Addis Ababa University

College of Law and Governance Studies

School of Law

The Right to Access Health Care by Detained Persons during COVID-19: A Case study of Selected Police Detention Centers in Addis Ababa.

A Thesis Submitted to the School of law of Addis Ababa University in Partial Fulfillment of the Requirements for Master of Laws Degree (LL.M) Degree in Human Rights Law.

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Date: 21 December 2022

Addis Ababa

Declaration

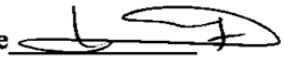
I hereby declare that the thesis on "The Right to Access Health Care by Detained Persons during COVID-19: A Case study of Selected Police Detention Centers in Addis Ababa." is my own original work, it has not been submitted to any other institutions. All the works of other authors used in this paper are also properly cited and acknowledged.

Declared by: Wubshet Tilahun

Signature 

Date September 22, 2022

Advisor: Wondemagegn Tadesse (PhD)

Signature 

Date September 22, 2022.

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Thesis Approval Sheet by Board of Examiners

Wubshet Tilahun's thesis, entitled as "The Right to Access Health Care by Detained Persons During COVID-19: A Case study of Selected Police Detention Centers in Addis Ababa." is approved by the undersigned members of the examining board.

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List of Acronyms

ACHPR	African Charter on Human and Peoples' Rights
AIDS	Acquired Immune Deficiency Syndrome
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CPT	Committee for Prevention of Torture
CDC	Center for Disease Control and Prevention
CESCR	Committee on Economic, Social and Cultural Rights
FDRE	Federal Democratic Republic of Ethiopia
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
NGOs	Non-Governmental Organization
OPD	Outpatient Department
PPE	Personal Preventive Equipment
SMR	Standard Minimum Rules for the Treatment of Prisoners
TB	Tuberculosis
UDHR	Universal Declaration of Human Rights
UN	United Nations
WHO	World Health Organization

Abstract

The global outbreak of COVID-19 makes detained people and convicts living in enclosed environments at higher risk of vulnerability, mainly their health rights are being highly impacted. The study examines the actual implementation of detained person's access to healthcare rights during COVID-19 in selected police detention centers in Addis Ababa. The objectives of this study are: to assess the adequacy of healthcare infrastructure compliance with the international minimum requirements on detained persons right to healthcare during the pandemic, to assess the level of hygiene and sanitation in detentions, and to examine the implementation of COVID-19 precautionary measures. To address the objectives, the study utilizes qualitative data collected from primary and secondary sources using interviews and personal observation. Interviews were conducted with various respondents including detained persons, police detention clinics health personnel, and detention staff. The study found a combination of infrastructural deficits; clinical staff, medical provisions, poor conditions of detention; congestion, hygiene, and sanitation. Particularly, the precautionary measures for COVID-19 were not in place, and conducive to the spread of communicable diseases, which is likely to deny detainees full enjoyment of their right to health. The study concludes that the current healthcare infrastructure/ service to detained persons during COVID-19 at selected police detention centers in Addis Ababa is below to the international principles and minimum standards, and had compromised the protection and promotion of detained persons access to healthcare rights.

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CHAPTER ONE

1 Introduction

1.1 Background of the Study

The World Health Organization (WHO) officially announced the COVID-19 pandemic on 11 March 2020.[1] According to WHO, the new infectious disease is caused by a novel coronavirus SARS -CoV-2, which was detected for the first time in December 2019, in Wuhan, China.[2] The disease spreads mostly from person to person when someone with the disease coughs, speaks, and sneezes.[3] The disease caused by this new virus has led to 461,252 confirmed cases and 7,226 deaths, and 382,581 recoveries in Ethiopia by January 22, 2022.[4] The number of cases has increased since the first notice on the 13th of March in Addis Ababa.

The Committee on Economic, Social and Cultural Rights (CESCR), its statement acknowledges that COVID-19 has, "deep negative impacts on the enjoyment of economic, social and cultural rights, especially the right to health of the most vulnerable groups."[5] The CESCR also pointed out that, "Prisoners and persons in detention facilities ''are among the categories of people at greater risk of infection to COVID-19.[6] The UN High Commissioner for Human Rights issued an early warning about the threat of the pandemic to detained persons urging States that, ''in many states detention facilities are overcrowded and people are often held in unhygienic conditions and health services are inadequate or even non-existent."[7] This makes key measures advised by the WHO such as; physical distancing and self-isolation, if not practically implemented, rendering detained persons extremely vulnerable to violations of their right to health.

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[1] WHO, Q&A Coronavirus disease (COVID-19): available at: https://www.who.int/.covid-19 . Accessed on January 20, 2022
[2] Ibid.
[3] Ibid.
[4] Ethiopian public health institute, available at: www.ephi.gov.et. Accessed on January 22, 2022
[5] UN Committee on Economic, Social and Cultural Rights, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights, U.N. Doc. E/C.12/2020/1 (6 April 2020), Paragraph 5
[6] Ibid.
[7] UN High Commissioner for Human Rights Ms. Michelle Bache lets statement, "Urgent action needed to prevent COVID-19 rampaging through places of detention", 25 March 2020, available at: www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx? News ID=25745 &Lang ID=E .Accessed on January 10,2022

The very fact of being deprived of liberty generally implies that people in prisons and other places of detention live near one another, which is likely to result in a heightened risk of person-to-person and droplet transmission of pathogens like COVID-19. However, COVID-19 poses significant risks not only to the health and safety of people who live in confinement but also to the staff of correctional institutions.[8]

The right to the highest attainable standard of physical and mental health is enshrined in several international human rights instruments. According to the WHO Constitution, ‘‘the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.’’[9] As such, the WHO defines the right to health, as universal, and entitled to all persons whether inside or outside of detention centers. The Universal Declaration of Human Rights (UDHR) has considered health as part of the right to an adequate standard of living.[10] The International Covenant on Economic, Social and Cultural Rights (ICESCR) recognized the right to health as a human right.[11]

The right to access health care is also internationally recognized as a fundamental right of detained persons.[12] The right to health care in detention derives also from the right to life and the prohibition of torture and inhuman or degrading treatment.[13] The UN Human Rights Committee under its statement explained that to address the risk to detainees and staff in places of detention states must pay special attention to the adequacy of health conditions and health services in places of detention with respect for their human dignity during the pandemic.[14] Healthcare provision should be organized in close coordination with public health services to ensure continuity of treatment and care for infectious diseases like COVID-19.

[8] Joan Stephenson, ‘‘COVID-19 Pandemic Poses Challenge for Jails and Prisons’’, JAMA Health Forum e200422, (2020) 1 p.2

[9] Constitution of The World Health Organization adopted by the International Health Conference New York 1922 June 1946 signed on 22 July 1946 entered into force on 7 April 1948, preamble.

[10] Universal Declaration of Human Rights, GA.Res2 I 7(111) of 10 December 1948, UN DOC A 18 1, Article 25.1

[11] International Covenant on Economic, Social and Cultural Rights adopted and opened for signature by GA. Res 2200A(XXI) 16 December 1966, Article 12

[12] UN Economic and Social Council, Standard Minimum Rule for Treatment of Prisoners, Resolution no 663 C (XXIV)of31July,1957and2076(LXII),May1977, Rule 24.1

[13] Article 7 ICCPR. Article 5 ACHR. Article 3 ECHR. Article 5 of the African Charter on Human and Peoples' Rights

[14] CCPR ,Human Rights Committee- Statement on derogations from the Covenant in connection with the COVID-19 pandemic, CCPR/C/128/2 (24 April 2020 (2), e

Africa's prisons and detention centers always are characterized by overcrowding and poor conditions.[15] The possibility that a highly infectious virus for which there is no vaccine becomes prevalent in Africa's prisons is a scenario almost too disastrous to contemplate.[16] The overcrowding and poor conditions heighten the risk of the spread of communicable diseases like COVID-19, which in turn can strain the health infrastructure within the detention system. The pandemic in a poor country like Ethiopia where the protection of detained person rights falls short of international standards in terms of hygiene practices and infection control, the pandemic and the responsive measures implemented to tackle the outbreak can further widen the gap that exists in the protection of health rights of a detained person.

In Ethiopia, the federal and regional governments decided to pardon more than 40,000 prisoners effort to hold the spread of COVID-19, focusing on those with a maximum sentence of less than one year and approaching their release, elderly prisoners, including women detainees with children and expectant mothers.[17]

Under the FDRE Constitution, the protection of human rights in general detained person's rights in particular is guaranteed. The FDRE Constitution states that all persons held in custody and persons imprisoned upon conviction have the right to treatment respecting their human dignity.[18] This shows, the government is expected to have particular attention to the protection of the health rights of detained persons including during pandemic times. Based on the above human rights concerns, the study was to investigate the implementation of detained person's rights to access health care during the pandemic in selected police detention centers in Addis Ababa.

1.2 Statement of Problem

The condition of prison and pretrial detention centers in Ethiopia has been reported harsh and life-threatening, the physical state and conditions of detention centers are poor in terms of sanitation and hygiene.[19] The lack of adequate healthcare facilities and unsanitary conditions in

[15]Muntingh LM, ''Africa Prisons and COVID-19 '' J Hum Rights Practice ,v 12, 2020, p 285
[16] Ibid.
[17] UNODC, Position paper on COVI D -19 preparedness and responses in prisons 2020 .Available at: https:// www.unodc .org / documents/hive-aids/publications/ UNODC position paper COVID19_in_prisons.p ,1. Accessed on January 15, 2022
[18] The 1995 Constitution of the Federal Democratic Republic of Ethiopia , Negarit Gazeta,1st year No.1,21st August,1995, Article 18 , 21
[19] Country Reports on Human Rights Practices for 2019,United States Department of State Bureau of Democracy, Human Rights and Labor, Ethiopia 20 19 Human Rights Report .p 5 see also ACHPR, Report of the Mission of the

police detention centers can accelerate the spread of COVID-19 infectious diseases. Also, the excessive crowding in detention facilities raised concerns regarding the spread of COVID-19 in the detention system.[20] The overcrowding has an adverse effect on detained person's health by causing the spread of contagious diseases in detention, which can lead to high rates of mortality among detained persons. The Prison Commission responded by using public facilities such as schools as makeshift prisons to improve prison-inmate distancing.[21] Similarly, the Ethiopian Human Right Commission in a press release expressed the condition of detention in Addis Ababa and Dire Dawa Police stations visited concerns about the precautionary measures of COVID-19 that were in place.[22] This shows attention requires during the COVID-19 pandemic to protect the health right of detained persons.

In Ethiopia despite the international as well as constitutional obligations imposed on the government, some reports have confirmed violations of detained person's right to health during the pandemic. According to a joint press given by the Ethiopian Ministry of Health and the Ethiopian Public Health Institute, on May 20/2020 revealed that 66 COVID-19 cases were connected to one police station found in Wereda 03 of Lideta Sub City in Addis Ababa, which detained persons and those persons exposed due to their works were tested positive.[23]

The above reports indicate that detained persons in Addis Ababa are one of the most vulnerable groups in the country, and when such incidence is added, if their health rights are not practically guaranteed during the pandemic, detained person's health rights would be primarily affected by the COVID-19 virus. Treatment of detained person's rights in Addis Ababa is below

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Special Rapporteur on Prisons and Conditions of Detention in Africa to the Federal Democratic Republic of Ethiopia IS-29 March, 2004, P 52,

[20] Country Report on Human Rights Practices for 2020, United States Department of States, Bureau or Democracy, Human Rights and Labor, Ethiopia 2020 Human Rights Report. The report indicated that Prison and pretrial detention center conditions remained harsh and in some cases life threatening. problems included; gross overcrowding and inadequate food, water, sanitation, and medical care, Pretrial detention often occurred in police station detention facilities, where conditions varied widely and reports noted poor hygiene, the excessive crowding in detention facilities raised concerns regarding the spread of COVID-19 in the prison system, Prison Commission responded by using public facilities such as schools as makeshift prisons to improve prison-inmate distancing"

[21] Ibid

[22]The Ethiopian human rights commission November 18 ,2021 press release ,The arrest and condition of persons detained in connection with the state of emergency requires urgent attention , p 3

[23] Etenesh, A (2020) 66 COVID-19 cases in Addis Ababa connected to police station as total number rises to 389.avaliable at https://www.addisstandard.com> news . Accessed on January 15 , 2022

international human rights standards.[24] To this end, it is found important to investigate the protection of detained person's access to health care rights during the pandemic.

Detained persons have a right to access health care services; those with chronic and/or serious medical conditions in detention are at grave risk of experiencing serious illness and death due to a COVID-19 infection. As the provision of health care infrastructure is a pillar in the protection and promotion of detained person's rights to health, if the health rights of detained persons are impacted, it challenges the full enjoyment of human rights including the right to life, prohibition of torture, cruel, inhuman and degrading treatments.

