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HEALTHCARE IN PRISONS: PROTECTION OF THE RIGHTS OF PRISONERS DURING THE COVID-19 CRISIS IN THAILAND

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Abstract

The right to health is a fundamental right for all human beings, without any form of discrimination. It is the states' responsibility to provide equal access to healthcare and medical services for their people; including those who are in custody. The health services inside a prison should be at least equivalent to what is available outside. Several international standards and norms, for example, the International Covenant on Economic, Social and Cultural Rights (ICESCR), the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), guarantee prisoners' healthcare rights, including the right to receive the highest attainable standard of health.

Over the last decade in Thailand, prison overcrowding has led to a shortage of healthcare personnel and limited access to healthcare services for inmates. This prolonged problem poses a significant challenge to prison management, particularly during the COVID-19 pandemic. In March 2020, COVID-19 infections first emerged in Thai prisons affecting both staff and prisoners. To address this issue, this article aims to discuss the right to health in places of detention and the impact of prison overcrowding on prisoners' healthcare access. Furthermore, it will explore the situation in Thai prisons during the COVID-19 crisis and the responses made by prisons and relevant authorities.

Keywords: Prison health, COVID-19, Prison, International standards

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INTRODUCTION

There is substantial evidence to show that prisoners often come from marginalized backgrounds. With limited access to quality healthcare, inadequate nutrition, together with possible substance abuse and exposure to transmissible diseases (Penal Reform International, 2019), this could result in a number of diseases, dependencies, or other health-related issues among prisoners. Additionally, overcrowded in prison settings can further lead to inadequate medical services, insufficient staff, poor hygiene, and unsanitary conditions; all of which could contribute to the deterioration of the inmates, health.

Prison health is public health. Considering the number of people that are incarcerated and then subsequently released back into society each day, ministerial bodies must ensure that prisons do not become breeding grounds for communicable and non-communicable diseases (WHO, 2014), which would pose a threat to the health and well-being of society as a whole. The practice of prison healthcare means that the prison administration has to deal with a wide range of health issues, such as drug dependency, communicable disease, and chronic mental disorders. Moreover, maintaining the prisoners' mental health is as equally important as ensuring they have good physical health. Most newly arrived prisoners face challenges, particularly during admission, as they have to adapt themselves to the strict regime and confined environment, which can often result in stress, anxiety, and depression. Those with a history of abuse may have to deal with post-traumatic stress disorder (PTSD).

The COVID-19 pandemic has posed a significant challenge to prisons worldwide. Overcrowding and limited healthcare services inside prisons have put prisoners and prison staff at a high risk of contracting the virus. Experience has shown that prisons and other confined settings where people gather in close proximity may act as a source of infection, amplification, and the spread of infectious disease within and beyond prisons (WHO, 2020). For this reason, a prison administration needs to respond to any outbreak of disease immediately and efficiently to ensure that the situation is dealt with in a timely manner.

To address this issue, in the context of Thailand, this article starts by briefly outlining the international frameworks and national regulations regarding the right to health in places of detention, with a particular focus on the COVID-19 pandemic. Subsequently, it explores the current situation in Thai prisons during the COVID-19 crisis, as well as giving analyses for the responses made by prison authorities. Using the situation in Thailand as a case study, this article discusses good practices and possible challenges, and also offers some key considerations for short-term and long-term correctional policy and practice during the COVID-19 pandemic.

EXISTING INTERNATIONAL AND NATIONAL STANDARDS RELATED TO THE RIGHT TO HEALTH IN PRISON

International Standards

Several international standards and guidelines highlight the importance of the

right to health to ensure that every human being has the fundamental right to receive standard healthcare services. The concept of *"the right to the enjoyment of the highest attainable standard of physical and mental health"* was first articulated in the 1946 Constitution of the World Health Organization (WHO). It also further states that "the enjoyment of the highest attainable standard of health is one of the elemental rights of every human being without distinction of race, religion, political belief, economic, or social condition." Following that, health became part of the right to an adequate standard of living in the 1948 Universal Declaration of Human Rights (article 25) and was repeatedly recognized as a human right in article 12 of the International Covenant on Economic, Social and Cultural Rights (1966). On this basis, the right to health undoubtedly applies to everyone, including persons confined, or those deprived of liberty.

