
- ☐ d. Other ministry in isolation. Please state which: _____
- ☐ e. Both Ministry of Health and Ministry of Justice/Ministry of Interior
- ☐ f. Another situation. Please specify:

B6. To what extent is health care of people in prison covered by any health insurance systems (includes the public national health service) which apply to the general (non-prison) community? Please choose the answer (s) that best describes your country. If none of the options perfectly describes it, please choose “another situation” and specify.

- ☐ a. Health care for people in prison is fully covered by health insurance (the same as for the general community)
- ☐ b. Health care for people in prison is partly covered by health insurance (the same as for the general community)
- ☐ c. Health care for people in prison is covered by a separate health insurance system (different to what is available in the general community)
- ☐ d. Health care for people in prison is not covered by any health insurance
- ☐ e. Another situation. Please describe below the situation in your country:

B7. Are prisoners in your country obliged to cover any of the following expenses?

	Prisoners cover all costs	Prisoners cover some costs	Prisoners do not cover any costs
General health-care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other expenses (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health system vision and strategy

B8. Is there a national/subnational prison health policy/strategy? Please choose the best answer.

- ☐ a. Yes, there is a national/subnational prison health policy/strategy. Please attach or provide a link to the relevant document(s): _____
- ☐ b. Yes, prison health is part of another national/subnational (health) policy/strategy. Please specify and attach or provide a link to the relevant document(s): _____
- ☐ c. No, there is no such policy/strategy at present, but it is envisaged for the future. Please specify and attach or provide a link to draft/plan/other evidence: _____
- ☐ d. No, there is no such policy/strategy at present and there is currently no intention to develop one in the immediate future

B8.1 If the answer to B8 is 'Yes' (a or b), is there an implementation plan for the policy/strategy?

- ☐ a. Yes, implementation plan is already adopted. Please attach or provide link to evidence: _____
- ☐ b. Yes, implementation plan is under development or there are plans for development. Please attach or provide link to draft/plan/other evidence: _____
- ☐ c. No, there is no implementation plan at present and no such plan will be developed

Health system performance

Availability

B9. Please indicate the total number of health-care staff (physicians, nurses, nursing assistants, etc., including external service providers) in prisons on full-time equivalents (FTEs) for a known year.

Year _____

Number _____

B9.1 Among those in B9, please indicate the total number of:

	Total Number	No data
Physicians (including external service providers) based FTEs		<input type="checkbox"/>
Nurses (including external service providers) based on FTEs		<input type="checkbox"/>
Psychiatrists (including external service providers) based on FTEs		<input type="checkbox"/>
Dentists (including external service providers) based on FTEs		<input type="checkbox"/>

Acceptability

B10. In case screening tests and/or health assessments are being offered to prisoners, is informed consent being obtained and documented (could be for all health assessments/interventions and not necessarily per assessment/intervention)?

- ☐ a. Yes, these are obtained
- ☐ b. Yes, these are obtained and documented
- ☐ c. No

B11. For each of the following programmes for vaccine-preventable diseases, please indicate the proportion of prison establishments in your country where these are available to be administered to eligible prisoners?

	All prisons	Most prisons	A minority of prisons	No prisons
DTP (diphtheria, tetanus, pertussis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papilloma virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MMR (measles, mumps and rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. Please indicate the proportion of prison establishments where prisoners have access to HIV prophylaxis?

	All prisons	Most prisons	A minority of prisons	No prisons
Post Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Care

B13. Are regular assessments performed in prisons on the availability of essential medicines?

- ☐ a. Yes
☐ b. No

B14. Is there a standardized process for reporting medication errors in prisons (Errors or mistakes committed by health professionals which result in harm to the patient, source: <https://meshb.nlm.nih.gov/record/ui?ui=D019300>)?

- ☐ a. Yes. Please specify: _____
☐ b. No

B15. Is there a standardized process for reporting adverse drug events in prisons (Disorders that result from the intended use of pharmaceuticals, source: <https://meshb.nlm.nih.gov/record/ui?ui=D064420>)?

- ☐ a. Yes. Please specify: _____
☐ b. No

B16. Is there a standardized protocol for identifying and helping people with suicide/self-harm risk in prisons?