Moreover, in detention facilities, detained persons gathered close may act as a source of infection, magnification, and spread of infectious diseases within and beyond detention centers. The majority of pre-trial detainees will eventually return to their families or be transferred to prisons after a conviction. The situations of rapid transmission of COVID-19 within detention centers has an amplifying effect on the total population. The high turnover of detained persons being admitted and released as well as the daily interaction of detainees with police officers, healthcare professionals, visitors, and service providers, all provide an intrinsic link between detention and public health.

The above circumstances and potential factors, which make difference in the nature, manner, and extent of detained person's health rights protection and enforcement during the pandemic motivated the researcher to assess the practice of health care service delivery, health care infrastructure, and the level of hygienic and sanitary infrastructure compatibility with the international principles and standards in a police detention center on protecting the health rights of detained persons during COVID- 19 pandemic. The actual situation in police detention centers requires a practical assessment of the study.

Thus, the study is to analyze relevant international principles and standards of human rights to health care for detained persons in police detention centers in Addis Ababa during the pandemic in light of public health guidance, formulated specific measures to be implemented to protect detained persons from being infected by the COVID-19.

[24]Addisu Gulilat (2012), MA Thesis The Human Rights of Detained Persons in Ethiopia; Case Study in Addis Ababa: Submitted to Addis Ababa University, p .72

There is no particular research conducted on the topic, as far as the knowledge of the researcher is concerned. In 2012, Addisu Gulilat has done research on, "the human right of detained persons a case study in Addis Ababa" and found that, the conditions of detention violate international standards in its treatment of detained persons.[25] However, this study is too general, and not specifically concerned with the rights to health of detained persons. Although the study has been conducted and recommendations are forwarded about the nature of detention administration and treatment of detained persons, the research has not examined the treatment of detained person's health right during the existence of unforeseen pandemic outbreaks like COVID-19.

Besides, there are articles from other fields of study on health science in 2021, Mekonnen Besufekad, Hailemariam Shewangizaw, et al on, "Preparedness and Readiness against COVID-19 Pandemic in Prison Institutions and Detention Centers in Southwest Ethiopia."[26] The cross-sectional study found that all the detention centers and prison facilities did not implement recommended activities of risk assessment and management of COVID-19.[27] In 2021, Defar Atkure, Molla Gebeyaw, et al. on, "Knowledge, practice and associated factors towards the prevention of COVID-19 among high-risk groups: A cross-sectional study in Addis Ababa, Ethiopia''.[28] This article aims to assess knowledge, practice, and associated factors that can contribute to the prevention of COVID-19 among high-risk groups including prisons in Addis Ababa. The study found that occupation, religion, income, and knowledge of the transmission and prevention of COVID-19 were associated with the practice of precautionary measures towards COVID-19.[29] These articles, even if they are not made from the perspectives of human rights, indirectly supports the need for research that is specifically concerned with the enforcement of detained person's right to access health care at police detention centers in Addis Ababa, on basis of current and reliable data especially during the COVID -19 pandemic times requires special attention.

[25] Ibid , P. 94
[26] Mekonnen B, Hailemariam S, et al. Preparedness and Readiness Against COVID-19 Pandemic in Prison Institutions and Detention Centers in Southwest Ethiopia. Int J Gen Med. 2021 Feb 2;14: 337-346. doi:10.2147/IJGM.S287066. PMID: 33564262; PMCID: PMC7866933
[27] Ibid
[28] Defar Atkure, Molla Gebeyaw, et al. (2021) Knowledge, practice and associated factors towards the prevention of COVID-19 among high-risk groups: A cross-sectional study in Addis Ababa, Ethiopia. PLoS ONE 16(3): e0248420. https://doi.org/ 10.1371/journal.pone.0248420
[29] Ibid

Therefore, despite the high risk of the COVID-19 pandemic, as far as the researcher is concerned no study has been made to assess the adequacy and preparedness of police detention facilities to fulfill the standards related to the healthcare rights of detainees in police detention centers in Addis Ababa. This makes the researcher to investigate the health right of detained persons during the pandemic to ensure equality of health care in police detention centers.

The study tries to add specific knowledge and information by creating awareness about the rights of detained person access to healthcare rights during the COVID-19 pandemic by undertaking a study on the nature of healthcare management and treatment of detained persons in selected police detention centers in Addis Ababa. So, the research helps to show the created gaps in response to the COVID-19 pandemic in particular with regards to detained person's health rights, which is a key right for the enjoyment of other basic human rights.

1.3 Research Objective

1.3.1 General Objective

This research is to assess the enforcement of detained person's right to health care during COVID-19 in selected police detention centers in Addis Ababa in light of international standards.

1.3.2 Specific Objectives

Apart from the above general objectives, the research has the following specific objectives:

- To investigate and evaluate the supply of appropriate health care services to detained persons in selected police detention centers during COVID -19;
- To assess the level of hygienic and sanitary infrastructure at police detention centers during the COVID -19 pandemic;
- To analyze the staff working in police detention centers had received training and education on COVID-19 disease;
- To assess the responsibilities of the government on the protection of detained persons health care rights in the time of the pandemic;
- To identify the human rights implications of protecting the healthcare right of detained persons on the public health during the pandemic;

1.4 Basic Research questions

The study has attempted to answer the following questions:

- Why does COVID-19 challenge detained person's human rights differently and how does it affect their healthcare rights?
- Are there other human rights of the detained person at risk concerning violation of detained person's health care rights during the pandemic?
- Are the provisions of health care infrastructure at police detentions during the pandemic compatible with principles and standards in international human rights instruments and standards?
- Do police detention centers adhere to COVID -19 precautionary measures?
- How does the protection of the healthcare rights of detained persons promote public health during the pandemic?

1.5 Research Methodology and Design

1.5.1 Research Design

The study was conducted based on a qualitative methodological framework. Qualitative research is aimed at understanding social phenomena from the perspective of the actor concerned.[30] Because, a qualitative research method is important to describe and interpret social phenomena based on the natural settings and more realities about practice, experience, opinion, and observations regarding the handling and treatment of detained persons, for the protection of their health right during the COVID-19 pandemic is better addressed through this method. The method presented the researcher with tools to evaluate whether healthcare facilities in police detention centers are adequately responsive to the right to healthcare of detained persons and how it complies with international standards during the COVID-19 pandemic.

1.5.2 Method of Study

The study used both primary and secondary data sources to obtain the desired information that answers the stated research objectives and questions regarding the health rights of detained persons, and the available health facilities during COVID-19. This was conducted through an interview, observation, and review of existing literature and other available reports. To make the research yield maximum information and to have relevant evidence about the study, which

[30] Lee Mc Connell and Rhona Smith, Research Methods in Human Rights, (1st ed. 2018), p.71

includes; observation and interviews presented to detained persons, police detention staff, and health personnel in each selected police detention center and clinic. An interview guide and observational checklist were prepared from international instruments, standards, and guidelines on the evaluation of health care management during the pandemic in police detention centers on protecting the right to health of detained persons.

A) Primary source of data.

(1) Interview: The researcher conducted an individual interview with fifteen detained persons about their treatment and experience in police detention on receiving healthcare facilities during the pandemic. The study also conducted an individual interview with twelve health personnel assume different responsibility at the police detention health care facility. The researcher also conducted key informant interviews with six police detention authorities and staff.

(2) Observations: The research also used observation as an additional way of gathering data. An observation checklist was prepared to collect information focused on the health infrastructure of the detention facility during pandemics. Personal Observation was made to gather data on the situation of detention and treatment of access to healthcare rights of detained persons during COVID-19 including healthcare facility, the occupancy/ crowding condition of detention, the detention setting, cell size, and social distancing, personal hygiene, sanitation at the selected police detention centers.

1.5.3 Sampling Method

In the data collection, the sampling method was employed in selecting the most relevant police detention centers in Addis Ababa that generate useful data for the study. In this regard, the researcher uses purposive sampling in selecting three study subjects of police detention centers among ten police detention centers found in Addis Ababa. Purposive sampling enables us to use judgments that are presented or available best meet objectives or targets for the convenience of acquiring relevant data for the study.[31]

To Police Detention Centers found in Addis Ababa, there are separate police detention centers based on the nature of the crime the suspects allegedly committed. Suspects arrested for grave

[31]Kristina Simion, Practitioners Guide Qualitative and Quantitative Approaches to Rule of Law Research; International Network to Promote the Rule of Law, July 2016 , p.72

crimes, such as; aggravated robbery, looting, and aggravated breach of trust are detained in Addis Ababa Police Commission Detention Center. Suspects of a crime of a less serious nature are detained in police detention centers which are dispersed in each Sub-city.

Due to the categorization of suspects in different police detention centers, Addis Ababa Police Commission Detention Center was selected as one area of study. Besides, among the police detention centers found in each Sub-Cities, the researcher purposely selected two additional police detention centers namely, Lideta and Addis Ketema Sub-City Police Detention centers on the following grounds;

After the first COVID-19 case in Addis Ababa on March 03, 2020, the pandemic within a couple of weeks, sporadic forms of spread were observed in Addis Ketema and Lideta Sub-Cities.[32] They are also the most affected Sub-Cities most of the cases were due to community transmission as of the first week of May 2020.[33] They have also the largest share of inner-City informal settlements,[34] the area people are living in a dense manner which is a risk factor for the virus to transmit from one to another. Particularly Lideta Sub-City is an area where specifically a partial lockdown (stay-home order, woreda 03) out of all other Sub-Cities was experienced as well as some detained persons and those working in detentions were infected by the virus differently from other Sub-Cities.

The police detention centers found in those selected Sub-Cities are expected to increase their higher risk of severity of the pandemic. Therefore, those persons detained in those police stations in the population with a higher risk of suffering are more disproportionately affected by the pandemic when compared to other police detention centers. The researcher believes that the selected case study results in three police detention centers can best warrant getting an image of the problem in the Addis Ababa City police detention centers.

B) Secondary sources of data.

[32] Alemayehu Mekonnen, Tesfa Demilew, Yusuf Abdo, Filmona Bisrat, Abdulnasir Abagero Haji, Negussie Deyessa, Community-Based Assessment of People with Chronic Diseases and Conditions Worsening the Severity of COVID19 in Addis Ababa City Administration; Ethiopia J. Health Dev.2021; Vo 35 No (2). p,134

[33] Deressa W, Worku A, Abebe W, Getachew S, Amogne W (2021) Social distancing and preventive practices of government employees in response to COVID-19 in Ethiopia. PLoS ONE 16(9): e0257112. Available; at https://doi.org/10.1371 / journal .pone 0257112 Accessed on February 10, 2022

[34] Erasmus Program of the European Union, ,City profile: Addis Ababa, Report prepared in, Social Inclusion and Energy Management for Informal Urban Settlements project, D.et.al,(2017)Available at http: //moodle donau-uni.ac .at/sees/ , p 23. Accessed on February 12, 2022

The researcher also analyzed available documents on the right to health of detained persons such as; different international and regional instruments, national legal and policy frameworks, literature and reports of different organizations, and detention guidelines during the COVID-19 pandemic reviewed thoroughly.

1.5.4 Method of Data Analysis

After qualitative data have been collected, the raw data obtained was structured, systematically organized, and analyzed. In analyzing the data relevant tools, which are appropriate to the nature of the data obtained are employed to assess the findings concerning the basic questions of the study. Finally, the data were weighted based on principles of detainees' health rights as well as health facilities during the COVID-19 pandemic imputed in various international and national instruments.

1.6 Scope of the Study

To make the research work manageable within the limited time and resources, the researcher limited the scope of the work on detained persons in some selected police detention centers in Addis Ababa. The study is delimited to only three police detention centers among ten police detention centers found in Addis Ababa city. The police detention centers were selected to serve the study in enlightening the targeted human rights and affected rights holders of detained persons during the COVID-19 pandemic, which can show the problem in other police detention centers in Addis Ababa City. The study does not address all entire basic rights of detained persons affected by the pandemic; some of them might be researched in subsequent studies. For that reason, this study delves only to the health right of a detained person as human rights pertain to healthcare services during COVID-19.

1.7 Significance of the Study

This research is a step further in drawing attention to how police detentions address the COVID-19 crisis. The study provides an understanding of the level of health service to ensure detained person's right to health care during COVID- 19 at police detention centers in Addis Ababa. Thus, the findings of the study help to detained person's health rights not primarily violated and immediate meaningful action to be taken during such existing and similar outbreak occurrences. The study serves as a step for advocacy for policymakers, government agencies, researchers, legislators, judges, and practitioners. Besides, other detention authorities, Federal and Regional

Prison Administrations, Police Commissions, the Ministry of Health, and other relevant entities working in the prevention and control of COVID-19 to do not show little concern for the pandemic. The study also helps future researchers want to conduct research regarding the rights of detained persons during the existence of such unforeseen pandemic outbreaks.

1.8 Limitation of the Study

The researcher encountered problems since the issue under research is new, finding empirical reports regarding the COVID-19 pandemic outbreak and its result on detained person's health rights was challenging and some respondents particularly police detention authorities and health personnel did not provide comprehensive data. To overcome the limitations of information, the research deployed personal observation. However, the research tried to convince these respondents to cooperate by showing them genuinely the importance of their information to the thesis and guaranteeing them the information they provide is used only for academic purposes.

