

YANGON, 6 APRIL 2020

JOINT CALL FOR ACTION

Protecting public health and safety from COVID-19: the urgent need to enhance measures in Myanmar prisons and detention facilities to prevent outbreaks

As COVID-19 has already caused more than 70,000 deaths worldwide,¹ the Myanmar Authorities have to prepare for the worst. While the number of confirmed cases in the country is still low - 21 people had tested positive by the 6th of April 2020² - other Southeast Asian nations such as Thailand, the Philippines, Malaysia, and Indonesia have already reported thousands of cases each.³

Detention conditions are known to greatly exacerbate the risks of contagious diseases: the World Health Organization (WHO) considers that prisoners are 100 times more likely to contract Tuberculosis (TB) than the civilian population, and are disproportionately affected by malnutrition, HIV and hepatitis.⁴ The rapid spread of COVID-19 prompted the WHO to warn Governments about the especially acute risks posed by potential outbreaks in prisons and other detention facilities.⁵ Their recommendations are especially relevant for Myanmar, as the country's prisons operate at an average 140% of their maximum occupancy capacity and are therefore seriously overcrowded.⁶

Potential outbreaks of COVID-19 in Myanmar prisons directly threaten the health of thousands of inmates, prison personnel and their respective families. These could also result in deadly spillover of the virus into neighbouring communities. Moreover, the greater vulnerability of prisoners to infection could rapidly lead to mounting tensions, unrest and security concerns within prisons.

Earlier this month, riots prompted by COVID-19 fears erupted in prisons in Italy, Colombia and India, resulting in dozens of deaths, injuries and escapes.⁷ In an unprecedented move aimed at reducing prison overcrowding and preventing COVID-19 outbreaks in detention facilities, Australia, the USA, France, the UK, Ireland, Iran, Bahrain, Afghanistan, India and Indonesia all announced the early release of large numbers of prisoners considered to pose a low risk for public safety.⁸

Myanmar prison authorities have started to take preventive measures such as the provision of hand soap and basins for visitors.⁹ The procurement of infection control equipment is reportedly also under way. While these are positive steps, **it is urgent that the Myanmar Government and relevant Departments and Authorities adopt a more comprehensive plan to prevent and mitigate COVID-19 outbreaks in the country's detention facilities.** These include prisons, but also labour camps, police stations, juvenile camps and closed drug treatment and rehabilitation centres, including those in conflict-affected areas.

The Assistance Association for Political Prisoners (AAPP) requested earlier this month, among other measures, a mass amnesty for prisoners meeting specific criteria.¹⁰ Signatories of this declaration join their call for action. **A set of key recommendations and priority interventions is proposed below.** These, however, should not be considered exhaustive.

1. Release prisoners who represent a low risk for public safety to reduce overcrowding: the release of prisoners should follow a systematic, open and transparent process, in order to ensure all prisoners are treated equally and to prevent potential unrest among prisoners. An assessment should be urgently undertaken by prison authorities across the country to identify prisoners who should be released as a matter of priority. The signatories of this call propose the use of the following criteria:

- Prisoners above 50 years of age, as well as those with underlying medical conditions (e.g. people with TB, HIV, cancer, diabetes or chronic liver, kidneys, heart and respiratory conditions including asthma),¹¹ minors under the age of 18 and pregnant women;
- People in pre-trial detention, who represent at least 10% of the overall prison population in the country;¹²
- People detained for bailable offences, regardless of their ability to pay for the bail;
- People convicted for non-violent offences, whose release does not compromise public safety. More specifically, all people convicted on the basis of the following acts and provisions should be covered as a matter of priority:
 - Former Section 15 and existing Sections 16 and 21 of the amended 1993 Narcotic Drugs and Psychotropic Substances Law;
 - Section 3 and 7 of the 1949 Suppression of Prostitution Act;
 - Section 377 of the Penal Code;
 - Section 35 (C) and (D) of the 1945 Police Act;
 - Section 30 (C) and (D) of the 1899 Rangoon Police Act.

It is essential that released prisoners are provided with adequate information on how and where to access medical care and other social support services upon their release, especially those with specific medical and social needs (e.g. people living with HIV, people who use drugs, people in need of shelter and accommodation etc.).