- ☐ a. Yes for suicide
☐ b. Yes for self-harm and suicide
☐ c. No

B17. Is there a mechanism in place for ensuring patient involvement in health-care planning and reform?

- ☐ a. Yes. Please specify:
- ☐ b. No

Health information

B18. Is there a registration system for keeping track of deaths in prisons?

- ☐ a. Yes
- ☐ b. No

B18.1 If the answer to B18 is 'Yes', does this also include the causes of the deaths that occurred in prison?

- ☐ a. Yes
- ☐ b. No

B18.2 Please explain how data on deaths and causes of death are being transferred from the prison registration system to the national Civil Registration and Vital Statistics (CRVS) registration (open question).

B18.3 Are completeness and quality of the data on deaths that are being sent to the national CRVS registration regularly assessed?

- ☐ a. Yes. Please provide the most recent figure: ____ (%)
- ☐ b. No

B18.4 Do the physicians that work in the prison health systems receive training for filling in the death certificates?

- ☐ a. Yes
- ☐ b. No

B19. Do prisons inform public health authorities about diseases amongst prisoners?

- ☐ a. Yes
- ☐ b. No

B19.1 If the answer to B19 is 'Yes', is individual imprisonment status captured in the disease registries or surveillance data (e.g. place of infection, place of diagnosis, risk factor)?

- ☐ a. Yes, for infectious diseases only (IDs)
- ☐ b. Yes, for Non communicable Diseases (NCDs) only
- ☐ c. Yes, both for IDs and for NCDs
- ☐ d. No

B19.2 If the answer to B19 is 'Yes', please provide the following:

Provide link to NCDs datasets or annual reports	
Provide link to IDs datasets or annual reports	
Indicate completeness of reporting for NCDs (%)	
Indicate completeness of reporting for IDs (%)	

B20. Do you keep clinical health records of people in prison?

- ☐ a. Yes, we keep paper-based clinical health records
- ☐ b. Yes, we keep electronic clinical health records
- ☐ c. Yes, in some prisons we keep paper-based clinical health records and in others we keep electronic clinical health records
- ☐ d. No

B20.1 If the answer to B20 is 'Yes', does the clinical health record system include sections for recording information on (please mark all that apply):

- ☐ Screening tests performed
- ☐ Screening tests results
- ☐ Vaccination (e.g. vaccination history, vaccines administered during incarceration)
- ☐ Health behaviours (e.g., tobacco use, alcohol use, drug use)
- ☐ Diagnoses established
- ☐ Visits to external care providers (e.g., hospital admissions or specialized care appointments)
- ☐ Treatment and medications

B20.2 If the answer to B20 is 'Yes', is the clinical health record system used in prisons compatible with the health record system used for the general population in the country?

- ☐ a. Yes, the same system is being used which is interoperable and allows for individual health data exchange across the community-prison interface
- ☐ b. Yes, different systems are being used, but these are interoperable and allow for individual health data exchange across the community-prison interface
- ☐ c. Yes, the same system is used or is interoperable and allows for individual health data exchange across the community-prison interface but only for certain conditions, interventions or population subgroups (e.g., HIV, immunization). Please specify:

- ☐ d. No

B21. Does your country have the capacity to provide timely (i.e., equivalent to general community standards) surveillance data of COVID-19 cases identified in prisons (prisoners and custodial staff)?

- ☐ a. Yes, we can provide exhaustive data in a timely manner
- ☐ b. Yes, we can provide exhaustive data but not in a timely manner
- ☐ c. Yes, we can provide data but not for all variables (e.g., age disaggregation, prisoners, custodial staff)
- ☐ d. No, we cannot provide data. Please explain why below:

B22. Please indicate if prisons in your country undertake contact tracing in relation to COVID-19 cases?

- ☐ a. Contact tracing is undertaken in all prisons
- ☐ b. Contact tracing is undertaken in most prisons
- ☐ c. Contact tracing is undertaken in a minority of prisons
- ☐ d. Contact tracing is not undertaken in any prison

B23. If COVID-19 vaccination is implemented in at least one prison in your country, is the immunization information system in prison interoperable with immunization information system in the community?