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 in which the researcher does not agree. The respondents were re-assured of the non-disclose of information other than for academic purposes, throughout the research work, it is important to win over their trust and reveal facts that are only relevant to entertain research questions in the research. To this end, the research works do not disclose the names of the respondents and informants if not consented for their names to be freely cited in the research.

1.10 Organization of the Research

This research consists of five chapters each of which is further divided into sections and sub-sections. The first chapter is about the introductory part of the thesis. The second chapter of the study deals with conceptual frameworks of detained person’s right to health. The third chapter deals with the normative content of international, regional, and national frameworks on the right to health care for detained persons during COVID-19. The fourth chapter contains data analysis and findings on the practical study conducted on selected police detention centers in Addis Ababa as assessed in light of various international and regional relevant instruments. The last chapter contains the conclusion and recommendation part of the research.

CHAPTER TWO

2. Detained persons Right to Health Care during COVID-19: Conceptual Framework

This chapter of the thesis analyzes the concepts raised later in the various thematic aspects of the research. It helps to grasp the general insights discussed subsequently. The purpose is to explore why detentions are the subject matter of the study. The chapter establishes why detained persons are especially vulnerable during COVID-19. The chapter summarizes the moral, practical, and legal arguments for making the health of detained persons a priority during a pandemic. It also discusses the impact of COVID-19 on the public health system on protection of health right of detained persons.

2.1 COVID-19 and Human Rights

The World Health Organization (WHO) on March 11, 2020, declared the novel coronavirus (COVID-19) outbreak as a global pandemic.[35]A pandemic is, "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people."[36] After all, several new deadly viruses have emerged over the last three decades, such as SARS, MERS, and HIV-AIDS, alongside the reappearance of rare and dangerous diseases such as EBOLA in West Africa. The public health crisis is fast becoming an economic and social crisis and a protection and human rights crisis rolled into one.[37]

Human rights are a key in shaping the pandemic response, both for the public health emergency and the broader impact on people's lives and livelihoods.[38] As the pandemic has a direct impact on the full enjoyment of human rights, early on the pandemic, several UN human rights mechanisms recognized that people deprived of their liberty are particularly exposed to the effects of COVID-19 require to take extra care.[39] The adverse effects of the crisis are not distributed equally, for groups of people who are a vulnerable group of society such as prisoners,

[35]WHO Director-General's opening remarks at the media briefing on COVID19 -March 2020
[36] Last J M, editor. A dictionary of epidemiology (4th edition) New York: Oxford University Press; 2001.
[37] United Nation Sustainable Development Group, COVID-19 and Human Rights: We are all in this together, April 2020 ,p 2 https://unsdg.un.org/ resources/COVID-19-and-human-rights-we-are-all-together.Accessed on January 16,2022
[38] UNOHCHR, UN Human Rights Treaty Bodies call for human rights approach in fighting COVID-19, March 24, 2020, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25742 &Lang ID=E. Accessed on January 16,2022
[39] Ibid

detainees are highly vulnerable to infection due to the rapid spread of the virus inside detentions. The pandemic makes worse their situation and their basic human rights are impacted in different ways requiring having adequate health care.

2.2 Right to Health and COVID-19.

COVID-19 is a highly infectious disease has become one of the most common causes of death across the world in the first half of 2020. The right to health is also one of the fundamental rights inherent to the right to life. The right to health is pivotal for the exercise of other rights, the human rights treaty bodies called on states to adopt measures to protect the rights to life and health, and to ensure access to health care to all who need it without discrimination.[40] The Right to health is 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.[41] COVID-19 is threatening to overwhelm public healthcare systems.[42] With the wide range of impacts of COVID-19, the pandemic as essentially a global health threat. Therefore, it has an impact on the right to health of detained persons.

States are under an obligation to take measures to prevent or at least mitigate the negative impacts of COVID-19 within a human rights framework.[43] The right to health requires that States' responses to the pandemic are based on the best available scientific evidence to protect public health.[44] State parties should direct their resources and coordinate the actions of others to ensure scientific progress happens and that its applications and benefits are distributed and available, especially to vulnerable and marginalized groups.[45] This can be applicable to COVID-19 tests, treatments, and, eventually, vaccines that are available to detainees. The CESCR also highlighted that "if a pandemic develops, sharing the best scientific knowledge and its applications, especially in the medical field, becomes crucial to mitigate the impact of the disease and to expedite the discovery of effective treatments and vaccines."[46]

[40] Ibid
[41] Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14, the Right to the Highest Attainable Standard of Health, UN Doc .No. E/C.12/2000/4 (2000).Paragraph 8.
[42]The CESCR(n5) Paragraph 1
[43] Ibid.
[44] Ibid , Paragraph 10
[45] General Comment No. 25 ,on science and economic , social and cultural rights (Article 15(1)(b), (2), (3) and (4) on CESCR, 30 April 2020, paragraph.16
[46] Ibid, paragraph 82

States are generally obliged to grant any person who requires full and uninhibited access to COVID-19 prevention, screening, and treatment measures.[47] The Human Rights Committee (HRC) has said that States, ‘‘should take appropriate measures to address the general conditions in society that may give rise to direct threats to life, including the prevalence of life-threatening diseases.’’[48] The failure to adopt measures to combat COVID likely breaches the positive duties of States to protect the rights to health and life.[49] States have human rights obligations to take appropriate measures to prevent, control, and treatments to the pandemic.

2.3 The Impact of COVID-19 on Detained Persons Right to Health

Detained persons in detention are considered to be particularly vulnerable to infectious diseases caused by SARS-CoV-2.[50] Confirmed COVID-19 cases among detained persons and detention officers have been reported in many countries, and have seen violent prison protests, erupt, as a result, leaving detainees and detention staff dead or injured, resulting in prisoner escapes. In several countries around the world, the heightened risks of COVID-19 infection in detentions, combined with new restrictions on visits and communication with people outside detentions has intensified anxiety and tensions among detained persons, in some cases resulting in riots, escapes, and violence.[51] Furthermore, detained persons are more likely to have underlying health conditions and are at greater risk of the prevalence of HIV, viral hepatitis, and tuberculosis, which increases their vulnerability to COVID-19 infection.

Not only are detained persons especially vulnerable to acquiring infections, but they are also vulnerable to morbidity and mortality from those infections.[52] Social distancing has been broadly recognized as a key factor to control the spread of the disease. The factor that has been associated with the spread of contagious diseases is the widely reported problem of

[47] I, Siederman & TF Hodgson, COVID-19 Symposium: COVID-19 Responses and State Obligations Concerning the Right to Health (Part 1) (1 April 2020) available at: http://opiniojuris.org/2020/04/01/covid-19 -symposium-covid-19-responses-andstate-obligations-concerning-the-right-to-health-part-1/.Accessed on march 20,2022

[48] Human Rights Committee ‘General Comment 36 on Article 6 of the International Covenant on Civil and Political Rights, the right to life’ (30 October 2018) UN doc ICCPR/C/GC/36, Paragraph 26

[49] Human Rights Committee Statement (n14) Paragraph 2

[50] David C Pyrooz and others, ‘Views on COVID-19 from Inside Prison: Perspectives of High-Security Prisoners’ Justice Evaluation Journal, v 3 no2, 2020.p 295

[51] H. Summers, 'Everyone will be contaminated': prisons face strict coronavirus controls (23 March 2020), published in The Guardian. Available at: https://www.theguardian.com/globaldevelopment/2020/mar/23/everyone-will-be-contaminated prisons face-strict -coronavirus-controls. Accessed April 20, 2022

[52] L. Roy, Infections And Incarceration: Why Jails and Prisons Need to Prepare for COVID-19 Now (11 March 2020), published in Forbes. Available at: https://www.forbes.com/sites/lipiroy/2020/03/11/infections and-incarceration-why-jails-and-prisons-need-to-prepare-forcovid-19-stat/#2ac566c049f3. Accessed April 27, 2022

overcrowding in detention. The other factors that may increase risks significantly are the lack of access to healthcare facilities. The HRC drew attention to the recurring problems of overcrowding in prisons which result in poor health[53], overcrowding is more likely in pretrial detentions. Because the intake of detained persons at pretrial detention facilities depends on events that are not subject to long-term planning in police practices.

Although detained people themselves are at extremely high risk of contracting COVID-19, prison guards, healthcare workers, and other staff are also at heightened risk. Working in detention is already a threat of being exposed to a dangerous infectious disease, due to their close interaction with detainees, officers and healthcare professionals working in detention are equally exposed to an enhanced risk of infection.

The major source of concern is that, there are many ways for COVID-19 to spread quickly in detentions settings such as staff entry and exit, transfer of detainees between detention and prisons, transfer of detainees to court appearances and outside medical visits, and visits from legal representatives are also concerned about what happens to detained people, if the staff is heavily affected by the infection. It is undeniable that COVID-19 poses a special challenge for prisons and detention. Taking measures to reduce the spread of coronavirus in detention would provide the staff with some level of assurance their health too protected. Protecting the staff also helps to maintain access to adequate healthcare services for detained persons.

Prisons and detention facilities are high-risk environments for the spread of COVID-19, especially, where they are overcrowded, cannot maintain adequate standards of physical distancing, sanitation, and hygiene, and when there is limited capacity to ensure access to medical treatment. It is fundamental to implement measures to prevent and control coronavirus dissemination in detentions including the duty to provide protection, guaranteeing each detained person's safety and his/her security.

While considering the measures that should be implemented as well as the ones that can hinder fundamental rights it is important to take into account the lessons taken from other public health crises, namely from HIV and TB in the detention context inform far-reaching prevention actions

[53] Report of the HRC Senegal 1998 Paragraph 64 available at: http://www.ccprcentre.org/wpcontent/uploads/2012/04/A_53_40Vol-I_en.pdf Accessed April 19, 2022

and the provision of treatment and access to health services is crucial, as well as reducing the number of detained persons.[54] The UN Human Rights Committee's 2002 Concluding Observations on Moldova noted that the prevalence of disease, notably "Tuberculosis'' in prisons reminded the government of its obligation to ensure the health and life of all persons deprived of their liberty as a result of the spread of contagious diseases. [55] This suggests that taking action to prevent COVID-19 disease by learning from these past experiences requires considering human rights as a firmly rooted response.

A human right's well-established COVID-19 response should include the right to health, equality, non-discrimination, privacy, and confidentiality, the right to benefit from scientific progress, participation, and access to information.[56] Detained persons have lost the right to liberty, but detainees still hold their human rights. The protection afforded to the health rights of detainees is appropriate given that, the detained persons are dependent on the State for all their basic needs.[57]As a result, the government has obligations to detained persons that would certainly include taking reasonable steps to protect them from a deadly infectious disease. States have obligations to people whom we have made dependent on us for their welfare. Unlike free citizens, the limitation of detainees' freedom further diminishes their opportunities to gain access to available health services outside of detention centers.

2.4 Detention Health and public Health.

There are several practical reasons to provide extra protection for detained persons with infectious diseases. Detentions posed a threat not only to the detained persons locked inside, but everyone who worked there, their families, and ultimately the broader community.[58] The vast majority of detainees eventually leaves detention and reintegrate into society. Police detention personnel constantly oscillate between detention centers and their communities and detention centers are closely linked to communities. These factors not only contribute to the spread of infectious diseases within prisons and detention, but also affect the health of surrounding

[54] Ralf Jürgens, Manfred Nowak and Marcus Day, 'HIV and Incarceration: Prisons and Detention' Journal of the International AIDS Society, v, 14, 2011, p. 26
[55] Concluding Observations of the Human Rights Committee on the Republic of Moldova ICCPR, A/57/40 vol. I (2002) paragraph 84(9)
[56]UNAIDS, Rights in the Time of COVID-19 Lessons from HIV for an Effective, Community-Led Response, 2020 , p.12
[57] Liebenberg S Socio-Economic Rights: Adjudication Under a Transformative Constitution (2010) Claremont p 257
[58]Morten Kjaerum, Martha F. Davis, and Amanda Lyons, COVID-19 and Human Rights, (1st ed. 2021) P. 135

communities, given that detained individuals routinely interact closely with legal representatives, social workers, healthcare professionals, spiritual and religious counselors, recreational therapists, teachers, social visitors, and corrections officers. These Present opportunities for public health disasters and the effects of an outbreak can spread across detained individuals, detention staff, and local communities.

Detentions are generally considered to be amplifiers in the spread of infectious diseases, the prisons and other detention facilities are extreme-risk environments for the spread of COVID-19, particularly in overcrowded contexts and where hygiene and sanitation standards are lacking.[59] Given the speed at which COVID-19 has moved through detentions, they can, "act as a source of infection, amplification and spread of infectious disease within and beyond detentions."[60] This creates a strong reason to implement public health interventions that mitigate the risk that detention centers serve as a source of infection in a given area, accelerating community spread. According to the WHO, "efforts to control COVID-19 in the community are likely to fail if strong prevention and control measures, adequate testing, treatment, and care are not carried out in prisons and other places of detention as well."[61] Thus, detention settings present a challenge to public health.

