Public Health 229 (2024) 151–159

Contents lists available at ScienceDirect

Public Health

journal homepage: www.elsevier.com/locate/puhe

Original Research

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

M.C. Van Hout [a,*], U.-B. Klankwarth [b], S. Fleißner [c], J. Pont [d], H. Stöver [c]

[a] Public Health Institute, Liverpool John Moore's University, UK
[b] Institute of Addiction Research, Frankfurt University of Applied Sciences, Germany
[c] Faculty of Health and Social Work, Frankfurt University of Applied Sciences, Germany
[d] Consultant for Prison Healthcare, Retired from the Medical University Vienna, Austria

ARTICLE INFO

Article history:
Received 18 October 2023
Received in revised form
16 December 2023
Accepted 22 January 2024

Keywords:
Moscow Declaration
Council of Europe
Prison health care
Prison healthcare governance
Human rights

ABSTRACT

Objectives: This study aimed to examine timebound prison healthcare governance amendments and current structures in Europe two decades after the World Health Organization (WHO) Declaration on Prison Health as part of Public Health adopted in Moscow on 24 October 2003 (Moscow Declaration), which recommended prison health care be closely linked with public health systems to ensure quality prison health care, connected health surveillance, and continuity of care.
Study design: We present here a regional evolutionary mapping of the Council of Europe Member State transfer of prison healthcare governance to the auspices of the Ministry of Health.
Methods: The European Committee for the Prevention of Torture database and WHO Regional Office for Europe Health In Prison European Database were scrutinised for Council of Europe (CoE) Member State status regarding the Ministry responsible for prison healthcare governance and if this had changed since the adoption of the Moscow Declaration in 2003.
Results: As of October 2023, completed transfer of governance to the Ministry of Health nationally is documented in 13 CoE Member States and in one CoE Member State candidate (Kosovo). Partial transfer is documented in Spain (*Catalonia* and *Basque Autonomous Community*) and Switzerland (cantons of *Geneva*, *Valais*, *Vaud*, *Neuchatel*, and *Basel-Stadt*). Three CoE Member States operate joint governance of prison health care between Ministries (Malta, Portugal, Türkiye). Transfer is a lengthy process (up to 10 years).
Conclusions: Successful transition requires political commitment, cooperation, needs assessment, resourcing, and evaluation. Monitoring of cost and prison healthcare standards, due process for complaints, and cooperation with independent/Committee against Torture inspections is critical.

Introduction

The global prison population continues to rise (24% since 2000), with over 11.5 million people deprived of their liberty on any given day.[1] People with experience of incarceration experience significant socio-economic disadvantages, chronic ill health, and disabilities.[1,2] They are also less likely to have had a regular healthcare provider before incarceration, and unresolved health issues are often a key driver for criminal activity.[3] The rates of communicable and non-communicable disease and related morbidities and mortalities are disproportionately high among prison populations.[4–6]

Whilst the health of people deprived of their liberty is important to consider within the prison closed environment, prison health cannot be viewed in isolation, given the connection between prison and community.[2,3,5,6] The year 2023 is the 20-year anniversary of the World Health Organization (WHO) Moscow Declaration on Prison Health as part of Public Health (hereafter '*Moscow Declaration*"),[7] which recommended the development of close working links between the Ministry of Health and the Ministry responsible for the prison system, with prison health care closely linked with public healthcare systems to ensure quality health care in prison, connected health surveillance, and continuity of care spanning

* Corresponding author.
E-mail addresses: m.c.vanhout@ljmu.ac.uk (M.C. Van Hout), ulla-britt.klankwarth@fb4.fra-uas.de (U.-B. Klankwarth), simon.fleissner@fb4.fra-uas.de (S. Fleißner), joerg.pont@meduniwien.ac.at (J. Pont), hstoever@fb4.fra-uas.de (H. Stöver).

https://doi.org/10.1016/j.puhe.2024.01.020

prison and community. We present here a regional evolutionary mapping of CoE Member State transfer of prison healthcare governance to the auspices of the Ministry of Health.

Right to health and access to health care of people deprived of their liberty

First, we present extant detail on the international human rights frameworks and various United Nations (UN) promulgations pertinent to the right to health of people deprived of their liberty and particularly their right to access quality non-discriminatory health care equivalent to that available in the community. The universal human right to health is underpinned in the 1946 Constitution of the WHO.[8] The WHO Constitution requires State signature and ratification, and WHO has a legislative capacity to develop international health regulations. The International Covenant on Economic, Social and Cultural Rights[9] expanded on the right to health contained in the Universal Declaration of Human Rights[10] by outlining the steps required for full realisation of these rights: '*States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees … [to] curative and palliative health services.*'[11]

The International Covenant on Civil and Political Rights[12] does not expressly provide for a right to health but provides for the right to humane treatment when detained. The Convention against Torture creates binding obligations on States not to ill-treat those deprived of their liberty and recognises that '*an inadequate level of healthcare can lead rapidly to situations falling within the scope of inhuman and degrading treatment.*'[13] The UN Human Rights Committee[14] specifies that governments have a '*heightened duty of care to take any necessary measures to protect the lives of individuals deprived of their liberty*' as they '*assume responsibility to care for their lives.*' The Committee further mandates that '*adequate or appropriate and timely medical care must be provided to all detainees as part of State duties.*'[15]

These various international human rights frameworks are supported by non-binding UN normative standards of detention, which refer explicitly to right to health and access to health care when detained. The Moscow Declaration[7] builds on the Basic Principles for the Treatment of Prisoners[16] and provides that '*All prisoners have the right to receive healthcare, including preventive measures, equivalent to that available in the community without discrimination … with respect to their legal status.*' The Standard Minimum Rules for the Treatment of Prisoners (hereafter '*Nelson Mandela Rules*')[17] draw attention to the State's duty to provide prisoners with access to necessary healthcare services in terms of free, accessible, and non-discriminatory health care equivalent to that available in the community. Nelson Mandela Rule 24.2 explicitly provides 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.*'[17] Of further utmost importance are the UN Principles of Medical Ethics,[18] which mandate that '*all health personnel working with prisoners have a duty to provide them with treatment of the same quality and standard as is afforded to those who are not imprisoned or detained.*' The World Medical Association declarations further mandate the right to humane treatment and appropriate health care in prisons, particularly within the context of communicable disease.[19]