- ☐ a. Yes
- ☐ b. Yes, for some prisons
- ☐ c. No
- ☐ d. Not applicable

SECTION C: HEALTH SERVICES

Preventive services

Disease Prevention

C1. Is there an initial urgent health needs assessment undertaken in the first 24h after reception?

- ☐ a. Yes
- ☐ b. No

C2. Is a more detailed review of health needs subsequently conducted (e.g., within 7 days of admission)?

- ☐ a. Yes
- ☐ b. No

C2.1 If the answer to C1 or C2 is 'Yes', can you indicate how many unique individuals have received a health examination following admission to prison in the past 12-month period? (Provide number)

C2.2. If the answer to C1 or C2 is 'Yes', who conducts these assessments?

- ☐ a. Nurse only
- ☐ b. Physician only
- ☐ c. Nurse predominantly, but with referral to physician available
- ☐ d. Another health-care worker. Please indicate who:
- ☐ e. Member of custodial staff only
- ☐ f. Other possibility. Please explain:

C2.3 If the answer to C1 or C2 is 'Yes', which of the following is part of the assessment? Please mark for each possible assessment, the response option that best describes your country.

	All prisons	Most prisons	A minority of prisons	No prisons
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health problems (e.g., psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory conditions (e.g., COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health problems (e.g., tooth decay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic conditions requiring treatment (e.g. HIV, CVDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-status and/or COVID immunization status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Are history of TB and current signs and symptoms assessed on or close to reception for all people in prison?

- ☐ a. No
- ☐ b. Yes, a clinical evaluation of signs and symptoms is made, including evaluation of previous history
- ☐ c. Yes, and a diagnostic test is offered in addition to the clinical evaluation
- ☐ d. Yes, clinical assessment and diagnostic tests are made and when the test is positive, additional assessment for MDR-TB is ensured

C4. Please mark for the following infectious diseases, if screening is being offered on or close to reception to all prisoners? For each disease, please choose the situation that best describes your country.

	Yes, on an opt out basis	Yes, on an opt in basis	Yes, risk-based screening	No
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. Does your country have any of the following types of cancer screening offered to prisoners?

	Yes	No
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Colon	<input type="checkbox"/>	<input type="checkbox"/>
Breast	<input type="checkbox"/>	<input type="checkbox"/>

C6. Do these cancer screenings apply the same eligibility criteria (e.g., age cut-off) as those conducted in the general population (community model) (please choose all that apply)

- ☐ a. Yes, the same criteria apply in cervical cancer
- ☐ b. Yes, the same criteria apply in colon cancer
- ☐ c. Yes, the same criteria apply in breast cancer

C7. Are there any specific restrictions or differences on screening practices for prison and in the community (please choose all that apply).

- ☐ a. Yes, the methods used are different (e.g., FOBT or FIT vs colonoscopy for colorectal cancer; Pap test vs cytology for cervical cancer)
- ☐ b. Yes, the frequency used is different (e.g., annual vs biannual; this may happen as a result of availability of mobile units properly equipped)
- ☐ c. Yes, another situation. Please describe below:

- ☐ d. No

C8. For each of the following products, please indicate if they are offered free of charge considering the response options given.

	All prisons	Most prisons	A minority of prisons	No prisons
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lubricants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needles and syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectants (“bleach” to use in needles or piercing/tattooing material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tampons/sanitary towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C9. Since the emergence of COVID-19, did prisoners have access to:

	Yes	No
a) Hand sanitizer/soap and water	<input type="checkbox"/>	<input type="checkbox"/>
b) Face masks	<input type="checkbox"/>	<input type="checkbox"/>

C10. Did the prisons in your country create space for adequate quarantine of contacts and isolation of COVID-19 cases (e.g., single-cell accommodation or multiple occupation by cohorting)?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

C10.1 If the answer to C10 is a, b or c, did this space consider the CPT rules (6m² of living space for a single-occupancy cell – excluding toilet space – and adding 4m² per additional inmate)?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

Health Promotion

C11. Are there health promotion materials like brochures and leaflets available on safe tattooing practices?

- ☐ a. Yes
- ☐ b. No

Health Protection

C12. Are there any policies or procedures in place to promote physical activity in prison?

- ☐ a. Yes. Please provide link/describe below:

- ☐ b. No

C13. Do prisons in your country have therapeutic spaces available for people with drug problems?

