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## Letter to the Editor

## COVID-19, health rights of prison staff, and the bridge between prison and public health in Africa



Despite a range of international instruments designed to protect human and health rights of people deprived of their liberty, many African prisons are still not meeting minimum conditions and standards of care.<sup>1</sup> Human rights violations, systemic abuse, and deplorable environmental determinants of health continue. African prisons are generally operating over capacity and are characterized by old physical infrastructure, insufficient sanitation, ventilation and hygiene, severe congestion caused by high pretrial detention rates, and fragile prison health systems.<sup>1–3</sup>

Prison health research in Africa is historically of low priority and remains underdeveloped.<sup>4</sup> This letter is intended to draw attention to the lack of academic activity in this field and the particular lack of representation of the voices of people who work in prisons and their occupational health situation. The well-being, working conditions, health and safety concerns, and experiences of prison staff in the African prison environment are understudied and ill understood. The extant empirical literature has generally focused on stakeholder perspectives on the situation of incarcerated people and not that of prison staff. When prison staff have been consulted on the environmental determinants of health in prisons, they voice a deep concern for their health and that of their families and anxiety around biohazard risks (particularly airborne diseases such as tuberculosis [TB]).<sup>5</sup> Given the current COVID-19 pandemic and its devastating impact on African prisons and local communities, it is imperative that greater investment in occupational health research occurs.

The academic discourse on prison staff and their health situation in Africa is inadequate. This letter advocates not only for research into prison health determinants but also for greater academic research into existing prison health policies related to prison staff to assess gaps and inform policymaking efforts. Prison staff and prisoners are exposed to the same pathogens and the same hygiene and sanitation conditions; the same congested space; the same air for breathing; and the same water for washing, drinking, and cooking. They are also exposed to generally insufficient pathogenic disease control measures (diagnosis, treatment, and personal protective equipment) in prisons. The ‘bridge’ of disease transmission (for example, COVID-19, TB) between prison and community underpinned by visitors, prisoners, and the high turnover of prison staff cannot be underestimated. The health outcomes of prison staff (and their families) are potentially further compromised by their

extremely low salaries and living situation close to poverty margins.

Research is warranted to enhance our understanding of the prison determinants of health and cultures which shape prison staff's responsiveness to threat of contagious and infectious diseases, the impact of prison conditions in terms of congestion, hygiene, ventilation, and sanitation, navigation of health risks, and work-related stress.<sup>2–5</sup> Information garnered can help to reduce future risks, tackle occupational health deficits, and identify what policies, practices, interventions, and mechanisms could be best used by authorities to improve prison occupational health standards and outbreak preparedness and to ensure safe working conditions in African prisons. This focused attention on the health and well-being of prison staff through research could also contribute to greater social accountability and buy-in from government and prison officials and fuel the upscaling of holistic prison health initiatives. Such a concerted and strategic research effort can support a positive shift to reforming African prison health operations and systems.

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### Competing interests

There is no conflict of interest.

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