Editorial

RESP

COVID-19 and Prisons in Spain: is there any good news?

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The Law on Cohesion and Quality of the National Health System was passed in 2003. Thanks to the efforts of bodies such as the Spanish Society of Prison Health, the sixth additional provision of the law states: "The healthcare services that form part of prison functions shall be transferred to the autonomous communities for full integration into the corresponding regional health services. To this end, the prison health services in the National Health System shall be integrated 18 months after this law takes effect, in accordance with the system of transfers established by regional statutes"[1]. At that time we congratulated each other because we thought that a new and interesting period was about to start, one in which we would almost certainly see improvements in the quality, efficacy and efficiency of prison healthcare, in which the impact of prisons on public health would be reduced and greater cohesion and quality in the healthcare provided to inmates would be guaranteed. In other words, this new approach would lead to greater fairness and efficiency in the National Health System[2]. Now, in 2022, few of the prison healthcare services run by the National Health System have been integrated into the regional services. And that is not good news.

However, the COVID-19 pandemic demonstrated the importance of considering the prison population and prisons in general as important places for public health[3], everyone's health in fact, as stated in Lancet Public Health: Prison health is public health by definition[4]. The level of coordination and joint commitment of the health and prison authorities was outstanding, while the inmates themselves played an equally important role in the measures for prevention and control of transmission and vaccination. One notable example is the major reduction in the prison population and the releases that took place to avoid transmission of SARS-CoV-2 in the early days of the pandemic and lockdown[5].

Mass screening, the active search for symptomatic cases and close contacts, isolation and quarantine all proved to be effective strategies in preventing the spread of the virus in prisons and in the community[6,7]. It is hardly surprising then that COVID-19 mortalities in Spain amongst prison staff and inmates were exceptionally low, even more so when compared to other countries such as the USA[8]. The concern shown by the Ministry of Health for the inmates and staff was constant throughout the pandemic, expressed in documents that specifically addressed such groups, such as: "New normality in prisons at the end of the state of emergency"[9] or the latest publication: "Update of the adaptation of measures for early detection, oversight and control of Covid-19 after the acute phase of the pandemic for prisons managed by the general secretary of prisons"[10]. Most of these measures, which are exceptional according to García-Guerrero y Vera-Remartinez, have respected inmates' rights and in general terms follow the dictates of non-discrimination and guarantees of treatment equivalent to that received by the general public; coordination with health authorities; interruption or reduction in the circulation of the virus to and from prisons; greater efforts to seek alternatives to prison sentencing; measures to restrict mobility inside prisons and to minimise risks for prison staff[11].

Likewise, inmates and staff were regarded as a high priority group right from the first vaccination programme in December 2020[12]. The update of the COVID-19 vaccination strategy on 30 March 2021 established all prison healthcare staff as group 2 candidates and workers in prison institutions as group 3B. It also stated that the prison population "brings together people of all ages and conditions of risk. To facilitate operations and access to the centres where they are held and, in view of the greater risk of exposure and the principle of necessity and protection against conditions of vulnerability, the recommendation in this case is to merge and simplify the vaccination processes for this population, while bearing in mind the circumstance of each centre. Vaccination for this group shall commence when it is considered most appropriate,

but it should coincide at least with group 8 and special attention shall be paid to the characteristics of the population in each centre. The most appropriate vaccine shall be used[13]. The complete vaccination coverage reached in Catalonia in October 2022, was 72.9%. One important feature of this figure is that it includes prisoners in preventive custody, a very mobile and complex group in terms of access*. Such figures are of course very encouraging and we should applaud the response of administrations, prison healthcare staff and the inmates themselves.

The hope now is that after such an excellent example of cooperation, demands will increase for the autonomous communities that have not yet taken on their responsibilities for prison health to do so once and for all and comply with the legal requirements in this regard.

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*Oral communication of the prison health programme, ICS; internal data, unpublished.

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