The European prison context

On 31 January 2021, the SPACE 1 survey reported that 1,414,172 people were detained in European prisons, 34% of which were accommodated in Russian penal institutions.[20] In 2022, the population had reduced (981,575), with fluctuation largely due to change in participation of countries in the survey itself, COVID-19 decongestion measures, and the exclusion of the Russian Federation from the CoE.[21] In 2023, the WHO Regional Office for Europe (hereafter '*WHO Europe*'") reported on continued overcrowding in prisons in one in five European countries and concerning prevalence of mental health/drug use disorders and non-communicable diseases in European prisons.[4]

Key European developments regarding prison healthcare governance, structures, and oversight are as follows. The CoE promulgated the European Prison Rules (1973, 1987, 2006, 2020), which contain pertinent rules regarding the health rights of people living in prison and their access to adequate health care whilst detained.[22] CoE Recommendation (No. R (98) 7)[23] provided that '*The role of the Ministry responsible for health should be strengthened in the domain of quality assessment of hygiene, healthcare and organizations of health services in custody, in accordance with national legislation. A clear division of responsibilities and authority should be established between the Ministry responsible for health or other competent ministries, which should co-operate in implementing an integrated health policy in prison*.' The European Committee for the Prevention of Torture (CPT) has also published standards regarding medical care of people living in prison and provision of healthcare services in prison and engages in routine monitoring of standards.[24,25] The European Court of Human Rights (ECtHR) has been instrumental in improving prison health in Europe, particularly with regard to standards of humane detention.[26] The ECtHR has mandated that the State must ensure that the health and well-being of people deprived of their liberty are adequately ensured by providing them with the requisite medical assistance.[26] Defining adequacy of medical assistance however continues to present a challenge in determination.[26]

The WHO Europe region benefits from the Health in Prisons Programme (the only one of its kind worldwide), which was established in 1995. Its strategic objectives are to enhance detention standards, improve the health of people deprived of liberty, and strengthen the interface between prison health and wider national health systems to promote continuity of care.[27] Prison health data are collected by the Health In Prisons European Database (HIPED) surveys.[2,4,27] Various rights-based declarations in support of prison healthcare governance have been promulgated by WHO Europe and the CoE since the Moscow Declaration. The Madrid Recommendation[28] emphasised the critical nature of health protection in prisons as an essential part of public health. The 2013 Expert WHO Europe Group concluded that managing and coordinating all relevant agencies and resources regarding prison health is a '*whole-of-government*' responsibility and that the Ministry of Health not the Ministry responsible for the prison system (usually Interior, or Justice) should provide and be accountable for prison healthcare services and healthy prison conditions.[5] The CoE Strasbourg Conclusions[29] mandated that the subordination of prison healthcare services under the jurisdiction of Ministry of Health was the optimal way to ensure professional standards. Two subsequent WHO Europe international meetings emphasised the importance of recognising people deprived of their liberty as a vulnerable group, the role of prisons in helping to tackle population health inequalities, and the critical nature of continuity of care.[30,31] More recent documents have consisted of the CoE Organisation and Management of Health Care in Prison: Guidelines,[32] the WHO Europe Organisational Models of Prison Health,[33] and the Prison Health Framework for assessing prison health system performance (Table 1).[34,35]

We present a regional evolutionary mapping of CoE Member State transfer of prison healthcare governance to the auspices of the Ministry of Health. The objective was to examine timebound prison healthcare governance amendments and current structures in

Table 1
Timeline of key European prison health documents.

1973 CoE European Prison Rules[a]
1987 CoE Revised European Prison Rules[b]
1993 CPT Healthcare Services in Prisons[c]
1995 WHO Regional Office for Europe Health in Prisons Programme (HIPP) established[d]
1998 CoE Ethical and Organisational Aspects of Health Care in Prison Recommendation No. R (98) 7[e]
1999 WHO Regional Office for Europe Consensus Statement on Mental Health[f]
2003 WHO Regional Office for Europe Consensus Statement on promoting the health of young people in custody[g]
2003 WHO Regional Office for Europe Moscow Declaration on Prison Health as a Part of Public Health[h]
2006 CoE Revised European Prison Rules[i]
2007 WHO Regional Office for Europe Health in Prisons guide[j]
2008 WHO Regional Office for Europe Trenčín Statement regarding provision of health care to those with mental health problems in prison[k]
2009 WHO Regional Office for Europe Madrid Recommendation *Health protection in prisons as an essential part of public health*[l]
2013 WHO Regional Office for Europe Good Governance for Prison Health Policy Brief[m]
2014 WHO Regional Office for Europe Prisons and Health technical support report for prison staff[n]
2014 CoE Strasbourg Conclusions on Prisons and Health[o]
2017 WHO Regional Office for Europe Lisbon Conclusions regarding drug related harm in prisons[p]
2019 WHO Regional Office for Europe Helsinki Conclusions *Prison health systems: the interface with wider national health systems*[q]
2019 CoE Organisation and Management of Health Care in Prison: Guidelines[r]
2020 WHO Regional Office for Europe Organisational Models of Prison Health[s]
2020 CoE Revised European Prison Rules[t]
2021 WHO Regional Office for Europe prison health framework for assessing prison health system performance[u]

