6.C. Workshop: Monitoring progress towards the SDGs: are we leaving someone behind?

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People in vulnerable situations such as people in contact with the justice system and people living in prison (PLP) are characterized by exclusionary processes such as stigma and discrimination; restrictions on basic freedoms or rights (e.g., voting, privacy, and liberty); or barriers to accessing public services (e.g., health care). Exposure to incarceration is associated with higher rates of ill health and premature death compared with unaffected peers, even after accounting for the socioeconomic position. Evidence suggests that experience of detention frequently co-occur with other well-known
vulnerabilities, such as social marginalisation and substance use disorders, although the extent of this overlap varies by context. These experiences and their co-occurrence might influence health through multiple and complex pathways. For instance, their harmful effects might combine or even synergise. An accurate understanding of the burden of ill health in people living in prison is essential to inform the development and implementation of services and policies that meet their needs and tackle inequities in health. Unfortunately, the information richness resulting from the data science revolution is not equally distributed within and across human populations. Vulnerable populations, including PLP, remain both under-studied and under-consulted on the use of data derived from their communities. Strategies to improve the use and integration of data designed for the general population may not be accessible to or as effective in disadvantaged groups and may lead to an exacerbation of health inequities. In the analysis of social science and health data, the global consequences of social exclusion are costly, including exacerbating poverty and reducing human capital. It also hampers the design of culturally coherent solutions which could be more easily adopted in specific communities. This is not only relevant at local/national level, but it has implications at regional and global level. Inclusion of health data on PLP into routine public health monitoring processes is scarce due to poor data availability, parallel and often unlinked data collection tools, as well as organizational and political reasons. Efforts have been made in Europe through dedicated monitoring initiatives led by EMCDDA and WHO, however large scope for improvement and scale-up do exist. This workshop aims at exploring the current landscape and deriving implications of prison health monitoring in Europe and beyond.

Key messages:

- Despite efforts, availability of comparable and comprehensive information on prison health in Europe is scarce/suboptimal.
- Integration of prison health into current and future developments in public health monitoring is essential to achieve equity in health.