In the context of prison administration, the revised United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) indicates that it is the responsibility of the state to treat all prisoners with respect due to their inherent dignity and value as human beings without discrimination on the grounds of any status. Provisions under the Nelson Mandela Rules cover a wide range of health-related issues from the personal hygiene of prisoners to the prevention of torture in a place of detention. It stipulates that prisoners should be provided with sleeping accommodation that meets all requirements for health; clean clothing, running water, and adequate quantities of essential personal hygiene products necessary for health and cleanliness; free of charge (Rules 12-21).

The entire "Health-care services" section (Rules 24 - 35) of the Nelson Mandela Rules amplifies further on the fundamental principles of prison health, such as the access to necessary healthcare services free of charge; the importance of continuity of health care; health or medical staff with clinical independence; prompt access to healthcare in emergencies; up-to-date and confidential medical records (Penal Reform International, 2019).

In relation to the prevention of contagious diseases such as COVID-19, access to soap, water, personal towels, and hand sanitizer is highly important to ensure personal hygiene among the general prison population. Furthermore, all newly admitted prisoners should be screened for fever and lower respiratory tract symptoms and specific attention should be paid to persons with contagious diseases (WHO, 2020). The Nelson Mandela Rule 30 (d) suggests that prisoners suspected of having contagious diseases shall receive clinical isolation and adequate treatment. The decision to place a prisoner in medical isolation shall be made based on medical necessity and subject to authorization by law. Also, adequate measures should be in place to protect persons in isolation from any form of ill treatment and to facilitate human contact as appropriate and possible in the given circumstances (WHO, 2020).

The Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health also states that "most prisoners face overcrowding, violence and unsanitary conditions detrimental to their mental and physical health and conducive to the spread of disease" while urging States to develop measures to address a non-discriminatory basis in gaining access to

healthcare, particularly vulnerable groups of prisoners, and to implement the Nelson Mandela Rules in regards to the provision of healthcare in prisons.

To supplement the Nelson Mandela Rules, the United Nations Rules for the Treatment of Women prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) further emphasizes the right to health in the prison context and gives special attention to the treatment of women prisoners. Taking into account their backgrounds and different health care needs, the Bangkok Rules underlines the gender-sensitive healthcare responses including reproductive healthcare, mental health issues, personal hygiene, substance abuse treatment programs, response to any other diseases, and the prevention of suicide and self-harm, under the main principles that these women should have equal systems with those in society. The Bangkok Rules 12-13 recognize women prisoners' experience of trauma and abuse as well as their child caring responsibilities that may cause anxiety and risk to mental health.

In response to the COVID-19 pandemic, prisons must have adequate measures in place to ensure a gender-responsive approach to addressing the situation. For instance, any decisions to limit family visits should consider the particular impact on the mental well-being of women prisoners. Most importantly, it is emphasized that the COVID-19 pandemic shall not be used as a justification for undermining adherence to all fundamental safeguards provided in the Nelson Mandela Rules and the Bangkok Rules (WHO, 2020).

In a wider context, the importance of access to healthcare for all is mentioned in the United Nations 2030 Agenda for Sustainable Development. In order to achieve Goal 3 on ensuring healthy lives and promoting well-being for all ages; Goal 5 on achieving gender quality; Goal 10 on reducing inequality among countries; and Goal 16 on promoting inclusive societies at all levels, the administrative bodies need to affirm that the rights to health for prisoners are not deprioritized, treatment for women prisoners shall be equal with men, and prisoners shall receive medical and healthcare treatment at the same levels as those available in society.

National Standards

Part four of the Penitentiary Act. (2560) and the Regulations of the Department of Corrections on Hygiene and Sanitation (2561) cover aspects of the healthcare of prisoners, such as a provision on the establishment of a medical unit with at least one medical staff in every prison; sick prisoners shall be examined by a doctor as soon as possible; and pregnant prisoners shall be treated with specific provisions.

To enhance the prison health operation, a Memorandum of Understanding (MoU) was made between the Department of Corrections, the Ministry of Public Health, and the National Health Security Office to cooperatively create awareness and develop public health services inside prisons to ensure that prisoners will have access to the Universal Healthcare Coverage (UHC). The MoU resulted in the Guidelines for the Development of the Public Health Service

for Prisons (B.E. 2562) as an intensive guideline for prisoners' healthcare; especially in regard to problems with communicable diseases, chronic diseases, and mental health issues, not only while they are in prison but also for health and medical plans after they are released.