- ☐ a. In all prisons
☐ b. In most prisons
☐ c. In a minority of prisons
☐ d. in no prisons

C14. Is there any smoke free policy implemented in your country applicable to prisons?

- ☐ a. Yes, nationwide
☐ b. Yes, in specific regions of the country
☐ c. No

Provision of primary care

C15. Are there any preparedness contingency plans for managing the impact of an infectious disease outbreak in prisons?

- ☐ a. In all prisons
☐ b. In most prisons
☐ c. In a minority of prisons
☐ d. In no prisons

C15.1 If the answer to C15 is a, b or c, in case a pandemic response plan has been developed and is published, please indicate the link.

C15.2 If the answer to C15 is a, b or c, in case a policy response plan has been developed for COVID-19 and is published, please indicate the link.

C16. Do suspected cases of an infectious disease have access to laboratory tests?

- ☐ a. Yes, everyone in prison has access to laboratory tests when these are necessary
- ☐ b. Yes, but there are limited resources, so only the priority/vulnerable groups have access
- ☐ c. No

Arrangements for secondary and tertiary care

C17. Are there any arrangements/protocols established to ensure access for people in prison to specialized treatment of mental health disorders?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

C18. Are there any arrangements/protocols established for transferring people in prison to specialized institutions to treat cancer?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

Continuity of care

C19. Is there any support service to register people released from prison with a GP/community health services?

- ☐ a. Yes
- ☐ b. No

C19.1 If the answer to C19 is 'Yes', does this service include any of the following:

- ☐ 1. Scheduling medical appointment upon release
- ☐ 2. Development of a Care Plan to be shared with external providers

C20. Is there a procedure in place to ensure medication is reconciled (procedure in place for transferring a list of prescribed medication used by new entrants to prisons in the community to the prison health-care service) **at admission (first 24h)?**

- ☐ a. Yes
- ☐ b. No

C21. When people are released from prison, are they provided with any medication?

- ☐ a. Yes, for all conditions.
- ☐ b. Yes, for some conditions.
- ☐ c. No

C21.1 If the answer to C21 is b, medication for, choose what applies:

- ☐ Drug Use Disorders
- ☐ HIV
- ☐ TB
- ☐ HCV
- ☐ Other disease, please specify which:

C22. When people are released from prison, are they tested for COVID-19 prior to release?

- ☐ a. Yes
- ☐ b. No

Rehabilitation

Education and Training

C23. Do people in prison have access to education and training programmes?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

Employment Opportunities

C24. Do people in prison have access to employment opportunities while in prison?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

Social Relationships

C25. Please indicate the conditions under which people are allowed to continue their family relationships.

	No	Yes, with time restrictions	Yes, free of charge
By telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By web communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By physical visits on the premises	<input type="checkbox"/>	<input type="checkbox"/>	
By physical visits outside the detention facility	<input type="checkbox"/>	<input type="checkbox"/>	

C26. Are people placed in prisons considering the location of their home to facilitate maintaining family relationships?

- ☐ a. Yes, always
- ☐ b. Yes, as much as possible
- ☐ c. No, allocation is made according to other factors

SECTION D: HEALTH OUTCOMES

HEALTH AND WELL-BEING

D1. Are assessments of perceived well-being (or life satisfaction) of people in prison conducted?

- ☐ a. Yes, regularly (for example once every year or once every two years)
- ☐ b. Yes, on an ad hoc basis
- ☐ c. No, it has never been done

D2. Do all people in prison have access to mental health counsellors (including peer support and external providers – not specifically for mental health disorders but including support for maintenance of well-being when needed)?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

Mortality

	Data	No data
D3. Please provide the number of unique individuals who died over past 12 months (any cause)		<input type="checkbox"/>
D3.1 Among those in D3, how many died as a result of:		<input type="checkbox"/>
a) Suicide		<input type="checkbox"/>
b) Drug overdose		<input type="checkbox"/>
c) COVID-19		<input type="checkbox"/>
Please indicate three additional top causes of death:		<input type="checkbox"/>
d) Cause 1:		<input type="checkbox"/>
e) Cause 2:		<input type="checkbox"/>
f) Cause 3:		<input type="checkbox"/>

Morbidity

D4. Please fill in the following table, which asks for data concerning medical care provision (3.1), diagnoses established (before and during incarceration – 4.2) and treatment provided (including pharmacological and non-pharmacological). For easier organization, indicators are organized by disease condition. We ask you to indicate in the first column the most recent data (year 2020) and only in case this is unavailable, use the following column and add the reference year indicating the year in the last column. For all data we request you to indicate numbers disaggregated by sex and only for a few conditions (HIV, HCV, HBV and STIs), specify among females the number that were pregnant in the period considered. Please indicate the reference year in the last column, for data provided in the first two columns, only if it does not refer to 2020.

	2020				OTHER REFERENCE YEAR
Tuberculosis TB	Both sexes	M	F		
Number of unique individuals with active TB diagnosis (ICD code A15–19)					
Number of unique individuals receiving TB treatment over the last 12-month period					
Number of unique individuals completing TB treatment over the last 12-month period					
Multidrug-resistant Tuberculosis (MDRTB)	Both sexes	M	F		
Number of unique individuals with active MDR-TB diagnosis (ICD code Z16.342)					
Number of unique individuals receiving MDR-TB treatment over the last 12-month period					
Number of unique individuals completing MDR-TB treatment over the last 12-month period					
HIV	Both sexes	M	F	Pregnant	
Number of unique individuals with an active HIV diagnosis (ICD code B20)					
Number of unique individuals with HIV who received treatment over the last 12-month period					
Number of unique individuals completing HIV treatment over the last 12-month period					

	2020				OTHER REFERENCE YEAR
Hepatitis C	Both sexes	M	F	Pregnant	
Number of unique individuals with chronic HCV infection (HCV RNA positive) (ICD code B18.2)					
Number of unique individuals with chronic HCV infection (HCV RNA) who received antiviral treatment over the last 12-month period					
Number of unique individuals who following antiviral treatment achieved sustained viral response over the last 12-month period					
Hepatitis B	Both sexes	M	F	Pregnant	
Number of unique individuals with chronic HBV (HBsAg) (ICD code B18.0–18.1)					
Number of unique individuals with chronic HBV infection (HBsAg) who are receiving care whilst in prison (treatment or long term follow up)					
Number of unique individuals with chronic HBV infection (HBsAg) and eligible for treatment (according to international treatment guidelines) who received antiviral treatment over the last 12-month period					
Sexually Transmitted Infections (STIs) not formerly mentioned (incl. gonorrhoea, chlamydia, syphilis, and genital herpes)	Both sexes	M	F	Pregnant	
Number of unique individuals with an STI diagnosis over the last 12-month period					
Number of unique individuals with STIs who received treatment over the last 12-month period					
Number of unique individuals completing STI treatment over the last 12-month period					
COVID-19	Both sexes	M	F		
Number of unique individuals with a SARS-Co-V2 infection laboratory confirmed					

	2020				OTHER REFERENCE YEAR
Oral health	Both sexes	M	F		
Number unique individuals with oral health visit over the last 12-month period					
Number of unique individuals keeping 21 or more natural teeth					
Mental health disorders	Both sexes	M	F		
Number of unique individuals with a mental disorder diagnosis (ICD code F01-F99) on record. Diagnosis made either prior to incarceration or while in prison					
Number of unique individuals with a psychotic disorder diagnosis (ICD code F20-29) on record. Diagnosis made either prior to incarceration or while in prison.					
Number of unique individuals with recorded suicide attempt events (ICD code T14-91) in the last 12-month period					
Number of unique individuals who have received treatment for any mental health disorder over the last 12-month period					
Substance Use Disorders	Both sexes	M	F		
Number of unique individuals considered to have an active drug use disorder in the last 12-month period					
Number of unique individuals who have received pharmacological treatment for a substance use disorder over the last 12-month period					
Number of unique individuals who have received pharmacological treatment for an opioid use disorder over the last 12-month period					

