

ADDIS ABAB UNIVERSITY  
SCHOOL OF LAW AND GOVERNANCE  
CENTER FOR HUMAN RIGHTS STUDIES

## Health Rights of Prisoners in Ethiopia: A Case Study of Federal Maximum Security Prison

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Research Submitted to Center for Human Rights Studies, College of  
Law and Governance, Addis Ababa University in Partial Fulfillment of  
the Requirement of MA in Human Rights

**By:** Taddele Teka

**Advisor:** Wondemagegn Tadesse (PhD)

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ADDIS ABABA UNIVERSITY  
SCHOOL OF LAW AND GOVERNANCE  
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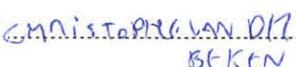
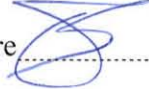
MA thesis for Partial fulfillment of the requirement of MA in Human Rights

By: Taddele Teka

Approved by: Board of Examiners

Wondemagegn Tadesse (PhD).....Signature  Date 23/7/2019

External Examiner  Signature  Date 30/07/19

Internal Examiner  Signature  Date 30/07/19

## **Declaration**

I, Taddele Teka, hereby declare that this thesis is my own original work and as far as my knowledge is concerned, it has not been submitted to any other institutions. All the works of other authors used in this paper are also properly cited and acknowledged.

Declared by: Taddele Teka

Signature.....

Date.....

## **Acknowledgment**

I would like to thank Dr. Wondemagegn Tadesse for his valuable comments and guidance. I am grateful to my sister Tsige Teka. I would not pass through without you. I am indebted to my friends for the positive energy and support they gave me.

## Table of Contents

Declaration .....	i
Acknowledgment.....	ii
List of Acronyms .....	vi
Abstract .....	vii
Chapter One .....	1
Introduction.....	1
1.1. Background of the Study .....	1
1.2. Statement of the Problem .....	4
1.3. Research Objective .....	9
1.3.1 General Objective .....	9
1.3.2. Specific Objectives .....	9
1.4. Research questions.....	10
1.5. Research Methodology and Design.....	10
1.5.1 Research Design.....	10
1.5.2. The Study Site .....	11
1.5.3. Target Population .....	11
1.5.4. Data Collection Techniques .....	12
1.5.5. Data analysis.....	12
1.6. Scope of the Study.....	12
1.7. Significance of the Study .....	13
1.8. Limitation of the Study .....	13
1.9. Ethical Considerations .....	14
1.10. Organization of the Research .....	14
Chapter Two .....	15
Prisoners Right to Health: Conceptual Framework .....	15
2.1 Definition of terms.....	15
2.2 The Concept of Prisoners’ Right to Health: A general Overview .....	16
2.3. The Role of Non state actors in the Promotion of Prisoners’ Rights to Health.....	21
Chapter Three.....	23
The Normative Frameworks of Prisoners’ Right to Health.....	23
3.1 Introduction.....	23

4.7.4. The role of NGOs in promoting prisoners' right to health .....	59
Chapter Five.....	60
Conclusion and Recommendations .....	60
51. Conclusion .....	60
52. Recommendations.....	62
Bibliography.....	64
Appendices .....	70

## **List of Acronyms**

ACHPR	African Charter on Human and Peoples' Rights
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
CDC	Center for Disease Control and Prevention
CRC	Convention on the Rights of Child
EBC	Ethiopian Broadcasting Corporation
ENT	Ear, Nose and Throat
FDRE	Federal Democratic Republic of Ethiopia
FMHACA	Food, Medicine, and Healthcare Administration and Control Authority
GV	Gentaviolet
HIV	Human Immunodeficiency Virus
HSTP	Health Sector Transformation Plan
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
JFA-PFE	Justice For All Prison Fellowship Ethiopia
NGOs	Non Governmental Organizations
OPD	Outpatient Department
SMR	Standard Minimum Rules for the Treatment of Prisoners
TB	Tuberculosis
UDHR	Universal Declaration of Human Rights
UN	United Nations
V/S	Vital Signs
WHO	World Health Organization

3.2.	The Right to Health in General .....	24
3.3.	Prisoners' Right to Health .....	26
3.3.1.	Provision of Healthcare Infrastructures in Prisons .....	29
3.3.2.	Healthcare Management in Prisons .....	30
3.4.	The Provision of Hygienic and Sanitary Infrastructure .....	32
3.5.	The Domestic Legal Framework on the Provision of Health Service in Prisons .....	33
3.5.1	The FDRE Constitution, Health Policy and Strategy.....	34
3.5.2	Legislations of the Federal Prison System .....	36
3.5.3	Structure of the Federal Prison System .....	39
3.5.4.	Ethiopian Food, Medicine and Healthcare Administration and Control .....	40
	Authority Standard on Prison Healthcare Service .....	40
	Conclusion .....	43
	Chapter Four.....	44
	Data Analysis and Major Findings of the Study .....	44
4.1.	Introduction .....	44
4.2.	General Description of Respondents.....	44
4.2.1.	Prisoners .....	44
4.2.2.	Other Respondents.....	45
4.3.	Provision of health care infrastructure.....	46
4.3.1.	Health personnel .....	47
4.3.2.	Medical equipment.....	47
4.3.3.	Physical infrastructure .....	47
4.3.4.	Adequacy of medical services.....	48
4.3.5.	Frequency of access to medical services .....	49
4.3.6.	Health care at Federal Maximum Security Prison vis-à-vis Public health care.....	50
4.4.	The management of health care .....	51
4.5.	The Provision of hygienic and sanitary infrastructure.....	53
4.6.	The role of NGOs in enhancing prisoners' right to health .....	54
4.7.	Major findings of the study .....	56
4.7.1.	The provision of health care infrastructure.....	56
4.7.2.	The management of health care .....	57
4.7.3.	The provision of hygienic and sanitary infrastructures .....	58

## **Abstract**

*This thesis explores the actual implementation of prisoners' right to health at Federal Maximum Security Prison. The very objectives of this study are: to assess the adequacy of health care infrastructure, the health care management standard compliance with the international minimum requirements on prisoners' right to health, to establish the level of hygienic and sanitary infrastructures and to examine the role of NGOs in the promotion of prisoners' right to health at Federal Maximum Security Prison. In order to address the objectives, the study utilizes qualitative data collected from primary and secondary sources using interview and personal observation. Interviews were conducted with various respondents including prisoners, prison health personnel, prison officials and Non-state actors. The study found that prisoners' health care at Federal Maximum Security Prison is below the international standards specified in the UN SMR. Most importantly, the prison health care is short of infrastructural provision, delivering on time treatment, and providing adequate water necessary to maintain personal hygiene and cleanliness, which is likely to deny prisoners full enjoyment of right to health. NGOs engaged in prison health care have positively impacted prisoners' right to health through the provision of health care infrastructures, expertise and capacity building training. The study concludes that the delivery of health care at Federal Maximum Security Prison does not fully conform to international principles and standards, and has the potential to compromise the promotion and protection of prisoners' right to health.*

# Chapter One

## Introduction

### 1.1. Background of the Study

The right to health is a fundamental human right. Article 25 of the 1948 Universal Declaration of Human Rights (UDHR) has considered health as part of the right to an adequate standard of living.<sup>1</sup> The right to health is recognized as a human right in the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR).<sup>2</sup> The UN Committee on Economic, Social and Cultural Rights, under General Comment 14, has expressed that, “Health is a fundamental human right indispensable for the exercise of other human rights.”<sup>3</sup> Under the 1946 Constitution of the World Health Organization (WHO), health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The WHO Constitution states “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition”.<sup>4</sup>

The right to health is also one important aspect of prisoners’ human rights. In this regard, the International Covenant on Civil and Political Rights (ICCPR) provides provisions that have been used by the UN Human Rights Committee to formulate prisoners’ rights to health. Most importantly, prisoners’ right to health is an intrinsic component of Article 6.1, 7 and 10.1 of the ICCPR which invokes the rights to life, prohibition of torture or cruel inhuman or degrading treatment, and the right to human treatment and dignity.<sup>5</sup> The UN Human Rights Committee under its general comment on Article 10.1 of the ICCPR explained that states have a positive obligation toward persons who are particularly vulnerable because of their status as persons

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<sup>1</sup> Universal Declaration of Human Rights, GA.Res217(III) of 10 December 1948, UN DOC A1810

<sup>2</sup> International Covenant on Economic, Social and Cultural Rights adopted and opened for signature by GA.Res 2200A(XXI) 16 December 1966, Article 12

<sup>3</sup> Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (Article 12 of ICESCR), UN Doc. E/C.12/2000/4, 11 August 2000, Para. 1

<sup>4</sup> Constitution of the World Health Organization (1946), Basic Documents, Forty-fifth edition, Supplement, October 2006

<sup>5</sup> UN Human Rights Committee Concluding Observations on Georgia, UN Doc. A/57/40 Vol. I, Pp. 53 Para. 78.7, 28 March 2002; see also Cabal and Pasini vs. Australia (7 August 2003) UN Doc CCPR/C/78/D/1020/2002, Para.7.7; Lantsova Vs.The Russian Federation (26 March 2002) Case No. 736/1997, Para. 9.2

deprived of liberty. The Committee stressed that the obligation to treat persons deprived of their liberty with dignity and humanity is a fundamental and universal applicable rule that the state party cannot invoke the lack of resources as an excuse for denying prisoners the enjoyment of their basic rights.<sup>6</sup> There are also a number of international set of standards, rules and principles that specifically deals with prisoners' rights to health viz. the revised UN Standard Minimum Rules for the Treatment of Prisoners (2015), Basic Principles for the Treatment of Prisoners (1990), and the Body Principles for the Protection of all Persons under any form of Detention or Imprisonment (1988).

Ethiopia is a state party to almost all of the international human rights instruments, and the rights of prisoners are incorporated under its Constitution and legislations. In this regard, chapter three of Federal Democratic Republic of Ethiopia Constitution (the FDRE Constitution herein after)<sup>7</sup> and other federal legislations also encompass a set of rights and principles that have high significance on the treatment and protection of prisoners' human right.<sup>8</sup> Most importantly, the Constitution has recognized prisoner rights to human treatment and respect for their dignity and rights to have opportunity to communicate with their medical doctors.<sup>9</sup> Hence, government of Ethiopia is under obligation to respect and enforce human rights of persons detained in custody and/or prison, which are recognized under international human rights instruments and the FDRE Constitution.<sup>10</sup>

In Ethiopia, at federal level, Federal Prison Commission is an organ mandated to implement all Federal Courts decisions related to custody, reformation and rehabilitation of prisoners.<sup>11</sup> While carrying out these functions, the Commission has a duty to maintain prisoners' health care, and provision of free medical treatment and other services necessary for the physical and mental wellbeing of prisoners.<sup>12</sup> The Prison Commission is expected to adhere to the constitutional

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<sup>6</sup>Committee on Civil and Political Rights, General Comment 21: Concerning human treatment of persons deprived of liberty (Article 10 of the ICCPR), 10 April 1992

<sup>7</sup> The Constitution of the Federal Democratic Republic of Ethiopia, Proclamation No. 1/1995, Negarit Gazeta, 1<sup>st</sup> year, No. 1, 21<sup>st</sup> August, 1995 [ Chapter Three, Article 14-16, 17(2), 18(3), 19-21, 36 ]

<sup>8</sup>Federal Prisons Commission Establishment Proclamation No. 365/2003 9<sup>th</sup> year, No. 90, 9<sup>th</sup> September, 2003; Council of Ministers Regulation on the Treatment of Federal Prisoners Regulation No. 138/2007 13<sup>th</sup> Year, No. 47 1 June 2007; Federal Prison Wardens Administration Council of Ministers Regulations No. 137/2007 13<sup>th</sup> year, No.46, 1 June 2007; See also FDRE Criminal Code, 2004; Criminal Procedure Code of Ethiopia, 1965

<sup>9</sup> The FDRE Constitution, Supra note 7, Article 21

<sup>10</sup> Ibid, Article 9 (2) (4) and Article 13 (1) (2)

<sup>11</sup>The Federal Prisons Commission Establishment Proclamation, Federal NegaritGazzeta, Proclamation No.365/2003, 9<sup>th</sup> year, No. 90, 9<sup>th</sup> September, 2003, Preamble para 2

<sup>12</sup> Ibid, Article 6 (3)

provisions including the provisions of international human rights instruments and all other laws that are part of the country's legal system. To put in another words, the Commission needs to invoke the constitutional and international human rights principles and standards upon the implementation of its mandates.

In Ethiopia, the enforcement of the international and Constitutional standards on the treatment of prisoners is not free from challenges. The problems are evident in Federal Maximum Security Prison, which is a federal prison facility that separately accommodates prisoners who are convicted of crimes that are punishable with ten or more years of prison terms and death sentence.<sup>13</sup> Persons who are accommodated under Maximum Security Prisons are considered to be a serious security threat to everyone. Hence, these prisoners are incarcerated under such strict and high security protocols in which the exercise of their human rights and the right to be treated in a dignified manner is potentially under danger.

The Federal Maximum Security Prisons is often criticized and accused for their human rights infringements.<sup>14</sup> Particularly the provision of health care service at Federal Maximum Security Prison is short of attaining prisoners' health, and needs a special attention.<sup>15</sup> The African Commission on Human and Peoples' Rights (ACHPR) in its report expressed that prison conditions in Ethiopia remain alarming and not compatible with the standard minimum rules for the treatment of prisoners.<sup>16</sup> Moreover, the ACHPR, under its fifth and sixth reports on Ethiopian human right, has amplified the poor condition and ill-treatment of prisoners.<sup>17</sup>

Bearing in mind the above human right concerns of prisoners in Ethiopia, in a nutshell, this study intends to investigate the implementation of prisoners' rights to health, for the case of Federal Maximum Security Prison Facility of Ethiopia. To this end, the study inquires the

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<sup>13</sup>FDRE Federal Prisons Commission, the Revised Directive for the Admission, Accommodation and Administration of Prisoners, No. 1/2017, Article 2(12)

<sup>14</sup> Country Report on Human Rights Practices for 2017, United States Department of States, Bureau of Democracy, Human Rights and Labor, Ethiopia 2017 Human Rights Report. The report indicated that the condition of prison remains harsh and life threatening. 'Medical care was unreliable in Federal Prisons..... Prisoners had only limited access to potable water. Water shortages caused unhygienic conditions, and most prisons lacked appropriate sanitary facilities. Many prisoners had serious health problems but received little or no treatment. There were reports prison officials denied some prisoners access to needed medical care.'

<sup>15</sup>Tibeso Bezabih, MA Thesis on the impact of prison reform on the treatment and rights of convicted persons in federal maximum security prison, A.A.U college of law and governance, center for human rights, June 2016 PP. 105-108

<sup>16</sup> ACHPR, Report of the Mission of the Special Rapporteur on Prisons and Conditions of Detention in Africa to the Federal Democratic Republic of Ethiopia 15-29 March, 2004, PP 52

<sup>17</sup> ACHPR, Concluding Observations and Recommendations on the 5<sup>th</sup> and 6<sup>th</sup> Periodic Report of the Federal Democratic Republic of Ethiopia, May 2015, available at [www.achpr.org](http://www.achpr.org) last visited on 11/11/2018

adequacy of prisoners' health care service and health care infrastructures; the level of hygienic and sanitary infrastructures; and the involvement of NGOs on the promotion of prisoners' right to health at Federal Maximum Security Prison.

## **1.2. Statement of the Problem**

Generally, good health has a particular significance in a prison; as the nature of the condition of imprisonment have a damaging effect on both the physical and mental wellbeing of prisoners. After serving their time in prison, prisoners should not leave prison in a worse health condition than when they entered.<sup>18</sup> A lack of prison health care can threaten public health and become health burden on communities. A good health care in prison helps to tackle an increase in the public burden of disease and contributes to reduce reoffending after release.<sup>19</sup> Thus, prison administrations have a responsibility not only to provide medical care but also to establish necessary conditions which promote the wellbeing of prisoners.

From the legal point of view, States are under obligation to provide health care measures in detention facilities that secure human rights of prisoners. The UN Human Rights Committee under its general comment explained that states have a positive obligation toward persons who are particularly vulnerable because of their status as persons deprived of liberty.<sup>20</sup> It has also stressed that the obligation to treat persons deprived of their liberty with dignity and humanity is a fundamental and universal applicable rule. Besides, the state party cannot invoke lack of resources as an excuse for denying prisoners the enjoyment of their basic rights.<sup>21</sup>

The justification behind state obligation not to mistreat prisoner's inhumanly is apparently due to the reason that they are vulnerable because of their status as persons deprived of liberty and the State parties have the responsibility to care for their life and wellbeing. Since withholding such care might cause the prisoner death or inhuman suffering, and state duty to provide health care is in conformity with the duty to ensure the safety of prisoners. Hence, it appears that state party has a positive obligation actively to prevent prisoners suffering that goes beyond the unavoidable level of suffering inherent in detention. In other words, positive obligation rests

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<sup>18</sup> Andrew Coyle, *A human rights approach to prison management: hand book for prison staff*, international centre for prison studies foreign & commonwealth office, London, 2002 Pp. 50

<sup>19</sup> World Health Organization Regional Office for Europe, *Prisons and Health*, WHO 2014, Pp. 3

<sup>20</sup> General Comment 14, *Supra* note 3 Para. 3

<sup>21</sup> *Ibid*, Para. 4.

primarily on the fact that the State has brought someone into a situation in which he cannot provide for his own health or safety that he generally would be able to in free society.<sup>22</sup>

In Ethiopia, despite the international as well as constitutional obligation imposed on government, some reports have confirmed the presence of prisoners' right to health violation. Accordingly, the condition of prison and detention centers in Ethiopia has been reported harsh and life threatening, and in most cases prisoners are highly exposed to beating, torture, and insufficient medical attention. Besides, the physical state and conditions of detention centers are poor in terms of sanitation and hygiene.<sup>23</sup>

There are also reports by the Government of Ethiopia, which shares the concerns of the above international organs on the deteriorating condition in Ethiopian prisons. In this regard, the Ministry of Capacity Building has reported the fact that there is insufficient meal service and medical care of prisoners.<sup>24</sup> In a similar vein, assessment of the Federal Justice Sector Reform Program in 2018 reported that there is inhuman treatment and human rights violation of prisoners in federal prisons. The violations are committed by the prison officers and administrative staffs of the prisons.<sup>25</sup> The study identifies the types of violations to which prisoners are exposed. It is attributed particularly to unhygienic accommodation, inadequate medical care and meal service.<sup>26</sup> With this regard, the federal prison administration is required to provide adequate hygiene, medical care and meal service to the extent their capacity allows.<sup>27</sup> Thus the specific factors that challenges the federal prison reform towards the treatment and human rights protection of prisoners includes the problem of inadequate medical care service and hygiene. Similarly, the Ethiopian Human Rights Commission monitoring report identifies that Federal Maximum Security Prison lacks the appropriate health infrastructure inter alia health personnel, laboratory equipment and infirmary.<sup>28</sup> And it is also witnessed that there is a limitation in the provision of hygienic facilities necessary for prisoner personal cleanliness.<sup>29</sup> In addition, following the recent political reform swept the country the state media EBC had

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<sup>22</sup> Andrew Coyle, *Supra* note 18 Pp. 62

<sup>23</sup> United States Department of State, *Supra* note 14

<sup>24</sup> Ministry of Capacity Building, Justice System Reform Program Office, FDRE Comprehensive Justice System Reform Program, Baseline Study Report, February 2005, Pp. 117

<sup>25</sup> Federal Justice and Legal Research and Training Institute, Assessment of Federal Justice Sector Reform Program (Unpublished), August 2018 Addis Ababa, Pp. 144

<sup>26</sup> *Ibid* Pp. 153

<sup>27</sup> *Ibid*

<sup>28</sup> The Ethiopian Human Rights Commission, Monitoring Report on Selected Ethiopian Prisons, June 2018 Pp. 37

<sup>29</sup> *Ibid* Pp. 38

broadcasted the presence of bad prison condition and human right violations in Federal Maximum Security Prison that includes lack of proper health care.<sup>30</sup> The current reformist government of Ethiopia per se admits that there were grave human rights violations of prisoners in federal prison facilities, and has been taken legal and political measures on prison officers who had been responsible for the violations.