In 2004, the Department of Disease Control under the Ministry of Public Health launched the tuberculosis and HIV control plan in prisons in Thailand. This effort was formalized through a memorandum of understanding between the Department of Disease Control and the Department of Corrections in 2011 to monitor these health conditions in prisons (Sriwichian, Tonboot, & Pannarunothai, 2019).

Furthermore, in the context of a broader human rights framework, the fourth National Human Rights Plan (2019 – 2023) specifically guides prison administration to provide social workers and mental health counselors in every prison and correctional institution to support prisoners with mental health issues.

In practice, every prison and correctional institution in Thailand has a medical unit for prisoners' health screenings to provide them with basic medical treatment. Prisoners with severe illness will be referred to a hospital in the province where the prison is located. According to the regulation, two prison staff are required to accompany one prisoner to receive medical treatment outside the prison. Prisoners with national identification (ID) are eligible to access the UHC scheme. The UHC scheme was first initiated in 2001 to provide free healthcare services to the general population. However, to achieve UHC, a person needs to have the national identification (ID) number to verify eligibility, track delivered services, settle claims, and build a shared medical record (International Labour Organization, 2016).

Despite some development and collaboration, several challenges in providing healthcare services exist. These include a lack of medical personnel and insufficient access to medical consultations in some prisons. It is noted that most prisons have a resident nurse, but doctors are usually on call and will visit the prison a few times per week. The frequency of doctor's visits varies. Some prisons only get a doctor's visit once every three months (Sriwichian, Tonboot, & Pannarunothai, 2019).

BACKGROUND OF PEOPLE DEPRIVED OF LIBERTY IN THAILAND

The World Prison Brief's online database shows an estimate of more than 10 million persons in prison worldwide. Upward incarceration trends are found in most parts of the world. It has been reported that the world prison population has grown by 24 percent since 2010 (Walmsley, 2018). The rise in the number of female prison populations is particularly high – an approximate increase of 53 percent compared to 19 percent for their male counterparts for the years 2000 to 2017 (Walmsley, 2017). This continued rise in the number of women prisoners has raised concerns about their children. It was estimated that 19,000 children were living in prison with a primary caregiver (mainly mothers) in 2017 (Penal Reform International, 2020).

Thailand's prison population is ranked as the sixth highest in the world, the third highest in Asia, and the highest in Southeast Asia (World Prison Brief data, 2020). During the past decade, Thailand's prison population has increased significantly. The number of inmates has soared from approximately 150,000 in 2008 to 380,104 in 2020 (Department of Corrections, 2020). Also, women prisoners in Thailand now account for 13 percent of the overall prison population, a much higher ratio compared to the global average of 6-9 percent. It was reported that 235 children were living with their mothers in prison in 2019 (Sriwichian, 2020).

Currently, there are 143 prisons/ correctional facilities across the country, withtotal prison capacity able to hold 254,302 prisoners under 305,312 square meters of sleeping quarters. Due to limited space, prisoners in Thailand are usually confined in congested conditions and most prisons face problems with overcrowding (Thailand Institute of Justice, 2020).

Changes to drug law, policy, and criminal justice practice due to the war on drugs in 2003 led to an increase in prison populations (Jeffries, Chuenurah, and Wallis, 2018). Since then, the number of prisoners has grown to exceed prison capacity. This overcrowding has had an enormous impact on prisoners' as well as prison staffs' health and well-being.

THE COVID-19 CRISIS AND PRISON RESPONSES

The COVID-19 situation in Thai prisons

Prisons are considered to be risky places for the spread of infectious diseases due to overcrowding and limited prison healthcare access. Overcrowding does not only affect the prisoners' living conditions but also heightens the risk of person-to-person and droplet transmission of pathogens like COVID-19 (World Health Organization, 2020). Therefore, COVID-19 outbreaks pose a threat to prisons all over the world due to the limited spaces inside prisons and the turnover rates of people coming and leaving.

Since the beginning of the outbreak until early September 2020, it has been reported that one riot took place because of a COVID-19 rumor, and three male prisoners in Thailand had tested positive for the coronavirus.

In March 2020, the first two cases were found in Bangkok and Ratchaburi prisons. The first person was under an investigation and underwent a drug test at a prison in Bangkok. His infection was believed to be a cause of close contact during his arrest with a policeman who was infected with COVID-19. The second case was a 60-year-old convicted prisoner who has been serving his term since 2016 at Ratchaburi Central Prison. It is likely that he contracted COVID-19 while receiving medical treatment at a hospital outside the correctional facility (Thairath, 2020).

Furthermore, it was reported that on 29 March 2020, more than 100 prisoners rioted at the Buriram Prison because of rumors of a COVID-19 outbreak in the prison. As a result, buildings at the correctional facility were burnt down, property damaged, and there was an attempt by several prisoners to escape (Human Rights Watch, 2020).

From April to August 2020, there were no new cases of infection found among prisoners in Thailand, although a few prison staff did contract COVID-19, and all received proper medical treatment remaining in quarantine for a period of time. Five months later, on 3 September 2020, a third prisoner was reported with COVID-19 at the Central Correctional Institution for Drug Addicts in Bangkok. It was the first locally transmitted COVID-19 case in Thailand for 101 days. The prisoner was a 37-year-old man who was imprisoned on drug charges on 26 August 2020 with 34 other prisoners (BangkokPost, 2020). Since then, coronavirus tests have continued to be administered among the prison population and no further infection cases among Thai prisoners have been reported.

Compared to other countries, the infection rate in Thai prisons appears to be very low – three cases among over 380,000 prisoners nationwide. It is believed that the low number of cases is a result of the early implementation of a prison lockdown, thorough screening measures for newly admitted prisoners, and limited outside activity for prisoners and staff (Bohwongprasert, 2020).

Responses made by prisons and relevant authorities

It is extremely essential for the prison administration to promptly and effectively respond to COVID-19 to ensure that the risks of the virus spreading are mitigated in time.

In the early phase of the COVID-19 outbreak, the Department of Corrections quickly launched healthcare training for 50 prisoners in January 2020. Given the limited number of medical staff, this project aims to equip selected prisoners with the necessary knowledge and skills to become a "volunteer carer" and support doctors and nurses. The prisoners were recruited from prisons nationwide and joined the eight-day course at the Bangkok Remand Prison. After the training, this group of prisoners then returned to their prisons (Laohong, 2020).

Later, to prevent the spread of COVID-19 in prisons, the Department of Corrections issued the official "Preventive and Control Measures of COVID-19 inside Prisons", which were implement from 30 March – 8 July 2020. The precautionary measures are based on the principle of "No Exit for Insiders, No Entry for Outsiders". The measures included several guidelines such as suspension of prison visits, screening during admission of newly arrived and transferred prisoners, changes in educational and vocational training programs, and prisoners working outside prison. (Thailand Institute of Justice, 2020).

From March to May 2020, most visits to prisoners were completely banned and so were activities that involved prisoners working outside correctional facilities. Prisoners were however allowed to contact their family using letters and VDO calls. According to an official instruction of the Department of Corrections, physical visits were allowed again on 1 June while strict visiting protocols guided by the headquarter were in place. (Department of Corrections, 2020)

Furthermore, it was noted that the use of "zoning" to ascertain new prisoners are not carrying the COVID-19 virus has been strictly implemented across the country. As

outlined by Nathee Chitsawang, while social distancing is not an option in overcrowded prisons, area management using the zoning approach can effectively screen and prevent prisoners from being affected by the COVID-19 disease. According to Chitsawang (2020), the 3-step zoning approach includes:

Zone 1 is an isolation area where prisoners are isolated in 14 rooms for 14 days. After completing the isolation period in Zone 1, the prisoners shall go through Zone 2.

Zone 2 is a reception area for monitoring and observing symptoms. If the convicted prisoners or those transferred from Zone 1 show good health conditions, they shall enter Zone 3.

Zone 3 is a general area divided into different units and rooms where prisoners' movements are seriously restricted."

Additionally, while physical visits were suspended, the Department of Corrections encouraged prisons to facilitate visits through video conferencing to minimize feelings of isolation and ensure that prisoners and their relatives remain connected. For prison hygiene, facilities had to be regularly cleaned and prisoners were advised to wear masks and wash their hands to reduce the risks of virus transmission. Some correctional facilities which had a sewing factory on-site started to produce masks to distribute among prisoners and prison staff.

