

NHSMUN50

National High School Model United Nations



SOCHUM
BACKGROUND GUIDE



Secretary-General
Dennis Zhang

Director-General
Christian Hernandez

Chiefs of Staff
Rekha Marcus
Therese Salomone

Conference Services
Agustina Chiaromonte
Passaggino
Scarlett Royal

Delegate Experience
Hajar Ahjum-Mathee
Amy Zeng

Global Partnerships
Safa Elzanfali
Nastasja Vásquez

Under-Secretaries-General

Vikram Arora
Jordan Baker
Parthav Easwar
Shanaya Harjai
Zainab Iftikhar
Lauren Jackson
Hemani Marfatia
Nicole Pilliod
Anya Prasad
Joseph Rojek
Amira Samih
Zaheer Sooliman
Terry Wang
Ellie White

Delegates,

My name is Mariana Rodríguez, and I will be your Session I Director for the Social, Humanitarian, and Cultural (SOCHUM) Committee at NHSMUN 2024! I am thrilled to meet you all in March and have the most outstanding experience possible.

I am currently a law student at Universidad de Monterrey and an Assistant Investigator at my university's Institute of Human Rights and Business, all because of Model United Nations. Back in 2015, I entered my first of what would become many MUNs. I can still recall the feeling of pulling up to my school in what felt like a very formal dress with my position paper in a folder and many confusing feelings (excitement). Even after almost ten years, this feeling never goes away when participating in another Model United Nations. I am very happy to add another experience to the list and would like for you to know you have made a great decision in delving into this complex but enriching world of NHSMUN.

The topics for our debate (“Improving Rural Accessibility for People with Disabilities” and “Upholding Prisoners’ Right to Healthcare”) have been thoroughly chosen and worked on for your debate by Ximena and me. These topics have had big impacts around the world and need to be approached with the best of intentions.

In this background guide, you will find information that will help you with the research of the topic regarding your country’s relationship with these issues. When investigating, I would like for you to go beyond your normal limits of searching, but be careful with the information you choose. Think smart. I would also recommend, when making your proposals, to envision the impact your proposal would make if being carried out. Think of the method of execution, and most importantly, think with inclusion.

I look forward to meeting with you in the near future, most importantly, hearing from you in NHSMUN. I hope these next few months will be in your favor for preparations in regard to your work. If you are in need of help or have doubts regarding the topics, committee, session, or NHSMUN in general, I am more than happy to assist you!

See you in March!

Sincerely,

Mariana Rodríguez
Social, Humanitarian and Cultural Committee
Session I
nhsmun.sochum@imuna.org



Secretary-General
Dennis Zhang

Director-General
Christian Hernandez

Chiefs of Staff
Rekha Marcus
Therese Salomone

Conference Services
Agustina Chiaromonte
Passaggino
Scarlett Royal

Delegate Experience
Hajar Ahjum-Mathee
Amy Zeng

Global Partnerships
Safa Elzanfali
Nastasja Vásquez

Under-Secretaries-General

Vikram Arora
Jordan Baker
Parthav Easwar
Shanaya Harjai
Zainab Iftikhar
Lauren Jackson
Hemani Marfatia
Nicole Pilliod
Anya Prasad
Joseph Rojek
Amira Samih
Zaheer Sooliman
Terry Wang
Ellie White

Dear Delegates,

Welcome to the Social, Humanitarian, and Cultural (SOCHUM) Committee in NHSMUN 2024! My name is Ximena Faz, and I am beyond excited to be your Director for Session III!

Model UN has always had a special place in my heart. When I started participating back in junior high, I fell in love with the amazing learning opportunities and great friendships that came from it, so much so that MUN is still part of my life. Back in high school, I attended NHSMUN two times, and both are cherished memories filled with so much growth and incredible people. This is my second year serving on NHSMUN staff. Last year, I was the Assistant Director of the UN Commission Against Corruption (UNCAC) on Session II. I had an amazing time getting to know and support delegates in my committee last year, and I decided to come back to be a Director for the NHSMUN 50th conference!

Currently, I am in my second year in college, where I study law and finance at Universidad de Monterrey in Monterrey, Mexico. On campus, I am part of the board of the International Law Association chapter of my school and part of the assistant research program, in which I help one of my professors in the civil law research they conduct. I am also an intern at the Institute of Human Rights and Business. In my free time, I enjoy dancing, spending time with my family and friends, and discovering new music, so if you have any recommendations, please let me know!

Being able to write this background guide to help you navigate the two topics we are going to discuss in committee has been a true pleasure. Both Topic A, “Improving Rural Accessibility for People with Disabilities,” and Topic B, “Upholding Prisoners’ Right to Healthcare,” are very interesting topics. Both of them have lots of things to consider when discussing them, with the most important of it being the cultural aspects that surround the communities that face these issues. They are also situations that urgently need to be addressed effectively.

I know that the topics that you will be debating are complex in their nature. However, they are also very relevant for many communities across the world. Mariana and I want you all to think outside the box when brainstorming about possible solutions to these topics. In this guide, you will find a great starting point for your research, but there are many other things that you will need to learn about your country’s position to address this topic accurately.

I am confident that in March, all of you will surprise us with your amazing ideas and solutions for these topics. If at any point of your preparation for the conference, you have a question about the information on this guide, your country’s policy, NHSMUN policy, or simply want to say hi, please don’t hesitate to contact us! I am so excited to meet you all very soon!

All the best,

Ximena Faz

Social, Humanitarian and Cultural Committee

Session II

nhsmun.sochum@imuna.org



Table of Contents

| | |
|------------------------------------|---|
| A Note on the NHSMUN Difference | 5 |
| A Note on Research and Preparation | 7 |
| Committee History | 8 |

Improving Rural Accessibility for People with Disabilities 9

| | |
|--------------------------------------|----|
| Introduction | 10 |
| History and Description of the Issue | 11 |
| Current Status | 27 |
| Bloc Analysis | 31 |
| Committee Mission | 33 |

Upholding Prisoners' Right to Healthcare 34

| | |
|--------------------------------------|----|
| Introduction | 35 |
| History and Description of the Issue | 36 |
| Current Status | 48 |
| Bloc Analysis | 53 |
| Committee Mission | 54 |
| Glossary | 56 |

| | |
|------------------------------------|----|
| Research and Preparation Questions | 57 |
| Important Documents | 58 |
| Works Cited | 59 |

A Note on the NHSMUN Difference

Esteemed Faculty and Delegates,

Welcome to NHSMUN 2024! We are Dennis Zhang and Christian Hernandez, and we are this year's Secretary-General and Director-General. Thank you for choosing to attend NHSMUN, the world's largest and most diverse Model United Nations conference for secondary school students. This year is particularly special as NHSMUN celebrates its **50th Anniversary**, and we are thrilled to welcome you to our hometown, New York City, this March for this landmark year!

As a space for collaboration, consensus, and compromise, NHSMUN strives to transform today's brightest thinkers, speakers, and collaborators into tomorrow's leaders. Our organization provides a uniquely tailored experience for all through innovative and accessible programming. We believe that an emphasis on education through simulation is paramount to the Model UN experience, and this idea permeates throughout numerous aspects of the conference:

Realism and accuracy: Although a perfect simulation of the UN is never possible, we believe that one of the core educational responsibilities of MUN conferences is to educate students about how the UN System works. Each NHSMUN committee is a simulation of a real deliberative body so that delegates can research what their country has said in the committee. Our topics are chosen from the issues currently on the agenda of that committee (except historical committees, which take topics from the appropriate time period). We also strive to invite real UN, NGO, and field experts into each committee through our committee speakers program. Moreover, we arrange meetings between students and the actual UN Permanent Mission of the country they are representing. Our delegates have the incredible opportunity to conduct first-hand research, asking thought-provoking questions to current UN representatives and experts in their respective fields of study. These exclusive resources are only available due to IMUNA's formal association with the United Nations Department of Global Communications and consultative status with the Economic and Social Council. No other conference goes so far to deeply immerse students into the UN System.

Educational emphasis, even for awards: At the heart of NHSMUN lies education and compromise. Part of what makes NHSMUN so special is its diverse delegate base. As such, when NHSMUN distributes awards, we strongly de-emphasize their importance in comparison to the educational value of Model UN as an activity. NHSMUN seeks to reward students who excel in the arts of compromise and diplomacy. More importantly, we seek to develop an environment in which delegates can employ their critical thought processes and share ideas with their counterparts from around the world. Given our delegates' plurality of perspectives and experiences, we center our programming around the values of diplomacy and teamwork. In particular, our daises look for and promote constructive leadership that strives towards consensus, as real ambassadors do in the United Nations.

Debate founded on strong knowledge and accessibility: With knowledgeable staff members and delegates from over 70 countries, NHSMUN can facilitate an enriching experience reliant on substantively rigorous debate. To ensure this high quality of debate, our staff members produce detailed, accessible, and comprehensive topic guides (like the one below) to prepare delegates for the nuances inherent in each global issue. This process takes over six months, during which the Directors who lead our committees develop their topics with the valuable input of expert contributors. Because these topics are always changing and evolving, NHSMUN also produces update papers intended to bridge the gap of time between when the background guides are published and when committee starts in March. As such, this guide is designed to be a launching point from which delegates should delve further into their topics. The detailed knowledge that our Directors provide in this background guide through diligent research aims to increase critical thinking within delegates at NHSMUN.

Extremely engaged staff: At NHSMUN, our staffers care deeply about delegates' experiences and what they take away from

their time at NHSMUN. Before the conference, our Directors and Assistant Directors are trained rigorously through hours of workshops and exercises both virtual and in-person to provide the best conference experience possible. At the conference, delegates will have the opportunity to meet their dais members prior to the first committee session, where they may engage one-on-one to discuss their committees and topics. Our Directors and Assistant Directors are trained and empowered to be experts on their topics and they are always available to rapidly answer any questions delegates may have prior to the conference. Our Directors and Assistant Directors read every position paper submitted to NHSMUN and provide thoughtful comments on those submitted by the feedback deadline. Our staff aims not only to tailor the committee experience to delegates' reflections and research but also to facilitate an environment where all delegates' thoughts can be heard.

Empowering participation: The UN relies on the voices of all of its member states to create resolutions most likely to make a meaningful impact on the world. That is our philosophy at NHSMUN too. We believe that to properly delve into an issue and produce fruitful debate, it is crucial to focus the entire energy and attention of the room on the topic at hand. Our Rules of Procedure and our staff focus on making every voice in the committee heard, regardless of each delegate's country assignment or skill level. Additionally, unlike many other conferences, we also emphasize delegate participation after the conference. MUN delegates are well researched and aware of the UN's priorities, and they can serve as the vanguard for action on the Sustainable Development Goals (SDGs). Therefore, we are proud to connect students with other action-oriented organizations to encourage further work on the topics.

Focused committee time: We feel strongly that face-to-face interpersonal connections during debate are critical to producing superior committee experiences and allow for the free flow of ideas. Ensuring policies based on equality and inclusion is one way in which NHSMUN guarantees that every delegate has an equal opportunity to succeed in committee. In order to allow communication and collaboration to be maximized during committee, we have a very dedicated administrative team who work throughout the conference to type up, format, and print draft resolutions and working papers.

As always, we welcome any questions or concerns about the substantive program at NHSMUN 2024 and would be happy to discuss NHSMUN pedagogy with faculty or delegates.

Delegates, it is our sincerest hope that your time at NHSMUN will be thought-provoking and stimulating. NHSMUN is an incredible time to learn, grow, and embrace new opportunities. We look forward to seeing you work both as students and global citizens at the conference.

Best,

Dennis Zhang
Secretary-General

Christian Hernandez
Director-General

A Note on Research and Preparation

Delegate research and preparation is a critical element of attending NHSMUN and enjoying the debate experience. We have provided this Background Guide to introduce the topics that will be discussed in your committee. We encourage and expect each of you to critically explore the selected topics and be able to identify and analyze their intricacies upon arrival to NHSMUN in March.

The task of preparing for the conference can be challenging, but to assist delegates, we have updated our [Beginner Delegate Guide](#) and [Advanced Delegate Guide](#). In particular, these guides contain more detailed instructions on how to prepare a position paper and excellent sources that delegates can use for research. Use these resources to your advantage. They can help transform a sometimes overwhelming task into what it should be: an engaging, interesting, and rewarding experience.

To accurately represent a country, delegates must be able to articulate its policies. Accordingly, NHSMUN requires each delegation (the one or two delegates representing a country in a committee) to write a position paper for each topic on the committee's agenda. In delegations with two students, we strongly encourage each student to research each topic to ensure that they are prepared to debate no matter which topic is selected first. More information about how to write and format position papers can be found in the NHSMUN Research Guide. To summarize, position papers should be structured into three sections:

I: Topic Background – This section should describe the history of the topic as it would be described by the delegate's country. Delegates do not need to give an exhaustive account of the topic, but rather focus on the details that are most important to the delegation's policy and proposed solutions.

II: Country Policy – This section should discuss the delegation's policy regarding the topic. Each paper should state the policy in plain terms and include the relevant statements, statistics, and research that support the effectiveness of the policy. Comparisons with other global issues are also appropriate here.

III. Proposed Solutions – This section should detail the delegation's proposed solutions to address the topic. Descriptions of each solution should be thorough. Each idea should clearly connect to the specific problem it aims to solve and identify potential obstacles to implementation and how they can be avoided. The solution should be a natural extension of the country's policy.

Each topic's position paper should be **no more than 10 pages** long double-spaced with standard margins and font size. **We recommend 3–5 pages per topic as a suitable length.** The paper must be written from the perspective of your assigned country and should articulate the policies you will espouse at the conference.

Each delegation is responsible for sending a copy of its papers to their committee Directors via [myDais](#) on or before **February 23, 2024**. If a delegate wishes to receive detailed feedback from the committee's dais, a position must be submitted on or before **February 2, 2024**. The papers received by this earlier deadline will be reviewed by the dais of each committee and returned prior to your arrival at the conference.

Complete instructions for how to submit position papers will be sent to faculty advisers via email. If delegations are unable to submit their position papers on time, please contact us at info@imuna.org.

Delegations that do not submit position papers will be ineligible for awards.

Committee History

The Social, Humanitarian, and Cultural (Third) Committee, or SOCHUM, is one of the United Nations General Assembly's (UNGA) six main committees. It was founded in 1945, after the creation of the Universal Declaration of Human Rights (UDHR). The UDHR outlines the fundamental human rights that SOCHUM must seek to defend globally.¹ SOCHUM follows the UN Charter, which structures the United Nations by describing the responsibilities and procedures that the organs are bound to. It also sets out key principles, such as member state sovereignty, which refers to the autonomy that a Member State has when it is part of a larger international organization.²

SOCHUM's mandate extends to discussing social, humanitarian, and cultural issues, as well as protecting human rights among the international community.³ It takes on a broader scope than other committees, allowing comprehensive discussions on important global challenges. The right to life, cultural expression, accessibility, disabilities, the promotion of social development, and other various topics that reflect emerging global challenges are often discussed.⁴

All 193 Member States of the UN participate and have an equal vote in SOCHUM. They work with the rest of the General Assembly to discuss issues on their agenda, write draft resolutions, and recommend actions for the GA to consider and approve.⁵ One limitation of SOCHUM is that it cannot enact policies on its own, which means that it is not authorized to force nations to take action, only recommend solutions.⁶ In November 2022, SOCHUM approved a draft resolution urging nations to create infrastructure to increase urban accessibility for people with disabilities voluntarily. One month later, SOCHUM recommended that the Member States increase funding to address drug abuse in prisons and the health of prisoners. Furthermore, SOCHUM has played a role in developing some of the most important international treaties and conventions on social issues, such as the UDHR and the Convention on the Rights of the Child.⁷

Historically, the committee has worked with other bodies in the UN, such as the Human Rights Council (UNHRC) and the High Commissioner for Refugees (UNHCR). Together, they investigate global issues and aim to collaborate with non-governmental organizations as well.⁸ SOCHUM references many key documents to carry out its goals, allowing for more consensus among such a diverse group of nations. Currently, SOCHUM is in its 78th session from 2023 to 2024, chaired by the Permanent Representative of Austria to the UN, Alexander Marschik.

1 "Universal Declaration of Human Rights," United Nations, accessed September 19, 2023. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

2 "United Nations Charter" United Nations, accessed September 19, 2023. <https://www.un.org/en/about-us/un-charter>.

3 "General Assembly Third Committee 'anchored' in human rights protection," United Nations, accessed September 18, 2023. <https://news.un.org/en/story/2018/12/1029321>.

4 "UN General Assembly Social, Humanitarian & Cultural "Third" Committee," Department of Foreign Affairs, accessed September 18, 2023. <https://www.dfa.ie/our-role-policies/international-priorities/human-rights/our-international-engagement/un-general-assembly-third-committee/>.

5 "Workings of the General Assembly," United Nations, accessed September 20, 2023. <https://www.un.org/en/ga/>.

6 "What is SOCHUM?," All American Mun, accessed September 20, 2023. <https://www.allamericanmun.com/what-is-sochum/>.

7 "General Assembly Adopts 51 Third Committee Drafts," United Nations, accessed September 20, 2023 <https://press.un.org/en/2022/ga12483.doc.htm>.

8 "Social Humanitarian & Cultural Issues (Third Committee)" <https://www.un.org/en/ga/third/>.



SOCHUM
NHSMUN 2024



TOPIC A:
IMPROVING RURAL ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

Photo Credit: USAID Vietnam

Introduction

Disabilities are common throughout the world. According to the World Health Organization (WHO) one in every six people has a disability. This equals 1.3 billion people worldwide.¹ Currently, a universal definition of disability does not exist. The Convention on the Rights of Persons with Disabilities (CRPD) defines a disability as the combination of a physical and mental impairment that leads to societal or environmental barriers.² Disability can prevent participation in social, political, economic, environmental, or cultural events.³ Environmental barriers are those that contribute to a physical challenge.⁴ In addition to the barriers they suffer, people with disabilities are one of the most marginalized groups. This makes it harder for them to enjoy their human rights.⁵

Article 9 of the CRPD mentions accessibility, a core aspect of the rights of people with disabilities. Accessibility means giving accommodations that will ensure access to facilities and services. Accommodations are adjustments in an environment that allow people with disabilities to enjoy them. Giving them access to services is easier to obtain.⁶ This includes access to infrastructure, transportation services, and information. The article also mentions explicitly that the provision of these services must be equal in both urban and rural areas.⁷

When people with disabilities live in rural areas, their rights are often less recognized, understood, and respected. The Food and Agriculture Organization (FAO) defines rural areas as places of residence and land settlement in which residents engage in production of products on the land as their work activity. These areas usually have lower populations relative to urban areas. In addition, rural areas are always found outside of urbanized areas. Services for people with disabilities are most commonly found in urban areas, so it is harder for those in rural areas to use them because of the lack of accessibility.⁸

The Committee on the Rights of Persons with Disabilities

General Comment on Article 9, which discusses Accessibility, states that the lack of accessibility prevents people with disabilities from enjoying their fundamental rights. For example, lack of accessibility makes it harder for people with disabilities to get healthcare because of how hard it is to find transportation to and for it. Finding a space in which they can go with their assistive technology is also a limitation to some other rights, including education and access to WASH facilities. Another big issue that contributes to this lack of accessibility is the fact that there is little legislation to address this issue.⁹

When considering this topic, delegates should consider the barriers identified by The Office of the High Commissioner on Human Rights in their Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas. One thing to consider is the high cost of services. This limits the rights of people with disabilities living in rural areas that tend to have fewer job opportunities to be able to afford the services needed to be included in their community. Since most of them are located in urban areas, it is harder to access these services.

1 “Disability,” World Health Organization, accessed August 13, 2023. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>.

2 UN General Assembly. Resolution 61/106. Convention on the Rights of Persons with Disabilities. A/RES/61/106. (January 24, 2007). <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N06/500/79/PDF/N0650079.pdf?OpenElement>.

3 Infrastructure and Cities for Economic Development, *Delivering Disability Inclusive Infrastructure in Low Income Countries*, (United Kingdom: ICED, 2019) http://icedfacility.org/wp-content/uploads/2019/07/ICED_DII_LICs.pdf.

4 Nyunyutai Mudzingwa and Louyse S Madungwe, “Attitudinal, Institutional and Environmental Barriers Confronting People with Impairments in Masvingo Province: Zimbabwe,” *Developing Country Studies* 9, no. 7 (2019), <https://www.iiste.org/Journals/index.php/DCS/article/download/48747/50367>.

5 “About the Human Rights of Persons with Disabilities,” Office of the High Commissioner on Human Rights, accessed August 13, 2023, <https://www.ohchr.org/en/disabilities/about-human-rights-persons-disabilities>.

6 “What is a reasonable accommodation?,” National Network, accessed August 20, 2023, <https://adata.org/faq/what-reasonable-accommodation>.

7 A/RES/61/106.

8 Narayan, Jayanthi, and Nibedita Patnaik, “Inclusive and Special Education Services in Rural Settings,” *Oxford Research Encyclopedias*, (September 28, 2020), <https://doi.org/10.1093/acrefore/9780190264093.013.1220>.

9 Committee on the Rights of Persons with Disabilities, Resolution 11/3, General Comment on Article 9: Accessibility, CRPD/C/11/3, ¶ 7 November 25, 2013. <https://www.ohchr.org/Documents/HRBodies/CRPD/GC/DGCArticle9.doc>.

This severely hinders the opportunity for rural people with disabilities to enjoy an equal quality of life, including the right to accessibility and other rights. To address these issues, having accurate data on the needs that exist is crucial.¹⁰

History and Description of the Issue

Accessibility of Mainstream Services

Article 9 of the CRPD states that appropriate measures should be taken to ensure access to facilities and services provided to the general population.¹¹ As part of this, people with disabilities can access mainstream services. Mainstream services are defined as services provided by the government to provide an adequate standard of living. These can include anything from public transport education to health.¹² While these services are essential, rural areas often do not have equal access to these services to begin with.¹³ For example, hospitals are far more common in urban areas than rural ones, as are services such as public transport.¹⁴ Additionally, the quality of the services in rural areas is also often worse than in urban areas, and the services often fail to accommodate people with disabilities.

Many factors contribute to this. The first is that mainstream services are often underfunded in rural areas. One reason for this is governments believing there is less demand for them. Another reason for the inequality between urban and rural areas is the second barrier: the geographical isolation that exists between rural and urban areas. Rural areas have lower populations and more space between communities. These features make funding services in rural areas less realistic to governments.¹⁵ This results in rural areas not having the

quality of services that urban areas do. As a result, people with disabilities will often need to have accessible travel. This, in turn, is less often available in rural communities for the same reasons.¹⁶

Language barriers are also important. In countries with multiple local languages, rural areas may often speak more or different languages than urban areas. Because healthcare providers are often located in urban areas, if they are unprepared to communicate with people with disabilities from rural areas, it is difficult to properly address their needs. This is often the case. Studies have indicated that hospital resources are more likely to be wasted when healthcare providers cannot communicate with patients in the same language. Additionally, patients are more likely to see treatments have negative effects when the language barrier cannot be overcome.¹⁷ Cultural and informational barriers go hand-in-hand with language barriers as well. Often, people with disabilities are unaware of the specifics of what mainstream services are available to them, as well as how to access them, which also plays a major role in not being able to provide adequate services. For example, people with disabilities from rural areas may not know the types of treatments available for their condition or where to access those treatments. This can be caused by a lack of access to the internet or simply not knowing where to look.¹⁸ Furthermore, rural areas tend to be socially close-knit due to their small size. As a result, the social stigma can be a factor in why people with disabilities do not receive adequate support.¹⁹ Social stigma is the sense of being isolated or negatively judged by one's community.

While there are shared barriers to accessing mainstream services, each mainstream service generally has a unique set

10 Office of the High Commissioner for Human Rights. *Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas*. (Geneva: United Nations, 2020.) <https://www.ohchr.org/sites/default/files/thematic-brief-rural-areas.pdf>.

11 UN General Assembly, Resolution 61/106, Convention on the Rights of Persons with Disabilities, A/RES/61/106, (January 24, 2007) <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N06/500/79/PDF/N0650079.pdf?OpenElement>.

12 "Mainstream Services," United Nations Economic and Social Commission for Western Asia, accessed July 15, 2023, <https://www.unescwa.org/sd-glossary/mainstream-services>.

13 "Healthcare Access in Rural Communities Overview - Rural Health Information Hub." Accessed September 4, 2023. <https://www.ruralhealthinfo.org/topics/healthcare-access>.

14 Laksono, Agung Dwi et al. "Urban and Rural Disparities in Hospital Utilization among Indonesian Adults." *Iranian journal of public health* vol. 48,2 (2019): 247-255. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6556184/>

15 "Healthcare Access in Rural Communities"

16 "Healthcare Access in Rural Communities"

17 Al Shamsi, Hilal, Abdullah G. Almutairi, Sulaiman Al Mashrafi, and Talib Al Kalbani. "Implications of Language Barriers for Healthcare: A Systematic Review." *Oman Medical Journal* 35, no. 2 (April 30, 2020): e122. <https://doi.org/10.5001/omj.2020.40>.

18 *Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas*.