Finally, it should be noted that the Government of Myanmar has adopted several resolutions and guidance documents, at both national and international levels, that promote alternatives to imprisonment.¹³ In that regard, the release of people convicted for low-level drug offences is consistent with recommendations contained in the National Drug Control Policy adopted by the Central Committee for Drug Abuse Control (CCDAC) in February 2018.¹⁴

2. Suspend all arrests and new admissions into prisons for non-violent offences, including but not limited to offences listed above (see prior section). New admissions pose a significant risk of importing positive cases into prison environments, where transmission

can rapidly spiral out of control. Clear directives and instructions should be adopted by the Police, the General Administration Department (GAD) and the Judiciary, and should be sent to all their offices across the country, ensuring they are clearly understood and strictly observed.

3. Enhance preventive measures inside prisons to reduce the risks of transmission among and between inmates and prison personnel, including but not limited to:¹⁵

- Improved hygiene conditions (e.g. disinfection of facilities, increased numbers of basins, showers and toilets, as well as access points, and free provision of soap bars for prisoners, reinforced waste management procedures etc.);
- Establishment of stricter protocols (e.g. systematic temperature checks and administration of questionnaires for staff and visitors to detect possible symptoms and risk factors; immediate access to testing for suspected cases; preparation of medical isolation wards for infected patients; enforcement of two-week quarantine in separate cells for new entrants etc.);
- Distribution of protective gear (e.g. face masks) and hand sanitiser to prison personnel and prisoners;
- Education of prisoners and personnel on COVID-19 routes of transmission, symptoms and preventive measures, including correct hand-washing procedures;
- Distribution of food and fruit packages to improve prisoners' nutritional status.

It is essential that health education materials and messages are supported by concrete actions to enable prisoners to practice preventive measures: recommendations to wash hands regularly or maintain a minimum distance with other inmates are meaningless if these are not supported by the installation of additional hand basins, the provision of soap bars and the drastic reduction of the number of inmates living inside facilities.

It is equally important that preventive measures which are likely to entail restrictions for prisoners, notably reduced access to visits, are balanced against the obligation for prison authorities to enable them to maintain relationships with their families and/or legal assistants. There are safe, cheap and easy-to-implement ways to reduce risks of transmission during visits, such as the installation of glass windows and intercoms or the use of phones and simple camera devices in visiting rooms to temporarily replace physical visits with phone and video calls. Finally, the basic rights of prisoners should be guaranteed at all times, and measures such as the placement of infected people in isolation should always be limited in scope and duration to what is strictly necessary and proportionate.

4. Enhance access to medical services for prisoners and prison personnel: Authorities have the obligation to provide prisoners with a level of care and access to health care equivalent to that of people living in the community.¹⁶ In practice, this means not only ensuring prisoners' access to protective gear, water-points and soap and the ability to maintain minimum levels of social distance inside prisons (by reducing the number of prisoners in each cell / room) but also their access to medical consultations with health

professionals and medical treatment when required. The provision of essential medications, for instance for HIV and TB, should be maintained and in no way discontinued or interrupted. In addition, prison personnel should be guaranteed access to free and timely medical care.

It is essential that health care and services remain entirely free and that prisoners do not have to pay for these. Patients exhibiting only mild symptoms may otherwise abstain from seeking medical care and could easily go unnoticed by prison Authorities, thus placing other inmates and prison personnel at high risk of transmission.

The implementation of a comprehensive plan in Myanmar prisons and detention centres will require the urgent mobilisation of additional resources. While direct contributions from the State to prison authorities remain necessary, foreign aid and donor agencies should also provide dedicated funding to support this effort.

Successive Governments have made extensive use of Presidential Pardons. Under the current circumstances, the traditional new year Amnesty is, more than ever, crucially important. The risks of COVID-19 outbreaks in Myanmar prisons are real. These are a direct threat not only for prisoners and prison personnel, but also for Myanmar communities at large.

We call upon the Myanmar Government and relevant Departments and Authorities to adopt immediate additional measures to prevent COVID-19 outbreaks in the country's prisons, including the release of all prisoners with underlying medical conditions as well as those detained for non-violent offences.

The current document is the result of a collective process initiated by Civil Society Organisations. The signatories of this call express their gratitude to experts from UNAIDS, WHO and other organisations who contributed to its elaboration and provided technical guidance and inputs.