The Department of Corrections also collaborated with other government sectors to handle the COVID-19 pandemic. For example, it worked with the Ministry of Public Health to maintain healthcare in prisons by successfully developing a comprehensive healthcare system and conducted training sessions for prison-based health volunteers that reflected efforts to protect prisoners' welfare. To ensure staff preparedness, the Medical Service Division also issued a guideline on how to investigate and control COVID-19 in prisons once infections have been confirmed. (Thailand Institute of Justice, 2020).

Additionally, the Department of Corrections, in collaboration with the Court of Justice, started to conduct inquisitions and court hearings via video conference with offenders remaining inside prisons to reduce the number of people gathering at court and thus reducing the chance of contracting the virus.

DISCUSSION

Good practices

Given the situation in Thai prisons, it appears that prison authorities are handling the prevention and control of the COVID-19 transmission in prison in a timely and collaborative manner. The low level of infection over the past seven months could be a result of the clear guidelines and instructions given by headquarters, the preparedness of staff at the prison level, continuity in implementing the comprehensive screening and monitoring process, and strong collaboration with external agencies; particularly the Ministry of Health. In addition, prior to the outbreak, the Thai Department of Corrections already had a wide range of collaborations with local partners such as the Thai Health Promotion Foundation, the Inspire Project, and other civil society aiming at enhancing prison's health.

Various initiatives to address the COVID-19 pandemic in prison settings reflect the prompt responses and coordination of the authorities involved. Despite overcrowding, most prisons were relatively pro-active in screening and monitoring prisoners' physical health conditions following the same protocols and guidelines. Moreover, the effects of the lack of medical staff were, to a certain extent, mitigated by the prisoner's volunteer carers scheme, strong collaboration with the Ministry of Health, and material support (such as face masks, alcohol, and hygiene items) from the private sector.

Possible challenges

While there are several measures in place to prevent COVID-19 in prison, there has been no empirical research that explores the actual impact of the national prison policy "No Exit for Insiders, No Entry for Outsiders" or relevant prison practices.

Although one might say that the low number of infection cases reflects the success of the policy, the less visible impact of the COVID-19 prevention measures on prisoners, particularly regarding their mental health and well-being, is unknown. For instance, worries about family and children may cause extreme anxiety and affect mental-health and the wellbeing of women in prisons. Around the world, most women prisoners are mothers with children and/or familiar caring responsibility; being isolated from their children and family often causes a high level of stress for women. The Bangkok Rules also emphasized this issue. Therefore, the COVID-19 prevention measures should be gender-sensitive and aim to counterbalance the negative consequence on women prisoners.

In Thailand, most prison-based rehabilitation programmes, including educational and vocational training, are run by external agencies. Prohibiting external trainers from entering a prison means that prisoners have limited access to a rehabilitation programme. To offset this, prison staff in Thailand may be asked to work harder or work outside of their main role to fulfill the shortage of external trainers in order to continue some key programmes putting additional stress on them. Staff's mental health is as important as that of prisoners and should also be taken into consideration. Therefore, measures to address the limited access to rehabilitation programmes during the pandemic is crucial. Without appropriate measures in place, this situation can undermine the prison achieving its purpose of rehabilitating prisoners as emphasized in the Mandela Rules.

Moreover, it is possible that an outbreak would impact the most vulnerable and marginalized groups of prisoners, such as poor prisoners who have no access to paid work during prison lockdown. A large portion of prisoners in Thailand rely on their families for materials and financial support. The indirect impact of the economic downturn in society at large combined with the prohibition of family visits could mean that prisoners receive less support and may become more vulnerable in prison. Emphasis should also be made on specific groups of prisoners such as those with chronic diseases that may be at higher risk if they contract the virus or foreign national prisoners who may have limited access to information about

COVID-19 in a language they understand and who may experience mental distress caused by worries about their family abroad. In this regard, research and study on these issues would be useful in offering insights that are important for forming future policy.

Therefore, as for a short-term and immediate solution, a comprehensive prison-based COVID-19 prevention and control policy should be evidence-based and consider the unique needs of different groups of prisoners as well as the needs of prison staff. Also, such a policy should aim at ensuring both the physical and mental health of prisoners and prison staff. Particular issues such as the impact of limited contact with family and the disruption of work and vocational training programmes, which may severely affect prisoners' mental health and their rehabilitation and reintegration prospects, should be closely evaluated and further researched.