After all, neglecting the state of health of detainees harms the health situation of the whole society. Detained persons whose physical and mental illnesses are not adequately dealt with during detention may act as reservoirs of infection and chronic disease, increasing the public health burden of communities. Consequently, tackling the mental and physical illness of detainees improves public health. Thus, there is a real risk that untreated conditions lead to the diseases spread over to the general public, which may potentially add to the public burden of disease. From this perspective, societies indeed should have a strong interest to be improved the health situations in detention.

[59] IDPC , prisons and COVID-19 lessons from ongoing crisis, briefing paper , 8 march 2021, p 2
[60]WHO, Regional Office for Europe, Preparedness, prevention and control of COVID-19 in prisons and other places of detention Interim guidance, march 15, 2020 of detention, available at https://www.euro.who.int/data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of COVID-19-in-prisons.pdf. Accessed April 29, 2022
[61] Ibid.

2.5 Conclusion

COVID-19 has caused a global public health emergency and a global economic, and human rights emergency. The period of COVID-19 is quite challenging for every person on the earth. Many people lost their loved ones due to this infection. However, it is a more difficult situation for detained persons in detention centers.

Detained people are especially vulnerable during COVID-19. Many detained people are vulnerable during a pandemic because of inadequate access to healthcare and poor underlying health status, which is often caused or exacerbated by the act of detention itself. Prisons and detention facilities are high-risk environments for the spread of COVID-19, especially where they are overcrowded, cannot maintain adequate standards of physical distancing, sanitation, and hygiene, and are limited in their capacity to ensure access to medical treatment. For a variety of reasons, detained persons are more likely than the general public to acquire and experience negative outcomes from infectious diseases, putting their health and surrounding communities at risk.

Although we deprive people of their liberty, detained persons retain certain rights simply by their status as humans. Detained persons have a right to protection from infectious diseases. From its inception, the international human rights system recognized the vulnerable position of detained persons and turned to its basic guarantees for protection and minimum conditions as the means to protect detained persons' health outcast from the pandemic. Ensuring the safety and health of both people deprived of liberty and detention staff requires urgent action to reduce the risks and consequences of widespread COVID-19 infection.

Most detained persons are allowed to leave the detention sooner or later and return to their communities, these indicate high infection rates within detention facilities have serious public health consequences for surrounding communities. Detained persons need protection not to be neglected during the COVID-19 pandemic. Thus, States have obligations to be adequately prepared in the event of a pandemic and to take measures to combat COVID-19.

CHAPTER THREE

3. The Normative Frameworks of Detained persons Right to Health Care during COVID-19

The chapter deals with the international legal framework of the right to health care for detained persons. The chapter provides an overview of the overarching international principles that govern access to health care in detention. The chapter analyzes below to draw on international and regional sources to set out the minimum standards States meet to adequately protect the health of detained persons during the COVID-19 pandemic. This chapter also deals with the health rights of detained persons in Ethiopia. In contrast to international law, there is no express mention of a broad right to health; certain rights are of particular importance when it concerns arrested and detained persons. The Constitution and other legislation contain references to health care services and medical treatment of detained persons.

3.1 International Legal Frameworks Concerning to Access Health Care Rights of Detained Persons

The right to health has been recognized ever since the birth of the United Nations (UN) in 1945. The Charter of the UN urges State parties to respect rights to a higher standard of living and solutions to international health problems.[62] The right to health was first explicitly articulated in the Preamble of the 1946 Constitution of the WHO, the preamble to which conceptualizes health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[63], but most notably states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.''[64] From today's perspective, the standard set by the WHO Constitution can be seen as a milestone in the normative evolution of the right to health, given that it is reflected in many of the treaties adopted over the following years.

3.1.1 The Universal Declaration of Human Rights (UDHR)

The Universal Declaration of Human Rights (UDHR) clearly states in Article 25.1 that "everyone has the right to a standard of living adequate for their health and well-being, including

[62] The Charter of the United Nations, San Francisco, signed on 26 June 1945, Article 55
[63] Constitution of the World Health Organization,(n 9), preamble
[64] Ibid.

medical care."[65] While the right to health was also implicitly entailed in the UDHR for today's understanding of the right to health, its implementation in the UN treaty regime is more important.

3.1.2 The International Covenant on Economic, Social, and Cultural Rights (ICESCR)

States have positive obligations under international human rights law to take steps to combat pandemics. Accordingly, the right to health was prominently embodied in the International Covenant on Economic, Social, and Cultural Rights (ICESCR) provides the right to health in international human rights law. In accordance with article 12.1 of the Covenant, States parties recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", while article 12.2 enumerates, by way of illustration, a number of "steps to be taken by the States parties ... to achieve the full realization of this right". [66]

The right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health.[67] Including; availability, accessibility, acceptability, and quality,[68] In particular, Article 12(2) (c) of the ICESCR demands States ''to take steps for prevention, treatment, and control of epidemic and other diseases.'' States' available resources are considered to determine whether their highest standard of health is achievable and have a specific, and continuing obligation to move as expeditiously and effectively as possible toward its realization.[69] However, the obligation of non-discrimination is not progressive; hence States ensure that any measures taken to combat the virus are non-discriminatory. In the words of Article 12(2) (c) of the ICESCR, States must take measures to control the spread of the virus such as transparency, quarantine, testing, and

[65] UDHR (n10), Article(25)(1)
[66] ICESCR (n11), Article 12
[67] CESCR General Comment No 14 (n41), Paragraph 4
[68] Ibid, Paragraph 12
[69] Ibid, Paragraph 31

tracing.[70] The ‘‘principle of equivalence’’ declares that detained persons “have a right to a standard of health care equivalent to the available” one to the general population.[71]

The Committee on Economic, Social and Cultural Rights (CESCR), explained 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 rehabilitative health services; abstaining from enforcing discriminatory practices as a State policy.”[72] States should take all prevention, detection, and treatment measures to address the risks and threats to health presented by COVID-19, by limiting contamination, detecting ill detainees and staff, and providing medical treatment to those infected. Besides, States have minim core obligations to ensure the right of access to health facilities, goods, and services on a non-discriminatory basis, especially for vulnerable or marginalized groups.[73]

3.1.3 The International Covenant on Civil and Political Rights (ICCPR)

The ICCPR protects the right to life and the right to dignity. It also prohibits torture or cruel, inhuman, or degrading treatment or punishment. Regarding the right to life in Article 6, the Human Rights Committee (HRC), has said that States ‘‘should take appropriate measures to address the general conditions in society that may give rise to direct threats to life,’’ including the prevalence of life-threatening diseases.’’[74] Article 7 provides that no one shall be subjected to torture or cruel, inhuman, or degrading treatment or punishment. Article 10(1) provides that all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.[75] The humane treatment and respect for the dignity of all detained persons is a basic standard of universal application.

Therefore, inadequate health systems encroach upon detained person’s dignity. The HRC indicated that “detainees may not be subjected to any hardship or constraint other than that resulting from the deprivation of liberty and respect for the dignity of such persons must be

[70] Sarah Joseph, ‘‘International Human Rights Law and the Response to the COVID-19 Pandemic’’, journal of international humanitarian legal studies ,v 11 no 2, 2020.p 249
[71] Rick Lines, ‘From Equivalence of Standards to Equivalence of Objectives: ‘The Entitlement of Prisoners to Health Care Standards Higher than Those Outside Prisons’, international Journal of Prisoner Health, v 2 ,no 4, 2006 p,269
[72] General Comment No. 14 (n41) paragraph 34
[73] paragraph 43(a)
[74] Human Rights Committee General Comment No 36 (n48) Paragraph 26.
[75] International Covenant on Civil and Political Rights (ICCPR), Adopted and opened for signature by GA .Res 2200A (XXI) 9 16 December 1966 Article 10

guaranteed under the same conditions as for that of free persons.''[76] Thus, detained persons should enjoy the same standards of health being provided to the general public and if those cannot be provided for in detention centers, alternative mechanisms should be set up by the state. A detention health care service should be able to provide medical, psychiatric, and treatment and implement programs of hygiene and preventive medicine in conditions comparable to those enjoyed by the general public.

The protection of the right to life lends to an acceptance that effect is given to the right to health care. This is demonstrated by the HRC's Concluding Observations, The HRC's consideration of Georgia's Report demonstrated the link between the right to life and health in which deaths in detention had been reported. The HRC also recommended that ''Georgia should improve conditions of detention and provide appropriate medical treatment to protect the right to health of detainees as provided for in Article 6.''[77] Danger to the health and lives of detainees results in a violation of the right to life. The legal recognition of detainees' right to dignity and life is also regarded as a means of bolstering the protection of the right to health.

3.1.4 Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT)

The convention obligates States to prevent acts that constitute cruel, inhuman, and degrading treatment or punishment.[78] The Committee against Torture observed in Cameroonian prisons that, "the extreme overcrowded in which the living and hygiene condition would appear to endanger conditions it poses a threat to prisoners health and lives are tantamount to inhuman and degrading treatment.''[79] It stands to reason that the availability of appropriate medical care can be claimed under CAT as this would enhance conditions for the health of prisoners. Since, upholding prisoners' right to health is important in giving effect to CAT, the right to health is also closely linked to the right against torture and cruel and degrading treatment.

[76]Human Rights Committee General Comment No 21 on article 10 (Humane treatment of persons deprived of their liberty Forty-Fourth session, 1992 paragraph 3

[77] Concluding Observations of the Human Rights Committee on Georgia, ICCPR, and A/57/40 v .I (2002) paragraph 78(7)

[78] CAT, adopted by the UN General Assembly in resolution 39/46 of 10 December 1984 at New York Article 16

[79] Report of the Committee Against Torture Thirty-First Session (10-21 November 2003), Thirty-Second Session (3-21 May 2004) General Assembly Supplement No 44 A/59/44 (2003) p 23 paragraph 40 b.

In addition, the normative commitment to the right to health was maintained in some other international UN treaties. According to the thematic issue underlying these conventions, the definition of what is meant by the right to health varies in wording and scope.

3.1.5 African Charter on Human and Peoples Rights

The African Charter on Human and Peoples Rights (African Charter) is intended to promote and protect human rights and basic freedoms on the African continent. The African Charter on Human and Peoples' Rights guarantees ''the right to enjoy the best attainable state of physical and mental health.''[80] The African Charter also requires that State parties ''take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.''[81]

The African Commission held that the right to health is vital to all aspects of a person's life and well-being. The right includes the right to health facilities, and access to goods and services to be guaranteed to all without discrimination.[82] The obligation on States Parties to take concrete and targeted steps, to ensure the full realization of the right to health within the resources they have.[83] A lack of resources may therefore not serve as a justification for a State to refrain from the realization of the right to health. Within the African system, the right to health of detained persons has also been engaged under the right to life and the prohibition of cruel, inhuman, and degrading treatment.

To conclude, the detained persons have no alternative, but to rely on the authorities to protect and promote their health. To safeguard the right to health of detained persons, the State have obligation of a legally enforceable duty of care. The State can be made accountable for failure to prevent all forms of avoidable health impairment or damage to the well-being of its detainees. If the health of any detained person is harmed, the government trying to escape from its legal accountability must prove, the State bodies did not cause the harm directly and cumulatively and that it has taken all reasonable measures of safeguarding, and failing to prevent would represent a violation of human rights.

[80] African Charter on Human and Peoples" Rights (Banjul Charter), June 27, 1981, art 14(1) I.L.M. 59 (1981) entered into force Oct. 21, 1986, Article 16
[81] Ibid, Article 16(2)
[82] Purohit and Moore v The Gambia Communication 241/2001 AHRLR 96 (ACHPR 15-29, 2003) Paragraph 80
[83] Ibid, paragraph 84

3.2 Detained Persons Health Care Rights During COVID-19.

States have to make efforts to improve healthcare services for detained persons during COVID-19. Such improvements include that all detainees undergo a general health assessment on admission, awareness sessions, training for officials, and isolation facilities being in place to manage and prevent the spread of communicable diseases, particularly improvements in the management of HIV/Aids and Tuberculosis. [84] Special attention is also required during COVID-19 to urgently identify detained persons at risk, also ensuring that sufficient supplies are still available for detained persons.[85] The detention conditions should not contribute to the development, worsening, or transmission of disease, and COVID-19 measures may not result in inhumane or degrading treatment of detained persons requires respecting the fundamental safeguards. [86] Detained persons have access to the necessary health care services, examinations, treatments, and medication.[87] The following undertakings and control measures of COVID -19 in detentions require particular considerations to protect access to healthcare rights of detained persons.