All of the above reports, of international as well as domestic institutions, as to the health care and human right conditions of federal prisons trigger the need of conducting a study, that evaluate the extent of enforcement of prisoners' right to health at Federal Maximum Security Prison. The current political change in Ethiopia, which has been observed since March 2018, has allegedly devoted to improve human rights protection and condition of prison that it is important to conduct a study on the topic on the basis of current and up-to-date data on the enforcement of prisoners' health right.

Hence, evaluating the extent of enforcement of prisoners' right to health in Ethiopia, in light of the international principles and standards; is gray area for research. However, this kind of endeavour, to investigate the enforcement of right to health of persons held in prison in Ethiopia should have to take in to account the specific condition of the individual prison facility found in the country. Because, there are potential factors that likely affect the relationship between prisoners and prison authorities and make difference the extent of enforcement of prisoners' right to health.

In Ethiopia there are different prison facilities particularly in terms of the nature of prisoners and security level of prisons. The nature of prisoners and security level has a determinant factor that likely affects the relationship between prisoners and prison administration and makes difference in the extent of enforcement of human rights of prisoners inter alia right to health. In this regard, Federal Maximum Security Prison is established specifically to accommodate prisoners who are convicted of crimes that are punishable by ten or more years of prison terms and to death.<sup>31</sup> In comparative with other federal prison facilities, the tight security protocol in Federal Maximum Security Prison has an adverse impact on the enforcement of right to health of prisoners accommodated thereon.

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<sup>30</sup>EBC Amharic News available at [www.ebc.et/web/ebcnews](http://www.ebc.et/web/ebcnews), 26 June 2018 accessed on 25 March 2019

<sup>31</sup> FDRE Federal Prisons Commission, Supra note 13

Because, in such type of Maximum Security Prison, there is a high standard of physical security protocol, both around the perimeter and inside the prison; and the internal movement of prisoners will be closely supervised by staff, if necessary on a one-to-one basis.<sup>32</sup> Persons who are accommodated under Maximum Security Prisons are considered to be a serious security threat to everyone. Accordingly, these prisoners are incarcerated under such strict and high security protocols in which the exercise of their human rights and the right to be treated in a dignified manner is potentially under danger.<sup>33</sup> Thus, for instance, prisoner rights of access to family visit, communication and transfer, health services and access to justice, probation, pardon and appeal are seriously under threats.<sup>34</sup> Hence, in a similar fashion, the separate accommodation of the group of prisoners of Ethiopia at Maximum Security Prisons have the potential to affect the relationship between the prison officers and prisoners. This in turn makes the treatment conditions of prisoners at Federal Maximum Security Prisons to be more dignified and under potential danger; and makes it attractive case for reaserch.

Consequently all of the above circumstances and potential factors, which make difference on the nature, manner and extent of prisoners health right protection and enforcement among the Ethiopian federal prisons; motivated the reasercher to conduct this study in context of Maximum Security Prisons. To this end, first it is found important to investigate the protection of prisoner health rights at Federal Maximum Security Prison. As the provision of health care infrastructure is a pillar in the protection and promotion of prisoners rights to health, prisons should have enough supply of medical staff, facilities and medicine in the same standard required in the public at large.<sup>35</sup> And, Basic Principles for the Treatment of Prisoners in its Principle 9 affirms that prisoners should have free access to the health services available in the country.<sup>36</sup> In this regard the study identified the provision of health care infrastructural provision and management of prisoners' health care. Simultaneously, the study also addressed the level of hygienic and sanitary infrastructures available for prisoners to maintain their personal hygiene and clinliness which is essential for health as well as personal dignity that

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<sup>32</sup> Andrew Coyle, Supra note 18 Pp. 62

<sup>33</sup> Ibid

<sup>34</sup> Tibeso Bezabih, Supra note 15

<sup>35</sup> The World Health Organization, Supra note 19, Pp. 1

<sup>36</sup> Basic Principles for the Treatment of Prisoners Adopted and proclaimed by United Nations General Assembly resolution 45/111 of 14 December 1990

prisoners should be given every opportunity to attend to their most basic bodily functions and the requirements of personal hygiene.<sup>37</sup>

Second, it is important to evaluate the compatibility of health care service provision as well as hygienic and sanitary facilities with the international standards and principles specified under the revised United Nations Standard Minimum Rules for the Treatment of Prisoners: the Nelson Mandela Rules (the UN SMR herein after).<sup>38</sup> The SMR provisions are captured in other instruments such as; the United Nations Basic Principles for the Treatment of Prisoners,<sup>39</sup> and United Nations Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.<sup>40</sup> Hence, this requires evaluating and comparing the nature of prisoners' health rights under the international standards and its enforcement at Federal Maximum Security Prison.

Finally, it is found essential to assess the role of non-state actors on the promotion of prisoners' health right and their health care service at Federal Maximum Security Prison. In this regard, the intervention of NGOs in the provision of prisoners' health care is expected to be high. This demands the commitment of government and prison administration to arrange and strength communication and partnership with such non-state actors as well as government agencies for the attainment of prisoners' health rights. Hence, it is necessary to understand the commitment of NGOs on the enforcement of prisoners' right to health at Federal Maximum Security Prison.

Actually, there is no a particular reasrch conducted on the topic, as far as the knowledge of this reasercher is concerned. In 2016 Tibeso Bezabih has done reaserch on the impact of prison reform on the treatment and rights of convicted persons at Federal Maximum Security Prison.<sup>41</sup> However, this study is too general, and not specifically concerned with rights to health of prisoners.

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<sup>37</sup> Office of the United Nations High Commissioner for Human Rights, Human Rights and Prisons: Manual on Human Rights Training for Prison Officials, United Nations New York and Geneva, 2005 Pp. 77

<sup>38</sup>United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), United Nations General Assembly Resolution Adopted on 17 December 2015

<sup>39</sup>Basic Principles for the Treatment of Prisoners, Supra note 36

<sup>40</sup>UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment Adopted by General Assembly resolution 43/173 of 9 December 1988

<sup>41</sup>Tibeso Bezabih, Supra note 15

Besides, the study had revealed the failure of the pre- 2016 prison reform program of the Federal Prison Administration Commission to improve the treatment and rights of prisoners to health and food, security, safety and justice administration, and family visit at Federal Maximum Security Prison. This indirectly supports the need for a research that specifically concerned with the enforcement of prisoner's right to health at Federal Maximum Security Prison, on basis of current and reliable data.

In sum, so far there is no research, which specifically explores how the prison administration enforces prisoners' right to health at Federal Maximum Security Prison. It is in this context that this study is inspired by and intends to investigate the practice of health care service delivery, health care infrastructure, and the level of hygienic and sanitary infrastructure in lights of the international principles and standard requirements. The study also touches and analyzes the role of NGOs in the promotion of prisoners' health rights.

### **1.3. Research Objective**

#### **1.3.1 General Objective**

The provision of health care and hygienic and sanitary infrastructure in prisons constitutes essential entitlements of prisoners that would ensure they enjoy their right to health. At the core of this research is to test in general, the enforcement of prisoners' right to health at Federal Maximum Security Prison in light of international standards.

#### **1.3.2. Specific Objectives**

Apart from the above general objectives, the research will have the following specific objectives:

- ✓ To investigate whether the provision of health care infrastructure is sufficient in the attainment of prisoners' right to health.
- ✓ To examine the compliance of health care management with international standards.
- ✓ To assess the level of hygienic and sanitary infrastructure.
- ✓ To identify the roles played by non-state actors in promoting prisoners' right to health.

#### **1.4. Research questions**

The study attempts to answer the following basic questions.

1. Are the provisions of health care infrastructure at Federal Maximum Security Prison facility adequate in the attainment of prisoners' right to health?
2. To what extent is the management of health care service at the prison compatible with principles and standards in international human rights instruments and standards?
3. Are the provisions of hygienic and sanitary infrastructure at Federal Maximum Security Prison sufficient to satisfy prisoners' right?
4. What is the role of non- state actors in enhancing prisoners' right to health?

#### **1.5. Research Methodology and Design**

##### **1.5.1 Research Design**

The research design was descriptive study. Descriptive technique is useful in establishing the perception of respondents on a given study problem and in presenting facts as accurately as possible without interpretation. It allows the researcher to access data across wider section of the chosen respondents. It uses inferential approach in making prediction or comparison about a group using information gathered from a small part of that population.<sup>42</sup> This technique presented the researcher with tools to evaluate whether the provision of health care and hygienic and sanitary facilities at Federal Maximum Security Prison is adequately responsive to the right of prisoners and how it comply with the international standards.

The study was conducted based on a qualitative methodological framework. The main data source for the study involves qualitative data sources. The main purpose of doing a qualitative data in this research is the practice, experience, opinion and observations regarding the implementation of health rights of prisoners are better addressed through this method. Accordingly data was collected through structured, semi-structured and open-ended interview and personal observation.

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<sup>42</sup> Johann Moulton and HC Marais, Basic concepts in the methodology of the social sciences, 5<sup>th</sup> edition 1996 HSRC Publishers Pretoria, South Africa

The research relied on primary and/or secondary data to acquire information regarding the number of health personnel and available physical infrastructure. This was conducted through interview and review of existing research output and other available reports.

Documents including policy and legal instruments related to prisoners' right to health (national and international legal instruments, standard minimum rules for the treatment of prisoners (SMR), FDRE constitution and prison legislations) were also reviewed thoroughly.

### **1.5.2. The Study Site**

The study site was Federal Maximum Security Prison in Addis Ababa City. This prison is the largest federal prison facility that accommodates more than 3500 male and female prisoners. Among the total number of prisoners, Maximum Security Prison incarcerates more than 700 male prisoners sentenced from ten years to death. The study site was chosen because it is the largest federal prison and easily accessible to the researcher to conduct the study.

### **1.5.3. Target Population**

The target population for the data was from Federal Maximum Security Prison a selection of prisoners who are the direct beneficiaries of health services, health personnel, prisoners' basic need administration head, prisoners' health service unit leader and Ethiopian NGO Justice for All-Prison Fellowship Ethiopia (JFA-PFE). Sample was taken from such population by using purposive and snowball sampling. Purposive sampling is a type of non-probability sampling. The essence of purposive sampling lies selecting information-rich cases for study in depth. It helps to identify and utilize information-rich cases from which one can learn a great deal about issues of central importance to the purpose of the research.<sup>43</sup>

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<sup>43</sup>CERIS-PAC Research Training Project, Introduction to Qualitative Research Methods in Immigration and Settlement, Pp.31

#### **1.5.4. Data Collection Techniques**

Individual and key informant interview was employed as a means to collect primary data. This technique was used to exploit the experience, opinions and practices regarding the issues of prisoners' right to health and other important matters that arise in the study. The study conducted individual interview with fifteen prisoners who were receiving health care at the prison facility. The researcher uses snow ball sampling technique to grasp the insights of prisoners serving various terms of sentences. The study also conducted individual interview with eight health personnel who assume different responsibility at the prison health care facility. Key informant interview was conducted with basic need department and health service unit heads of the prison. The researcher also conducted key informant interview with Ethiopian NGO Justice for All-Prison Fellowship Ethiopia (JFA-PFE), rehabilitation and social affairs program manager.

In addition the researcher's own field visit and personal observation was also used to gather data on the provision of selected health care infrastructure at the prison facility.

#### **1.5.5. Data analysis**

In analyzing the data, relevant tools, which were appropriate to the nature of the data obtained, was employed to test the findings in relation to the basic questions of the study. Raw data obtained by interview and personal observation is structured, systematically organized, and analyzed. The data was weighed against the principles of prisoners' health rights as well as personal hygiene and cleanliness as imputed in various international instruments particularly the UN SMR.

#### **1.6. Scope of the Study**

The Scope of this research is limited to assess the enforcement of prisoners' right to health at Federal Maximum Security Prison. This prison facility accommodates prisoners who are sentenced to ten and more than ten years of imprisonment and death penalty.<sup>44</sup> As female prisoners are accommodated in a separate and autonomous prison facility,<sup>45</sup> it is not covered in this research. Accordingly the scope of the study is limited to male prisoners who are convicted to more than ten years of sentence. The study mainly investigated the provision of health care infrastructure,

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<sup>44</sup>FDRE Federal Prisons Commission, Supra note 13

<sup>45</sup> Ibid, Article 2(4) and 24, that establishes '*Female Prison Administration*', an autonomous prison and pre-trial prison accommodation for female prisoners.

the level of hygienic and sanitary facilities, and health care management at Maximum Security Prison. The research covered only clinical or curative medical services, and it did not extend to preventive health care and health promotion. Besides prisoners who are the direct beneficiaries of health service were selected to provide information. It helps to find the best insights of the situation thereon. This research also addressed the contribution of relevant NGOs towards the achievement of prisoners' right to health. The research makes reference to principles and rules of main international human rights instruments, the UN SMR, the FDRE Constitution and prison legislations.

### **1.7. Significance of the Study**

This research helps to uncover the extent and nature of enforcement of prisoners' right to health at Federal Maximum Security Prison. The delivery of health care services in prison should be brought to conform to international principles and minimum standard requirements. The study provides a valuable step towards understanding the level of health service so as to ensure prisoners' right to health. Moreover, it provides information to prison authorities, legislators and policy makers; and contributes to galvanize the current reform measures that sweep prison facilities in the attainment of prisoners' right to health. This research also play significant role in filling an academic gap on the enforcement of right to health in prisons.

### **1.8. Limitation of the Study**

Some respondents particularly prison authorities and prisoners would not be willing to provide the required information. However, the research sought relevant permission from the concerned authorities before conducting the research. Besides, the research tried to convince these respondents to cooperate by showing them genuinely the importance of their information to the thesis and the issue to be solved, and also guarantee them the information they provide is used only for academic purpose. The other limitation is the scope of the study in terms of study site and sample size of prisoners which could be argued is not a good representative of the situation in all other prison facilities in the country. However, the choice is made because of financial considerations and time elements, which constrain the other choices. However the researcher believes that Federal Maximum Security Prison is the largest federal prison in terms of its number of prisoners and its perceived notoriety in violations of rights of prisoners. Security being so much tight and totally different from other separate accommodations, prisoners in maximum security prisons has higher chance of human rights infringements. In order to

overcome limitations of information from prisoners and prison authorities the research deployed personal observation and documents such as reports and literature.

### **1.9. Ethical Considerations**

The research strictly adheres to the highest standard of confidentiality as it has a possibility of affecting the interests of the respondents. In addition, the research gave merit and recognition for the response even in situations to which the researcher did not agree. The respondents were reassured of non-disclosure of information other than for academic purposes only and the need not to reveal the identity of informants in whatsoever circumstances.

### **1.10. Organization of the Research**

Following chapter one, these theses is organized as follows. The second chapter of the study deals with conceptual frameworks of prisoners' right to health. The third chapter addresses the normative framework of prisoners' rights to health. The fourth chapter will present data analysis and finding. And the last chapter provides conclusion and recommendations.

## Chapter Two

### Prisoners Right to Health: Conceptual Framework

#### 2.1 Definition of terms

This part defines the key words which will be raised later on the various thematic aspects of the research topic. The purpose is to explore the meaning of the key words of the subject matter of the study in general terms. It helps to grasp the general insight of the concepts which will be discussed subsequently in detail.

**Prison-** An institution that holds people who have been sentenced to a period of imprisonment by courts for offences against the law.<sup>46</sup> According to the federal prison commission establishment proclamation prison is defined as a correctional facility where convicted and remanded persons are confined by court order.<sup>47</sup>

**Maximum Security Prison-** A prison from which escape is virtually impossible and should only be used for the most dangerous prisoners. There is a high standard of physical security protocol, both around the perimeter and inside the prison. The internal movement of prisoners will be closely supervised by staff, if necessary on a one-to-one basis.<sup>48</sup> In the context of the Ethiopian federal prison system, Maximum Security Prison is understood as a prison in which persons convicted for ten and more years of sentence and death penalty are incarcerated with high level of security protocols.<sup>49</sup>

**Prisoner-**A person either, convicted or not, incarcerated under any prison.<sup>50</sup> Pursuant to Article 2(5) of proclamation 365/2003 prisoner refers to convicted prisoners and remanded persons detained by the court order.<sup>51</sup>

**Health-**The state of physical, mental and social wellbeing.<sup>52</sup>

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<sup>46</sup>Health in prisons, A WHO guide to the essentials in prison health, World Health Organization, WHO Regional Office for Europe, 2007 Pp. 1

<sup>47</sup>FDRE Federal Prisons Commission, Supra note 11 Article 2 (4)

<sup>48</sup>Andrew Coyle, Supra note 18 Pp. 62

<sup>49</sup> FDRE Federal Prison Commission, Supra note 13

<sup>50</sup>Lebogang R. Morodi, the Constitutional Right of Prisoners with in the South African Criminal Justice System, University of South Africa Department of Criminology, Crime Research in South Africa, Volume 4, Number 4, October 2001, Pp. 3

<sup>51</sup> FDRE Federal Prisons Commission, Supra note 11

<sup>52</sup>Constitution of World Health Organization, Supra note 4

**The Right to Health-** “a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health.”<sup>53</sup>

**Prisoners’ Right to Health-**A right to receive a standard of health care normally provided to the general public, which is necessary to attain the desired state of complete physical and mental health.<sup>54</sup>

**Human Rights-** The entitlements of rights that individuals enjoy by virtue of being human beings irrespective of the social status or other factors.<sup>55</sup>

## **2.2 The Concept of Prisoners’ Right to Health: A general Overview**

Persons who are deprived of rights to liberty retain their fundamental rights to enjoy good physical and mental health, and entitled to a standard of health care which is at least symmetrical of that provided in the public at large.<sup>56</sup> Deprivation of individual’s rights to liberty is enforced by confinement in a closed environment. However, this containment of individual’s in prison should not have deteriorative effects on the health of those persons.<sup>57</sup> Alongside the fundamental rights of all human persons to enjoy good health, prisoners have extra safeguard as a result of their status. When a state confines people in prisons, it takes on a responsibility to look after their health both in terms of the conditions of confinement and of the individual treatment which may be necessary as a result of those conditions.<sup>58</sup>

Good health is imperative to every human person. It has a significant implication in the behavior and social interaction of individuals in open environment in general and those incarcerated in the closed environment of a prison in particular. Inherently incarceration can have an adverse effect on prisoners’ health. This very fact of imprisonment requires prison administrations to provide adequate health care services and other conditions essential to promote prisoners safety and wellbeing. The condition of imprisonment should not put prisoners in a worst state of health than when they received in to the prison.

