

COVID-19 vaccinations for prison populations and staff: Report on global scan

December 2021

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Executive summary

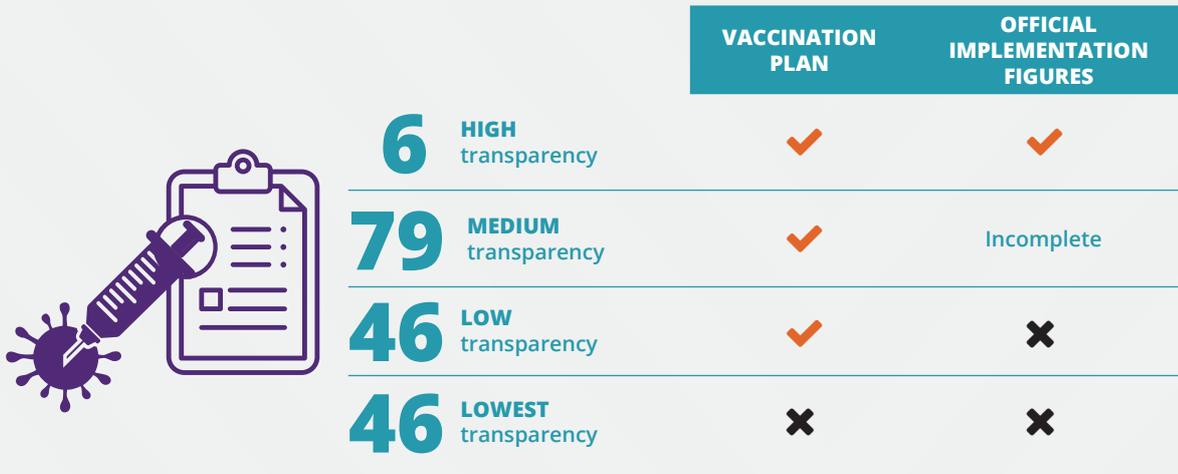
People detained and working in prisons around the world continue to be left behind in COVID-19 responses despite facing heightened risk of infection. As has been the case with COVID-19 testing in prisons, a lack of transparency, lack of resources, and sometimes logistical difficulties hinder the collection and publication of accurate data on the state of COVID-19 vaccinations in prisons in many countries. This report aims to shed light on how prison populations and staff are included and prioritised in national vaccination plans, as well as current progress on vaccine roll-out in prisons. A database of all national vaccination plans reviewed for this study and interactive maps displaying key findings have been developed by Justice Project Pakistan, and are available at <https://jpp.org.pk/covid19-prisoners/>.

Despite all guidance and evidence, the inclusion of people detained and working in prison as an at-risk or priority group in national vaccination plans has been contentious, leading to piecemeal and often insufficient implementation.

With some caveats and variations, four broad approaches to prisons can be distinguished in national COVID-19 vaccination plans:

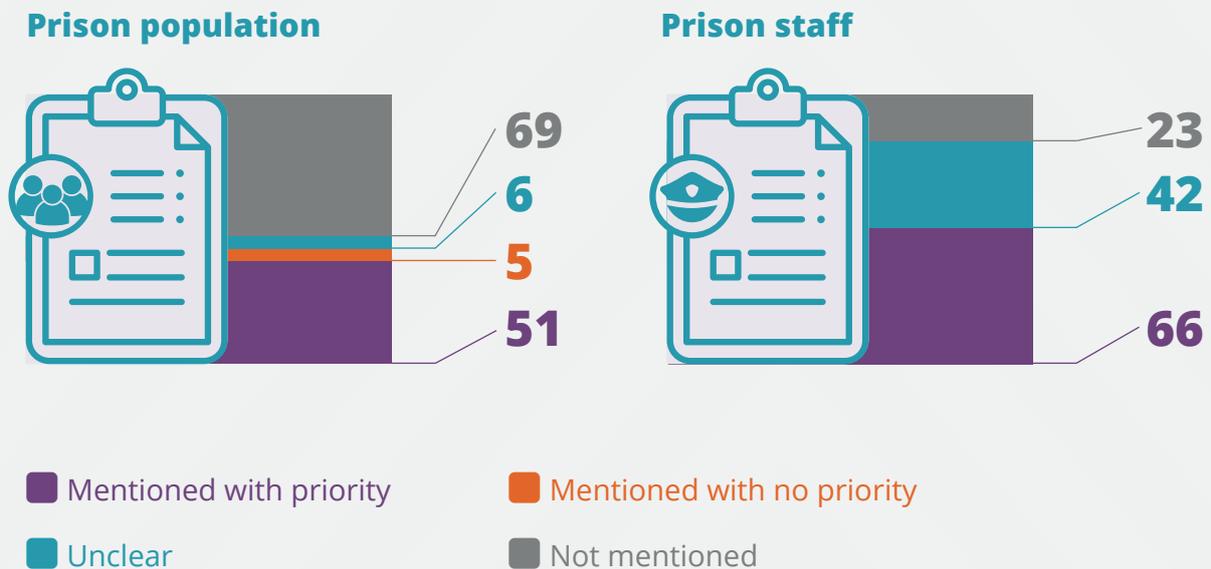
1. Countries which have explicitly prioritised prisons, including prison populations as a higher-risk group;
2. Countries which have included prisons within plans or roll-out, but not as a (high) priority group;
3. Countries which provide equivalence for prison populations or staff with the group that individuals would fall within in the community; and
4. Countries which have not specifically referred to prisons, prison populations, or staff at all in national vaccination programmes.

Transparency on strategy and vaccination of prison population in 177 countries



As of September 2021, out of 177 countries reviewed, no official information on the national vaccination plan could be found for 46 countries (26% of total). Information and figures pertaining to vaccination of prison staff are even more scarce.

Inclusion of people detained and working in prison in available vaccination strategies



Out of the 131 countries for which vaccination plans or other resources could be found, only 56 explicitly mention people in prison (approx. 43% of total). Prison staff are clearly, explicitly mentioned in 66 vaccination plans, but national approaches to their categorisation are even more fragmented. In particular, in 15 countries prioritisation of prison staff can only be confirmed for some categories of staff (for example, only those belonging to security forces or above a certain age).

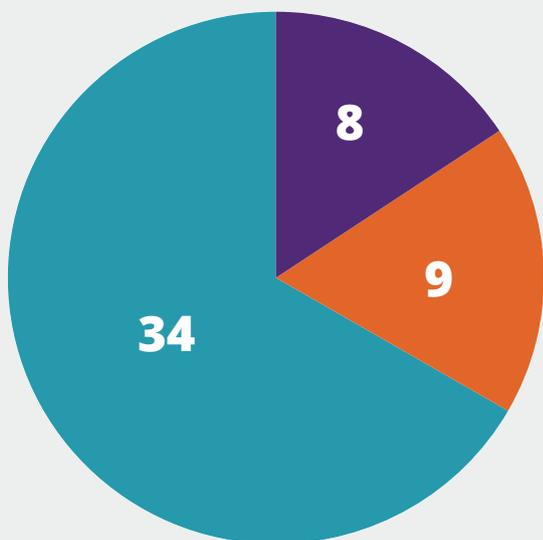
A notable difference between the inclusion and consideration of people detained compared to prison staff emerges when focusing on the degree of prioritisation accorded to these populations in plans which explicitly mention them:

- ▶ Among countries with available vaccination plans, 30% included prison staff in the highest priority for vaccination, whereas only 16% of countries included people detained in the first priority group.
- ▶ People imprisoned were also more likely to fall into low priority categories: this is the case for 67% of countries for which vaccination plans are available, compared to 38% of countries which mentioned prison staff in low priority groups.

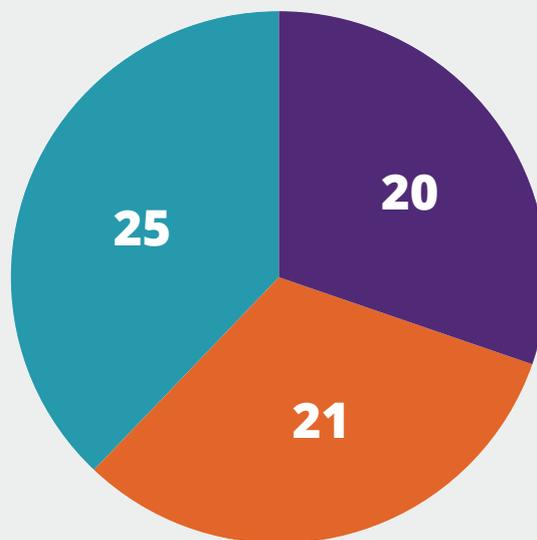
Distribution of prison population and staff in priority groups (where plan available)



Prison population



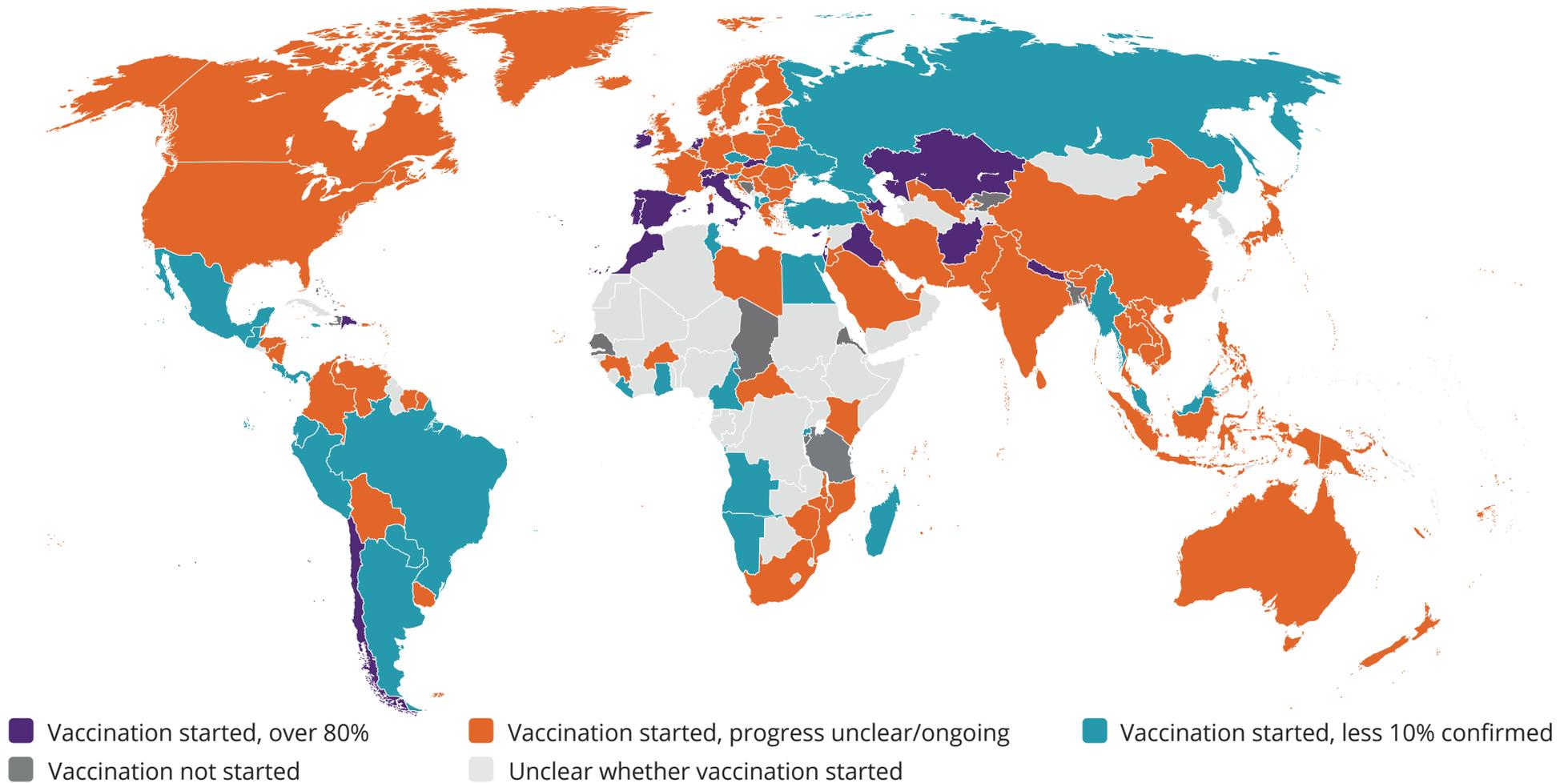
Prison staff



■ Highest

■ High

■ Low



As regards the roll-out of vaccinations in practice, as of 30 September 2021, available figures indicate that vaccination of people in prison had commenced in 120 countries, while in a further 47 countries there was not enough information to confirm that roll-out had begun. In comparison, for prison staff vaccinations are confirmed to have started in 94 countries, with the situation in the remaining 79 countries unclear.