3.2.1 Educational Information and Training.

A key element of the control strategy is the provision of appropriate information about COVID-19 and the release of reliable figures regarding the number of tests for COVID-19, positive test outcomes, and deaths. The detention health care service should circulate adequate educational information to detained persons, staff, and visitors, such information includes the nature of the disease and its transmission route, attitudes to be adopted and protective measures to be taken (including physical distance, use of personal protective equipment, hand washing, cleaning, and disinfection), possible symptoms, and the treatments available.[88] The detention health care service should have trained and a sufficient number of qualified medical, nursing, and technical staff, as well as that can provide appropriate information identical to those which exist in the

[84]Combined Second Periodic Report of South Africa 2002-2013 25.Combined Second Periodic Report of South Africa 2002-2013 25 Periodic Report of the Republic of South of Africa 2002-2013 under the African Charter on Human and People`s Rights and Initial Report under the Protocol to the African Charter on the Rights of Women in Africa 2015 p 25

[85]The Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the COVID-19 pandemic, 25 March 2020, available at www.ohchr.org/Documents /HR Bodies /OPCAT /Advice StatePartiesCoronavirusPandemic2020.pdf. Accessed May 20.2022.

[86] WHO, (n 60) p 3

[87]United Nations, General Assembly, Resolution 43/173. Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 24

[88]Third General Report on the CPT's activities covering the period 1 January to 31 December 1992, Paragraph 54

outside environment. Health should be strengthened in the domain of quality assessment of hygiene, health care, and organization of health services in detention. Staff should receive specific training on COVID-19 infection, transmission, and prevention. [89]

Detained persons should be provided with all the information available on COVID-19 along with the reasoning behind any restrictions placed on them. For detainees and visitors who are not in understanding the common language, there would be a need to develop translations of visual materials to address language barriers; briefs, informational factsheets, flyers, posters, and videos should be placed in detention common areas and areas designated for visits.[90]

3.2.2 Access to Treatment and Medication

Detained persons should have a medical examination at the time of admission in particular for preventing the spread of transmissible diseases.[91] The control measure has been the implementation of testing and tracing regimes. Testing identifies whether a person is infected with COVID-19. Preventive actions must be taken in detention of paramount importance to understand that health care in detentions is not limited to treating detainees with illnesses. Healthcare teams have a preventive and proactive role to play by "evaluating, promoting, protecting, and improving the physical and mental health of detained persons."[92]

States must ensure access to testing for detainees and detention authorities should perceive both detained persons and staff as a priority for testing.[93] To prevent the spread of COVID-19 in detention, all newly arrived detainees should also be as a rule to be tested. However, such systematic testing may be difficult to implement in countries where testing material is not available to the general population. As an alternative, detainees should be tested for fever and respiratory tract symptoms, and isolated if they have symptoms compatible with COVID-19 until there can be further medical evaluation and testing.[94] In addition, proactive and regular testing of all detainees could help to detect outbreaks early and protect detainees, staff, and the

[89]CPT, Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic, 20 march 2020 CPT /INF /(2020)13 paragraph 3
[90] WHO, (n 60) p,15
[91] SMR,(n12) rule 30
[92] Ibid, Rule 25
[93] Spokesperson for the UN High Commissioner for Human Rights, Press briefing note on Americas / Prison conditions, 5 May 2020.
[94]WHO, (n 60) p, 4

community.[95] Temperature screening and testing also apply to detention staff given their close interaction with detained persons and their interaction between the community and the detention facility. Infected detention staff may bring coronavirus from the community into the detention, as well as out of the detention to their communities there by perpetuating the spread.

Detained persons infected with COVID-19 can transmit the virus before symptoms develop and masks help to stop the spread of the virus.[96] Accordingly, masks should be obligatory in many places, especially where respecting physical distancing is not possible such as shops, public transportation, or other confined or crowded environments.[97] In detentions, which are often densely populated and where detainees often cannot maintain the required minimum physical distance, masks should be distributed to each detained person as a matter of principle, masks as personal preventive equipment (PPE) and as such are an essential component of prevention. Masks should be distributed to each detained person free of charge. At a minimum, detained persons should be obliged to wear masks when in contact with detainees from other cells or with detention staff

States must take appropriate measures to provide medical treatment to those with COVID-19, facilitate recovery where needed and save lives. Detained persons need to have prompt access to the medical care necessitated by their state of health, in conditions similar to those in the outside community. Detained persons suspected or confirmed to have COVID-19 should have access to health services, including urgent, specialized health units outside the detention system, without undue delay, in particular for respiratory isolation and treatment.[98] The detention health services should develop close links with community health care and other health care providers. [99]

3.2.3 Physical Distancing and Isolation

Securing physical distancing is essential to prevent the spread of COVID-19 since the virus can spread when people cough, sneeze or speak and when people are close to each other.[100] Specific measures to enable physical distancing are also necessary for detention, but they should not

[95] Inter-Agency Standing Committee, WHO and OHCHR, Interim Guidance on COVID-19: Focus on Persons Deprived of Their Liberty, 27 march 2020 p. 4.
[96] WHO, Advice on the use of masks in the context of COVID-19.Interim guidance, April 6, 2020, p. 2
[97] WHO, WHO Director-General's opening remarks at the media briefing on COVID-19, Press release, 5 June 2020
[98] Inter-Agency Standing Committee, WHO and OHCHR, (n 95) , p.4
[99] Ibid
[100] WHO, Coronavirus disease (COVID-19) advice for the public, April 29, 2020 , Paragraph 3

undermine the fundamental rights of detained persons in detention.[101] Any restrictive measure should have a legal basis and be necessary, proportionate, non-discriminatory, time-limited, respectful of human dignity, and subject to review.[102] The overcrowding in detention may cause grave health problems. The CESCR mentioned that "overcrowding in prisons in Azerbaijan resulted in a disproportionately high rate of tuberculosis and other health problems among prisoners.''[103] States should continuously improve conditions of detentions, as well to mitigate the effects of the COVID-19 spread in detentions as it would pose even higher pressure on healthcare services.

A common global control measure has been the quarantining of infected persons. Highly contagious diseases such as COVID-19 require isolating detained persons who are infected or suspected of being infected, to prevent the exposure and infection of other detainees or staff members.[104] The UN Human Rights Committee affirmed that a "failure to separate detainees with communicable diseases from other detainees could raise issues primarily under the right to life."[105] This indicates a state's responsibility to take steps to protect non-infected detainees from contracting a contagious disease.

In the context of COVID-19, medical isolation should be limited to detainees who are infected or suspected of being infected.[106] The WHO recommends isolating them in single accommodation, and if not possible, accommodating detainees with similar risk factors and exposures together under temporary quarantine. Isolation should terminate as soon as ill detainees have recovered and have ceased to be contagious.[107]

[101] SPT - Advice of the Subcommittee on Prevention of Torture to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, CAT/OP/10 (7 April 2020) section I.3 UN High Commissioner of Human Rights, Urgent action needed to prevent COVID-19 - rampaging through places of detention, Geneva, March 25, 2020

[102] CPT, Statement of principles on coronavirus disease (COVID-19) (n89), Paragraph 4.

[103] Concluding Observations of the CESCR Azerbaijan 2004 paragraph 31.

[104] SMR (n12) Rule 30(d).

[105] UN Human Rights Committee, Cabal and Pasini Bertran v. Australia, Communication No. 1020/2001, U.N. Doc. CPR/C/78/D/1020/2001, 19 September 2003, paragraph. 7.7.

[106] WHO, Regional Office for Europe (n 60) p. 21

[107] WHO, Considerations for quarantine of individuals in the context of coronavirus disease (COVID-19): interim guidance, 29 February 2020, p. 2.

3.2.4 Hygiene and Sanitation

The provision of hygiene and cleaning products and masks, as they are part of preventive health care remain the ways to prevent the spread of the virus in a public health context. The detention health care service must also supervise, regularly inspect, and advise the management of the detention on the hygiene and cleanliness of the police detention and including sanitary installations and access to running water, the suitability and cleanliness of the detainees' clothing, and bedding, and the ventilation of the institution. [108] In the context of the COVID-19 pandemic, the healthcare service should actively advise on hygiene and cleanliness measures to protect the health right of detainees in light of the recommendations issued by international bodies and health authorities in the country.

Detained persons should be provided with running water, adequate quantities of essential personal hygiene products necessary for health and cleanliness that are free of charge, access to adequate bathing, and shower installations.[109] Every detainee should be provided with a separate bed and with sufficient bedding, which shall be clean, kept in good order, and changed often enough to ensure its cleanliness. [110] Adequate hygiene is essential to protect the rights to health and life of detainees to contain the spread of highly contagious diseases such as coronavirus in the detentions environment.[111] This is the importance of frequent hand washing and free-of-charge access to soap, water, and personal towels, as well as hand sanitizer. [112] Therefore, States have to provide detainees with adequate cleaning materials.

Hygiene conditions should be of satisfactory standard in particular with appropriate occupancy levels, access to direct sunlight, good ventilation, and satisfactory hygiene standards that meet all health requirements.[113] Poor environmental conditions in detentions can violate the right to health. This makes environmental disinfecting essential to containing the spread of the virus given that detained persons may become infected by touching contaminated surfaces or objects and then touching their eyes, nose, or mouth.

[108] SMR (n12), Rule 35
[109] SMR (n12), Rule 16 and 18
[110] Ibid, Rule 21.
[111] SPT (n101) section II.9 (10).
[112] WHO, (n 60) , p .13
[113] SMR (n12), Rule 13

States are also under the duty to ensure that all parts of the detention regularly used by detainees are properly maintained and kept clean at all times.[114] Keeping cells clean is also an important preventive measure to avoid contamination by COVID-19, as the virus can survive for some hours on different types of surfaces. Detention authorities should ensure that places and objects like yard equipment, furniture, and transport services, are cleaned and disinfected several times per day, and the areas where a detained person confirmed with or suspected to have COVID-19 spent time are thoroughly cleaned and disinfected. If a detained person with a case of COVID-19 has been transferred out of detention, the room previously occupied should be thoroughly disinfected. Proper quarantine sections should be in place for detainees with access to open air should be maintained and there should be routine disinfection of the rooms and surrounding areas.

3.2.5 Visitations

Maintaining meaningful contact with others is important for the well-being of detainees. Visits should be restricted to the necessary recommendation of health officials and a detailed regulation should be available for people visiting detentions. During the COVID-19 pandemic to prevent the spread of the virus in detentions, visits of families and friends may be temporarily restricted. Such restrictions should be replaced by increased access to alternative means of communication such as telephone or video conferencing without creating any financial burden on detained persons.[115] The restrictive measures should be regularly evaluated, in light of the evolution of the pandemic in the country, the needs of the specific detainees, and the facilities available in the detention. Restrictions on communications and alternative ways to communicate with the outside world should be communicated to all detainees and their visitors in a language they understand, with an indication of how long the restrictions are likely to last.[116]

3.3 The Domestic Legal Framework on the Provision of Health Care Service in Detentions.

3.3.1The FDRE Constitution and Policy Framework (National Health Policy)

The 1995 FDRE Constitution recognizes the Federal structure of government in Ethiopia. Both the Federal and State governments are under an obligation to protect the fundamental human

[114] Ibid, Rule 17
[115] SPT (n 101) section II.9(11)
[116] Ibid.

rights expressly provided under the constitution.[117] According to article 41(4), the State should allocate ever-increasing resources to provide public health services for the public at large. Per article 41(3), every Ethiopian national has the right to equal access to publicly funded social services, which include health-related services. Although the Constitution does not include the right to get emergency medical service which is an important aspect of the right to health, one may add the right to housing, social security, safe and potable water, food, etc… from the open-ended use in the constitution (… and other social services).[118] Thus, as citizens, all these elements have an impact on the right to health of detained persons.

Moreover, the FDRE Constitution provides that all international agreements ratified by Ethiopia are an integral part of the law of the land.[119] The Constitution entitles detained persons the enjoyment of the rights and freedoms of international human rights instruments ratified by Ethiopia. And, concerning the interpretation of fundamental rights and freedoms specified in the third chapter shall be interpreted in a manner conforming to principles of the Universal Declaration of Human Rights, International Covenants on Human Rights, and International Instruments adopted by Ethiopia. [120]

In addition, under chapter three of the same constitution, some fundamental human rights, such as the right to life, human dignity, and freedom from discrimination are guaranteed.[121] As mentioned earlier, all these rights are important in safeguarding the right to health of detained persons. Hence, the mentioned basic provisions on human rights expressly provided are particularly applicable to everyone including detained persons without any consideration of the detainee's legal status. The constitution recognizes the rights of detained persons and considers them as special categories of persons who need more constitutional protections. The right to treatment respects his/her dignity, and the opportunity to communicate with their spouse or partners, relatives, religious counselors, lawyers, and medical doctors.[122]

[117] THE 1995 FDRE Constitution(n18) Article 13(1)
[118] Alemahu Sisay, "The Constitutional Protection of Economic and Social Rights in the Federal Republic of Ethiopia ",Journal of Ethiopian Law , v 22, no. 2 2008 p, 140
[119]The 1995 FDRE Constitution,(n18) Article 9(4)
[120]Ibid, Article 13 (2)
[121] Ibid, Article 14-19, 25
[122] Ibid, Article 21

Furthermore, chapter ten of the FDRE Constitution is devoted to National Policy Principles and Objectives. Accordingly, the Constitution obliges the State to design policies that would provide all Ethiopian access to public health.[123] The obligation of the State extends to the extent the resources of the country permit and it is expected to design policies that aim to provide all Ethiopian access to public health, clean water, food, and social security.[124] Since, the right to health is a right provided for every individual irrespective of his status, persons held in detention are equally entitled to people outside the detention to access health care services provided by the state.