A long-term solution

In order to ensure sustainability and a rights-based approach in the treatment of offenders, the COVID-19 prevention framework should go beyond prison management. A national plan to respond to the COVID-19 pandemic and other unprecedented diseases must include a strategy to reduce prison overcrowding. Such a strategy should aim to decrease the number of newly admitted prisoners and promote the use of diversions and non-custodial solutions without compromising public safety.

In March 2020, the Thailand Institute of Justice issued a recommendation paper urging the relevant authorities to prioritize the reduction of the prisoner population by implementing non-custodial measures at the pre-trial, trial and sentencing or post-sentencing stages. Key recommendations include the use of alternative sanctions and measures such as fines, probation, house arrests, and the use of electronic monitoring devices for offenders who commit minor offences. The Thailand Institute of Justice further calls for emergency release of specific groups of prisoners such as remand prisoners (those awaiting trials or under investigation), prisoners with less than one year to serve, elderly prisoners (over 60 years of age) and prisoners convicted of a petty crime. The use of non-custodial measures is a long-term solution to health-related risks in prison and violations of fundamental rights caused by imprisonment.

In practice, release mechanisms for specific groups of prisoners such as the elderly, prisoners affected by chronic diseases or other health conditions, pregnant women, women with dependent children, and those who have been sentenced for minor crimes have been implemented in many countries. The release mechanism was applied to avoid mass coronavirus infections. For instance, Indonesia released nearly 30,000 prisoners (Jakata Globe, 2020), Myanmar freed about 25,000 prisoners (Reuters, 2020). The use of a release mechanism implicitly shows that correctional systems cannot control or protect the virus's spreading due to the inability to practice social distancing, a lack of adequate sanitation and hygiene, and a lack of adequate medical care.

UNODC's position paper on COVID-19 preparedness and responses in prisons (UNODC, 2020) highlights some similar practices in other regions. For instance, Iran temporarily released 85,000 prisoners in an effort to combat the

virus, and Afghanistan has ordered the release of 10,000 prisoners, mostly women, juveniles, sick prisoners, and those aged 55 years and above. Further, it was noted that other measures aimed at reducing the prison population have been implemented in more than 15 other countries worldwide, including Albania, Australia, Azerbaijan, Bahrain, France, Greece, India, Indonesia, Ireland, Israel, Jordan, Nepal, Poland, Sudan, Turkey and the United Kingdom (UNODC, 2020).

Although an emergency release has not been implemented as a response to the COVID-19 pandemic in Thailand, royal pardons (regularly issued during the past several years) were announced in August and December 2020. As a result, approximately 70,000 prisoners have been released. While this measure may temporarily relieve some pressure of prison overcrowding, more efforts are needed at the "front-end" of the criminal justice system, such as diversionary measures at the sentencing and pre-sentencing stages to ensure that an offender who commits a non-violent crime is not admitted to prison in the first place. This would be a sustainable approach to ensure effective correctional management and the protection of human rights in the long-term.

CONCLUSION

The right to health is a fundamental part of human rights for all human beings regardless of age, gender, socioeconomic, ethnic background, or social status. Every country has committed to protect this right through domestic legislation, policies, and international declarations. Recognizing the right to health is an essential component of the criminal justice system and also the countries' obligations to provide equal access to healthcare and medical services for their people, including those in custody, in order to uphold the principle of non-discrimination for all.

The COVID-19 pandemic reveals not just the challenges and vulnerabilities of the correctional system but also the opportunities to ensure that prisoners can maintain their rights through the pandemic. This paper explores the COVID-19 situation in Thai prisons and emphasizes factors that contribute to the effective prevention of widespread disease, including prompt response and close collaboration between the prison authority and the national health agency. However, it highlights possible negative impacts of the COVID-19 related policy and practice on prisoners. Finally, it emphasizes that an immediate solution to prevent and address COVID-19 in prison should be gender-sensitive, evidence-based and take into account the different needs of specific groups of prisoners as well as prison staff. For a long-term solution, reducing unnecessary use of imprisonment would be fundamental in ensuring the protection of offenders' rights.

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