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<sup>53</sup>General Comment 14, Supra note 3 Para. 9

<sup>54</sup>Andrew Coyle, Supra note 18 Pp. 49

<sup>55</sup>Donnelly J., Human rights, democracy and development, Human Rights Quarterly, Vol. 1.21, No. 3, 1999, Pp. 612

<sup>56</sup> Andrew Coyle, Supra note 18

<sup>57</sup>Hernan Reyes MD, International Committee of the Red Cross, Health and Human Rights in Prisons, Extract from “HIV in prisons: A reader with particular relevance to the newly independent states”, Chapter 2, Page 9-18, World Health Organization-Europe, Health in prison project, 2001, Available at <https://www.icrc.org/eng/resources/documents/misc/59n8yx.htm#a3>, accessed on November 2018.

<sup>58</sup> Andrew Coyle, Supra note 18

Prisoners, after serving their sentence, should not be integrated in to the community with a deteriorated health condition that becomes health burden to the general public.<sup>59</sup> A lack of prison health care can threaten public health and become health burden on communities. An effective prison health system can significantly contribute to the public health by reducing the public burden of disease as well as recidivism.<sup>60</sup> Thus, where prisoners have received a proper and adequate health care while in prison, they leave the prison, at the time of their release, with a complete state of physical and mental health. And, they will not be a burden to the public health.

In addition to prisoners' worse health condition resulted from the nature of imprisonment per se, most of the prisoners come in to the prison with untreated health problems caused by their lower level of income and way of life. These prisoners whose health condition had been affected by their previous life require a particular treatment of the prison health care system. As their prior health condition might be aggravated by the nature of imprisonment that they should receive a proper and timely health care in prison.<sup>61</sup> Prisoners' bad health condition within the prison system appears as a result of their previously untreated ailments and the inherent nature of incarceration by itself. This fact in turn signifies the extent of the prevalence of prisoners' health condition that requisites the provision of adequate health care in the prison system.

Among others, there are two major compelling reasons for the provision of prisoners' health care. The first reason is the importance of prisoners' health care to public health in general. Prisons contain a high prevalence of prisoners with serious and often life threatening health conditions. When prisoners return to the community, they may carry back with them new diseases and untreated conditions that may in turn pose a threat to community health and become extra burden of disease in the community. Thus, it is in the interest of the public that prisoners receive health care and treatment.<sup>62</sup> The second is the commitment of the community to social justice. Relevant bodies or community agents involved in the provision of health care are committed to reduce health inequalities as attributes to health for all. The fact that most of the prisoner is from the poorest class of society lacking education and income, are admitted to prison with untreated physical and mental health cases. The majority of prisoners who come to

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<sup>59</sup> Ibid Pp. 50

<sup>60</sup> World Health Organization, Supra note 19 Pp. 3

<sup>61</sup> Andrew Coyle, Supra note 18, Pp. 49

<sup>62</sup> World Health Organization, Supra note 19 Pp. 3

prison with ill health conditions, by reason of their prior life status, will have an opportunity to receive a proper health care and treatment in the prison system. Thus, the provision of health care service in prison can significantly contribute to reduce health inequalities.<sup>63</sup>

There are also other factors pertaining to prisoners' right to health protection. The first one is that the prison administration has a duty to provide care for prisoners as a minimum requirement to satisfy their basic needs. The second factor is that prisoners are totally reliant on the prison administration for the over all facets of their everyday life including safety and wellbeing. The third is that prisoners retain all human rights other than their liberty. Their right to health is in no way vanished by the fact of their imprisonment.<sup>64</sup>

All this underlying factors signify the need for an extensive effort from the government to enhance the provision of a standard prison health care scheme that attains prisoners' right. To this end, the government should ensure its duty to take care of prisoners. Furthermore the government should respect and protect prisoners' human rights in general and their health right in particular. In doing so, the government substantiates the general public health and narrows health inequalities in the lower level of the society.<sup>65</sup>

Thus, prisoners' health care correlates with the general public health that it has a symmetry impact in the community health as a whole. The prison administration has a duty to restore and preserve the health of prisoners by providing adequate means of treatment. Where the prison administration failed to manage prisoners' health cases, it will become a community health problem as a result of their eventual release with untreated health cases. There is a high prevalence of communicable diseases in prisons, like tuberculosis, hepatitis and HIV/AIDS, that will expose the community in danger, if it is not managed. There is also age related health problems of prisoners serving long term sentence and life imprisonment. Accordingly, the prison administration is required to design a robust health care system that ensures prisoners health, and contributes to the public health in general.<sup>66</sup>

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<sup>63</sup>World Health Organization, Supra note 19 Pp. 3

<sup>64</sup> Ibid

<sup>65</sup> Ibid

<sup>66</sup> Andrew Coyle, Supra note 18 Pp. 62

Prisoners are entitled to receive a standard health care treatment free of charge, even those treatments of which the government is not in a position to provide to the public at large. The government cannot claim its resource limitation as an excuse to withdraw from this obligation.<sup>67</sup> This is unfortunately not the case in many of the world's prisons.<sup>68</sup> In particular overcrowded and congested prisons having a decaying infrastructure, lack of hygiene and inadequate health facilities, and as a result where the health and lives of prisoners are in danger is the feature of prisons in many countries.<sup>69</sup>

On the other hand prisoners have unalienable rights conferred upon them under the international human rights instruments, which is a right to health care, and most certainly a right not to contract disease in prison.<sup>70</sup> The state has an obligation to fulfill and promote these rights and to actively prevent prisoners suffering that goes beyond the unavoidable level of suffering inherent in detention. The essence of imprisonment is only deprivation of liberty, and the task of the prison authorities is to ensure that this is implemented in a manner no more restrictive than is necessary.<sup>71</sup> The prison administration is primarily responsible to protect prisoners not to infect with diseases along with its obligation to provide the necessary health care in deserving cases. Apart from its legitimate attributes, incarceration should not have a deterrent effect over prisoners' health.

Moreover, the prison authorities are not allowed to impose additional deprivation on the right of persons under their control. The fact that persons are imprisoned does not turn their humanity and the rights attached to it under various international human rights instruments. With this regard they are exempted from those requirements of international human rights instruments and are protected equally by the law as human beings. These rights of prisoners are the same rights that are inherent in every human being and thus they should also be treated likewise so as to ensure the protection of their human rights and dignity. In line with the imprisonment or punishment imposed by the court of law they are accorded exactly the same dignity and rights as others in open environment.<sup>72</sup>

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<sup>67</sup> Ibid

<sup>68</sup> Hernan Reyes MD, Supra note 57

<sup>69</sup> Waroguru Kaguongo, The role of national human rights institutions in Africa, a dissertation submitted in partial fulfillment of the requirements of degree in LLM (human rights and democratization in Africa) American university in Cairo, Egypt, November, 2003, Pp. 15

<sup>70</sup> Donnelly J., Supra note 55

<sup>71</sup> Andrew Coyle, Supra note 18 Pp. 11

<sup>72</sup> Hernan Reyes MD, Supra note 57

Therefore, the prison administration is under responsibility to ascertain the human rights of prisoners by complying with its duty to respect, protect and fulfill. It requires the prison administration not to breach the fundamental rights of prisoners and to create conducive situation in which they can actually enjoy their rights.<sup>73</sup>

Summing up, prisoners, irrespective of their incarceration can certainly enjoy the same rights that are inherent in every human being. The right to health is part and parcel of human rights that can be claimed by prisoners just as every other human being can do. The government has an obligation to guarantee the right to health of all persons deprived of their liberty as it precisely does to every other individual in open environment. Prisoners' health care constitutes the essential human rights entitlements imperative to protect and safeguard their lives and wellbeing in detention.

Most importantly, due to special circumstances those prisoners find themselves in a closed environment where their basic rights are greatly vulnerable to violation. Prisoners are totally rely on the prison administration for their daily live, safety and wellbeing. Furthermore, there is a nexus between the prison health and the general public health. The prison health influences not only prisoners but also the whole community. With this respect, the government should make a special effort to provide essential infrastructures and conditions in prisons with a view to ensure prisoners' right to health and contribute to the community health in general. Particularly, the prison administration has to discharge its obligation under the international human rights law by taking all the necessary steps to enhance prisoners' health care compatible to expectations.

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<sup>73</sup>Dirk van ZylSmit & FriederDünkel (eds), *Imprisonment Today and Tomorrow. International Perspectives on Prisoners' Rights and Prison Conditions*, The Hague / London / Boston, Kluwer Law International 2001, Pp. 26

### **2.3. The Role of Non state actors in the Promotion of Prisoners' Rights to Health**

While prisoner health remain by and large a neglected public health domain, the active involvements of NGOs are essential to address some of these critical issues. The involvement of NGOs can assist greatly in promoting health and well-being in prisons. NGOs adapt different roles in the promotion of prisoners' right to health in prison. NGOs play a critical role in providing fund and expertise, contributing to awareness raising, monitoring, policy making and implementation.<sup>74</sup> This in turn helps to improve basic sanitation, living conditions, treatment and health care of prisoners. Their intervention in monitoring prison conditions are required to allow rapid action to be taken when incidences of abuse and injustice are uncovered.<sup>75</sup> Particularly, national medical associations can significantly contribute to lobby government to make prison health a public health priority and encourage continual professional development and conduct among prison doctors. NGOs of such kind need to provide support doctors working within prisons to speak out against incidences of abuse, neglect and torture. Disciplinary action should also be taken whenever members engages in prison are found to violate ethical codes of conduct.<sup>76</sup>

Accordingly, many forms that NGOs involvement in prison can includes the following: provide health check-ups, medicines and food to prisoners, assisting the social reintegration of released prisoners, assisting with prison activities such as education and sport, simple befriending, monitoring adherence to human rights standards, using the law to protect prisoners' rights, carrying out non-partisan campaigning, and providing public education.<sup>77</sup>

These interventions need to be incorporated at a statutory level. NGOs involvement in prison requires prison officials to respond in an appropriate way. Unless the prison officials are made aware of the importance of NGOs participation, they will always look upon their involvement as interference in their work place.<sup>78</sup>

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<sup>74</sup>WHO Health in prisons, Supra note 46 Pp. 5

<sup>75</sup>UNODC, Prison Reform and Alternatives to Imprisonment, Concept Note, Prepared by the Justice Section, Division for Operations, February 2011 Pp. 19

<sup>76</sup> UNODC, Regional Office for Central America and the Caribbean in Panama, Working Paper Series on Prison Reform, Working Paper 1: Civil Society and Prisons: the "invisible bars" challenge, Pp. 11

<sup>77</sup>Common wealth Human Rights Initiatives, Community participation in prisons a civil society perspective, Priti Bharadwaj (Editor), 2008 Pp. 12

<sup>78</sup> Ibid, Pp. 13

Thus, as NGOs intervention plays an important role in enhancing prisoners' rights and the prison system, it requires a legal framework that regulates the subject matters. With this regards, it is necessary to issue complete, clear, democratic operational regulation in conformity with the domestic laws and international practices. It helps to clearly and properly determine the extent of the intervention, the rights and duties as well as responsibilities of NGOs and the prison administration. And, contribute to foster NGOs engagement in assisting the prison health care and other areas that requires integrated effort.

## Chapter Three

### The Normative Frameworks of Prisoners' Right to Health

#### 3.1 Introduction

This chapter discusses the normative framework towards right to health in general and right to health of prisoners in particular. A number of authorities have attempted to delineate what constitutes health care and the right to health of people in general and those under imprisonment in particular. Despite the fact that prisoners are incarcerated, they can make claim to certain rights since such rights have been deliberated and provided for in a number of human rights instruments. Antithetical to the deprivation of their liberty, persons held in prisons are accorded to a wide spectrum of rights recognized under the international human rights instruments. Thus, it is imperative to examine the international, regional and national normative framework perspectives on what exactly constitute the general right to health and prisoners' right to health specifically.

Prisoners' right to health is entrenched under the international and regional human rights system normative framework. The major human rights instruments Universal Declaration on Human and People's Rights, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, African charter on human and people's rights, and General Comments and Communications of the United Nations and African Union human rights monitoring bodies; draw rules and principle concedes prisoners' right to health. The prisoner right to health is well articulated specifically in the Standard Minimum Rules for Treatment of Prisoners-2015. The standard minimum rules contain specific standard requirements to be compliance by the state and the prison authority in the treatment and rehabilitation of prisoners. With regard to health rights of prisoners the standard provides the minimum rules for the infrastructural provision and management of hygienic, sanitary and medical care services available to preserve the life and well being of prisoners.

Within the domestic realm, the FDRE Constitution makes no reference to "prisoner rights to health" as such, though it does refer to the general public health rights and specific principles related to the conditions of detention and treatment of prisoners. These constitutional principles has been reflected in the auxiliary legislations and standard guidelines adopted for the administration and regulation of the prison system.

### 3.2. The Right to Health in General

Various sources in the human rights system have conveyed the inherent ingredients that formulate the general health right of the populace. To begin with, the UN Committee on Economic Social and Cultural Rights, an independent expert body that monitors states compliance with the obligations under the Covenant on Economic Social and Cultural Rights has extensively defined the normative scope of the right to health.<sup>79</sup> The right to health denotes, not “a right to be healthy” rather a right to equal access to the existing health care system for the maintenance of “highest attainable standard of health.”<sup>80</sup> It is comprehended as a right to receive health care with the extent of the available health care resources, infrastructure, facilities and services. It is a right to access the proper treatment necessary to achieve a desired level of health.

The right to health compounded from several constituent elements of human rights. It combines fractions of human rights components, which particularly includes, “the rights to access to safe and portable water and adequate sanitation, food, housing, work, education, human dignity, life, non-discrimination, equality, prohibition against torture, and a healthy environment.”<sup>81</sup> Pertaining to Article 12 (1) of the covenant, the full-fledged ‘right to health’ comprises of; the “availability” of health care infrastructures including physical facilities, medical personnel, drugs and medicines, and hygienic and sanitary facilities necessary to preserve cleanliness. The “accessibility” of the health care infrastructures and services to everyone without discrimination. And, the “acceptability” as well as “quality” of health care infrastructures and services. The arrangement of health care infrastructures and services should adhere to the professional ethics and community norms. It should also be acceptable by the community. The infrastructures and services are required to satisfy quality standards relevant to professional skills, drug and medication, medical equipment and sanitation.<sup>82</sup> With this remark, right to health can be perceived as a complex human rights aspect that covers a wider range of rights and entitlements intrinsic to strive a complete state of health.

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<sup>79</sup>General Comment 14, Supra note 3

<sup>80</sup>Ibid, Para. 8

<sup>81</sup>Ibid, Para. 3

<sup>82</sup>Ibid, Para. 12

With respect to the obligation of state parties, most importantly, Article 12(2)(d) of the Covenant call upon states to design a conducive environment necessary to respond to the basic health needs of everyone in deserving cases.<sup>83</sup> This responsibility of states extends to the provision of preventive, curative, rehabilitative and promotive health care services, medical examination and treatment, and drugs and medicines of both physical and mental health.<sup>84</sup> It also captures the provision of those services in a timely fashion and without discrimination.<sup>85</sup> The infrastructural provision and management of health care services are the underlying factors for the realization of health right of everyone at stake. The health care infrastructures and management should be aligned with individuals basic demand.

In addition, Article 25 of the UDHR also pledges that “everyone has a right to standard of living and adequate health and wellbeing of himself and of his family.”<sup>86</sup> It has guaranteed the rights to enjoy health care required to keep their own and family member’s health. Correspondingly, the African Charter on Human and Peoples’ Rights, Article 16 endorses that all persons has a right to seek the most desirous level of health. Accordingly, State parties are bound to protect the health of their nation and to provide medical care in the attainment of individuals need.<sup>87</sup> In general the human rights instruments univocally ascertained everyones entitlement to a complete state of health, and to this end they shall be provided with appropriate health care services in the satisfaction of their health.

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<sup>83</sup> International Covenant on Economic, Social and Cultural Rights, Supra note 2

<sup>84</sup> General Comment 14, Supra note 3 Para. 17

<sup>85</sup> Ibid, Para. 19

<sup>86</sup> Universal Declaration of Human Rights, Supra note 1

<sup>87</sup> The African Charter on Human and Peoples’ Rights, Adopted 27 June 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force 21 October 1986

### 3.3. Prisoners' Right to Health

The tenet of prisoners' right to health has deliberated within the international human rights discourse. All those sentiments of the international human rights instruments shall apply to prisoners just as it does to every human being. This is conveyed under the UN General Comment No. 21 that prisoners are entitled to every right contained under ICCPR as all human persons do have, except the inherent consequences of incarceration.<sup>88</sup> Not with standing with the imprisonment and its due effect thereon, prisoners are entitled to enjoy all human rights.

Prisoners have a right to receive a full package of health care that includes preventive, curative, rehabilitative and promotive services. The UN Committee on Economic, Social and Cultural Rights has stated explicitly that "States are under the obligation to respect the right to health by, *inter alia*, refraining from denying or limiting equal access for all persons, including prisoners or detainees ....to preventive, curative and palliative health services."<sup>89</sup> Moreover, the United Nations Basic Principles for the Treatment of Prisoners, principle 9 indicate how the entitlement of prisoners to the highest attainable standard of healthcare should be delivered: "*Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.*"<sup>90</sup>

Therefore, prisoners have a right to enjoy all the necessary health care services in the satisfaction of their health demand. The mere fact that people are imprisoned does not mean they have any reduced right to appropriate healthcare. Rather a state takes a responsibility to look after the health and wellbeing of persons detained in prison. The State is responsible to deliver the appropriate and adequate level of health care required to keep the life and wellbeing of prisoners.

The UN human rights jurisprudence reveals the fact that prisoners' rights to health is an integral facet of the right to life (Article 6.1), the rights against torture or cruel inhuman or degrading treatment (Article 7) and the right to human treatment (Article 10.1) of the International Covenant on Civil and Political Rights (ICCPR).<sup>91</sup>

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<sup>88</sup> General Comment 21, Supra note 6 Para. 3

<sup>89</sup> General Comment 14, Supra note 3 Para 34.

<sup>90</sup> Basic Principles for the Treatment of Prisoners, Supra note 36

<sup>91</sup> International Covenant on Civil and Political Rights adopted and opened for signature by GA.Res 2200A(XXI) 16 December 1966

This embraces states responsibility to preserve the life and wellbeing of prisoners with the provision of appropriate as well as adequate health care.