	2020				OTHER REFERENCE YEAR
Diabetes Mellitus	Both sexes	M	F		
Number of unique individuals with a diabetes mellitus diagnosis (ICD code E08-E13) on record. Diagnosis made either prior to incarceration or while in prison.					
Number of unique individuals with a diabetes mellitus diagnosis (ICD code E08-E13) who had at least two routine health-care visits (excluding ophthalmology and other specialty visits) over the last 12-month period					
Number of unique individuals with a diabetes mellitus diagnosis (ICD code E08-E13) who had at least one ophthalmology visit over the last 12-month period					
Number of unique individuals who have received pharmacological treatment for diabetes over the last 12-month period					
Hypertension	Both sexes	M	F		
Number of unique individuals with a hypertension diagnosis (ICD code I10-I16) on record. Diagnosis made either prior to incarceration or while in prison.					
Number of unique individuals who have received pharmacological treatment for hypertension over the last 12-month period					
Cardiovascular Disease	Both sexes	M	F		
Number of unique individuals with a diagnosis for cardiovascular disease (CVD) on record. Diagnosis made either prior to incarceration or while in prison. This includes Cardiovascular and Ischemic Disease – ICD code I20-I25, I26-I28, I30-I52 AND Circulatory System Diseases – ICD code I60-I79)					
Number of unique individuals with a CVD diagnosis who had at least one routine health-care visit over the last 12-month period					

	2020				OTHER REFERENCE YEAR
Number of unique individuals who have received pharmacological treatment for cardiovascular disease over the last 12-month period					
Cancer	Both sexes	M	F		
Number unique individuals with a cancer diagnosis (ICD codes C00-D48) on record. Diagnosis made either prior to incarceration or while in prison.					
Number of unique individuals who have received treatment for cancer over the last 12-month period					

SECTION E: PRISON ENVIRONMENT

E1. Please indicate the number of individuals put in solitary confinement for behaviour or security reasons (one or more times during the last 12-month period):

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E2. Do all people in prison have access to a toilet in-cell?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

E3. Do all people have access to shower & bathing facilities, with water at a temperature suitable to the climate?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

E4. Are there any facilities available for physical activity (e.g., gym, indoors or outdoors)?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

E5. Are people given the opportunity to use these facilities at least once a week?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

E6. Are people in prison given the chance to spend at least one hour per day outdoors?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

E7. Are diets in prison adapted to cultural needs, by giving at least two options of food?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

E8. Are diets adapted to gender needs (i.e., number of calories varies between female and male prisons)?

- ☐ a. Yes
- ☐ b. No

SECTION F: HEALTH BEHAVIOURS

F1. Please provide the following numbers in reference to the situation observed by 31.12.2020.

	Both sexes	Male	Female	No data
Number of unique individuals with BMI \geq 25				<input type="checkbox"/>
Number of unique individuals with BMI \geq 30				<input type="checkbox"/>
Number of unique individuals who currently use tobacco products				<input type="checkbox"/>
Number of unique individuals who drink/have drunk alcohol (last 12 months)				<input type="checkbox"/>
Number unique individuals who use/have used drugs (last 12 months)				<input type="checkbox"/>
Number of unique individuals who inject/have injected drugs (over the last 12 months)				<input type="checkbox"/>
Number of unique individuals who regularly exercise for a minimum of 150 minutes/week				<input type="checkbox"/>

SECTION G: ADHERENCE TO THE PRINCIPLE OF EQUIVALENCE AND OTHER INTERNATIONAL STANDARDS

G1. Do health-care services for people in prisons offer the same scope of services as in the community?

- ☐ a. Yes
- ☐ b. No

G2. Is there a national vaccine implementation plan establishing the access for people in prison to COVID-19 vaccine?

- ☐ a. Yes, people in prison are considered one of the priority groups.
- ☐ b. Yes, the principle of equivalence is followed, so the same priority groups identified in the general community are prioritised in prison (i.e., elderly and health-care staff, by phases)
- ☐ c. Yes, people in prison are referred to in this plan but are only considered after all people in the community are immunized
- ☐ d. Unsure, people in prison are not mentioned in the national vaccine implementation plan
- ☐ e. We have no national vaccine implementation plan established

G2.1 If the answer to G2 is a, please indicate the level of priority attributed (open question):

G3. Are health-care services in prisons subject to the same standards and accreditation procedures as health-care services in the community?

- ☐ a. Yes, for publicly contracted services only
- ☐ b. Yes, for both public and private services
- ☐ c. No

G4. Is the prison health workforce subject to the same professional standard as the health workforce in the community?