[a] CoE. Guidance document on the European Prison Rules, 2023. Guidance document on the European Prison Rules (coe.int).
[b] CoE. Guidance document on the European Prison Rules, 2023. Guidance document on the European Prison Rules (coe.int).
[c] CPT. Healthcare Services in Prisons. CPT/Inf(93)12-part, 1993. https://rm.coe.int/16806ce943.
[d] WHO Europe. Improving the health of people living in prisons in the WHO European Region: the work of the Health in Prisons Programme of the WHO Regional Office for Europe, 2022–2023, 2023. https://iris.who.int/handle/10665/369509.
[e] CoE. Ethical and Organisational Aspects of Health Care in Prison, 1999. www.ojp.gov/ncjrs/virtual-library/abstracts/ethical-and-organisational-aspects-health-care-prison.
[f] WHO Europe. Mental health promotion in prisons: report on a WHO meeting, The Hague, Netherlands 18–21 November 1998, 1999. https://iris.who.int/handle/10665/108156.
[g] WHO Europe. Promoting the Health of Young People in Custody. A consensus statement on principles, policies and practices, 2003. http://www.hipp-europe.org/resources/doh_promohealth_text.pdf.
[h] WHO Europe. Moscow Declaration on prison health as part of public health: adopted in Moscow on 24 October 2003, 2003. https://iris.who.int/handle/10665/352130.
[i] CoE. Guidance document on the European Prison Rules, 2023. Guidance document on the European Prison Rules (coe.int).
[j] WHO Europe. Health in prisons: a WHO guide to the essentials in prison health, 2007. https://iris.who.int/handle/10665/107829.
[k] WHO Europe. Trenčín Statement on Prisons and Mental Health, 2008. Trenčín statement on prisons and mental health (who.int).
[l] WHO Europe. The Madrid recommendation: health protection in prisons as an essential part of public health, 2009. https://iris.who.int/handle/10665/108579.
[m] WHO Europe. Good governance for prison health in the 21st century: a policy brief on the organization of prison health, 2013. https://iris.who.int/handle/10665/326388.
[n] WHO Europe. Prisons and health, 2014. https://iris.who.int/handle/10665/128603.
[o] CoE. Strasbourg Conclusions on Prisons and Health, 2014. rm.coe.int/strasbourgconclusions-on-prisons-and-health-final-draft-20-june-2014/168075f56c.
[p] WHO Europe. Conclusions of the WHO international meeting on prisons and health: Lisbon 2017, 2018. https://iris.who.int/handle/10665/345712.
[q] WHO Europe. 6th Prison Health Conference: prison health systems: the interface with wider national health systems: Helsinki, Finland, 26–27 March 2019. https://iris.who.int/handle/10665/347071?show=full.
[r] CoE. Organisation and Management of Health Care in Prison: Guidelines, 2019. 168093ae69 (coe.int).
[s] WHO Europe. Organizational models of prison health: considerations for better governance, 2020. https://iris.who.int/handle/10665/336214.
[t] CoE Guidance document on the European Prison Rules, 2023. Guidance document on the European Prison Rules (coe.int).
[u] WHO Europe. The WHO prison health framework: a framework for assessment of prison health system performance, 2021. https://iris.who.int/handle/10665/344561.

Europe in the two decades since the Moscow Declaration recommended prison health care be closely linked with public health systems to ensure quality prison health care, connected health surveillance, and continuity of care.

Methods

The European Committee for the Prevention of Torture (CPT)[e] and WHO Regional Office for Europe HIPED[f] databases were scrutinised in October 2023 for CoE Member State status regarding the Ministry responsible for prison healthcare governance and if this had changed since the 2003 Moscow Declaration. In the first instance, all CPT country reports were systematically searched in chronological order using the Medical Subject Headings terms '*health*', '*ministry*', and '*justice*'. Where relevant information could not be retrieved for a specific CoE Member State in the CPT country reports, the HIPED database was scrutinised, and all Member States were cross-checked across databases for the most recent citation. Information regarding three countries (Moldova, Switzerland, and Liechtenstein) could not be located in either databases and were located on the Surface web (journal paper, UN CAT report, World Prison Brief). Independent classification of dates was subsequently undertaken by three authors with detailed cross-checking by the remaining two authors. Countries that transferred whole-country responsibility for prison health care to the Ministry of Health were counted. In two countries, responsibility for prison health care was not transferred in its entirety to the Ministry of Health (only in individual regions). Hence, we have not categorised these countries as transferred, and these are documented separately as specific regions.

Limitations centre on the simplistic nature of status data (e.g. often one sentence referring to prison healthcare governance arrangements) and our inability to locate exact date of completed transfer for two Member States (Cyprus, San Marino). In addition, some sources may have contained more updated information than others, and eventually, within the same data source, different countries/regions may have had different completion dates for their updates. Where partially different areas of governance

[e] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 2023. www.coe.int/en/web/cpt.
[f] WHO World Health Organization. Health in Prisons European Database (HIPED), 2023. www.who.int/data/region/europe/health-in-prisons-european-database-%28hiped%29/.

arrangement and state-level ministerial distribution of tasks occur, a direct comparison is difficult.

Following the presentation of timebound prison healthcare governance arrangements and current structures in Europe since the 2003 Moscow Declaration, we discuss extant contextual narrative detail provided by the CPT (where available) when referring to configuration, transition planning and processes.

Results

Current prison healthcare governance

Although there is no unique ideal governance model for prison health,[3,4,33,36] our mapping illustrates steady progress to transition toward responsibility and accountability of prison healthcare provision into the national health system as governed by the Ministry of Health. Configurations as of October 2023 are illustrated in Table 2.

As of October 2023, completed transfer of governance to the Ministry of Health nationally is documented in 13 CoE Member States and in one CoE Member State candidate (Kosovo[g]). Partial transfer is documented in Spain (*Catalonia* and *Basque Autonomous Community*) and Switzerland (cantons of *Geneva*, *Valais*, *Vaud*, *Neuchatel*, and *Basel-Stadt*). Three CoE Member States operate joint governance of prison health care between Ministries (Malta, Portugal, Türkiye). See Supplemental Table with Data Sources.

Transfer transitioning

Completed transfer of governance, whether across the entire country or partially (autonomous regions in Spain, Swiss cantons), is a lengthy process (up to 10 years). Progressively, some CoE Member States initiated the transition of the governance of prison health care to the Ministry of Health using a gradual approach in different administrative regions or areas, investing in longer-term preparation to monitor and evaluate the impact of the transition and adapting governance recommendations to domestic and cultural contexts when sharing responsibilities between Ministries[33,37–39] (see Figs. 1 and 2).