The UN Human Rights Committee, in its concluding observation on Georgia, has indicated the need to recognize prisoners' right to health through the provision of appropriate medical care.<sup>92</sup> In a similar vein, the Human Rights Committee in its adjudication of individual complaints over a matter of *Lantsova vs. The Russian Federation* where the prisoner died in detention in the absence of appropriate medical treatment, the Committee ruled against the Russian Federation that there had been a violation of prisoners' right to life guaranteed under article 6.1 of the ICCPR.<sup>93</sup> Generally, the Human Rights Committee adopted that prisoner's rights to health, i.e. rights to access to appropriate medical treatment, is an integral component of the rights to life under the civil and political rights covenant that the states has a duty bound to provide access to medical care for all prisoners. It is the responsibility of the state to ensure prisoners' health with the provision of the necessary medical care irrespective of its resource constraints. Thus, the state should available all appropriate health care requisite to maintain the life and health of prisoners. And, it should properly manage the health conditions of prisoners with a view to preserve or restore their health.

In addition to the aforementioned minimum standard, the level of health care provision is expected to be adequate to satisfy prisoners' health and wellbeing. In this respect the UN Human Rights Committee states that "inadequate care" in detention could constitute a violation of Article 9 (the right to liberty and security of the person) of the Covenant on Civil and Political Rights.<sup>94</sup> Accordingly the Committee has affirmed that state responsibilities under the Covenant include "the provision of adequate medical care during detention."<sup>95</sup>

The African Commission on Human and Peoples' Rights has reiterated that prisoners' right to health care is guaranteed under the right to life of Article 4 of African Charter on Human and Peoples' Rights.

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<sup>92</sup>Report of the Human Rights Committee 'Concluding Observations: Georgia' (28 March 2002) UN Doc. A/57/40 Vol. I, Pp. 53 Para. 78.7. Articles 6.1, 7 and 10.1 of the ICCPR

<sup>93</sup>Lantsova Vs.The Russian Federation (26 March 2002) Case No. 736/1997, Para. 9.2

<sup>94</sup> Report of the Human Rights Committee, Concluding Observations: Republic of Moldova (2002) UN Doc A/57/40 Vol.I Pp. 76Para. 84.9.

<sup>95</sup>Pinto vs. Trinidad and Tobago (Communication No. 232/1987) Report of the Human Rights Committee (20 July 1990) Vol. II UN Doc A/45/40 Pp. 69 Para 12.7.

The African Commission in its ruling over the matter of, *Malawi African Association and others vs. Mauritania*, indicated that the death of prisoners due to the lack of proper medical care service is amount to a violation of the right to life in the African Charter. In the case, in which four prisoners died following a lack of medical attention, the Commission found, “Denying people ...medical attention... constitutes a violation of Article 4 of the African charter on human and people’s rights.”<sup>96</sup> This indicates that the adequacy of health care is essential to ensure prisoners’ right to health. The provision of prisoners’ health care has to be sufficient to address their health cases. It should at least meet the basic health needs of prisoners.

Therefore, states are expected to be vigilant about protecting the life and wellbeing of prisoners as recognized under the human rights instruments. They are duly responsible for the provision of adequate and appropriate standard of healthcare in order to keep the life and well being of prisoners under any form of detention. Accordingly, the health care provided to prisoners should be appropriate and adequate to satisfy their health needs.

On top of these, international normative frameworks, The UN SMR is a specific international instruments set out more clearly what make up prisoners’ health rights and the health care provision to be made by prisons.<sup>97</sup> The next section addresses what infrastructural provision and management of health care should the prison administration deliver to prisoners in compliance with standards of the SMR.

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<sup>96</sup>Malawi African Association et al. vs. Mauritania (11 May 2000) African Commission on Human and Peoples’ Rights (Communication No. 54/91, 61/91, 98/93, 164/97, 196/97 and 210/98) Para. 120.

<sup>97</sup>The UN SMR, Supra note 38

### 3.3.1. Provision of Healthcare Infrastructures in Prisons

Infrastructural provision is the other essential factor in determining how well the prison health care delivery system can comply with the standards. To ascertain prisoners' rights to health as required by the international standards, the necessary infrastructure should be in place. The SMR provides minimum infrastructural requirements to ensure that the prison administration respect prisoners' rights to health. Rule 24 make a clear call to every prison system to provide the same standards of care that are available in the country, and should avail the necessary health facilities and medical staff to cater for a range of health needs of prisoners.<sup>98</sup> As per Rule 25 of SMR the prison medical staff should consist of qualified professionals including psychologists, psychiatrists and dentistry.<sup>99</sup> This requirement as well echoed in Rule 27 which stipulates that prison health facilities should fulfill health personnel and equipments essential to provide adequate and appropriate health care to prisoners.<sup>100</sup>

The SMR provisions are reiterated in other instruments. Fore instance according to the WHO standard states that health service in prisons must be provided with staff, resources and facilities of at least the same standard as those available in the community.<sup>101</sup>

In general, as the provision of health infrastructure is a pillar in the protection and promotion of prisoners rights to health, prisons should have enough supply of medical staff, facilities and medicine in the same standard required in the public at large. Prisoners should be able to access health care service in the same measures as those being given to free individuals. To this effect, the infrastructural provision of prisoners' health care is expected to be equivalent to the level of infrastructure serving the public in general.

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<sup>98</sup> Ibid, Rule 24

<sup>99</sup> Ibid, Rule 25

<sup>100</sup> Ibid, Rule 27

<sup>101</sup> World Health Organization, *Supra* note 19 Pp. 1

### 3.3.2. Healthcare Management in Prisons

The SMR, in Rules 24-35, notes that prisoners shall receive the same standard of health care services that are available in the community, and should have access to necessary healthcare services free of charge. Prisoners have to access to both preventive and curative health care that includes physical, mental and dental treatment as well as pharmaceutical products. These should be provided right from the time of admission and during imprisonment and such prisoners should be regularly examined by a physician and be detained in human and healthy environment.<sup>102</sup>

The SMR rule 24 asserts that prisoners have a right to receive a standard of free health care at least equivalent to those provided to the general public. It adds that, the prison health care delivery should be organized in correlation with the general public health system available in the country.<sup>103</sup>

This principle is also echoed by the Moscow Declarations of the WHO, which noted that prison health must be an integral part of the public health system of any country.<sup>104</sup> Correspondingly, the UN Principles of Medical Ethics state that all health personnel working with prisoners *‘‘have a duty to provide them with ...treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.’’*<sup>105</sup>

Accordingly, Rule 25.1 of the standard required that prisoners should have access to a full range of health care that includes elements of alleviating disease, disease prevention and health promotion.<sup>106</sup> Thus, provision of health care in prisons should comprise psychiatric care, dental health, infections and addiction treatment.

Therefore, since it is a basic requirement that prisoners are entitled to the same standard of health care provided to the public, the provision of health care in prison should be closely organized with the public health system. Prisoners have a right to a professional standard of health care provided by qualified medical personnel. The professional and service delivery in prison health care should be aligned and compatible with the public health system available in the country.

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<sup>102</sup> The UN SMR, Supra note 38

<sup>103</sup> Ibid, Rule 24

<sup>104</sup> Moscow Declaration: Prison Health as part of Public Health, World Health Organization Europe, adopted in Moscow on 24 October 2003, Para. 2.

<sup>105</sup> UN Principles of Medical Ethics, UN GA Res. 37/194, 18 December 1982, Principle 1.

<sup>106</sup> Ibid, Rule 25.1

Rule 30 of SMR provides that prisoners' health care shall begin up on the moment of their admission to the prison. All prisoners must be provided with health screening as soon as they have been admitted to a prison. After their admission, prisoners should have access to health care whenever they deserve it up to their requirement.<sup>107</sup>

All prisoners while in prison should be provided with appropriate medical treatment in a timely fashion. The SMR has stated under Rule 31 that; "*The physician ..... shall have daily access to all sick prisoners, all prisoners who complain of physical or mental health issues or injury and any prisoner to whom their attention is specially directed.*" This is further captured in Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 24 which specifies that "*medical care and treatment shall be provided whenever necessary.*"<sup>108</sup> Thus, all prisoners should receive health care at any time or in any deserving cases of treatment in any hour of time.

Furthermore, according to Principle 25 of the Body of Principles, prisoners have a right to a second medical opinion where it becomes necessary to keep the prison compound secure and safe.<sup>109</sup> Thus it appears that second medical opinion is allowed, if it is only justified for the sake of peace and safety in the prison.

The Standard Minimum Rules shows that the right to health care of prisoners includes not just only general healthcare, but also access to specialist treatment whether in the place of imprisonment, or through transfer to a public health facility. The SMR Rule 27.1 states that "*Prisoners who require specialized treatment or surgery shall be transferred to specialized institutions or to civil hospitals.*"<sup>110</sup>

From the above discussion, the provision of health care service in prisons encompass the allocation of adequate medical infrastructure, prompt management of their medical conditions by qualified health professionals. The tenet of health rights services to be granted to prisoners is the standards of health services normally provided to the general public. This means that, when upholding prisoners' right to health, the prison administration is obliged to provide those services as may be reasonably commensurate with what the general populace is entitled to.

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<sup>107</sup> Ibid, Rule 30

<sup>108</sup> UN Body of Principles, Supra note 40

<sup>109</sup> Ibid

<sup>110</sup> Ibid, Rule 27.1

### 3.4. The Provision of Hygienic and Sanitary Infrastructure

The maintenance of clean facilities is crucial to reducing the incidence and spread of disease. Thus, it is essential for health as well as personal dignity that prisoners should be given every opportunity to attend to their most basic bodily functions with a proper degree of privacy and also that special attention should be paid to the requirements of personal hygiene.<sup>111</sup> The failure of the state to provide proper toilet or washing facilities, or clean living conditions, can not only negatively affect the health of prisoners, but potentially breach international norm and standards.<sup>112</sup> To this effect the UN SMR requires proper arrangements for hygiene and cleanliness in prisons.<sup>113</sup> The prison administration is primarily responsible to maintain prisoners' hygiene and health.<sup>114</sup> Most importantly, it has a duty to provide proper and adequate sanitary facility which permits prisoners to comply with the needs of nature whenever necessary.<sup>115</sup>

In addition, the prison administration is bound to available hygienic, sanitation and bathing facilities including laundry sinks and spaces provided to dry clothes, and shower installations to every prisoner to keep their hygiene. Every prisoner shall be able to access a bath or shower at least once a week.<sup>116</sup> It shall also adequately provide prisoners with water, soap, toilet articles, and barbershop as are necessary for their personal cleanliness.<sup>117</sup>

The SMR rule 35.1 required the prison health personnel to regularly inspect the hygiene and cleanliness of the prison facility and prisoners.<sup>118</sup>

Therefore, reference to the UN SMR, all prisoners shall be provided with clean and sufficient facilities necessary to meet the needs of nature and to maintain their own cleanliness and hygiene. The prison administration is required to provide hygienic facilities (such as a laundry and a barbershop), bathing facilities (such as toilets and showers) and soap and toilet articles essential to keep one's own hygiene.

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<sup>111</sup> Office of the United Nations High Commissioner for Human Rights, *Supra* note 37

<sup>112</sup> Rick Lines, International Harm Reduction Association, *The right to health of prisoners in international human rights law*, *International Journal of Prisoner Health*, March 2008; 4(1): 3-53

<sup>113</sup> SMR, rule 15-18

<sup>114</sup> SMR, rule 17

<sup>115</sup> SMR, rule 15

<sup>116</sup> SMR, rule 16

<sup>117</sup> SMR, rule 18

<sup>118</sup> SMR, rule 35.1

The overall sanitary and environmental conditions of the prison facility should be regularly inspected by a qualified health professional or competent public body.

### **3.5. The Domestic Legal Framework on the Provision of Health Service in Prisons**

As mentioned earlier, the international instruments and standards prescribe prisoners rights to have access to the standards of health services available in the country without any discrimination on the grounds of their imprisonment. It is clear from the international legal framework that the provision of health care for prisoners is only compliant with the international standards and norms if it is aligned with the public health service in the country, and it attains prisoners need.

In order to be compliant with the minimum standards provided under various international instruments, states should primarily bound to take a due step to adopt or incorporate such instruments in the domestic legal system so as to realize prisoners' right to health. Thus, the realization of prisoners' right to health requires states to embrace the international principles, norms and standards under the national constitution, policy, strategy and laws.

Ethiopia is a signatory and has ratified most of the international and regional instruments relating to prisoners rights described above. Thus, in this part the writer try to investigate whether prisoners' rights to health is incorporated under the Ethiopian legal framework.

### 3.5.1 The FDRE Constitution, Health Policy and Strategy

The core legal instrument is the FDRE Constitution which enshrined bill of rights under chapter three and envisages – among others – a rights to health care. The constitution also guarantees to people deprived of their liberty of the right to conditions of detention that are consistent with human dignity.<sup>119</sup> And, the International instruments ratified by Ethiopia, most of which has been discussed above, are the integral part of the constitution.<sup>120</sup>

The Ethiopian Constitution enshrines a right to health care; Article 41.4 stipulates that the state has an obligation to provide health care service to the public. In addition, provision of health care service to all Ethiopians is one of the social objective and national policy principle of the constitution under article 90.1.<sup>121</sup> Since a right to health care is a right provided for every individual irrespective of his status, persons held in prison are equally entitled as free individual do. Accordingly, every individual including prisoner, despite his status as a prisoner, has a right to access health care service provided by the state.

The other instrument relevant to health rights of persons deprived of their liberty is the national health policy and strategic plan. The current health policy has been in existence since the transitional period of 1993. It emphasizes the importance of achieving access to a basic package of quality primary health care services by all segments of the population, using the decentralized state of governance. The health policy stipulates that the health services should include preventive, promotive, curative and rehabilitative components including mental health. It also includes the provision of essential medicines and medical supplies.<sup>122</sup> The policy affirms to ensure the accessibility of health care for all segments of the population.<sup>123</sup>

The basic principles of the health policy have been recaptured by the health sector transformation plan of the country. A twenty-year health sector development strategy has been worked out. This is being implemented through a sequence of 5-year plans. The implementation of the first health sector transformation plan (HSTP) was launched in 1997, and now the second HSTP is under way.

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<sup>119</sup>The FDRE Constitution, Supra note 7 Chapter Three (Articles 14-44)

<sup>120</sup> Ibid, Art. 9(4). The most important international and regional instruments ratified by Ethiopia are UDHR, ICCPR, ICESCR, CRC and ACHPR, at a regional level, which guarantees prisoners rights as a human being and as a special category of persons who need more protection being vulnerable.

<sup>121</sup> Ibid, Art. 90 (1)

<sup>122</sup> Health Policy of the Transitional Government of Ethiopia, 1993

<sup>123</sup> Ibid

The main thrust of the HSTP implementation is based on sector-wide approach, encompassing components including service delivery and quality; and pharmaceutical services.<sup>124</sup>

The overall objective of the HSTP is to achieve the highest possible level of health and quality of life for all its citizens, attained through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner.<sup>125</sup> The HSTP has also identified four transformation agendas that will help the sector to be transformed.<sup>126</sup> Transformation in equity and quality of health care is one of the transformation agenda which is central to HSTP. It has three important elements, *inter alia*, equal access to essential health services, equal utilization of equal need, and equal quality of care for all. This transformation agenda is aimed to address the substantial inequalities that still existing in health outcomes based on differences in economic status, education, place of residence and gender. To this effect during implementation of the HSTP, efforts will be doubled up to ensure equity and quality in health care.<sup>127</sup> It is clearly stated that, the success of HSTP will mainly be measured by the quality of health service and how equitable the health outcomes are. With this regard; the state sworn to adopt a detailed roadmap with innovative strategies to ensure that every Ethiopian is reached with essential, quality services; and equity in health care.<sup>128</sup>

Therefore, most importantly the current health policy and the respective transformation plan seeks to promote equal access to quality health care including curative, preventive, promotive, and rehabilitative. It also emphasizes to promote accessibility of pharmaceuticals to every segments of the community.

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<sup>124</sup> The FDRE Ministry of Health, Health Sector Transformation Plan (HSTP) 2015/16-2019/20, October 2015 (The HSTP has provided eight implementation strategic components; service delivery and quality; and pharmaceutical services, health facility rehabilitation and expansion, human resource development, information, education and communication, health sector management and management of information systems, monitoring and evaluation, and health care financing).

<sup>125</sup> HSTP, Pp. 13

<sup>126</sup> *Ibid*, The four Transformation Agenda identified in HSTP are; Equity and quality of health care, Information revolution, Woreda transformation, and The caring, respectful and compassionate health workforce.

<sup>127</sup> *Ibid*

<sup>128</sup> *Ibid*, Pp. 14

### 3.5.2 Legislations of the Federal Prison System

The most relevant prison legislations are the Federal Prisons Commission Establishment Proclamation, Council of Ministers Regulation on the treatment of federal prisoners, Directive on admission, accommodation and administration of prisoners, and health service standard manual. These legislations contain, among other things, the principles and standards of health care service provided generally for people deprived of their liberty in federal prison facilities.

The Federal Prison Establishment Proclamation is one of the domestic laws enacted to set up the Federal Prison Commission.<sup>129</sup> It defines the administration system of federal prisons, powers, duties and privileges for prison officers and the prison rules. Under the fourth section – the most substantial of the proclamation – all the rules and principles for the treatment of prisoners are comprised: among others; admission, non-discrimination, health care, food, accommodation, and obligation and liability of prisoners.<sup>130</sup> Specific to prisoners' right to health, the proclamation under Article 6.3 and 4 states the obligation of the prison commission to maintain prisoners' health care; and to provide prisoners with free medical treatment, social work and counseling service necessary for their physical and mental well being and rehabilitation. This is also being cleared in Article 27 that; prisoners shall have, free of charge, access to the necessary medical care and treatment required to maintain their health.<sup>131</sup>

The other significant legislation, enacted pursuant to Article 39.1 of Proclamation No. 365/2003, is Council of Ministers Regulation on the Treatment of Federal Prisoners, issued in 1 June 2007.<sup>132</sup> It substantiates the minimum standards of rules regarding the treatment of prisoners and condition of imprisonment specified in proclamation 365/2003, which includes admission, medical service, hygiene, accommodation, clothes, bedding, food, communication with visitors, freedom of religion, access to information, obligations, discipline and disciplinary measures, etc.

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<sup>129</sup> The FDRE Federal Prisons Commission, Supra note 11

<sup>130</sup> Ibid, from Article 14-33

<sup>131</sup> Ibid, Article 6.3, 4 and 27

<sup>132</sup> Council of Ministers Regulation on Treatment of Federal Prisoners, Regulation No. 138/2007, Federal NegaritGazetta 13<sup>th</sup> Year No. 47 Addis Ababa 1<sup>st</sup> June 2007.