There is significant variance in vaccination plans for prisons among countries and regions, attributable to considerable differences in national vaccination plans, availability of vaccines, size of prison populations, and vaccine roll-out logistics. As of September 2021, available figures indicate that in only 20 countries, 80% (or more) of the prison population had received at least the first dose of a COVID-19 vaccine. Of these, one is in Africa, two are in Central and South America, nine in Asia, and eight in Europe.

Introduction

People in prison continue to be left behind in COVID-19 responses despite facing heightened risk of infection and illness due to cramped and unsanitary living conditions and lack of hygiene supplies in many detention facilities, as well as the poorer health status of prison populations compared to the general population.¹ Even in countries with relatively high standards for places of detention, people detained and working in prisons have been infected and died of COVID-19. The latest available figures indicate that as of July 2021, over 575,000 cases have been recorded in prisons and over 4,000 people in prison have died in 47 countries due to COVID-19.²

To control the spread of COVID-19 within as well as beyond prison walls, the World Health Organization (WHO), the Office of the UN High Commissioner for Human Rights (OHCHR), Penal Reform International (PRI), Harm Reduction International (HRI) and others have called for the adoption of exceptional measures to protect people detained and staff working in detention facilities.

These have included early release to address prison overcrowding,³ and policies targeted at safeguarding the health of the prison population. Similarly, calls have been made for prisons to be prioritised in relation to the roll-out of COVID-19 vaccines. However, while other high-risk groups - such as older persons or people with underlying health conditions - are frequently prioritised in national vaccination plans, this often does not extend to people in detention.

This report presents the findings of the first ever global mapping of COVID-19 national vaccination plans and their roll-out in prisons. It provides analysis on how, and to what extent, prisons are included (and prioritised) in national vaccination plans, and documents the progress to-date in rolling out the vaccine in prisons. In doing so, this report sheds light on a critical aspect of COVID-19 responses in prisons, namely vaccinations, which are an important tool for ensuring that people deprived of liberty - who too often remain invisible to society and at risk of infection or in need of medical care - are not forgotten.

1 Among others: Seena Fazel and Jacques Baillargeon, 'The health of prisoners', *Lancet* 377(9769), 2011, p. 956-65. Doi: 10.1016/S0140-6736(10)61053-7; Stefan Enggist et al. (ed.), 'Prisons and Health' (Copenhagen: WHO Regional Office for Europe, 2014), <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2014/prisons-and-health>.

2 Justice Project Pakistan (2020), 'COVID-19 and Prisoners', available at: <https://www.jpp.org.pk/covid19-prisoners/> (last accessed 25 October 2021).

3 Harm Reduction International (2020), 'COVID-19, Prisons and Drug Policy: Global Scan March-June 2020', available at: <https://www.hri.global/covid-19-prison-diversion-measures> (last accessed 25 October 2021).

Methodology and limitations

The information set out in this report was collected between June and September 2021, through a combination of desk research and collaboration with an extensive network of staff and partners, including civil society and criminal justice actors, across all regions of the world. 177 countries were included in the research, and countries were categorised into regions following the UN geoscheme.⁴ In countries where different plans are followed at the national/federal and sub-national/state level, the mapping has focused on the former.

Official national legislation, policy documents, National Deployment and Vaccination Plans (NDVPs), and data on vaccinations in prisons was used wherever available, and requests for information were sent to public authorities and UN agencies involved in the COVID-19 response at the national level. In addition, reports from media, civil society organisations, and international institutions as well as official press releases, were included.

A critical finding of this research is the widespread lack of transparency and lack of information regarding planned and implemented vaccinations among both prison populations and staff. Official government vaccination plans or other resources outlining national vaccination plans could only be obtained for 131 out of 177 countries surveyed. Often, these vaccination plans are rather sparse in information and just give a broad overview of vaccination prioritisation with no concrete criteria. For some countries, certain categories of vulnerable population groups are prioritised, but it is difficult to decipher if these categories include people in prison.

As has been the case with regard to COVID-19 testing in prisons, a lack of transparency, lack of resources, and sometimes logistical difficulties hinder the collection and publication of accurate data on the state of COVID-19 vaccinations in prisons in many countries. There are considerable barriers to obtaining official documents or resources or accurate, up-to-date information on vaccinations in prison settings in most countries. This pertains to the public availability of both national vaccination plans and information on actual vaccination roll-out among prison populations, as well as a lack of responses to requests for information, leading to a significant lack of clarity on the process in many countries. In the vast majority of countries, it is almost impossible to obtain data on vaccination progress in prisons that is disaggregated by age, sex, or other demographic factors. In the absence of official information, news reports and civil society resources provide crucial, though sometimes unverifiable, information.

When it comes to prison staff, accurate information is even more difficult to come by. In some countries, prison staff are considered frontline workers and a priority group for vaccinations. In this case, some data may be available on the priority group as a whole (including other essential workers) but usually not specifically on prison staff. In most countries, however, prison staff are considered part of the general population and thus included in priority groups in the community according to age and health. In these cases, no data is collected or available on the vaccination of prison staff.

In light of the aforementioned obstacles, all figures in this report should be read as minimum confirmed figures.

⁴ UN Statistics Division, Methodology: Geographic Regions', available at: <https://unstats.un.org/unsd/methodology/m49/> (last accessed 25 October 2021).

Background

While the COVID-19 pandemic has affected everyone, it is now well acknowledged that some groups have been disproportionately impacted, because of biological, societal, and environmental factors; and that an equitable and effective distribution of vaccines requires prioritising groups at higher risk of contracting the virus.⁵

Compared to people in the broader community, people in prison experience higher rates of chronic health problems, including communicable and non-communicable diseases, drug dependence, and mental health problems.⁶ People in prison also experience accelerated ageing, meaning that people over the age of 50 in prison are often considered older – compared to 60 or 65 in the community – because of their lower health status and the ageing effect of prison itself. Low health status of prison populations, coupled with prison health services that are often inferior in availability and quality to those in the community, seriously aggravate the risk and potential impact of COVID-19 in prisons. Specific groups experienced unique vulnerabilities. For example, people who use drugs in prison faced heightened risks during the pandemic due to underlying health issues and a lack of access to harm reduction and other targeted healthcare services,⁷ which were either never available or were suspended during COVID-19 restrictions.⁸ PRI and partners have also documented the

increased hardship experienced by women as a result of COVID-19-related measures adopted in prisons in some places.⁹

Typical characteristics of the prison environment contribute to the heightened exposure of this population to the virus. COVID-19 infection prevention measures commonly implemented in community settings, such as physical distancing, hygiene measures, isolation and quarantine, are difficult, if not impossible, to implement in detention settings. Prisons are frequently overcrowded and facilities are cramped, and often with poor ventilation; people in prisons live, work, eat, and sleep in close proximity to one another. In addition, prison populations have limited access to testing and personal protective equipment (PPE) and, in some cases, to clean water and handwashing facilities.

The existing failure of many prison systems to meet even the most basic standards of healthcare has been exacerbated during the pandemic. Low levels of medical staff and resources for healthcare in prisons have been further stretched, and many prison systems have failed to implement critical preventive measures, such as providing PPE, training on the use of equipment and preventive measures, as well as testing and isolating persons suspected to have been infected. Responses in many countries have been limited, and mostly centred around extreme restrictions on movement, impacting

5 WHO (2021), 'WHO SAGE Roadmap for Prioritizing Uses of Covid-19 Vaccines in the Context of Limited Supply (Geneva: WHO)', <https://www.who.int/publications/item/who-sage-values-framework-for-the-allocation-and-prioritization-of-covid-19-vaccination>.

6 Among others: Seena Fazel and Jacques Baillargeon, 'The health of prisoners', *Lancet* 377(9769), 2011, p. 956-65. Doi: 10.1016/S0140-6736(10)61053-7; Stefan Enggist et al. (ed.), 'Prisons and Health' (Copenhagen: WHO Regional Office for Europe, 2014), <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2014/prisons-and-health>; <https://apps.who.int/iris/bitstream/handle/10665/341497/WHO-EURO-2021-2569-42325-58577-eng.pdf?sequence=1&isAllowed=y>; Gergo Baranyi, 'Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: a systematic review and meta-analysis of prevalence studies', *Lancet* 7(4), 2019, p.461-471. Doi: [https://doi.org/10.1016/S2214-109X\(18\)30539-4](https://doi.org/10.1016/S2214-109X(18)30539-4).

7 'Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic', *OHCHR*, 16 April 2020, www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E.

8 Harm Reduction International (2020), 'The Global State of Harm Reduction 2020' (London: Harm Reduction International), <https://www.hri.global/global-state-of-harm-reduction-2020>.

9 Olivia Rope (4 June 2020), 'Coronavirus and women in detention: A gender-specific approach missing', *Penal Reform International*, <https://www.penalreform.org/blog/coronavirus-and-women-in-detention-a-gender-specific/>.

rehabilitation opportunities and contact with the outside world, while failing to address systemic issues and their underlying causes. For example, in June 2020, HRI published analysis showing that while at least 109 countries adopted measures to release people from prison in response to the pandemic, implementation of releases globally did not meet expectations and reductions in prison populations have been minimal and not sustained. Eighteen months into the pandemic, the overuse of imprisonment continues, with prisons in at least 119 countries operating above capacity.

These environmental factors impact on the health of not only the prison population, but also prison staff. People working in prisons – prison officers and healthcare staff – interact with people in prison on a daily basis and thus face an elevated risk of COVID-19 infection. However, access to adequate PPE for people working in prisons is still limited in many settings.¹⁰

Finally, it is important to note that prisons are not isolated from, but rather part of, the broader community. The turnover of people being admitted and released from prison is high – even during the pandemic; people in prison are frequently transferred between detention facilities; and people working in prison move in and out of facilities on a daily basis and risk introducing the virus in a high-risk environment. Virtually all people in prison will return to their communities, many within a few months to a year. Health in prisons and other closed settings is thus closely connected to the health of the wider society, especially as it relates to communicable diseases. The virus simply cannot be contained within prison walls, thus any outbreak in a detention facility inevitably has

public health implications. On these grounds, any COVID-19 prevention and control measures which do not encompass the prison context are not sustainable. Research shows that – to protect against infection and to prevent further spread of the disease in the general population – vaccinating people in prison is a key public health measure.¹¹

International standards and guidelines

Every human being has a right to the highest attainable standard of physical and mental health. When a state deprives someone of their liberty, it takes on the duty of care to provide medical treatment and to protect and promote their physical and mental health and wellbeing, including by taking proactive measures to protect the health of people detained and working in prisons. Several international standards define the quality of healthcare that should be provided to people in prison.

Article 12 of the International Covenant on Economic, Social and Cultural Rights recognises “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”,¹² which applies to all people regardless of their legal status. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) cover all aspects of prison management and outline the agreed minimum standards for the treatment of people in prison – whether pre-trial or convicted and from admission to release.¹³ The Nelson Mandela Rules clarify that people in prison are entitled to receive the same

10 Penal Reform International and Thailand Institute of Justice (2021), ‘Global prison trends 2021’ (London: Penal Reform International), <https://cdn.penalreform.org/wp-content/uploads/2021/05/Global-prison-trends-2021.pdf>.