Member State prison healthcare governance landscapes

In 2008, an Italian Governmental Decree transferred prison healthcare management to the Ministry of Health (*Aziende Sanitarie Locali*), with full implementation expected to be completed by October 2008.[40] The process was completed in October 2015.[40–43] Kosovo[g] transferred the responsibility for prison healthcare services to the Ministry of Health in 2013.[44] Finland transferred in 2016.[45] In 2021, all healthcare units in Armenian prisons were licensed by the Ministry of Health for primary healthcare provision, psychiatric care, and dental care[46] and a government decree on transfer of the Penitentiary Medicine Centre to the Ministry of Health entered into force in 2023. The transfer in North Macedonia was completed in December 2019.[47,48]

In 2009, the Turkish Government initiated steps to transfer prison health care to the Ministry of Health, with full implementation targeted for October 2009.[49] In 2017, the transfer had still not been completed.[50]

In some Member States, geographic coverage of the transfer of responsibility to the Ministry of Health was federated (e.g. five Swiss cantons, two autonomous regions of Spain). In Spain, the transfer to the Ministry of Health has only taken place in *Catalonia* (2006) and in the *Basque Autonomous Community* (2011).[51] Both Belgium[52,53] and Ukraine[54] have expressed their intentions to plan and proceed with the transfer of prison healthcare governance, with implementation periods of 3–5 years.

In some CoE Member States, the transfer of responsibility to the Ministry of Health remains a contested issue and in some instances with decisions to not pursue or commencing planning processes after initial discussions, often due to changes in national health system governance. In 2015, Ireland engaged in discussions involving the Irish Prison Service, the Department of Justice and Equality, the Department of Health, and the Health Service Executive to explore future healthcare delivery models for Irish prisons.[55] In 2019, Denmark noted that deciding to transfer healthcare responsibility to the Ministry of Health required a thorough prior analysis of the consequences, including both the organisational and the financial consequences.[56]

Georgia, Serbia, and Spain have planned but abandoned efforts to transfer prison healthcare governance to the Ministry of Health. In 2012, the long-standing plan for the transfer of prison health care to the Ministry of Health, Labour and Social Affairs in Georgia was no longer under consideration.[57] Serbia's Ministry of Justice was reported to be analysing the potential transfer in 2015.[58] By 2021, the initial plans had been abandoned. The Ministry of Justice and Ministry of Health had developed a new *modus operandi*, demonstrated by their effective management of the COVID-19 pandemic within the prison system.[59] On May 28, 2003, the Spanish Law on the Cohesion and Quality of the National Health System (16/2003) entered into force, which stipulated that within 18 months, the responsibility for prison health care would be transferred to the national health service. However, 17 years later, the Law has still not been implemented.[51] In the period 2004–2006, the Ministry of Justice and Latvian Prison Administration initiated preparations to achieve the transition of penitentiary health care to the jurisdiction of the Ministry of Health. After several years of discussions, the government noted in 2022 that the prison healthcare model was considered optimal in its current form.[60] In 2016, the Lithuanian government commented that the legal status of the organiser of prison health care was irrelevant in terms of patients' rights and healthcare quality.[61] In 2021, the CPT reported that both Ministries in Romania considered it inappropriate to transfer clinical prison staff responsibility to that of the Ministry of Health, considering the country's healthcare service structure.[62]

In Bosnia and Herzegovina, despite long-standing recommendations for better coordination and a coherent policy between the Federation of Bosnia and Herzegovina, Ministries of Health and Ministry of Justice, the Ministry of Health decisively declined the possibility of the transfer.[63]

Monitoring and evaluating prison healthcare transition to the Ministry of Health

Although not the objective of this examination of timebound prison healthcare governance amendments and current structures, it is remarkable that there are few robust evaluations in the CoE region around such reforms and the transitional process of step change regarding the prison and national healthcare interface.[3] We could only locate various reports originating from France, Norway, the United Kingdom (England, Wales, Scotland), Switzerland, Italy, Basque Autonomous Community in Spain), and the Netherlands, which are retrospective, and reliant on limited data.[37,39,64–70] Collectively, they document motives for integration of prison health care within public services, various configurations and step change actions, and timeframes and highlight the complex and

[g] All reference to Kosovo, whether to the territory, institutions, or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

Table 2
Responsibility for prison health care in Council of Europe Member and candidate Member States as of October 2023.

Under the sole responsibility of Ministry of Health	Under the sole responsibility of the Ministry responsible for the prison system	Joint Cooperation between Ministries
Armenia	Albania	Malta
Cyprus	Austria	Portugal
Finland	Azerbaijan	Türkiye
France	Belgium	
Iceland	Bosnia & Herzegovina	
Italy	Bulgaria	
Luxembourg	Croatia	
North Macedonia	Czech Republic	
Norway	Denmark	
San Marino	Estonia	
Slovenia	Georgia	
United Kingdom	Germany	
Andorra	Greece	
Kosovo[a]	Hungary	
	Ireland	
	Latvia	
	Liechtenstein	
	Lithuania	
	Monaco	
	Montenegro	
	Netherlands	
	Republic of Moldova	
	Romania	
	Serbia	
	Slovak Republic	
	Sweden	
	Ukraine	
	Poland	
	Switzerland[b]	
	Spain[c]	

[a] All reference to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo. As of October 2023, Kosovo is an accepted member candidate of the Council of Europe.
[b] Only the Swiss Cantons Geneva, Vaud, Valais, Neuchatel and Basel-Stadt are under the under the aegis of the Ministry of Health. The other 21 cantons are under the Ministry of Justice, which is responsible for the prison system.
[c] Prison health care is under the responsibility of the Ministry of Interior except in Catalonia and the Basque Autonomous Community where it operates under the aegis of the Ministry of Health.

ongoing processes of organisational change. Planning and operational challenges centre on financial and human resourcing of prison healthcare services even when under the auspices of the Ministry of Health, difficulties in ensuring continuity of care, loss of autonomy of prison staff, increased workload, and operational dynamics affected by tension between prison healthcare systems and public health entities (e.g. Italy, UK including Scotland).[37,65–67]

There is also a paucity of reports on positive achievements (where identified). With the exception of the report from Public Health England,[66] most of them are vague and based on anecdotal observations rather than on systematic research and analysis of indicators. Reported achievements included the improved quality of care of people living in prison, greater awareness of the national health policy around justice health, improved professional and clinical standards, greater transparency and use of evidence-based service responses, professional staff capacity building and staffing, reduced professional isolation, the inclusion of people living in prison in broader health promotion and public health agendas, and linkage to care on release (e.g. Italy, Basque Autonomous Community in Spain, UK including England and Wales).[64–66,69,70] Identified gaps in process centred on the lack of measurable healthcare indicators and lack of proper documentation of healthcare outcomes in prisons. In this regard, the recently developed WHO Framework for Assessment of Prison Health System Performance[34,35] may remedy these gaps. There is a need for robust '*built-in*' needs assessment, process monitoring and evaluation, sufficient resources and greater investment in preventive health care in prisons.

