MANAGING COVID-19 IN GHANA PRISONS SERVICE.

The Ghana Prisons Service is a security agency under the Ministry of Interior mandated by the 1992 Constitution of Ghana to provide safe custody, welfare and when practicable reformation and rehabilitation.

The Service is a key stakeholder in the overall security, public safety and also an important player in the Criminal Justice System of Ghana.

The Prisons Service has physical presence in all the regions in Ghana. This is made up of 43 Prison establishments, one (1) Senior Correctional Centre (SCC), one (1) Prison Officers Training School and an Administrative Headquarters in Cantonments, Accra.

The Prisons in Ghana have a total inmate population of 15,528 comprising of 1.2% females, 98.8% males, 7.2% Foreigners and 0.9% juveniles.

The service has not only succeeded in establishing a Health Directorate but has registered the Prison Health System under the Ghana Association of Quasi Health Institution (GAQHI), which is one of the agencies under the Ministry of Health (MOH).

MANAGING COVID-19

HUMAN RIGHT
With respect to the SDG 3: To Ensure healthy lives and promote wellbeing for all at all ages.

There is thus, a compelling responsibility on the part of the society to ensure that, these vulnerable groups receive quality health care and treatment during ill health. Indeed, “today’s prisoner is tomorrow’s neighbor”.

During this COVID-19 pandemic the Service identified the need to safeguard the basic human right of these vulnerable to life by putting in the relevant protocols as stated below to prevent the outbreak of the pandemic in prisons which might be difficult to control in an already over 52% overcrowding capacity rate prisons in the nation.

The prisoners are still receiving specialized care for every condition by liaising with specialist in Tertiary Hospitals to come to the prisons or provide the needed advice through district hospitals.

The advent of COVID-19 does not erase the presence of other equally important diseases that needs to be managed promptly.

ALTERNATE WAYS OF INCARCERATION AMID COVID-19
The President of the Republic of Ghana activated article 72 of the 1992 constitution of Ghana and granted Amnesty to over 808 inmates on 6th March, 2020, with numerous clarion calls from NGOs for a possible pardon for other petty crimes and misdemeanors.

The Nation has also fast track the bill in parliament on non-custodian sentencing which includes community services, parole and probation. The bill is currently in parliament and receiving the needed attention.
PREPAREDNESS AND CONTINGENCY PLANS AND LEVEL OF RISK.

The Service issued its first Health Alert flier in January, 2020 when COVID-19 was still in Wuhan, China and has not become a pandemic. The Health alert was to inform all prisons establishment in Ghana to know that one of the places where COVID-19 risk is high is in the prisons.

Secondly Ghana receives prisoners from different countries and as such we must be on the alert to have a high index of suspicion for anyone from any of the endemic zones who might suffer incarceration when transiting or entering our prisons. Attached to the Health Alert was a presentation on the COVID-19 tailor made to suit the prisons for emergency preparedness and contingencies.

The presentation was given to both officers and inmates in all the 46 prisons in Ghana on the safety precautions and other safety protocols and the Health alert posted on the main gates, visit, reception, prison health post, and all inmates cells and blocks.

This was the initial intervention instituted to prepare the prisons grounds for any outbreak even though the disease was only in Wuhan and had not been declared as a public health emergency of international concern.

The Director General of Prisons, issued the first circular on: Emergency Guidelines for the prevention of COVID-19 which encompassed the contingencies below:

a.) The four main routes by which the virus can infect the prisons: i.e. New admission of prisoners, Officers, visitors of prisoners, and visitors/ philanthropist/Churches/Organizations that visit the prisons.

I). NEW PRISONERS ADMISSIONS

Seven (7) Prisons have been earmarked for receiving new prisoners in the entire country taking into consideration gender equality. These prisons are less populated and any spread of the virus can be effectively controlled.