11 Gabrielle Beaudry, Daniel Whiting and Seena Fazel (18 February 2021), ‘Covid-19 in prisons: why prioritising staff and prison populations for vaccination matters’, *Penal Reform International*, <https://www.penalreform.org/blog/covid-19-in-prisons-why-prioritising-staff-and/>.

12 UN General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, UNTS 993, p.3, Art.12. <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>.

13 UN General Assembly, Resolution 70/175: United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), UN Doc. A/RES/70/175 (8 January 2016), <https://undocs.org/A/RES/70/175>.

standard of healthcare as is provided in the community (the principle of equivalence). As in the community, the primary responsibility of all healthcare professionals in prison is the care and treatment of their patients, based on individual assessments of their medical needs. Their fundamental ethical obligations are to respect the autonomy and best interests of the patient, to evaluate, promote, protect and improve the physical and mental health of people in prison, and to avoid harm being done to them.

Several other international and regional standards define the quality of healthcare that should be provided to people in prison. Among others, Recommendation No. R (98) 7 of the Committee of Ministers of the Council of Europe,¹⁴ the 3rd General Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment,¹⁵ and the revised European Prison Rules¹⁶ reinforce the principle that states must safeguard the health of all people deprived of liberty. The UN Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) require gender-specific healthcare provision for women and girls.

During the COVID-19 pandemic, the right to health requires authorities to ensure at least the same standard of healthcare as provided in the community – both in terms of preventing and controlling any outbreak, and with reference to diagnosing and treating persons deprived of

liberty who are infected with COVID-19. Special measures are required to protect at-risk groups, such as those with pre-existing health conditions (including HIV/AIDS, tuberculosis, and chronic illnesses), older people, and pregnant women. This is especially important as factors related to the physical prison environment put people detained and working in prison at increased risk of infection.

In June 2021, the WHO Regional Office for Europe published an advocacy brief¹⁷ urging authorities to explicitly include (and prioritise) people detained and working in prisons in national COVID-19 vaccination plans on the basis of their increased vulnerability, the principle of equivalence, and the duty of governments to protect those deprived of their liberty. In the brief, WHO also clarifies that when vaccination of the entire prison population is not possible, vulnerable groups in prison should be prioritised.

Other international, regional, and national institutions have also published guidance on COVID-19 vaccinations which recommend that people in prison should be considered in national vaccination programmes. Among others,¹⁸ in June 2021 the UN Subcommittee for the Prevention of Torture recommended governments to “include in the national vaccination programme, with priority, all persons deprived of liberty, all personnel, including medical, security, social, administrative and other personnel, of places of deprivation of liberty and staff of the national preventive mechanism.”¹⁹

14 Council of Europe, Recommendation No. R (98) 7 of the Committee of Ministers to Member States concerning the Ethical and Organisational Aspects of Health Care in Prison (8 April 1988), <https://rm.coe.int/09000016804fb13c>.

15 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 3rd General Report of the CPT's activities, CPT/Inf (93) 12 (4 June 1993), <https://rm.coe.int/1680696a40>.

16 Council of Europe, Recommendation Rec(2006)2-rev of the Committee of Ministers to member States of the European Prison Rules, Rec(2006)2-rev (1 July 2020), https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809ee581.

17 WHO (2021), 'Advocacy Brief: Why people living and working in detention facilities should be included in national COVID-19 vaccination plans' (Copenhagen: WHO Regional Office for Europe), <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2021/why-people-living-and-working-in-detention-facilities-should-be-included-in-national-covid-19-vaccination-plans-advocacy-brief-2021>.

18 Also see: OHCHR (17 December 2020), 'Human Rights and Access to COVID-19 Vaccines', *OHCHR*, https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf; WHO (2021), 'WHO SAGE Roadmap for Prioritizing Uses of Covid-19 Vaccines in the Context of Limited Supply' (Geneva: WHO), <https://www.who.int/publications/i/item/who-sage-values-framework-for-the-allocation-and-prioritization-of-covid-19-vaccination>.

19 UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Follow-up advice of the Subcommittee to State parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, UN Doc. CAT/OP/12 (18 June 2021), <https://undocs.org/CAT/OP/12>.

Case study: **Argentina**



The national Strategic Plan for COVID-19 vaccinations in Argentina was issued by the Ministry of Health, although different jurisdictions within the country can decide on how it will be executed. People deprived of liberty are identified as a vulnerable group, together with migrants, 'working class' neighbourhoods, Indigenous peoples, and others, and they are included in the 7th priority group ('other strategic populations'). Prison staff are included in the 3rd priority group and therefore were set to receive the vaccine before imprisoned people.

As of 24 November 2020, 1,629 cases and 60 deaths as a result of COVID-19 had been confirmed among people in prison in Argentina. In April 2021, the National Committee for the Prevention of Torture (CNPT) of Argentina issued Recommendation

CNPT 2/2021, which expressed concerns for the slow rate of vaccination of vulnerable people in prison in many areas; and reiterated the urgency of vaccinating as a matter of priority those people in prison who belong to categories acknowledged by the Strategic Plan as at high risk, because of age or pre-existing conditions. The CNPT thus recommended that these individuals be vaccinated at the same time as their counterparts in the wider community.²⁰

Figures on the number of people detained and working in federal prisons who have been vaccinated are updated regularly on a dedicated website, albeit disaggregated only by location.²¹ According to this database, as of 11 October 2021, 10,890 people in prison had received at least one dose of the vaccine out of a national prison population of 109,405²² constituting less than 10% of all people detained. 11,453 prison staff had also received at least one dose.

In short, both public health and human rights considerations and standards recognise that vaccinations are a crucial element to curb further COVID-19 infections among prison populations, who should thus be prioritised in roll-out plans. Although vaccination is not a fix-all solution, it is one among a range of necessary measures to

protect the health and human rights of people deprived of liberty. Vaccinating people detained and working in prison also enables restrictions on movement within facilities to be relaxed which can enable in-person visitation and prison activities and programmes to resume safely, among other aspects of the prison regime.

20 Comité Nacional para la Prevención de la Tortura, 'Recomendación sobre la inclusión efectiva de las personas privadas de la libertad en el plan de vacunación COVID-19', Recomendación CNPT 2/2021 (22 April 2021), <https://cnpt.gob.ar/wp-content/uploads/2021/04/Recomendacion-vacunacion-PPL-CNPT-230121.pdf>.

21 Servicio Penitenciario Federal de Argentina, 'Reporte semanal de vacunación contra COVID-19', available at: <https://reportecovid.spf.gob.ar/reportesAlojadosVacunados> (last accessed 25 October 2021).

22 As of 31 December 2019, according to World Prison Brief: Argentina. Available at: <https://www.prisonstudies.org/country/argentina> (last accessed 29 October 2021).

Findings

Clarity and transparency

A critical finding of this research – and possibly its most significant – is the widespread lack of transparency and lack of information regarding planned and implemented vaccinations among both people detained and staff. Official government vaccination plans or other resources outlining national vaccination plans could only be obtained for 131 out of 177 countries surveyed. Often, these vaccination plans are rather sparse in information and just give a broad overview of vaccination prioritisation with no concrete criteria. For some countries, certain categories of vulnerable population groups are prioritised, but it is difficult to decipher if these categories include people in prison. This lack of clear and explicit mention, and of dedicated strategies for detention settings is in itself concerning, as it signals a failure of authorities to account, since the first stages of planning, for the unique vulnerabilities of people in prisons and the connection between prison and public health.

For example, in **Ireland**, the vaccination plan did not explicitly mention prisons. “People aged 18-64 years living or working in crowded accommodation where self-isolation and social distancing is difficult to maintain” are included as a priority group, however it is unclear whether this encompasses people in prison. In addition, this approach was revised mid-way through roll-out to offer vaccines by age group. Similarly, in **Albania**, ‘closed settings’ are prioritised in the vaccination plan within Group 1, however, without explicit mention it leaves it open to interpretation as to whether prisons are included.

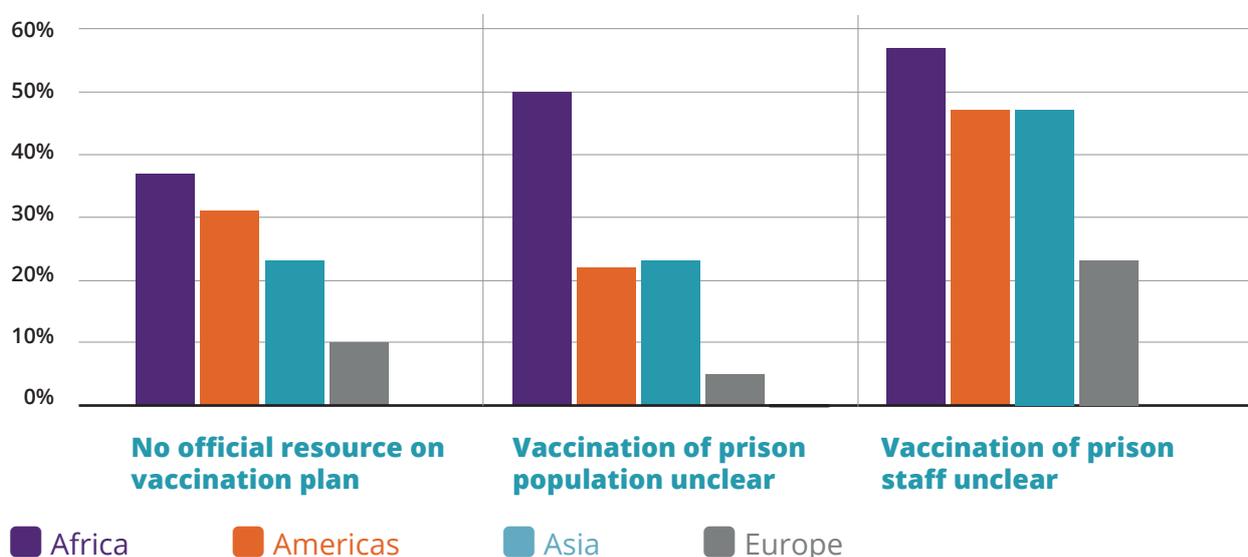
In terms of administered vaccinations, official information is even more difficult to come by. Our research found that only six countries (**Argentina, Canada, Chile, Colombia, Italy, and Thailand**) publish official and updated statistics on people in prison or prison staff who have received at least one dose of the vaccine, and even fewer provide disaggregated data. Authorities in certain countries, such as **Australia**,²³ acknowledged that these figures are not systematically recorded.

As of September 2021, out of the 177 countries reviewed, no official information on vaccination plans could be found for 46 countries (26% of total). For another 47 countries it remained unclear whether vaccination of imprisoned people had started; in 32 countries, vaccinations of prison populations were confirmed, but no figures could be found. It could not be confirmed whether vaccination of prison staff had started in 78 countries (44% of total). In over half of the countries where vaccination of prison staff was confirmed, no figure for the total number of vaccinated prison staff could be found.

Official information was particularly scant for African countries: out of 54 countries included in the analysis, official resources on roll-out of COVID-19 vaccinations were only found for 34 countries (62%). It was also impossible to confirm whether in practice vaccination of people in prison and prison staff had started in 27 and 31 countries respectively.

23 Email communication with Australia Department for Correctional Services dated 8 July 2021. On file with the authors and available upon request.

Availability of information on vaccination plan and rollout (177 countries)



The absence of information available and accessible from official sources on vaccination plans and roll-out in prisons is in violation of the right to health.²⁴ Failure to provide transparent information impedes an accurate assessment by government authorities, the healthcare service, and civil society of the effectiveness, or lack thereof, of government responses to COVID-19 in prisons. It also inhibits accountability and a determination of whether authorities complied with their human rights obligations towards people detained and working in prisons, and – critically – any data-informed discussion of reforms or adaptations that may be necessary.

