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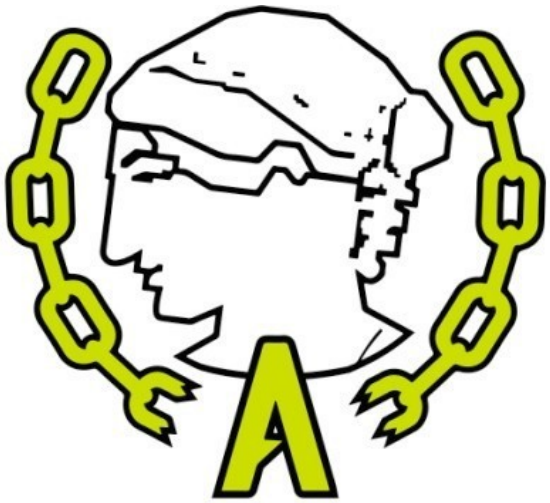
Have prisons learnt from Covid-19?

How the world has reacted to the pandemic behind bars

Anno XV
N. 1



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SEDE LEGALE E OPERATIVA: via Monti di Pietralata n. 16, 00157 Roma

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Sito: www.antigone.it; e-mail: segreteria@antigone.it

ANTIGONE EDIZIONI

ISSN 2724-5136

IN COPERTINA: Immagine del Carcere di Milano San Vittore realizzate da Pietro Snider per Next New Media e Antigone nell'ambito del progetto Inside Carceri, https://www.flickr.com/photos/insidecarceri/8197490558/

N. 1/2020 HAVE PRISONS LEARNT FROM COVID-19? HOW THE WORLD HAS REACTED TO THE PANDEMIC BEHIND BARS

edited by Susanna Marietti and Alessio Scandurra

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Assessing strategies to prevent and control Covid-19 in prisons in the initial emergency phase of the pandemic

Matt Ford[1]

1. Introduction

Prisons were identified early on in the Covid-19 pandemic as potential sites for major outbreaks and transmission into the wider community (R. Coker, 2020). Prisons contain highly concentrated populations held in unhygienic conditions in buildings with poor ventilation and with high levels of churn among staff and prisoners. They also contain high numbers of those most at risk of developing more severe symptoms. As such, prisons provide an ideal environment for high levels of infection, illness and death.

Guidance on how to prevent Covid-19 entering prison populations and control outbreaks therefore became important resources for prison administrations. The World health organization (Who) developed a checklist to help support policy-makers and prison administrators implement its interim guidance on preparedness, prevention and control of Covid-19 in prisons and other places of detention (World health organization regional office for Europe, 2020a; 2020b). The interim guidance contained measures recommended to prevent the virus entering prisons, to limit its spread in prisons, and to prevent transmission from within prisons to the outside community. It was published on 15 March 2020, and was based on the evidence about Covid-19 available at that time. Whilst prison services used a variety of sources of guidance to develop their strategies to deal with Covid-19, the Who guidance is considered the international standard. The Who make clear, however, that their checklist is not exhaustive.

Areas covered by the World health organization checklist include:

human rights - to ensure good principles and practice in prisoner treatment and prison management;

risk assessment and management - to prevent Covid-19 from spreading in prisons and to manage the associated risks;

referral system and clinical management – to enable identified cases to be appropriately managed and receive adequate health care;

contingency planning – to check that

contingency plans are in place and are adequately communicated;

training – to equip prison staff with skills to deal with Covid-19;

risk communication – to ensure message coordination and consistency, as well as their accuracy, clarity and relevance in prison settings;

prevention measures – to assess prevention and control facilities in prison; case management – to ensure that cases are appropriately managed.