The other instrument relevant to access the health rights of detained persons is the national health policy. It emphasizes the importance of achieving access to basic services of quality primary health care services by all of the population[125], which including detained persons. The policy affirms ensuring the accessibility of health care for all citizens of the country. The health policy provides that health services should include preventive, promotive, curative, and rehabilitative components of health. It also includes the provision of essential medicines and medical supplies.[126]

3.3.2 Legislations

The Public health Proclamation No. 200/2000 is a relevant statute that regulates matters of public health.[127] The proclamation stresses the need for the active participation of society in the health sector and that the attitudinal change of society through the primary health care approach can solve most of the health problems of the country. Considering the legislation has a stated contribution to the implementation of the country‘s health policy, it is an important step in carrying out the obligation to fulfill the right to health of vulnerable groups including detained persons.[128]

[123] Ibid, Article 90
[124] Ibid
[125] Health Policy of the Transitional Government of Ethiopia, 1993
[126] Ibid
[127] Public Health Proclamation, Proclamation No. 200/2000, proclaimed in the Negarit Gazeta,, 6th year, No. 28. Addis Ababa, Ethiopia (2000),
[128] Ibid preamble

The Ministry of Health (MOH) bears the principal responsibility of devising and following up on the implementation of strategies to prevent epidemics and communicable diseases.[129] The Ministry has to take preventive measures against events that threaten public health and in the event of an emergency coordinate measures of other stakeholders to expeditiously and effectively tackle the problem.[130] The Ethiopian Public Health Institute has issued a Revised Directive to provide for the Prevention and Control of the C0VID-19 Pandemic.[131] The directive bases itself on the current situation of the pandemic. The implementation of accustomed precautionary measures of wearing face masks, isolation, adequate ventilation, and personal hygiene are still there.[132] In addition to these, employers are duty-bound to fully vaccinate their employees for COVID-19 where these institutions are service providers like banks, health facilities, hotels, transport providers, law enforcement agencies, and other service providers whose employees are susceptible to the COVID-19 pandemic.[133]

The Federal Prison Proclamation is one of the relevant laws that provide the Commission to maintain prisoners' health care and provided free medical treatment and other services necessary for the physical and mental well-being of prisoners.[134] This is also being cleared that detained persons have, free of charge, access to the necessary medical care and treatment required to maintain their health. The proclamation provides the minimum standards of rules regarding prisoner medical care and requires the prison administration to undertake medical screening of prisoners on the day of their admission to undertake a general medical examination.[135]

The proclamation specifically deals with the standards of prisoner medical service and provides that prisoners shall access medical service free of charge; to the extent, and circumstances allow, and shall have a medical facility with adequate medical equipment, qualified medical personnel, and medical facility.[136] Detained persons who required referral treatment shall transfer to another medical institution where it is recommended by the prison medical officer. The medical officer

[129] Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia Proclamation No.1263/2021 28th year no 4 25th January, 2022, article 35(1) e, f, g
[130] Ibid.
[131] An Amended directive to provide on prohibited activities and imposed duties for the prevention and control of COVID-19 pandemic no 882/2022, April 1 , 2022
[132] Ibid, Article 4
[133] Ibid, Article 4(5)
[134] The Federal Prison Proclamation No.1174/2019 26th Year, No.14,17th February, 2020 Article 7(6)
[135] Ibid , Article 28, 34
[136] Ibid, Article 37(9)

shall monitor and inspect the sanitation of any place in the prison and the quality standards of food served to prisoners.[137] The prison authorities shall provide professional counseling services to prisoners.[138] When there are detainees that need special medical follow-up or are inflicted by communicable diseases that can impair the prison shall prepare a separate place where such prisoners will continue to get medical services.[139] Regarding personal hygiene, the prisoner shall have proper access to sanitary facilities with adequate water.[140] Addis Ababa Police Commission is one of the legitimate bodies in charge of preventing crime and ensuring the human rights of people including detained persons.[141] A police detention center, as one of the governmental organs, has a responsibility and a duty to respect and enforce the provisions of the fundamental rights of detained persons. The police detention centers are inherently obligated to protect detained persons' health right during COVID-19, which results in the observance and promotion of public health.

Therefore, the constitution, the health policy, and the respective proclamation promote equal access to quality health care including curative, preventive, rehabilitative, and promotive to detained Persons, and hygienic and sanitary facilities necessary for the physical and mental health of detained persons in the context of the COVID- 19 pandemic as provided in international minimum requirements for the treatments of detained persons.

[137] Ibid, Article (6)
[138] Ibid.
[139] Ibid, Article 37(7)
[140] Ibid, Article 34
[141] Ethiopian Federal Police Commission, Establishment proclamation No 720/ 2011, Proclaimed in Fed. Neg. Gaz. Year 18, no. 2, November , 2011 Addis Ababa City Police Commission Establishment Council of Ministers' Regulation No. 96 / 2003 10th Year No. 11 Addis Ababa 7th November, 2003

3.3.3 Conclusion

In the conception of human rights with specific sections of society detained persons are vulnerable to being affected because of the pandemic. Detained persons are among such groups, who got special attention so far. States have obligations under international human rights law to be adequately prepared in the event of a pandemic and to take reasonable measures to combat COVID-19.

Most states have responded to COVID-19 by enforcing measures such as lockdowns, quarantines, testing, and tracing strategies. Considering health as a human right requires specific attention during pandemics in particular those living in vulnerable situations like detained persons. The government has a direct responsibility to protect the detainees' well-being; it held that when a person is in custody his integrity and well-being are dependent on the authorities. Thus, States should protect the health rights of detained persons including during pandemics and public health emergencies.

The right to the highest attainable standard of physical and mental health is enshrined in several international human rights treaties, including preventative, curative, and rehabilitative health care. To address the risks posed by COVID-19 on detained persons, States must take all measures that can contribute to limiting contamination, in addition to detecting ill detainees and staff members, and providing medical treatment to those infected. In addition, detention healthcare services have to circulate educational information about COVID-19 diseases to detained persons and staff, including protective measures, symptoms, and treatment. Staff should receive specific training in the preventive measures to be taken.

Although the Constitution of Ethiopia does not explicitly recognize the right to health, Ethiopia has ratified international and regional human rights instruments, which guarantee the right to health as a fundamental human right. The policy and legislative initiatives are a prerequisite to the realization of the right to health of detained persons. Detained persons like any other individuals have the right to equal access to health-related services which is provided in the Constitution. They also have the right to equally enjoy the right to health, which is contained under international and regional human rights instruments to which Ethiopia as a party.

CHAPTER FOUR

4. Data Analysis and Major Findings of the Study

This chapter of the research reports the analysis of data from various groups of respondents obtained by the study until the period May 30, 2022. The data were analyzed in line with relevant human rights instruments and standards. It also presents the major findings on the practical enforcement of detained persons' Health Care during COVID-19 at selected police detention centers in Addis Ababa namely: Addis Ababa Police Commission Police station (usually 3rd Police Station), Addis Ketema Sub-City Police Station (usually 4th Police Station), and Lideta Sub-City Police Station (usually 5th Police Station). As to healthcare, there are clinics in the respective police detention centers under the study. Detainees are also referred to nearby clinics and hospitals for further treatment.

4.1. General Description of Respondents

Intending to gain in-depth insight into the realization of detainees' right to health the study interviewed various interest groups. In this respect, detained persons who are the direct beneficiaries of the detention health care service were interviewed based on the length of their detention in police detention centers. Besides, an equal number of respondents from departments responsible to ensure detainees' right to access health care; detention basic needs staff and health care service personnel, who stayed there starting from the pandemic were interviewed. The table below presents the general character of the respondents taken from all selected police detention centers.

4.1.1 Detained

Age	20-30	31-40	41-50	51-60	Above 61
	6	5	2	1	1
Level of Education	Non	University	High school	College/TVET	Non
	3	2	2	1	
Length of detention	10days-2mounths	14days - 3mounthh	15- 29 days	18 days	12 days

4.1.2 Health personnel and detention staff

Respondents' in		Responsibility	Number of people	Level of Education
Police detentions				
1	Detention staff	Basic needs administration and other police officers	Six	College
2	Police detention clinic heads	Team leader	Three	Two MSc in progress one BSc
	Health care staff	Nurse	Three	BSc.
		Health officer	Three	BSc.
		Laboratory Technician	Three	BSc.

4. 2 Major Findings of the Study

4.2.1 Training and Education

During the COVID-19 outbreak, detention staff should be informed of the containment strategy beforehand, including isolation, sending detainees to a medical facility, and contacting healthcare teams. Staff members also need to be given urgent training on the transmission route, hand hygiene practice, use of PPE, disinfection, social distancing, identification of suspect cases, and proper case reporting as a way to combat the spread of COVID-19.

Staff working in detention centers have been trained by health professionals. But, they had not received adequate training on basic COVID-19 disease knowledge and privations practices.[142] In addition, they were not trained on the appropriate use of personal protective equipment (PPE) and prevention measures, including cleaning and disinfection.[143]

Detained persons have not received any education yet regarding coronavirus prevention and controlling measures in a detention facility; they heard about the issue from social media and

[142] Interview conducted with anonymous no,1-3, security and investigative police officers of the detentions staff, at selected police detention centers at Addis Ababa, 24- 28 May 2022
[143] Ibid

mass media.[144] Key messages were not communicated in a clear, accurate, and relevant manner to detainees' in detention facilities about preventive measures, especially hand hygiene and respiratory good manners in almost all detention centers. There was a lack of awareness of their healthcare needs and, they had not received any education to identify some of the symptoms. The police detention has made an effort to communicate with detainees about frequent hand washing and keeping respiratory hygiene, but detailed information on the nature of coronavirus disease was not communicated yet.[145]

Moreover, all detention centers had not taken any action to disseminate information broadly among detained persons in detention; while only one out of the three detention facilities had taken action to disseminate information related to COVID- 19 through local mass media. The Addis Ababa Police Commission Station has access to up-to-date information on the radio in the detention centers.[146] Although information was occasionally posted in different corners of other police stations reminding the instructions from the Ministry of Health regarding disease prevention, information was insufficient due to instructions were not accessible through relevant channels and tools like televisions.[147] There was a gap in access to relevant and sufficient information for detainees.

4.2.3 Physical Distancing and Personal Protective Equipment

Police bear the responsibility for the good health of persons in their custody. Police stations have to be equipped to keep persons in custody with the required protective measures to avoid the spreading of COVID-19, including enough space to able to effectively implement physical distancing rules.

Detained persons respond that not told about any precautionary measures to take and were put in a cell measuring 8 by 10 feet for four days with 13 other detainees.[148] Physical distancing is not being observed and some of the detained persons do have PPE, as they were detained in

[144] Interview conducted with anonymous no,1-15, detained persons at the selected police detention centers at Addis Ababa, 24-28 May 2022
[145] Interview conducted with anonymous no 1-9, health personnel's working in police detention clinics at the selected police detention centers at Addis Ababa. 25-30 May 2022
[146] Personal observation conducted at the selected police detention centers at Addis Ababa. 24-30 May 2022
[147] Ibid
[148] Interview conducted with anonymous no,1-4 detained persons (n 144)

communal cells presents significant health risks.[149] These present challenges for access to health care too. Hence detention must be designed to ensure the safety, control, and development of detained persons.[150] Efforts were being made to reduce the overcrowding of detained persons at the police stations visited, especially at the Addis Ababa Police Commission Station suspects have been released on bail.[151] However, there is still a mismatch between the space and the number of detainees, as recommended by health professionals in all police detention centers.[152] Due to the lack of space for physical movements at the Addis Ketema Police Station, detainees were kept together in cells for extended periods in form of solitary confinement.