This issue of transparency has been raised by various actors at the national level. In the **United Kingdom**, the Government has been criticised, including by Members of Parliament, for failing to regularly publicise figures on vaccination in prisons.²⁵ Similarly in **Uganda**, the Initiative for

Social and Economic Rights highlighted how, by only publishing the total number of people vaccinated, the government is failing to provide “a clear picture of whether there is equitable roll out.”²⁶ Commentators also highlighted the lack of any information available on when people in prison will be vaccinated in **Mauritius**, where the Government’s strategy has been characterised as ‘opaque’.²⁷

To bridge this gap, in many cases figures were obtained from press releases, civil society reports, responses from international organisations, and news reports, which provide crucial resources for gaging progress of vaccination roll-out in prisons and comparing progress across different countries. However, in some cases information obtained is difficult to verify and/or is incomplete. For example, news outlets reported that as of July 2021, 90% of the eligible population in **Bhutan** had received two doses of the vaccine; it

24 OHCHR and WHO (2008), ‘OHCHR Factsheet no. 31: The Rights to Health’ (Geneva: United Nations), <https://www.ohchr.org/documents/publications/factsheet31.pdf>.

25 Inside Time (3 May 2021), ‘Prison jobs secrecy’, *Inside Time*, <https://insidetime.org/prison-jobs-secrecy/>.

26 Initiative for Economic and Social Rights (7 April 2021), ‘Prioritise Equitable Roll-Out of COVID 19 Vaccines and Strengthen Public Health Systems: Statement on World Health Day’ *ISER*, https://www.iser-uganda.org/images/downloads/ISER_statement_on_World_Health_Day_2021.pdf.

27 Tanveer Jeewa (22 April 2021). ‘Is the Mauritian COVID-19 vaccine rollout based on a human rights approach?’, *Opinio Juris*, <http://opiniojuris.org/2021/04/22/is-the-mauritian-covid-19-vaccine-rollout-based-on-a-human-rights-approach/>.

is however unclear whether and to what degree this figure includes people in prison and prison staff.

In addition, there are discrepancies between news and other reports on administered vaccinations and national vaccination plans, further complicating the analysis, as found in assessments of **Paraguay** and **Honduras** for instance. In Honduras, the national vaccination plan explicitly mentions persons deprived of liberty as a high-risk population to be vaccinated in the third phase of implementation, which was deemed to start around September 2021. However, the Ministry of Health has reported that vaccinations in prisons started in May 2021 with priority given to those deemed high risk within the group or who are aged over 70 years,²⁸ suggesting that people in prison may (also) be vaccinated in line with the group they belong to in the broader community. As of mid-July, 12,300 people – from among the prison population and staff – had been vaccinated in the country, including almost all women (Honduras has a total prison population of 21,675 people in 28 prisons²⁹).

In other cases, in the absence of information from authorities, some kind of prioritisation and/or consideration of people in prison and prison staff in the roll-out of vaccination could be implied by news reports or statements announcing the commencement of vaccination in prisons. For example, the vaccination of people in prison in **Egypt** reportedly began on 17 May 2021, with 5,000 'elderly or chronically ill' people in prison receiving it.³⁰

However, it remains unclear whether the prison population was specifically targeted, or whether these individuals were eligible pursuant to the same criteria used for people in the community. This lack of transparency, coupled with ongoing concerns about the reliability of the Government's figures on COVID-19 infections in prison, lends support to reports of political motivations behind the choice to prioritise or exclude certain people in prison from the vaccination roll-out.³¹

Scarce data on prison staff

Information and figures pertaining to vaccination of prison staff are even more scarce than for people imprisoned. This is partly because there is variance in how prison staff are classified – some countries consider prison staff frontline workers or a high- or moderate-risk profession, while others do not explicitly mention prison staff as a special category in their national vaccination plans at all. Prison staff also comprise a variety of professions, including healthcare staff, administrative staff, and security or 'guards', which may place them into different prioritisation groups. In several countries, armed forces and/or law enforcement are prioritised, but it is unclear whether prison officers, especially those that provide security (often referred to as guards), are included among this group. Therefore, it is also particularly difficult to ascertain how many prison staff have received vaccinations. Where prison staff are vaccinated based on general priority factors such as advanced age or health risks, disaggregated data on vaccination are likely not recorded.

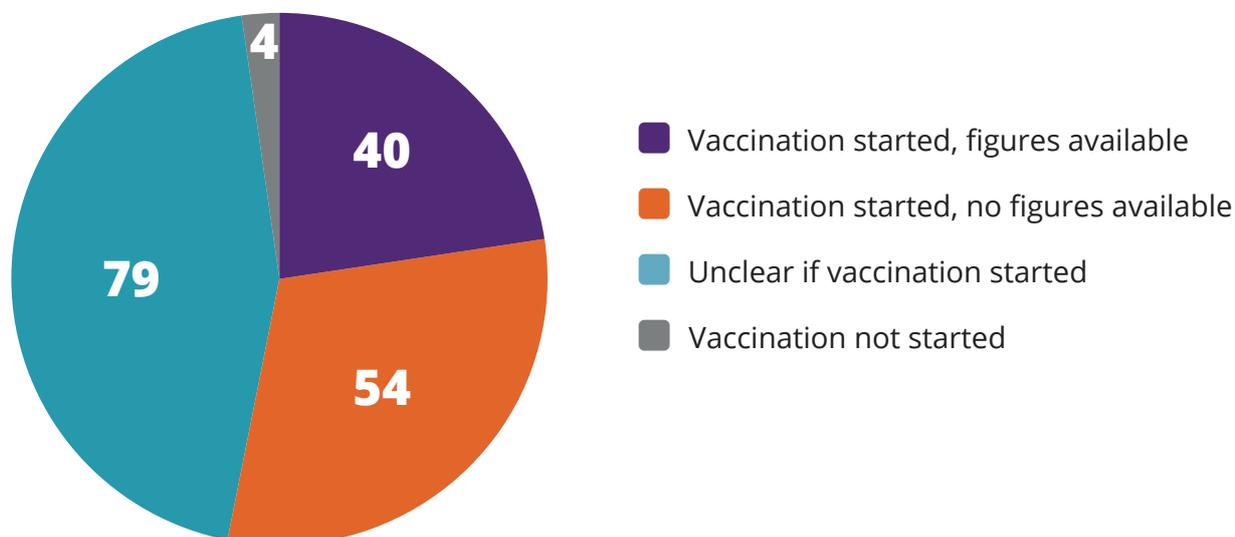
28 Gobierno de la República de Honduras (26 May 2021), 'Salud inicia a vacunar contra la Covid-19 privados de libertad de la tercera edad', *Press Release*, <https://www.salud.gob.hn/site/index.php/component/k2/item/2208-salud-inicia-a-vacunar-contra-la-covid-19-a-privados-de-libertad-de-la-tercera-edad>.

29 As of 2 September 2020, according to the World Prison Brief: Honduras. Available at <https://www.prisonstudies.org/country/honduras> (last accessed 29 October 2021).

30 Mahmoud Abdel Radi (18 May 2021), 'For the first time the Ministry of Interior launches a campaign to vaccinate prisoners against the Coronavirus' [translated], *Youm7*, <https://bit.ly/2ZkB9z7>.

31 Amnesty International (29 June 2021), 'Egypt: Haphazard and flawed Covid-19 vaccine rollout fails to prioritize most at-risk', *Press Release*, <https://www.amnesty.org/en/latest/press-release/2021/06/egypt-haphazard-and-flawed-covid-19-vaccine-rollout-fails-to-prioritize-most-at-risk/>.

Available information on vaccination of prison staff (177 countries)



State or federal approaches and impact on transparency

For many countries with federal systems, it is difficult to describe the national vaccination roll-out, as states follow their own vaccination plans. This is the case in **Australia** and **Canada**, for example, where both national and regional vaccination plans are followed, envisaging different criteria for prioritisation, and **Switzerland**, where each Canton is responsible for its prisons and for vaccine roll-out.³²

In the **United States**, in addition to the federal level, “each state, tribe, and territory developed its own plan for distributing the vaccine to people in their jurisdiction”.³³ While some states – such as Massachusetts – accord high priority to people in prison for the COVID-19 vaccine, others – including Texas and Florida – do not explicitly include prison populations in their vaccination plans. Overall, 34 US states/territories included people in prisons in phase 1 of planned roll-out, while 13 did not explicitly mention them.³⁴

32 Email communication with response of Federal Department of Justice and Police FDJP dated 24 August 2021. On file with the authors and available upon request.

33 U.S. Department of Health & Human Services, ‘COVID-19 Vaccines Distribution: The Process’, available at: <https://www.hhs.gov/coronavirus/covid-19-vaccines/distribution/index.html> (last accessed 25 October 2021).

34 Morgan Maner, ‘An Analysis of Interim COVID-19 Vaccination Plans’, *The Covid Prison Project*, <https://covidprisonproject.com/blog/data/data-analysis/an-analysis-of-interim-covid-19-vaccination-plans/> (last accessed 21 October 2021).

Prioritisation of prisons in national vaccination plans

Despite all guidance and evidence, the inclusion of people detained and working in prison as an at-risk/priority group in national vaccination plans has been contentious, leading to piecemeal and often insufficient implementation. In countries that have adopted and made vaccination plans publicly available, there is considerable variance in approaches when it comes to the inclusion and/or prioritisation of people in prison and prison staff in plans and their roll-out. Despite some caveats and variations, four approaches to prisons can be distinguished:

1. Countries which have explicitly prioritised prisons, including prison populations as a higher-risk group;
2. Countries which have included prisons within plans or roll-out, but not as a (high) priority group;
3. Countries which provide equivalence for prison populations or staff with the group that individuals would fall within in the community; and
4. Countries which have not specifically referred to prisons, prison populations or prison staff at all in national vaccination programmes.

Our analysis found that, of the 131 countries for which vaccination plans or other resources could be found, only 56 explicitly mention people in prison; of these, 51 (39% of available vaccination plans) envisage some level of priority for people in prison in the vaccination roll-out. Five countries (**Azerbaijan, Mexico, Spain, Tunisia, and United Kingdom**) acknowledge the vulnerability of people in prison, but either do not grant them any priority, state that people in prison will be vaccinated pursuant to the group they belong

to in the community, or include them only in later stages of vaccination. In an additional six countries (**Albania, Hungary, Liberia, Mongolia, Sweden, and Uganda**), vaccination plans are publicly available, but it is unclear whether priority categories include people in prison. For example, **Albania** prioritises individuals in 'closed settings', **Hungary** includes 'recipients of social services' in the second phase of vaccination roll-out, and **Liberia's** plan features 'people who cannot physically or socially distance given the work or tasks being performed' among groups with priorities. In all these cases it remains unclear whether these categories include people in prison.

With regard to prison staff, this group is explicitly mentioned in 66 vaccination plans (51% of countries with publicly available vaccination plans), but national approaches to their categorisation are even more fragmented. In particular, while 51 vaccination plans clearly include all prison staff in a priority group, in 15 countries prioritisation of prison staff can only be confirmed for some categories (for example, only staff belonging to security forces, or only those above a certain age). In an additional 42 countries, at least some prison staff may be prioritised as part of categories who are included in the early phases of the roll-out, but an absence of explicit inclusion means it remains unclear whether they are. In most of these countries, including **Cape Verde, Cambodia, Kyrgyzstan, and Morocco**, prison staff may be prioritised as belonging to police, armed forces, or law enforcement who is accorded the highest priority in the vaccination roll-out; while in other contexts, such as **Fiji and Trinidad and Tobago**, this group may have been prioritised as 'essential workers', but this could be neither confirmed nor excluded due to lack of clarity or explanation of the national vaccination plans.