Discussion

Despite the plethora of WHO Europe and CoE promulgations over time, the reform of prison healthcare service governance within public health systems in Europe is a complex, time consuming and challenging process, which generally occurred due to concerns around the complex needs of people living in prison, professional competencies and isolation, and provision of adequate preventive and curative health care.[2,32,33,67,69,71] Regardless of what ministerial entity administers prison health care, progress in supporting collaboration, information sharing and a coordinated health response will help to effectively support the unique and complex healthcare needs of people living in prison and on release during re-entry and re-integration. For improving continuity of health care upon admission to and release from prison, clinical independence of healthcare staff, inclusion of people living in prison in public health initiatives and epidemiological surveillance, healthcare governance models where responsibility lies exclusively with the Ministry of Health or is shared between relevant Ministries have been recommended.[3,5,7,29,32,33]

Key components of a successful transfer process can realise enhanced health surveillance spanning prison and public health, heightened awareness around justice health and human rights in national health policy, improved standard of prison health care (and linked into the community), improved professional competency and quality of clinical staffing, separation of healthcare budget from prison budgets, with increased allocation to prison

Fig. 1. Development of Ministry for Health governance and accountability for prison health care in Europe over the last four decades and status 2023.

health, various cost saving measures (staff, training equipment, entities), reduced professional isolation, enhanced complaints mechanisms and inclusion of the voices of people with lived experience of incarceration in prison health system configurations.[71] For instance in 2023, the WHO Regional Office for Europe reported that despite similar professional accreditation procedures for health services, and ethical and professional standards for health staff in prisons in most countries in Europe, in at least eight countries (Austria, Belgium, Ireland, Malta, Moldova, Monaco, Netherlands, Switzerland), clinical decisions can be ignored by prison staff or overruled.[4] This was less likely to occur where the Ministry of Health was responsible for prison healthcare provision.[4]

Identified arguments for maintaining status quo and prison healthcare services under the remit of the Ministry of Justice (or Interior) can centre on the risks for structural separation of accountability for minimum conditions of detention (e.g. the environmental determinants of health) and access to adequate health care; impact on access to health enhancing activities relative

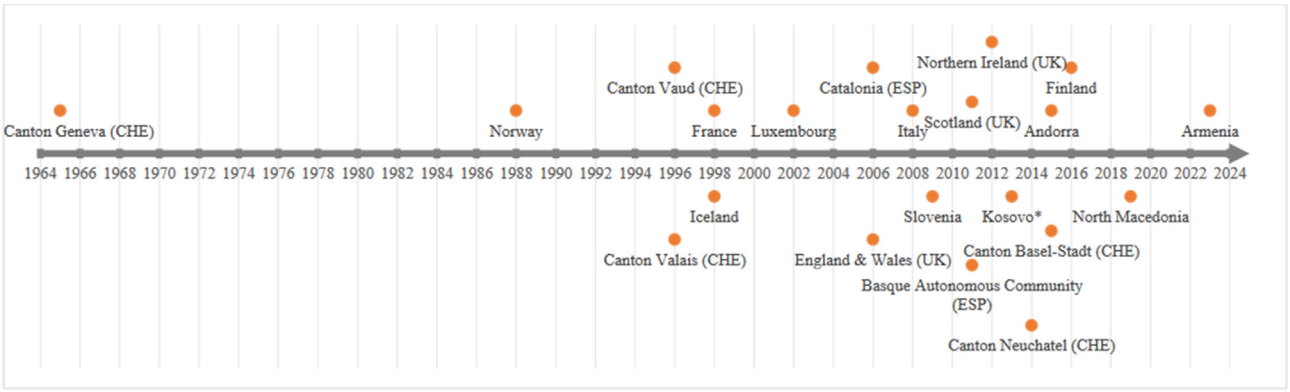

Fig. 2. Year of completed transfer to Ministry of Health in Europe.

to prison conditions (e.g. food, exercise, support), and potential deprioritisation and underresourcing of the prison health budget from the Ministry of Health.[71]

Successful transition to Ministry of Health governance of prison health care requires political commitment, cooperation, financial support and evaluation.[5,33] Transitioning can help realise enhanced care of people living in prison. Robust needs assessment with built-in process evaluation is required to better understand existing, transitional and shared governance processes of prison health care. Operationalisation requires connecting with national health surveillance, monitoring prison healthcare performance indicators, conducting routine health economics analyses and regular independent/Committee against Torture prison inspections.[64,66] Systems are recommended to be computerised to support entry, sentence, prerelease and transitional health planning and supports in bidirectional transitions.[33] Unimpaired continuation of health care for people living in prison is imperative throughout the transition process, as well as accountability assurances around the upholding of various professional principles (e.g. respect for dignity and bodily integrity of people living in prison, right to equivalence of and continuity of care and medical ethics, including clinical independence).[33,72] Further research and dedicated evaluation studies are warranted to better understand existing, transitional and potential models of shared governance of prison health care and inform evidence-based decision-making. Involving people with lived experience of incarceration in a co-production model holds promise.

Conclusion

Investing in prison health care is underpinned by upholding human rights, public health, public safety and economic grounds.[3] Addressing the multiple health and social vulnerabilities and complex needs of people deprived of their liberty is an imperative to reduce health inequalities at the population level,[5] help achieve universal health coverage, and the targets set by the Sustainable Development Agenda 2030.[31,73] It is remarkable that the Agenda and its relevant goals, which stipulate '*that no one will be left behind*', '*focussed in particular on the needs of the poorest and most vulnerable*', and '*to reach the furthest behind first*' omit people living in prisons. Given the complex and chronic health needs of people living in prison, prison health care equivalent to that in the community is likely inadequate to support equivalent health outcomes.[74,75] Governments and prison authorities must therefore strive to ensure healthy prisons for all using a '*whole of government approach*', and close the jurisdiction gap between Ministries. Transferring prison healthcare governance and accountability from the Ministry of Justice to the Ministry of Health can be one such substantive measure of improvement. Further research is required to fully evaluate direct and indirect benefits of transfer of prison healthcare governance. Inspection and evaluation protocols are advised to include aspects of measurement of healthcare performance and upholding of human rights–based norms and standards.