In relation to prisoner medical care, Article 4.3 of the regulation required the prison administration to undertake medical screening of prisoners on the day of their admission to the prison. Article 11 of the regulation specifically deals with the standards of prisoner medical service; and states that prisoners shall access medical service free of charge; to the extent that circumstances allow, shall have a medical facility with adequate medical equipment, experts and pharmaceuticals. Moreover, prisoners who required referral treatment shall refer to another medical institution where it is recommended by the prison medical officer. The medical officer shall monitor and inspect the sanitation of any part of the prison and quality standards of food serve to prisoners.<sup>133</sup> The regulation in Article 25 indicates that professional counselor shall be available to prisoners. It adds that, the prison authorities shall provide professional counseling service to prisoners to bring about a behavioral change.<sup>134</sup> Regarding personal hygiene, prisoners shall have a proper access to sanitary facilities (toilet and shower) with adequate water supply necessary for cleanliness.<sup>135</sup>

Additionally, standards and principles specified in the aforementioned prison legislations are reflected more specifically under the directive and standard manual issued by the prison Commission. Federal Prison Commission Directive on admission, accommodation and administration of prisoners.<sup>136</sup> The directive, in general, deals with the details of procedures to be followed by the prison administration in the admission and registration of any prisoner. The prison commission has also adopted Health care Service Standard Manual which sets out the various aspects of health care available for prisoners use.<sup>137</sup>

Generally, the overriding objective of the prison health service standard is to provide quality health care to prisoners, prison staffs and their families, to maintain transparency and accountability and to inform the prisoners and other beneficiaries about the type and delivery standards of healthcare service. The standard enshrines the specifications of infrastructural provision and management of healthcare in prisons. The health service shall be accessible to every prisoner at the time of reception and during imprisonment.

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<sup>133</sup> Ibid, Article 11

<sup>134</sup> Ibid, Article 25

<sup>135</sup> Ibid, Article 9

<sup>136</sup> FDRE Federal Prison Commission, Supra note 13

<sup>137</sup> Federal Prison Commission, Department of Prisoners Basic Need Service, Disease prevention and Medical Service Directorate, Healthcare Service Standard Manual, July 2013

Based upon this service standard, prisoners have been guaranteed vital medical care essential to their well being and safety.

As per the standard, the prison administration provides curative, preventive and promotive health care. It consists of provision of health care for newly admitted prisoners, disease prevention and control, family health treatment, and environmental health. Furthermore, the provision of medical treatment includes curative medical treatment, emergency medical service, outpatient and inpatient medical service, pharmaceutical service, laboratory service, diagnostic imaging, and patient referral service.<sup>138</sup>

To conclude, the prison legislations and standard manual have guaranteed the provision of medical care and hygienic and sanitary facilities necessary for the physical and mental health of prisoners. Most importantly, the instruments underline the treatment of prisoners on the fundamental principles of non-discrimination, respect to human dignity and rehabilitation. The legislations stipulate that prisoners are provided with preventive, promotive and curative health care including medical screening on admission, diagnosis, treatment and pharmaceutical service free of charge. In this regard the standards and principles contained in the federal prison proclamation, regulation and standard manual are harmonized with the international minimum requirements for the treatments of prisoners.

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<sup>138</sup> Ibid, Pp. 2-3

### 3.5.3 Structure of the Federal Prison System

In conformity to Article 51 and 52 of the FDRE constitution every single regional state has an autonomous power to organize and administer its own prison system, on condition that this is compatible with the provisions of the constitution.<sup>139</sup> On state level, the prison administration is as a rule the responsibility of the respective regional state Justice Bureau.<sup>140</sup> With respect to the administrative structure, each regional state is divided into Zones, Woredas or Special Woredas, and Kebeles, the smallest administrative unit at community level. Accordingly Prisons are structured and operated at each Zonal, Special Woreda and Woreda levels, but there is hardly any prison in the Kebeles.<sup>141</sup>

Since the promulgation of proclamation No. 1097/2018, the Federal Prison is responsible to the Federal Attorney General.<sup>142</sup> Federal Prisons are located at Addis Ababa, Dire Dawa, Zeway and ShewaRobit. The Federal Prison Administration oversees Addis Ababa Prison Administration that administers Kaliti prison and Qilintopre-trial prison, Zeway Prison Department, Shewa-Robit Prison Department; and Dire Dawa Prison Department.<sup>143</sup> Addis Ababa Federal Kaliti prison re-structured as Federal Maximum Security Prison; which is only accommodated for male prisoners sentenced from ten years to death, and Female Prison Administration for female prisoners.<sup>144</sup> The Federal Maximum Security Prison, which is the research cite of this thesis, is a separate facility for the incarceration of prisoners convicted for grave offenses.

Therefore, the prison system in Ethiopia exists at two levels, the federal as well as the regional levels. The prison administration regulated along with federal lines with federal prisons and the regional state prisons also have their own prisons. The federal prison administration within the federal attorney general has overall responsibility for the administration of federal prisons situated at Addis Ababa, Dire Dawa, Shewa-Robit and Zeway. The federal maximum prison located in the capital city is structured within the federal prison administration and only receives persons sentenced for more than fifteen years and death.

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<sup>139</sup>Ministry of Capacity Building, Supra note 24 Pp. 113

<sup>140</sup> Ibid

<sup>141</sup>Report of the Mission of the Special Rapporteur, Supra note 16 Pp. 8

<sup>142</sup> Proclamation No. 1097/2018, Definition of powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia

<sup>143</sup> Association for Human Rights in Ethiopia (AHRE), Ethiopian political prisoners and their accounts of torture, February 2018, 1201 Geneva, Switzerland, Pp. 19

<sup>144</sup> FDRE Federal Prison Commission, Supra note 13 Article 4(2)(6)

### **3.5.4. Ethiopian Food, Medicine and Healthcare Administration and Control**

#### **Authority Standard on Prison Healthcare Service**

As part of public health the provision of healthcare in prison has been addressed under the Ethiopian Food, Medicine and Healthcare Administration and Control proclamation 661/2009,<sup>145</sup> and Addis Ababa City Government Food, Medicine and Healthcare Administration and Control Regulation 60/2014.<sup>146</sup> Regulatory organs which supervise the implementation of the rules and principles enshrined in the legislations with a task to prepare regulatory standards and undertake regulatory control and monitoring activity has been established.<sup>147</sup> According to Article 2.50 and Article 2.40 of regulation 60/2014 and proclamation 661/2009 consecutively, prisons and other similar institutions including schools, geriatric centers, orphanage centers, nurseries, etc which provide public services are classified as “health related controllable institution.”

With regard to the scope of application of the respective legislations and of power of the authorities, according to proclamation 661/2009 and regulation 60/2014 the Ethiopian FMHACA has a dual power to issue regulatory standards as well as monitoring and controlling its compliance in the federal prisons. On the other hand the Addis Ababa City FMHACA shall have a power to monitor and control the application of regulatory standards issued by its federal counterparts in federal prisons within its administrative jurisdictions. Unlike proclamation 661/2009, Regulation 60/2014 is only applicable to health related controllable institutions inter alia prisons situated within the city.<sup>148</sup>

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<sup>145</sup>Federal Negarit Gazeta of the FDRE, Food, Medicine and Health Care Administration and Control Proclamation No. 661/2009, 16<sup>th</sup> Year No. 9 Addis Ababa 13<sup>th</sup> January, 2010.

<sup>146</sup>Addis Negari Gazeta of the City Government of Addis Ababa, Addis Ababa City Government Food, Medicine and Health Care Administration and Control Regulation No. 60/2014, 6<sup>th</sup> Year No. 60 Addis Ababa 5<sup>th</sup> June 2014.

<sup>147</sup>Federal Negarit Gazeta of FDRE, Ethiopian Food, Medicine and Health Care Administration and Control Authority Establishment Proclamation No. 189/2010, 16<sup>th</sup> Year No. 51 Addis Ababa 23<sup>rd</sup> August 2010 which established the Ethiopian Food, Medicine and Healthcare Administration and Control Authority; and Addis Negari Gazeta of the City Government of Addis Ababa, Addis Ababa City Government Food, Medicine and Health Care Administration and Control Authority Establishment Proclamation No. 30/2012, 4<sup>th</sup> Year No. 30 Addis Ababa 18<sup>th</sup> February 2012 which establishes Addis Ababa City Government Food, Medicine and Healthcare Administration and Control Authority

<sup>148</sup>Proclamation 661/2009, Supra note 145 Article 3.1, 2a, 2h & 4.1 & 22, and Regulation 60/2014 Article 3, 66 & 79

Hence, the Ethiopian FMHACA, taking in to account its obligation set in proclamation 661/2009 and regulation 189/2010 adopts a regulatory standard to monitor and control the practice of hygienic and healthcare in federal prisons.<sup>149</sup>

With respect to the provision of prisoners' right to health and healthcare, the standard demands the prison administration to deliver primary medical care for prisoners. In this regard, it is compulsory to maintain health center facility which provides primary medical care at the prison. Where it is not possible to maintain health center within the prison facility, the prison authority should arrange the provision of health care service with the nearby health institution outside the prison. If there is health center that provides prisoner with full primary medical care inside the prison, it should have to seek license from Addis Ababa City Government FMHACA.<sup>150</sup>

Therefore, according to this standard prisons should have health center that provide primary medical care to prisoners. The primary medical care inside prisons needs to be delivered with the standards of health center facility.<sup>151</sup> So it appeared that the provision of prisoner medical care in prisons required to meet the general standards of health center. As there is no specific service and facility standards towards the provision of health care in the prisons yet, prisons are required to adhere to the national standards of health center facility.

With this regard the Ethiopian national standard states the core outpatient medical treatments that the health center shall provide.<sup>152</sup> These include;

- Outpatient medical care and follow up for common chronic conditions including TB/Leprosy, HIV and other acute and chronic diseases management;

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<sup>149</sup>The Addis Ababa City Government Food Medicine and Healthcare Administration and Control Authority Standard for Hygiene and Environmental Health Control in Prisons. **Note:** The FDRE Ministry of Health, Health Inspection Directorate Director informed that this standard has prepared by a joint task force with experts from the Directorate and Addis Ababa FMHACA.

<sup>150</sup> Ibid

<sup>151</sup>Ethiopian Standard Agency, Ethiopian standard, Health Center Requirements, Available at [www.fmhaca.gov.et/treatmentguidelines.html](http://www.fmhaca.gov.et/treatmentguidelines.html) accessed on 08-02-2019. The standard defines the health center facility as; "... .. a health facility at primary level of the healthcare system which provides promotive, preventive, curative and rehabilitative outpatient care including basic laboratory and pharmacy services with the capacity of 10 beds for emergency and delivery services." In this regard it is important to note that, currently either Health Inspection Directorate of the Ministry of Health nor the Addis Ababa City FMHACA has not inspected the provision of health care service in prisons. Health Inspection Directorate Director told that previously they had been inspected both the provision of health care service and hygiene and environmental health. However, sometimes ago it was decided to cease the inspection of the prison health care service till a specific prison health care standard requirement is issued. The respondent stated that there has been believe among the authorities that the prison health care system requires its own specific standard.

<sup>152</sup>Ethiopian Standard Agency, Ethiopian standard, Health Center Requirements, Available at [www.fmhaca.gov.et/treatmentguidelines.html](http://www.fmhaca.gov.et/treatmentguidelines.html) accessed on 08-02-2019

- Basic ENT, Dental, Eye, and Mental health services;
- Rehabilitative, preventive and promotive health services;

Moreover, the standard enunciates that, these general medical care services shall be available in working days for at least eight hours a day. And the services are required to be provided by a licensed medical practitioner or health officer or professional nurse.<sup>153</sup>

Therefore, according to the standards health care in prisons shall comprise elements of curative, mental and dental health with emergency service having 10 beds, and referral service that includes decisive ailments and diseases, pharmaceuticals and laboratory or diagnosis services with appropriate professional staff.

Towards the provision of hygienic and sanitation infrastructure in prison the standard contains detail specifications as to the provision of laundry, shower, barbershop and toilet facilities for the personal hygiene and cleanliness of prisoners. Prisoners should regularly have access to laundry, shower and toilet facilities. The standard requires the provision of one shower and toilet installation per twenty prisoners.<sup>154</sup>

Generally, this standard prepared by the Ethiopian FMHACA to be specifically applicable in federal prisons health care service incorporates detailed and specific standards on the provision of hygiene and environmental health in federal prisons. The standard also requires the provision of health care for prisoners with the health center facility. In this regard the standard is short of providing detail specifications rather it refers to the national standard requirements of health center facility. The standard established the minimum requirements of prison hygiene, environmental health and medical care that fit the international principles. Most importantly the standard adopts the same health care requirements that are available to the public at large. It requires the prison health care service to be in compliance with those health care standard requirements provided to the general populace.

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<sup>153</sup> Ibid. **Note:** The standard sets out the minimum staff requirements of health center as; two health officer, one general practitioner (optional), five nurse, one ophthalmic nurse, one psychiatry nurse, one environmental health professional, two laboratory technician, and three pharmacist.

<sup>154</sup> The Addis Ababa City Government Food Medicine and Healthcare Administration and Control Authority Standard for Hygiene and Environmental Health Control in Prisons.

## **Conclusion**

From the foregoing discussion, the international and regional human rights legal frameworks have established that prisoner rights to health requires the provision of medical infrastructure and management of medical care service in the attainment their needs. It also established that prisoner rights to health constitute access to adequate hygienic and sanitary infrastructures. Prisoners medical care services should be organized in close relationship to the general public health services. The medical care services delivered within prisons should have to be compatible with those standards of medical care services provided to the general populace. The standard include sufficient provision of medical personnel, availability of dispensary and medicines, curative, mental and emergency medical care service, provision of hygienic and sanitary infrastructure.

In the national discourse, the FDRE Constitution though not directly refer to prisoners' right to health as such, article 21.1 provides that; every prisoner has '*... the right to treatments respecting their human dignity*'. And article 41.4 of the constitution states that the state shall provide health care to the public. There are a number of legislations and guidelines, designed to reflect the principles of the constitution, spell out the minimum standards necessary for the realization of prisoners' right to health. The standards include adequate provision of medical care service comprised of curative treatment, mental health, first aid, emergency treatment, referral, pharmaceuticals, laboratory, diagnosis, medical personnel, nurse, laboratory technician, and hygienic and sanitary facility provision for personal hygiene and cleanliness of prisoners.

The federal prison administration has been implementing a number of directives and standards to ensure that prisoners enjoy their right to health. These instruments include; the revised directive to implement the admission, accommodation and administration of prisonersopen, directive on prisoner health service, and health service standard manual adopted to enhance the administration and health service delivery of prisoners. The Ethiopian legal framework and standard requirements incorporates principles and rules that are recognized under the international instruments for the treatment of prisoners in relation to the provision of health care and hygiene and sanitation.

## Chapter Four

### Data Analysis and Major Findings of the Study

#### 4.1. Introduction

This chapter of the thesis reports an analysis of data from various groups of respondents. The information is analyzed in line of the UN SMR as well as other relevant human rights instruments and standards. It also presents the major findings on the practical enforcement of prisoners' right to health at Federal Maximum Security Prison.

#### 4.2. General Description of Respondents

With a view to gain in depth insight towards the realization of prisoners' right to health vis-à-vis the practice of infrastructural provision, health care management, and hygienic and sanitary facilities at Federal Maximum Security Prison, the study conducted an interview with various interest groups. In this respect, prisoners who are the direct beneficiaries of the prison health care and serving various terms of sentence were interviewed so as to grasp the practice of prisoners based on the length of their sentence. Besides, respondents from strategic departments responsible to ensure prisoners' right to health at Federal Maximum Security Prison inter alia prisoners basic need directorate, health care service unit, newly admitted prisoners health care unit are interviewed. Respondents from Justice for all prison fellowship-Ethiopia also consulted. The table below presents the general character of respondents.

##### 4.2.1. Prisoners

<b>Age</b>	24-30	31-35	36 -40	45-50	51- 55
	5	5	2	2	1
<b>Level of Education</b>	Non	Primary	High school	College/TVET	University
	2	3	8	1	1 (drop)
<b>Length of sentence convicted for</b>	10-15	16-20	21-25	Life sentence	Death sentence
	8	3	1	2	1
<b>Length of sentence spent in prison</b>	Less than a year	2-5	6-10	11-20	Above 20
	1	7	6	1	0

**Table 1 General information of prisoners interviewed**

Most importantly, the information presented above reveals the fact that; all prisoners, except the one who spent only 9 months of sentence, interviewed spent from two years up to twenty years of sentence. This implies that all the respondents have been incarcerated long enough to witness the implementation of prisoners' right to health at Federal Maximum Security Prison. This in turn helped to acquire a deeper insight and accurate information on the subject matter.

#### 4.2.2. Other Respondents

Types of Informants		Responsibility	Number of people	Level of education
<b>Federal Max. Security Prison</b>				
1	Prisoners Basic Need Administration Department	Department head	One	BA
2	Prisoners Health Service Unit Health Staff	Team leader	One	MSc.
		Health officer	Three	BSc.
		Nurse	Two	BSc.
		Psychiatrist	One	MSc.
	Laboratory technician	One	MSc.	
	Newly admitted prisoners health care Unit	Health officer	One	BSc.
<b>Justice for All Prison Fellowship-Ethiopia</b>				
1	Rehabilitation and social affairs program manager	Program manager	One	MSc.

**Table 2 General information of prison officials and staff and Non state actor interviewed**

From the information provided in the above table, the respondents from Federal Maximum Security Prison are Directorate and staffs who are directly responsible to take care of prisoners since the time of their admission to the prison. This assists to find in depth insight, to cross-examine and intensify the information. Justice for all prison fellowship-Ethiopia also consulted to solicit key information regarding non-state actor intervention in the area of prison health.

### 4.3. Provision of health care infrastructure

The study sought to establish the level of health infrastructure in prison via the researcher's own visit and personal observation. It is assumed that the provision of health infrastructure determines the extent to which prisoners' right to health is enhanced. The SMR rule 24 conveys that all prisons should avail the necessary health facilities and medical staffs to cater for a range of prisoners' health care at least the same standard of care granted to the public.<sup>155</sup> The study determines the level of prison health infrastructure through assessing the availability of health personnel, medical equipments and physical infrastructures. The result is illustrated as shown below.

Health Infrastructure		Expected	Available	Remark
<b>Personnel</b>				
1	General Practitioner (optional)	1	3	Part-timers serving once a week
2	Health Officers	2	7	
3	Dentists	1	Non	
4	Nurses	5	22	
5	Psychiatry Nurse	1	1	
6	Ophthalmic Nurse	1	Non	
7	Pharmacists	3	4	
8	Laboratory technicians	2	5	
<b>Medical Equipments</b>				
1	Thermometers	-	Inadequate	
2	Blood pressure cuffs	-	Inadequate	
3	Microscopes	2	2	
4	Slides	A lot	Inadequate	
5	Test kits	A lot	Inadequate	
6	Dental equipment	A lot	Not available	
7	Medicines and drugs	A lot	Inadequate	
8	Wheel chairs	-	5	

<sup>155</sup> SMR, rule 24

Physical Health Infrastructure				
1	OPD	-	10	Do not have enough space
2	Infirmery	1	1	10 rooms with 48 beds
3	Dispensary	1	2	One of which is a drug store
4	Laboratory	1	1	
5	Ambulance	-	1	

**Table 3 The availability of health care infrastructure at Federal Maximum Security Prison**

#### **4.3.1. Health personnel**

The information shows that there are thirty-nine permanent health personnel of different professional field and three part-time specialist doctors working once a week. Against the requirements the prison facility does not have a dentist and ophthalmic nurse. In general the health personnel available are beyond expected and quite sufficient to deliver a primary health care for prisoners. However, though not considerable, the lack of a dentist, ophthalmic nurse, and full time doctors appears as a problem to provide an adequate and proper medical service in time.