A notable difference between the inclusion and consideration of people detained compared to prison staff emerges when focusing on the degree of prioritisation accorded to these populations in plans which explicitly mention them:

- » Among countries with available vaccination plans, 30% included prison staff in the highest priority for vaccination, whereas only 16% of countries included people detained in the first priority group.
- » People imprisoned were also more likely to fall into low priority categories: this is the case for 67% of countries for which

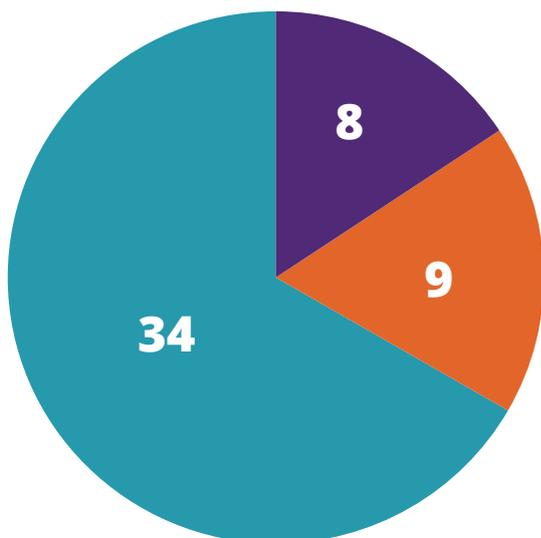
vaccination plans are available, compared to 38% of countries which mentioned prison staff in low priority groups.

While this can be in part explained by the fact that prison staff are in many contexts acknowledged as ‘essential’ workers, are part of highly prioritised categories (such as police and health workers), and/or can be vaccinated in the broader community, this also indicates a limited recognition among policymakers of the vulnerability of people in prison to infectious diseases, and of the interconnectedness between prison health and public health.

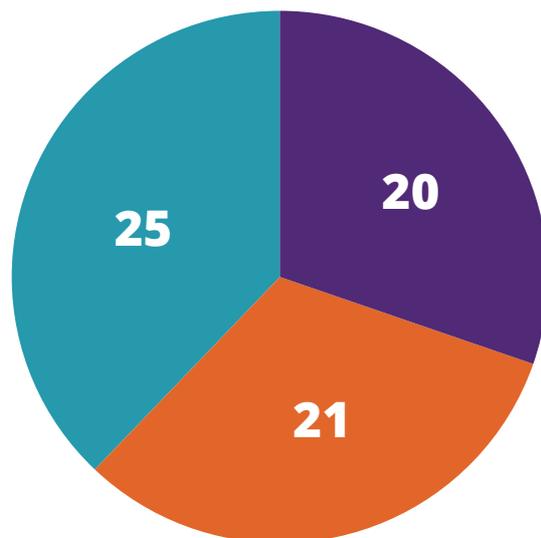
Distribution of prison population and staff in priority groups (where plan available)



Prison population



Prison staff



Highest
 High
 Low

Case study: Philippines



The National Vaccination Plan divides the population into three groups with decreasing levels of priority: A - with 5 subcategories (1-5); B - with 4 subcategories (6-9); and C - all Filipino citizens not included in other groups. People in prison and prison staff are explicitly mentioned, but in different categories, with prison staff in a higher priority category (A1) than people in prison (B9). Detained people (roughly half of whom are incarcerated for drug offences) are therefore only to be vaccinated among the lowest priority group, despite Filipino prisons being among the most severely overcrowded in the world.

Official information on the roll-out is not publicly available, however on 16 June 2021 the Commission on Human Rights of the Philippines (CHRP) indicated that groups included in categories A1 to A4 had been

vaccinated, with some limited extension to A5. As a consequence, prison staff was understood as vaccinated, but not people in prison. In early 2021, an organisation of families and friends of political prisoners (KAPATID) advocated for the prioritisation of people deprived of liberty for vaccination, given their health and overcrowded living conditions; Department of Justice Secretary Menardo Guevarra responded that senior citizens should still be vaccinated as part of A2 regardless of incarceration. However, this likely was not followed by changes in the practice, as CHRP reiterated the same call shortly thereafter.³⁷ In May 2021, Sec. Guevarra proposed the inclusion of people deprived of liberty in category A5 with the 'indigent population'.

Vaccination in some prisons reportedly began around June 2021, following priority groups for the general population; however, as of mid-October 2021 only 10% of convicted people in prison had reportedly been vaccinated.³⁸

Notably, in some cases people detained or working in prison were absent from the initial vaccination plans, but were subsequently prioritised in practice, with varying degrees of planning and coordination. A notable case is that of **Luxembourg**, where neither people in prison nor prison staff were explicitly mentioned in the vaccination plan, however news outlets reported that the Government agreed to prioritise people in prison, mostly for logistical reasons.³⁹

The prison administration reported that "after a sudden increase of Covid-19 infections within the closed prison in Schrassig, the government decided mid-April on short notice that prison officers were to be prioritized for vaccination. In consequence, 249 prison officers chose to be vaccinated. Medical and psychiatric personnel in the prisons had already been vaccinated, as they are part of the health sector."⁴⁰ A similar pattern was noted in **Thailand**, where neither the prison population nor staff were mentioned amongst

37 CNN Philippines (14 April 2021), 'CHR calls for inclusion of inmates in COVID-19 vaccine priority list', *CNN Philippines*, <https://cnnphilippines.com/news/2021/4/14/CHR-inmates-covid-vaccine-priority-list.html>.

38 Lian Buan (18 October 2021), 'Only 10% of Philippine convicts have received COVID-19 Vaccines', *Rappler*, <https://www.rappler.com/nation/bureau-corrections-report-vaccinated-convicts-philippines-october-18-2021>.

39 Luxemburger Wort (29 March 2021), 'Une vaccination prioritaire aussi pour les détenus', *Luxemburger Wort*, <https://www.wort.lu/fr/luxembourg/une-vaccination-prioritaire-aussi-pour-les-detenus-6061dbd4de135b923619cb4a>.

40 Europris, 'COVID-19 Feedback Collection 16 June 2021', <https://www.europris.org/wp-content/uploads/2021/06/Feedback-collection-june-16.pdf>.

the target groups of the COVID-19 Vaccine Management Plan. However, after COVID-19 clusters were reported in prisons, the Justice Ministry submitted a request to the Public Health Ministry for an allocation of vaccines and began vaccinating 1,500 people in Min Buri Central Prison - the first prison to receive COVID-19 vaccines, on 22 May 2021.⁴¹

Equivalence with groups in the broader community

Some national vaccination plans provide for prison populations or staff to be eligible for vaccination in line with the priority group that individuals would fall within in the community. Among others, this was the case of **Poland** and the **Czech Republic**, where authorities confirmed that “[i]nmates are not considered a ‘preferential group’ by the Government’s Vaccination Strategy. In line with the principle of normality and equality of care, the same rules apply to inmate population as to the general society-population.”⁴² While preferable to a lack of mention, this approach is problematic, as it fails to take into account the unique, intersectional vulnerabilities of people who are detained, and the significantly higher health risks associated with incarceration.

Where national vaccination plans do not explicitly mention people in prison, this does not always mean that this population is excluded from vaccination roll-out. In many cases, people in prison who belong to groups deemed high-risk (for example because of advanced age or pre-existing health conditions) were vaccinated alongside these groups in the community. Based

on information available, this was the approach taken in at least 30 countries.

In **France**, for example, there is no specific approach to vaccinating the prison population or staff, people detained and working in prisons have been vaccinated starting from January 2021 according to priorities for the general population.⁴³ Similarly in **Morocco**, the vaccination programme does not explicitly mention prisons, although armed forces and police comprise a top priority group. News reports indicated that vaccination of people in prison started on 2 March 2021, and that “the continuation of the vaccination campaign inside prisons is part of the vaccination process at the national level”;⁴⁴ suggesting that people in prison are vaccinated in line with the group they belong to in the community.

In some countries, people in prison were explicitly included in a priority group, but in practice, particularly vulnerable groups in prison were vaccinated in earlier phases pursuant to the category they would belong to in the general community. In **Portugal**, for example, people in prison were included in Phase 3 of the vaccination roll-out. Nevertheless, people in prison who are considered high-risk, such as those over 80 or with comorbidities, were reportedly vaccinated in Phase 1, in line with the group they belong to in the wider community.⁴⁵ Similarly in **Austria**, people in prison and prison staff were included in Group 3 of 8 of the national vaccination plan, however news reports indicate that people in prison who are considered high-risk and vulnerable received vaccines before prison staff.⁴⁶

41 Bangkok Post (1 June 2021), ‘Ministry requests vaccines for prisons’, *Bangkok Post*, <https://www.bangkokpost.com/thailand/general/2125151/ministry-requests-vaccines-for-prisons>.

42 Europris, ‘COVID-19 Feedback Collection 16 June 2021’, <https://www.europris.org/wp-content/uploads/2021/06/Feedback-collection-june-16.pdf>.

43 Justine Chevalier (5 February 2021), ‘Covid-19: La campagne de vaccination a débuté dans les prisons’, *BFM TV*, https://www.bfmtv.com/police-justice/covid-19-la-campagne-de-vaccination-a-debute-dans-les-prisons_AN-202102050249.html#:~:text=Les%20d%C3%A9tenu%20dans%20les%20prisons,au%20minist%C3%A8re%20de%20la%20Justice.

44 Khalid Mejdoup (26 May 2021), ‘Maroc: 40% des prisonniers vaccinés contre le coronavirus’, *Andalou Agency*, <https://www.aa.com.tr/fr/afrique/maroc-40-des-prisonniers-vaccin%C3%A9s-contre-le-coronavirus/2255307>.

45 Rita Pereira Carvalho (2 June 2021), ‘Task force quer vacinar todos os reclusos com primeira dose em 15 dias’, *Sábado*, <https://www.sabado.pt/portugal/detalhe/task-force-quer-vacinar-todos-os-reclusos-com-primeira-dose-em-15-dias>.

46 Vienna Online (31 March 2021), ‘Unmut unter Justizwachebeamte wegen geimpfter Häftlinge’, *Vienna Online*, <https://www.vienna.at/unmut-unter-justizwachebeamte-wegen-geimpfter-haeftlinge/6944764>.

Prioritisation between and within prisons

At the national level, authorities followed different plans for rolling out COVID-19 vaccines within and between prisons. In many contexts, available information suggests that prioritisation was based on vulnerability of people in prisons, dependent on factors such as age and pre-existing conditions. This option, which is the most in line with the principle of effective, rational, and equitable distribution, appears to be logistically more complex, as it requires vaccinating different groups in different prisons at different stages, making distribution and storage of the vaccine more challenging.⁴⁷

In some countries, vaccines are being administered by existing health staff in prisons, while others introduced mobile vaccination units which travel to prisons, following geographical or other criteria. In **Denmark**, for example, the order of prisons visited by the mobile vaccination unit was based on the age composition of each institution, starting with the institutions with the highest age composition (calculated by age average). **Colombia** vaccinated as a matter of priority all people imprisoned in Leticia prison, located in Colombia's Amazonia department close to the border with Brazil, to prevent an outbreak of the Gamma variant.⁴⁸ **Belgium** followed somewhat different criteria, with the national prison administration indicating that priorities were developed between prisons "according to the vulnerability of the prison population: institutions with older and interned

populations, institutions with medical centres, annexes."⁴⁹ While less complex from a logistical standpoint, this approach may mean that the most vulnerable people in prison were not first in line.

Another approach adopted saw 'mixed' plans; in **Thailand**, for example, priority was reportedly given to people in prison deemed to have a high mortality risk from COVID-19 because of pre-existing conditions and/or age; at the same time, priority was also to be given to correctional facilities with no outbreaks, or those that are larger and with higher population density.⁵⁰

Independent reports raise concerns of prioritisation and/or exclusion of prisoners from vaccination based on political motives in a number of countries. In **Egypt**, Amnesty International denounced the arbitrary denial of access of political prisoners to COVID-19 vaccines. In **Israel**, although people detained and working in prisons were explicitly prioritised, in late 2020 the Minister of Public Security issued directives barring the vaccination of Palestinian people in prison labelled as 'security prisoners'.⁵¹ Following a petition by human rights organisations, the Supreme Court of Israel ruled that people in prison have a legal right to medical treatment, including vaccines. The Court also noted that the crowded conditions in detention settings and the impossibility of isolating individuals suspected of having contracted COVID-19 increase the risk of negative health outcomes, thus requiring the prioritisation of people in prison for vaccination, especially those over the age of 60 and with pre-existing conditions.⁵²

47 Among others, see: Nienke Ledegang, 'Vaccineren in de bajes', *Informatief*, <https://magazines.dji.nl/djizien/2021/02/vaccinaties>.