Author statements

Ethical approval

Not required.

Funding

No funding to declare.

Competing interests

The authors declared no conflicts of interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.puhe.2024.01.020.

References

1. Penal Reform International. *Global prison trends 2023*. Penal Reform International; 2023. Available at: GPT-2023.pdf (penalreform.org). [Accessed 2 October 2023].
2. World Health Organization - Regional Office for Europe. *Health in prisons: fact sheets for 38 European countries*. World Health Organization. Regional Office for Europe; 2019. Available at: www.who.int/publications/i/item/who-euro-2019-3694-43453-61042. [Accessed 2 October 2023].
3. McLeod KE, Butler A, Young JT, Southalan L, Borschmann R, Sturup-Toft S, et al. Global prison health care governance and health equity: a critical lack of evidence. *Am J Publ Health* 2020;**110**(3):303–8.
4. World Health Organization - Regional Office for Europe. *Status report on prison health in the WHO European Region 2022*. World Health Organization. Regional Office for Europe; 2023. Available at: www.who.int/europe/publications/i/item/9789289058674. [Accessed 2 October 2023].
5. World Health Organization - Regional Office for Europe. *Good governance for prison health in the 21st century: a policy brief on the organization of prison health*. World Health Organization. Regional Office for Europe; 2013. Available at: https://iris.who.int/handle/10665/326388. [Accessed 2 October 2023].
6. European Monitoring Centre for Drugs and Drug Addiction. *Prison and drugs in Europe: current and future challenges*. 2021. Available at: www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en. [Accessed 2 October 2023].
7. World Health Organization - Regional Office for Europe. *Declaration on prison health as part of public health. Adopted in Moscow on 24 October 2003*. World Health Organization. Regional Office for Europe; 2003. Available at: https://iris.who.int/handle/10665/352130. [Accessed 2 October 2023].
8. United Nations General Assembly. *Entry into force of the constitution of the World Health Organization*. 1947. 17 November 1947 A/RES/131.