#### **4.3.2. Medical equipment**

With regard to the availability of selected medical equipments the information acquired reveals that; except diagnosis imaging machine and dental equipment, all equipments tested in the study are available. But those medical equipments are not adequate to render the range of health care necessary to maintain prisoners' health. Most importantly, medicines and drugs are not adequately available at the prison stock as a result of budgetary limitations.

#### **4.3.3. Physical infrastructure**

According to the field information gathered the physical infrastructures are hardly sufficient and convenient to undertake the required medical treatments. Particularly the OPD has not well structured with enough space and not convenient to undergo examination or treatment of patients with the required privacy. Moreover; the prison has only one Ambulance which is not sufficient enough to the number of prisoners.

#### 4.3.4. Adequacy of medical services

Every prisoner has a right to access an adequate standard of health care granted to the community at large. The prison administration is responsible to adequately available health care services essential to alleviate prisoners' health problems. This is captured in SMR rule 24 and 25 which states that prisoners are entitled to the same quality of health care provided to the public including physical health, psychiatric care, dental health, infections, addiction treatment and pharmaceutical services.<sup>156</sup> Pursuant to rule 27.1 prisoners have a right to receive not only a general health care but also a specialized medical treatment, surgery and emergency care where they required so. To this effect they shall required to be referred to specialized health institutions.<sup>157</sup> Thus prisoners have a right to receive physical and mental health care, addiction treatment, emergency service, surgery, referral for specialize treatment, and pharmaceutical services.

While investigating the adequacy of health care at Federal Maximum Security Prison, prisoners responded that the prison health center only provides primary health care which is not adequate to meet their health needs.<sup>158</sup> According to the interviewee the prison health center provides an emergency medical service specifically related to physical injury, bleeding, unprecedented hypertension, diabetes, diarrhea, and vomiting health cases.<sup>159</sup> With respect to medical examination, they have only access to laboratory services of HIV/ AIDS test, stool and urine test for typhoid and typhus diseases.<sup>160</sup> In relation to this the laboratory technician expressed that they have also undertake hepatitis test.<sup>161</sup> From the respondents' information, it is perceived that most of the medical examination and treatment is provided with part-time Doctors visiting once a week and referral hospitals outside the prison facility. In particular, dermatological and ophthalmological treatments are rendered by a visiting specialist Doctors. Psychiatry treatments are provided by two full time expertise accompanied by a visiting specialist Doctor who appears once a week. Dental health care are not available at all that those prisoners who required the treatment referred to the Federal Prison Administration General Hospital.<sup>162</sup>

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<sup>156</sup> Rule 24 and 25

<sup>157</sup> Rule 27.1

<sup>158</sup> Interview conducted with Federal Maximum Security Prison prisoners

<sup>159</sup> Ibid

<sup>160</sup> Ibid

<sup>161</sup> Interview conducted with Federal Maximum Security Prison laboratory technician.

<sup>162</sup> Interview conducted with the prison health personnel and prisoners at Federal Maximum Security Prison

Regarding drug dependency or addiction treatment, the prison health care does not provide prisoners with such treatment aimed at helping drug dependency problems.<sup>163</sup>

The prison is short of pharmaceutical stocks due to budget constraint that prisoners are not properly supplied with the required medicines. There is a deficiency in the provision of the necessary pharmaceutical products in the prison.<sup>164</sup>

As the prison health center only provides primary health care and not capable to treat chronic and complicated health cases, almost all prisoners who have complained of health problems are referred to public health institutions outside the prison.<sup>165</sup> In this regard, the logistic problem coupled with security protocol issues impedes the transportation of prisoners to referral hospitals in due time. Due to this reasons prisoners referred to other health institutions are not in a position to receive a treatment in a proper time.<sup>166</sup> This intensifies the challenge in the provision of prisoners' health care and the realization of their right to health at Federal Maximum Security Prison.

Therefore, in general the information from the respondents implies that the provision of medical service at the prison facility is less adequate than the one recognized under the SMR and has a potential to temper the promotion and protection of prisoners' right to health.

#### **4.3.5. Frequency of access to medical services**

In this variable the thesis investigated how often prisoners access to essential medical services in the prison. The SMR rule 30 stipulates that prisoners should have access to health care whenever they deserve it up to their requirement.<sup>167</sup> And, UN Body of Principles, principle 24 specifies prisoners' right to receive medical treatment at whatever time they required.<sup>168</sup> Prisoners said that they have accessed primary medical care at the prison health center whenever they complained of health problems. Nevertheless, as most of the medical treatment having a serious nature or beyond the prisons capacity rendered by referral health institutions outside the prison, they would not take to health facilities they are being referred whenever they

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<sup>163</sup> Prisoners, Supra note 198

<sup>164</sup> Interview conducted with the prison health service unit leader and prisoners at Federal Maximum Security Prison

<sup>165</sup> Interview conducted with the prison health service unit leader and health staff.

<sup>166</sup> Interview conducted with the prison health service unit leader and prisoners at Federal Maximum Security Prison

<sup>167</sup> SMR, Rule 30

<sup>168</sup> UN Body of Principles, Supra note 40

are in need.<sup>169</sup> Thus, in this point the prison administration is not fully complied with the rules and principles in providing the necessary medical treatment whenever the prisoners required.

#### **4.3.6. Health care at Federal Maximum Security Prison vis-à-vis Public health care**

Prison health care is recognized as an integral aspect of public health system. As per the SMR rule 24 the standard of health care provided to prisoners should at least being equivalent to the service available in the country.<sup>170</sup> The UN Principles of Medical Ethics strengthen this rule adding that all health personnel working with prisoners should provide the same standard of treatment they have offered to free individuals in the community at large.<sup>171</sup> Accordingly, based on their previous experience of public health service, prisoners were asked to compare the public health care with that of the prison health service they have been receiving at Federal Maximum Security Prison. They responded that the public health service is better than the prison health service. The respondents said that the prison health service is less efficient in providing essential medical examinations, treatment and pharmaceuticals, qualified medical personnel and referral to specialized hospitals. Moreover, contrary to the standards of medical ethics, the health personnel are not ethical and respectful in providing treatment. They have not properly treat and administer patients' health case as the mere fact they are imprisoned. For these reasons the prison health service is not good as the public health service available in the country.<sup>172</sup> In lieu of this, some other respondents told that the prison health service is better than the public as it provides the finest treatment free of charge that they would have never received, had it been in the public health service.<sup>173</sup> Indeed the prison health care becomes a great opportunity to those prisoners who had not exposure or the means to receive treatment in the public health system.

Thus, the prison health care is the finest health service to those prisoners who had been vulnerable in their previous life. However, the prison health care, in its overall appearance is much less than the public health service in terms of infrastructure, adequacy of treatment, access to treatment in time, sufficiency of qualified medical personnel, professional ethics of medical personnel, and referral service. Accordingly, it appears that prisoners have not access to the standards of the necessary health care provided to the public in general. Consequently, the

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<sup>169</sup> Prisoners, Supra note 198

<sup>170</sup> SMR, rule 24

<sup>171</sup> UN Principles of Medical Ethics, Supra note 105

<sup>172</sup> Prisoners, Supra note 198

<sup>173</sup> Ibid

prison health service fails to comply with the minimum standards indicated under the SMR and has a negative impact on the enhancement of prisoners' right to health.

#### **4.4. The management of health care**

The study examined the management of prisoners' health care at Federal Maximum Security Prison. Respondents were interviewed to point out the various aspects of health care available for prisoners' use. The UN SMR clearly stipulates the minimum health care requirements of which the prison administration is expected to render for prisoners.

The SMR under rule 30 spell out that all prisoners should take health screening as of their admission.<sup>174</sup> Regarding this the respondents informed that they have undertaken health screening at the time of their admission. Adding that, they took pills that protect disease transmission among prisoners.<sup>175</sup> Similarly, according to the interview conducted with the health personnel in charge of administering new admitted prisoners' health screening, it is perceived that the prison structured a separate health care unit responsible to manage prisoners' health screening. They undertake health screening for newly arrived prisoners and administer prisoners to receive antibiotic medicines to be taken orally. They told that while administering the medicine prisoners are consented as to its appropriateness and benefit to protect disease transmission. Up on the screening those prisoners who found positive will be transferred to the relevant body to receive treatment as required.<sup>176</sup> In this view the Federal Maximum Security Prison complied with the principles of the UN SMR in providing health screening to prisoners on admission.

Following their admission, prisoners should have access to health care facilities whenever they deserve it up to their requirement.<sup>177</sup> With this principle of the UN SMR rule 30, the prison administration is expected to provide health care services necessary to preserve prisoners' health. SMR rule 25 set out the minimum health care service that should have to be available in any form of prison. This includes the treatment of physical, mental and dental health.<sup>178</sup> Rule 24.2 of the SMR insisted that the health care treatment provided to prisoners should be

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<sup>174</sup> SMR, rule 30

<sup>175</sup> Prisoners, Supra note 198

<sup>176</sup> Interview conducted with Health Officer working at Newly Admitted Prisoners Health Protection Unit

<sup>177</sup> SMR, rule 30

<sup>178</sup> SMR, rule 25

continuous. Particularly, treatments pertaining to infectious diseases such as HIV/AIDS, TB and the likes as well as drug addiction.<sup>179</sup>

The respondents told that prisoners are provided with a general and especial medical treatment in the prison health care center and public referral hospitals outside the prison that includes physical, mental, dental, dermatological, orthopedic, ophthalmic, inpatient treatment and pharmaceutical service. Although the prison health center only renders primary health care and some laboratory and pharmacy services, it refers prisoners to public health institutions where it becomes necessary. In addition to this, prisoners also have a chance to undertake a private medical treatment with their own cost on condition that neither the prison health system nor the public health institutions can afford such treatment. And, it is only allowed for ambulatory treatments.<sup>180</sup> The respondents gave the information that there is a separate arrangement for HIV/AIDS and TB patients' treatment in the prison. It is a specific and specialized health care unit that provides a continuous treatment for patients. The HIV/AIDS health care unit takes care of HIV/AIDS patients and administers their ART. Likewise, its counterpart TB health care unit assists TB patients to manage their case.<sup>181</sup> The researcher in his own personal visit and observation realizes the existence of HIV/AIDS and TB treatment unit in Federal Maximum Security Prison.

Concerning the management of prisoners mental case the respondents states that the prison provides ambulatory and inpatient psychiatry treatment with two full time psychiatrists and one part time specialist Doctor visiting once a week. Moreover, patients who required a special treatment will be referred to Amanuel Specialty Hospital.

As to the provision of emergency and specialty treatment, the SMR rule 27.1 affirms that the prison health care should available these services for prisoners use.<sup>182</sup> According to the respondents information the Federal Maximum Security Prison provides emergency medical service at any time. For this purpose there are always one health officer and two nurses working overnight.<sup>183</sup> The prison also provides specialty treatment with part time ophthalmic, psychiatry

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<sup>179</sup> SMR, rule 24.2

<sup>180</sup> Interview conducted with Federal Maximum Security Prison Prisoners Basic Need Department Head, Health Service Unit Leader and Prisoners.

<sup>181</sup> Ibid

<sup>182</sup> SMR, rule 27.1

<sup>183</sup> Interview conducted with Federal Maximum Security Prison Health Service Unit Leader and Prisoners.

and dermatology specialists once a week and with referral to specialty public hospitals outside the prison as the case may be.<sup>184</sup>

The study examined the prevalence of disease prisoners contacted with, as per the information obtained from the respondents the most prevalent ailments prisoners complained of includes HIV/AIDS, Tuberculosis, Pneumonia, Hepatitis, Typhoid, Typhus, Ulcer, Kidney infection, diabetes, hypertension, Skin disease, back pain and psychiatric disorder. Meanwhile, the prison health care administers these most common cases with its own facility and referring to public specialty hospitals.<sup>185</sup> Thus the health care facility at the Federal Maximum Security Prison is not in a position to administer all the ailments most common in the prison.

In general, although the prison health care service to some extent meets the minimum requirements and principles contained in the UN SMR it also tends to compromise prisoners right to health thereby. It is neither harsh as to threatening the life and wellbeing of prisoners nor appealing to enhance their right to health.

#### **4.5. The Provision of hygienic and sanitary infrastructure**

Here the study sought to establish the personal perception and experiences of respondents on the provision of hygienic and sanitary infrastructure at Federal Maximum Security Prison. The UN SMR requires proper and adequate arrangements for hygiene and cleanliness in prisons. Prisoners shall be provided with hygienic, sanitation and bathing facilities such as washing and drying facilities, toilets and showers installations, barber facilities, soap and toilet articles as are necessary.<sup>186</sup> The prison health personnel shall regularly inspect the cleanliness of the prison accommodation in general and hygienic and sanitary facility in particular.<sup>187</sup>

The respondents perceived that the provision of hygienic and sanitary facility is adequate to the prisoners' requirement. Toilet, shower and laundry (washing and drying facilities) installations are adequately available in every prison accommodation. The facilities are clean enough and convenient to use, and available 24 hours. Nevertheless, there is no adequate provision of water which limits prisoners' access to hygienic and sanitary facilities as are necessary.<sup>188</sup> Though in the time of the absence of water supply prisoners have access to the common toilet available

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<sup>184</sup> Ibid

<sup>185</sup> Prison Health personnel and Prisoners, Supra note 162

<sup>186</sup> SMR, rule 15-18

<sup>187</sup> SMR, rule 35.1

<sup>188</sup> Prisoners, Supra note 198

nearby the accommodations, it is bursting and not clean that not manageable to use.<sup>189</sup> With regard to the provision of soap and toilet articles, the respondents indicated that they are provided with two Soaps per month (one soap per two weeks) but not toilet articles.<sup>190</sup> It is also reported that adequate barbershop facilities are available for hair cut and shaving.<sup>191</sup> The respondents expressed that the overall sanitary and hygienic condition of the prison accommodation has been regularly inspected by the prison health personnel once a week.<sup>192</sup> In this point it can be said that the prison health care is discharging its obligation under the SMR.

In this particular subject matter the provision of water is a substantial challenge as much as imperative to maintain prisoners' personal hygiene and sanitation; it is capable to erode prisoners' right to health as stipulated in the UN SMR. Thus, the provision of hygienic and sanitary infrastructure in Federal Maximum Security Prison shows a gap to meet with the SMR standard requirements.

#### **4.6. The role of NGOs in enhancing prisoners' right to health**

Non-Governmental Organizations have a great role in assisting prisoners' health care by providing medical facility, equipments, expertise, funds and capacity building. It significantly contributes to improve the provision of health care inside the prison and to ensure prisoners' right to health. Herein the existence of NGOs intervention in the health care, their role and impact in the promotion of prisoners' right to health at Federal Maximum Security Prison is assessed based on the information obtained from various respondents.

Prisoners were asked about their perception of NGOs intervention in the provision of prisoners' health care within the prison facility. They aware that the International Red Cross Organization is involved in the provision of prisoners' health care. The Red Cross renders orthopedic medical treatment with specialized Doctors, pharmaceuticals, Wheelchairs and Crutches to prisoners. It provides the assistance from two to three times per annum. The Red Cross intervention influence prisoners' healthcare specifically those prisoners who requires orthopedic treatment and lives with physical disability.<sup>193</sup> However, Prisoners' Basic Need Department Head responded that the intervention of Red Cross have never a fundamental influence on the

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<sup>189</sup> Ibid

<sup>190</sup> Interview conducted with Prisoners and Prisoners Basic Need Head

<sup>191</sup> Prisoners, Supra note 198

<sup>192</sup> Interview conducted with Prisoners Basic Need Head, Health Service Unit Leader, and Health Personnel

<sup>193</sup> Prisoners, Supra note 198

provision of health care for prisoners.<sup>194</sup> On the other hand, the Federal Maximum Security Prison Health Service Unit Leader and Prisoners Basic Need Department Head responded that in addition to the Red Cross, an organization called as CDC provides substantial aids in HIV/AIDS health care in the prison. It assists to establish ART center, provide HIV/AIDS awareness training to prisoners, pharmaceuticals, capacity building training to health personnel, dietary food for HIV/AIDS patients and equipments required for ART center and significantly influences the outcome of HIV/AIDS patients' treatment within the prison. The federal prison administration has an ongoing project agreement with CDC to assist in the area of HIV/AIDS protection and treatment of prisoners.<sup>195</sup> Concerning Justice For all Prison Fellowship Ethiopia (JFA-PFE), the respondents said that JFA-PFE has not provided any contribution in relationship to prisoners' health care in the prison.<sup>196</sup> The respondent consulted in relation to the contribution JFA-PFE made to Federal Maximum Security Prison facility to enhance the provision of health care in the prison as well as prisoners' right to health expressed that; currently the organization has involved in the prison health care in providing capacity building training to the prison officers and health personnel.<sup>197</sup> The respondent added that JFA-PFE provided training to the prison officials and health personnel on the theme of "addiction prevention and anger management" in 2018.<sup>198</sup>

NGOs intervening in the prison health care significantly influence its outcome and help prisoners to access the necessary health care at Federal Maximum Security Prison through the provision of ART facility, diets, and drugs for HIV/AIDS patients, orthopedic treatment, wheelchair, Crutches, and capacity building training to health personnel. However, the number of NGOs involved in the provision of health care in the prison is inconsiderable that the prison and prisoners are not properly utilizing the potential contribution they can provide to the prison health care and the promotion of prisoners' right to health. The respondent told that NGOs participation in the promotion of prisoners' rights become diminished because of the restriction imposed by the government some years back.<sup>199</sup> Even this time the prison administration not makes any attempt to attract NGOs intervention in the prison health care.

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<sup>194</sup> Interview conducted with Federal Maximum Security Prison Prisoners' Basic Need Department Head

<sup>195</sup> Interview conducted with Prisoners Health Service Unit Leader and Basic Need Department Head

<sup>196</sup> Interview conducted with Prisoners Health Service Unit Leader and Basic Need Department Head

<sup>197</sup> Interview conducted with JFA-PFE rehabilitation and social affairs program manager.

<sup>198</sup> Ibid

<sup>199</sup> Department Head, Supra note 194

#### **4.7. Major findings of the study**

The study identified a number of findings with the objective of assessing the enforcement of prisoners' right to health on the underlying variables.

##### **4.7.1. The provision of health care infrastructure**

The study found out that the provisions of health care infrastructures at Federal Maximum Security Prison are barely sufficient for the delivery of the necessary medical treatments in the satisfaction of prisoners need in general.

The prison health care is not well equipped with the necessary medical equipments. The medical equipments required for the operation of health care essential to prisoners health need are not adequate or not available at all. Medical equipments such as diagnosis imaging machines and Dental equipment are not available. Furthermore, the provision of medicines and drugs are markedly inadequate to what the prisoners demand. It is unreliable because of the marginal budget assigned for the provision of pharmaceuticals.