48 Instituto Nacional Penitenciario y Carcelario (INPEC) (2 March 2021), 'Boletín no.15: Vacunación masiva en el Establecimiento Carcelario de Leticia, *Press Release*, <https://www.inpec.gov.co/documents/20143/314650/BOLETIN+INFORMATIVO+No.+15.pdf/31169676-1927-caf0-9dde-499f1cd4f453>.

49 Europris, 'COVID-19 Feedback Collection 8 March 2021', <https://www.europris.org/wp-content/uploads/2021/03/Feedback-collection-08-March.pdf>.

50 Email communication with local civil society dated 23 July 2021. On file with the authors and available upon request.

51 DALAH (28 December 2020), 'Israeli minister blocks COVID-19 vaccinations for Palestinian prisoners; Adalah demands decision to be overturned', *ADALAH*, <https://www.adalah.org/en/content/view/10207>.

52 Shelly Kamin-Friedman (14 June 2021), 'Access to the COVID-19 vaccine in Israel', *Heinrich Böll Stiftung*, <https://eu.boell.org/en/2021/06/14/access-covid-19-vaccine-israel>.

Case study: Iran⁵³



According to officials, a prison vaccination drive began in August 2021 and was largely complete by late September, with second doses reportedly administered to people at four prisons. However, the reliability and incomplete nature of official information has been questioned,⁵⁴ not least because many official reports refer to vaccination without specifying a number of doses or the make of the vaccine. Reports from news outlets within Iran, often quoting prison authorities, as well as reports collected by independent human rights groups Human Rights Activists in Iran (HRANA) and Abdorrahman Boroumand Center for Human Rights in Iran (ABC) shed light on significant variances in vaccination among prisons and/or prison populations, the lack of a centralised and coherent strategy, and the sometimes problematic criteria followed by authorities for prioritisation.

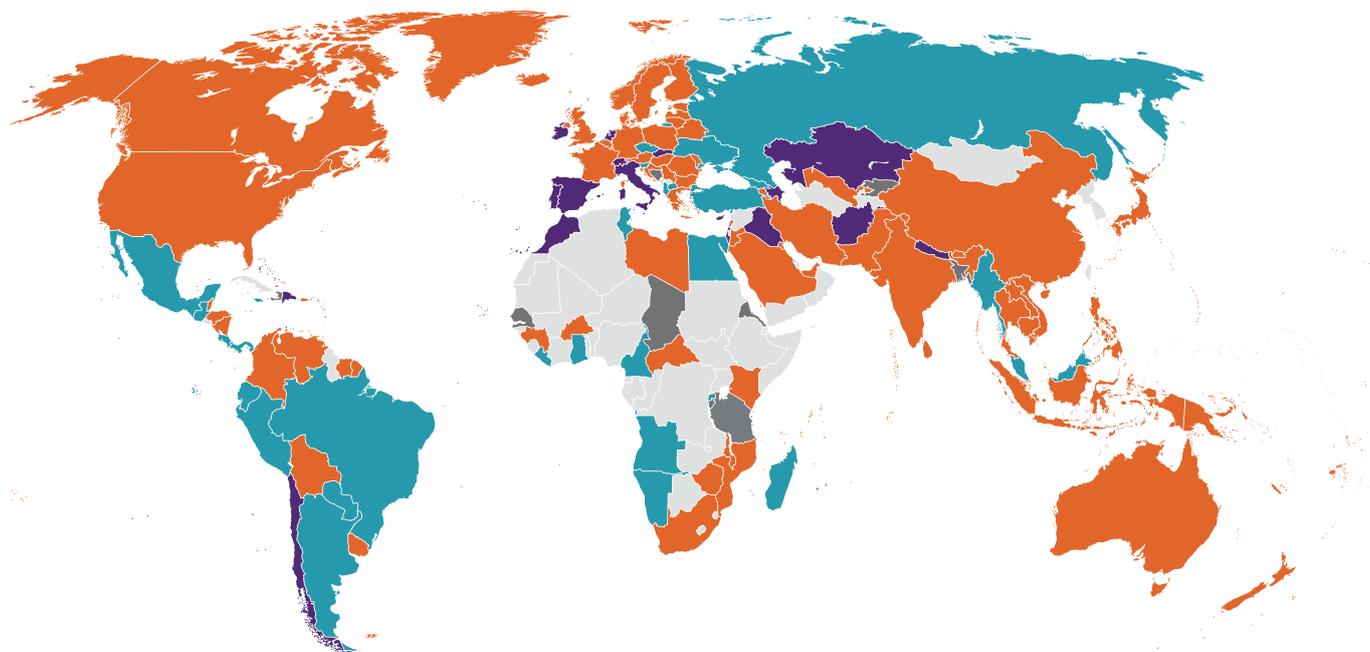
Different criteria for prioritisation are mentioned in reports from prisons, ranging from age, to unspecified 'target groups'. In at least one prison, prison staff were first in line to receive the vaccine, followed by men, and then women – regardless of vulnerabilities such as health status. At Rajaishahr Prison, vaccination was reportedly directed first toward wards with greater ability to communicate with the outside, like those housing political prisoners, while in other wards vaccination commenced with those aged over 70 and with pre-existing conditions.

However, in some localities, public health experts have drawn attention to shortcomings of the vaccination effort, with many highlighting shortages in vaccine supply.⁵⁵ This appears to have impacted prisons as vaccinations were reportedly halted soon after the roll-out began, with authorities explaining that the Ministry of Health had not supplied adequate doses, and continuation would be contingent on more supply.

53 The information in this paragraph was collected and compiled by the Abdorrahman Boroumand Centre for Human Rights in Iran: <https://www.iranrights.org/>.

54 HRANA (24 August 2021), 'HRANA Report: COVID-19 Vaccinations Underway in Iranian Prisons', *HRANA*, <https://www.en-hrana.org/hrana-report-covid-19-vaccinations-underway-in-iranian-prisons/>.

55 Interview of Abdorrahman Boroumand Center with source with knowledge of Evin Prison, 25 August 2021. See also: Khabaran (23 August 2021), 'The Covid vaccine quota in Khuzestan is over' [translated], *Khabaran*, <https://khabarban.com/a/32891174>; Khabaran (24 August 2021), 'New shipment of corona vaccine in Khuzestan' [translated], *Khabaran*, <https://khabarban.com/a/32896793>; Tasnim News (21 August 2021), 'Identification of 767 new coronary heart disease patients in Sistan and Baluchestan / Barekat vaccine on the agenda' [translated], *Tasnim News*, <https://www.tasnimnews.com/fa/news/1400/05/31/2558366/>.



- Vaccination started, over 80%
- Vaccination started, progress unclear/ongoing
- Vaccination started, less 10% confirmed
- Vaccination not started
- Unclear whether vaccination started

Vaccination roll-out in prisons

Figures and trends on COVID-19 vaccination in prisons cannot be assessed in isolation but rather as a component of national vaccination plans, and in the context of the extreme inequality in vaccine distribution between countries. While research suggests that enough vaccines will be produced by 2021 to cover 70% of the global population,⁵⁶ as of 6 October 2021, only 3.7% of people living in low-income countries had received at least one dose of a COVID-19 vaccine, compared to over 60% of individuals in high-income countries.⁵⁷ Rational, effective, ethical and equitable allocation of available doses remains critical in all contexts, and limited availability of vaccines is not in itself justification to exclude people in prison, particularly given the intersectional vulnerabilities of prison populations.

As of 30 September 2021, available figures indicated that vaccination of people in prison had started in 120 countries, while in a further 47 countries there was not enough information to confirm that roll-out had begun.

Somewhat more positively, prison staff had started to be vaccinated in 94 countries, with the situation in 79 countries remaining unclear (as of September 2021), because of the paucity of figures on this specific population (see page 16).

There is significant variance between countries and regions, attributable to significant differences in vaccination plans (see page 19), availability of vaccines, size and characteristics of prison populations, and practical or logistical vaccine challenges.

As of September 2021, available figures indicate that only 20 countries had provided at least 80% of their prison population with at least one dose of the vaccine. Of these, one is in Africa, two

56 United Nations (19 September 2021), 'COVID Vaccines: Widening inequality and millions vulnerable', *UN News*, <https://news.un.org/en/story/2021/09/1100192>.

57 UNDP, 'Global Dashboard for Vaccine Equity: Vaccine Access', available at: <https://data.undp.org/vaccine-equity/> (last accessed 6 October 2021).

are in Central and South America, nine in Asia, and eight in Europe.⁵⁸ More countries may have achieved this target, but lack of data precludes from confirming this. Reportedly, almost all people in prison wishing to be vaccinated received at least one dose of the vaccine in **Azerbaijan, Bahrain, Cyprus, Iraq, Israel, Italy, Kazakhstan, Kuwait, Malta, Netherlands, Slovenia, and Switzerland.**

A significant number of countries have only managed to vaccinate a small proportion of their prison populations as of September 2021. Specifically, of the 86 countries on which figures are available, 29 appeared to have vaccinated less than 10% of their prison population (nine in

Africa, 10 in the Americas, four in Asia, and six in Europe). For example, in **Angola** the vaccination of only 1,500 people out of 26,000 people in prison could be confirmed. In **Guatemala**, as of 2 August 2021 only 2,200 of the over 25,000 people in prison had received at least one dose of the vaccine;⁵⁹ this is despite severe overcrowding in prisons with original capacity for 6,800 people, and 200 confirmed cases of COVID-19 and 20 deaths recorded in prisons by July 2020.⁶⁰ As of September 2021, the start of a vaccination campaign in prisons could not be confirmed in 10 countries, including **Bangladesh, Eritrea, Burundi**⁶¹ and **Haiti**, despite cases having been reported.

Case study: Malta



The experience in Malta highlights the benefit of coordination between various entities and post-release support to ensure access to second doses of the COVID-19 vaccine for people that leave prison before receiving it. Although people imprisoned and prison staff are not explicitly mentioned in the national vaccination plan, news reports from March 2021 indicated that all 821 people in prison as well as prison staff had had their first dose of the COVID-19 vaccine, suggesting they were somehow prioritised. In August 2021, the prison administration stated that “since February 2021 we have administered over 2,799 COVID-19 vaccines (Moderna & AstraZeneca) in CSA [Correctional Services

Agency]. We are still running COVID-19 vaccination clinics every Saturday to cater for the incoming new admissions and for those inmates who may have taken a first dose in the community and are due for their second dose of the COVID-19 vaccine whilst still in prison. Thus strong liaison with Detox clinic, Hal-Far Open Centre and other entities is mandatory to ensure a solid handover and to ensure that accurate vaccination information is received. A compliance rate of over 94.2% for the vaccine amongst inmates has been achieved. In addition, we have vaccinated over 200 inmates that are now in the community. These inmates were given a place, time and location in Malta for their second dose of the vaccine in the community on discharge from prison.”⁶²

58 Afghanistan, Azerbaijan, Bahrain, Chile, Cyprus, Dominican Republic, Iraq, Ireland, Israel, Italy, Kazakhstan, Malta, Morocco, Nepal, Netherlands, Portugal, Singapore, Slovenia, Spain, and Switzerland.

59 Gobierno de Guatemala (2 August 2021), ‘Inicia vacunación en privados de libertad, entre los rangos de 60 a 80 años y que padezcan enfermedades crónicas’, *Press Release*, <https://dgsp.gob.gt/inicia-vacunacion-en-privados-de-libertad-entre-los-rangos-de-60-a-80-anos-y-que-padezcan-enfermedades-cronicas/>.

60 Wayne J. Pitts and Christopher S. Inkpen, ‘Assessing the Effects of COVID-19 in Prisons in the Northern Triangle of Central America’, *Victims & Offenders* 15(7-8), 2020, 1044-1061. Doi: 10.1080/15564886.2020.1828211.