Covid-19 is a novel coronavirus and therefore its particular impacts, including those on prison populations, are unprecedented, and strategies to manage it untested. In March 2020, the Centre for crime and justice studies in collaboration with Antigone and the World Health Organization developed a survey to take stock of the incidence and spread of Covid-19 in prisons in Europe and to assess the different policies and practices pursued to limit possible infections, illness and death. The aim of the project was to produce an initial knowledge-base, for use by prison administrators and decision-makers, to help inform their evolving approaches in what remains a very fluid, unpredictable situation.

This article analyses the data collected by this survey to assess the impact of the Who guidance on rates of infection and death among a sample of European jurisdictions. The article seeks to answer the following questions:

Are rates of Covid-19 infection and deaths in prisons lower in jurisdictions that implement the Who guidance more extensively?

What impact do rates of community infection, levels of overcrowding and proportions of older prisoners have on rates of infection and death in prison?

2. Methods

2.1 Survey design

The main areas covered by the survey were:

Overview data on total prison population, staffing, conditions of imprisonment.

Overview on prison health arrangements.

Official policy/policies on preventing and managing Covid-19 in prison.

Data on Covid-19 cases in prison, both in relation to prisoners and staff.

Prison disturbances and complaints related to Covid-19.

To assess official policy on managing Covid-19 in prison the survey incorporated the Who's checklist. The Who's guidance is considered the international gold standard and is therefore appropriate for international research. The survey asked respondents to assess whether policy at the time of the survey reflected items in the checklist in full, partly or not at all, or stating that insufficient information was available. Responses to this module therefore reflect respondents' interpretation of the policy, including disconnects between stated policy and implementation.

2.2 Data collection

The survey was circulated to members of the European prison observatory, an international coalition of non-governmental organisations and

educational institutes, on 9 April 2020 with a provisional deadline of 17 April 2020 for responses. The European prison observatory includes representatives from institutions who monitor prisons in Italy, Romania, Bulgaria, the Uk, Greece, Germany, Poland, Hungary, Portugal, Latvia, Austria, France, and Spain. Responses to the survey were received for Austria, Bulgaria, Hungary, Italy, Portugal, Romania and Spain including Catalonia. Staff at the Centre for crime and justice studies completed the responses for England and Wales, Scotland and Northern Ireland. Responses were received between mid-April and early May 2020.

Due to time constraints and, in some cases, lack of transparency from prison administrations, the responses to the Who module for most jurisdictions are based on information respondents had access to, which variously included publicly available official sources such as published operational policies and guidance, media and other reports, corroborated anecdotal evidence and direct observation. The responses to the Who module for England and Wales and Northern Ireland are official responses from the prison administrations in those jurisdictions. A response to the Who module for Romania was not received as the respondent completed an earlier version of the survey that did not incorporate the Who checklist. The responses to the Who module for Spain and Catalonia are identical because the same strategy applied to both jurisdictions.

2.3 Analysis

The main analytical focus for this article is the potential impact of the extent of implementation of the Who checklist on rates of infection, illness and death in prisons among the sample of jurisdictions. Other potential influences for which data was collected were overcrowding and the proportion of older prisoners in each jurisdictions' prison population. The survey asked for data on the proportion of other at-risk populations such as those suffering with cardiovascular diseases but the data was too inconsistent to include in the analysis. Infection rates in the community were also seen as important contextual variables so data on rates of Covid-19 related deaths in the community was collated from the website ourworldindata.org for inclusion in the analysis.

To allow comparisons of cases and deaths in prisons among the jurisdictions in the sample rates were calculated using information provided by respondents on the number of staff in prisons and the number of prisoners. As testing was poor in many jurisdictions at this stage of the pandemic, transfers to hospital and deaths were calculated as proportions of the prison population, rather than as proportions of positive cases.

Age data provided by respondents was inconsistent so information on the percentage of prisoners aged over 50 and aged over 65 was collated from the Council of Europe's Space 1 Report 2019 (M.F. Aebi, M.M. Tiago, 2020).

