



Ministry of Health, National Unity Government of Myanmar (<https://moh.nugmyanmar.org>)

## **Prevention and Control of COVID-19 Infection in Myanmar Prisons and Detention Centres (July 2021)**

Prisons are closed settings holding many vulnerable people and so inherently high risk in any pandemic. People in prison live in close proximity, many in overcrowded conditions, which makes it more difficult to stop cases spreading.

Factors contributing to SARS-CoV-2 transmission in prisons include shared housing, crowding, inability to social distance, challenges for hygiene, and more.

The many risks and challenges of managing COVID-19 in prisons internationally have been reported and include overcrowded prison environments, the poor general health profile of prisoners, the quality of prison healthcare services, existing high levels of communicable diseases, and the inability to comply with most social distancing and hand hygiene rules.

The WHO makes clear “The provision of health care for people in prisons and other places of detention is a **STATE** responsibility.”

Thus, it is the responsibility of the Prison Service (Department of Prisons) to keep the inmates under their care safe from harm including COVID-19 infections.

Any plan to manage the threat of COVID-19 in prisons will need to be based on data and scientific evidence. However, it will need to be flexible enough to accommodate the very different circumstances and situations of different prisons.

Any plan, activities and decisions taken by the Prison Department authorities should be based on the following overarching objectives:

- Preservation of Life- To work to protect the lives of inmates under their care and staff who work in prisons from contracting the COVID-19 virus.
- Access to Health Care – United Nations General Assembly resolution 45/111 states “Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.”



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- To ensure that all inmates and staff who become unwell are provided access to timely health care including admission to hospital if required to minimise deaths.
- Access to Information- To keep inmates, inmate's family and prison staff informed of COVID-19 prevention activities in the prison through clear and regular communication.
- Respect for Human Rights - The rights of all affected people must be upheld, and all health measures must be carried out without discrimination of any kind especially against political prisoners.
- The COVID-19 pandemic must not be used as a justification for undermining adherence to all fundamental safeguards incorporated in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) including, but not limited to, the requirement that restrictions must never amount to torture or other cruel, inhuman or degrading treatment or punishment; the prohibition of prolonged solitary confinement (i.e. in excess of 15 consecutive days); the requirement that clinical decisions may only be taken by health-care professionals and must not be ignored or overruled by non-medical prison staff; and that while the means of family contact may be restricted in exceptional circumstances for a limited time period, it must never be prohibited altogether. ***(United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)***
- Maintaining the delivery of essential (Non COVID-19) health services during the pandemic. Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions, is among the key essential services that should be sustained.

The key structures of the approach to managing COVID-19 in prisons are:

1. **General Preventive Measures**. All staff and inmates in prisons and other places of detention should have comprehensive awareness of COVID-19 prevention strategies.

That include:

- Social distancing and proper ventilation- To reduce overcrowding of the prison with social distancing of at least 6 feet between inmates should be made possible. There should be proper ventilation.



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- Prisoners who are more vulnerable to COVID-19 either due to age, other diseases or immune status should be separated from general prison population.
- Mask wearing - All inmates of prisons and prison staff should be issued with face mask and education provided on how they need to be worn.
- Hand washing- hands should be washed often with soap and water and water and soap should be made available not only to prison staff but to inmates as well. Alcohol hand sanitiser containing 60% alcohol is an alternative. Prison authorities should make available enough water and handwashing supplies.
- Environmental cleaning and disinfection- cleaning of prison premises regularly with water and diluted bleach solution, one part liquid bleach, at an original concentration of 5.25%, to 49 parts water for a final concentration of about 1000 ppm or 0.1%.
- Cleaning staff should be protected from COVID-19 infection and wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.
- Provision of Personal Protective Equipment (PPE) should be made available for prison staff coming into contact with suspected COVID-19 cases.
- Prison cleaning staff should also have access to protective equipment such as disposable gloves, mask and face shields.

**2. Training of staff and inmates in Prison**- Training of staff is a key element of any preparedness plan for prisons and other places of detention in managing COVID-19 disease.

The training should include:

- Basic disease knowledge, including the virus transmission route, signs and clinical disease progression
- Hand hygiene practice
- The requirements for PPE and appropriate use
- Environmental prevention measures, including cleaning and disinfection of the prison
- But it is also essential to raise awareness of COVID-19 disease among the inmates of the prison through a variety of methods such as information leaflets, health education talks.



### **3. Case identification and Management**

There should be proper protocols for COVID-19 disease surveillance and detection including:

- **Initial screening** for symptoms for all on new entries to prison including prison staff. New inmates and staff coming to the prison should be screened and COVID-19 risk assessed including any history of fever, cough and/or shortness of breath and possible contact with confirmed cases in the last 14 days.
- **Diagnosis and confirmation of COVID-19 cases**  
Containment of COVID-19 outbreak strategy should include the rapid identification through use of appropriate local test kit available and if possible, followed by laboratory-confirmation of COVID-19 cases.
- **Management of confirmed cases**  
The protocol should include arrangements for isolation of the cases and management either on site in a medical facility in prison or hospital outside the prison.

If more suspected cases are detected and if individual spaces are not available, patients suspected of being infected with COVID-19 should be grouped together. However, all patients' beds should be placed at least 6 feet apart.

All confirmed cases in prison should have access to medical staff who are aware of the appropriate guidelines for managing COVID-19 cases and have access to the appropriate medication including oxygen if required.

Medical staff and health-care teams looking after Covid 10 patients should have access to recommended personal protective equipment (PPE) including eye protection (face shield or goggles), gloves, mask and gown.

A team of health-care workers and prison staff should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.

To consider the use of telemedicine in prison settings. It would seem like an appropriate and efficient way to deliver health care to large groups of prisoners. It



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also could have the added benefit of giving prisoners access to the opinions of medical specialists.

There should be appropriate arrangements made with local hospitals for transfer of ill inmates who has developed severe Covid disease and require hospital care.

#### **4. Coordination of COVID-19 activities**

Establishing control of COVID-19 in prisons is dependent on the coordinated efforts of local healthcare and prison staff, working with national Ministries of Health and Home Affairs.

It is of paramount importance to work in partnership across all agencies.

Prison authorities should have command and control arrangements to facilitate rapid communication of information and efficient situation analyses and decision-making.

Any preparedness plan for COVID-19 disease should include availability and supply of essential supplies, including PPE and products for hand hygiene and environmental sanitation and disinfection.

#### **5. Independent monitoring of Prisons**

Every prison should have an Independent Monitoring Group made up of local citizens.

Their role is to monitor the day-to-day life in their local prison and ensure that proper standards of care and decency are maintained.

Members should have unrestricted access to their local prison or immigration detention centre at any time and can talk to any prisoner or detainee they wish to, out of sight and hearing of a members of staff if necessary.



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## References

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