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4. Myanmar Opium Farmers Forum (MOFF)
5. Pa-O Youth Organization (PYO)
6. Assistance Association for Political Prisoners (AAPP)
7. Open Myanmar Initiative (OMI)
8. ဇော်ဝင်းခရေတွန်နက် (SWiM Network)
9. Aye Myanmar Association (AMA)
10. Myanmar Positive Woman Network (MPWN)

11. မြန်မာလူငယ်ကြယ်ပွင့်များကွန်ရက် (MYS)
12. Myanmar Interfaith Network on AIDS (MINA)
13. Myanmar Positive Group (MPG)
14. National Drug Users Network – Myanmar (NDNM)
15. Kings N Queens LGBT organization
16. Lotus
17. ဇီဝဇိုးငှက်များ (SWIFTS)
18. Nature Community-Based People Who Use Drugs Rehab Network
19. OASIS
20. Golden Eagle (Kachin)
21. Shining Star (Myitkyina)
22. Flying Bird (Myitkyina)
23. Cycle of Love (Myitkyina)
24. Hepatitis-C Support Group (Myitkyina)

25. New Star (Moegaung)

26. Methadone Support Group (Moegaung)

27. Methadone Support Group (Namati)
28. Pure Balance Mind (Hopin)
29. Women Advisory Group (Kachin)
30. Local AIDS Committee (Putao)
31. Local AIDS Committee (Mohnyin)
32. Local AIDS Committee (Washawng)
33. Future Light (Monywa)
34. Heal the World
35. Pa-O Farmer Development Union (PFDU)
36. Pekhoh Farmers Network (PKFN)
37. Karenni Legal and Human Rights Center (KnLHRC)
38. Mon Region Land Policy Affairs Committee (MRLPAC)
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40. Human Rights Foundation of Monland (HURFOM)
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43. Action Group for Farmer Affair (Bago)
44. Action Group for Farmer Affair (Sagaing)
45. Mon Youth Network (Ye)
46. Mon Area Community Development Organization
47. Farmer Union (Labutta)

48. Land in Our Hand (LIOH)
49. Lahu Development Network (LDN)
50. Mon State Community Association
51. Mon Youth Educator Organization
52. Kyun Ta Htaung Myae Foundation
53. Than Lwin Thitsar
54. Mon JAG
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56. ကယားလိမ္မော်လူငယ်
57. Kachin State Women Union
58. Htoi Gender and Development Foundation
59. Pinnya Tagar Academy
60. Uok Tone Development Organization
61. Shan Women Development Network
62. Lisu Civil Society Organization
63. Pyoe Development Organization
64. Namkyoe Parahita Foundation
65. Kachin State Farmers Association
66. Lawng Byit Hkawng Development Organization
67. Loi Yang Bum Community Development Organization
68. Nam Shani Social Development Organization
69. Alinn Bhamaw Local Development Organization
70. Daifin Social Service
71. Waimaw CSOs Network
72. Down Peace Organization
73. Paung Si Aya Parahita Foundation
74. Farmer Network Monyin
75. Ahr Man Thit Bhamaw
76. Pan Pyoe Lett
77. Htoi San Local Development Organization
78. Lann Pya Kye Mansi
79. Evergreen Organization (Momawk)
80. Minggalar Foundation
81. Township Leading Group (Waimaw)
82. Myit Phya Aya Association
83. Transparency and Accountability Network in Kachin State
84. Community Health And Development
85. Kachin State Women Network
86. Grip Hand Organization
87. Machyang Baw Social Development Organization
88. Kachin Conservation Network Group
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- 90. Asia Catalyst
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ENDNOTES

¹ As of 3 April 2020. See live evolution on: <https://coronavirus.jhu.edu/map.html>

² Ibid

³ Ibid

⁴ <https://www.who.int/tb/areas-of-work/population-groups/prisons-facts/en/>

⁵ <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/news/news/2020/3/preventing-covid-19-outbreak-in-prisons-a-challenging-but-essential-task-for-authorities>

⁶ See 2018 report by Assistance Association for Political Prisoners (AAPP):

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⁷ <https://time.com/5801183/italian-inmates-escape-coronavirus-riots/>

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⁸ <https://www.theguardian.com/australia-news/2020/mar/24/hundreds-of-nsw-prisoners-could-be-released-early-under-covid-19-emergency-powers>

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⁹ https://frontiermyanmar.net/en/overcrowded-prisons-battle-covid-19-with-ginger-water-handbasins-as-authorities-consider-early?fbclid=IwAR3cPpD5V_6YRtsqJlg1owl1zLljPUO3kX6WtVg5bQb7ud17uzMYHLMkf7w

¹⁰ <https://aappb.org/2020/03/statement-on-prevention-against-covid-19-virus-in-prisons-labor-camps-and-custodies/>

¹¹ See notably recommendations of CDC:

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¹⁴ See: https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf

¹⁵ For more detailed information see: <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020>

¹⁶ See: http://www.euro.who.int/data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf