ICRC

Best practices in Healthcare in Detention (HiD)



Health Department

ICRC Bangkok Regional Delegation

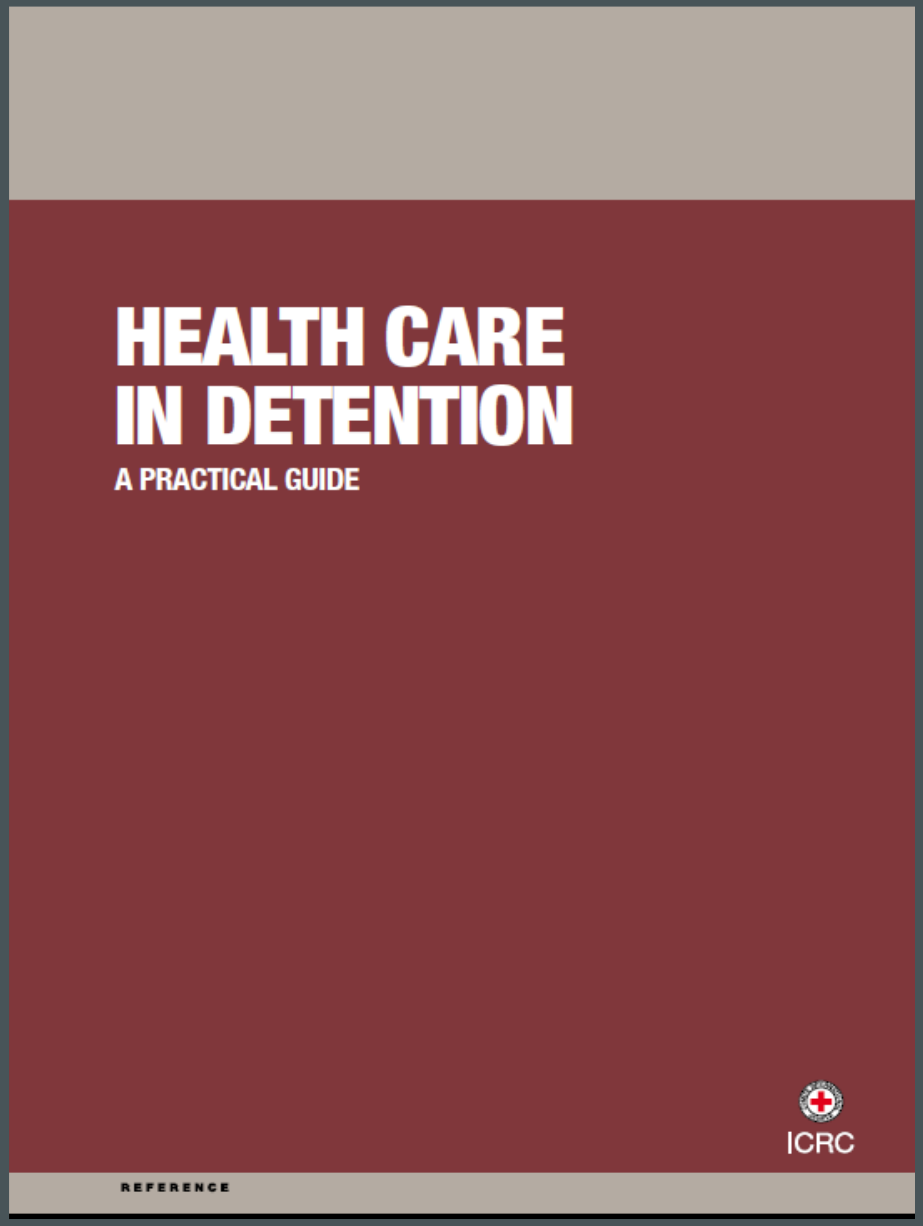
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ICRC involvement in Healthcare in Detention (HiD)

- HiD an ICRC health core activity
- ICRC HiD approach (+ IWW)
- Principle of equivalence
- Facilitating MoJ/MoPH cooperation
- See ICRC speaking points …

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ICRC practical guide, 2015



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Bangkok Rules (2010)
Mandela Rules (2015)