Regarding personal protective equipment (PPE), all the detention centers mentioned inadequate PPE for use by detainees. Furthermore, an assessment of the need for PPE and other essential supplies was not carried out in all detention facilities. They have faced a serious shortage of supplies, particularly; they do not have enough personal protective equipment for detainees and staff as well.[153] Detained persons responded to the lack of preventive and protective measures during arrest and none of the police officers arrested them wearing a face mask, and they were kept in a cell immediately upon arrest at the police station with five other detained persons, none of whom were provided with PPE.[154] At all the police stations during the visit, most detained persons were not wearing masks, there was water and soap at the entrance of the police station and the entrances to the cells, and the administration and security guards put masks on when they entered the detention.[155] Some PPE was provided to police detention and health care staff such as; sanitizers, alcohol, and gloves were provided,[156] Also, there are no facilities in place that allow appropriate physical distancing. Some detained have special needs or compulsory support based on age, gender, disability, mental illness, or other illness. Measures taken by the detained

[149] Personal observation (n 146)
[150] Luyt W, Jonker J & Bruyns H Unit Management and legal principles in prisons , (3rd ed. 2010) , p 27
[151] Interview conducted with V/ Inspector Gosaye Tekilu, Security and detention division Leader of Addis Ababa Police commission detention center, on 26 may 2022
[152] Personal observation (n144)
[153] Interview conducted with Melse Desalgen, a team leader ,at Lideta police detention health clinic, on 25 may 2022
[154] Interview conducted with Anonymous no 5-7 detained persons (n144)
[155] Personal observation (n146)
[156] Interview conducted with V/ Inspector Gosaye Tekilu (n 151)

person were generally taken with other detainees, but no further action was based on special needs.[157]

4.2.4 Health Screenings for Admissions

Upon admission to prisons and other places of detention, all detained persons should be screened for fever and lower respiratory tract symptoms; particular attention should be paid to detained persons with contagious diseases. Detention authorities to ensure the new entrant detainees are screened before they are allowed to enter the detention premises, if they are found to have a symptom typical of COVID-19, they should be appropriately quarantined and not put in detention directly. Before the COVID-19 outbreak, health screenings for newly admitted detainees only involved checking temperature and blood pressure at the police detention clinics, where oral medical history was asked and recorded as part of the admissions procedure. [158]

Despite the importance of these health screenings, the detention authorities did not make specific recommendations regarding how the health screening of new detainees ought to be conducted.[159] However, it does not appear the recommended screening practices were followed in all the police detention centers. Different COVID-19 screening and admission practices there depend on police detentions. For instance, at the Lideta Police Station, new admissions were sent to a public health facility for a health check-up based on an assessment from their screening process based on temperature checks, oral history, and an assessment of symptoms, at the Addis Ababa Police commission Station, when new detainees arrive they are given a body temperature measurement and are kept for 14 days before being joined by other detainees and have testing devices.[160] At the Addis Ketema Police Station specific procedures were not put in place to screen potential COVID-19 carriers.

Detained persons respond that the health personnel only asked them, if they had any symptoms of persistent coughing, difficulty breathing, flu, and pneumonia-like symptoms before they went

[157] Interview conducted with anonymous no 1-4 ,basic needs detention administration department Heads, at selected police detention health clinics at Addis Ababa, on 24- 28 May 2022
[158] Interview conducted with anonymous no 6-12 health personnel's, at selected police detention health clinics at Addis Ababa, on 24- 28 May 2022
[159] Interview conducted with anonymous no 1,2 basic needs detention administration department Heads n(157)
[160] Interview conducted with Tegist worku, a health officer at Addis Ababa police commission health clinic, on 26 may 2022

through the detention, symptomatic detainees among them were further separated.[161] Police detention centers' health personnel were asked, if their quick laboratory test to all detained persons before entering police detention in case they can encounter suspected cases and all of the detention centers respond they did not have this.[162] Only recently, two police detention centers of Addis Ketema and Addis Ababa Police Commission health clinics have started conducting tests for COVID-19. Currently, two of the police detention centers had access to laboratory tests for suspected cases of COVID -19 even if they have inadequate medical equipment's.[163]

4.2.5 Quarantine and Medical Isolation

Detention facilities need to have access to isolation and management in a medical facility for laboratory-confirmed cases. This is a practice done as a precautionary measure against contagious diseases not being brought into detention by new detainees. If the detained persons have symptoms compatible with COVID-19, or if they have a prior COVID-19 diagnosis and are still symptomatic, they should be put into medical isolation until there can be further medical evaluation and testing.[164]

During the early COVID-19 outbreak when encountered suspected cases; there is no clear structure for communicating with a concerned body, and there is no isolation and quarantine center in their facility to manage a suspected case.[165] In Addis Ketema and Addis Ababa police commission detentions, detained persons who tested positive for COVID-19 were separated from the general detention population and kept in isolation until they recovered and tested negative.[166] Detention staff responds that other doctors and health care staff visit those in medical isolation to monitor their condition.[167]After COVID-19 cases began, the Lideta Police Station provides extensive medical treatment and follow-up and closes the police station to identify detainees and transfer them to treatment facilities.[168] The detained person at the Police Station was tested for the disease, and police officers have been tested and found some with and some free of the virus,

[161] Interview with anonymous detained persons (n144)
[162] Interview conducted with anonymous no 6- 9, health personnel's (n139)
[163] Interview conducted with Eticha Dhangia , OPd team , at Addis Ketema police detention health clinic, on 29 may 2022
[164] WHO, (n12) p. 8,
[165] Interview conducted with anonymous no , 6-8 health personnel (n139)
[166] Ibid
[167] Interview conducted with V/Sagin Chernet Tirkaso, detention administration, and Security Leader of Lideta Police Detention Center, on 26 may2022.
[168] Ibid

detained persons who tested positive were isolated in cells emptied through transfers to other healthcare facilities and COVID-19 centers found in the city.[169]

Besides, neither detention centers facilities has adequate isolated and single accommodation places, facilities designated exclusively as well as healthcare professionals assigned to care for suspected and identified COVID-19 cases.[170] It is a concern that despite having a referral system they do not have a functional laboratory or clinical management facility.[171] It is also of concern that most detention infirmaries, except for Addis Ababa Police Commission detentions, did not have adequate consulting rooms or lacked space for quarantine rooms in cases where a detainee suffered from a contagious disease.[172] There are medical services in police detention centers and clinics, but those who are sick are transported to the nearest public health center. The plight of the pandemic on the detained person appeared to be even more serious when it is considered that there was no ambulance as means of transport for sick detainees in the health centers except the Addis Ababa police commission detention center.[173]

4. 2. 6 Sanitation and Hygiene

Detained persons should also be able to wash their hands regularly, and States have the responsibility to provide all detainees with adequate quantities of hygiene products such as soap and regular access to running water to keep their persons clean.[174] This is by consequence one of the measures that should be taken immediately by authorities, as regular access to soap and water for all detainees is critical to avoid the widespread COVID-19 in detention. Therefore, States have the duty to provide detained persons with sufficient cleaning materials. In addition, blankets and beds should be washed at regular intervals being exposed to the coronavirus, need to provide access to clean water, and a sanitary environment to maintain hygiene.

The situation at each police stations is different when it comes to providing hygiene and sanitation equipment to detained persons. Detainees respond that the police administration did not provide any hygiene products and detained persons were expected to get through their

[169] Ibid
[170] Personal observation (n 146)
[171] Interview with anonymous no 10-12 health personnel (n145)
[172] Ibid
[173] Ibid
[174] SMR (n12), rule 18.1

own.[175] While detentions are meant to provide hygiene products for those who cannot afford them, are rarely practiced. Detained persons who responded to all police detentions complained about access to sufficient water, they were given the same supply of water for drinking, cleaning, and washing dishes and clothes.[176] Detention authorities respond that additional water basins for detainees to wash their hands had been installed in the police stations.[177]

Keeping cells clean is also an important preventive measure to avoid contamination by COVID-19, as the virus can survive for some hours on different types of surfaces. The wards or cells occupied by detained persons suffering from infectious or contagious diseases shall be washed and disinfected as directed by the medical officers. Such sanitary precautions would be equally necessary for the context of a pandemic. However, detained persons respond that cells were not disinfected even once during their one-month detention and bathrooms would not clean regularly in the Lideta Police Station.[178] The differences in the availability of soap, bleach, and disinfectants in detention facilities resulted in a lack of sanitization and hygiene facilities were difficult to maintain a healthy environment.

4.2.7 Visitation

At the beginning of the COVID-19 outbreak, the detention authorities banned all visits to police detention to prevent transmissions within detentions. While suspending visitation may in some situations be necessary and proportionate, this should be done as a last resort given the impact such measures can have on the mental well-being of detained persons.[179] Family contact at the police station was made by telephone. However, we noticed that half of the eight public telephone lines set up at the Addis Ababa Police commission station were not working.[180] The suspension of visitations does not seem to have taken into consideration the specific COVID-19 situation of each police detention; instead, blanket bans on visitations were imposed for all detentions. In this respect, it may not have been a proportionate and adequate response for all detentions; less constraining preventative measures should be explored first including non-contact visitation, such as phone was not considered, and much less implemented.

[175] Interview conducted with anonymous detained persons (144)
[176] Ibid
[177] Interview conducted with anonymous police detention staffs (n142)
[178] Interview with anonymous no 1-5 detained persons (n144)
[179] WHO,(n55), p. 9
[180] Personal observation(n146)

Detained persons in detention respond that the COVID-19 outbreak had made access to food supplies even more challenging. Given that many families were unable to come to the detention, the supply was cut off for several detained persons. As a result, they were forced to purchase food items from detention restaurants.[181] Additionally, many detained persons rely on their families to bring essential supplies including more nutritious or diverse food as well as necessary medication. However, the restriction created a barrier to access for detainees. At the Addis Police Commission Station, detainees were allowed to purchase their additional food from the Police Station restaurants.[182] Prohibition of food and clothing entry, especially for health reasons, is difficult for detainees who need extra and special diets.

Once visits resumed, measures to prevent transmission into the detention were inconsistent across the police station, temperature checks, hand washing, and physical distancing were inconsistently followed. For example, during a visitation at the Lideta Police Station, no instructions were provided to visitors about sanitizing their hands before going inside the police detention centers.[183] There was no room to keep physical distance in the waiting for visitations, closer to the detention, where the staffs were seen wearing face masks and limiting the number of people entering for family visits. At Lideta Police Station, visitors were asked to sanitize their hands and have their temperature checked before they were allowed entry into the detention and most of the visitors were noticed wearing face masks. In the Addis Ababa Police Commission detention center too, visitors' adherence to the instructions to sanitize and maintain physical distance was somehow properly monitored.[184] Currently, in all detention centers, visitors could get access to the police detention centers, before entering the detention centers, none of the detention centers adequately advise on contact restrictions and the presence of symptoms to visitors well in advance.[185]

[181] Interview conducted with anonymous no 10-15 detained persons (n144)
[182] Ibid
[183] Personal observation (n 146)
[184] Ibid
[185] Ibid

CHAPTER FIVE

5 Conclusion and Recommendation

5.1 Conclusion

The COVID-19 outbreak exposed just how precarious the conditions in detentions threaten the lives and health of detained persons. The outbreak exacerbated tensions within detention facilities fearing infections. They are vulnerable as the spread of the virus can expand rapidly due to the high concentration of detainees in confined spaces and restricted access to hygiene and health care in detentions.

Detained persons have a right to equal access to quality health care including curative, preventive, promotive, and rehabilitative. The right is contained in various international and regional human rights instruments to which Ethiopia is a party. Accordingly, States must abstain from inflicting any harm that violates the dignity of detained persons. In addition, State parties have to also provide detained persons with basic needs to maintain their dignity of detained persons. Since, Ethiopia has ratified numerous international human rights instruments that recognize the right to health as a fundamental right of detained persons, the government must ensure that it respects, protects, and fulfills this right. Though the right under inquiry is not expressly recognized under the 1995 Constitution, it can be protected through the application of norms contained in international and regional human rights instruments and other national laws and policies. The study assessed the access to health care rights of detained persons in Ethiopia with an emphasis on three selected police detention centers in the capital city of Addis Ababa, in light of human rights instruments during the pandemic.

The detention centers have not properly complied with the restrictions imposed and guidance provided to contain the spread of COVID-19. Indeed, there was better compliance with the restrictions imposed in the weeks immediately after the first COVID-19 case was confirmed. Detention staffs and detainees in police detention have not received adequate training related to COVID-19. These generate uncertainty on the provision of healthcare infrastructure during COVID-19.

The police detentions have clinics that offer first aid treatment to detainees and more serious medical problems that cannot be dealt with by the clinics are referred to nearby hospitals. The

police detention clinics have very few medical facilities. Even though some police detention clinics have started COVID-19 tests, there are limited medicines in the dispensaries and none has a resident doctor or even a visiting doctor.

The problems with health care in police detentions appear to be significant during the pandemic; inadequate medical staff and lack of infrastructure, supplies, and medication are further exacerbated by problems of the absence of regular tests for COVID-19 and adequate Test kits. The unavailability of adequately trained health personnel to identify detainees displaying symptoms in police detention center health clinics. Besides, there is no adequate action taken to avoid the concentration of detained persons for physical distancing as well as access to the necessary equipment in detentions. Even during detention, preventative services were not easily accessible to detained persons in detention due to the inconsistent provision of PPE, and the lack of space to isolate at-risk detainees. Therefore, there was a critical gap in the availability of appropriate healthcare facilities for the detained person during the pandemic.

According to the study, the compounds and rooms of detention are unsanitary. The premises of detention centers are very narrow and the movement of detained persons is highly limited. The available sanitary installations: bathrooms, and toilets, are very small when compared with the number of detained persons and not all available are working and, even limited access to safe and clean water for hygiene and drinking purposes. This also related to inappropriate construction of facilities that did not consider criteria of enough space, fresh air, light, and sanitation. However, the budget is short of meeting the minimum needs. On the other hand, given the limited sanitary and hygiene infrastructure and budget of police stations, it does not meet the recommendations to prevent the spread of the pandemic.