- ☐ a. Yes
- ☐ b. No

G5. Is the prison health workforce subject to the same ethical standard as the health workforce in the community?

- ☐ a. Yes
- ☐ b. No

G6. Are the provisions of international law regarding the health of people in prisons and other places of detention incorporated into national law?

- ☐ a. Yes
- ☐ b. No

G7. Can clinical decisions taken by health staff be overruled or ignored by non-health prison staff?

- ☐ a. Yes
- ☐ b. No

G8. Are there publicly available reports of prison hygiene, nutrition and living conditions?

- ☐ a. Yes. If yes, please provide a link to the latest one:
- ☐ b. No

G9. Does a national health-care complaints system exist in your country, and is it available to prisoners?

- ☐ a. Yes
- ☐ b. No

G9.1 If the answer to G9 is 'Yes', please indicate how many complaints were received in the last 12-month period and provide a link to the latest one.

Number of complaints

Weblink

SECTION H: REDUCING HEALTH INEQUALITIES AND ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

H1. Are there national standards to meet the health needs of special populations in prison? (select all that apply)

- ☐ Women
- ☐ Pregnant
- ☐ Children and youth
- ☐ LGBTIQ persons
- ☐ Foreign nationals
- ☐ People who use drugs
- ☐ Elderly prisoners
- ☐ People with physical disabilities
- ☐ People with learning disabilities
- ☐ Ethnic minorities
- ☐ None of the above (*exclusive choice*)

H2. Are any of the national standards to meet the health needs of special populations based on relevant international standards?

- ☐ a. Yes
- ☐ b. No

H3. Do prisons have health related information products for people in prison such as brochures and leaflets in multiple languages?

- ☐ a. In all prisons
- ☐ b. In most prisons
- ☐ c. In a minority of prisons
- ☐ d. In no prisons

H4. Do women in prison have the option to be attended by female health care staff?

- ☐ a. Yes
- ☐ b. No

H5. Are women offered a pregnancy test on admission to prison?

- ☐ a. Yes, only once
- ☐ b. Yes, and they are repeated at regular intervals
- ☐ c. No

H5.1. If the answer to H5 is a) or b), are women offered the possibility of prenatal care or termination, in case of a positive result?

- ☐ a. Yes
☐ b. No

H6. How many women gave birth whilst in prison in the last 12 months?

Thank you very much for your assistance!

Please give any other comments to this survey:

Annex 3. Raw data describing the process of death data transfer to the national registration system

Member State	Categorization	Explanation
Albania	No formal data transfer system. Depends on the individual to register the death.	The relatives of the deceased take the death certificate to the Civil Registration.
Armenia	Unclear if a formal transfer system exists and how operationalized.	Data are transferred from the Republic of Armenia penitentiary system into the registry system.
Austria	Answer given does not address the data transfer process.	Report to police for further initiation.
Bosnia and Herzegovina	Answer given does not address the data transfer process.	In Bosnia and Herzegovina there is a registry book. In Republika Sprska, in case of death, the prison immediately informs family, competent court and nearest municipal registry office to issue certificate. At the state level, this is done in accordance with the laws on health care and registry records.
Bulgaria	A formal transfer system in place.	The registration of deaths in the country is conducted according to the Civil Registration Act by issuing a death certificate which is drawn up on the basis of a death notice issued by a competent medical person no later than 48 hours after the death. The certificate may be drawn up after the expiration of the 48-hour period without the need of a court order when a forensic medical examination of the corpse is required under the conditions provided in the Penal Procedure Code. The judicial authorities, appointing the forensic medical examination, issue a document certifying the reason for delay. The death certificate contains: place of drawing up the certificate – region, municipality, settlement/region; number of the certificate and date of drawing up; date – day, month, year, hour and minutes of the death; place of the death – region, municipality, settlement or state, if it is not in the Republic of Bulgaria, and where it occurred; names of the person; data for the person – date and place of birth, identification number, age, sex, citizenship, marital status, permanent address; document certifying the death; official – names, identification number or birth date and signature; notes. The circumstance that the death occurred in a place of deprivation of liberty is not mentioned in the certificate. The cause of death is also not mentioned in the death certificate.