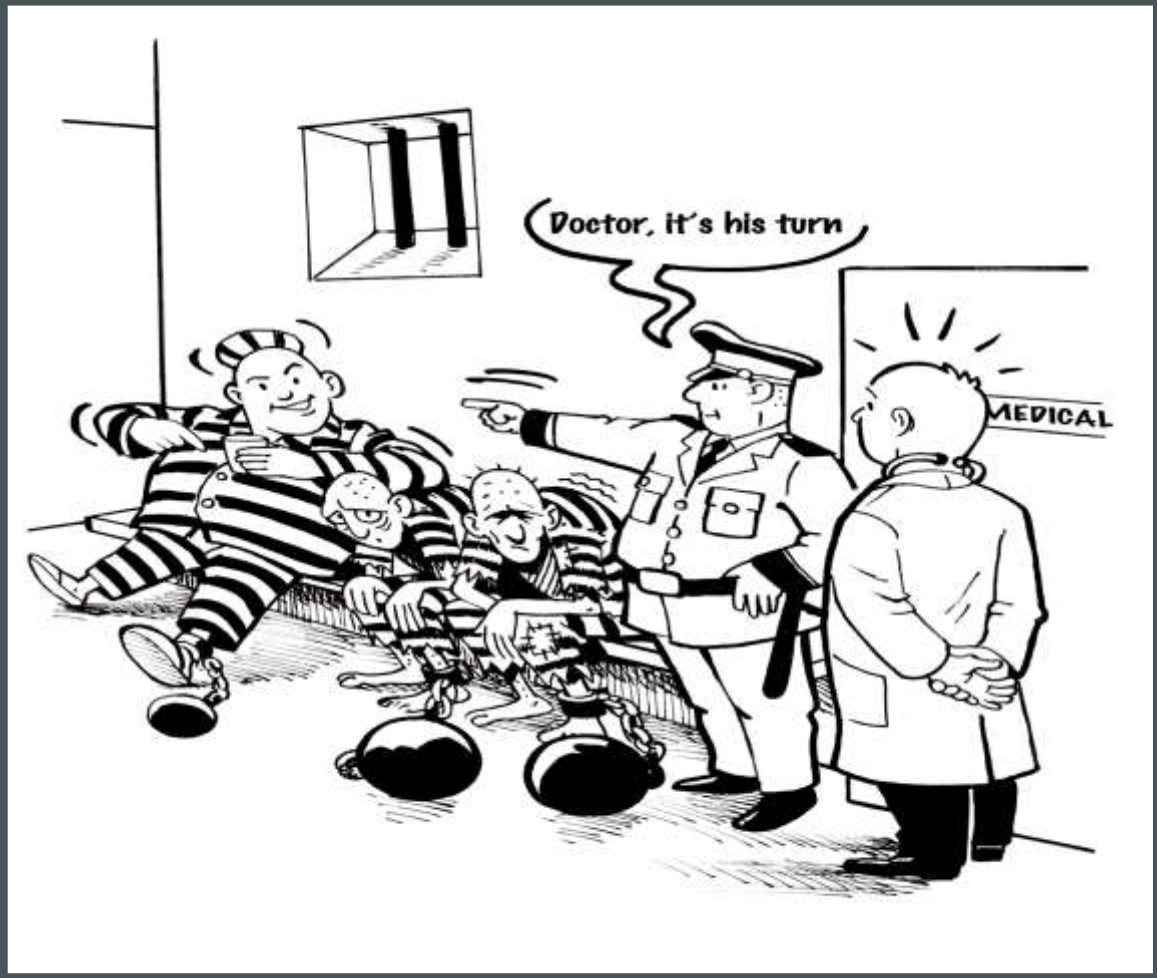
- Health Services (Mandela R.)
  (R 24 - 35)

- Medical ethics (Mandela R.)
  (R 46)

- Health Services (Bangkok R.)
  (R 6 -18,33, 38,39,48,51)

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Healthcare on the basis of health needs (R 2)