61 The vaccination campaign in Burundi began on 18 October 2021: Reuters (19 October 2021), ‘Burundi launches COVID-19 vaccination drive’, *Reuters*, <https://www.reuters.com/world/africa/burundi-launches-covid-19-vaccination-drive-2021-10-18/>.

62 Europris, ‘COVID-19 Feedback Collection 2 August 2021’, <https://www.europris.org/wp-content/uploads/2021/08/Feedback-collection-August-2.pdf>.

Even in countries where national vaccination plans explicitly include people in prison as a priority group, the vaccination roll-out does not always correspond with the plans, and vaccinations for people in prison might have been delayed or hindered for different reasons.

In **Brazil**, the national vaccination plan explicitly prioritises people deprived of liberty (and prison staff) noting they are high-risk due to conditions of detention and poor healthcare services in prison. However, as of 9 May 2021 only 1,000 vaccine doses were confirmed to have been administered among a prison population of nearly 754,000,⁶³ and against a backdrop of at least 59,620 cases and 241 deaths reported in prisons.⁶⁴ Additional efforts were reported since, however, it appears that only a fraction of individuals in severely overcrowded facilities have received at least one dose of the vaccine. Similarly, **Latvia** prioritised people in prison for vaccination as part of Group 4 of 9; nevertheless, the available official figures indicate that, as of 2 August 2021, 70% of people in prison had not received a vaccination. In **Bangladesh**, according to news reports, the national vaccination plan includes people in prison and jail wardens in the third priority group⁶⁵ with a plan in place in February 2021 to vaccinate 15,000 people in prison, starting with those convicted aged over 40, followed by people younger than 40 and those in pre-trial detention.⁶⁶ However, as of 4 August 2021, vaccination in prisons had not commenced yet.⁶⁷ In **Namibia**, where people in prison are explicitly prioritised in national plans, in July

2021 people detained at the Hardap Correctional Facility denounced not having been vaccinated due to “maladministration, injustice and general negligence”, and in spite of severe overcrowding and the lack of adequate protective measures.⁶⁸

Finally, and despite governments’ obligation to ensure a level of healthcare in prison at least equivalent to that in the community, in some countries people in prison appear to have been intentionally left behind in the roll-out, regardless of availability of vaccines. In a recent report, Human Rights Watch denounced how as of September 2021, only 42% of people in prison in New South Wales (**Australia**) had received at least one dose of the vaccine, compared to 65% of people in the general community.⁶⁹ News reports revealed that the decision was made to redirect vaccines earmarked for imprisoned people to students, despite ongoing outbreaks in prisons, the vulnerability of those detained,⁷⁰ and the fact that some people in prison fit within the categories identified by the national vaccination plan as to be prioritised.

Vaccination roll-out among prison staff

Information on the vaccination of prison staff is particularly hard to gather, for a variety of reasons (see page 16). In countries reviewed for which figures are available, it appears that prison staff are receiving COVID-19 vaccines in all countries except **Burundi**, **Eritrea**, **Senegal**, and **Tanzania**. Vaccination of prison staff has

63 Terrence McCoy and Heloisa Traiano (9 May 2021), ‘Brazil’s unexpected plan to vaccinate the homeless, prisoners and descendants of enslaved Africans first is coming undone’, *The Washington Post*, <https://www.washingtonpost.com/world/2021/05/09/coronavirus-brazil-vaccine-indigenous-quilombo/>.

64 Justice Project Pakistan (2020), ‘COVID-19 and Prisoners’, available at: <https://www.jpp.org.pk/covid19-prisoners/> (last accessed 25 October 2021).

65 Dhaka Tribune (24 January 2021), ‘Bangladesh’s vaccination plan unveiled’, *Dhaka Tribune*, <https://www.dhakatribune.com/health/coronavirus/2021/01/24/bangladesh-s-vaccination-plan-unveiled>.

66 Mohammad Jamil Khan and Shaheen Mollah (26 February 2021), ‘Plan to vaccinate 15k convicts in jail in first phase’, *The Daily Star*, <https://www.thedailystar.net/frontpage/news/plan-vaccinate-15k-convicts-jail-first-phase-2051185>.

67 Ali Asif Shawon (4 August 2021), ‘No decision on inoculating prisoners yet’, *Dhaka Tribune*, <https://www.dhakatribune.com/bangladesh/nation/2021/08/04/no-decision-on-inoculating-prisoners-yet>.

68 Ellen Albertz (7 July 2021), ‘Namibia: We’re Not Vaccinated – Hardap Inmates’, *AllAfrica*, <https://allafrica.com/stories/202107070605.html>.

69 Human Rights Watch (1 September 2021), ‘Australia: Prisoners Denied Vaccine Access’, *Human Rights Watch*, <https://www.hrw.org/news/2021/09/02/australia-prisoners-denied-vaccine-access>.

70 Michael McGowan and Elias Visontay (4 September 2021), ‘Covid vaccines earmarked for NSW prison inmates diverted to HSC students’, *The Guardian*, <https://www.theguardian.com/australia-news/2021/sep/04/covid-vaccines-earmarked-for-nsw-prison-inmates-diverted-to-hsc-students>.

started in at least 94 countries; at least seven countries have vaccinated all prison staff who chose to, namely: **Cyprus, Iceland, Israel, Italy, Mauritius, Morocco, and Spain**. For the remaining 79 countries, insufficient information was available.

The fact that prison staff were in several instances categorised as essential workers and included in high priority groups more often than people in prison, meant that in practice, the vaccination of prison staff started before that of people in prisons. In **Kenya**, for example, 15,000 prison officers (included in Phase I of the roll-out) were vaccinated before the prison population.

Free and informed consent to vaccination

A central standard for any health intervention is that of the free and informed consent of the patient. This principle applies equally in prisons: Rule 32(1)(b) of the UN Nelson Mandela Rules states that “The relationship between the physician or other health-care professionals and the prisoners shall be governed by the same ethical and professional standards as those applicable to patients in the community, in particular [...] adherence to prisoners’ autonomy with regard to their own health and informed consent in the doctor-patient relationship.” The Inter-American Commission on Human Rights has further clarified that “All COVID-19 vaccinations that the State administers must be subject to the free, prior, and informed consent of the individual”, and that everyone has the right to receive information on the COVID-19 vaccines they may be receiving.⁷¹

While mandatory vaccination may be lawful in certain contexts – particularly in cases of highly infectious diseases⁷² – governments remain bound to comply with key safeguards, and to provide timely, comprehensive, understandable, tailored, and culturally appropriate information. As a rule, the primary focus should be on education and information. This is essential not only from a human rights perspective (to protect the right to health and to bodily autonomy), but also for public health: both in prisons and the wider community, accurate information-sharing and informed consent are instrumental to build trust between patients and medical staff, and between individuals and authorities.

As regards COVID-19 vaccination in prisons, in many countries, it is clearly stated that vaccination is voluntary, and this is reflected in uptake, with some of the prison population deciding not to receive the vaccine (see page 30). In some countries, however, it is unclear whether vaccination is voluntary, heavily incentivised, or mandatory; and what the consequences for refusing the vaccine may be. In **Djibouti**, for example, vaccination was made mandatory in the community in June 2021, but it remains unclear how this affects people in prison.⁷³ In **Romania**, where the vaccine is not mandated, in January 2021 media outlets reported significant vaccine hesitancy among prison staff, which was allegedly met with pressure by the prison administration.⁷⁴

Limited information is available beyond a few countries in respect to mandatory vaccinations for prison staff. In **Italy**, a Green Pass (certifying vaccination or a negative COVID-19 test) was made mandatory for all workers in the private

71 Inter-American Commission on Human Rights, *COVID-19 vaccines and inter-American human rights obligations. Resolution 01/2021*, <https://www.oas.org/en/iachr/decisions/pdf/Resolucion-1-21-en.pdf>

72 Anna Nilsson (15 April 2021), ‘Is Mandatory Vaccination Against COVID-19 Justifiable Under the European Convention on Human Rights?’, *Global Campus of Human Rights*, <https://gchumanrights.org/preparedness/article-on/is-mandatory-vaccination-against-covid-19-justifiable-under-the-european-convention-on-human-rights.html>.

73 Mohammed Dhaysane (22 June 2021), ‘Djibouti makes COVID-19 vaccination compulsory’, *Andalou Agency*, <https://www.aa.com.tr/en/africa/djibouti-makes-covid-19-vaccination-compulsory/2281266>.

74 Andrei Dumitrescu (8 January 2021), ‘Scandal in one of the largest prisons in Romania, after several employees refused to get vaccinated. This is Blackmail!’ (EXCLUSIVE) [translated], *Gandul*, <https://www.gandul.ro/dezvaluiri/scandal-intr-una-dintre-cele-mari-inchisori-din-romania-dupa-ce-mai-multi-angajati-au-refuzat-sa-se-vaccineze-acesta-este-santaj-exclusiv-19566632>.

and public sectors – including prison staff, a third of which had not been vaccinated as of mid-September 2021.⁷⁵ In **New Zealand**, a new Order requires all prison staff, healthcare staff including psychologists working in prisons, and many of the people contracted to provide services to prisons to receive their first dose of the vaccine by 8 November 2021, and second dose by 6 December 2021. The Minister for COVID-19 Response has stated that these groups are at

particular risk of being infected with COVID-19, and of passing it on to the vulnerable groups they work with as well as the wider community. Similar mandates are being introduced in a number of states in **Australia**, with some calling for it to be extended to the prison population, with those who decline to be vaccinated subject to similar restrictions faced by unvaccinated members of the public.⁷⁶

Case study: Latvia



According to the latest available version of the national vaccination plan, prison administration staff and probation service staff are to be vaccinated as part of Group 5, while people in prison are in Group 6 (of a total of nine groups).⁷⁷ However, the prison administration reported that people in prison were to be vaccinated as part of Group 7.⁷⁸ The Ministry of Justice reported that vaccination against COVID-19 in the country's prisons started on 27 April 2021, while the vaccination of all other members

of the society who had not been vaccinated yet started on 3 May 2021.⁷⁹ Reportedly, vaccination is conducted by prison medical staff inside the prison,⁸⁰ and it is voluntary. People in prison are asked whether they are willing to get vaccinated, and those who choose to are offered the vaccine. As of September 2021, according to the prison administration 30% of the prison population had been vaccinated, however the same figure had been reported in June and then August 2021.⁸¹ The total number of prison staff who have been vaccinated is kept confidential.⁸²

75 Angela Stella (19 September 2021), 'Allarme carceri, un terzo degli agenti non è vaccinato', *Il Riformista*, <https://www.ilriformista.it/allarme-carceri-un-terzo-degli-agenti-non-e-vaccinato-248346/>.

76 See for example, Melissa Coade (21 September 2021), 'Mandating COVID jobs for prison officers in NSW not enough, PSA says', *The Mandarin*, <https://www.themandarin.com.au/169318-mandating-covid-jobs-for-prison-officers-in-nsw-not-enough-psa-says/>.

77 Ministry of Health of Latvia, 'Priority groups of persons to be vaccinated' [*translated*], available at: <https://www.vm.gov.lv/prioritari-yakcinejamo-personu-grupas> (last accessed 25 October 2021).

78 Europris, 'COVID-19 Feedback Collection 21 September 2021', <https://www.europris.org/wp-content/uploads/2021/09/Feedback-collection-September-21.pdf>.

79 Email communication with Ministry of Justice of the Republic of Latvia (Submission 16.06.2021 reg. No. 1-21/4629). On file with the authors and available upon request.

80 Europris, 'COVID-19 Feedback Collection 21 September 2021', <https://www.europris.org/wp-content/uploads/2021/09/Feedback-collection-September-21.pdf>.

81 Ibid.

82 Email communication with Latvian Prison Administration dated 22 June 2021. On file with the authors and available upon request.