9. United Nations General Assembly. *International covenant on economic, social and cultural rights (ICESRC) (16 December 1966)*. United Nations; 1966. Treaty Series, 993:3.
10. United Nations General Assembly. *Universal declaration of human rights (10 December 1948) 217A (III)*. 1948.
11. United Nations Committee on Economic. *Social and cultural rights (CESCR). General comment No. 14: the right to the highest attainable standard of health (Art. 12 of the Covenant) (11 August 2000) E/C.12/2000/4*. 2000.
12. United Nations General Assembly. *International covenant on civil and political rights (ICCPR) (16 December 1966)*. United Nations; 1966. Treaty Series, 999.
13. United Nations General Assembly. *Convention against torture and other cruel, inhuman or degrading treatment or punishment (10 December 1984)*. United Nations; 1984. Treaty Series, 1465:85.
14. United Nations Human Rights Committee. *General Comment no. 36, Article 6 (Right to Life) (3 September 2019) CCPR/C/GC/35*. 2019.
15. United Nations Human Rights Committee. *Lantsova v Russian Federation. 763/1997, UNHCR 74th session, UN Doc. CCPR/C/74/763/1997*. 1977.
16. United Nations General Assembly. *Basic Principles for the Treatment of prisoners. Resolution/adopted by the general assembly (28 March 1991) A/RES/45/111*. 1991.
17. United General Assembly. *United Nations standard minimum Rules for the Treatment of prisoners (the Nelson Mandela rules). Resolution adopted by the general assembly (8 January 2016) A/RES/70/175*. 2016. Available at: https://www.refworld.org/docid/5698a3a3a44.html. [Accessed 3 October 2023].
18. United Nations General Assembly. *Principles of medical ethics relevant to the role of health personnel, particularly physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (18 September 1982) A/RES/37/194*. 1982.
19. World Medical Organisation. Declaration of Edinburgh on prison conditions and the spread of tuberculosis and other communicable diseases. *World Medical Organisation* 2011:1–5. Available at: https://www.wma.net/policies-post/wma-declaration-of-edinburgh-on-prison-conditions-and-the-spread-of-tuberculosis-and-other-communicable-diseases/#:%7E:text=Overcrowding%2C%20lengthy%20confinement%20within%20tightly,communicable%20disease%20and%20ill%2Dhealth. [Accessed 2 October 2023].
20. Aebi MF, Cocco E, Molnar L, Tiago MM. *Prisons and prisoners in Europe 2021: key findings of the SPACE I report. Series UNILCRIM 2022/3*. Council of Europe and University of Lausanne; 2022. Available at: 230420_Key-Findings-SPACE-I_Prisons-and-Prisoners-in-Europe-2021.pdf. [Accessed 2 October 2023] (unil.ch).
21. Aebi MF, Cocco E, Molnar L. *Prisons and prisoners in Europe 2022: key findings of the SPACE I report. Series UNILCRIM 2023/2*. Council of Europe and University of Lausanne; 2023. p. 1–35. Available at: 230626_SPACE-I_2022_FinalReport.pdf. [Accessed 2 October 2023] (unil.ch).
22. Council of Europe. *Guidance document on the European prison rules*. Council of Europe; 2023. Available at: Guidance document on the European Prison Rules (coe.int). [Accessed 3 October 2023].
23. Council of Europe. *Ethical and organisational aspects of health care in prison*. Council of Europe; 1999. Available at: www.ojp.gov/ncjrs/virtual-library/abstracts/ethical-and-organisational-aspects-health-care-prison. [Accessed 3 October 2023].
24. European Committee for the prevention of torture and inhuman or degrading treatment or Punishment (CPT). *Healthcare Services in Prisons [CPT/Inf(93)12-part]*. Available at: https://rm.coe.int/16806ce943, 1993. [Accessed 3 October 2023].
25. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment and Punishment (CPT). *The CPT Standards [CPT/Inf/E (2002) 1 - Rev. 2010]*. 2011. p. 1–96. Available at: www.refworld.org/docid/4d7882092.html. [Accessed 2 October 2023].
26. European Court of Human Rights. *Guide on the case-law of the European convention on human rights: prisoners' rights*. 2022. Available at: www.echr.coe.int/Documents/Guide_Prisoners_rights_ENG.pdf. [Accessed 2 October 2023].
27. World Health Organization - Regional Office for Europe. *Improving the health of people living in prisons in the WHO European region: the work of the health in prisons Programme of the WHO regional Office for Europe, 2022–2023*. World Health Organization. Regional Office for Europe; 2023. Available at: https://iris.who.int/handle/10665/369509. [Accessed 2 October 2023].
28. World Health Organization - Regional Office for Europe. *The Madrid Recommendation: health protection in prisons as an essential part of public health*. World Health Organization. Regional Office for Europe; 2009. Available at: https://iris.who.int/handle/10665/108579. [Accessed 2 October 2023].
29. Council of Europe. *Strasbourg conclusions on prisons and health*. Council of Europe; 2014. Available at: rm.coe.int/strasbourgconclusions-on-prisons-and-health-final-draft-20-june-2014/168075f56c. [Accessed 2 October 2023].
30. World Health Organization - Regional Office for Europe. *Conclusions of the WHO international meeting on prisons and health: Lisbon 2017*. World Organization. Regional Office for Europe; 2018. p. 1–4. Available at: https://iris.who.int/handle/10665/345712. [Accessed 2 October 2023].
31. World Health Organization - Regional Office for Europe. *6th Prison Health Conference: prison health systems: the interface with wider national health systems: Helsinki, Finland, 26–27 March 2019*. Available at: World Health Organization. Regional Office for Europe; 2019. https://iris.who.int/handle/10665/347071?show=full. [Accessed 2 October 2023].
32. Council of Europe. *Organisation and management of health care in prison: Guidelines*. Council of Europe; 2019. Available at: 168093ae69 (coe.int). [Accessed 3 October 2023].
33. World Health Organization. *Regional Office for Europe. Organizational Models of prison health: Considerations for better governance*. World Health Organization. Regional Office for Europe; 2020. Available at: https://iris.who.int/handle/10665/336214. [Accessed 2 October 2023].
34. World Health Organization - Regional Office for Europe. *The WHO prison health framework: a framework for assessment of prison health system performance*. World Health Organization. Regional Office for Europe; 2021. p. 1–44. Available at: https://iris.who.int/handle/10665/344561. [Accessed 2 October 2023].
35. Alves da Costa F, Verschuuren M, Andersen Y, Stürup-Toft S, Lopez-Acuña D, Ferreira-Borges C. The WHO Prison Health Framework: a framework for assessment of prison health system performance. *Eur J Publ Health* 2022;**32**(4):565–70.
36. Council of Europe. *Report on the Organisation of health care services in prisons in European member states*. Council of Europe; 2014. Available at: www.coe.int/t/dg3/health/Prisonsreport_en.asp. [Accessed 2 October 2023].
37. Dubois C, Linchet S, Mahieu C, Reynaert JF, Seron P. *Organization models of health care services in prisons in four countries [KCE Reports 293. D/2017/10.273/69]*. Health Services Research (HSR) Brussels, Belgian Health Care Knowledge Centre (KCE); 2017. Available at: https://kce.fgov.be/sites/default/files/2021-11/KCE_293_Prisons_health_care_Chapter_4.pdf. [Accessed 2 October 2023].
38. Council of Europe - Committee for the Prevention of Torture. *Report to the Government of the United Kingdom on the visit to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 17 to 25 October 2018 [CPT/Inf (2019) 29]*. Council of Europe; 2019.
39. Public Health England. *Rapid review of evidence of the impact on health outcomes of NHS commissioned health services for people in secure and detained settings to inform future health interventions and prioritization in England*. 2016. Available at: https://www.gov.uk/government/publications/health-outcomes-in-prisons-in-england-a-rapid-review. [Accessed 2 October 2023].
40. Council of Europe - Committee for the Prevention of Torture. *Report to the Italian Government on the visit to Italy carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 14 to 26 September 2008 [CPT/Inf (2010) 12]*. Council of Europe; 2010.
41. Council of Europe - Committee for the Prevention of Torture. *Report to the Italian Government on the visit to Italy carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 14 to 18 June 2010 [CPT/Inf (2013) 30 [Part 1]]*. Council of Europe; 2013.
42. Council of Europe - Committee for the Prevention of Torture. *Report to the Italian Government on the visit to Italy carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 13 to 25 May 2012 [CPT/Inf (2013) 32]*. Council of Europe; 2013.
43. Council of Europe - Committee for the Prevention of Torture. *Report to the Italian Government on the visit to Italy carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 8 to 21 April 2016 [CPT/Inf (2017) 23]*. Council of Europe; 2017.
44. Council of Europe - Committee for the Prevention of Torture. *Report to the United Nations Interim Administration Mission in Kosovo (UNMIK) on the visit to Kosovo carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 6 to 16 October 2020 [CPT/Inf (2021) 23]*. Council of Europe; 2021.
45. Council of Europe - Committee for the Prevention of Torture. *Report to the Finnish Government on the visit to Finland carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 7 September to 18 September 2020 [CPT/Inf (2021) 7]*. Council of Europe; 2021.
46. Council of Europe - Committee for the Prevention of Torture. *Report to the Armenian Government on the visit to Armenia carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 2 to 12 December 2019 [CPT/Inf (2021) 10]*. Council of Europe; 2021.
47. Council of Europe - Committee for the Prevention of Torture. *Report to the Government of "the former Yugoslav Republic of Macedonia" on the visit to "the former Yugoslav Republic of Macedonia" carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 6 to 9 December 2016 [CPT/Inf (2017) 30]*. Council of Europe; 2017.
48. Council of Europe - Committee for the Prevention of Torture. *Report to the authorities of North Macedonia on the visit to North Macedonia carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 2 to 10 December 2019 [CPT/Inf (2021) 8]*. Council of Europe; 2021.
49. Council of Europe - Committee for the Prevention of Torture. *Report to the Turkish Government on the visit to Turkey carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 4 to 17 June 2009 [CPT/Inf (2011) 13]*. Council of Europe; 2011.
50. Council of Europe - Committee for the Prevention of Torture. *Report to the Turkish Government on the visit to Turkey carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 10 to 23 May 2017 [CPT/Inf (2020) 22]*. Council of Europe; 2020.
51. Council of Europe - Committee for the Prevention of Torture. *Report to the Spanish Government on the visit to Spain carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 14 to 28 September 2020 [CPT/Inf (2021) 27]*. Council of Europe; 2021.