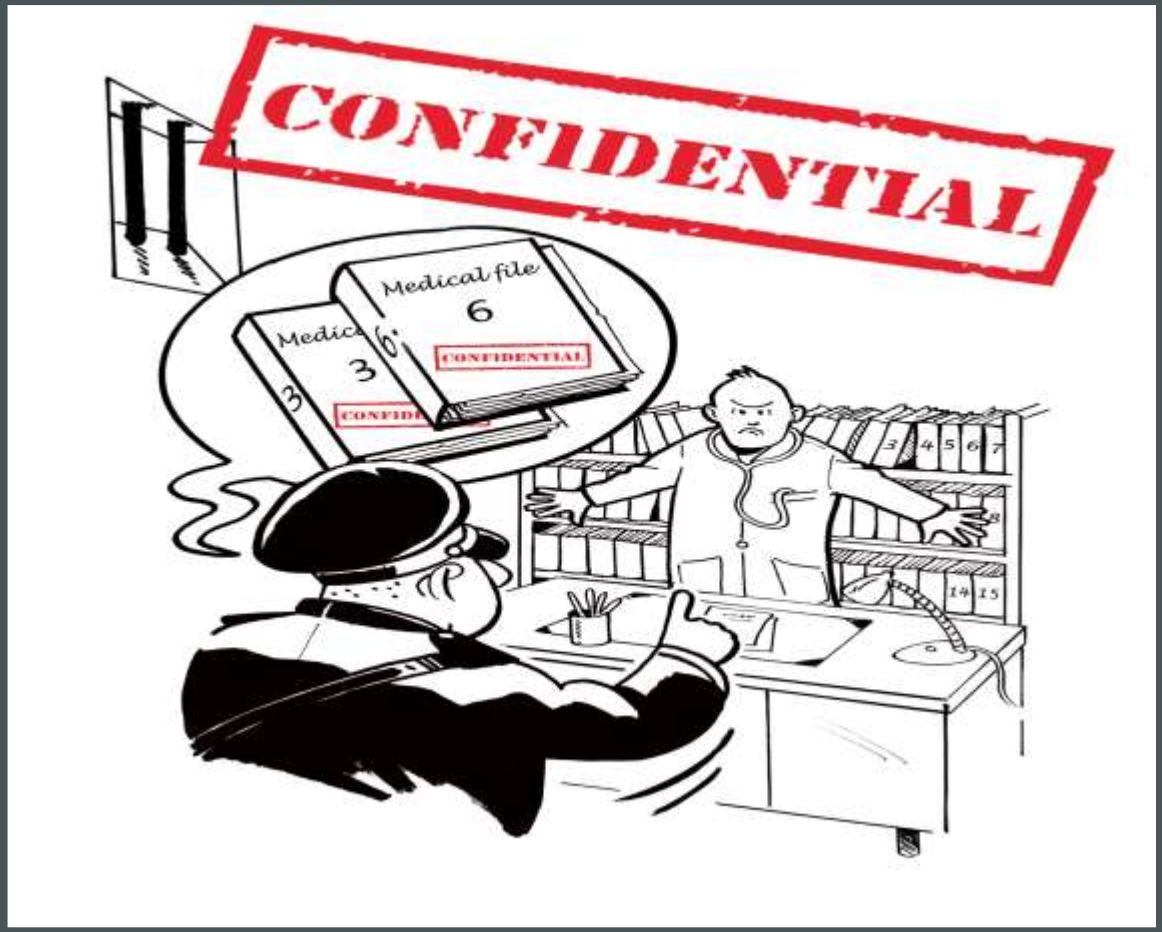
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Patient first, detainee second (R 31,32,33)



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Medical confidentiality (R 26)



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Healthcare without barriers or discrimination (R 24)



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Is the health pyramid (still) relevant ?