Member State	Categorization	Explanation
Croatia	A formal transfer system in place.	The bodies of all people who die in prison, regardless of the cause of death, must undergo an autopsy performed in appropriate institutions of the public health system. In addition to reports submitted to the institutes of forensic medicine and criminology, prisons and penitentiaries (prison hospital included) submit reports to the registry of deaths kept by the Ministry of Justice and public administration.
Cyprus	A formal transfer system in place.	Via formal notification, by the doctor of prisons and by admissions and release office
Czechia	A formal transfer system in place.	Each event is reported to both registries in parallel.
Denmark	No formal data transfer process, but data are sent via email in an aggregated manner.	The Department of Prison and Probation Service and the Danish parliamentary ombudsman are informed about cases by email.
Estonia	A formal transfer system in place.	Death is documented according to Establishment of Cause of Death Act. Documentation is submitted through the Electronic National Health Database. Process of registration and documentation is similar to that used for the general public.
Finland	Answer given does not address data transfer process.	Causes of death are not determined by Health Services for Prisoners.
Georgia	A formal transfer system in place.	Data on deaths in prisons provided monthly to the National Statistics Office of Georgia. Data are not yet being transferred automatically though an e-system but with an official letter and attachments.
Germany	A formal data transfer system not in place at national level.	In 12 regions cause of death is recorded, but not all regions could provide these data.
Hungary	A formal transfer system in place.	If the death certificate form is completed online, the data migrate automatically. If completed on paper, one of the six copies is mailed to the registration office.
Ireland	A formal transfer system in place.	All deaths in custody are subject to an inquest held in a coroner's court. The cause of death is determined by a jury on the basis of the information presented to the coroner's court. On completion of the inquest, the coroner issues a certificate to the Civil Registration Service containing all the details to be registered. The Irish Prison Service is not party to the death registration.

Member State	Categorization	Explanation
Italy	A formal transfer system in place (electronic).	Data are transmitted in real time by prisons to the statistical processing centre of the Ministry of Justice.
Lithuania	A formal transfer system in place.	The data are sent to national databases as provided for in national legislation.
Luxembourg	Answer given does not address data transfer process.	Certificate “declaration of death”.
Malta	A formal transfer system in place.	Every death that occurs in the Maltese prison system is analysed via a magisterial inquiry. Cause of death is then added to the national government database.
Monaco	Answer given does not address data transfer process.	Death certificate.
Netherlands	A formal transfer system in place.	Every death is mandatorily reported to the Central Bureau of Statistics. A physician fills in the form.
Poland	Answer given does not address data transfer process.	By death certificate.
Portugal	A formal transfer system in place (electronic).	Online registration using Death Certificate Information System (SICO).
Republic of Moldova	Answer given does not address data transfer process.	Death certificate.
Romania	No formal data transfer process in place.	Data are not transferred from the prison registration system to the national civil registration and vital statistics registration. Prison staff do not fill in death certificates.
San Marino	A formal transfer system in place.	A doctor from the public health system registers the death in the relevant module and this registration is sent to the civil office.

Member State	Categorization	Explanation
Slovakia	A formal transfer system in place.	Physicians examining the deceased issue a standardized form (letter on the examination of the dead), which is forwarded to the relevant state organizations, which process and archive it.
Slovenia	A formal transfer system in place (electronic).	General practitioner who works in prison transmits data via the national health information system.
Spain	A formal transfer system in place.	All cases are judicial deaths and are therefore subject to autopsy. The cause of death is stated on the death certificate as determined during autopsy.
Ukraine	Answer given does not address the data transfer process.	Transferred to the Ministry of Health.
United Kingdom	A formal transfer system in place.	In England and Wales, all deaths are reported to coroners for independent investigation to determine the cause and circumstances. In Scotland, when a death in prison occurs, Police Scotland is responsible for managing the incident and reporting the death to the Crown Office and Procurator Fiscal Service. In Northern Ireland, all deaths in custody are recorded by the Northern Ireland Prison Service and by the Northern Ireland Coroner's Service. All deaths in custody require an inquest to be held by the Coroner's Service and cause of death is decided at the inquest.

THE WHO REGIONAL OFFICE FOR EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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