The study revealed that detention facilities found in police detentions in Addis Ababa have demonstrated less preparedness and readiness for the COVID-19 pandemic. Police detentions have made an effort, but not in addressing to protect the health right of detained persons the pandemic requires. These suggest that, at the height of the pandemic, no emphasis was placed on precautions to prevent the contagion in police stations. However, the virus is now spreading at an alarming rate.

The current healthcare infrastructure in police detentions cannot withstand the outbreak of the pandemic, putting the health of detained persons in jeopardy. In this study, detention centers had not provided standards of health care for detainees. This is inconsistent with international standards, which the State to provide appropriate healthcare services for detained persons in detention centers to be given without insight on the grounds of their legal status. Yet, access to health care right of detained persons in police detentions during the pandemic in its aspect is far to achieve the human rights minimum standards.

5.2 Recommendation

To protect and uphold the right to health of detained persons in detentions, particularly through the pandemic, detention authorities to; Develop and enact an action plan to respond to ongoing outbreaks of infectious diseases in detention facilities, and be transparent about the number of infections, testing, and fatalities.

In police detentions, some steps are being taken to control overcrowding. However, there is not much attempt to handle the existing overcrowding. Detention authorities have to make arrangements to reduce overcrowding in police detention centers, like the release of through bail mechanisms including using alternative types of punishments. Ensure that detainees in police stations observe the precautionary measures set by health professionals in their diet, bed, and communal activities.

Providing detainees and detention staff access to up-to-date, clear, and accurate information on Coronavirus protection methods in a language they understand or in a common language to raise their awareness of the pandemic. Moreover, frequent communication is required between detention staff and healthcare providers to comply with preventive measures for the disease.

Ensure that those in detention are provided with specialized psycho-social and healthcare requirements to the maximum possible extent. The police commission has to work closely with other health departments to rectify the existing problem regarding health professionals, equipment, and medicine to improve the standards of detention health clinics.

Ensure availability of testing for COVID-19, and access to medical treatment for detained persons. Those who need medical treatment should be transferred to a hospital or healthcare facility. Adequate medical equipment should be acquired; more trained health staff should be

employed; ensuring the availability of personal protective equipment, especially for detainees and healthcare staff, also arrangements for the isolation of infected detainees, to ensure that the isolation process does not have solitary confinement and to be quarantined before going back to the community.

The government should mobilize resources and allocate an adequate COVID-19-related budget to detention facilities for necessary resources to be available to deal with medical emergencies; the police commission to consult with different NGOs and other actors. Detention health budgets should be increased to improve standards of sanitation and hygiene allotted for necessary materials. Accordingly, ensure that all detention facilities are equipped and regularly provided with sufficient sanitizing equipment, hygiene, and disinfection items, particularly for the provision of water.

Police detention authorities need to ensure that any restrictions on the rights of people deprived of their liberty, including on visitations, are minimized and strictly necessary and proportionate to the health emergency. While visiting regimes are restricted for health-related reasons, provide sufficient alternatives to maintain contact with families and the outside world, including by providing free and adequate access to a telephone, and other appropriate means, as well as to receive food and other supplies as appropriate.

All measures taken to prevent COVID-19 in police detention centers should ensure special needs are taken into account for those who are particularly vulnerable detainees to the disease (for example those with pre-existing health conditions, women, the disabled, the elderly, and the mentally ill detainees).

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Appendices

Interview questions were presented to detained persons in the police stations.

Thank you for your cooperation in advance in this interview

The researcher of the study, Wubshet Tilahun, an LLM student at Addis Ababa University, to this end, this interview has been prepared for the detained persons to collect information regarding the implementation of the right to health of detained persons during the COVID-19 pandemic. I would like to ensure that the result of this study is only used for academic purposes. In addition, I respectfully inform you that the interview will be recorded for the best quality of information and to fully capture the information or ideas you provide, while ensuring that your identity and responses will be kept confidential unless consented otherwise. The information you give freely greatly contributes to the effectiveness of the research. For this purpose, I kindly request you to cooperate in answering the following interview questions.

1. General Information

1.1.1 Police destination Name, _____ Address…sub/ City…….

1.1.2. Status of the detained person who provided the information: Date _____ Gender …… age…… Convicted ……on trial …….. Period of detention……. Education level…. Disability Condition….

2. Reception of detainees

2.1. When you were brought into the detaining center did you get a special COVID-19 test other than the usual medical check-ups?

2.2. Have you been quarantined before they join other detainees? If yes, for how long or be held in solitary confinement?

3. Accessibility of information on COVID-19

3.1 Have you been provided with up-to-date, clear, and accurate information about COVID-19 prevention methods in due time and in a language you can understand? Or do we watch it on television/radio?

3.2 Are you aware of the regular guidelines and actions that were taken by relevant detention authorities and government agencies about the disease? Are these steps explained to you and you're visitors?

4 Regarding the precautionary measures being taken in the detention:

4.1 Is there a change in dining and sleeping to keep physical distancing accommodation in the detention?

4.2 Are activities such as sports, temporarily suspended/or how continued?

4. 3. Are the dormitories not overcrowded?

4.4. Are you provided to use sanitary/tools (soup sanitizer, alcohol masks) and to keep personal hygiene?

5 Regarding visitation

5.1. How are you meeting with your legal counselors?

5.2. Are there alternative ways for your family to visit you?

5.3. How do you be able to get hygiene items, food, drink, and changing clothes? Explain how is being implemented during the pandemic.

6. Regarding the administration and staff of the detentions

6.1 Do the police adhere to COVID-19 precautionary measures particularly when they enter the detention rooms?

7 Regarding detained persons suspected of the virus

7.1 Is the service still available to you when you need medical attention outside the detentions health care services?

7.2. Do you have special treatment if you, especially infected with HIV / AIDS, tuberculosis, and other infectious diseases, as well as chronic illnesses, be treated?

8 Do you have a complaint about Coronavirus activities inside the detentions? What solutions do you provide?

2 Interview questions were presented to detention administration authorities and staff

Thank you for your cooperation in advance in this interview

I, the researcher of this study, Wubshet Tilahun, LLM student at Addis Ababa University School of Law, to this end, this interview has been prepared for detention administration authorities and staff to collect information regarding the implementation of the right to health care of detained persons during the COVID-19 pandemic and I would like to ensure that the result of this study is only used for academic purposes. In addition, I respectfully inform you that the interview will be recorded for the best quality of information and to fully capture the information or ideas you provide, while ensuring that your identity and responses will be kept confidential unless

consented otherwise. The information you give freely will greatly contribute to the effectiveness of the research. For this purpose, I kindly request you to cooperate in answering the following interview questions.

1. General Information

1.2 Police station Name……Address: ……sub-city……

1.3. Responsibility of the person providing the information; ___ education

1.4 Number of detainees currently in detentions (total) _____ Male ---and female---disabled?

2 Regarding measures to prevent the spread of the disease

2.1. Number of detainees tasted due to the COVID-19 epidemic (if any): _____ Male _____ Female _____?

2.2 What steps have been taken to prevent stagnation and create a conducive environment? Particularly changes in the detentions' facilities, diet, and bedding?

3.1 Regarding the reception of detainees

3.2 In addition to the usual medical check-ups, detainees are tested for COVID -19, when they enter the detention. Is there a system for identifying suspected inmates, temperature measurement, or random testing)?

3. 3 Do detainees quarantine before they contact other detainees? If they have for how long

4 Providing up-to-date information about COVID -19

4.1. Do detainees provide education to have access to up-to-date, clear, and accurate information on Coronavirus protection in a language they understand or in a common language?

4.2 Are they informed of the regular instructions and actions taken by the relevant government bodies regarding the disease?

4.3 Do the health care management of the detentions post information about the disease in a prominent place?

5 Are detainees provided to use personal hygiene items and personal equipment (soap, sanitizer/alcohol, face mask?)

6. Regarding visitation

6.1. How do detainees contact their legal counsel?

6.2 What option is there for the family to visit the detainees? Explain how it is being implemented.

7 About the detention administration and staff

7.1 Has the staff of the detention received training on COVID-19

7.2 Do soap, hand sanitizer, and other protective equipments be provided to the detention staff?

7.3 Are hand-washing and soap or sanitizers placed at the entrance of the facility to be washed by the staff?

7.4 Do police officers wash their hands with soap and water when they enter detentions?

8 Regarding people suspected of having the virus what steps have been taken to ensure that the isolation work has no solitary confinement?

9 Is there a system that handles complaints of detainees' access to healthcare facilities regarded as COVID-19?

10 If any special measures have been taken into consideration regarding the conditions for other special needs of detainees, such as the elderly, high-risk patients, mentally ill detained persons, children with their mothers, women, and people with disabilities?

11 What are the main challenges for access to health care in detentions facility during the pandemic?

3 Interview questions were presented to health personnel's working in police detention health clinics.

Thank you for your cooperation in advance in this interview

I am the researcher of the study, Wubshet Tilahun LLM student at Addis Ababa University School of Law. To this end, this interview has been prepared for the health personnel's working in police detentions health clinics to collect information regarding the implementation of the right to health care of detained persons during the COVID-19 pandemic, and I would like to ensure that the result of this study is only used for academic purposes. In addition, I respectfully inform you that the interview will be recorded for the best quality of information and to fully capture the information or ideas you provide, while ensuring that your identity and responses will be kept confidential unless consented otherwise. The information you give freely will greatly contribute to the effectiveness of the research. For this purpose, I kindly request you to cooperate in answering the following interview questions.

1 Do suspected cases have quick access to laboratory tests of COVID- 19?

2 Does detainees medically screened before admission to police detentions?

3 Are there facilities in detentions suspected of having COVID-19 be placed in isolation, in single accommodation?

4 Are there adequately trained and sufficient health personnel to deal with the pandemic?

5 Do contacts of laboratory-confirmed cases have access to places for adequate quarantine and management?

6 Do healthcare personnel dealing with the pandemic have access to essential equipment?

7 Are there clear standards for shifting severely ill patients to hospitals?

8 Are there etiquettes in place to manage suspects' cases onsite (if they do not meet the standards for transfer to the hospital)?

9 Is there medical equipment available for confirmed cases or suspected cases with symptoms of COVID-19?

10 When detainees are quarantined, do they medically detect regularly (including testing and recording of symptoms and temperature)?

11 Are key messages communicated in a clear, accurate, and relevant manner to detainees in detention facilities about disease signs and symptoms, including signs of severe disease requiring instant medical attention?

12 Is there any special treatment for detainees who have HIV, tuberculosis, transmitted and non-transmit diseases, and also those who are taking medicines during the pandemic?

13 What are the problems encounters to provide adequate health care services in police detention clinics concerning COVID- 19? What solution do you provide?

4 Personal Observation Checklists

This personal observation checklist was prepared by Wubshet Tilahun, an LLM student at Addis Ababa University School of Law for Human Rights Studies. The purpose of this checklist is to collect relevant information on the enforcement of detained persons' rights to health care at police detention centers during COVID-19.

1 Status of necessary services

1.1 Living room conditions

1.2 Dining hall conditions.

2 Regarding the reception of detainees:

1.2 Availability of equipment for conducting COVID-19 tests in addition to the usual medical examination when detainees enter the police detention

1.3 The presence of temperature testing tools

1.4 The presence of quarantine rooms

3 Accessibility of up-to-date information on COVID-19

3.1 detainees following up about the disease on television/radio or other alternatives

3.2 The availability of posted information and measures in visible places of the detention compound

4 Regarding the precautionary measures being taken in detentions

4.1 The availability of hygiene and sanitary items for detainees (soap, sanitizer/alcohol, face mask)

4.2 -Is there physical distance inside detention (crowding)

5 Regarding visitation relations:

5.1 The presence of a place of contact between detained persons with their visitors and precautionary arrangements when visitors enter into the detentions.

5.2 The availability of sufficient sanitary tools at the place where the detainees and their visitor's legal counsel meet.

6 Regarding the administration staff of the detention:

6.2- The use of hand sanitizer and other prevention tools by detentions staff

6.3 -Police and other staff members wash their hands with water and soap before they entered the detentions.

7 The provision of selected health care infrastructure in each police detentions clinic regarding national standards and information from health personnel in the table below.

		Available		
Police stations		Lideta sub-city police station health clinic	Addis Ababa police station health clinic	Addis ketema sub-city police station health clinic
Health care infrastructure				
Health Personnel				
1	General Practitioner	Non	Non	Non
2	Dentists	Non	Non	Non
3	Health Officers	2	4	3
4	Laboratory technicians	3	2	2
5	Pharmacists	2	2	2
6	Nurse	6	7	7
Medical Equipment				
1	Microscope	1	2	1
2	Blood pressure cuffs	2	3	2
3	Thermometer	adequate	Adequate	Adequate
4	Slides	inadequate	Inadequate	Inadequate
5	Medicines and drugs	Inadequate	Inadequate	Inadequate
6	Dental equipment	Non	Non	Non
7	Test Kitts	Non	Non	Non
8	Wheelchairs	Non	Non	Non
Physical health infrastructure				
1	Laboratory	1	1	1
2	Infirmary	-	-	-
3	OPD	1	1	1
4	Ambulance	Non	Adequate	Non