19 "Healthcare Access in Rural Communities"



Woman receiving medical attention in a school
Credit: Kaye Richey

of needs for providing access. For example, several factors contribute to providing proper access to healthcare in rural areas. The first is making sure there are enough available resources. Several types of resources need to be available. The first is human resources, referring to all people who work in providing said services. In rural areas, the availability of healthcare providers is very limited.²⁰ This puts at serious risk the opportunity to provide healthcare services to people with disabilities, as there are often not enough providers to give them adequate treatment.

Another type of resource that is important is healthcare infrastructure. In rural areas, it is common not to have enough clinics, pharmacies, and laboratories. The few that are available do not provide reasonable accommodation for people with disabilities, making it harder to provide access to healthcare for them.²¹ Finally, having enough medical resources is crucial to provide healthcare. Not having enough materials to treat or equipment to diagnose makes it harder to provide quality

healthcare. It is also important to consider that often, people with disabilities need special medication and or treatment that can be hard to obtain. Making sure that they are provided in rural areas is also crucial.²² A third factor that tends to hinder access to healthcare in rural areas is distance and transportation to healthcare facilities. It is common to see that most of the facilities to receive healthcare are located in urban areas. Because of this, people with disabilities often have to travel very long distances in poor road conditions. This makes it very challenging for them to access healthcare in the first place. Because of this, accommodations in transportation services are considered to go hand in hand with providing access to healthcare.²³

The affordability of healthcare also plays an important role for people with disabilities accessing it. Poverty among people with disabilities is very common.²⁴ This makes it harder for them to afford medicine and medical services that they might need.

To address this, several social security and health insurance

20 Dassah, Ebenezer, Heather Aldersey, Mary Ann McColl and Colleen Davison, “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis,” *Glob health res policy* 3, no. 36 (2018), <https://doi.org/10.1186/s41256-018-0091-x>.

21 Dassah, Ebenezer, Heather Aldersey, Mary Ann McColl and Colleen Davison, “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis.”

22 Dassah, Ebenezer, Aldersey, McColl and Davison, “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis.”

23 Dassah, Ebenezer, Aldersey, McColl and Davison, “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis.”

24 Nanette Goodman, Michael Morris and Kelvin Boston, *Financial Inequity: Disability, Race and Poverty in America*, (Washington: National Disability Institute, 2019) <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf>

schemes work in providing low-cost or free healthcare. However, it is important to consider the indirect cost of this. Transportation services to and from those healthcare facilities that provide low-cost or free care are not considered. To those with a physical disability that impedes them from using public transportation, having to look for another way to get there often prevents them from seeking care. Another indirect cost of healthcare is medical equipment such as wheelchairs, canes, crutches, and caregivers. While both of them are crucial for some people with disabilities, not being included in some of the exciting schemes makes it difficult to afford them.

One more factor that is important to consider is the role of healthcare providers. Having positive or negative experiences with providers tends to affect how likely people with disabilities will come back for follow-up treatment. Having a positive experience in which the healthcare providers were kind, helpful, and showed a willingness to help contribute to developing a strong relationship. On the other hand, experiencing negative attitudes affected the level of care they received. Two of the main causes of negative healthcare experiences are stigma and discrimination. Finally, lack of awareness of disabilities plays a major role in the limitation of healthcare access for people with disabilities. For this, there are two parts. The first part is a lack of awareness of what a disability looks like. With it also comes a difficulty in how to treat it properly. This is more common for mental disabilities. They are often referred to as “invisible disabilities” because they are not evident. They are often not properly treated because said conditions are very stigmatized among society and even the medical community.²⁵ The second part consists of a lack of awareness that healthcare exists. This is more common when there is a barrier to communicating what services exist and understanding the needs of those seeking treatment.²⁶

Another important part of mainstream services is water,

sanitation, and hygiene (WASH) facilities. Article 28 of the CRPD talks about social protection. It should include having equal access to clean water services, devices, and assistance.²⁷ Access to WASH facilities can be difficult due to many factors. These may include the cultural context, geographical location, and type of disability. However, two main barriers prevent people with disabilities from having proper access to WASH facilities. The first barriers to WASH access are the technical barriers. These are any structural difficulties that exist when trying to access WASH facilities. This can change based on the needs of the person in question. For example, it can look like someone is having difficulty reaching a tap to get water. It can also look like someone having trouble carrying water to their house. It may also include even having access to water at all. Sanitation facilities are often harder to access than water. Like water, accessing sanitation and hygiene facilities may look different to different people. For example, having a toilet without support bars may result in a person being unable to get on and off the toilet safely. Likewise, being unable to reach sinks and washing points may be a concern for some people. In rural areas, having a toilet freely accessible at home is not a guaranteed utility. In these cases, latrines located on uneven paths are more common. They may have a higher risk for accidents.²⁸ These are some of the technical barriers that are more present in rural areas.

While the impact of not having access to WASH facilities is often only discussed from a residential perspective, there are other spaces in which not having proper access to these facilities could harm people with disabilities.²⁹ One of these spaces is the school. A lack of accessible sanitation facilities prevents many children with disabilities from enrolling in school. For those who did enroll, there is a high dropout rate later in their school life. This is particularly more prevalent in girls and women with disabilities, who are not able to use sanitary facilities in a dignified way.³⁰ The lack of access to

25 Kelly Lockwood, “Access for all - invisible disabilities remain overlooked,” *British Medical Association*, November 24, 2020,

<https://www.bma.org.uk/news-and-opinion/access-for-all-invisible-disabilities-remain-overlooked>.

26 Dassah, Aldersey, McColl and Davison, “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis.”

27 A/RES/61/106.

28 Asfaw, Berhanu, Muluken Azage, and Gebremedhin Berhe Gebregergs. “Latrine Access and Utilization among People with Limited Mobility: A Cross Sectional Study.” *Archives of Public Health* 74 (March 1, 2016): 9. <https://doi.org/10.1186/s13690-016-0120-5>.

29 Berhanu, Azage, and Gebregergs. “Latrine Access and Utilization among People with Limited Mobility: A Cross Sectional Study.”

30 N. Groce, Bailey, R. Lang, J. F. Trani, and M. Kett, “Water and Sanitation Issues for Persons with Disabilities in Low- and Middle-Income

WASH facilities has major health implications for people with disabilities. An example is diarrheal disease. Unsafe water supplies and inadequate sanitation cause diarrheal diseases. They account for approximately 1.6 million deaths yearly.³¹ While they are a universal concern, there are some added risks for people with disabilities. One of them is the restriction of water and food intake. In cases where an individual may need assistance using the bathroom, their access to food and water may be timed or limited to make sure that they will have assistance when having to use the restroom and other facilities. This might lead to malnutrition and dehydration. Having difficulty accessing sanitation and hygiene facilities, such as sinks, also makes them more likely to get certain infections that can worsen or even lead to some disability. People with disabilities are more likely to get a visual impairment due to trachoma, a bacterium that causes blindness. This is preventable when access to proper sanitation and hygiene facilities is provided.³²

A third mainstream service that has barriers to access in both rural areas and for people with disabilities is transportation.

Countries: A Literature Review and Discussion of Implications for Global Health and International Development,” 617-627.

31 Deneke Wolde, Genet Asfaw Tilahun, Kehabtimer Shiferaw Kotiso, Girmay Medhin, and Tadesse Eguale. “The Burden of Diarrheal Diseases and Its Associated Factors among Under-Five Children in Welkite Town: A Community Based Cross-Sectional Study.” *International journal of public health* 67, no. 1604960. (October 12, 2022.) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9596767/>.

32 N. Groce, Bailey, R. Lang, J. F. Trani, and M. Kett, “Water and Sanitation Issues for Persons with Disabilities in Low- and Middle-Income Countries: A Literature Review and Discussion of Implications for Global Health and International Development,” 617-627.

33 Jansuwan, Sarawut, Keith M. Christensen, and Anthony Chen, “Assessing the Transportation Needs of Low-Mobility Individuals: Case Study of a Small Urban Community in Utah,” *Journal of Urban Planning & Development* 139, no. 2 (June 1, 2013): 104–14, doi:10.1061/(ASCE)UP.1943-5444.0000142.

Transportation is not only a need in general, but also crucial to help provide other types of mainstream services, such as healthcare. This is because accessible transportation is necessary to access all types of resources, including education and healthcare. It also contributes to making it easier for people with disabilities to be part of the community by allowing them to be more connected with others and not forced to be at home. Proper transportation for people with disabilities in rural areas might look different from those in urban areas. For those with mental disabilities, not having adequate signage on the streets makes it very hard for them to be independent while trying to get anywhere.³³

Developing Inclusive Education for People with Disabilities

Education has been considered a basic human right. Article 24 of the CRPD states that member states “shall ensure that Persons with disabilities are not excluded from the general education system based on disability and that children with disabilities are not excluded from free and compulsory primary



A rural latrine

Credit: eGuide Travel



A one-room school in Uganda
Credit: SuSanA Secretariat

education, or from secondary education, based on disability.”³⁴ Having a quality education includes having access to facilities and programs that are inclusive and provide effective learning.³⁵

Special education refers to modifications to a curriculum to help people with disabilities learn better. Historically, there have been difficulties in providing this type of education worldwide. Examples include preventing people with disabilities from going to schools for people with disabilities. This often occurs due to stigma or not being able to accommodate their needs on school grounds. Rural areas face more challenges when providing special education when compared to urban areas. Schools in rural areas are often not equipped with the necessary tools to address special education needs because of lack of funding. In rural areas, children with disabilities often learn traditional job skills rather than the curriculum.³⁶ For example, in areas associated with farming, students may be taught farming skills. This tends not to be the case with special education in urban areas. Additionally, many rural schools lack technology or specialized teachers.

³⁴ A/RES/61/106.

³⁵ *Goal 4*, United Nations Department of Economic and Social Affairs: Targets and Indicators, last accessed July 17, 2023, <https://sdgs.un.org/goals/goal4>.

³⁶ Jayanthi Narayan, and Nibedita Patnaik, “Inclusive and Special Education Services in Rural Settings,” *Oxford Research Encyclopedias*, September 28, 2020, <https://doi.org/10.1093/acrefore/9780190264093.013.1220>.

³⁷ “Making Schools more accessible for students living with disabilities,” Martin Brothers ADA-Inspection Services, accessed August 24, 2023. <https://adainspectionorangecounty.com/making-schools-more-accessible-for-students-living-with-disabilities/>

³⁸ “How Much Does A Ramp Cost?” National Ramp, accessed September 21, 2023. <https://homeaccess.nationalramp.com/pricing/>

Promoting inclusion in schools is the first step in generating an inclusive environment in the community. Inclusive education is a process that looks to strengthen existing educational systems by making them more accessible. In practice, inclusive education may look like children with disabilities attending traditional schools that accommodate their needs. This would include removing barriers to learning, such as creating accessible routes to different classrooms or areas of a school, creating accessible bathrooms, or buying desks that can be adjusted for students with mobility disorders.³⁷ The introduction of this concept has resulted in a higher enrollment rate of children with disabilities in schools, especially in urban areas. However, rural schools, which often deal with limited funds, often cannot afford to make these improvements. One estimate for adding an accessible ramp to schools was around USD 3,600.³⁸

Another important aspect to consider in special education is awareness. Some educators are unaware of how to adapt to the needs of people with disabilities in their curriculum. This is common, especially since curriculums are often heavily

oriented towards schools in urban areas. Awareness among parents and caregivers is also important. A 2012 report showed that in rural areas, people are overall less aware of the rights of people with disabilities, including the right to education. They also don't always know other educational options to fulfill their needs.³⁹ It is also common for parents and caregivers to be unable to communicate the needs of their children with disabilities, which makes it difficult for schools to identify how to help.⁴⁰ Increasing awareness among parents and caregivers can have other benefits, including decreasing stigma. In their article, "Inclusive and Special Education Services in Rural Settings," Dr. Jayanthi Narayan and Nibedita Patnaik state that a common thought among parents and caregivers is that spending money on educating their children without disabilities is more productive. This happens because they think it will increase their future employment opportunities. Mentalities such as these leave little to no resources for the education of their children with disabilities.⁴¹ The report concludes that creating awareness of all the positive implications of educating children with disabilities will directly impact the likelihood of children being enrolled in school.⁴²

Increasing retention rates in schools is also equally important. A major challenge is that many children with disabilities do not continue in school from primary to secondary education. This can be due to several reasons, including physical accessibility, adaptability of curriculum content, motivational level of students, and affordability. Considering these factors when establishing rural schools has been proven highly effective in retention. For example, in Ethiopia, the government established schools specifically for rural areas and eliminated tuition fees for these days. Over eight years, this doubled

enrollment.⁴³ Another important aspect of providing quality special education is attitude. This consideration is often strong in rural areas—the attitude of teachers in rural areas towards special education is often positive. This can be because of the community support that teachers receive.⁴⁴ Additionally, many teachers have also reported attending part-time and online courses to prepare themselves to teach children with disabilities.⁴⁵ Though these are encouraging, if, for any reason, educators have a negative attitude toward their students, the impacts can be disastrous. For example, in the United States, a problem that students face is known as "shortening." Shortening occurs when educators send students with disabilities home early as "punishment" for their behaviors.⁴⁶ While this is illegal, most schools are not required to disclose if shortening does occur, which often leads to a diminished experience.⁴⁷

To provide equal educational opportunities for all students, several frameworks to provide special education have been developed. One of the most popular is the Universal Design for Learning (UDL). This framework aims to improve teaching and optimize learning based on the scientific evidence on how people learn. This is done by identifying why, what, and how their brains receive information.⁴⁸ Adapting and using the UDL framework for special education curriculum is incredibly useful, as it recognizes the diversity of learners and provides specific guidelines for their needs. One of the ways that the UDL helps educators adapt to students with disabilities is through providing alternative methods of communication for students. This way, students can show what they have learned in whatever way they feel more comfortable. With this, students' actual learning and ability are not measured by

39 Bala Baskar Kuppasamy, Jayanthi Narayan and Deepa Nair N., "Awareness among family members of children with intellectual disability on relevant legislations in India," *Disability, CBR and Inclusive Development* 23, no. 1 (June 2012): 92–99, https://www.researchgate.net/publication/291528439_Awareness_among_Family_Members_of_Children_with_Intellectual_Disability_on_Relevant_Legislations_in_India.

40 Xiaoli, Xu, and Olli-Pekka Malinen, "Teacher views of support for inclusive education in Beijing, China," *International Journal of Special Education* 30, no.3 (January 2015): 150–159, https://www.researchgate.net/publication/286933324_Teacher_views_of_support_for_inclusive_education_in_Beijing_China.

41 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

42 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

43 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

44 Meng Deng, "The attitudes of primary school teachers toward inclusive education in rural and urban China," *Frontiers of Education in China* 3, no. 4, (2008): 473–492, <https://link.springer.com/article/10.1007/s11516-008-0031-5>.

45 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

46 Sarah Butrymowicz, "Sent Home Early: Lost Learning in Special Education," *The Hechinger Report*, March 25, 2021. <https://hechingerreport.org/sent-home-early-lost-learning-in-special-education/>

47 Butrymowicz, "Sent Home Early: Lost Learning in Special Education."

48 "The UDL Guidelines," Center for Applied Special Technology, accessed August 17, 2023 <https://udlguidelines.cast.org/>.

a standardized test. This also allows students to highlight their abilities and talents. Another barrier that can be overcome by implementing the Universal Design for Learning is the engagement of students. With it, different strategies to reduce the anxiety that many children with disabilities face when going to school and providing choices of how they can learn better, engagement in classroom activities can be improved.⁴⁹

There have also been some alternative practices that were developed to improve the quality of education for children with disabilities. These methods focus on showing how relevant people with disabilities can be to the community. This might look like curriculums modified to teach some nontraditional skills. Some examples are livestock and crop production. This increases the inclusiveness of people with disabilities in their community. It also provides them with skills to empower themselves in the future.⁵⁰ It is also important to consider the role of the government in providing an accessible education for students with disabilities. The curriculum that governments provide to be taught at schools must be adapted to be just as relevant and meaningful for people living in rural areas.⁵¹ Governments must also increase funding to rural communities and schools. Funding is needed to retain trained teachers and to provide enough materials and reasonable accommodation for people with disabilities. Having enough funds to get the necessary tools to provide special education is important to make it useful to all students.⁵²

Finally, the voices of students with disabilities must also be considered. Understanding what students with disabilities appreciate learning about and what needs to be adapted in a school curriculum would make it more useful for them and future generations.⁵³ In addition to the actors mentioned previously, it is important to also take advantage of the

technological resources that are available in rural areas. Finding a way to use them to adapt to the needs of people with disabilities in a school setting is a quicker way to ensure that quality education is provided.⁵⁴

Promoting Job Opportunities

The goal of accessibility is that people with disabilities can live independently in their communities. Employment opportunities are important to achieve this goal. This allows people with disabilities to take an active role in the economic development of not only their families, but also the rural communities to which they belong. It can also benefit countries. The International Labour Organization (ILO) estimates that excluding people with disabilities from work can decrease a country's GDP by one to seven percent.⁵⁵ Excluding people with disabilities from working opportunities can also contribute to the poverty cycle. While people living in poverty are more likely to have a disability due to living in said conditions, having a disability can also contribute to poverty. This is because there are limited opportunities for employment and development for people with disabilities.⁵⁶

People with disabilities are more likely to be unemployed. According to ILO statistics, 7.6 percent are unemployed.⁵⁷ The number of people with disabilities who are unemployed is almost two percent higher than those without disabilities. In addition to this, those who do work often face many injustices in comparison to those who work and do not have a disability. Some of them include being underemployed, making less money for the same amount of work, and having limited development opportunities to continue to grow in the workspace.⁵⁸

49 Silvia Baldiris Navarro, Panagiotis Zervas, Fabregat Gesa Ramon, and Demetrios G. Sampson, "Developing Teachers? Competences for Designing Inclusive Learning Experiences," *Journal of Educational Technology & Society* 19, no. 1 (2016): 17-27, <https://www.proquest.com/scholarly-journals/developing-teachers-competences-designing/docview/2147704979/se-2>.

50 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

51 "Education transformation needed for 'inclusive, just and peaceful world,'" *UN News*, September 19, 2022.

52 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

53 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

54 Narayan, and Patnaik, "Inclusive and Special Education Services in Rural Settings."

55 International Labour Organization, *Empowering People with Disabilities for Rural Development*, Geneva: ILO, 2011, https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_159006.pdf.

56 International Labour Organization, *Empowering People with Disabilities for Rural Development*.

57 International Labour Organization. "New ILO database highlights labor market challenges of persons with disabilities," accessed August 17, 2023, <https://ilostat.ilo.org/new-ilo-database-highlights-labour-market-challenges-of-persons-with-disabilities/>.

58 Silvia Bonaccio, Catherine E. Connelly, Ian R. Gellatly, Arif Jetha and Kathleen A. Martin Ginis, "The Participation of People with Disabilities in the Workplace Across the Employment Cycle: Employer Concerns and Research Evidence," *Journal of Business and Psychology*

There are many barriers that people with disabilities face when trying to join the workforce. One of them is the lack of access to the necessary supplies needed to work. Researchers found that people with disabilities often have difficulties purchasing the tools they use to work. In these cases, they often turn to community members for assistance. Furthermore, workplace tools are often not adapted to their needs. Because of this, their participation in the work environment is limited. For example, for those who are self-employed and earn their livelihood by selling handicrafts, this issue results in having faulty products that are harder to sell.⁵⁹ Researchers identified the second barrier as a lack of skills and the training and opportunities to develop them. It is much harder to get jobs when the opportunities to learn necessary skill sets are severely limited. The researchers point out that it is important to provide accessible education to address this.⁶⁰ A third barrier is disempowerment. When working, people with disabilities often feel like they are not effective or important enough. In the study, it was found that economic empowerment for people with disabilities can occur when providing education and participation opportunities in their community and by promoting self-determination among them.⁶¹

Accessible workspaces can look different everywhere. This is especially true when considering the type of activity being performed. In rural areas, the most common economic activities are related to agriculture.⁶² The agricultural sector is relatively strong in providing support for people with disabilities. It often has workers with impaired mobility and other disabilities effectively working.⁶³ An estimated 288,000–500,000 workers with disabilities in the United States participate in agricultural work.⁶⁴ While this sector has

provided many opportunities for people with disabilities, there are still some challenges. These include the general barriers to entering the workplace, but some others include inaccessible transportation and not having proper access to information on assistive technologies that might help them accommodate their needs in the agricultural workspace.⁶⁵

Employment opportunities for people with disabilities are more likely to occur when addressing the barriers and challenges that many experts in the field have pointed out with their work. An example of this is the United Nations Development Programme's collaboration with Begoml Boarding School in the Dokshitsky district of the Vitebsk region in Belarus. The project worked on creating a green lab and an agriculture learning course focused on young people with learning disabilities. Specialists from Vitebsk State University created the course. It was designed to help students get theoretical knowledge of agricultural production. This provided all of the students with the skill set needed to work in agriculture, providing them with the opportunity to find a meaningful job and a source of income to improve their livelihood.⁶⁶

Another example is the Developing Entrepreneurship among Women with Disabilities (DEWD) project. This project, facilitated through the ILO, was first implemented in Ethiopia. DEWD provides vocational skills and micro-enterprise knowledge to women with disabilities. It also provides access to credits and finding ways in which they could sustain their entrepreneurial activities in the long run. With this program, women with disabilities who participated were able to receive economic empowerment, which translates into a better

35, (2020): 135 - 158, <https://link.springer.com/article/10.1007/s10869-018-9602-5>.

59 Nokuthula Tinta and Unathi Kolanis, "Overcoming barriers for people with disabilities participating in income-generating activities: A proposed development framework," *African Journal of Disability* 12, (March 2023): 1- 10, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10091055/pdf/AJOD-12-1133.pdf>

60 Tinta and Kolanis, "Overcoming barriers for people with disabilities participating in income-generating activities: A proposed development framework," 1 - 10.

61 Tinta and Kolanis, "Overcoming barriers for people with disabilities participating in income-generating activities: A proposed development framework," 1 - 10.

62 Alette Van Leur, "The rural economy. An untapped source of jobs, growth and development," *ILO Newsroom*, March 13, 2017, https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_547135/lang-en/index.htm.

63 William E. Field and Paul Jones, *Agricultural Medicine: Chapter 7: Disability in Agriculture*, 70-80, New York: Springer, 2006, <http://eknygos.lsmuni.lt/springer/23/70-80.pdf>

64 Field and Jones, *Agricultural Medicine: Chapter 7: Disability in Agriculture*, 70-80.

65 Field and Jones, *Agricultural Medicine: Chapter 7: Disability in Agriculture*, 70-80.

66 "Can agriculture provide people with disabilities with employment opportunities amid crises like COVID-19?" United Nations Development Programme, last modified May 1, 2020, <https://www.undp.org/belarus/press-releases/can-agriculture-provide-people-disabilities-employment-opportunities-amid-crises-covid-19>.

livelihood for them and their families.⁶⁷

While countries have made an effort to promote employment for people with disabilities, opportunities are often not the same as full-time employment. The OECD has recommended three key areas to improve moving forward.⁶⁸ The first recommendation is to focus on early intervention. This refers to having clear obligations for employers and employees in having strong insurance programs that can allow easy integration to work when needed. It also refers to having a good capacity in employment services, so it can be easier to target the individual needs of those with disabilities who are seeking a job. The second recommendation is to tackle the common skill gaps in people with disabilities. This refers to having accessible and inclusive resources on specific skills, especially focused on adults seeking employment. The third recommendation is to support young people with disabilities. Through inclusive education and school-to-work programs, they can develop the skills needed to join the workforce when they finish school. By doing this, it is more likely that they are employed and contribute positively to their likelihood.⁶⁹

Developing Accessible Infrastructure in Rural Areas

Creating accessible infrastructure is important to be inclusive for people with disabilities. Correctly designed and implemented infrastructure can lead to economic and societal development.⁷⁰ Article nine of the CRPD talks about accessibility. While this article does not mention accessible infrastructure explicitly, it refers to the obligation of countries. States must provide an accessible physical environment, transportation, facilities, and services provided to the public.⁷¹ Because of this, it is important to focus efforts on making sure that accessible infrastructure is provided. Modifications to

infrastructure to increase accessibility to those with a physical disability are well identified. However, there is very little data regarding infrastructure changes that might benefit psychosocial and intellectual disabilities.⁷² In rural areas, it is common to see a lack of funding, technical guidance, and awareness of how inclusive infrastructure looks.⁷³

The Committee on the Rights of Persons with Disabilities encourages the implementation of Universal Design to promote accessibility. Universal Design is a philosophy that makes sure that, from a design perspective, accessibility in environments, services, and experiences are given. These must be given regardless of anyone's age, ability, and cultural background.⁷⁴ To work properly, seven principles must be followed when using Universal Design. The first principle is equitable use. This means that the design of products should be useful to everyone's abilities. The second principle is flexibility. The design should be able to provide accommodations when needed. This is targeted to a wide range of different preferences that users might have. The third principle is simple and intuitive use. The product should be easy to understand for everyone, regardless of the knowledge, skills, and experience of the user. The fourth principle is perceptible information. If there is some necessary information that the user needs to know for the product to work, it should be communicated regardless of any sensory or communication abilities. The fifth principle is tolerance for errors. Hazards and accidental consequences of the product must be minimized in case of mishandling. The sixth principle is low physical effort. The product should be designed to be used efficiently with as little effort as needed. The seventh principle is size and space for approach and use. This states that the product is appropriate to use regardless of any user's body size, posture, or mobility.⁷⁵

The Disability Considerations for Infrastructure Programmes

67 International Labour Organization, *Developing Entrepreneurship among Women with Disabilities (DEWD) Fact Sheet*, (Geneva: ILO, 2008), http://wedgelo.weebly.com/uploads/1/9/2/8/1928277/dewd_fact_sheet_300506.pdf.