The densely populated prisons were put on a partial lockdown for new admissions. Secondly, all new admissions go through all the safety protocols of hand hygiene, wearing of mask, case definition screening (symptoms screen and temperature checks) at all Prison entrances, one-on-one public health education of the situation of COVID-19 ensured by a designated public health Nurse, and when satisfied the prisoner is then made to go through the admission process and afterwards kept in an OBSERVATION CENTRE for 14 -28 days for daily monitoring and screening. These inmates do not mingle with old inmates until declared fit by the Medical Officer before allocated a cell.

All new admissions are also invariably tested before coming to the prisons by the police.

II). OFFICERS

Officers are made to go through screening whenever entering the prison coupled with the hand hygiene and other protocols eg. No nose mask, no entry policy, personal hand sanitizers etc. Officers staying away from the prison environment were made to take compulsory leave and all were advised to avoid public gatherings and crowded places since the most significant conduit to the disease penetrance in our prisons is through officer-prisoner contact however since prisoners
are confined and controlled the risk of infectivity lies significantly on the officers to and fro movement in the prisons.

III. VISITORS OF PRISONERS
Visit of prisoners were reduced to one visitor per prisoner per week. All visitors must be in nose mask ( no nose mask, no visit policy), visitors undergo the case definition symptom screening and temperature checks and Hand hygiene protocols.

Visitors are not also allowed to have a face to face visit session and do not enter the prison but hand over all items which are sanitized and handed over to an officer who is in nose mask and hand gloves.

IV. ORGANIZATIONS/CHURCHES
All forms of visit to the prisons be it an NGO, faith based groups or individuals were banned not to enter the prisons until further notice, however all donations are received outside the prisons and sanitized.

b. Aside these four main conduits, all gatherings by inmates and officers have been banned, and inmates who go on outside labor, all face to face remand court sittings were suspended. Operational dynamism were also instituted with the aim of limiting Officer inmates contact through reducing the number of officers in a given shift inside the prison but however reinforcing security at the outside perimeters to ensure adequate safety and security for the entire prisons environs.

There are also task force constituted at headquarters, Stations and health facility levels for effective implementation and monitoring of all guidelines. These task force are:
1. COVID-19 Rapid Response Team-Headquarters,
2. Station emergency response task force
3. Health Facility emergency response task force.

All guidelines and policy initiatives are planned by the COVID-19 Rapid Response Team at the Prisons Headquarters in collaboration with the respective Ministries and implemented by the Station and health facility response teams. Monitoring are done by the respective task force.

CONTINGENCIES
All prison establishments has been made to earmark a place for isolation for inmates and officers in situations of suspected cases.

These isolation centers are to take care of the inmates and officers who are suspected clinically or through contact tracing.

All prisons are also liasing with the Ghana Health Service and the Quasi Health Institutions in their districts to provide evacuation of confirmed officers and inmates to designated quarantine Centers.

The Ghana Prisons Service has earmarked the Contagious Disease Prisons as prisoners Quarantine
Center in case of any explosive outbreaks. All confirmed officers are properly evacuated to designated national quarantine Centers.

**LEVEL OF RISK**
The service has evaluated its level of risk with respect to the National rate of incidence as well as the inherent risk factors attributed to confined settings such as prisons and other detention Centers.

The National incidence has assumed horizontal mode of transmission (community transmission) with most cases been asymptomatic with confirmed cases of over 11,000, 4000 recoveries, 8000 active cases, 51 deaths as at 15th June, 2020 and an average weekly incidence of over 250 new cases.

This poses a serious risk to the prisons and put us at a high risk of disease spread. In view of the above, all emergency preparedness and contingency plans are strictly enforced with the needed aptness in maintaining the protocols.

As at 15th June, 2020 the service has recorded one case of a new prisoner who was brought by the police and was isolated. His results came as positive but was asymptomatic, the prisoner was isolated and managed. He is currently negative for COVID-19. The Service also had six officers who tested positive (asymptomatic) upon contact tracing of the confirmed prisoner and currently five have tested negative to the virus.