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Thai NHS and Prison Medical Services

- Alma Ata declaration (1978)
- UHC (1975 -> 2002)
- NHSO (2002)
- Prison Regulations for the development of medical services (2012 - draft)
- MoU MoJ-MoPH (2014, TB)
- Guidelines for the development of prison health services (August, 2016)

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Health System Building Blocks (WHO, 2007)



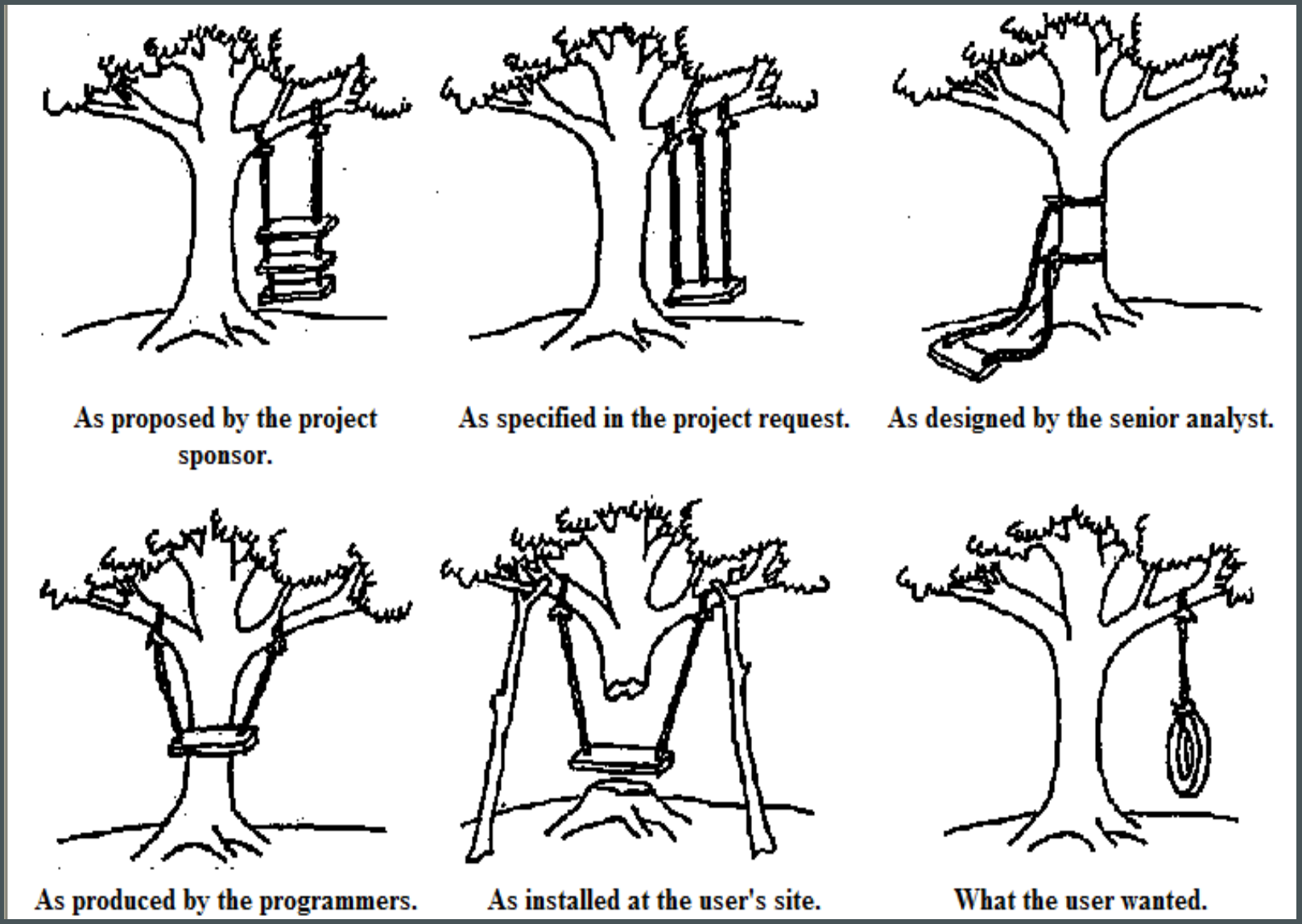
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Other best practices in HiD

- Medical check upon arrival
- Monthly statistical reports (+ individual medical files)
- Physical examination + history-taking
- *Coping mechanisms in prison clinics*
- Proactive collaboration-seeking towards MoPH/referral hospitals
- Use of MoPH standards and protocols (infectious diseases vs NCD)

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Policy and implementation



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Thank you