52. Council of Europe - Committee for the Prevention of Torture. *Rapport au Gouvernement de la Belgique relatif à la visite effectuée en Belgique par le Comité européen pour la prévention de la torture et des peines ou traitements inhumains ou dégradants (CPT) du 27 mars au 6 avril 2017 [CPT/Inf (2018) 8]*. Council of Europe; 2018.
53. Council of Europe - Committee for the Prevention of Torture. *Rapport au Gouvernement de Belgique relatif à la visite effectuée en Belgique par le Comité européen pour la prévention de la torture et des peines ou traitements inhumains ou dégradants (CPT) du 2 au 9 novembre 2021 [CPT/Inf (2022) 22]*. Council of Europe; 2022.
54. Council of Europe - Committee for the Prevention of Torture. *Report to the Ukrainian Government on the visit to Ukraine carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 4 to 13 August 2020 [CPT/Inf (2020) 40]*. Council of Europe; 2020.
55. Council of Europe - Committee for the Prevention of Torture. *Response of the Government of Ireland to the report of the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) on its visit to Ireland from 16 to 26 September 2014 [CPT/Inf (2015) 39]*. Council of Europe; 2015.
56. Council of Europe - Committee for the Prevention of Torture. *Response of the Danish Government to the report of the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) on its visit to Denmark from 3 to 12 April 2019 [CPT/Inf (2020) 26]*. Council of Europe; 2020.
57. Council of Europe - Committee for the Prevention of Torture. *Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 19 to 23 November 2012 [CPT/Inf (2013) 18]*. Council of Europe; 2013.
58. Council of Europe - Committee for the Prevention of Torture. *Report to the Government of Serbia on the visit to Serbia carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 26 May to 5 June 2015 [CPT/Inf (2016) 21]*. Council of Europe; 2013.
59. Council of Europe - Committee for the Prevention of Torture. *Report to the Serbian Government on the periodic visit to Serbia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 9 to 19 March 2021 [CPT/Inf (2022) 03]*. Council of Europe; 2022.
60. Council of Europe - Committee for the Prevention of Torture. *Response of the Latvian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its periodic visit to Latvia from 10 to 20 May 2022 [CPT/Inf (2023) 17]*. Council of Europe; 2023.
61. Council of Europe - Committee for the Prevention of Torture. *Response of the Lithuanian Government to the report of the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) on its visit to Lithuania from 5 to 15 September 2016 [CPT/Inf (2018) 3]*. Council of Europe; 2018.
62. Council of Europe - Committee for the Prevention of Torture. *Report to the Romanian Government on the ad hoc visit to Romania carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 10 to 21 May 2021 [CPT/Inf (2022) 06]*. Council of Europe; 2022.
63. Council of Europe - Committee for the Prevention of Torture. *Report to the Government of Bosnia and Herzegovina on the visit to Bosnia and Herzegovina carried out by the European Committee for the Prevention of Torture and Inhuman or degrading Treatment or Punishment (CPT) from 11 to 12 June 2019 [CPT/Inf (2021) 21]*. Council of Europe; 2021. 2021.
64. Zulaika D, Etxeandia P, Bengoa A, Caminos J, Arroyo-Cobo JM. Un nuevo modelo asistencial penitenciario: la experiencia del País Vasco [A new prison health care model: the experience of the Basque Country]. *Rev Esp Sanid Penit* 2012;**14**(3):91–8.
65. Palumbo R, Annarumma C, Adinolfi P. The dance of change in penitentiary care: window dressing or a new penitentiary care recipe? *Studi Organ* 2018;**2**: 17–43.
66. Leaman J, Richards AA, Emslie L, O'Moore EJ. Improving health in prisons – from evidence to policy to implementation: experiences from the UK. *Int J Prison Health* 2017;**13**(3–4):139–67.
67. Royal College of Nursing Scotland. *5 years on: Royal College of Nursing Scotland review of the transfer of prison health care from the Scottish prison services to NHS Scotland*. 2016. Available at: https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-five-years-on. [Accessed 2 October 2023].
68. Bengoa A, Mateo-Abad M, Zulaika D, Vergara I, Arroyo-Cobo JM. Availability and use of healthcare resources in prisons according to the transference model: a comparative study in Spain. *Rev Esp Sanid Penit* 2018;**20**(1):21–9.
69. International Centre for Prison Studies. *Prison health and public health: the integration of prison health services. Report from a conference organised by the Department of health and the international centre for prison studies*. 2004. Available at: www.prisonstudies.org/sites/default/files/resources/downloads/prison_health_4.pdf. [Accessed 2 October 2023].
70. Hayton P, Boyington J. Prisons and health reforms in England and Wales. *Am J Publ Health* 2006;**96**(10):1730–3.
71. Fraser A, Gatherer A, Hayton P. *Patient or prisoner: does it matter which Government Ministry is responsible for the health of prisoners? A briefing paper for network meeting*. World Health Organization. Regional Office for Europe; 2010. Available at: https://iris.who.int/handle/10665/350361. [Accessed 3 October 2023].
72. Pont J, Enggist S, Stöver H, Williams B, Greifinger R, Wolff H. Prison health care governance: guaranteeing clinical independence. *Am J Publ Health* 2018;**108**(4):472–6.
73. United Nations General Assembly. *Transforming our world: the 2030 agenda for sustainable development, 21 October 2015, A/RES/70/1*. Available at: https://www.refworld.org/docid/57b6e3e44.html, 2015. [Accessed 3 October 2023].
74. Lines R. From equivalence of standards to equivalence of objectives: the entitlement of prisoners to health care standards higher than those outside prisons. *Int J Prison Health* 2006;**2**(4):269–80.
75. Charles A, Draper H. 'Equivalence of care' in prison medicine: is equivalence of process the right measure of equity? *J Med Ethics* 2012;**38**(4):215–8.