Vaccine hesitancy

In addition to challenges of availability, logistics, and others, low vaccination rates among prison populations in many countries are also influenced by another factor with an unknown magnitude: vaccination hesitancy. Willingness by people in detention to receive the COVID-19 vaccine has varied significantly across countries. In **Finland**, where vaccination is voluntary, vaccine hesitancy among people in prison is reportedly higher than in the general population (50% versus 25%).⁸³ A similar hesitancy rate was recorded in **Greece**, where media reports from July 2021 indicated that 6,105 individuals in prison had expressed interest in receiving the vaccine,⁸⁴ out of a total prison population of around 11,000.⁸⁵ Significant reluctance was also reported in **Jamaica**⁸⁶ and in **Trinidad and Tobago**, where as of July 2021 only about 400 out of an estimated 3,700 people in prison throughout the country had opted to be vaccinated;⁸⁷ and in **Hungary**, where available (unofficial) figures suggest high hesitancy rates both among people in prison and prison staff – by May 2021, only 59% of people working in prison had registered for vaccination.⁸⁸

Reports from specific institutions seem to confirm this trend. In **Kazakhstan**, for example, it was reported that when vaccination in the first prison started in March 2021, 100 people in prison received a dose of the vaccine, while 60 more declined (although by July 2021, official reports state 92% of the prison population has

been vaccinated). In **Italy**, on the first day of the roll-out in the city of Salerno, 11 people in prison were vaccinated, and a further 19 people declined.⁸⁹ In **Luxembourg**, during one of the first rounds of vaccination in prison, only one third of people in prison opted in. Allegedly, one of the reasons for such high hesitancy was the fact that prison officers had not been vaccinated yet, leading to concerns about the safety of the vaccine.

While more research is needed on this topic, these figures raise doubts about the availability, accessibility, and quality of targeted, evidence-based information on COVID-19 vaccines received by people in prison,⁹⁰ and on the opportunities provided to make an informed and evidence-based decision regarding vaccination. In **Ireland**, for example, health officials initially found people in prison had little knowledge of the various vaccines and their effects, which was leading to some apprehension. In response, the Irish Prison Service and the Red Cross produced an information video on the vaccines which was broadcasted on in-cell television to help allay concerns. By mid-August 2021, all of the prison population (3,822 people) had been offered vaccination, with uptake of about 84%.⁹¹

It is also not clear whether there is a distinction between the types of vaccinations that are offered to people in prison compared to people in the community, whether people in prison are able to make a free and informed choice, and whether this choice impacts their decision-making. For

83 Karoliina Paananen (24 June 2021), 'Just over half of inmates want coronavirus vaccine – Lifting restrictions and new fines increase risk of infection' [translated], *Suomen Kuvalehti*, <https://suomenkuvalehti.fi/jutut/kotimaa/vain-hieman-yli-puolet-vangeista-haluaa-koronarokotteen-rajoitusten-purku-ja-uudet-sakkovangit-nostavat-tartuntariskia/>.

84 Ekhatimerini-com (1 July 2021), 'Greece starts to vaccinate prison inmates', *Ekhatimerini-com*, <https://www.ekathimerini.com/news/1163781/greece-starts-to-vaccinate-prison-inmates/>.

85 World Prison Brief: Greece. Available at: <https://www.prisonstudies.org/country/greece> (last accessed 25 October 2021).

86 Jamaica Observer (29 April 2021), 'Prison inmates to start getting COVID-19 vaccines this week', *Jamaica Observer*, https://www.jamaicaobserver.com/news/prison-inmates-to-start-getting-covid-19-vaccines-this-week_220211.

87 Loop News (27 July 2021), 'Vaccine hesitancy high in prisons; Pulchan to start education drive', *Loop News*, <https://tt.loopnews.com/content/vaccine-hesitancy-high-prisons-pulchan-start-education-drive>.

88 Molnár Szabina (28 April 2021), 'Vaccination of the prisoners has begun' [translated], *Index*, <https://index.hu/belfold/2021/04/28/koronavirus-magyarorszag-sinopharm-egeszsegugy-oltas-kinai-vakcina/>.

89 Il Riformista (8 Aprile 2021), 'Partono le vaccinazioni ai detenuti campani: "È un diritto, un dovere e un obbligo morale"', *Il Riformista*, https://www.ilriformista.it/partono-le-vaccinazioni-ai-detenuti-campani-e-un-diritto-un-dovere-e-un-obbligo-morale-209515/?refresh_ce.

90 Luxemburger Wort (29 March 2021), 'Une vaccination prioritaire aussi pour les détenus', *Luxemburger Wort*, <https://www.wort.lu/fr/luxembourg/une-vaccination-prioritaire-aussi-pour-les-detenus-6061dbd4de135b923619cb4a>.

91 Conor Gallagher (14 August 2021), 'Coronavirus: All prisoners have now been offered vaccine', *The Irish Times*, <https://www.irishtimes.com/news/crime-and-law/coronavirus-all-prisoners-have-now-been-offered-vaccine-1.4646541>.

instance, in **Iran**, where a high number of people declined the vaccine, it was reported that this was influenced by the type of vaccine made available in detention. Different vaccines were used in different prisons, with the most common ones being AstraZeneca, Sinopharm, and the domestic 'Barekat' vaccine – which received emergency authorisation by Iranian authorities in June 2021 amid concerns around its safety and efficacy.⁹² Reports obtained by human rights groups suggest hesitancy to receive the Barekat vaccine, with the prison population in at least two prisons declining it. As a result, authorities made Sinopharm and/or AstraZeneca available. In addition, some people detained at Orumieh prison declined to be vaccinated on religious grounds.

Controversy around prioritisation of prison populations

In some places, the idea that people in prison should be prioritised for COVID-19 vaccination has raised public debate, with some community groups and politicians vocally pitting the relative

worthiness of those in detention against the general public or 'law-abiding citizens'.⁹³ In **South Africa**, for example, the Government's decision to vaccinate people in prison in phase two of their plan, before other citizens, led to calls to limit the vaccination to prison personnel only. Decisions to prioritise prison populations for vaccination have been politicised in some places, such as in **Israel**,⁹⁴ **Canada**,⁹⁵ and in **Italy**, where the former Deputy Prime Minister publicly criticised regional governors for their decision to administer the first doses of the Johnson & Johnson vaccine to those in prison.⁹⁶ In some cases, this has led to a backlash against vaccination plans. In the **US** state of Colorado, a draft plan had envisioned people in prison to be prioritised for vaccinations based on their increased vulnerability, but after public criticism officials announced that the plan would be revised to give priority to older adults in the general population instead.

The media have also contributed at times by publicly singling out specific individuals, defining them by the crime for which they were convicted, and inferring that they do not deserve to be prioritised for vaccination on that basis.⁹⁷

92 Pouyan Khoshhal (7 August 2021), '1.2 Million Doses of Iranian Covid-19 Vaccine Thrown Away over 'Contamination'', *Iran Wire*, <https://iranwire.com/en/special-features/10099>; Human Rights Watch (19 August 2021), 'Iran: Government Mismanagement Compounds COVID-19 Crises', *Human Rights Watch*, <https://www.hrw.org/news/2021/08/19/iran-government-mismanagement-compounds-covid-19-crisis>.

93 For further discussion on this issue, see: Gabrielle Beaudry, Daniel Whiting and Seena Fazel (18 February 2021), 'Covid-19 in prisons: why prioritising staff and prison populations for vaccination matters', *Penal Reform International*, <https://www.penalreform.org/blog/covid-19-in-prisons-why-prioritising-staff-and/>.

94 Miriam Berger (15 January 2021), 'Prisons are covid hot spots. But few countries are prioritizing vaccines for inmates.', *The Washington Post*, <https://www.washingtonpost.com/world/2021/01/14/global-coronavirus-vaccines-prisons/>.

95 Rachel Aiello (6 January 2021), 'Federal inmates to begin receiving COVID-19 vaccines in pilot project', *CTV News*, <https://www.ctvnews.ca/health/coronavirus/federal-inmates-to-begin-receiving-covid-19-vaccines-in-pilot-project-1.5255651>.

96 La Repubblica (11 Aprile 2021), 'Vaccini, Salvini attacca Zingaretti: "Nel Lazio prima ai carcerati? Roba da matti". Il Garante dei detenuti: "In Lombardia accade da Marzo"', *La Repubblica*, https://www.repubblica.it/politica/2021/04/11/news/vaccini_salvini_zingaretti_lazio_campania_lombardia-296014447/.

97 See for example: Michael Hamilton and David Wooding (23 January 2021), 'Appalling: Serial killer Levi Bellfield, 52, invited for Covid vaccine ahead of millions of vulnerable Brits', *The Sun*, <https://www.thesun.co.uk/news/13830789/levi-bellfield-covid-vaccine-vulnerable-brits/>.

Recommendations

Inclusion and prioritisation of people in prison in COVID-19 measures

1. People detained and working in prisons should be explicitly included in all COVID-19 response plans. Targeted infection prevention and control measures should be put in place to protect them from infection, following international guidelines and in line with human rights standards.

2. People detained in prisons should be explicitly included as a high priority in national COVID-19 vaccination plans and vaccination roll-out on the basis of their increased risk of infection. Vaccination plans should uphold the right of people detained to equitable access to healthcare to support public health efforts to stop the spread of the virus.

3. People working in prisons, including healthcare staff, security staff and administrative staff, must be considered at increased risk of COVID-19 infection and therefore be prioritised in vaccination allocation.

4. In cases where it is not possible to offer vaccinations to all people in prison, higher risk groups in prison should be prioritised based on their age and health factors, such as underlying medical conditions. All decisions on vaccine allocation should be based on the right to health and public health considerations, and not discriminate based on a person's status of being detained nor the crime for which they are accused or convicted.

5. Administration of vaccines in prisons should be in line with human rights, particularly the right to health, including free and informed consent. To facilitate such consent, people in prison should receive adequate, accessible information about COVID-19 and measures to protect themselves from it, including vaccinations, to make informed decisions about their health. Any decision to opt out of vaccination should be respected and not lead to disciplinary or other punitive measures against the person.

Transparency and accountability

6. Authorities should collect, make public, and regularly update data on COVID-19 vaccinations among people in prison and prison staff, disaggregated by sex, age, and other demographic characteristics.

7. Reliable data on the number of infections, deaths, and other health and related factors of persons detained during the COVID-19 pandemic should be collected, reviewed, and analysed with a view to informing policy and practice. This includes measures to reduce prison overcrowding and the development or review of preparedness and emergency plans in line with good governance principles. Such results and analysis should be publicly available and transparently communicated.

8. COVID-19 responses should be reviewed, with meaningful participation of civil society and affected communities, and strengthened to prevent further outbreaks of the virus and used to inform government pandemic or emergency management and response plans, which should be human rights-based and include the outbreak of transmissible diseases within the community or in places of detention.

Health and human rights-centred approach

9. Healthcare services in prisons should be evidence-based, human rights-based, and gender-responsive, in line with international standards (in particular, the UN Nelson Mandela Rules and the UN Bangkok Rules). Governments must ensure that people in prison have equitable access to high quality healthcare services, as available in the community, including vaccinations for COVID-19, without discrimination on the basis of their legal status.

10. Governments must ensure that all measures are taken to protect the health of people in prison, including in relation to COVID-19. Procedures should be in place to guarantee that healthcare services are provided independently from the penitentiary authorities.

11. The responsibility for prison health should be that of the Ministry of Health or its equivalent and should be transferred out of the penitentiary administration. The management and coordination of all relevant agencies and resources contributing to the health and wellbeing of people in prison must be a whole-of-government responsibility to ensure better protection of the right to health for people in detention and greater financial investment.

12. Immediate measures should be taken to reduce prison overcrowding, including early release mechanisms that prioritise those in pre-trial detention, older people, those with existing medical conditions, pregnant and breastfeeding women, and women with children living with them in prison. People convicted for minor or non-violent offences, especially those sentenced for drug offences and petty offences should also be considered for immediate release. Such mechanisms should be harnessed to reduce the use of imprisonment and overcrowding in the longer term, in line with the UN Tokyo Rules and the UN Bangkok Rules.

13. Imprisonment should only be used as a last resort. Diversion from the criminal justice system and alternatives to imprisonment should be established, strengthened and prioritised wherever possible, providing access to rehabilitation and healthcare in the community.

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