Data provided on overcrowding was also inconsistent so a simple binary variable indicating whether prisons were overcrowded or not was computed. Several jurisdictions implemented measures that significantly reduced prison populations in the first wave of the pandemic and this may have had impacts on overcrowding which the survey did not capture.

Responses to items on the Who module were aggregated to produce scores for each jurisdiction in the sample.

The rate of cumulative deaths at 15 April 2020 in each jurisdiction is used as a measure of community transmission on the assumption that these were a better, although not unproblematic, measure of real levels of community infection. For example, Portugal and Austria had similar rates of confirmed cases in the community to the United Kingdom by mid-April, but these jurisdictions also had much higher rates of testing. Data on death rates in the community did not disaggregate information for the nations of the United Kingdom nor Catalonia from Spain. Other more limited data sources suggest that there was some variation in rates of death across nations of the United Kingdom.

Scores on the Who module and the consequent impacts on infection rates for England and Wales and Northern Ireland are analysed separately to the other jurisdictions because these responses represent official claims directly. Jurisdictions with fewer than half of the information on the Who module present are omitted from the analysis. The meanings of responses of *partly* were deemed too varied for meaningful comparison so these were also omitted from the analysis.

The survey was intended to capture real-time data to provide quick analysis to reflect the pace of developments during the initial stage of the pandemic. The analysis in this article looks for simple patterns in the data rather than applying sophisticated statistical tests to reflect the quality of the data. As such, the conclusions drawn are tentative.

3. Results

Table 1 shows data on factors and outcomes. Firstly, patterns in each factor and outcome are explored by turn, before correlations between factors and outcomes are analysed.

3.1 Factors with potential impacts on outcomes

Among the jurisdictions information was provided for by non-state respondents about how far policy matched Who guidance, Spain and Catalonia had the fewest elements of Covid-19 policy that reflected items in the Who checklist fully, and also had the most items in the Who checklist not implemented at all. In this group of respondents, Scotland had the highest number of *fully* responses, followed by Italy. These two jurisdictions also had the lowest number of items from the Who checklist that were perceived not to be part of official policy, with only one item not thought to be implemented in each of these places. For jurisdictions where respondents to the Who module were representatives of prison administrations, far more of official policy was perceived to reflect items of the Who checklist than for jurisdictions where respondents were not from prison administrations, although there was also far less missing information for these jurisdictions. The official from Northern Ireland claimed that policy reflected 52 items of the Who checklist fully, 25 per cent more than in England and Wales. Only one item was claimed not to have been implemented in Northern Ireland, compared to two items in England and Wales.

Compared to the rest of the sample, Bulgaria had an exceptionally high proportion of older prisoners, with over a

Table 1. Factors and outcomes[2]

	Factors								Outcomes				
Jurisdiction	Who module 'fully'	Who module 'partly'	Who module 'not'	Who module 'no information'	% prison population over 50	% prison population over 65	Binary measure overcrowding	Rate of cumulative deaths in the community per million people	% cases among staff and visiting professionals.	% of suspected cases in quarantine	% of prison population testing positive	% of prison population transferred to hospital or specialist care	% of population dead of COVID-19
Catalonia	11	18	8	20	17.8	2.4	Uncrowded	390.89	0.91 (n=48)	-	0.697 (n=58)	0.3 (n=25)	0
England and Wales	41	17	2	0	16.5	3.6	Overcrowded	207.89	0.27 (n=96)	-	0.285 (n=232)	0.036 (n=29)	0.0184 (n=15)
Italy	25	23	1	11	24.7	3.7	Overcrowded	348.47	0.55 (n=209)	-	0.192 (n=111)	0.019 (n=11)	0.0035 (n=2)
Scotland	36	20	1	3	15.2	2.8	Uncrowded	207.89	-	2.58 (n=188)	0.11 (n=8)	-	0.0275 (n=2)
Spain	11	18	8	20	19.7	2.5	Uncrowded	390.89	0.96 (n=219)	0.9 (n=450)	0.062 (n=31)	0.002 (n=1)	0.004 (n=2)
Austria	17	9	1	33	14.5	2.3	Overcrowded	42.64	0.17 (n=7)	0.52 (n=43)	0.024 (n=2)	-	0
Romania					13.2		-	17.88	0.2 (n=22)	1.64 (n=330)	0.015 (n=3)	0.005 (n=1)	0
Portugal	19	7	7	27	21	3.1	Overcrowded	55.61	0.06 (n=4)	-	0.009 (n=1)	0.0086 (n=1)	0
Northern Ireland	52	5	1	1	13.2	2.9	Uncrowded	207.89	0.34 (n=5)	-	0	0	0
Hungary	6	14	3	37	16	1.4	-	13.87	0.01 (n=1)	0.28 (n=47)	0	0	0
Bulgaria	13	19	6	22	35.2		Overcrowded	5.04	0	-	0	0	0

third of the prison population being over 50 years old. Italy also had a very high proportion of older prisoners for the sample, with just under a quarter of the population over 50 years of age. Portugal, Spain and Catalonia also have high levels of prisoners aged over 50 relative to other jurisdictions in the sample.

Italy and England and Wales had the highest proportions of prisoners aged over 65 years old in the sample, followed by Portugal, Northern Ireland and Scotland. Spain, Catalonia and Austria all have similar proportions of prisoners aged over 65, proportions which are lower than other jurisdictions in the sample.

Data on overcrowding suggests that over half of the nine jurisdictions in the sample for which information was provided had overcrowded prison systems.

Spain, Catalonia and Italy had the highest rates of confirmed Covid-19-related deaths in the community at the time of the survey, followed by the United Kingdom. Relative to these jurisdictions, Portugal, Austria, Romania, Hungary and Bulgaria had relatively low levels of community infection.

3.2 Outcomes

All jurisdictions in the sample except Bulgaria had recorded cases of prison staff testing positive for the virus at the point the survey was conducted. Spain had the highest number of staff testing positive for the virus, closely followed by Italy, then England and Wales. Austria, Portugal, Hungary and Northern Ireland all had under 10 confirmed cases of Covid-19 among prison staff.

Taking into account the different number of staff who work in prisons among the jurisdictions in the sample sees some changes to the ordering, with Catalonia having the second highest rate of cases, and Northern Ireland overtaking England and Wales. The figure for confirmed cases among staff in Northern Ireland refers to the end rather than middle of April, which suggests the rate could be more similar to that of England and Wales at this point. It is interesting that infections among staff in two pairs of jurisdictions, which are effectively subunits of larger jurisdictions, even out after controlling for staffing levels: Spain and Catalonia have similar rates as each other, as do England and Wales and Northern Ireland.

As it is known that testing was poor in many jurisdictions at this point of the pandemic, the survey asked for information on the number of suspected cases among prisoners as a potential proxy indicator of incidence. Only half of the respondents in the sample could provide this data. All of these jurisdictions had suspected cases. Spain had the highest number, followed by Romania and Scotland. At the lower end of the scale were Austria and Hungary, both with just under 50 suspected cases. Additional information was received that all 47 prisoners who were suspected cases in isolation in Hungary tested negative, suggesting jurisdictions with low numbers of suspected cases and no confirmed cases had no infection in prison at this point. After controlling for the different sized prison populations, Scotland ascends to be the jurisdiction with the highest proportion of the population suspected to have Covid, followed by Romania then Spain, Austria and Bulgaria.

All jurisdictions in the sample bar three - Bulgaria, Hungary, and Northern Ireland - had recorded positive cases of Covid-19 among their prison population at the time

of the survey. Scotland, Romania, Austria and Portugal had only recorded a handful of cases each (under 10). England and Wales had the highest number of confirmed cases, followed by Italy. Both of these jurisdictions had over 100 recorded cases. Catalonia and Spain also had relatively high numbers of recorded cases among the jurisdictions in the sample.

After controlling for different sized prison populations among jurisdictions with confirmed cases in the prison population, there is still a group of five jurisdictions, consisting of Catalonia, England and Wales, Italy, Scotland and Spain, with high rates of infection, and another, which includes Portugal, Austria and Romania, with low rates of confirmed infection. There are also still variations between jurisdictions with high rates of infection.

Prisoners experiencing the most severe symptoms of the disease probably represent the most reliable measures of how far the virus had spread in prisons in the sample. Most respondents could provide data on those prisoners transferred to hospital or specialist care. England and Wales and Catalonia appeared to have the highest number of prisoners experiencing severe symptoms, both with 25 or more prisoners transferred for medical care. Italy also had a high number of prisoners transferred to hospital. No other jurisdiction had more than one prisoner transferred to receive medical care, and in some of these jurisdictions transfers were reported to be for testing rather than treatment of severe symptoms.

Four jurisdictions recorded Covid-19-related deaths. England and Wales had by far the highest number, with 15. Spain, Italy and Scotland had all recorded two deaths each by the time of the survey.

After accounting for prison population size, Catalonia had a far greater rate of prisoners transferred to hospital or specialist care than the other jurisdictions in the sample. The magnitude of difference between the proportion of prisoners transferred for medical care between England and Wales and Italy is reduced compared to the difference between the number of cases.

After accounting for prison population size, Scotland had by far the highest proportion of Covid-19-related deaths of prisoners, followed by England and Wales. Spain and Italy had a relatively similar proportion of Covid-19-related prisoner deaths at the time of the survey, much lower than England and Wales and Scotland.

Looking at the outcomes data in the whole, the data suggests that there is a group of five jurisdictions where prison systems were impacted significantly by the Covid-19 pandemic, as indicated by high rates of infection among staff and prisoners, hospitalisations and deaths, and another group of jurisdictions where prison systems were not impacted significantly.

3.3 Relationships between factors and outcomes

The data suggests that rates of transmission in the community quite strongly influence whether a jurisdiction has high rates of infection in their prison system or not. Rates of transmission in the community appear to correlate directly with rates of infection among staff. That jurisdictions which form sub-national parts of larger countries, such as England and Wales and Northern Ireland, and Spain and Catalonia, had similar rates of

infection among staff to each other, provides further evidence that rates of infection among staff reflected rates of infection in the community.

Looking at the six jurisdictions with the highest community rates of death their rate of Who guidance implementation can be compared. Among our jurisdictions with high rates of infection in prison, there seems to be at least some evidence of a correlation between the number of Who items thought to be implemented fully and infection rates. Catalonia, the jurisdiction with the highest rate of confirmed cases among prisoners, was one of the jurisdictions with the fewest checklist items perceived to be implemented fully. Italy had much higher numbers of items thought to be implemented fully and had a lower rate of infection. Scotland had a greater number of checklist items perceived to be implemented fully than Italy, and a correspondingly lower rate of infection. Spain appears to be an anomaly here, with the joint lowest level of Who guidance implementation but low rate of confirmed infection among prisoners.

As outlined in the methods section, Who module scores for England and Wales and Northern Ireland were analysed separately as representatives of prison administrations provided responses for these jurisdictions and are therefore not comparable to the other cases in the sample. They nevertheless provide at least some evidence of a correlation between the number of Who items thought to be implemented fully and infection rates. England and Wales had a high rate of infection among prisoners, whereas Northern Ireland had recorded no cases and had implemented a far greater number of the Who checklist items fully. Whilst the data suggests that Northern Ireland's prison system was uncrowded whereas that of England and Wales was not at this time, this would only be a relevant factor to infection rates if the virus enters the prison system.

The data also suggests some correlation between overcrowding and infection rates among jurisdictions in our sample with high rates of transmission. Two of the three jurisdictions with the highest rates of infection among the group of five high infection jurisdictions had overcrowded prison systems, whereas the two jurisdictions with the lowest rates of infection among the high infection group had uncrowded prison systems.

More than anything else, the rate of hospitalisations looks like it correlates with rate of infection and, by extension, the extent to which Who guidance had been implemented. There appears to be some weak evidence of a correlation between the proportion of older prisoners and the proportion of the prison population who experience the most severe symptoms of Covid-19. England and Wales has one of the highest rates of prisoners aged over 65 in our sample and has high rates of hospitalisations and deaths. Italy also has one of the highest rates of prisoners over 65 years old and has a relatively high rate of hospitalisation, but a lower rate of death compared to other jurisdictions in the sample. Scotland has a high proportion of prisoners aged over 65 and has the highest rate of death, but there was no data for hospitalisations for this jurisdiction. Spain has a relatively low proportion of prisoners aged over 65 and a low rate of hospitalisations (although only one case) and a lower rate of death than other jurisdictions in the sample. Catalonia has a low rate of prisoners aged over 65 years old but has

the highest rate of hospitalisations in the sample and no deaths.

4. Discussion

The data explored in this article suggests that in the initial emergency stage of the pandemic jurisdictions with high rates of community transmission were most at risk of high rates of infection in their prison populations. Within those jurisdictions, administrations that implemented the Who guidance more fully and which had uncrowded prisons reduced infection levels. There is some evidence jurisdictions with lower rates of infections and lower proportions of older people saw lower rates of prisoners experiencing the most severe symptoms of Covid-19.

At the time of writing rates of infection in the community in many countries have begun to rise again. Notwithstanding measures to control transmission in the community, preventing another increase in infection levels in prisons in these jurisdictions will be determined by recognition by prison administrations of the protective effects of implementing the Who guidance more extensively. There is scope for further research to assess pandemic readiness and infection risks as countries potentially enter a second wave.

Notes

[1] **Matt Ford**: is a research analyst at the Centre for Crime and Justice Studies. Matt leads on research projects at the Centre, particularly those involving quantitative data collection and analysis. He has a particular interest in mapping the size and scope of the criminal justice system, as well as self-harm and suicide in prisons. Before joining the Centre in 2014 he interned at children's charity Barnardo's where he supported evaluation research projects.

[2] All responses except those for England and Wales and Northern Ireland used publicly available information to complete the World Health Organization module, therefore not all responses are comparable.

Figures for overcrowding were computed into a binary measure due to inconsistent data provided by respondents. Due to a combination of reduced or suspended court activity, suspension of prison sentences and early release schemes prison populations were in a state of flux across European jurisdictions. Overcrowding figures not based on real time information may not reflect the reality in terms of levels of overcrowding in individual prison systems.

Figures for cases among staff are for approximately equivalent time periods in mid-April except for Romania, which is as at 7 May, and Northern Ireland which is as at 30 April.

Figures for cases among prison staff in Portugal are those publicly acknowledged by authorities, but there are no reported totals.

Staffing figures used to calculate rates of infection among staff mainly refer to figures from 2018 and 2019. Staffing

figures are for non-healthcare staff, and non-officer functions.

Prison population figures used to calculate rates of cases are real time figures.

There are media reports that there are prisoners with symptoms who are self-isolating in prisons in Northern Ireland and Portugal but no official figures on suspected cases. All 47 suspected cases in Hungary tested negative.

The one confirmed case of a prisoner with the virus in Portugal was contracted in the community.

Figures for prisoners transferred to hospital or specialist care are as at late April for England and Wales and Romania, and the start of May for Spain and Catalonia.

Deaths of prisoners are as at mid-April for Italy and Scotland, the end of April for England and Wales, and the start of May for Spain and Catalonia.

Figures for Scotland refer to the minimum number of suspected and confirmed cases in prisons as data was collated from imprecise announcements from the Scottish Prison service which gave active suspected and confirmed cases per day.

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