**TRAINING AND EDUCATION**
In January, 2020 the service started training all health professionals and staff as well as inmates on the causes, epidemiology and the pattern and behavior of the novel virus. A special training-of-trainers was also organized through the Quasi Health Association in collaboration with Ghana Health Service and Ministry of Health on “INFECTION PREVENTION AND CONTROL (IPC), and CASE MANAGEMENT for Prisons Health Professionals. There has also been concurrent trainings for other health professionals in all districts and municipalities as well as metropolitan.

**RISK COMMUNICATION**
The service seeing the importance for risk communication as a unique and important public health intervention in prisons, has instituted a joint HEALTH-OPERATION RISK COMMUNICATION TASK-FORCE in prisons facilities constituting of: the Medical Officer, Head of Operation, Psychosocial Counsellors, Religious Leaders and Public Relation Officer to spearhead the effective dissemination of preventive, security and safety information with regards to COVID-19 to reduce the already heightened tensions posed by this novel coronavirus. This intervention in confined centers is significant to ameliorate any rumors, speculation and misconceptions.

**PREVENTIVE MEASURES**
The preventive measures instituted in the prisons as issued by the Director General of Prisons in March 2020 encompassed:
a.) the identification of all the possible entry routes of the disease: New admissions, Officers, visitors (inmates and organizations) etc
b.) operational dynamism changes.
shift systems restrictions to prevent prolonged contact between officers and inmates,
c.) hygiene practices (hand, objects, detergents, sanitizers, etc.),
d. environmental engineering (sanitation, fumigations, communal labor in prison officers barracks, and the entire prisons)
e. Symptom screening points at Visit area, main prison entrances and provision of clean running water and cleaning materials.
f. Observation and isolation Centre's inside and outside the prisons
g. Testing of all clinically suspected cases and contact tracers
h. Prison Health facilities triaging centers for quick case identifications.
i. No mask, no entry protocols
j. Provision of specialized PPEs to all vantage points in the prisons: Gate lodge, visits, receptions, Heath posts and all inmates cells.
k. Psychological and mental health education for all inmates and officers
l. Education on stigma reduction especially to inmates and officers.
m. Monitoring and Evaluation standards on COVID-19 response activities.

CASE MANAGEMENT
All inmates cases recorded are handled in the designated prisons earmarked as quarantine centers with collaboration from the National COVID-19 teams in the respective regions. Specialized draft clinical protocol for the management of positive cases and the case management protocols have been developed in tandem with the national protocols for the prisons.
All officers are managed in the National Quarantine Centers.

COLLABORATION/SUSTAINABILITY
The Prisons has collaborated effectively with the under listed agencies for effective planning and implementation of strategies for sustainability:
1. Judicial Service of Ghana
2. Ghana Police Service
3. Ministry of Health
4. Ghana Health Service
5. Ghana Association of Quasi Health Institution
6. NGOs, Churches, and Organizations etc.

OUTCOME
These preparedness has heightened the culture of hygiene in all prisons in Ghana and has given all health professionals and prisons staff/dependents the opportunity to learn and increase their knowledge in infectious disease prevention in public health emergencies.
Due to the pragmatic nature of the policies put in place, it has prevented the outbreak of the virus in any of the prisons in the country.
The Service implementation of preemptive strategies has ignited the light of strict adherence to public health preventive interventions even after the COVID-19 pandemic is over.

**CHALLENGES**
1. The preventive measure of ban on outside labor has affected the Agricultural as well as Industrial activities carried out by inmates for revenue generation to the State and the Service.
2. Closing of inmates Formal Education as a measure of reducing the spread of the virus.
3. The overcrowding still increases the risk of a potential outbreak
4. Limited spaces available in some of the prisons to be used as isolation centers for COVID-19 suspected cases.

**CONCLUSION**
Prison health is seen as helping build a healthier society, as this important contribution reduces the health inequalities and aids in successful resettlement of inmates after they have been discharged.

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