Similarly, the provision of physical infrastructures such as OPD and Ambulance are barely adequate and poses a serious threat to prisoners' health care and their rights thereon. The OPD building is not designed for the operation of health care services and not convenient to administer patients.

Thus, physical infrastructures and medical equipments towards the provision of health care at Federal Maximum Security Prison are not adequately available and not in compliance with the requirements of the UN SMR.

However, the study perceived that the provision of health personnel is fairly enough to meet prisoners' health need and the minimum requirements specified in the UN SMR. In addition to health officers and nurses, the prison health personnel is comprised of physicians (specialty Doctors) working in part-time basis.

#### **4.7.2. The management of health care**

The health care available for prisoners' use at Federal Maximum Security Prison are medical screening on admission, emergency medical service, general medical treatment, psychiatry treatment, laboratory, pharmaceuticals, inpatient treatment and referral to specialty hospitals. The prison renders these treatments with its own facility at the prison and referral public health institutes outside the prison. The health facility at the prison substantially delivers primary health care that includes physical and mental health, a few laboratory tests for HIV/AIDS, Hepatitis, Typhoid and Typhus, and pharmaceutical services. It also provides mental health care with due emphasis. The prison health facility also delivers 24 hours emergency medical service within the prison. The facility never runs specialty medical treatment including dentistry, dermatological, ophthalmic and addiction treatment. The prison refers prisoners to public health facilities outside the prison where the treatment prisoners required for not available at the prison health facility or specialty treatment is required.

Prisoners also have an opportunity to attend a private medical treatment with their own cost where either the prison health facility or the public health institutions become unable to render the required treatment and outcome. But it is only allowed for ambulatory treatments.

Most interestingly, the prison provides a specific and specialized health care unit that delivers a continuous treatment for HIV/AIDS and TB patients. The HIV/AIDS health care unit takes care of HIV/AIDS patients and administers their ART. Simultaneously, TB health care unit assists TB patients to manage their case.

The prison health facility provides the medical treatment and referral service at any working hour that prisoners can access health care at the prison at any working hour as they require. But, the emergency medical service is open for 24 hours that prisoners with emergency cases can access treatment at any time they need.

Regarding the delivery of health care on time, the study found out that prisoners are not receiving the necessary treatment in appropriate time frame. Most importantly, prisoners who are referred to public hospitals outside the prison will not be taken within the time fixed. Prisoners are subjected to delay for days and months to receive the treatment they have required that gradually exacerbate their health case.

With this regard, the provision of health care towards HIV/AIDS and TB appreciably good enough to prisoners' health need. Although the health facility at the prison compound not provide all ranges of medical treatment prisoners required, it refers prisoners to receive the necessary treatment from public health facilities available in the country. Nevertheless, the most striking challenge prisoners faced in relation to referral treatment is that they are not taken to the referral health facility in appropriate time. Thus in providing a timely medical treatment the prison health care is by far below the standard and principle specified in the UN SMR. However with respect to the provision of HIV/AIDS and TB treatment the health care at Federal Maximum Security Prison commensurate with the standards of the UN SMR. In terms of the various aspects of medical treatment available for prisoners use, either at the prison health facility or with referral to public health facilities, the prison health care slightly satisfies the minimum requirements and principles contained in the UN SMR.

#### **4.7.3. The provision of hygienic and sanitary infrastructures**

The study found that the provision of toilet, shower and laundry (for washing and drying) installations are fairly adequate to prisoners need. However, there is a prevalent shortage of water in which prisoners hardly access to the facilities as they required. Though the prison administration is required to provide prisoners with soap and toilet articles necessary to maintain personal hygiene and cleanliness, it only provides two soaps per month but not toilet articles. With regard to the regular inspection and follow-up of the prison hygienic and sanitary condition, the prison health personnel inspect the prison accommodation every week. With this regard except the limited water access as many do in the country, the provision of hygienic and sanitary facilities at Federal Maximum Security Prison moderately complied with the principles and rules contained in the UN SMR.

#### **4.7.4. The role of NGOs in promoting prisoners' right to health**

The study discovered that NGOs involving in the provision of health care at Federal Maximum Security Prison are International Red Cross Organization and CDC. And, JFA-PFE contributes to the prison health care with the provision of capacity building training to prison officials and health personnel. The International Red Cross and CDC assist the prison health care with the provision of medical facility, treatment, pharmaceuticals and capacity building. Specifically, CDC greatly devoted to help HIV/AIDS patients and sets up ART center, provides drugs, medical equipments, and capacity building to health personnel. Likewise, Red Cross provides orthopedic medical treatment, wheelchairs and crutches. Accordingly, these NGOs assist prisoners to access medical treatments essential to their health need. They impact the provision of health care as to enhance prisoners' right to health in the prison. Nevertheless, contrary to their contribution and influence on the outcome of prisoners' health care, the number of NGOs intervening in the provision of health care at Federal Maximum Security Prison is very limited as the prison administration is not hospitable towards their involvement.

## Chapter Five

### Conclusion and Recommendations

#### 51. Conclusion

Though deprivation of liberty to a large extent complicates, restricts or even removes the possibility that individuals can assert their human rights, prisoners do not forfeit their rights merely because of their incarceration. The right to health is a fundamental component of human rights. It is attributed to the entitlement of the highest attainable quality of health.

Various international instruments particularly the UN SMR-2015 have conveyed that prisoners' health care shall commensurate with the general public health service available in the country. In this regard any prison health care should be organized with sufficient health personnel, equipment and physical facilities necessary to render appropriate and adequate treatments.

The FDRE Constitution makes no reference to "prisoner rights to health" as such though it recognizes the general public health rights and specific principles on the humane treatment of prisoners. Health care service within the federal prison system is operated in accordance with the principles and standards contained under the proclamation, regulations, directives and standard manuals. These legislations and manual incorporate the principles and minimum standards recognized in international instruments towards prisoners' right to health. Besides, Food, Medicine and Healthcare Administration and Control Authority has adopted health care and hygiene and environmental health standard requirements for federal prisons. The standard provides minimum requirements that comply with international principles.

The provision of hygienic and sanitary infrastructures is essential for health as well as personal dignity that prisoners should access hygienic and sanitary facilities necessary to attend to their most basic bodily functions and personal hygiene. According to the UN SMR, the prison administration shall provide prisoners with sufficient toilets, showers, laundry and barbershop facilities essential to meet the needs of nature and to maintain their own cleanliness and hygiene.

Non-Governmental Organizations (NGOs) that seek to assist both prisoners and prison administrations can make much greater impact on the promotion of health service delivery in prisons. These organizations provide a supportive role in managing, implementing and delivering health and non-health related services in prisons. The promotion of prisoner rights to health requires a great deal of provision of resources.

Based on the findings drawn from the field information gathered from various respondents and researcher's own personal observation, the study formulates the following conclusions.

The Federal Maximum Security Prison has adequate health personnel comprised of medical doctors (part-time), psychiatrists, health officers, nurses, laboratory technicians and pharmacists in which the prison health care facility complies with the provision of the UN SMR. On the contrary, the prison health care facility is short of essential drugs and medicines, medical equipments, OPD and ambulance provision which is likely to deny prisoners full enjoyment of their right to health.

The Federal Maximum Security Prison management of prisoners' health care is not in full compliance with the principles and minimum requirements set out under the UN SMR. The prison health care facility provides prisoners with physical and mental health care, pharmaceuticals, referral service, and inpatient treatment. The facility provides the health care service at public working hour from Monday to Friday. Accordingly, prisoners are entitled to access health care at any working hour as they demand. It also delivers 24 hours emergency medical service. Moreover, the health care facility provides prisoners with medical screening and treatment while they are admitted to the prison. Most of the prisoners at Federal Maximum Security Prison especially HIV/AIDS and TB patients have received basic medical treatments essential to their either at the prison health care facility or referral public hospitals. However, the health care facility has never delivered dentistry health care and addiction treatment at all. Besides, prisoners have not received on time treatment as they are required.

The study reveals that the provision of hygienic and sanitary infrastructure including toilet, shower and laundry (washing and drying facilities) installations are adequate to prisoners demand. But there is a substantial water shortage which limits prisoners' access to the facilities.

NGOs, Red Cross, CDC and JFA-PFE have played a significant role in the provision of health care at Federal Maximum Security Prison. They have impact on the promotion of prisoners' right to health with the provision of necessary medical facilities. Nevertheless, the number of NGOs' intervening on the provision of prison health care drops as a result of the closed door policy the prison administration has adopted.

Finally, health care at Federal Maximum Security Prison is not threatening the life and wellbeing of prisoners but short of international standard requirements which potentially compromises prisoners' right to health.

## **52. Recommendations**

From the foregoing conclusions, the study draws the following recommendations.

- ✓ The inadequate provision of health care infrastructures such as OPD, Ambulance, medical equipments and drugs compromises prisoners' right to health at the Federal Maximum Security Prison. Thus, the government should come up with solutions to fill infrastructural gap in the delivery of health care services in the prison. To this effect, the prison administration should take initiatives to attract funding and other contributions from non-state actors to supplement budget deficiency in fulfilling the infrastructures required for the provision of essential health care.
- ✓ The Federal Maximum Security Prison should manage prisoners' health care by providing on-time medical treatment particularly towards the referral medical treatment. It should also introduce dentistry medical care and addiction treatment at the prison health care facility. The prison administration has to fulfill all aspects of basic health care necessary for prisoners' health. This can be achieved through expanding budget allocation and working in partnership with the relevant government organs such as Ministry of Health and A.A Health Bureau, and Non-state actors.
- ✓ Water shortage at Federal Maximum Security Prison extensively impedes prisoners' right to access hygienic and sanitary facilities at any time they have required. Thus, the prison administration should address the water shortage by arranging alternative sources like water tanker (reserver) that ensures reliable supply of water imperative to preserve personal hygiene and cleanliness in light of the UN SMR standard requirements.

- ✓ NGOs have a considerable role to enhance prisoners' right to health that the prison administration should open its door for non-state actors to assist in the provision of health care in prison. Most importantly, there has to be a separate formal legal framework that regulates NGOs' intervention in the promotion of prisoners' health care and right to health. Thus, the adoption of a legal framework and open door policy on part of the government and the prison administration helps to attract non-state actors involvement and contribution in the delivery of health care in prison. Otherwise, the provision of prison health care in compliance with international standard requirements and the protection and promotion of prisoners' right to health is difficult to achieve with the limited resource or budget allocation of the government.
- ✓ Monitoring and regulatory bodies, particularly the Ethiopian Human Rights Commission, Ethiopian Ombudsman, Ethiopian Food, Medicine and Healthcare Authority, and the Federal Attorney General should regularly inspect and follow up the provision of health care vis-à-vis the protection and promotion of prisoners' right to health. Human rights institutions should report the condition of the prison health care to the public and relevant government organs and lobby the prison administration (government) to enhance prisoners' right to health in compliance with the principles specified in the UN SMR.
- ✓ The government should have political will to make prisons more humane with the provision of all the necessary health care infrastructures as much as possible.

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## **Appendices**

### **Personal Observation Checklists**

#### **Guideline for Researcher Personal Observation at Federal Maximum Security Prison**

##### **Instruction**

This personal observation checklist is prepared by Taddele Teka, a post graduate program student at Addis Ababa University School of Law and Governance, Center for Human Rights Studies. The purpose of this checklist is to collect relevant information on the *enforcement of prisoner's rights to health at federal maximum security prison*. This checklist is designed to solicit key information regarding the provision of selected health infrastructure at Federal Maximum Security Prison.

**Provision of Health Infrastructure at Federal Maximum Security Prison Health Center**

Health Infrastructure		Expected	Available	Remark
<b>Personnel</b>				
1	General Practitioner (optional)	1		
2	Health Officers	2		
3	Dentists	1		
4	Nurses	5		
5	Psychiatry Nurse	1		
6	Ophthalmic Nurse	1		
7	Pharmacists	3		
8	Laboratory technicians	2		
<b>Medical Equipments</b>				
1	Thermometers	-		
2	Blood pressure cuffs	-		
3	Microscopes	-		
4	Slides	A lot		
5	Test kits	A lot		
6	Dental equipment	A lot		
7	Medicines and drugs	A lot		
8	Wheel chairs	-		
<b>Physical Health Infrastructure</b>				
1	OPD	-		
2	Infirmary	1		
3	Dispensary	1		
4	Laboratory	1		
5	Ambulance	-		

**መጠይቅ ቁጥር 01**  
**ለታራሚዎች የተዘጋጀ ቃለ-መጠይቅ**

በመጀመሪያ ደረጃ ለዚህ ቃለ-መጠይቅ ስለተባበሩን እናመሰግናለን። እኔ የዚህ ጥናት አጥኚ ታደላ ተካ በአዲስ አበባ ዩኒቨርሲቲ የሰብዓዊ መብቶች ማዕከል የሁለተኛ ዲግሪ ተማሪ ስሆን በአሁኑ ወቅትም “በፌዴራል ከፍተኛ ጥበቃ ማረሚያ ቤት ያለውን የታራሚዎች የጤና መብት አተገባበር” በተመለከተ የመመሪያ ጽሁፌን እያዘጋጀሁ ነው። በመሆኑም የጤና መብት አተገባበርን በተመለከተ ታራሚዎችን ቃለ-መጠይቅ በማድረግ ለጥናቱ ግብአት የሚሆኑ መረጃዎችን ለማሰባሰብ ይህ መጠይቅ ተዘጋጅቷል። ስለሆነም የሚሰጡት መረጃ ከዚህ ጥናት አላማ ውጪ ለሌላ ዓላማ የማይውል ከመሆኑም በተጨማሪ ስምዎትና ማንነትዎ በሚስጥር የሚያዝ መሆኑን እያረጋገጥኩ ለተሻለ የመረጃ ጥራትና የሚሰጡትን መረጃ ወይም ሀሳብ ሙሉ ለሙሉ ለመያዝ እንዲያመች ቃለ መጠይቁ በመቅረጸ-ድምጽ የሚወሰድ መሆኑን በአክብሮት አሳውቃለሁ። ይህንን ቃለ-መጠይቅ ለማድረግ እና መረጃ ለመስጠት ወይም ላለመስጠት ሙሉ ነጻነት ያለዎት መሆኑን እና ምንም ዓይነት ጫና የማይደረግብዎት መሆኑን ለመግለጽ እወዳለሁ። በነጻ ፍላጎትዎ የሚሰጡት መረጃ ለጥናቱ ውጤታማነት ከፍተኛ አስተዋጾ የሚያበረክት በመሆኑ ፈቃደኛ ከሆኑ ከዚህ ቀጥሎ ያሉትን ጥያቄዎች በአግባቡ እንደሚመልሱልን በማመን ለትብብሮት እያመሰገንኩ ወደ ጥያቄዎቹ በቀጥታ እንገባለን።

**ክፍል አንድ: ስለታራሚው/ መረጃ ሰጪው መሠረታዊ መረጃ**

ስም	
ዕድሜ	
የትምህርት ደረጃ	
ሥራ	
የተፈረደበት የእስር ጊዜ	
በእስር የቆየበት ጊዜ	

**ክፍል ሁለት: የሕክምና አገልግሎትን በተመለከተ**

1. እዚህ ማረሚያ ቤት ከመታሰርዎ በፊት/ ከማረሚያ ቤቱ ውጪ ሲኖሩ ሕክምና አድርገው ያውቃሉ? ምላሽዎን ያብራሩልን? \_\_\_\_\_
2. ወደ ማረሚያ ቤቱ ሲገቡ የሕክምና ምርመራ ተደርጎሎታል? አዎ  አላደረኩም

3. ወደ ማረሚያ ቤቱ ከመግባትዎ በፊት የነበረብዎት የጤና ችግር አለ? አዎ  ለም
4. መልስዎ “አዎ” ከሆነ ምን እንደነበር ይግለጹ? \_\_\_\_\_
5. የተ.ቁ 3 መልስዎ “አዎ” ከሆነ በማረሚያ ቤቱ ውስጥ ሕክምና አግኝተዋል? አዎ  የለም
6. ወደ ማረሚያ ቤቱ ከገቡ በኋላ ታመው ያውቃሉ? አዎ  የለም
7. መልስዎ “አዎ” ከሆነ ህመም ምን እንደነበር ይግለጹልን? \_\_\_\_\_
8. የተ.ቁ 6 መልስዎ “አዎ” ከሆነ የሕክምና አግኝተዋል? አዎ  የለም
9. መልስዎ “አዎ” ከሆነ በምን ዓይነት መንገድ ነው ሕክምና ያገኙት? \_\_\_\_\_
10. የተ.ቁ 8 መልስዎ “የለም” ከሆነ የተሰጡት ምክንያት (ምላሽ) ምንድን ነበር? \_\_\_\_\_
11. ከማረሚያ ቤቱ ውጪ ወዳለ የሕክምና ተቋም ሪፈር ተደርገው ያውቃሉ? አዎ  የለም
12. መልስዎ “አዎ” ከሆነ ሪፈር ወደ ተደረጉበት የሕክምና ተቋም ተወስደዋል? አዎ  የለም
13. መልስዎ “የለም” ከሆነ የተሰጡት ምክንያት (ምላሽ) ምንድን ነበር? \_\_\_\_\_
14. በማረሚያ ቤቱ የሚሰጡት የሕክምና አገልግሎት ዓይነቶች ምንድን ናቸው? \_\_\_\_\_
15. የሕክምና አገልግሎት ማግኘት የምትችሉት መቼ ነው? \_\_\_\_\_  
በማረሚያ ቤቱ የሕክምና አገልግሎት የሚሰጠው መቼ ነው? \_\_\_\_\_
16. በማረሚያ ቤቱ የሚሰጠው የሕክምና አገልግሎት የታራሚዎችን ፍላጎት የሚያሟላ ነው? ምላሹን ያብራሩልን \_\_\_\_\_
17. በማረሚያ ቤቱ የሚሰጠውን የሕክምና አገልግሎት ከማረሚያ ቤቱ ውጪ ለሕዝብ ከሚሰጠው የሕክምና አገልግሎት አንጻር እንዴት ይመዘኑታል? ምላሹን ያብራሩልን \_\_\_\_\_
18. በማረሚያ ቤቱን የሕክምና አገልግሎት አሰጣጥ ዙሪያ ሊሻሻሉ ይገባቸዋል የሚሏቸውን ጉዳዮች ይግለጹልን? \_\_\_\_\_

**ክፍል ሦስት: የግል ንጽህና አገልግሎትን በተመለከተ**

19. በማረሚያ ቤቱ ውስጥ በቂ ሻወር አለ? ቢያብራሩልን \_\_\_\_\_
20. በማረሚያ ቤቱ ውስጥ በቂ የመጸዳጃ ቤት አለ? ቢያብራሩልን \_\_\_\_\_
21. በማረሚያ ቤቱ ውስጥ በቂ የልብስ ማጠቢያ አለ? ቢያብራሩልን \_\_\_\_\_
22. የግል ንጽህና መስጫዎችን በየምን ያህል ጊዜ መጠቀም ወይም ማግኘት ይችላሉ?
  - ✓ የሻወር አገልግሎት? \_\_\_\_\_
  - ✓ የመጸዳጃ ቤት አገልግሎት? \_\_\_\_\_
  - ✓ የልብስ ማጠቢያ? \_\_\_\_\_
23. የግል ንጽህና መስጫዎችን ንጽህና ለአጠቃቀም አመቺነት እንዴት ይመዘኗቸዋል? \_\_\_\_\_

- ✓ የሻወር አገልግሎት? \_\_\_\_\_
- ✓ የመጻዳጃ ቤት አገልግሎት? \_\_\_\_\_
- ✓ የልብስ ማጠቢያ? \_\_\_\_\_

24. የግል ንጽህና መስጫዎች ጋር በተያያዘ ያሉ ችግሮች ምንድን ናቸው? ምላሽዎን ያብራሩልን

- ✓ የሻወር አገልግሎት? \_\_\_\_\_
- ✓ የመጻዳጃ ቤት አገልግሎት? \_\_\_\_\_
- ✓ የልብስ ማጠቢያ? \_\_\_\_\_

25. የግል ንጽህና መስጫዎች ጋር በተያያዘ ሊሻሻሉ ይገባቸዋል የሚሏቸውን ጉዳዮች በተመለከተ ያሉትን ሀሳብ ይግለጹልን?

- ✓ የሻወር አገልግሎት? \_\_\_\_\_
- ✓ የመጻዳጃ ቤት አገልግሎት? \_\_\_\_\_
- ✓ የልብስ ማጠቢያ? \_\_\_\_\_

**ክፍል አራት: መንግስታዊ ያገሆኑ ድርጅቶችን በተመለከተ**

26. በማረሚያ ቤቱ ውስጥ ለታራሚዎች ነጻ የሕክምና አገልግሎት የሚሰጡ መንግስታዊ ያገሆኑ ድርጅቶች ወይም የግል ሕክምና ተቋማት አሉ? አዎ  የለም

27. መልስዎ “አዎ” ከሆነ ተቋማቱን ይጥቀሱልን? \_\_\_\_\_

28. የተ.ቁ 23 መልስዎ “አዎ” ከሆነ ተቋማቱ የሚሰጡትን የሕክምና አገልግሎቶች ይግለጹልን? \_\_\_\_\_

29. የተ.ቁ 23 መልስዎ “አዎ” ከሆነ ተቋማቱ በየምን ያህል ጊዜው የሕክምና አገልግሎት ይሰጣሉ? \_\_\_\_\_

30. መንግስታዊ ያገሆኑ ድርጅቶች ወይም የግል ሕክምና ተቋማት የሚያደርጉት የሕክምና አገልግሎት ድጋፍ ታራሚዎች የተሻለ የሕክምና አገልግሎት እንዲያገኙ ከማስቻል አንጻር ምን ዓይነት አስተዋጾ ያበረክታል? \_\_\_\_\_

**ጊዜዎትን ወስደው ይህንን ቃለ መጠይቅ በተሳካ ሁኔታ እንድንፈፅም ስለተባበሩንም ስጋናዬን አቀርባለሁ!!**

**መጠይቅ ቁጥር 02**

**ለማረጋገጫ ቤት የሥራ ኃላፊዎች የተዘጋጀ ቃለ-መጠይቅ**

በመጀመሪያ ደረጃ ለዚህ ቃለ-መጠይቅ ስለተባበሩን እናመሰግናለን። እኔ የዚህ ጥናት አጥኚ ታደሰ ተካ በአዲስ አበባ ዩኒቨርሲቲ የሰብዓዊ መብቶች ማዕከል የሁለተኛ ዲግሪ ተማሪ ስሆን በአሁኑ ወቅትም “በፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ያለውን የታራጫዎች የጤና መብት አተገባበር” በተመለከተ የመመሪያ ጽሁፌን እያዘጋጀሁ ነው። በመሆኑም የጤና መብት አተገባበርን በተመለከተ የከፍተኛ ጥበቃ ማረጋገጫ ቤት የሥራ ኃላፊዎችን ቃለ-መጠይቅ በማድረግ ለጥናቱ ግብአት የሚሆኑ መረጃዎችን ለማሰባሰብ ይህ መጠይቅ ተዘጋጅቷል። ስለሆነም የሚሰጡት መረጃ ከዚህ ጥናት አላማ ውጪ ለሌላ ዓላማ የማይውል እና ሚስጥራዊነቱ የተጠበቀ መሆኑን እያረጋገጥኩ ለተሻለ የመረጃ ጥራትና የሚሰጡትን መረጃ ወይም ሀሳብ ሙሉ ለሙሉ ለመያዝ እንዲያመች ቃለ መጠይቁ በመቅረጹ-ድምጽ የሚወሰድ መሆኑን በአክብሮት አሳውቃለሁ። የሚሰጡት መረጃ ለጥናቱ ውጤታማነት ከፍተኛ አስተዋጾ የሚያበረክት በመሆኑ ከዚህ ቀጥሎ ያሉትን ጥያቄዎች በአግባቡ እንደሚመልሱልን በማመን ለትብብርት እያመሰገንኩ ወደ ጥያቄዎቹ በቀጥታ እንገባለን።

**ክፍል አንድ: ስለመረጃ ሰጪው መሠረታዊ መረጃ**

ስም	
የሥራ ኃላፊነት	
የአገልግሎት ዘመን	

**ክፍል ሁለት: የቃለ መጠይቅ ጥያቄዎች**

1. በማረጋገጫ ቤቱ የታራጫዎች የሕክምና አገልግሎት አሰጣጥ ምን እንደሚመስል አብራርተው ይግለጹልን? \_\_\_\_\_
2. ማረጋገጫ ቤቱ የታራጫዎች የሕክምና አሰጣጥ ስታንዳርድ አለው? አዎ  የለም   
 መልስዎን በዝርዝር ቢያብራሩልን? \_\_\_\_\_
3. ታራጫዎች አብዛኛውን ጊዜ የሚታመሙት የህመም ወይም የበሽታ ዓይነት ምንድን ነው?
4. ከታራጫዎች የሕክምና አገልግሎት አሰጣጥ ጋር በተያያዘ ያሉ ተግዳሮቶች ምንድን ናቸው?

5. የታራሚዎች የሕክምና አገልግሎት በመደገፍ ረገድ መንግስታዊ ያልሆኑ ድርጅቶች እና የግል የሕክምና ተቋማት ተሳትፎ ምን ይመስላል? \_\_\_\_\_
6. የታራሚዎችን የሕክምና አገልግሎት ድጋፍ የሚያደርጉ መንግስታዊ ያልሆኑ ድርጅቶች ወይም የግል የሕክምና ተቋማት የትኞቹ እንደሆኑ ቢገልጹልን? \_\_\_\_\_
7. የሚሰጡት የሕክምና አገልግሎት ድጋፍ ምንድን ነው? \_\_\_\_\_
8. ተቋማቱ የሚሰጡትን የሕክምና አገልግሎት ድጋፍ የሚያደርጉት በየምን ያህል ጊዜው ነው? \_\_\_\_\_
9. የታራሚዎችን የሕክምና አገልግሎት በመደገፍ ረገድ መንግስታዊ ያልሆኑ ድርጅቶች እና የግል የሕክምና ተቋማት በሠፊው እንዲሳተፉ ለማስቻል ምን መደረግ አለበት ብለው ያስባሉ? \_\_\_\_\_
10. ማረሚያ ቤቱ የታራሚዎች የሕክምና አገልግሎት የታራሚዎችን ፍላጎት ያሟላ መሆኑን በምን መልኩ ነው የሚያረጋግጠው? \_\_\_\_\_
11. የታራሚዎችን የሕክምና አገልግሎት ለማሻሻል መደረግ አለባቸው የሚሉት ሀሳብ ካለዎት ቢገልጹልን? \_\_\_\_\_

**ጊዜዎትን ወስደው ይህንን ቃለ መጠይቅ በተሳካ ሁኔታ እንድንፈፅም  
ስለተባበሩን ምስጋናዬን አቀርባለሁ!!**

**መጠይቅ ቁጥር 03**  
**ለማረጋገጫ ቤት የጤና ባለሙያዎች የተዘጋጀ ቃለ-መጠይቅ**

በመጀመሪያ ደረጃ ለዚህ ቃለ-መጠይቅ ስለተባበሩን እናመሰግናለን። እኔ የዚህ ጥናት አጥኚ ታደሰ ተካ በአዲስ አበባ ዩኒቨርሲቲ የሰብዓዊ መብቶች ማዕከል የሁለተኛ ዲግሪ ተማሪ ስሆን በአሁኑ ወቅትም “በፌዴራል ክፍተኛ ጥበቃ ማረጋገጫ ቤት ያለውን የታራሚዎች የጤና መብት አተገባበር” በተመለከተ የመመሪያ ጽሁፌን እያዘጋጀሁ ነው። በመሆኑም የጤና መብት አተገባበርን በተመለከተ የክፍተኛ ጥበቃ ማረጋገጫ ቤት የሕክምና ባለሙያዎችን ቃለ-መጠይቅ በማድረግ ለጥናቱ ግብአት የሚሆኑ መረጃዎችን ለማሰባሰብ ይህ መጠይቅ ተዘጋጅቷል። ስለሆነም የሚሰጡት መረጃ ከዚህ ጥናት አላማ ውጪ ለሌላ ዓላማ የማይውል እና ሚስጥራዊነቱ የተጠበቀ መሆኑን እያረጋገጥኩ ለተሻለ የመረጃ ጥራትና የሚሰጡትን መረጃ ወይም ሀሳብ ሙሉ ለሙሉ ለመያዝ እንዲያመች ቃለ መጠይቁ በመቅረጸ-ድምጽ የሚወሰድ መሆኑን በአክብሮት አሳውቃለሁ። የሚሰጡት መረጃ ለጥናቱ ውጤታማነት ክፍተኛ አስተዋጾ የሚያበረክት በመሆኑ ከዚህ ቀጥሎ ያሉትን ጥያቄዎች በአግባቡ እንደሚመልሱልን በማመን ለትብብርት እያመሰገንኩ ወደ ጥያቄዎቹ በቀጥታ እንገባለን።

**ክፍል አንድ: ስለመረጃ ሰጪው መሠረታዊ መረጃ**

ሥም	
የሥራ ክፍል	
የሥራ ኃላፊነት	
የአገልግሎት ዘመን	

**ክፍል ሁለት: የቃለ መጠይቅ ጥያቄዎች**

1. ለታራሚዎች የሕክምና አገልግሎት የምትሰጡት በምን መልኩ ነው? \_\_\_\_\_
2. ማረጋገጫ ቤቱ የታራሚዎች የሕክምና አሰጣጥ ስታንዳርድ አለው? አዎ  የለም   
መልስዎን በዝርዝር ቢያብራሩልን? \_\_\_\_\_
3. ታራሚዎች አብዛኛውን ጊዜ የሚታመሙት የህመም ወይም የበሽታ ዓይነት ምንድን ነው?
4. ለታራሚዎች የሚሰጡ የሕክምና አገልግሎት ዓይነቶች ምንድን ናቸው? በዝርዝር ቢገልጹልን
5. ታራሚዎችን ከማረጋገጫ ቤቱ ውጪ ወደ ሚገኝ የሕክምና ተቋም ሪፈረ ታደርጋላቸው?  
አዎ  የለም

መልስዎ “አዎ” ከሆነ ወደ የትኛው የሕክምና ተቋም ነው ሪፈር የምታደርጉት?  
አብራርተው ቢገልጹልን \_\_\_\_\_

6. ታራሚዎችን ወደ የግል የሕክምና ተቋማት ሪፈር ታደርጋላቸው? አዎ  የለም   
መልስዎ “አዎ” ከሆነ ወደ የትኛው የግል የሕክምና ተቋም ነው ሪፈር የምታደርጉት?  
አብራርተው ቢገልጹልን \_\_\_\_\_

መልስዎ “የለም” ከሆነ ምክንያቱ ምንድን ነው? አብራርተው ቢገልጹልን \_\_\_\_\_

7. ታራሚዎችን ወደ ሌላ የሕክምና ተቋም ሪፈር ማድረግ የሚፈቀደው ምን ዓይነት  
ሁኔታዎችን በተመለከተ ነው? አብራርተው ቢገልጹልን \_\_\_\_\_

8. ታራሚዎች በማረሚያ ቤቱ ከሚሰጣቸው ሕክምና በተጨማሪ በሌላ የሕክምና ባለሙያ  
ተጨማሪ (ሁለተኛ) ሕክምና እንዲደረግላቸው የመጠየቅና የማግኘት መብት አላቸው?  
አብራርተው ቢገልጹልን \_\_\_\_\_

9. ከታራሚዎች የሕክምና አገልግሎት አሰጣጥ ጋር በተያያዘ ያሉ ተግዳሮቶች ምንድን  
ናቸው? \_\_\_\_\_

10. የታራሚዎችን የሕክምና ፍላጎት ለማሟላት ሊሟሉ የሚገቡ የሕክምና መሰረተ ልማት  
አቅርቦቶች ምንድን ናቸው? \_\_\_\_\_

11. የታራሚዎች የሕክምና አገልግሎት በመደገፍ ረገድ መንግስታዊ ያልሆኑ ድርጅቶች እና  
የግል የሕክምና ተቋማት ተሳትፎ ምን ይመስላል? \_\_\_\_\_

12. የታራሚዎችን የሕክምና አገልግሎት ድጋፍ የሚያደርጉ መንግስታዊ ያልሆኑ ድርጅቶች  
ወይም የግል የሕክምና ተቋማት ካሉ ቢገልጹልን? \_\_\_\_\_

13. ተቋማቱ የሚሰጡት የሕክምና አገልግሎት ድጋፍ ምንድን ነው? \_\_\_\_\_

14. ተቋማቱ የሚሰጡትን የሕክምና አገልግሎት ድጋፍ የሚያደርጉት በየምን ያህል ጊዜው  
ነው? \_\_\_\_\_

15. የታራሚዎችን የሕክምና አገልግሎት ለማሻሻል መደረግ አለባቸው የሚሉት ሀሳብ  
ካለዎት ቢገልጹልን? \_\_\_\_\_

**ጊዜዎትን ወሰደው ይህንን ቃለ መጠይቅ በተሳካ ሁኔታ እንድንፈፅም  
ስለተባበሩን ምስጋናዬን አቀርባለሁ!!**

**መጠይቅ ቁጥር 04**

**ለ Justice for All Prison Fellowship-Ethiopia የተዘጋጀ ቃለ-መጠይቅ**

በመጀመሪያ ደረጃ ለዚህ ቃለ-መጠይቅ ስለተባበሩን እናመሰግናለን። እኔ የዚህ ጥናት አጥኚ ታደላ ተካ በአዲስ አበባ ዩኒቨርሲቲ የሰብዓዊ መብቶች ማዕከል የሁለተኛ ዲግሪ ተማሪ ስሆን በአሁኑ ወቅትም “በፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ያለውን የታራሚዎች የጤና መብት አተገባበር” በተመለከተ የመመሪያ ጽሁፌን እያዘጋጀሁ ነው። በመሆኑም የጤና መብት አተገባበርን በተመለከተ የ Justice for All Prison Fellowship-Ethiopia የሥራ ኃላፊ ወይም ባለሞያ ቃለ-መጠይቅ በማድረግ ለጥናቱ ግብአት የሚሆኑ መረጃዎችን ለማሰባሰብ ይህ መጠይቅ ተዘጋጅቷል። ስለሆነም የሚሰጡት መረጃ ከዚህ ጥናት አላማ ውጪ ለሌላ ዓላማ የማይውል እና ሚስጥራዊነቱ የተጠበቀ መሆኑን እያረጋገጥኩ ለተሻለ የመረጃ ጥራትና የሚሰጡትን መረጃ ወይም ሀሳብ ሙሉ ለሙሉ ለመያዝ እንዲያመች ቃለ መጠይቁ በመቅረጹ-ድምጽ የሚወሰድ መሆኑን በአክብሮት አሳውቃለሁ። የሚሰጡት መረጃ ለጥናቱ ውጤታማነት ከፍተኛ አስተዋጾ የሚያበረክት በመሆኑ ከዚህ ቀጥሎ ያሉትን ጥያቄዎች በአግባቡ እንደሚመልሱልን በማመን ለትብብሮት እያመለከንኩ ወደ ጥያቄዎቹ በቀጥታ እንገባለን።

**ክፍል አንድ: ስለመረጃ ሰጪው መሠረታዊ መረጃ**

ስም	
የሥራ ኃላፊነት	
የአገልግሎት ዘመን	

**ክፍል ሁለት: የቃለ መጠይቅ ጥያቄዎች**

1. ተቋሙ ከፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ጋር ባለው የሥራ ግንኙነት የታራሚዎች የሕክምና አገልግሎት በማሻሻል ረገድ የሚያበረክተው አስተዋጾ ምንድን ነው?
2. ተቋሙ የፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ታራሚዎች የተሻለ ሕክምና እንዲያገኙ በማስቻል ረገድ የሚያበረክተው አስተዋጾ ምንድን ነው? \_\_\_\_\_
3. ተቋሙ ለታራሚዎች የሚያደርገው የሕክምና ድጋፍ ምንድን ነው? \_\_\_\_\_
4. ተቋሙ ለከፍተኛ ጥበቃ ማረጋገጫ ቤት ታራሚዎች ምን ያህል ጊዜ የሕክምና ድጋፍ ሲያደርግ ቆይቷል? \_\_\_\_\_
5. ለታራሚዎች የምትሰጡትን የሕክምና ድጋፍ በየምን ያህል ጊዜው ነው የምታደርጉት? \_\_\_\_\_

6. በማረጋገጫ ቤቱ ለታራጫዎች የምትሰጡት የሕክምና ድጋፍ የታራጫዎችን የሕክምና ፍላጎት ከማሟላት አንጻር ያመጣውን ለውጥ ወይም አስተዋጾ በተመለከተ የዳሰሳ ጥናት አድርጋቸው ታውቃላቸው? አዎ  አይደለም   
 መልስዎን በዝርዝር ይግለጹልን? \_\_\_\_\_
7. በፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ለታራጫዎች የምታደርጉት የሕክምና ድጋፍ የታለመለትን ዓላማ አሳክቷል?አዎ  አይደለም   
 አብራርተው ይግለጹልን? \_\_\_\_\_
8. በፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ለታራጫዎች በምታደርጉት የሕክምና ድጋፍ ያጋጠሟቸው ተግዳሮቶች ምንድን ናቸው? \_\_\_\_\_
9. መንግስታዊ ያልሆኑ ድርጅቶች እና የግል ሕክምና ተቋማት በፌዴራል ከፍተኛ ጥበቃ ማረጋገጫ ቤት ለታራጫዎች የሚያደርጉትን የሕክምና ድጋፍ እንዲያጠናክሩ ምን መደረግ አለበት ብለው ያስባሉ? \_\_\_\_\_

**ግዜዎትን ወስደው ይህንን ቃለ መጠይቅ በተሳካ ሁኔታ እንድንፈፅም  
 ስለተባበሩን ምስጋናዬን አቀርባለሁ!!!**