68 OECD, *Disability, Work and Inclusion: Mainstreaming in All Policies and Practices*, (Paris: OECD Publishing, 2022), <https://www.oecd.org/social/disability-work-and-inclusion-1eaa5e9c-en.htm>.

69 *Disability, Work and Inclusion: Mainstreaming in All Policies and Practices*.

70 Infrastructure & Cities for Economic Development. *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

71 A/RES/61/106.

72 Community Tool Box, *Implementing Promising Community Interventions: Chapter 26: Section 4: Ensuring Access for People with Disability*, (Kansas: The University of Kansas), <https://ctb.ku.edu/en/table-of-contents/implement/physical-social-environment/housing-accessibility-disabilities/main>

73 Infrastructure & Cities for Economic Development, *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

74 "Universal Design," Victoria State Government, accessed August 7, 2023, <https://providers.dffh.vic.gov.au/universal-design>

75 "Universal Design," Victoria State Government.



Transportation services in rural areas

Credit: Rasheedhrasheed

report, produced by Evidence on Demand with the assistance of the UK Department for International Development, points out the recommended and not recommended practices when planning accessible infrastructure. They focus on six points. The first is forming partnerships between people with disabilities and designers and planners. By doing this, the specific needs will be communicated and effectively addressed. The second is to comply with existing legal frameworks regarding accessibility and construction. The third one is specific instructions. Specific details for how designs should accommodate people with disabilities should be included. In addition, the principles of Universal Design should be considered. The fourth one is quality assurance systems. By providing supervision, respecting accessibility standards is more likely to occur. The fifth one is providing staff training. This way, all those working on the project can implement disability-inclusive accessibility. The sixth one is having a systematic approach. By doing this, Universal Design access can be easier to implement and modify everywhere.⁷⁶

As for what is not recommended, the organization focus on two of them. The first one is not having tough resources, including technical and financial. Without them, the

⁷⁶ Anjlee Agarwal and Andre Steele, *Disability considerations for Infrastructure Programmes*, (London: Evidence of Demand, 2016), https://assets.publishing.service.gov.uk/media/57a08954ed915d3cfd0001c4/EoD_HDYr3_21_40_March_2016_Disability_Infrastructure.pdf.

⁷⁷ Anjlee Agarwal and Andre Steele, *Disability considerations for Infrastructure Programmes*.

⁷⁸ Infrastructure & Cities for Economic Development, *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

implementation of accessible spaces won't be as efficient as it is intended. The second one does not have user involvement. This means that people with disabilities are not consulted when making decisions on how infrastructure is going to be built or modified. This leads to inefficient infrastructure modifications. An example of this can be seen in Kuala Lumpur, Malaysia, where bollard blocks were installed on curb ramps. The purpose of this was to prevent vehicles from entering pedestrian pavements. However, it blocked access for wheelchairs and crutch users. This shows why user involvement and technical resources are needed when modifying infrastructure, as they can become less effective than intended if not done correctly.⁷⁷ For this, it is also important to consider the access chain. The access chain refers to every step that it takes to do something. In practice, having this consideration would look like making sure that there are not only accessible seats in a bus, but also that there are accommodations to get to the station and buy a ticket.⁷⁸

The report also points out some non-negotiables in planning and designing accessible infrastructure. The first one is a commitment to address accessibility issues. The report recommends appointing a project manager. The manager

would be responsible for making sure that the accessibility agenda of the project is being followed. The second recommendation is following accessibility standards. For every project, there will be local, national, and international regulations regarding accessibility that need to be followed. Some international standards include the Convention on the Rights of Persons with Disabilities. The third one is fund allocation. Often, all the resources needed to provide a Universal Design are seen as extra, which can compromise the quality and quantity of materials. It is important to ensure that these resources are seen as necessary to provide accessible infrastructure and are considered since the beginning of fund allocations. The fourth one is maintenance and supervision. To make sure that designs are useful throughout their lifespan, it is important to have them under supervision for possible malfunctions and wear and tear that might compromise the effectiveness of the products.⁷⁹

To properly implement an accessible infrastructure, policies and legislative frameworks are needed. In over 55 countries, there are specific laws that support the rights of people with disabilities, including accessibility.⁸⁰ One example is the Americans with Disabilities Act (ADA) for the United States. This law was passed in 1990. The ADA states reasonable accommodations and accessible programs, services, and activities of the public and private sectors. This includes any architectural barriers that physical spaces might have.⁸¹ Another example is the General Law for Inclusion of Persons with Disabilities in Mexico. This law was passed in 2011. Chapter four of the General Law is dedicated to accessibility. Article 16 of the law states that people with disabilities in Mexico have the right to Universal Design accessibility. This includes certain guidelines for what infrastructure should look like and who is in charge of ensuring that laws are being followed.⁸² One more example can be seen in the “System of Integral Protection for the Disabled” in Argentina. This law, which

entered into force in 1994, also has a chapter dedicated to accessibility. With an emphasis on physical spaces, it includes everything that might be considered a barrier for people with disabilities and how they should be modified to be accessible. It also mentions that for all new infrastructure work, layouts, including inclusive modifications, should be approved before starting.⁸³

Even though several examples exist, some limitations prevent laws from working. The main issue is the stigma about people with disabilities. Despite the existing laws to promote inclusivity, stigma from the community is a barrier for them to work appropriately. For example, the ADA is not as effective as intended because of the strong opposition from the business community. Their main concern is that they will have to hire unqualified people, which will cost them a lot of money because of the space they will need to adapt to an office or workplace. This type of negative stigma contributes to making legislation somewhat ineffective.⁸⁴

To ensure accessible infrastructure, many actors should be involved. As previously mentioned, having people with disabilities themselves involved in this process is incredibly beneficial. Legislators should be involved in this process, as they create laws to enforce accessibility. Other actors to consider are educators. Educators should contribute to providing opportunities for people with disabilities to have access to an education that will benefit their future. Enforcing agencies and public officials should also be involved. In addition to making sure that the applicable laws are enforced, they can also work in helping those state and local governments that are struggling to make accommodations to infrastructure. In addition, organizations that provide public services are also an important actor. Not only are they obligated to be accessible for people with disabilities, but they also are advocates for many of them. Organizations being as involved as possible in

79 Anjee Agarwal and Andre Steele, *Disability considerations for Infrastructure Programmes*

80 Community Tool Box, *Implementing Promising Community Interventions: Chapter 26: Section 4: Ensuring Access for People with Disability*.

81 Government of the United States of America, *Americans with Disabilities Act*, July 26, 1990, <https://www.dol.gov/general/topic/disability/ada>.

82 Government of the United Mexican States. *Ley General para la Inclusión de las Personas con Discapacidad [General Law for Inclusion for Persons with Disabilities]*. May 30, 2011. <https://www.diputados.gob.mx/LeyesBiblio/pdf/LGIPD.pdf>.

83 Government of the Argentine Republic, *Sistema de Protección Integral de los Discapacitados [System of the Integral Protection for Persons with Disabilities]*, April 8, 1994, <https://www.argentina.gob.ar/normativa/nacional/ley-24314-713/texto>.

84 Michelle Maroto and David Pettincchio, “The Limitations of Disability Anti Discrimination Legislation: Policymaking and the Economic Well-being of People with Disabilities,” *Law & Policy* 36, no. 4 (October 2014): 370 - 407, https://www.davidpettinichio.com/uploads/1/5/4/8/15484818/thelimitations_of_antidiscrimination_legislation_lapol.pdf

this process is a way to make sure that necessary and effective accommodations are being made.⁸⁵

Providing Assistive Technology in Rural Areas

The rapid development of technology has helped identify what can be useful to improve living standards. One example is assistive technologies and how they can help people with disabilities. Assistive technologies refer to any form of product, system, or equipment that is useful for people with disabilities to perform functions that in any other way would be very difficult or impossible to do.⁸⁶ Depending on an individual's need, assistive technologies can look different. Some assistive technologies are low-tech. For example, communication boards made out of cardboard.⁸⁷ Others are high-tech, like electric wheelchairs. Adapted curriculums in schools can also be considered a form of assistive technology. Some of these technologies are very new and specialized, for example, a computer-generated voice that connects to a wheelchair, which provides not only mobility but also the opportunity to communicate thoughts and needs verbally. Others are fairly simple and have stayed the same for many years. The mobility cane, for example, has stayed very similar since it was first created.⁸⁸

The UN Human Rights Council Advisory Committee's resolution 47/52 addresses assistive technologies. The resolution points out many benefits that these solutions can have. These include how they can be useful for people with disabilities. First, they mention that technologies are a great tool in providing diagnosis, treatment, and rehabilitation when needed, especially in rural areas. One example of this is telemedicine. Telemedicine is a remote way of providing healthcare, usually through electronic devices.⁸⁹ These help people in rural areas receive healthcare. These technologies are also a great way to promote inclusivity. By using them,

it can be easier to balance the challenges that people with disabilities face when participating in society. For example, using technologies to educate deaf children in schools. Advocates also consider that assistive technologies are very useful to minimize communication barriers that might exist. This is especially useful for identifying the needs of people with disabilities.⁹⁰

There are some challenges in regulating assistive technologies. One challenge is to prevent potential violations of human rights. The main concern of this is protecting the right to privacy. With all of the advancements, these technologies can collect information about their user's whereabouts and personal information that should remain private for security purposes. The committee pointed out the importance of creating regulations to protect said information. Another concern is discriminatory outcomes that might come from artificial intelligence (AI). Some high-tech assistive technologies imply the use of artificial intelligence. That usually looks like algorithm decision-based services. An example of this is telemedicine, which is AI-powered. AI uses data sets of existing cases to inform its algorithm. Because of this, any biases that exist in medicine will be furthered by the algorithm. Because modern diagnostics are often not geared towards people of color, especially those with darker skin, these holes in data could be reflected in AI diagnostics. Furthermore, biases, like false perceptions of women and people of color exaggerating pain, could be reflected in how AI determines the severity of a diagnosis.⁹¹

According to the Global Report on Assistive Technology provided by WHO and UNICEF, legislation to provide assistive technology exists.⁹² This means that almost everywhere, there is a part of the public budget dedicated to assistive technology. Regulations and guidelines are also in place, which makes it easier to provide the technology itself

85 Community Tool Box, *Implementing Promising Community Interventions: Chapter 26: Section 4: Ensuring Access for People with Disability*.

86 "What is AT?," Assistive Technology Industry Association, accessed July 26, 2023, <https://www.atia.org/home/at-resources/what-is-at/>.

87 "About Us," Adaptive Design Association, accessed September 21, 2023, <https://www.adaptivedesign.org/>

88 "What is AT?," Assistive Technology Industry Association.

89 "What is telehealth?," AMA, accessed September 21, 2023, <https://www.ama-assn.org/practice-management/digital/what-telehealth>

90 UN General Assembly, Resolution 47/52, Possible impacts, opportunities and challenges of new and emerging digital technologies with regard to the promotion and protection of human rights, A/HRC/47/52, May 19, 2021, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G21/110/34/PDF/G2111034.pdf?OpenElement>.

91 A/HRC/47/52.

92 World Health Organization and United Nations Children's Fund, *Global Report on Assistive Technology*, (Geneva: WHO and UNICEF, 2022), <https://www.unicef.org/media/120836/file/%20Global%20Report%20on%20Assistive%20Technology%20.pdf>.

or even a financing mechanism to help those who might need help when getting it. However, the report identified that the limitations on making assistive technologies useful to people with disabilities are because there are many gaps in providing services. Another important limitation is that there are not enough trained providers to access assistive technologies. Specifically for rural areas, they pointed out that there are little to no services and products close to the communities.⁹³

Assistive technologies can help people with disabilities be more independent. For example, these technologies allow them to join the workplace. Through adapted software in computers, persons with intellectual disabilities can manage time and transition between activities. This leads to an increased productivity at work.⁹⁴ The benefits of assistive technologies can also impact employers. By providing this type of reasonable accommodations, they can keep trained and productive employees for longer.⁹⁵ An example can be seen in Guatemala, in which a study showed that people

with moderate and profound hearing loss who had received hearing aids spent more time working. The positive impact that this had included better household income for those who received the hearing aids. This can be linked directly to reducing the risk of poverty, showing the benefits that assistive technologies can have.⁹⁶ In a study provided by the Global Partnership for Assistive Technology, they reported that if assistive technology were provided to everyone who needs it, the investment would return over USD 10 trillion in 55 years.⁹⁷

The global estimate of people that will need at least one assistive product is 2.5 billion.⁹⁸ There are still barriers that make it harder to access those assistive technologies. The Global Report on Assistive Technology points out some of them. The first one is a lack of awareness and information. While there might be common knowledge of some assistive technology products that are more typical, such as wheelchairs and glasses, it is not as common to know about the wide range

93 *Global Report on Assistive Technology.*
 94 Gentry, Tony, Richard Kriner, Adam Sima, Jennifer McDonough, and Paul Wehman, “Reducing the need for personal supports among workers with autism using an iPod Touch as an assistive technology: delayed randomized control trial,” *Journal of autism and developmental disorders* 45, no. 3 (2015): 669-84, <https://pubmed.ncbi.nlm.nih.gov/25212414/>.
 95 Solovieva, Dowler, and Walls. “Employer benefits from making workplace accommodations.”
 96 Mark Spreckley, David Macleod, Brenda González Trampe, Andrew Smith, and Hannah Kuper, “Impact of Hearing Aids on Poverty, Quality of Life and Mental Health in Guatemala: Results of a before and after Study,” *International journal of environmental research and public health* 17, no. 10 (May 15, 2020), <https://pubmed.ncbi.nlm.nih.gov/32429252/>
 97 Global Partnership for Assistive Technology, *The Case for Investing in Assistive Technology*. ATscalce, 2020, https://static1.squarespace.com/static/5b3f6ff1710699a7ebb64495/t/5fbf5c44eaf37e3b64932e6c/1606376534765/Case_for_Investing_in_AT_a11y.pdf
 98 World Health Organization and United Nations Children’s Fund, *Global Report on Assistive Technology*.

Man in a wheelchair in Ghana
 Credit: Amuzujoe



of products that might be helpful for a specific disability. Some factors that contribute to this are poor literacy and inaccessible information about assistive technology and its benefits. The second barrier is inadequate products. Low quality, a limited supply of products, or products that are not suitable for the user's needs are some examples of this. All of these situations imply that the assistive technology products are not fulfilling their purpose, making them useless for people with disabilities.⁹⁹ The third barrier is affordability. Results from the survey conducted for the report showed that most people pay for assistive products out of pocket. The high prices they can have contributed to having difficulties accessing these products. The fourth barrier is availability, which is more common in rural areas. High-tech and specific services are often offered only in urban areas. Going hand in hand with the previous, the fifth barrier is the distance of facilities to get assistive technologies. According to the survey results, most users traveled up to 25 kilometers to get to a facility where they could obtain assistive devices. However, some of them reported traveling more than 100 kilometers to get there.¹⁰⁰

In the report above, WHO-UNICEF identified six principles for providing assistive technologies. Through them, the current existing systems to provide them can identify strengths and weaknesses. This can contribute to reducing the existing barriers to obtaining it. The first principle is accessibility. It refers to having easy and equal access to assistive technologies, regardless of different factors such as age, socioeconomic group, or location. It also implies that information should be available and within reach for those seeking it. The second principle is adaptability. This principle refers to having technologies that adapt to the individual needs and goals of a person over time. The third principle is acceptability. This refers to not only considering preferences and needs when developing technologies but also the culture, efficiency, reliability, and safety of the product in the specific environment in which it's been used. In practice, this might

look like people with disabilities having the opportunity to control decisions and make choices regarding their assistive products. The fourth principle is affordability. This refers to having available products and services within the income level of the users and their families. In this, it is important to consider travel costs, specifically in rural areas. The fifth principle is availability. There should be enough good quality products to meet the needs of people with disabilities who are seeking to use assistive technologies. The sixth principle is quality. This refers to products and services meeting durability, performance, and trained staff standards.¹⁰¹

Difficulty with Data Collection for People with Disabilities

Having accurate data on people with disabilities is important to be able to identify the specific needs and challenges that they face. The lack of reliable data contributes to making them 'invisible' to their communities, meaning that people with disabilities are more marginalized and suffer from more violations. These violations, which mainly occur to their economic, social, and cultural rights, will hinder their appropriate development.¹⁰² Having unreliable data makes it harder to identify specific situations that must be addressed. Even though there has been a growing amount of data on people with disabilities, it is not comprehensive enough. The limitations that this information has are mainly due to the lack of a universal definition of disability. Another important factor for this is the variations in the process of obtaining data.¹⁰³

When collecting data, several biases contribute to not having proper data regarding people with disabilities. First, people with disabilities may not be correctly identified or counted. For example, the disability may not be diagnosed. Data collection may not be possible due to a lack of accommodations. One example is people with hearing loss not having access to a sign language interpreter. Some households will also choose not to respond to studies. Another factor contributing to the issue is

99 World Health Organization and United Nations Children's Fund, *Global Report on Assistive Technology*.

100 World Health Organization and United Nations Children's Fund, *Global Report on Assistive Technology*.

101 World Health Organization and United Nations Children's Fund, *Global Report on Assistive Technology*.

102 United Nations, *The Sustainable Development Goals Report 2017*, (New York: United Nations, 2017), <https://unstats.un.org/sdgs/files/report/2017/the-sustainable-development-goals-report-2017.pdf>.

103 Ola Abualghaib, Nora Groce, Natalie Simeu, Mark T. Carew, and Daniel Mont, "Making Visible the Invisible: Why Disability-Disaggregated Data is Vital to 'Leave No-One Behind,'" *Sustainability* 11, no. 11. (2019): 3091, <https://doi.org/10.3390/su11113091>.

the places from which data is collected. It is common to see that data is not collected from places in which people with disabilities might be overrepresented. One example of this is only taking samples of houses and avoiding care facilities. This leads to a very redacted sample that leaves out those with disabilities living in said facilities.¹⁰⁴

Data on the situation of people with disabilities is often basic and non-representative. Having personal information of people with disabilities in rural areas is even harder. The main source of data collection is often civil registration. Civil registration is a system that many countries utilize to register and record important information about a person. This can include birthdate, legal identity, name of parents, and other vital events. In many countries, it is necessary to be in the civil registration system to receive social services.¹⁰⁵ In rural areas, it is more difficult to access it. This imposes a challenge, as without a record of their existence, they do not have a record of them needing assistance. This can make assistance harder to receive. It also makes it harder for them to update their situation if needed.¹⁰⁶

The type of information that the countries are collecting also plays a major role in data collection. For example, only asking, “Do you have a disability?” when conducting a survey gives an indicator of the number of people with disabilities, but nothing more. Vague questions like the one previously mentioned do not add value to the data. It’s important to ask specific questions and probe further to find specific information. Critical information, such as the details of their disability or accommodations, can strengthen the data quality. When seeking more specific information, a broader range of needs can be identified.¹⁰⁷ Collecting inclusive data should

consider some specific aspects to ensure it will be useful. This way, measures taken to address their needs will be relevant.¹⁰⁸ The first one is that the collected data should be relevant. This means that collectors should focus on addressing the current issues affecting people with disabilities. The next thing to consider is that it should aim to cover knowledge gaps. There are many times in which the policies implemented are not helpful because of the absence of key information. Inclusive data should seek to cover those gaps. Another aspect that should be considered is how inclusive data is collected. It should show the perspective of people with disabilities through the collection method. Lastly, it is important to use the obtained data to address the needs of people with disabilities.¹⁰⁹

To have reliable statistics about their situation, collecting disaggregated data is important. Disaggregated data is data that has been broken down into sub-categories. Some of these categories can be age, sex, disability, or income levels. Collecting information in as many categories as possible helps to give a more accurate idea of the range of situations that exist in a population.¹¹⁰ Without this data, people with disabilities can struggle to be socially and even politically represented. This means that they are not considered when planning for development, which can seriously affect their quality of life.¹¹¹ Disaggregated data has been proven to help understand the progress and challenges that have been made. It is a useful tool that can monitor, based on evidence, the amount of progress made. Over the years, several tools for disaggregating data have been developed. One of them that has been proven successful is the WHO Functioning and Disability Disaggregation Tool (FDD11).¹¹² The FDD11 is a short questionnaire with 11 questions that aim to show the

104 United Nations Children’s Fund, *Producing Disability Inclusive Data: What it Takes and Why it Matters*, (New York: UNICEF, 2020), <https://data.unicef.org/wp-content/uploads/2020/07/Producing-disability-inclusive-data-brochure-English-2020.pdf>.

105 World Health Organization Regional Office for the Eastern Mediterranean, “What are civil registrations and vital statistics (CRVS) systems?” About CRVS, accessed August 1, 2023. <https://www.emro.who.int/civil-registration-statistics/about/what-are-civil-registration-and-vital-statistics-crvs-systems.html>.

106 Avendano, Rolando, Carolyn Culey and Charlotte Balitrand, *Chapter 5. Data and diagnosis to leave no one behind*, (Paris: OECD Publishing, 2018), <https://www.oecd-ilibrary.org/sites/dcr-2018-10-en/index.html?itemId=/content/component/dcr-2018-10-en>.

107 Ola, Groce, Simeu, Carew, and Mont, “Making Visible the Invisible: Why Disability-Disaggregated Data is Vital to “Leave No-One Behind,” 3091. <https://www.mdpi.com/2071-1050/11/11/3091>

108 United Nations Children’s Fund, *Producing Disability Inclusive Data: What it Takes and Why it Matters*.

109 United Nations Children’s Fund, *Producing Disability Inclusive Data: What it Takes and Why it Matters*.

110 Urška Zrinski and Bernard Myers, “Disaggregated data for focused development programs,” World Bank Blogs, Last modified May 13, 2022, <https://blogs.worldbank.org/governance/disaggregated-data-focused-development-programs>.

111 United Nations Children’s Fund, *Producing Disability Inclusive Data: What it Takes and Why it Matters*.

112 World Health Organization, *WHO Functioning and Disability Disaggregation Tool (FDD11)*, (Geneva: WHO, 2022) <https://apps.who.int/iris/rest/bitstreams/1490695/retrieve>.



People answering the survey of PWD satisfaction with disability services

Credit: USAID Vietnam

experience of disability. This tool considers three important factors that can impose a challenge for people with disabilities: the physical and mental capacity of the person, how they function within their environment based on their capacities, and other environmental factors that might contribute to their disabilities. When answering the survey, the respondents are asked to rate, on a one to five scale, difficulties that they might face because of a disability. Some of the questions are “How much difficulty do you have walking or climbing steps?” or “How much difficulty do you have washing all over or dressing?”¹¹³

By answering these questions, a scale of disability level is created. This is helpful to create a distribution of what disability levels look like in a specific region or country. This way, it is easier to know what regions might need more help. With this tool, countries found that disaggregated data was not only easier to create but also analyzed more efficiently.¹¹⁴

However, a drawback worth noting for this tool is that it

113 World Health Organization, *WHO Functioning and Disability Disaggregation Tool (FDD11)*.

114 Lee, Lindsay, Kaloyan Kamenov, Carolina Fellinghauer, Carla Sabariego, Somnath Chatterji and Alarcos Cieza, “WHO Functioning and Disability Disaggregation (FDD11) tool: a reliable approach for disaggregating data by disability,” *Arch Public Health* 80, no. 249 (2022): 1 - 12, <https://doi.org/10.1186/s13690-022-01001-2>.

115 Lee, Kamenov, Fellinghauer, Sabariego, Chatterji and Cieza. “WHO Functioning and Disability Disaggregation (FDD11) tool: a reliable approach for disaggregating data by disability.”

116 Ola, Groce, Simeu, Carew, and Mont, “Making Visible the Invisible: Why Disability-Disaggregated Data is Vital to “Leave No-One Behind,” 3091.

117 Washington Group on Disability and Statistics, *The Washington Group Short Set on Functioning (WG-SS)*, (Wyattsville: Washington Group on Disability and Statistics, October, 2022) https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Washington_Group_Questionnaire__1_-_WG_Short_Set_on_Functioning__October_2022_.pdf.

needs to be implemented in existing surveys. In areas in which surveys are not taken, or for those who, due to a disability, are not considered able to answer one, data will not be collected.¹¹⁵

Another popular tool is the Washington Group Short Set on Functioning (WG-SS). This is a tool created by the Washington Group on Disability Statistics (WG), which was established by the UN Statistical Commission in 2002. This tool consists of a questionnaire of six questions. Based on the answers of the respondents, it can determine the level of limitation that people with disabilities have based on their capability and environmental barriers. This tool has been proven effective. For example, in Zambia, when the tool was implemented into the data collection surveys, the statistics available for people with disabilities rose from 2.7 percent to 17.8 percent.¹¹⁶ The questions of this tool are based on the difficulty persons have in doing a certain task. They are answered on a scale of one to four. An example of the questions included is “Do you have difficulty seeing, even if wearing glasses?”¹¹⁷ By answering

these questions, difficulties with environmental barriers are identified, even when a disability has not been medically diagnosed. Disaggregating this information is also easier, as it can help those who need assistance, what kind of assistance is needed, and where it is more helpful.

If needed, assistance when collecting data should be provided. It is often common to see that people with disabilities are not considered valid respondents to census and surveys. Thus, no information is collected from them. This can be prevented by providing accommodations. These accommodations might look different for everyone, but they should address the difficulty that the respondents are experiencing. Another important factor to consider in this is to provide proper training for interviewers. Everything from their attitudes and behaviors to the way that they provide accommodations plays an important role in collecting inclusive data.¹¹⁸ The 2023 Agenda for Sustainable Development implemented by the UN commits to leaving no one behind.¹¹⁹ The first step to achieve this is inclusive data. This is a way to ensure that everyone's needs are considered and appropriately addressed.

Current Status

Employment Opportunities for People with Disabilities

People with disabilities find it harder to find employment opportunities. Full-time employment has many benefits. These include a better livelihood, more independence, and lower poverty rates. However, in some countries, up to 90 percent of people with disabilities are unemployed.¹²⁰ People with disabilities living in rural areas often find it even harder to access employment opportunities. According to the ILO,

people with disabilities who live in rural areas are 13 percent less likely to be employed.¹²¹ The international community has noticed the adverse effects that limited employment opportunities for people with disabilities. Because of this, some organizations have decided to take action and implement projects to offer employment. One project includes the “Sparkling Disability Inclusive Rural Transformation” (SPARK) project implemented in India, Malawi, Mozambique and Burkina Faso. SPARK was created by the ILO and Light for the World. Light for the World is an NGO that focuses on providing better living opportunities for people with disabilities.¹²² SPARK will run from August 2021 to March 2024.¹²³

This project aims to promote a systematic action-learning approach. Systemic action refers to transmitting skills and knowledge through action-based problem-solving issues. The goal of the project is to have people with disabilities living in rural areas fully engaged in economic activities. By doing this, they are increasing their incomes and thus tackling poverty. In addition, the project is intended to not only work with people with disabilities. As part of it, they'll also be working on raising awareness of the needs of people with disabilities in their communities.¹²⁴

SPARK mainly provides work opportunities in the agricultural sector. To do this, the project provides recipients with tools, methodologies, and approaches to overcome the learning and opportunity barriers that they might be facing in their work.¹²⁵ To make sure that the project is working appropriately and having the expected results, periodic reviews and monitoring of the project are held. The goal at the end of it is to share the documentation and knowledge obtained with other communities and countries.¹²⁶

118 United Nations Children's Fund, *Producing Disability Inclusive Data: What it Takes and Why it Matters*.

119 United Nations Sustainable Development Group, “Universal Values. Principle Two: Leave No One Behind,” Leave No One Behind, accessed August 1, 2023, <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>.

120 UN Department of Economic and Social Affairs, “Disability and Employment.” Accessed August 13, 2023. <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities/disability-and-employment.html>

121 “Sparkling Disability Inclusive Rural Transformation (SPARK),” International Labour Organization, accessed August 13, 2023, https://www.ilo.org/newdelhi/whatwedo/projects/WCMS_885642/lang--en/index.htm.

122 “Goal and Mission,” Light for the World, accessed August 16, 2023. <https://www.light-for-the-world.org/about-us/our-goal-and-mission/>

123 “Sparkling Disability Inclusive Rural Transformation (SPARK),” International Labour Organization.

124 “Sparkling Disability Inclusive Rural Transformation (SPARK),” International Labour Organization.

125 “Sparkling Disability Inclusive Rural Transformation,” International Fund for Agricultural Development., accessed August 13, 2023. <https://www.ifad.org/en/web/operations/-/project/2000003140>.

126 “Sparkling Disability Inclusive Rural Transformation (SPARK),” International Labour Organization.

Another successful project that established employment opportunities for people with disabilities living in rural areas can be seen in North Macedonia's "From Disability to FoodAbility." This project is run by We Effect and the National Federation of Farmers. We Effect is an organization that aims to promote sustainable rural development through development cooperation activities.¹²⁷ The National Federation of Farmers is an organization that aims to create profitable agriculture and stable villages. They do this by directly involving the people they help by helping them with decision-making and active action.¹²⁸ With a very similar focus to SPARK, this project was also focused on agriculture. FoodAbility provides food security to families and creates an opportunity to sell products to generate income by establishing kitchen gardens and greenhouses in local communities. They also offer training on self-representation advocacy and the operation of the greenhouse.¹²⁹ Families that received this help from this project had positive outcomes on their income level. Especially during the COVID-19 pandemic, having a source of food and income improved the livelihood of these families during the difficult times for the global economy in general.¹³⁰

Even though some progress has been made in some specific communities, this has not been the case everywhere. According to the Research & Training Center on Disability in Rural Communities of the University of Montana, employment for people with disabilities in rural areas of the United States has decreased since the economic recession of 2008.¹³¹ Across the country, employment rates increased 1.25 percent on average for both people with disabilities and people without disabilities. However, when looking specifically at rates of employment for people with disabilities, the report showed

that the rate of employment of people with disabilities living in rural areas decreased by 0.365 percent on average. Some geographical areas were more affected than others, with the most affected being the Pacific and New England. The report states that this shows that people with disabilities living in rural areas are being left behind in the recession recovery.¹³² Another significant disadvantage for people with disabilities in the employment sector is the payment gap. While this is a frequent problem that people with disabilities face when the health condition is more severe, the pay gap is usually larger.¹³³ Even though there is not an exact reason why this happens, discrimination and employer assumptions on abilities are suggested theories.¹³⁴

The Research Report on the Disability Pay Gap published by the Institute for Social and Economic Research of the University of Essex shows that the pay gap will also vary based on gender. While men and women with disabilities are often underpaid, the pay gap will depend on the type of activity they are performing. In addition, the level of the pay gap is also highly related to the type of disability that the person is facing, with those who suffer from a mental disability facing a larger pay gap.¹³⁵

The size of the pay gap will also highly depend on the type of work the person is doing. For those with full-time employment contracts, the pay gap can result in a 16.6 percent loss. Full-time employees work for a set number of hours defined in their contract. In permanent employment positions, the pay gap can result in up to 20.5 percent loss. Permanent employees are those who have a contract that does not specify an end date.¹³⁶ In addition to the type of work, another factor that contributes to the pay gap is the qualifications of an applicant.

127 "What we do," We Effect, accessed August 16, 2023. <https://weeffect.org/what-we-do/>

128 "National Farmers Federation," National Farmers Federation, accessed August 13, 2023. <https://nff.org.mk/>

129 Ljiljana Mitevska. "Support to disability-inclusive rural development in new project," accessed August 13, 2023. <https://weeffect.org/news/disability-inclusive-rural-development/>

130 Biljana Mitrevska, "Documentary film for the results of the project "From Disability to FoodAbility," YouTube, 0:21 - 6:44, 2022, <https://www.youtube.com/watch?v=9NAXbn-1Yew>.

131 Research and Training Center on Disability in Rural Communities, *Employment disparity grows for rural Americans with disability* (Missoula: The University of Montana, January 2019), https://scholarworks.umt.edu/cgi/viewcontent.cgi?article=1042&context=ruralinst_employment

132 Research and Training Center on Disability in Rural Communities, *Employment disparity grows for rural Americans with disability*.

133 Hilary Metcalf, *Pay Gaps Across the Equality Strands: A Review*, (UK: Equality and Human Rights Commission, 2009), <https://www.equalityhumanrights.com/sites/default/files/research-report-14-pay-gaps-across-equality-strands.pdf>.

134 Simonetta Longhi, *The Disability Pay Gap*, (Essex: Institute for Social and Economic Research, 2017), <https://equalityhumanrights.com/sites/default/files/research-report-107-the-disability-pay-gap.pdf>

135 Longhi, *The Disability Pay Gap*.

136 "What is the pay gap between persons with and without disabilities?" Statistics Canada, last modified June 2023. <https://www150.statcan.gc.ca/n1/daily-quotidien/230627/dq230627b-eng.htm>

Because it is more likely that people with disabilities have reduced educational opportunities, their qualifications to have a higher-paying job are severely impacted. Because of this, it is also more likely that people with disabilities have more part-time jobs than a full-time position, which also contributes to the pay gap.¹³⁷

Case Study: Tanzania’s Accessible Transportation

One case study of a successful and accessible infrastructure is the Bus Rapid Transit (BRT). The BRT has been adopted in many cities worldwide, including Colombia, China, South Africa, and Spain. The BRT is a bus-based transit system that provides fast and comfortable transportation to all people, but it is specifically helpful to people with disabilities. The BRT is more accessible for people with disabilities since it has lanes dedicated only to buses and platform-level boarding.¹³⁸ One specific city that recently implemented the BRT system is Dar es Salaam, in Tanzania. It has not only provided a sustainable option for transport, but the system has enhanced accessibility.

To achieve accessibility in the Dar es Salaam Rapid Transit (DART) system, universal design principles were followed when planning for this service. The project consisted of 21 kilometers of bus lanes on 29 stations with four construction phases. These included policy and direction setting, planning and designing, implementation and performance management, and review and evaluation. In the first phase, legislative changes relevant to the project were made and mapped out. In addition, some relevant considerations of the needs of people with disabilities were considered. For the second phase, people with disabilities were actively engaged by looking at the map and plans of the DART system and identifying what parts of it would work and which ones would become a barrier. This way, they made sure that the system was going to be able to provide the necessary accommodations for people with disabilities. Some examples of the recommendations

included ramps for wheelchair users and bumps with strategic placement for mobility cane users. For the third phase, people with disabilities got to test the system and point out any improvements they deemed necessary for it to be completely accessible. The tests were done by people who have hearing and vision impairments, as well as by people with other physical disabilities. This phase helped correct any flaws that the system might have had. Finally, the final phase occurred once the system was done and third parties such as the Institute for Transportation and Development Policy were able to evaluate it.¹³⁹

DART has had a positive impact due to the following of the universal design principles and the active involvement of individuals with disabilities. The Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) Advocacy Unit worked alongside the African Development Bank, World Bank, and the Government of Tanzania for the project. They provided specific details of the needs of people with disabilities when using public transport. Having people with disabilities test the DART system firsthand allowed them to improve before opening. Some of the changes made were lowering ticket windows, providing braille tickets, and adding disability awareness signs, among other things that were not considered during the first phases.¹⁴⁰ The DART system has had a positive outcome. It has allowed quicker transportation around the city and provided an alternative for people with disabilities. Easier access to transportation has allowed people with disabilities to get to their jobs and move independently around the city without having difficulties.¹⁴¹

The Infrastructure and Cities for Economic Development Facility (ICED) has pointed out some key considerations that contributed to the success of the DART system. The first was the explicit and upfront commitment to make the DART BRT accessible to as many passengers as possible. The second was an assessment of the social impact of the implementation of the system. This included the identification of different

137 Longhi, *The Disability Pay Gap*.

138 “What is BRT?” Institute for Transportation and Development Policy, accessed August 16, 2023. <https://www.itdp.org/library/standards-and-guides/the-bus-rapid-transit-standard/what-is-brt/>

139 Infrastructures and Cities for Economic Development, *Case Study: Disability inclusive design in Dar’s BRT*, (UK: ICED, 2018), http://icedfacility.org/wp-content/uploads/2018/06/ICED_Case_Getting-PWD27s-moving_Dar-es-Salaam-BRT.pdf

140 “Case Study: Disability inclusive design in Dar’s BRT,” Infrastructures and Cities for Economic Development, accessed August 13, 2023, <http://icedfacility.org/resource/case-study-disability-inclusive-design-dars-brt/>.

141 “Case Study: Disability inclusive design in Dar’s BRT,” Infrastructures and Cities for Economic Development.

needs of people with disabilities. The third was the proposed design, which considered the Universal Design principles in all areas of the system. Everything from station platforms to connected pavements and crossroads was considered for this. The fourth was collaborating with people with disabilities to understand and adequately address their needs. The fifth was having regular inspections to meet the needs of people with disabilities. The sixth was having test runs and implementing the feedback that was provided. The seventh one was having awareness campaigns about accessibility in the DART system. The seventh was implementing a feedback mechanism. This way, problems that the system had could be reported easily.¹⁴²

The Delhi Metro in India is another example of accessible infrastructure. The Delhi Metro Rail Corporation is a public metro system transportation facility. It works alongside the Government of the National Capital Territory of Delhi (GNCTD) and the Central Government of India.¹⁴³ To improve their accessibility, the Indian government conducted audits of the system. Accessibility audits included a deep consideration of the needs of people with disabilities.¹⁴⁴ The audits resulted in changes made in the system to increase accessibility. The company implemented designated spaces for wheelchairs, escalators, lifts, accessible automatic fare collectors, and warning strips, among other accommodations on the existing stations.¹⁴⁵

GNCTD decided to move forward with the feedback they received and implemented it into the new stations they built after the audits. In their newer stations, lowered heights of ticket counters, sound beepers, transit ramps, and improved signage are just a few examples of how the feedback was implemented.¹⁴⁶

After accessibility changes, The Delhi Metro Rail Corporation has reported an increase in the affluence of users. This has translated into added revenue for the company. In addition, accessibility improvements were also undertaken for the staff¹⁴⁷ This translates to increased employment opportunities for people with disabilities in the city. Other cities are now adopting the practices of the Delhi Metro Rail Corporation to promote inclusivity.¹⁴⁸

Sustainable Development Goals

In 2015, the United Nations adopted the 2030 Agenda for Sustainable Development. The purpose is to create a sustainable world. The agenda has 17 Sustainable Development Goals (SDGs) and 169 targets to promote human rights, education, and peace. The United Nations has pledged to leave no one behind.¹⁴⁹ Delegates in SOCHUM are encouraged to consider the below goals that directly relate to accessibility for people with disabilities in rural areas.¹⁵⁰

One of the most relevant SDGs regarding accessibility in rural areas is SDG 9: Industry, Innovation, and Infrastructure. The goal of this SDG is to provide new developments that are sustainable worldwide.¹⁵¹ People with disabilities often have difficulty accessing transportation or having the mobility to go to work, school, or other public spaces.¹⁵² Accessible infrastructure goes beyond providing just mobility. Delegates should consider Goal Nine when creating solutions that update existing schools, public spaces, or houses. Promoting innovation is extremely beneficial and goes hand in hand with achieving this goal.¹⁵³

Another relevant SDG for this topic is SDG 11: Sustainable

142 Infrastructure and Cities for Economic Development, *Case Study: Disability inclusive design in Dar's BRT*.

143 "Introduction," Delhi Metro Rail Corporation LTD., accessed August 13, 2023. <https://www.delhimetrorail.com/pages/en/introduction>.

144 Infrastructure & Cities for Economic Development. *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

145 Infrastructure & Cities for Economic Development. *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

146 Infrastructure & Cities for Economic Development. *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

147 Delhi Metro Rail Corporation LTD., *Annual Report 2020-2021*, (Delhi: Delhi Metro Rail Corporation LTD., 2022) <https://backend.delhimetrorail.com/documents/1749/DMRC-AR-2020-21-14022022.PDF>.

148 Infrastructure & Cities for Economic Development. *Delivering Disability Inclusive Infrastructure in Low Income Countries*.

149 "Transforming our world: 20230 Agenda for Sustainable Development," UN Department of Economic and Social Affairs, accessed August 13, 2023. <https://sdgs.un.org/2030agenda>.

150 *Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas*.

151 "Goal 9: Build resilient infrastructure, promote sustainable industrialization and foster innovation," UN Sustainable Development Goals, accessed August 15, 2023. <https://www.un.org/sustainabledevelopment/infrastructure-industrialization/>.

152 "Does improving accessibility boost local economies?" Chicago Metropolitan Agency for Planning, accessed August 13, 2023. https://www.cmap.illinois.gov/updates/all/-/asset_publisher/UIMfSLnFfMB6/content/economic-benefits-of-accessibility

153 "Link Between the Sustainable Development Goals and the CRPD," Global Disability Rights Now!, accessed August 15, 2023. <https://musa.globaldisabilityrightsnow.org/infographic/link-between-sustainable-development-goals-and-crpd/>



Class of children with disabilities in Tonga
 Credit: Department of Foreign Affairs and Trade (Australia)

Cities and Communities. This goal focuses on making cities inclusive, safe, resilient, and sustainable. While this goal has a heavy emphasis on urban areas, rural areas should also be a space that promotes growth in the community.¹⁵⁴ As of 2018, 45 percent of the world’s population lives in rural areas.¹⁵⁵ Providing mobility and other services to people with disabilities helps to provide positive growth for a community. Adopting this goal in rural areas may also look like providing complementary services. For example, if canes are being provided as part of a healthcare strategy, and public spaces are being adapted to be useful, a good complimentary service might be cane repair services.¹⁵⁶

154 “Goal 11: Make cities inclusive, safe, resilient and sustainable,” UN Sustainable Development Goals, accessed August 15, 2023. <https://www.un.org/sustainabledevelopment/cities/>.

155 “World Rural Population,” The World Counts, accessed August 24, 2023. <https://www.theworldcounts.com/populations/world/world-rural-population>.

156 *Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas*.

157 “Disability: The Convention on the Rights of Persons with Disabilities,” World Health Organization, last modified December 1, 2020, <https://www.who.int/news-room/questions-and-answers/item/why-is-the-convention-on-the-rights-of-persons-with-disabilities-important>.

158 “Guiding Principles of the Convention on the Rights of Persons with Disabilities,” UN Department of Economic and Social Affairs, accessed August 12, 2023, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/guiding-principles-of-the-convention.html>.

159 Equality and Human Rights Commission “Convention on the Rights of Persons with Disabilities (CRPD).”

160 Equality and Human Rights Commission, “Convention on the Rights of Persons with Disabilities (CRPD).”

161 UN General Assembly, Resolution 61/106, Convention on the Rights of Persons with Disabilities, A/RES/61/106., ¶ 5 (Dec. 13, 2006), https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en.

Bloc Analysis

Points of Division

The CRPD was created in 2006 to protect people with disabilities and provide them with the same rights and opportunities as everyone else. It was designed to cover a variety of opinions and is the point of view of government officials, NGOs, and people with disabilities.¹⁵⁷ But what does it mean to follow the CRPD? The convention has eight guiding principles for implementation that all focus on discrimination against people with disabilities.¹⁵⁸ These principles include increasing independence, education, and stopping violence.¹⁵⁹ Every five years, the Committee on the Rights of Disabilities monitors the successful implementation of the CRPD. The committee then creates reviews of different countries.¹⁶⁰ In August 2023, 187 countries had ratified the CRPD.¹⁶¹ This

is incredibly important, as countries that have ratified the convention have a legally binding international document to protect the rights of people with disabilities. It also means that countries should be taking appropriate actions within their countries to follow the CRPD.

While many countries have ratified this treaty and made a commitment to protect the rights of people with disabilities, it doesn't look the same everywhere. Delegates within SOCHUM are encouraged to research if their own country has ratified the CRPD and what if any, steps are being taken to implement it.¹⁶²

Ratified the CRPD and Have Strong Implementation

Countries in this bloc have ratified the CRPD and actively implemented the strategies outlined in the document. It is important to consider that the ratification status is not directly linked with implementing the CRPD principles. However, countries within this bloc will have both. An example of a country that can belong to this bloc is Mexico. According to the latest report to the CRPD in 2022, the country has made improvements to increase accessibility for people with disabilities. Some of these improvements included the national program for the advancement and inclusion of people with disabilities. Additionally, in 2014, Mexico passed a reform of the Federal Act on the Prevention and Elimination of Discrimination. However, the committee also pointed out that the country needs to change some existing laws, including the General Law for the Inclusion of Persons with Disabilities, to make sure they align with the convention. They also recommended that enough resources be given to make sure this happens in the most efficient way.¹⁶³ Other countries that might belong to this bloc are Cyprus, Norway, Germany, Japan, and more.

Ratified the CRPD and Have Limited Implementation

Countries that belong to this bloc have ratified the CRPD and have yet to make much progress in implementing it. Because of this, it is also likely that countries in this bloc have some national legislation regarding the topic, but it needs improvement to be aligned with the principles of the CRPD. For example, a country that belongs to this bloc is Rwanda. In 2019, the CRPD mentioned their concern about discriminatory terms in the country's national legislation and the government's slow adoption of the CRPD. Another big concern is the lack of national disability policies in the country. There is also no way to make sure that the needs of people with disabilities are considered in policymaking.¹⁶⁴ However, Rwanda has been slowly changing its disability policy to be more inclusive of people with disabilities. In March 2022, the Rwandan government attended the Global Disability Summit. During the event, they submitted a number of commitments to people with disabilities. These include increasing access to education, healthcare, or employment.¹⁶⁵ Other countries that might belong to this bloc are Argentina, the Russian Federation, China, and more.

Have Not Ratified the CRPD

Although there are 193 member states of the United Nations, the CRPD has only been ratified by 187.¹⁶⁶ It is likely that countries that belong to this bloc that have not ratified or are not signatories to the CRPD also have little to no legislature in place to make sure that people with disabilities in their countries are included and have the same opportunities. Countries that belong to this bloc also have no national legislation and policies to target the issue of increasing accessibility for people with disabilities. It is also possible that countries that belong to this bloc have legislation that does not align with the principles of the CRPD.

¹⁶² "UN Treaty Body," United Nations Human Rights Treaty Bodies, accessed August 23, 2023. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Countries.aspx

¹⁶³ Committee on the Right of Persons with Disabilities. Concluding observations on the combined second and third periodic reports of Mexico. CRPD/C/MEX/CO/2-3. April 20, 2022.

¹⁶⁴ Committee on the Right of Persons with Disabilities. Concluding observations on the initial report of Rwanda. CRPD/C/RWA/CO/1. May 3, 2019.

¹⁶⁵ "Rwanda Looks to New Efforts for Supporting Persons With Disability," *Global Accessibility News*, March 6, 2022. <https://globalaccessibilitynews.com/2022/03/06/rwanda-looks-to-new-efforts-for-supporting-persons-with-disability/>

¹⁶⁶ "About Us," The United Nations, accessed August 24, 2023. <https://www.un.org/en/about-us>

Committee Mission

As mentioned within its mandate, SOCHUM is in charge of discussing human rights issues that affect people from all over the world.¹⁶⁷ In addition to addressing social issues, SOCHUM often examines the needs of vulnerable groups. These may include the youth, families, or the elderly, often to promote human rights.¹⁶⁸ This scope is extensive and includes those with disabilities. People with disabilities are considered to be one of the largest marginalized groups. Their rights to education, the workplace, healthcare, or even justice are often difficult to protect. This is due to a lack of accessibility worldwide.¹⁶⁹ Delegates within SOCHUM should look for solutions to this issue throughout their research. This includes consulting the CRPD and their own countries' policy towards accessibility.

Delegates should remember that, as part of the United Nations General Assembly, they can only recommend solutions for countries to implement. Delegates can ask for support from international organizations or other countries. This allows the committee to address the needs of people with disabilities directly. For example, delegates can make recommendations from the World Health Organization regarding healthcare access. UNICEF can help promote education that is more accessible, and the ILO can create job opportunities that promote inclusion. Delegates can recommend that member states implement existing tools to promote accessibility. Making sure that the CRPD is respected in every rural community should be a top priority. Delegates in SOCHUM should continue to push for solutions that best provide a dignified life with proper accessibility for people with disabilities.

¹⁶⁷ “Social, Cultural and Humanitarian Issues (Third Committee),” UN General Assembly, accessed August 13, 2023, <https://www.un.org/en/ga/third/>.

¹⁶⁸ “Social, Cultural and Humanitarian Issues (Third Committee),” UN General Assembly.

¹⁶⁹ Office of the High Commissioner on Human Rights. “About the Human Rights of Persons with Disabilities.”



SOCHUM
NHSMUN 2024



TOPIC B:
UPHOLDING PRISONERS' RIGHT TO HEALTHCARE

Photo Credit: kalev kevad

Introduction

Throughout history, societies have had the challenge of addressing criminal behavior and ensuring justice for victims. However, they also must uphold the rights and dignity of people accused of crimes. The historical use of prisons, the evolution of opinions about prisoners, and the establishment of guidelines to protect human rights have all influenced crime and punishment. Yet today, the conditions in prisons and the treatment of prisoners are different across the world. Criminal justice still needs to improve to prevent crime effectively and humanely.

The earliest criminal punishments can be traced back to 1000 BC in Mesopotamia and Egypt. These civilizations emphasized retribution, preventing crime, and restoring order.¹ Early prisons were often used to temporarily detain individuals awaiting trial or execution rather than as facilities for long-term incarceration. Crime prevention played a significant role in early criminal justice systems. Harsh punishments and cruel treatment of prisoners were intended not only to punish offenders, but also to prevent others from committing crimes. Early prisons were traditionally focused more on punishment than on rehabilitation or addressing the underlying causes of criminal behavior.² Today, experts suggest that time spent in prison does not lower the chances of repeating a crime when compared to community service or mandatory educational courses.³ Prisons provide little to no healthcare due to both a general lack of acceptable healthcare on the broader community and also the belief that criminals were a lower class than the free.⁴

Prisoners in historical prisons often dealt with overcrowding, poor living conditions, and little to no access to basic necessities. A famous example of historical prison conditions is the 'oubliettes,' which were used for detainment and torture throughout Europe in the Middle Ages.⁵ This term comes from the French word for forgotten and refers to a prison cell

whose only entrance is a trap door high in the ceiling. Most often, prisoners placed here faced a life sentence.⁶ Conditions in other parts of the world were similar, and in Imperial China, dungeons were used as places in which criminals would wait for their punishment, often in the form of capital punishment.⁷

In the 20th century, increased human rights protocols brought significant changes to prison conditions and the treatment of inmates. In 1948, the UN adopted the Universal Declaration of Human Rights. This document emphasized the dignity and rights of all individuals, including those in prisons.⁸ This created international standards for the treatment of prisoners. The shift from punishment to rehabilitation changed attitudes towards prisoners. Recognizing that many offenders come from disadvantaged backgrounds, suffer from mental health issues, or struggle with addiction, modern societies increasingly view incarceration as an opportunity to address the root causes of criminal behavior and to facilitate positive change.

The "Mandela Rules," officially known as the United Nations Standard Minimum Rules for the Treatment of Prisoners, is essential to ensure the humane treatment of prisoners worldwide.⁹ Named after Nelson Mandela, who

1 "History of Prisons | Overview & Purpose - Video & Lesson Transcript," study.com, accessed August 16, 2023, <https://study.com/learn/lesson/prisons-history-characteristics-purpose.html>.

2 Jenna Lopes, "There's Got to Be a Better Way: Retribution vs. Restoration," *All Volumes (2001-2008)*, January 1, 2002, https://digitalcommons.unf.edu/ojii_volumes/116.

3 Catherine Halley, "Rethinking Prison as a Deterrent to Future Crime," *JSTOR Daily*, July 18, 2022, <https://daily.jstor.org/rethinking-prison-as-a-deterrent-to-future-crime/>.

4 "History | Prison Condition," Center For Prison Reform, accessed August 17, 2023, <https://centerforprisonreform.org/history/>.

5 Carl Seaver, "Medieval Torture: The Horrific History of the Oubliette," March 29, 2022, <https://www.historydefined.net/oubliette/>.

6 "Castle Oubliette," accessed August 16, 2023, <https://www.medievalchronicles.com/medieval-castles/medieval-castle-parts/oubliette-castle-dungeon/>.

7 Stephen J. Schuyler, "Here's What It Was Like For Prisoners In Ancient China," *Grunge*, July 29, 2021, <https://www.grunge.com/473353/heres-what-it-was-like-for-prisoners-in-ancient-china/>.

8 United Nations, "Universal Declaration of Human Rights," United Nations (United Nations), accessed August 16, 2023, <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

9 United Nations, "The Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty," United Nations (United Nations), accessed June 22, 2023, <https://www.un.org/en/un-chronicle/nelson-mandela-rules-protecting-rights-persons-deprived-liberty>.

was imprisoned during apartheid in South Africa, these rules outline the conditions, treatment, and rights of prisoners. The Mandela Rules emphasize the importance of providing food, medical care, sanitation, and access to education and job training. They also advocate for the prevention of torture, discrimination, and other forms of abuse. The Mandela Rules provide a global benchmark for prison conditions, promoting the protection of human rights and the dignity of all individuals, regardless of their legal status. Today, most states take responsibility for the physical and mental well-being of their prisoners, and different countries have developed legislation by which prisoners can access medical services. However, the implementation of this varies across the world, and discrimination based on race, sexuality, or gender still affects many prisoners.

The change in crime, punishment, and prison conditions reflects the changing values of society. From the historical use of harsh punishment to more modern approaches focused on rehabilitation and human rights, progress has been made towards a more compassionate criminal justice system. With modern developments in culture and technology, it is, perhaps for the first time, possible for prisoners to attain living standards, including their access to necessary healthcare, equal to that of those who are not imprisoned and experience the rehabilitation they need to ensure they can live productive lives in society.

History and Description of the Issue

Overcrowding and Access to Doctors

Prison overcrowding is defined by the United Nations Office on Drugs and Crime, or UNODC, as when the number of prisoners is greater than the official prison capacity.¹⁰ Prison

overcrowding may impact the physical and mental health of prisoners, as well as increase the risks of violence, drug use, and self-inflicted injury.¹¹ Most prison systems across the globe are facing enormous difficulties accommodating their prisoners. The 2022 Global Prison Trends report by Penal Reform International stated that 121 countries were over 100 percent prison capacity and more than 13 were over double their intended space.¹² Bad prison conditions have been shown to increase the rate of re-offense. This could be due to the prisons failing to prepare inmates for independence or the skills necessary to reenter the workforce.¹³ When this happens, ex-inmates often seek comfort in the rigid routine and structured lifestyle that prison provides. The COVID-19 pandemic has added to this problem as courts across the world have closed, which has increased the number of prisoners awaiting trial.

Courts are still facing a backlog of cases. One example is Nigeria, where 50,000 people are being held in detention centers while they await trial.¹⁴ When prisons are above their capacity, medical issues are at risk of being ignored. This is because staff cannot uphold prison regulations while ensuring each individual is physically and mentally fit. These regulations include security protocols that are followed to uphold the safety of staff and prisoners. In turn, this reduces a prison's rehabilitative potential and increases the risk of prisoners committing crimes once they leave the facility. Without ensuring prisoners have adequate means to survive in the outside world, there is a far greater chance they will re-offend and end up back inside state facilities, perpetuating the problem of prison overcrowding.

Governments have taken a variety of steps towards limiting overcrowding. These include building new prisons or increasing current prison capacities by adding beds and building new dormitories.¹⁵ This has been criticized for not

10 "Handbook on Strategies to Reduce Overcrowding in Prisons," International Committee of the Red Cross, October 13, 2015, <https://www.icrc.org/en/document/handbook-strategies-reduce-overcrowding-prisons>.

11 J Garcia-Guerrero and A Marco, "Overcrowding in prisons and its impact on health," *Revista española de sanidad penitenciaria* 14, no. 3 (February 1, 2012): 106–13, <https://doi.org/10.4321/s1575-06202012000300006>.

12 "Penal Reform International Global Prison Trends 2022," Penal Reform International, accessed July 10, 2023, <https://cdn.penalreform.org/wp-content/uploads/2022/05/GPT2022.pdf>.

13 Francesco Drago, Roberto Galbiati, and Pietro Vertova, "Prison Conditions and Recidivism," *American Law and Economics Review* 13, no. 1 (March 1, 2011): 103–30, <https://doi.org/10.1093/aler/ahq024>.

14 Emmanuel Akinwotu and Ope Adetayo, "Stuck in Limbo": Endless Wait for Justice for Those in Nigeria's Prisons," *The Guardian*, October 28, 2021, sec. Global development, <https://www.theguardian.com/global-development/2021/oct/28/stuck-in-limbo-endless-wait-for-justice-for-those-in-nigerias-prisons>.

15 Morag MacDonald, "Overcrowding and Its Impact on Prison Conditions and Health," *International Journal of Prisoner Health* 14, no. 2

being a long-term solution, as prison populations tend to increase when prisons increase in size.¹⁶ One alternative to prisons is community service programs, where fewer resources are needed. This is generally cheaper than keeping people inside prisons. In Australia, reoffense rates were also shown to be lower when receiving a noncustodial sentence compared to a jail sentence of up to two years.¹⁷ Non-custodial sentences are punishments that do not involve imprisonment and can include house arrest, community service, and fines.

This method may not work for prisoners who are considered a danger to the public, including people who have committed violent crimes. Electronic monitoring, a tracking device worn by a person, can be used alongside noncustodial sentences, such as probation, to help someone maintain the rules of their sentence. Electronic monitoring devices can track locations and movements, which reduces the chance of prisoners escaping, breaking curfew, or entering forbidden places.¹⁸

(January 1, 2018): 65–68, <https://doi.org/10.1108/IJPH-04-2018-0014>.

16 Joëlle Bergeron, “REPORT on Prison Systems and Conditions | A8-0251/2017 | European Parliament,” accessed July 18, 2023, https://www.europarl.europa.eu/doceo/document/A-8-2017-0251_EN.html.

17 “Intensive Correction Orders Reduce Re-Offending,” NSW Bureau of Crime Statistics and Research, accessed July 19, 2023, https://www.bocsar.nsw.gov.au/Pages/bocsar_media_releases/2017/mr-Intensive-correction-orders-versus-short-prison-sentence-A-comparison-of-re-offending.aspx.

18 “How Electronic Monitoring Incentivizes Prolonged Punishment,” Brennan Center for Justice, July 6, 2022, <https://www.brennancenter.org/our-work/analysis-opinion/how-electronic-monitoring-incentivizes-prolonged-punishment>.

19 Jyoti Belur et al., “A Systematic Review of the Effectiveness of the Electronic Monitoring of Offenders,” *Journal of Criminal Justice* 68 (May 1, 2020): 101686, <https://doi.org/10.1016/j.jcrimjus.2020.101686>.

20 “Free Market Foundation,” Free Market Foundation, accessed July 24, 2023, <https://www.freemarketfoundation.com/article-view/norwegian-criminals-queue-to-enter-prison>.

21 Julie Laursen, Kristian Mjåland, and Ben Crewe, “It’s Like a Sentence Before the Sentence’—Exploring the Pains and Possibilities of Waiting for Imprisonment,” *The British Journal of Criminology* 60, no. 2 (March 14, 2020): 363–81, <https://doi.org/10.1093/bjc/azz042>.

Electronic monitoring is expensive to the state compared to other noncustodial sentences. However, it is cheaper than prison time. As technology advances, issues, including poor GPS locations and faults with the internal electronics, have been improved.¹⁹ People under noncustodial sentences become responsible for their healthcare as they would when free and use public hospitals and clinics.

Innovative approaches adopted by countries like Norway, Denmark, and the Netherlands involve creating waiting lists for individuals convicted of crimes. This delays their entry into prison until a space becomes available. The average time before entering prison is around 77 days, which provides enough time for convicted prisoners to prepare for their sentence.²⁰ While this has been effective in reducing prison overcrowding, individuals claim it can impact their mental health and limit their freedom before they have served any time.²¹ Scandinavian countries, as well as others, such as the

Overcrowded dormitory in a prison in California, US

Credit: California Department of Corrections



United Kingdom, India, and the Philippines, offer 'open prisons' as a complementary strategy to the overcrowding in high-security prisons and provide rehabilitation and training to prisoners. In these institutions, inmates with a lower risk of harming others or escaping are not confined to their cells or dormitories and can even commute to work outside the prison.²²

Overcrowding already limits the availability of healthcare in prisons, which is made worse by the current shortage of qualified healthcare staff in prisons. For example, in 2017, 63 prisons in Bangladesh had no doctors, which led to the preventable death of an elderly prisoner.²³ Staff shortages have increased the amount of time it takes for prisoners to be seen by a doctor and receive the treatment they need, increasing their risks of serious illness and ultimately increasing the cost of providing healthcare. The shortage of nonmedical staff in prisons has also affected prisoners' access to healthcare when treatment has to be given outside of prisons. In Scotland, it was reported that prisoners had not been able to see doctors in hospitals due to a lack of available staff to transport them.²⁴

Increasing the education of prisoners has proved a positive method of increasing access to healthcare. For example, in Zambia, 'inmate peer educators' deliver health talks to other inmates and provide a communication channel between them and their guards. As a result, some prisoners have reported a better understanding of their health conditions and how to improve them, although this is mainly limited to tuberculosis and HIV, two of the most common medical issues in the region.²⁵ Other studies have suggested that the use of posters, leaflets, or even prison radio talk shows has helped to shift the

burden of health education from medical staff and initiated more proactive changes from the prisoners themselves.²⁶

A limiting factor to prisoner healthcare reported by officers is that external healthcare personnel often have limited training in prison security protocols. This means that even though doctors and medics may be on-site and available to treat prisoners, a shortage of guards limits the number of patients that can be seen as guards are required to stay with them during their visit.²⁷ Training medical staff on security protocol was seen as a way to reduce this problem, and some officers expressed a desire for training on important health matters. By providing officer training, medical issues can be evaluated in a more timely manner, with fewer resources, and appropriate action can be taken.

Mental Health and Addiction Among Prisoners

The rate of mental health and substance use disorders in prisoners is disproportionately high when compared to the general population. Many prison systems fail to give the support required for those under their care. For example, in Ireland, 70 percent of prisoners live with personality disorders.²⁸ A study published by the Lancet showed that the effects of mental health issues are proportionate to the duration of incarceration.²⁹ Prisoners who have spent more than two years in prison are 3.6 times more likely to suffer from a new mental illness than people who have spent less than three months incarcerated.³⁰ Those with mental health disorders have been shown to have higher rates of self-harm and suicide, as well as being at risk of targeted violence from other inmates. Because of this, they often require additional

22 Kristian Mjåland et al., "Contrasts in Freedom: Comparing the Experiences of Imprisonment in Open and Closed Prisons in England and Wales and Norway," *European Journal of Criminology*, December 31, 2021, 14773708211065904, <https://doi.org/10.1177/14773708211065905>.

23 Mohammad Jamil Khan and Shaheen Mollah, "63 Jails Have No Doctors," *The Daily Star*, May 15, 2017, <https://www.thedailystar.net/frontpage/63-jails-have-no-doctors-1405240>.

24 Media Office, "Healthcare Provision in Prisons Should Achieve Parity with Wider Society within Two Years Says Holyrood's Health Committee," UK, October 5, 2017, <https://archive2021.parliament.scot/newsandmediacentre/104691.aspx>.

25 Katherine W. Todrys and Joseph J. Amon, "Criminal Justice Reform as HIV and TB Prevention in African Prisons," *PLOS Medicine* 9, no. 5 (May 8, 2012): e1001215, <https://doi.org/10.1371/journal.pmed.1001215>.

26 National Guideline Centre (UK), "Promoting Health and Wellbeing," in *Physical Health of People in Prison: Assessment, Diagnosis and Management of Physical Health Problems* (National Institute for Health and Care Excellence (NICE), 2016), <https://www.ncbi.nlm.nih.gov/books/NBK401642/>.

27 Stephanie M. Topp et al., "Exploring the Drivers of Health and Healthcare Access in Zambian Prisons: A Health Systems Approach," *Health Policy and Planning* 31, no. 9 (November 1, 2016): 1250–61, <https://doi.org/10.1093/heapol/czw059>.

28 "Vulnerable, Older Prisoners 'Sabotaging' Parole to Stay in Jail," *The Irish Times*, accessed July 19, 2023, <https://www.irishtimes.com/news/crime-and-law/vulnerable-older-prisoners-sabotaging-parole-to-stay-in-jail-1.4741176>.

29 Allen S. Keller et al., "Mental Health of Detained Asylum Seekers," *Lancet (London, England)* 362, no. 9397 (November 22, 2003): 1721–23, [https://doi.org/10.1016/S0140-6736\(03\)14846-5](https://doi.org/10.1016/S0140-6736(03)14846-5).

30 Janette P. Green and Kathy Eagar, "The Health of People in Australian Immigration Detention Centres," *The Medical Journal of Australia* 192, no. 2 (January 18, 2010): 65–70, <https://doi.org/10.5694/j.1326-5377.2010.tb03419.x>.

levels of care that are often not provided by prison staff.³¹ The impacts of untreated mental illness continue after leaving prison and affect the long-term social and economic prospects of former inmates. Suicide and drug overdoses were reported to be two of the leading causes of death of former inmates, with suicide rates 29 times higher than that of the public within two weeks of leaving prison.³²

High rates of mental and substance use disorders in prisons are often caused by the criminalization of mental illness and insufficient community-based mental health resources, all of which increase the chances of imprisonment for their states of health.³³ The War on Drugs was a campaign started by the United States which aimed to reduce the drug trade. It led to the popularization of imprisonment as a response to drug use.³⁴ The criminalization of mental illness refers to failures in mental health policy in prisons. This leads to prisoners with mental illness being sentenced as criminals instead of being treated.³⁵ Inside prisons, mental health and addiction are perpetuated by insufficient training of staff, increasing the chance of missing health problems as new inmates arrive at prisons.³⁶ To effectively treat people with mental health problems, early diagnosis is very important and has a high impact on the rehabilitative potential of their prison time.

Despite it being easy to use mental health as a blanket term for all conditions, different levels of mental health issues exist and require different forms of treatment. In the United States, classification systems exist to help inform staff of the needs required of individual prisoners.³⁷ Classifications not only take

into account the severity of illness but also the individual's response to treatment. By creating a classification system, the prison system of the US can designate specific prisons that best provide the services needed for individual prisoners.

Providing mental health services lowers the likelihood of offending again and improves conditions in prisons. Because of shortages in healthcare staff, some prisons in the US and Australia have adopted 'telemedicine.' This gives prisoners access to trained healthcare professionals online.³⁸ Telemedicine has increased regular access to mental health services in prisons and avoids the expense of training staff, setting up specialized facilities, or transporting prisoners to hospitals. It is also effective in diagnosing prisoner conditions. Telemedicine has limited effectiveness in the treatment of mental health issues, and additional services are necessary to maximize its potential for rehabilitation. Since the 1990s, this method of diagnosis has had favorable reports due to its cost-effectiveness and efficiency.³⁹

Drug use and addiction are leading causes of incarceration. 22 percent of prisoners in the world are behind bars for drug-related crimes.⁴⁰ Drug laws are different around the world, with some countries, including Spain, Canada, and parts of the United States, having fewer restrictions on personal substance use. However, in other countries, including Malaysia and Saudi Arabia, the possession of illegal substances can lead to incredibly harsh prison sentences and even the death penalty.⁴¹ In many cases, drug use and addiction stem from circumstances beyond an individual's control. In these cases,

31 World Health Organization. Management of Mental and Brain Disorders Team and International Association for Suicide Prevention, "Preventing Suicide in Jails and Prisons" (Geneva: World Health Organization, 2007), <https://apps.who.int/iris/handle/10665/43678>; Kriti Sharma, "I Needed Help, Instead I Was Punished," *Human Rights Watch*, February 6, 2018, <https://www.hrw.org/report/2018/02/06/i-needed-help-instead-i-was-punished/abuse-and-neglect-prisoners-disabilities>.

32 Ingrid A. Binswanger et al., "Release from Prison—a High Risk of Death for Former Inmates," *The New England Journal of Medicine* 356, no. 2 (January 11, 2007): 157–65, <https://doi.org/10.1056/NEJMsa064115>.

33 Amanda Butler et al., "Prevalence of Mental Health Needs, Substance Use, and Co-Occurring Disorders Among People Admitted to Prison," *Psychiatric Services (Washington, D.C.)* 73, no. 7 (July 2022): 737–44, <https://doi.org/10.1176/appi.ps.202000927>.

34 "War on Drugs | History & Mass Incarceration," *Britannica*, July 13, 2023, <https://www.britannica.com/topic/war-on-drugs>.

35 "Criminalization of Mental Illness," Treatment Advocacy Center, accessed August 6, 2023, <https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness>.

36 "Walling up Madness," *Prison Insider*, April 14, 2022, <https://www.prison-insider.com/en/articles/l-enfermement-a-la-folie>.

37 "Review of the Federal Bureau of Prisons' Use of Restrictive Housing for Inmates with Mental Illness," U.S. Department of Justice Office of the Inspector General, accessed August 18, 2023, <https://oig.justice.gov/reports/review-federal-bureau-prisons-use-restrictive-housing-inmates-mental-illness>.

38 "Implementing Telemedicine in Correctional Facilities," National Institute of Justice, accessed August 18, 2023, <https://nij.ojp.gov/library/publications/implementing-telemedicine-correctional-facilities>.

39 Roger Watson, Anne Stimpson, and Tony Hostick, "Prison Health Care: A Review of the Literature," *International Journal of Nursing Studies* 41, no. 2 (February 1, 2004): 119–28, [https://doi.org/10.1016/S0020-7489\(03\)00128-7](https://doi.org/10.1016/S0020-7489(03)00128-7).

40 "World Drug Report 2020," United Nations, accessed July 21, 2023, <https://wdr.unodc.org/wdr2020/en/index2020.html>.

41 "Drug Laws Around the World: Death Penalty for Drugs," *DrugAbuse.com*, December 17, 2013, <https://drugabuse.com/blog/the-20-countries-with-the-harshesdrug-laws-in-the-world/>.

it is important to consider drug users as victims instead of criminals.

To combat the issues associated with drug addiction, treatment programs have been created around the world, with varying degrees of success. Some programs, including the 'Stay'n Out' program in the United States, emphasize self-help through the ideas of self-reliance and community independence whilst still under the care of trained staff.⁴² Treatment programs should also put in place a variety of treatment options appropriate to the needs of different individuals based on diagnostic tests during the intake of inmates and these plans should be adaptable as the course of treatment continues.⁴³ Furthermore, it has been shown that the success of internal treatment options yields the best results when separated from the general population of the prison. This helps to remove the temptations and negative effects of prison culture. Reward programs have also been shown to have positive effects on addiction treatment, increasing prisoners' privileges inside prison when they show progress toward their relationship with drugs. Similarly, establishing punishments for those who do not follow the rules has been shown to reduce the dropout rates from these programs as the places are seen as more valuable and so more worth keeping.

A key challenge with addiction in prisoners is the risk of relapse after leaving the facility. If prison staff develop reentry plans with parole officers, such as joining self-help groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), this risk can be reduced and rates of reincarceration are lowered.⁴⁴ The European Union has helped countries including

Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan through the Central Asia Drug Action program to treat prisoners with addictions via a long-term strategy divided into stages.⁴⁵

In some countries, drug courts exist to take a public health approach to dealing with criminal offenses.⁴⁶ Whilst they operate differently in each nation, their main focus is to address the underlying causes of crime by working with prisoners towards long-term recovery. In New Zealand, the graduation rate of this treatment method is six times higher than most other forms of rehabilitation, and released prisoners are 71 percent less likely to return to prison in the first year after their treatment.⁴⁷ In the US, abstinence-based methods have shown success, where the continuation of specialized treatment is conditional on negative substance tests.⁴⁸ Studies also show that effective addiction treatment, such as the administration of methadone, a drug used to wean patients off of heroin, significantly reduces the rate of reincarceration as is used in the drug courts of Scotland.⁴⁹

To adequately meet the health and mental health requirements of inmates with additional mental issues, prisons must establish regular and personalized treatment. Suppose prisons lack the facilities to treat addiction and severe mental illnesses. In that case, connections with community-based programs should be established, and the use of digital treatment should be expanded to maximize the use of prison staff and resources.

Violence Inside Prisons

There are many sources of violent behavior inside prisons, including riots, inmate fighting, and abuse by prison staff.

42 Harry K. Wexler and Ronald Williams, "The Stay 'N Out Therapeutic Community: Prison Treatment for Substance Abusers," *Journal of Psychoactive Drugs* 18, no. 3 (July 1, 1986): 221–30, <https://doi.org/10.1080/02791072.1986.10472351>.

43 Institute of Medicine (US) Committee for the Substance Abuse Coverage Study, Dean R. Gerstein, and Henrick J. Harwood, "Drug Treatment in State Prisons," in *Treating Drug Problems: Volume 2: Commissioned Papers on Historical, Institutional, and Economic Contexts of Drug Treatment* (National Academies Press (US), 1992), <https://www.ncbi.nlm.nih.gov/books/NBK234751/>.

44 Leonard A. Jason, Bradley D. Olson, and Ron Harvey, "Evaluating Alternative Aftercare Models for Ex-Offenders," *Journal of Drug Issues* 45, no. 1 (January 2015): 53–68, <https://doi.org/10.1177/0022042614552019.a>

45 Michels Ii et al., "Improvement of Treatment of Drug Use Disorders in Central Asia the Contribution of the EU Central Asia Drug Action Programme (CADAP)," 2017.

46 "Defining Drug Courts: The Key Components," Office of Justice Programs, accessed August 18, 2023, <https://www.ojp.gov/ncjrs/virtual-library/abstracts/defining-drug-courts-key-components-0>.

47 "Viewpoints: Should New Zealand Introduce Drug Courts?," DrugFoundation accessed July 27, 2023, <https://www.drugfoundation.org.nz/matters-of-substance/archive/august-2011/introduce-drug-courts/>. ; Katey Thom, "EXPLORING TE WHARE WHAKAPIKI WAIRUA/THE ALCOHOL AND OTHER DRUG TREATMENT COURT PILOT: THEORY, PRACTICE AND KNOWN OUTCOMES," *Te Wharenga - New Zealand Criminal Law Review*, November 16, 2017, 180–93.

48 "Dedicated Drug Court Pilots: A Process Report," Ministry of Justice, March 24, 2009, <https://web.archive.org/web/20090324023814/http://www.justice.gov.uk/publications/research010408.htm>.

49 "Methadone | Uses, Benefits & Side Effects," Britannica, September 1, 2023. <https://www.britannica.com/science/methadone>.; Michael S. Gordon et al., "A Randomized Clinical Trial of Methadone Maintenance for Prisoners: Findings at 6 Months Post-Release," *Addiction (Abingdon, England)* 103, no. 8 (August 2008): 1333–42, <https://doi.org/10.1111/j.1360-0443.2008.002238.x>.



A guard standing outside of the kitchen in Mogadishu's Central Prison, Somalia

Credit: NMUIM

These can result in both physical and psychological injuries. The causes of violence within prisons also have many origins, including personal disputes, overcrowding, gang rivalries, unrest, and mental illness. Because of these various reasons, it is almost impossible to completely end attacks on inmates. Prisons are required to have emergency responses for high blood loss and severe injuries, but the reaction times can be very long. Furthermore, when treatment arrives, it is often ineffective.⁵⁰

Rule 27 of the Nelson Mandela Rules states that all prisons should ensure quick access to medical attention in cases where it is urgently required.⁵¹ Since 2010, 96 prisoners have died in Iran due to inadequate responses to healthcare needs, six of which were due to traumatic injuries sustained within the facility or during arrest.⁵² Despite this level of medical negligence breaking Iran's laws, the officers responsible have not faced consequences for their actions. This is largely due

to the stigma that prisoners face in Iran. Similar issues exist in many other countries around the world.⁵³ While many countries have regulations to protect the well-being of their incarcerated population, it is up to those working in prisons to ensure those standards are met.⁵⁴ In many cases, however, the level of care provided by officers in prisons is severely lacking, and prison staff culture prevents the reporting of poor standards of work. The most common form of abuse from prison officers is the excessive use of violence.⁵⁵ To uphold the rights of prisoners to healthcare, it is essential that those charged with their care while in prison retain accountability for the experience prisoners face.

High rates of violence in prisons are causing many staff members to leave.⁵⁶ The high turnover of trained officers leaves facilities without the experienced professionals to prevent complex situations. This may lead to violence. The increased rates of violence that occur as a consequence

50 Pip Bywater, "Emergency Response," *Prison Reform Trust*, June 9, 2016, <https://prisonreformtrust.org.uk/emergency-response/>.

51 UN General Assembly. 70/175 Standard Minimum Rules for the Treatment of Prisoners, A/RES/70/175. 17 December 2015. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/443/41/PDF/N1544341.pdf?OpenElement>

52 "Iran: In Death's Waiting Room: Deaths in Custody Following Deliberate Denial of Medical Care in Iran's Prisons," Amnesty International, April 12, 2022, <https://www.amnesty.org/en/documents/mde13/5447/2022/en/>.

53 Miresmaeili Amir. "Medical Negligence in Prisons Violates Iran's Domestic Laws," *Iran Wire*, accessed August 4, 2023, <https://iranwire.com/en/features/69197/>.

54 David Martinez-Iñigo, "The Role of Prison Officers' Regulation of Inmates Affect on Their Exposure to Violent Behaviors and the Development of PTSD Symptoms," *European Journal of Psychotraumatology* 12, no. 1 (n.d.): 1956126, <https://doi.org/10.1080/20008198.2021.1956126>.

55 "Inmate Abuse by Corrections Officers and the Legal Recourse Available," Law Offices of Nussin S. Fogel, accessed August 17, 2023, <https://www.nsfogel.com/articles/inmate-abuse-by-corrections-officers-and-the-legal-recourse-available/>.

56 Alex Hewson, "New Figures Spark Fears of a Perfect Storm in Prisons," *Prison Reform Trust* (blog), July 14, 2022, <https://prisonreformtrust.org.uk/new-figures-spark-fears-of-a-perfect-storm-in-prisons/>.

then result in more prisoners facing punishments such as solitary confinement or extended sentences that limit their rehabilitation. The overall effect of this is that violence becomes the only way in which they know how to respond to situations. As the situation worsens, more injuries occur, and the healthcare services inside prisons are stretched beyond their capacity. Furthermore, the punishments that prisoners face as a result of violence can significantly impact their mental states. This means that specialist attention may be required to treat additional psychological consequences.⁵⁷ In the US, empty prison officer roles are being taken up by case managers and teachers to reduce this strain.⁵⁸ One benefit of this method is that case managers already have an understanding of the prison system, and so enter the job more prepared than a recruit.

Gang violence causes some of the most critical injuries to prisoners around the world. This is often a result of rivalries between groups and the pressure from the gang hierarchy. The issue of gang violence is particularly relevant in South America. In February 2021, Ecuador had 79 deaths from gang-related violence.⁵⁹ While many prison systems try to reduce the levels of interaction gangs can have with each other, issues of overcrowding reduce the possibility of this. Sometimes, rival gangs end up near each other. The sharing of space between rival groups increases hostility between them in communal areas, such as outdoor recreation spaces and tables in cafeterias. These spaces are seen as commodities worth defending, and this ends up being where the majority of violence occurs.⁶⁰

Unlike many other medical requirements, injuries sustained

through violence need to be helped quickly. By equipping prisons with emergency units, prisoners will have a better chance of avoiding serious injury.⁶¹ These units contain the facilities required to perform critical procedures such as emergency operations. The training of medical staff to administer stitches, bandage wounds, set broken bones, and provide pain relief is necessary when it comes to treating injuries sustained through violence.

Pregnancy and Childbirth in Prisons

Pregnancy increases the health risks to a person's body more than any other time in their life. This can cause long-lasting effects on both parent and child if not appropriately treated. However, in many situations, the levels of healthcare given to female prisoners are lower than that of men.⁶² Currently, there is no data on the number of pregnant women in prisons around the world, but according to a study from the American Medical Association Journal of Ethics, the rate of pregnancy in women entering prison is between five and 10 percent of total prisoners.⁶³ The health consequences of pregnancy extend beyond childbirth. Many mothers suffer from mental conditions after their child is born. These include postpartum depression, anxiety, and obsessive-compulsive disorder (OCD).⁶⁴ In cases where newborns are separated from their incarcerated mothers at birth, much higher rates of mental disorders are recorded. Many women receive little to no emotional support to prepare them.⁶⁵ Separation from their children has also been shown to increase existing mental health problems.⁶⁶

In 2010, the UN adopted the Bangkok Rules, a global legislation

57 Jo Nurse, Paul Woodcock, and Jim Ormsby, "Influence of Environmental Factors on Mental Health within Prisons: Focus Group Study," *BMJ* 327, no. 7413 (August 28, 2003): 480, <https://doi.org/10.1136/bmj.327.7413.480>.

58 Glenn Thrush, "Short on Staff, Prisons Enlist Teachers and Case Managers as Guards," *The New York Times*, accessed August 17, 2023, <https://www.nytimes.com/2023/05/01/us/politics/prison-guards-teachers-staff.html>.

59 "Global Prison Trends 2021," Penal Reform International, accessed August 5, 2023, <https://www.penalreform.org/global-prison-trends-2021/>.

60 Prison Insight Staff, "What Causes The Most Fights In Prison?," Prison Insight, June 26, 2023, <https://prisoninsight.com/what-causes-the-most-fights-in-prison/>.

61 Douglas C. McDonald, "Medical Care in Prisons," *Crime and Justice* 26 (January 1999): 427–78, <https://doi.org/10.1086/449301>.

62 Ronald L. Braithwaite, Henrie M. Treadwell, and Kimberly R. J. Arriola, "Health Disparities and Incarcerated Women: A Population Ignored," *American Journal of Public Health* 95, no. 10 (October 2005): 1679–81, <https://doi.org/10.2105/AJPH.2005.065375>.

63 Jennifer G. Clarke and Rachel E. Simon, "Shackling and Separation: Motherhood in Prison," *AMA Journal of Ethics* 15, no. 9 (September 1, 2013): 779–85, <https://doi.org/10.1001/virtualmentor.2013.15.9.pfor2-1309>.

64 Shashi Rai, Abhishek Pathak, and Indira Sharma, "Postpartum Psychiatric Disorders: Early Diagnosis and Management," *Indian Journal of Psychiatry* 57, no. Suppl 2 (July 2015): S216–21, <https://doi.org/10.4103/0019-5545.161481>.

65 Kelly Parker, "Pregnant Women Inmates: Evaluating Their Rights and Identifying Opportunities for Improvements in Their Treatment," *Journal of Law and Health* 19, no. 2 (2005 2004): 259–95.

66 "Mitigating the Ill Effects of Maternal Incarceration on Women in Prison and Their Children," PubMed, accessed August 4, 2023, <https://pubmed.ncbi.nlm.nih.gov/12458780/>.

designed to build upon “The Standard Minimum Rules for the Treatment of Prisoners.”⁶⁷ The Bangkok rules consider gender-specific issues that women face in prison.⁶⁸ Within this document, it was noted that pregnant women face additional psychological consequences when given prison sentences. The rules emphasized the importance of reducing custodial sentencing for them. Many countries, including Brazil, Costa Rica, Ecuador, and Mexico, have established the prioritization of noncustodial sentencing options for pregnant women. This allows a parent to spend time with their child after birth.⁶⁹ Rules 48-52 of the Bangkok Rules consider the specific needs of pregnant women and new mothers in prison, stressing the importance of contact between a child and parent. However, levels of implementation vary across the world, and reports of violations have been made. For example, in the US and Canada, women have given birth whilst in handcuffs, a clear violation of Rule 24 of the Bangkok rules.⁷⁰ Similarly, lack of adequate medical attention in a British prison led to the stillbirth of a child whose mother was not aware that she was pregnant.⁷¹ This itself showed massive neglect towards the health of prisoners within the facility and caused a major investigation into the facility’s practices.

Prenatal care, including medical examinations, screenings, and monitoring of the pregnancy’s progress, is highly important in maintaining the well-being of a mother and unborn child. However, many prisons lack specialist healthcare units or staff with appropriate expertise in maternal care.⁷² In Germany, a prenatal care group in prison saw positive outcomes after

medical staff successfully dealt with preterm deliveries, complications during birth, and issues with substance use. Here, adequate screenings ensured that any foreseeable issues were identified as early as possible. This gives medical staff maximum time to prepare for the delivery of each child.⁷³ Beyond this, prenatal care was provided on-site by midwives and nurses. Finally, the diets of pregnant women were changed. Similar success was seen at the Nebraska Center for Women in the US, where prenatal, delivery, and postpartum care was overseen at a local hospital. The program also went beyond just giving medical support, as it provided education classes on parenting and community resources to support new mothers after their release.⁷⁴ Childbirth education programs provide a way to prepare the mother for labor, delivery, and postnatal care. They have been proven to be effective in dealing with the stress of going through this while in prison.⁷⁵

Across the world, only four countries—the Bahamas, Liberia, Suriname, the United States—routinely separate incarcerated mothers from their newborns. However, in some American states, changes are being made to allow mothers to stay with their children in Mother-Baby Units.⁷⁶ These are facilities that allow mothers and babies to remain together while under care and have been shown to reduce reoffences in comparison to mothers who are separated from their child at birth.⁷⁷ Prison nurseries, which exist in many nations, are facilities that allow incarcerated women to be with their children while they serve their time.⁷⁸ The ages at which children are allowed to stay in these facilities vary massively across the globe, from six to

67 “Bangkok Rules,” UNODC accessed July 27, 2023, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf.

68 “Bangkok Rules,” UNODC accessed July 27, 2023, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf.

69 “Why Are Pregnant Women in Prison?,” Coventry University, accessed August 18, 2023, <https://www.coventry.ac.uk/research/research-directories/current-projects/2020/why-are-pregnant-women-in-prison/>.

70 Victoria Carmichael, “Reproductive (In)Justice for Women in Canadian Federal Prisons,” The John Howard Society of Canada, March 22, 2021, <https://johnhoward.ca/blog/reproductive-injustice-in-canadian-federal-prisons-for-women/>.

71 “BABY DEATH AT HMP STYAL – PPO REPORT HIGHLIGHTS SHOCKING CIRCUMSTANCES OF BABY STILLBORN IN PRISON,” January 10, 2022, <https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkjhkjmjgw/uploads/2022/01/Baby-B-Styal-Press-Release-Final-11.1.22.pdf>.

72 Eleanor Bard, Marian Knight, and Emma Plugge, “Perinatal Health Care Services for Imprisoned Pregnant Women and Associated Outcomes: A Systematic Review,” *BMC Pregnancy and Childbirth* 16 (September 29, 2016): 285, <https://doi.org/10.1186/s12884-016-1080-z>.

73 M. Stauber, B. Weingart, and J. Koubenc, “Pregnancy, labor and the puerperium in women prisoners,” *Geburtshilfe Und Frauenheilkunde* 44, no. 11 (November 1984): 731–37, <https://doi.org/10.1055/s-2008-1036510>.

74 “Prison Nurseries: A Pathway to Crime-Free Futures. - Free Online Library,” accessed August 4, 2023, <https://www.thefreelibrary.com/Prison+nurseries%3A+a+pathway+to+crime-free+futures.-a0198996017>.

75 Ginette G. Ferszt and Debra A. Erickson-Owens, “Development of an Educational/Support Group for Pregnant Women in Prison,” *Journal of Forensic Nursing* 4, no. 2 (June 2008): 55.

76 Smriti Nair et al., “Pregnancy in Incarcerated Women: Need for National Legislation to Standardize Care,” *Journal of Perinatal Medicine* 49, no. 7 (September 27, 2021): 830–36, <https://doi.org/10.1515/jpm-2021-0145>.

77 Aron Shlonsky et al., *Literature Review of Prison-Based Mothers and Children Programs: Final Report*, 2016.

78 Lorie S. Goshin, Mary W. Byrne, and Barbara Blanchard-Lewis, “Preschool Outcomes of Children Who Lived as Infants in a Prison

twelve months in Hungary to six years in India, Pakistan, and Mexico.⁷⁹ Prison nurseries have had a mixed reception around the globe. This is because they limit the freedoms of young children who have not broken the law. However, studies show that the mental well-being of children in these facilities is higher than that of children separated at birth.⁸⁰ Canada's mother-child program operates similarly to prison nurseries, allowing mothers to apply for residence of their child up to the age of four and for part-time residence of children up to the age of 12.⁸¹

There is a huge disparity between the legislation that criminal justice systems follow and the resources many state facilities have. This leads to many cases where the healthcare options that should be available cannot be accessed by those who need them. Charities such as Birth Companions have helped to reduce this issue by providing support services to pregnant women who would have to face childbirth alone.⁸² The services that this charity offers include emotional support networks before and after the birth of their child, donations of items required by new mothers, and peer support programs

that help connect women who have had similar experiences. While running on an entirely voluntary basis, it has had very beneficial effects on those who receive help.

Vulnerable Groups in Prisons

Within the confines of prisons, almost all demographics of people are represented. Various groups are at risk of different health hazards. These groups require different levels and forms of healthcare. In 2019, the UNODC released a handbook on prisoners with special needs and detailed the considerations that should be considered for people of different demographics. This includes people with mental health care needs, people with disabilities, the LGBTQ+ community, and racial and ethnic minorities.⁸³ The handbook also made note of the expected international standards of treatment for all groups. This is about the Nelson Mandela Rules, the Convention on the Rights of Persons with Disabilities, and the International Covenant on Civil and Political Rights.

One group that has had a recent increase in medical needs is

Nursery," *The Prison Journal* 94, no. 2 (June 2014): 139–58, <https://doi.org/10.1177/0032885514524692>.

79 "Women in Prison: A Commentary on the UN Standard Minimum Rules for the Treatment of Prisoners," PeaceWomen, February 8, 2015, <https://www.peacewomen.org/node/89235>.

80 Goshin, Byrne, and Blanchard-Lewis, "Preschool Outcomes of Children Who Lived as Infants in a Prison Nursery."

81 Sarah Brennan, "Canada's Mother-Child Program: Examining Its Emergence, Usage, and Current State," *Canadian Graduate Journal of Sociology and Criminology* 3, no. 1 (January 1, 2014): 201.

82 "Our Services," Birth Companions, accessed August 4, 2023, <https://www.birthcompanions.org.uk/pages/48-services>.

83 "Handbook on Prisoners with Special Needs," United Nations Network on Migration, March 1, 2009, <https://migrationnetwork.un.org/resources/handbook-prisoners-special-needs>.



A female prisoner with her 3-month-old baby in a mother baby unit

Credit: PrisonImage



A disabled prisoner in Israel

Credit: Physicians for Human Rights - Israel

the elderly.⁸⁴ The medical needs of this group of people often include palliative care. Palliative care is where medical attention is given to a patient to make them comfortable towards the end of their lives.⁸⁵ This kind of dedicated healthcare has seen very little implementation across the globe, but does exist in some European countries and Australia.⁸⁶ Palliative care for prisoners usually looks like transferring the patient to a nearby hospital with existing facilities ready. This saves prisons the expense of setting them up and providing full-time, on-site care. For example, the charity Macmillan Cancer Support works with the Scottish prison system to provide palliative and end-of-life care to prisoners. This includes an informative booklet for prisoners describing what may happen and the support that is available to them.⁸⁷ In Japan, the number of prisoners over the age of 65 has more than doubled in the last

20 years. As a result, prisons are struggling to accommodate the healthcare burden.⁸⁸ To combat this, younger, able-bodied prisoners are given vocational skills in nursing to assist elderly prisoners, and support centers are available in every district to help them once outside of prison.⁸⁹ One healthcare risk almost entirely associated with the elderly is degenerative diseases like Alzheimer's or dementia. This poses a significant challenge to prison healthcare.⁹⁰ Prisoners with Alzheimer's find it hard to follow prison routines and are more at risk of victimization.⁹¹ The charity Alzheimer's Society has called for the implementation of staff training to deal with these prisoners to make prisons more dementia friendly.⁹²

Another factor that may affect prisoners' access to healthcare is discrimination.⁹³ Certain groups who are behind bars face

84 Mary Turner et al., "Mapping Palliative Care Provision in European Prisons: An EAPC Task Force Survey," *BMJ Supportive & Palliative Care*, April 22, 2021, <https://doi.org/10.1136/bmjspcare-2020-002701>.

85 "Palliative Care," WHO, accessed August 6, 2023, <https://www.who.int/news-room/fact-sheets/detail/palliative-care>.

86 Tina Maschi, Suzanne Marmo, and Junghee Han, "Palliative and End-of-Life Care in Prisons: A Content Analysis of the Literature," *International Journal of Prisoner Health* 10, no. 3 (2014): 172–97, <https://doi.org/10.1108/IJPH-05-2013-0024>.

87 "A Guide for Prisoners at the End of Life," Macmillan, accessed August 6, 2023, <https://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets/a-guide-for-prisoners-at-the-end-of-life>.

88 "Japan's Prisons Are Adapting to Cope with Ageing Inmates," *The Economist*, accessed August 17, 2023, <https://www.economist.com/asia/2022/09/01/japans-prisons-are-adapting-to-cope-with-ageing-inmates>.

89 "Japan's Jails a Sanctuary for Seniors," NHK WORLD, accessed August 17, 2023, <https://www3.nhk.or.jp/nhkworld/en/news/backstories/761/>.

90 Joanne Brooke, Alicia Diaz-Gil, and Debra Jackson, "The Impact of Dementia in the Prison Setting: A Systematic Review," *Dementia* 19, no. 5 (July 1, 2020): 1509–31, <https://doi.org/10.1177/1471301218801715>.

91 Sara Novak, "Dementia in Prison Is Turning into an Epidemic: The U.S. Penal System Is Badly Unprepared," *Scientific American*, accessed August 17, 2023, <https://www.scientificamerican.com/article/dementia-in-prison-is-turning-into-an-epidemic-the-u-s-penal-system-is-badly-unprepared/>.

92 "Dementia Support and Awareness in Prison," Alzheimer's Society, accessed August 17, 2023, <https://www.alzheimers.org.uk/dementia-together-magazine-apr-may-20/dementia-prison-support>.

93 "Deaths of Racialised People in Prison 2015 – 2022: Challenging Racism and Discrimination," *Inquest*, August 31, 2022, <https://www.inquest.org.uk/news/2022/08/31/deaths-of-racialised-people-in-prison-2015-2022-challenging-racism-and-discrimination/>.

prejudice from prisoners and guards alike. These include the LGBTQ+ community, people with learning disabilities, ethnic minorities, and indigenous groups. In 2006, the Yogyakarta Rights were established to protect transgender prisoners. The Rights protect their right to undergo or continue hormone therapy in prison.⁹⁴ This is also reflected in rule 24 of the Nelson Mandela Rules.⁹⁵ However, instances have been reported where prisoners have been denied their right to gender-affirming care. This results in considerable mental distress as well as physical changes to the body.⁹⁶ Medical neglect due to racial prejudice has also been reported. Some prisoners have waited in their cells for extended periods before being seen by officers or medical staff. In England, Black prisoner Annabella Landsberg spent 21 hours lying unresponsive on the floor of her cell without aid despite awareness of her existing medical conditions.⁹⁷

Inmates with physical or mental disabilities face additional challenges in prison. This includes the lack of access to accommodations they need for their disabilities. Furthermore, they often lack support in daily activities they may struggle with. These include getting dressed, cleaning themselves, and eating. Lack of resources and staff in this context severely limits the chances of rehabilitation for these groups.⁹⁸ Prisoners with disabilities should be given the same level of healthcare as they would in the community. This idea is also found in the Nelson Mandela Rules. The rules also recommend including physiotherapy, speech therapy, and access to equipment such

as wheelchairs and hearing aids.

Case Study: Scandinavian Healthcare Prison Models

The Scandinavian countries include Denmark, Norway, and Sweden. These states are well-known for their progressive approach to criminal justice. For a long time, they were unique in providing healthcare services that address a prisoner's physical, mental, and emotional well-being.⁹⁹ Unlike systems found in much of the world that emphasize punishment as the primary goal, Scandinavian prison models prioritize rehabilitation and reintegration.¹⁰⁰ As a result, Norway and Sweden have some of the lowest recidivism rates in the world at 20 and 16 percent, respectively.¹⁰¹

In Norway, all prison healthcare services have been integrated into the general health services of the country. This means that health workers in prisons are fully independent of the prison system and budget.¹⁰² This structure also places responsibility for prisoner care on the regional government and not the prison itself. This collaborative approach to prisoner healthcare management is an effective strategy. It reduces the burden on prison management and improves the health outcomes and cost-effectiveness of care.¹⁰³ The collaboration of service providers starts on the front line. As part of their duties, prison officers are expected to guard, help, and motivate those under their care. This is done by providing access to any additional resources they may require.¹⁰⁴ This

www.inquest.org.uk/report-deaths-of-racialised-people-in-prison-2015-2022.

94 "The Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity," Yogyakarta Principles.Org, accessed August 6, 2023, <https://yogyakartaprinciples.org/>.

95 UN General Assembly. Standard Minimum Rules for the Treatment of Prisoners, A/RES/70/175. 17 December 2015.; "Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings," United Nations Population Fund, accessed August 18, 2023, <https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings>.

96 Marie Claire Van Hout, Stephanie Kewley, and Alyson Hillis, "Contemporary Transgender Health Experience and Health Situation in Prisons: A Scoping Review of Extant Published Literature (2000-2019)," *International Journal of Transgender Health* 21, no. 3 (2020): 258–306, <https://doi.org/10.1080/26895269.2020.1772937>.

97 "Deaths of Racialised People in Prison 2015 – 2022."

98 "Why Many Deaf Prisoners Can't Call Home," The Marshall Project, September 19, 2017, <https://www.themarshallproject.org/2017/09/19/why-many-deaf-prisoners-can-t-call-home>.

99 Knut Halvorsen and Steinar Stjernø, *Work, Oil, and Welfare: The Welfare State in Norway* (Oslo: Universitetsforlaget, 2008), http://bvbr.bib-bvb.de:8991/F?func=service&doc_library=BVB01&local_base=BVB01&doc_number=016964134&line_number=0001&func_code=DB_RECORDS&service_type=MEDIA.

100 Meagan Denny, "Norway's Prison System: Investigating Recidivism and Reintegration," *Bridges: A Journal of Student Research* 10, no. 10 (January 1, 2016), <https://digitalcommons.coastal.edu/bridges/vol10/iss10/2>.

101 Carolyn W Deady, "Incarceration and Recidivism: Lessons from Abroad," March 2014, http://www.antonioacasella.eu/nume/Deady_march2014.pdf; Madecha Akhtar, "The Swedish Prison System," *The Horizon Sun* (blog), accessed August 12, 2023, <https://thehorizonsun.com/features/2020/12/18/the-swedish-prison-system/>.

102 Johan Håkon Bjørngaard, Åse-Bente Rustad, and Ellen Kjelsberg, "The Prisoner as Patient - a Health Services Satisfaction Survey," *BMC Health Services Research* 9, no. 1 (September 28, 2009): 176, <https://doi.org/10.1186/1472-6963-9-176>.

103 Nancy Wolff et al., "Practice Informs the next Generation of Behavioral Health and Criminal Justice Interventions," *International Journal of Law and Psychiatry* 36, no. 1 (2013): 1–10, <https://doi.org/10.1016/j.jlps.2012.11.001>.

104 Peter Scharff Smith and Thomas Ugelvik, eds., *Scandinavian Penal History, Culture and Prison Practice: Embraced By the Welfare State?* (London:

includes external health and welfare agencies.

In Scandinavian prisons, preventive measures and the promotion of good health are integral to inmate well-being. Because prisons can be high-risk environments for diseases and other health issues, these models prioritize initiatives that aim to prevent health problems and promote overall well-being among prisoners. In Sweden, inmates are screened as they arrive for physical and mental disorders. This has helped identify groups that require additional help. One example of this is the Alcohol Use Disorders Identification Test (AUDIT).¹⁰⁵ Complimentary to AUDIT is the Drug Use Disorder Identification Test (DUDIT) which is able to screen for drugs.¹⁰⁶ By focusing on prevention, Scandinavian prisons improve the lives of inmates. Additionally, prevention also helps to reduce recidivism and improve public health outcomes. Inmates are provided with health education materials and programs that inform them about various health topics. Topics include hygiene, nutrition, safe sexual

practices, and the risks associated with substance abuse. Health education empowers inmates to take control of their well-being. Informed individuals are likelier to engage in healthier behaviors and make choices that positively impact their health. In Scandinavia, addiction is treated as a health concern, and drug users face much less stigma than in many parts of the world.¹⁰⁷

Scandinavian prisons are also influenced by public opinion towards criminal offenders. The criminal justice system emphasizes mercy to understand cases on an individual basis.¹⁰⁸ By doing this, imprisonment in Scandinavian countries improves the future of prisoners. This is done by providing them with education and vocational skills. This helps prisoners readjust to life outside once again.¹⁰⁹

The open prison systems in Scandinavia provide this to prisoners. Open prisons are prisons in which prisoners who are close to release, proven to be of low risk to the public, and

Palgrave Macmillan UK, 2017), <https://doi.org/10.1057/978-1-137-58529-5>.

105 Natalie Durbeej et al., "Validation of the Alcohol Use Disorders Identification Test and the Drug Use Disorders Identification Test in a Swedish Sample of Suspected Offenders with Signs of Mental Health Problems: Results from the Mental Disorder, Substance Abuse and Crime Study," *Journal of Substance Abuse Treatment* 39, no. 4 (December 2010): 364–77, <https://doi.org/10.1016/j.jsat.2010.07.007>.

106 "Drug Use Disorders Identification Test (DUDIT)," EMCDDA, accessed August 12, 2023, https://www.emcdda.europa.eu/drugs-library/drug-use-disorders-identification-test-dudit_en.

107 Tommy Björkman, Therese Angelman, and Malin Jönsson, "Attitudes towards People with Mental Illness: A Cross-Sectional Study among Nursing Staff in Psychiatric and Somatic Care," *Scandinavian Journal of Caring Sciences* 22, no. 2 (2008): 170–77, <https://doi.org/10.1111/j.1471-6712.2007.00509.x>.

108 Doran Larson, "Why Scandinavian Prisons Are Superior," *The Atlantic*, September 24, 2013, <https://www.theatlantic.com/international/archive/2013/09/why-scandinavian-prisons-are-superior/279949/>.

109 Ikponwosa O Ekunwe, Richard S Jones, and Kaley Mullin, "Public Attitudes Toward Crime and Incarceration in Finland," n.d.

Housing in Kragshovhede open prison, Denmark

Credit: Tomasz Sienicki



on good behavior can prepare for reentry into society.¹¹⁰ They have less security, with often just a fence to separate them from the outside world, and offer more privileges to their prisoners.¹¹¹ Contrary to popular belief, not all Scandinavian prisons follow the open prison model. Instead, open prisons are a complimentary tool used alongside traditional prisons.¹¹² Their emphasis on re-entry to society allows them to help prisoners learn skills to be successful in outside life.

For example, in Sweden, the Rodjan farm operates as an open prison. Here, prisoners are not confined and are paid to carry out farm duties, including tending to livestock and cleaning farm equipment.¹¹³ This kind of outdoor labor has been shown to have a positive impact on the mental health of prisoners.¹¹⁴ As an exercise in social accountability to mimic that of the outside world, part of the wages prisoners earn is taken as an expense for their accommodation. Prisoners are also expected to donate some of their earnings to pay fines or compensate the victims of their crimes.¹¹⁵ Kragsskovhede is the largest open prison in Denmark, with a capacity of 211 people. Rehabilitation is prioritized here, and the facility contains two treatment and rehabilitation departments for both alcohol and drug abuse. Inmates here are allowed to work in the local agriculture or timber industry.¹¹⁶ Some open prisons even offer the opportunity to pursue university degrees.¹¹⁷

Prisoner care extends after they have been released in Scandinavia. Prison officers are involved in ensuring that newly released prisoners continue to receive the medical assistance they need, as well as helping them search for

housing and jobs.¹¹⁸ The effectiveness of healthcare in Scandinavian prisons is the result of a broader philosophy that emphasizes rehabilitation, human rights, and dignity for all individuals. This includes those who are incarcerated. The approach contributes to better outcomes for inmates and society as a whole. People leave prison with the necessary skills and mentality to be self-sustaining and responsible for their actions.

Current Status

Case Study: Prison Reform in Pakistan

Delegates must address the root causes of healthcare in prisons through prison reform. Prison reform efforts in Pakistan provide insight into what actionable reform looks like. It also highlights the challenges that governments face implementing it. Pakistan is an example of how old laws, infrastructure, and the environment can all negatively impact the healthcare provided to prisoners.

Pakistan, a former colony of the United Kingdom, still has many holdovers from colonization. One of these holdovers is the existing prison system in the country.¹¹⁹ Many current prison laws are the same as British colonial rule in India. One notable law is the Prisons Act of 1894.¹²⁰ The Act doesn't require prisons to provide healthcare or medical attention to prisoners.¹²¹ Pakistan's current laws have led to a massive overcrowding issue, as colonial-era laws still allow members of the government to interfere in prison operations. This

110 Larson, "Why Scandinavian"

111 Larson, "Why Scandinavian"

112 Larson, "Why Scandinavian"

113 "Farm Animals Help Rehabilitate Prisoners in Sweden," The Local Sweden, August 13, 2018, <https://www.thelocal.se/20180813/farm-animals-help-rehabilitate-prisoners-in-sweden>.

114 Dominique Moran and Jennifer Turner, "Turning over a New Leaf: The Health-Enabling Capacities of Nature Contact in Prison," *Social Science & Medicine*, 'Hopeful adaptation' in health geographies: Seeking health and wellbeing in times of adversity, 231 (June 1, 2019): 62–69, <https://doi.org/10.1016/j.socscimed.2018.05.032>.

115 <https://www.abc.net.au/news/nick-baker/13384586> and <https://www.abc.net.au/news/annabelle-quince/12326082>, "This Professor Visited an 'open' Prison in Sweden. He Was Shocked at What He Saw," *ABC News*, October 4, 2022, <https://www.abc.net.au/news/2022-10-05/what-are-nordic-prisons-like-criminal-justice/101481590>.

116 "Kragsskovhede Fængsel," Kriminalforsorgen, accessed August 12, 2023, <https://www.kriminalforsorgen.dk/steder/kragsskovhede-faengsel/>.

117 Larson, "Why Scandinavian"

118 Terje Fredwall, *Murer Og Moral: En Bok Om Straff, Verdier Og Fængselsbetjenter*, 2015. https://cappelendamm.no/_murer-og-moral-terje-emil-fredwall-9788202415655

119 Qadeer Alam, "Prison Reform in Pakistan: What is needed and why?" *University of Oxford Faculty of Law Blogs*, September 2, 2022. <https://blogs.law.ox.ac.uk/centre-criminology-blog/blog-post/2022/09/prison-reform-pakistan-what-needed-and-why>

120 Alam, "Prison Reform in Pakistan: What is needed and why?"

121 "The Prisons Act, 1894," PunjabLaws, accessed August 24, 2023. <http://punjablaws.gov.pk/laws/13.html>

includes imprisoning political or personal enemies.¹²² Most Pakistani prisoners have not been convicted, resulting in mass overcrowding and corruption in the Pakistani legal system.¹²³

Another factor that contributes to Pakistan's overcrowding issues is the massive number of death row inmates. Currently, Pakistan has the 23rd largest prison population in the world.¹²⁴ As of 2021, over a thousand prisoners were on death row.¹²⁵ Under the Prisons Act of 1894, death row prisoners are held separately from the general population in cramped cells, even if they haven't received an official death sentence.¹²⁶ While the Pakistani government has made attempts to amend this restriction, the Prisons Act of 1894 has not been changed.¹²⁷

While activists in the country have called for changes to be made to the existing system, it has had little momentum until recently. In March 2023, Human Rights Watch (HRW) released a 55-page report on the state of Pakistani prisons, titled "A Nightmare for Everyone: The Health Crisis in Pakistan's Prisons."¹²⁸ The HRW is a nonprofit organization made up of over 500 country experts, lawyers, and journalists that evaluate and create recommendations for existing country policies.¹²⁹ According to the report, the 100 jails in Pakistan had 88,000 inmates total, even though the official capacity is under 70,000.¹³⁰ Some jail cells even held up to 15 prisoners,

even if they were created to hold three.¹³¹ The HRW also noted several other root causes of massive overcrowding in Pakistani prisons. These causes included the previously discussed issue of government corruption as well as limited budgets within prisons for medical staff, hospital equipment, and ambulances.¹³²

Pakistan has also suffered from a series of recent disasters. These have worsened modern-day conditions in prisons. A report done by Amnesty International found that, during the early stages of the COVID-19 pandemic, 2,300 inmates had tested positive for the virus.¹³³ Amnesty International reported that a variety of factors contributed to this high number, including limited health screenings and inconsistent quarantine times for different prisons.¹³⁴ These are all issues that existed before the pandemic and still exist today.¹³⁵

In 2022, Pakistan suffered intense flooding, which affected about 15 percent of the population.¹³⁶ This led to the deaths of over a thousand people and cost billions of dollars in damages. Most importantly for this topic, it created lasting damage to prison infrastructure.¹³⁷ In the Pakistani province of Sindh, 19 prisons were located in areas vulnerable to floods. Around 8,500 prisoners are currently incarcerated in those facilities.¹³⁸ However, despite these high numbers of individuals impacted, disaster relief often does not prioritize

122 "Prisoners In Pakistani Jails Deprived Of Access To Basic Justice And Adequate Healthcare Facilities," *Fridy Times*, March 29, 2023. <https://thefridaytimes.com/29-Mar-2023/prisoners-in-pakistani-jails-deprived-of-access-to-basic-justice-and-adequate-healthcare-facilities>

123 "A Nightmare for Everyone," Human Rights Watch, March 29, 2023. <https://www.hrw.org/report/2023/03/29/nightmare-everyone/health-crisis-pakistans-prisons>

124 "Highest to Lowest - Prison Population Total," World Prison Brief, accessed August 24, 2023. https://www.prisonstudies.org/highest-to-lowest/prison-population-total?field_region_taxonomy_tid=All

125 "Use of capital punishment in Pakistan - World Day Against Death Penalty 2022," International Federation for Human Rights, October 10, 2022. <https://www.fidh.org/en/region/asia/pakistan/World-Day-Against-Death-Penalty-capital-punishment-Pakistan>

126 Alam, "Prison Reform in Pakistan: What is needed and why?"

127 Alam, "Prison Reform in Pakistan: What is needed and why?"

128 "Pakistan: HRW report overcrowded prisons highlights abuses," Prison Insider, April 3, 2023. <https://www.prison-insider.com/en/articles/pakistan-needs-urgent-and-comprehensive-prison-reforms?referrer=%2Fen>

129 "About Us," Human Rights Watch, accessed August 24, 2023. <https://www.hrw.org/about/about-us>

130 Abid Hussain, "HRW report on Pakistan's overcrowded prisons highlights abuses," *Aljazeera*, March 30, 2023. <https://www.aljazeera.com/news/2023/3/30/hrw-report-on-pakistan-overcrowded-prisons-highlights-abuses>

131 Hussain, "HRW report on Pakistan's overcrowded prisons highlights abuses."

132 Saroop Ijaz, "Pakistan's Premier, Punjab Officials Take Up Prison Reform," *Human Rights Watch*, April 26, 2023. <https://www.hrw.org/news/2023/04/26/pakistans-premier-punjab-officials-take-prison-reform>

133 "Pakistan: Prisoners of the Pandemic: The right to health and COVID19 in Pakistan's detention facilities," Amnesty International, December 13, 2020. <https://www.amnesty.org/en/documents/asa33/3422/2020/en/>

134 Amnesty International, "Pakistan: Prisoners of the Pandemic: The right to health and COVID19 in Pakistan's detention facilities."

135 Human Rights Watch, "A Nightmare for Everyone."

136 "2022 Pakistan Floods," Center for Disaster Philanthropy, accessed August 24, 2023. <https://disasterphilanthropy.org/disasters/2022-pakistan-floods/>

137 Saroop Ijaz and John Sifton, "Epic' Pakistan Floods Show Need for Climate Action," *Human Rights Watch*, August 29, 2022. <https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action>

138 Fatima Farooqui, "The forgotten fraction and floods," *The Express Tribune*, October 20, 2022. <https://tribune.com.pk/story/2383875/the-forgotten-fraction-and-floods>

prisons or prisoners. This led to long-term shortages in supplies or weakened infrastructure.¹³⁹ Floods in the area have also impacted Pakistan's healthcare infrastructure. In Sindh, more than 1,000 facilities were damaged. This also prevents access to clinics or hospitals.¹⁴⁰ It is also important to note that Sindh is the only province within Pakistan that follows international guidelines.¹⁴¹ Still, the province was unable to receive proper support from the government.

To conclude their report, HRW outlined several recommendations for ways to improve Pakistan's health care system.¹⁴² First, the report recommends that the government take immediate action to reduce overcrowding. These actions may include allowing early release of prisoners, reforming existing bail laws, and creating an independent oversight board. This ensures all prisoners have access to healthcare or basic human rights while incarcerated.¹⁴³

The government's response to the HRW report was immediate. In April 2023, Prime Minister Shehbaz Sharif visited the Lahore Central Prison, located in the Punjab province. It is worth noting that the Lahore Central Prison is infamous in Pakistan for its harsh treatment of prisoners. In 2021, six prisoners died after being incarcerated for only 12 days.¹⁴⁴ According to the HRW, this was due to the lack of any doctors in the facility.¹⁴⁵ During his visit, Prime Minister Shehbaz promised to improve sanitation, access to healthcare, and create a dedicated hospital within the Lahore Central Prison. While many activists have praised these steps as necessary reform, the HRW has promised to keep a close eye on the Punjab government to ensure changes are actually

implemented.

Transmissible Disease and Harm Reduction Strategies

Human Immunodeficiency Virus (HIV) is a virus that attacks the human body's immune system.¹⁴⁶ Since the immune system fights disease, being diagnosed with HIV often means that an individual is more likely to be vulnerable to bacteria or viruses.¹⁴⁷ When left untreated, HIV creates permanent damage to an individual's immune system. This results in Acquired Immune Deficiency Syndrome (AIDS). Unlike the common flu or cold, HIV is spread through bodily fluids.¹⁴⁸ It is also important to note that, with the proper treatment, many individuals who are positive for HIV never progress into having AIDS.¹⁴⁹

The transmission of disease remains a significant concern in prisons. In 2022, the Joint United Nations Programme on HIV and AIDS (UNAIDS) reported that people in prison were five times more likely to be living with HIV than adults in the general population.¹⁵⁰ On average, around three percent of the world's prison population has HIV. Levels are disproportionately high in Eastern and Southern Africa, with Zambia and Zimbabwe having 21 percent and 35 percent infection rates.¹⁵¹ In a study done by the University of Maryland, researchers found that a variety of factors often increase rates of HIV transmission in prisons. These may include the banning of HIV prevention tools, including contraceptives, high inmate turnover, and a lack of education.¹⁵²

Many countries are unequipped to treat prisoners with

139 Farooqui, "The forgotten fraction and floods."

140 Saroop Ijaz and John Sifton, "Flood-Affected Women in Pakistan Need Urgent Help," *Human Rights Watch*, September 2, 2022. <https://www.hrw.org/news/2022/09/02/flood-affected-women-pakistan-need-urgent-help>

141 Ijaz, "Pakistan's Premier, Punjab Officials Take Up Prison Reform."

142 Human Rights Watch, "A Nightmare for Everyone."

143 Human Rights Watch, "A Nightmare for Everyone."

144 Human Rights Watch, "A Nightmare for Everyone."

145 Human Rights Watch, "A Nightmare for Everyone."

146 "What is HIV," HIV Care, accessed August 22, 2023. https://www.hivcare.org/hiv-basics/?gclid=Cj0KCQjwuZGnBhD1ARIsACxbAVgfgyk4JxyeRw8T3VDiVEWpnLCDL5CJDOIR0ui3aivUKDVIUKaJVnAaAiL3EALw_wcB

147 HIV Care, "What is HIV?"

148 "Causes: HIV and AIDS," National Health Service, accessed August 22, 2023. <https://www.nhs.uk/conditions/hiv-and-aids/causes/>

149 HIV Care, "What is HIV?"

150 "UNAIDS Global AIDS Update 2022," UNAIDS accessed August 6, 2023, <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>.

151 "HIV/AIDS," WHO Regional Office for Africa, August 3, 2023, <https://www.afro.who.int/health-topics/hiv/aids>.

152 Jennifer Gonzales, "HIV Treatment and Prevention in Zambian Prisons May be Model for Prisons Worldwide," University of Maryland, School of Medicine, February 7, 2023. <https://www.medschool.umaryland.edu/news/2023/HIV-Treatment-and-Prevention-in-Zambian-Prisons-May-be-Model-for-Prisons-Worldwide.html>

HIV.¹⁵³ The World Health Organization has recommended confidential HIV testing and counseling to all detainees during medical examinations. This allows treatment to be given at the earliest possible time.¹⁵⁴ Similarly, the National Institute for Health and Care Excellence (NICE) suggested that annual HIV testing be added into healthcare offered to groups of men more at risk of HIV infection in prisons.¹⁵⁵ Other sexually transmitted diseases such as chlamydia, gonorrhea, and syphilis were given the same guidance by the WHO.¹⁵⁶

As HIV is incurable, no treatment will end its spread in prisons, but forms of treatment are available that reduce symptoms and transmissibility. Anti-retroviral treatment (ART) is one of the most common forms of HIV management and has significantly reduced mortality rates since its release.¹⁵⁷ In a study of 41 countries, seven reported that less than 35 percent

of prisoners received ART in prisons, and only 14 reported over 95 percent.¹⁵⁸ Another form of HIV management is known as post-exposure prophylaxis (PrEP) and can be taken if someone has likely been exposed to HIV. The same study done by the University of Maryland also saw success in lowering HIV transmission rates in Zambia by increasing the use of PrEP.¹⁵⁹ When taken within 72 hours of the virus entering the body, it reduces the chance of HIV infection.¹⁶⁰ However, delays in receiving medical treatment impact how successful PEP can be.

The close living proximity in prisons means that disease can spread at a much greater rate than in public. Other factors, including unhygienic food and water, increase the risks of transmissible disease. These have been reported in several institutions in Thailand.¹⁶¹ Diseases such as Tuberculosis (TB)

153 “Zimbabwe Prisoners Deprived of ARVs,” Bulawayo24 News, accessed August 6, 2023, <https://bulawayo24.com/index-id-news-national-byo-118414.html>.

154 Stefan Enggist et al., *Prisons and Health* (World Health Organization. Regional Office for Europe, 2014), <https://apps.who.int/iris/handle/10665/128603>.

155 “Overview | Physical Health of People in Prison | Guidance | NICE” (NICE, November 2, 2016), <https://www.nice.org.uk/guidance/ng57>.

156 Kimberly A. Workowski, Gail A. Bolan, and Centers for Disease Control and Prevention, “Sexually Transmitted Diseases Treatment Guidelines, 2015,” *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports* 64, no. RR-03 (June 5, 2015): 1–137.

157 “Antiretroviral Therapy - PAHO/WHO,” Pan American Health Organization, accessed August 6, 2023, <https://www.paho.org/en/topics/antiretroviral-therapy>.

158 “Penal Reform International Global Prison Trends 2023,” Penal Reform International, accessed August 3, 2023, <https://cdn.penalreform.org/wp-content/uploads/2023/06/GPT-2023.pdf>.

159 “Pre-Exposure Prophylaxis (PrEP),” Center for Disease Control, accessed August 22, 2023. <https://www.medschool.umaryland.edu/news/2023/HIV-Treatment-and-Prevention-in-Zambian-Prisons-May-be-Model-for-Prisons-Worldwide.html>

160 “PEP (Post-Exposure Prophylaxis for HIV),” Terrence Higgins Trust, accessed August 6, 2023, <https://www.tht.org.uk/hiv-and-sexual-health/pep-post-exposure-prophylaxis-hiv>.

161 “Thailand Prison Report 2023,” accessed August 6, 2023, <https://www.fidh.org/IMG/pdf/thailandprison804a.pdf>.

Toilet facilities in Bunia Prison, Democratic Republic of Congo

Credit: Caroline Gluck/Oxfam East Africa



and Hepatitis are common, with 11 percent of worldwide TB cases occurring inside prisons.¹⁶² TB in prisons is a growing problem for most of the world, but specifically in Eastern Europe and Sub-Saharan Africa.¹⁶³ In a report done by the US Department of Justice (DOJ), they found that public health systems in much of Eastern Europe, notably in Russia and Kazakhstan, were unable to deal with the rapid spread of TB and provide treatment to prisoners.¹⁶⁴

The risk of TB in prisons is increased by poor nutrition and low levels of ventilation.¹⁶⁵ Ventilation refers to the system through which clean air is moved around in large buildings. In hospitals and prisons, there is a requirement for better ventilation. This is due to the large number of people and higher risk of airborne disease.¹⁶⁶ Despite the high rates of TB in prisons, many countries do not have the infrastructure to diagnose and treat the illness quickly.¹⁶⁷ However, there are exceptions; a study on Malawian prisoners noted that the isolation associated with prison facilities meant that treatment could be regularly administered and that symptoms could be closely monitored. This resulted in a successful treatment rate 5 percent higher than that of the general population.¹⁶⁸

The use of injected drugs also increases the chances of disease, both inside and outside of prisons. This mainly occurs as people share needles or use contaminated needles for prison tattoos.¹⁶⁹ Harm reduction strategies such as needle and syringe programs or the supply of protective measures such as condoms have been proven to reduce rates of infection for HIV and hepatitis in prisons. One example of these programs in action is in the country of Moldova. As of 2023, all prisons in Moldova offer Methadone, an opioid

used to treat pain, as an opioid agonist therapy (OAT).¹⁷⁰ The goal of OAT is to help prisoners with withdrawal symptoms from drug usage, as well as prevent the spread of HIV in prisons.¹⁷¹ However, these steps are not widely adopted by the international community.

Sustainable Development Goals

The Sustainable Development Goals (SDGs), also known as the Global Goals, are a set of 17 interconnected goals established in 2015 by the United Nations.¹⁷² These goals provide a comprehensive framework to address a wide range of global challenges and work towards a more sustainable and equitable world by 2030. The SDGs encompass a diverse set of issues, including poverty, inequality, climate change, environmental degradation, peace, and social justice. Specific targets and indicators accompany each goal to measure progress. Below are three goals that delegates should consider.

Goal Three is “Ensure healthy lives and promote well-being for all at all ages.”¹⁷³ This goal covers many aspects of healthcare, including mental health, which is prevalent in the prison setting. This goal aims to ensure that the health services required by people are accessible in an effective and timely way. By increasing access to healthcare for prisoners through both medical and educational services, health inequality in prisons can be reduced. Delegates in SOCHUM should consider the specific needs of all demographics that are represented in prisons. So, during their research, they should ensure they are aware of the prison population in their state and what health requirements prisoners have that are different from others. By doing this, delegates will be able, in collaboration with others,

162 Katharine S. Walter et al., “The Escalating Tuberculosis Crisis in Central and South American Prisons,” *The Lancet* 397, no. 10284 (April 24, 2021): 1591–96, [https://doi.org/10.1016/S0140-6736\(20\)32578-2](https://doi.org/10.1016/S0140-6736(20)32578-2).

163 <https://erj.ersjournals.com/content/38/4/752>.

164 <https://www.ojp.gov/ncjrs/virtual-library/abstracts/sentenced-die-problem-tb-prisons-eastern-europe-and-central-asia>

165 Leonard S. Rubenstein et al., “HIV, Prisoners, and Human Rights,” *Lancet (London, England)* 388, no. 10050 (September 17, 2016): 1202–14, [https://doi.org/10.1016/S0140-6736\(16\)30663-8](https://doi.org/10.1016/S0140-6736(16)30663-8).

166 Rubenstein et al., “HIV, Prisoners, and Human Rights.”

167 Olivia Cords et al., “Incidence and Prevalence of Tuberculosis in Incarcerated Populations: A Systematic Review and Meta-Analysis,” *The Lancet Public Health* 6, no. 5 (May 1, 2021): e300–308, [https://doi.org/10.1016/S2468-2667\(21\)00025-6](https://doi.org/10.1016/S2468-2667(21)00025-6).

168 Victor Singano et al., “Tuberculosis Treatment Outcomes among Prisoners and General Population in Zomba, Malawi,” *BMC Public Health* 20, no. 1 (May 15, 2020): 700, <https://doi.org/10.1186/s12889-020-08841-z>.

169 Laura R. Marks et al., “Infectious Complications of Injection Drug Use,” *The Medical Clinics of North America* 106, no. 1 (January 2022): 187–200, <https://doi.org/10.1016/j.mcna.2021.08.006>.

170 https://www.unaids.org/en/resources/presscentre/featurestories/2023/may/20230505_moldova-expands-harm-reduction-services-prisons

171 https://www.unaids.org/en/resources/presscentre/featurestories/2023/may/20230505_moldova-expands-harm-reduction-services-prisons

172 “THE 17 GOALS | Sustainable Development,” United Nations, accessed August 12, 2023, <https://sdgs.un.org/goals>.

173 “Goal 3,” Department of Economic and Social Affairs, accessed August 12, 2023, <https://sdgs.un.org/goals/goal3>.

to ensure that the resolutions they pass have a far-reaching effect and can benefit any state involved.

Goal Six of the SDGS is “Clean Water and Sanitation.” This goal ensures the availability and sustainable management of water and sanitation for all.¹⁷⁴ By promoting the health of prisoners, many of the unsatisfactory conditions inside state-run facilities will have to be met. This includes the sanitation of prison facilities and the resources that are required to ensure that prisoners can maintain their hygiene. By doing this, the prevalence of infectious and water-borne diseases in prisons will be reduced, which will, in turn, alleviate some of the stress seen in prison healthcare systems around the world. Delegates should consider the impact of clean water on prison conditions and, in the case of water scarcity, how it can be assured to all prisoners.

Goal 16 is “Peace and Justice.” This goal aims to promote peaceful and inclusive societies, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels.¹⁷⁵ Goal 16 is connected to healthcare services, which was emphasized in the Nelson Mandela Rules. Improving standards of care in a community will help increase the chances of prison rehabilitation. Finally, by improving conditions in prisons, violence decreases. This means that prisons become an environment where people can consider their futures. Delegates should bear in mind during the conference that whilst the direct impact of upholding prisoners’ rights to healthcare is to improve their immediate health conditions, it also has positive impacts on their prospects and, in turn, yields social and economic benefits to their state.

Bloc Analysis

Points of Division

The World Population Review (WPR) examines the total

incarceration rate worldwide. Additionally, the WPR includes data on the countries with the largest number of prisoners. The WPR calculates the incarceration rate as the number of prisoners per 100,000 people. For example, Panama has a WPR incarceration rate of 423, which means that 423 of every 100,000 Panamanians are in prison. As mentioned previously, mass incarceration rates can provide logistical problems for prisons. Large amounts of prisoners can lead to overcrowding, which increases health risks for prisoners.¹⁷⁶ Many prisons currently have over 100 percent of jails occupied, with Kenya having over 280 percent prison occupancy.¹⁷⁷ While prison overcrowding is not the only barrier that healthcare providers face, it does provide important context into the needs of prisoners worldwide. Delegates are encouraged to research their countries’ incarceration rates and determine how best to provide healthcare worldwide.

Countries with High Levels of Incarceration

According to the World Population Review, countries with “high” incarceration rates are over 350.¹⁷⁸ Because countries in this bloc have such a large prison population, they face many of the same issues that come with overcrowding. These may include mental health problems, lack of resources, and increased violence.¹⁷⁹ In 2023, the country with the largest incarceration rate is the United States, with a score of 629. Currently, the United States has two million prisoners incarcerated, which is almost a quarter of the total prison population worldwide.¹⁸⁰ According to the Prison Policy Initiative, the average American life expectancy has decreased by five years due to mass incarceration. Other states that fall within this bloc include Turkmenistan, Thailand, Brazil, Belarus, and more.

Counties with Medium Levels of Incarceration

Countries with this bloc fall in the middle of the WPR’s data and have an incarceration rate between 150–300. It is essential

174 “Goal 6 | Department of Economic and Social Affairs,” 6, accessed August 12, 2023, <https://sdgs.un.org/goals/goal6>.

175 “Goal 16 | Department of Economic and Social Affairs,” 16, accessed August 12, 2023, <https://sdgs.un.org/goals/goal16>.

176 “Incarceration Rates by Country 2023,” World Population Review, accessed September 12, 2023. <https://worldpopulationreview.com/country-rankings/incarceration-rates-by-country>

177 World Population Review, “Incarceration Rates by Country 2023.”

178 World Population Review, “Incarceration Rates by Country 2023.”

179 “Overcrowding,” Penal Reform International, accessed September 12, 2023. <https://www.penalreform.org/issues/prison-conditions/key-facts/overcrowding/>.

180 “United States Profile,” Prison Policy Initiative, accessed September 12, 2023. <https://www.prisonpolicy.org/profiles/US.html>



A guard wearing a facemask in Montana State Prison
Credit: Montana National Guard (US)

to note the difference between the incarceration rate and the total number of prisoners in a country. For example, Poland averages 190 prisoners per 100,000 people incarcerated. However, it has nearly double the total number of prisoners compared to Australia, which has an incarceration rate of 169.¹⁸¹ Both of these countries are within this bloc. Delegates still must consider how the incarceration rate of their country impacts access to healthcare within prisons. Countries in this bloc include Iceland, Saudi Arabia, Russia, South Africa, and more.

Countries with Low Levels of Incarceration

Other states within this block have less than a 150 incarceration rate, and tend to have a lower total number of prisoners within their country. However, it is essential to note that, despite having a lower prison population, that does not mean that states within this bloc do not face challenges in providing healthcare. The Central African Republic currently has the lowest incarceration rate, with only 16 people per

100,000 being imprisoned.¹⁸² Activists in the CAR are working to demilitarize the country's prisons, as well as hire and train professionally hired staff.¹⁸³ The CAR is an essential example of, even if a state is in this bloc, there is still work to be done to increase access to healthcare. Other countries within this final bloc include the Democratic Republic of the Congo, Canada, Norway, and more.

Committee Mission

The Social, Cultural, and Humanitarian Committee (SOCHUM) was established in 1945 and is the third committee of the General Assembly.¹⁸⁴ SOCHUM focuses on the protection of the rights of minority communities and eliminating discrimination based on gender, ethnicity, and geography. In 2010, the committee approved the Bangkok rules.¹⁸⁵ The rules address the specific needs of women in prison, including their health and treatment.¹⁸⁶ Since 2010, SOCHUM has also called for the change of standards for

¹⁸¹ World Population Review, "Incarceration Rates by Country 2023."

¹⁸² World Population Review, "Incarceration Rates by Country 2023."

¹⁸³ "Central African Republic," Penal Reform International, accessed September 12, 2023. "<https://www.penalreform.org/where-we-work/africa/central-african-republic/>

¹⁸⁴ "UN General Assembly - Third Committee - Social, Humanitarian & Cultural" (United Nations), accessed July 10, 2023, <https://www.un.org/en/ga/third/>.

¹⁸⁵ "Press Releases - Social, Humanitarian & Cultural Issues (Third Committee) - UN General Assembly" (United Nations), accessed August 16, 2023, <https://www.un.org/en/ga/third/pr.shtml>.

¹⁸⁶ "UN Bangkok Rules," Penal Reform International, accessed August 17, 2023, <https://www.penalreform.org/issues/women/bangkok-rules/>.

prisoners. In 2021, they also discussed breaking international law through the treatment of prisoners.¹⁸⁷

The global prison population is at an all-time high, with over 11.5 million people behind bars.¹⁸⁸ Many minority groups exist and often find that their sense of identity is reduced through harsh prison conditions. By recognizing that each community within prisons requires individual treatment, standards of care can be improved. Through changing attitudes towards the incarcerated population and increasing the transparency of global prison systems, this forgotten community can hope to reenter society as self-reliant individuals, benefitting many more people than the prisoners themselves.

Delegates in SOCHUM should consider the needs of prisoners, their health requirements, and how to implement them best. Through this topic, delegates will dive into the importance of accessible healthcare and work on resolutions that will benefit not only the global prison population but the wider community, too.

187 “Third Committee Experts Tackle Questions around Torture, Judicial Independence, Pointing to Eroded Prison Conditions, ‘Outright’ Denial of International Law,” *UN Press*, accessed August 16, 2023, <https://press.un.org/en/2020/gashc4295.doc.htm>.

188 Helen Fair and Roy Walmsley, “World Prison Population List,” 2000. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_13th_edition.pdf

Glossary

Abstinence - The practice of refraining from something (e.g, alcohol or drugs).

Mental Health - a person's condition with regard to their psychological and emotional well-being.

Methadone - An opiate used to treat heroin addiction by reducing withdrawal symptoms.

Noncustodial sentence - Sentences that do not include imprisonment. They can include discharges, fines, and community orders.

Palliative Care - Medical care given to those who are dying to ease any pain or emotional conflict.

Probation - the release of an offender from prison, dependent on good behavior.

Recidivism - The tendency of a convicted criminal to reoffend.

Rehabilitation - the action of restoring someone to health or normal life through training and therapy during or after imprisonment, addiction, or illness.

Vocational Skills - practical skills that help an individual become proficient in a trade or profession.

Research and Preparation Questions

Your dais has prepared the following research and preparation questions as a means of providing guidance for your research process. These questions should be carefully considered, as they embody some of the main critical thought and learning objectives surrounding your topic.

Topic A

1. How much of the population of your country lives in rural vs. urban areas?
2. What laws and/or regulations that promote accessibility for people with disabilities exist in your country?
3. Does your country have up-to-date and accurate data on people with disabilities?
4. Does your country have any programs that provide assistive technologies? If so, how does it work?
5. In what ways does your country provide opportunities for employment and development for people with disabilities? How does it promote inclusivity in the workspace?
6. Is your country's infrastructure based on the Universal Design principles? If not, have there been efforts to begin to do so? What can be done to improve accessible infrastructure in your country?
7. Are there any existing inclusive educational programs in your country? If so, how do they work?

Topic B

1. How strong is the healthcare system in your country? How effectively does access to healthcare extend to prisoners?
2. How has access to healthcare affected the well-being of prisoners in your country?
3. How can we uphold internationally recognized legislation regarding prison healthcare, such as the Mandela Rules?
4. Since COVID-19, what changes has your country made to improve healthcare accessibility? What measures can be taken to promote access to healthcare during times of crisis?
5. How can mental health be addressed in prisons? How can the stigma surrounding mental health issues be combatted, specifically for prisoners?
6. What accommodations does your country provide to prisoners with special needs? What other measures should be taken to improve living conditions within prisons?
7. How can sanitation be improved in prisons? How can access to personal care be increased for prisoners?

Important Documents

Topic A

- Committee on the Rights of Persons with Disabilities. General comment 11/3. General comment on Article 9: Accessibility. CRPD/C/11/3. November 25, 2013. <https://www.ohchr.org/Documents/HRBodies/CRPD/GC/DGCArticle9.doc>
- Dassah, Ebenezer, Heather Aldersey, Mary Ann McColl and Colleen Davison. “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis.” *Glob health res policy* 3, no. 36 (2018). <https://doi.org/10.1186/s41256-018-0091-x>
- Narayan, Jayanthi, and Nibedita Patnaik. “Inclusive and Special Education Services in Rural Settings.” *Oxford Research Encyclopedias*. September 28, 2020. <https://doi.org/10.1093/acrefore/9780190264093.013.1220>
- Office of the High Commissioner for Human Rights. *Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas*. Geneva: United Nations, 2020. <https://www.ohchr.org/sites/default/files/thematic-brief-rural-areas.pdf>
- Tinta, Nokuthula and Unathi Kolanis. “Overcoming barriers for people with disabilities participating in income-generating activities: A proposed development framework.” *African Journal of Disability* 12, (March 2023): 1- 10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10091055/pdf/AJOD-12-1133.pdf>.
- UN General Assembly. Resolution 61/106. Convention on the Rights of Persons with Disabilities. A/RES/61/106. January 24, 2007. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N06/500/79/PDF/N0650079.pdf?OpenElement>
- United Nations Children’s Fund. *Producing Disability Inclusive Data: What it Takes and Why it Matters*. New York: UNICEF, 2020. <https://data.unicef.org/wp-content/uploads/2020/07/Producing-disability-inclusive-data-brochure-English-2020.pdf>.

Topic B

- Catherine Heard. *Towards a Health-Informed Approach to Penal Refors?* (London: University of London, June 2019). http://www.prisonstudies.org/sites/default/files/resources/downloads/icpr_prison_health_report.pdf.
- Penal Reform International. “Global Prison Trends 2023.” Accessed August 3, 2023. <https://cdn.penalreform.org/wp-content/uploads/2023/06/GPT-2023.pdf>.
- The Global Drugs Policy Index. “Home.” Accessed August 15, 2023. <https://globaldrugpolicyindex.net/>.
- United Nations General Assembly, Resolution 70/175 The Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty. A/RES/70/175 December 17, 2010. <https://digitallibrary.un.org/record/805001?ln=en>.
- United Nations Network on Migration. “Handbook on Prisoners with Special Needs.” March 1, 2009. <https://migrationnetwork.un.org/resources/handbook-prisoners-special-needs>.
- UNODC. “Bangkok Rules.” Accessed July 27, 2023. https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf.
- World Prison Brief. “World Prison Brief data.” Accessed September 19, 2023. <https://www.prisonstudies.org/world-prison-brief-data>.

Works Cited

Topic A

UN Sources

- UN Department of Economic and Social Affairs. "Convention on the Rights of Persons with Disabilities (CRPD)." Disability. Accessed August 13, 2023. <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>
- UN Department of Economic and Social Affairs. "Disability and Employment." Accessed August 13, 2023. <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities/disability-and-employment.html>
- UN Department of Economic and Social Affairs. "Guiding Principles of the Convention on the Rights of Persons with Disabilities." Convention on the Rights of Persons with Disabilities (CRPD). Accessed August 12, 2023. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/guiding-principles-of-the-convention.html>
- UN Department of Economic and Social Affairs. "Transforming our world: 20230 Agenda for Sustainable Development." Accessed August 13, 2023. <https://sdgs.un.org/2030agenda>
- UN General Assembly. "Social, Cultural and Humanitarian Issues (Third Committee)." Accessed August 13, 2023. <https://www.un.org/en/ga/third/>
- UN General Assembly. Resolution 47/52. Possible impacts, opportunities and challenges of new and emerging digital technologies with regard to the promotion and protection of human rights. A/HRC/47/52. May 19, 2021. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G21/110/34/PDF/G2111034.pdf?OpenElement>
- UN General Assembly. Resolution 61/106. Convention on the Rights of Persons with Disabilities. A/RES/61/106. January 24, 2007. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N06/500/79/PDF/N0650079.pdf?OpenElement>
- UN Sustainable Development Goals. "Goal 11: Make cities inclusive, safe, resilient and sustainable." Accessed August 15, 2023. <https://www.un.org/sustainabledevelopment/cities/>
- UN Sustainable Development Goals. "Goal 9: Build resilient infrastructure, promote sustainable industrialization and foster innovation." Accessed August 15, 2023. <https://www.un.org/sustainabledevelopment/infrastructure-industrialization/>
- United Nations Children's Fund. *Producing Disability Inclusive Data: What it Takes and Why it Matters*. New York: UNICEF, 2020. <https://data.unicef.org/wp-content/uploads/2020/07/Producing-disability-inclusive-data-brochure-English-2020.pdf>
- United Nations Department of Economic and Social Affairs. "Goal 4." Targets and Indicators. Last accessed July 17, 2023. <https://sdgs.un.org/goals/goal4>
- United Nations Development Programme. "Can agriculture provide people with disabilities with employment opportunities amid crises like COVID-19?" Press releases. Last modified May 1, 2020. <https://www.undp.org/belarus/press-releases/can-agriculture-provide-people-disabilities-employment-opportunities-amid-crises-covid-19>
- United Nations Economic and Social Commission for Western Asia. "Mainstream Services." Definitions. Last accessed July 15, 2023. <https://www.unescwa.org/sd-glossary/mainstream-services>
- United Nations Human Rights Treaty Bodies. "Ratification, Reporting & Documentation for Liechtenstein." Human Rights Treaty Bodies. Accessed August 16, 2023. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Countries.aspx
- United Nations Sustainable Development Group. "Universal Values. Principle Two: Leave No One Behind." <https://www.undp.org/sites/g/files/zskgke326/files/2022-06/%5BENG%5D%20Shenzhen%20SDG%20report%20-%20full%20>

report_updated.pdf

United Nations Treaty Collection. “Glossary of terms relating to Treaty Actions.” Glossary. Accessed August 16, 2023. https://treaties.un.org/pages/overview.aspx?path=overview/glossary/page1_en.xml

United Nations. *The Sustainable Development Goals Report 2017*. New York: United Nations, 2017. <https://unstats.un.org/sdgs/files/report/2017/thesustainabledevelopmentgoalsreport2017.pdf>

Non-UN Sources

Abualghaib, Ola, Nora Groce, Natalie Simeu, Mark T. Carew, and Daniel Mont. “Making Visible the Invisible: Why Disability-Disaggregated Data is Vital to “Leave No-One Behind”.” *Sustainability* 11, no. 11. (2019): 3091. <https://doi.org/10.3390/su11113091>

Adaptive Design Association, “About Us,” Accessed September 21, 2023. <https://www.adaptivedesign.org/>

Agarwal, Anjlee & Andre Steele. *Disability considerations for Infrastructure Programmes*. London: Evidence of Demand, 2016. https://assets.publishing.service.gov.uk/media/57a08954ed915d3cfd0001c4/EoD_HDYr3_21_40_March_2016_Disability_Infrastructure.pdf.

Al Shamsi, Hilal, Abdullah G. Almutairi, Sulaiman Al Mashrafi, and Talib Al Kalbani. “Implications of Language Barriers for Healthcare: A Systematic Review.” *Oman Medical Journal* 35, no. 2 (April 30, 2020): e122. <https://doi.org/10.5001/omj.2020.40>.

Asfaw, Berhanu, Muluken Azage, and Gebremedhin Berhe Gebregergs. “Latrine Access and Utilization among People with Limited Mobility: A Cross Sectional Study.” *Archives of Public Health* 74 (March 1, 2016): 9. <https://doi.org/10.1186/s13690-016-0120-5>.

Assistive Technology Industry Association. “What is AT?.” AT Resources. Last accessed July 26, 2023. <https://www.atia.org/home/at-resources/what-is-at/>.

AMA, “What is telehealth?” accessed September 21, 2023. <https://www.ama-assn.org/practice-management/digital/what-telehealth>

Avendano, Rolando, Carolyn Culey and Charlotte Balitrand. *Chapter 5. Data and diagnosis to leave no one behind*. Paris:

OECD Publishing, 2018. <https://www.oecd-ilibrary.org/sites/dcr-2018-10-en/index.html?itemId=/content/component/dcr-2018-10-en>

BMA. “Access for all - invisible disabilities remain overlooked.” News and opinions. Last modified November 24, 2020. <https://www.bma.org.uk/news-and-opinion/access-for-all-invisible-disabilities-remain-overlooked>

Bonaccio, Silvia, Catherine E. Connelly, Ian R. Gellatly, Arif Jetha and Kathleen A. Martin Ginis. “The Participation of People with Disabilities in the Workplace Across the Employment Cycle: Employer Concerns and Research Evidence.” *Journal of Business and Psychology* 35, (2020): 135 - 158. <https://link.springer.com/article/10.1007/s10869-018-9602-5>.

Butrymowicz, Sarah, “Sent Home Early: Lost Learning in Special Education,” *The Hechinger Report*, March 25, 2021. <https://hechingerreport.org/sent-home-early-lost-learning-in-special-education/>

Chicago Metropolitan Agency for Planning. “Does improving accessibility boost local economies?” Accessed August 13, 2023. https://www.cmap.illinois.gov/updates/all/asset_publisher/UIMfSLnFfMB6/content/economic-benefits-of-accessibility

Committee on the Right of Persons with Disabilities. Combined second and third periodic reports submitted by Denmark under article 35 of the Convention, due in 2019. CRPD/C/DNK/2-3. July 23, 2020.

Committee on the Right of Persons with Disabilities. Concluding observations on the combined second and third periodic reports of Mexico. CRPD/C/MEX/CO/2-3. April 20, 2022.

Committee on the Right of Persons with Disabilities. Concluding observations on the initial report of Rwanda. CRPD/C/

- RWA/CO/1. May 3, 2019.
- Committee on the Rights of Persons with Disabilities. Resolution 11/3. General Comment on Article 9: Accessibility. CRPD/C/11/3. November 25, 2013. <https://www.ohchr.org/Documents/HRBodies/CRPD/GC/DGCArticle9.doc>
- Community Tool Box. *Implementing Promising Community Interventions: Chapter 26: Section 4: Ensuring Access for People with Disability*. Kansas: The University of Kansas. <https://ctb.ku.edu/en/table-of-contents/implement/physical-social-environment/housing-accessibility-disabilities/main>
- Dassah, Ebenezer, Heather Aldersey, Mary Ann McColl and Colleen Davison. “Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis.” *Glob health res policy* 3, no. 36 (2018). <https://doi.org/10.1186/s41256-018-0091-x>
- Delhi Metro Rail Corporation LTD. “Introduction.” Accessed August 13, 2023. <https://www.delhimetrorail.com/pages/en/introduction>
- Delhi Metro Rail Corporation LTD. *Annual Report 2020-2021*. Delhi: Delhi Metro Rail Corporation LTD., 2022. <https://backend.delhimetrorail.com/documents/1749/DMRC-AR-2020-21-14022022.PDF>
- Deng, Meng. “The attitudes of primary school teachers toward inclusive education in rural and urban China.” *Frontiers of Education in China* 3, no. 4, (2008): 473–492. <https://link.springer.com/article/10.1007/s11516-008-0031-5>
- “Education transformation needed for ‘inclusive, just and peaceful world,” *UN News*, September 19, 2022.
- Field, William E. and Paul Jones. *Agricultural Medicine: Chapter 7: Disability in Agriculture*. New York: Springer, 2006. <http://eknygos.lsmuni.lt/springer/23/70-80.pdf>.
- Frank, John. *The Impact of the Americans with Disabilities Act Research Results*. Mississippi: Mississippi State University, 2006. <https://nfb.org/sites/default/files/images/nfb/publications/bm/bm06/bm0607/bm060716.htm>.
- Gentry, Tony, Richard Kriner, Adam Sima, Jennifer McDonough, and Paul Wehman. “Reducing the need for personal supports among workers with autism using an iPod Touch as an assistive technology: delayed randomized control trial.” *Journal of autism and developmental disorders* 45, no. 3 (2015): 669-84. <https://pubmed.ncbi.nlm.nih.gov/25212414/>.
- Global Disability Rights Now!. “Link Between the Sustainable Development Goals and the CRPD.” Accessed August 15, 2023. <https://miusa.globaldisabilityrightsnow.org/infographic/link-between-sustainable-development-goals-and-crpd/>
- Global Partnership for Assistive Technology. *The Case for Investing in Assistive Technology*. ATscalce, 2020. https://static1.squarespace.com/static/5b3f6ff1710699a7ebb64495/t/5fbf5c44eaf37e3b64932e6c/1606376534765/Case_for_Investing_in_AT_a11y.pdf
- Goodman, Nanette, Michael Morris and Kelvin Boston. *Financial Inequity: Disability, Race and Poverty in America*. Washington: National Disability Institute, 2019. <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf>
- Government of the Argentine Republic. *Sistema de Protección Integral de los Discapacitados [System of the Integral Protection for Persons with Disabilities]*. April 8, 1994. <https://www.argentina.gob.ar/normativa/nacional/ley-24314-713/texto>
- Government of the United Mexican States. *Ley General para la Inclusión de las Personas con Discapacidad [General Law for Inclusion for Persons with Disabilities]*. May 30, 2011. <https://www.diputados.gob.mx/LeyesBiblio/pdf/LGIPD.pdf>.
- Government of the United States of America. *Americans with Disabilities Act*. July 26, 1990. <https://www.dol.gov/general/topic/disability/ada>.
- Groce, N., N. Bailey, R. Lang, J. F. Trani, and M. Kett. “Water and Sanitation Issues for Persons with Disabilities in Low- and Middle-Income Countries: A Literature Review and Discussion of Implications for Global Health and International Development.” *Journal of Water and Health* 9, no. 4 (December 2011): 617-627. <https://www.proquest.com/scholarly-journals/water-sanitation-issues-persons-with-disabilities/docview/1943098038/se-2>.
- “Healthcare Access in Rural Communities Overview - Rural Health Information Hub.” Accessed September 4, 2023. <https://>

www.ruralhealthinfo.org/topics/healthcare-access.

- ILOSTAT. “New ILO database highlights labour market challenges of persons with disabilities.” Disability. Last modified June 13, 2022. <https://ilostat.ilo.org/new-ilo-database-highlights-labour-market-challenges-of-persons-with-disabilities/>.
- Infrastructures and Cities for Economic Development. *Case Study: Disability inclusive design in Dar’s BRT*. UK: ICED, 2018. http://icedfacility.org/wp-content/uploads/2018/06/ICED_Case_Getting-PWD27s-moving-Dar-es-Salaam-BRT.pdf
- Infrastructures and Cities for Economic Development. “Case Study: Disability inclusive design in Dar’s BRT.” Accessed August 13, 2023. <http://icedfacility.org/resource/case-study-disability-inclusive-design-dars-brt/>
- Infrastructure and Cities for Economic Development. *Delivering Disability Inclusive Infrastructure in Low Income Countries*. United Kingdom: ICED, 2019. http://icedfacility.org/wp-content/uploads/2019/07/ICED_DII_LICs.pdf
- Institute for Transportation and Development Policy. “What is BRT?” Accessed August 16, 2023. <https://www.itdp.org/library/standards-and-guides/the-bus-rapid-transit-standard/what-is-brt/>
- International Fund for Agricultural Development. “Sparkling Disability Inclusive Rural Transformation.” Accessed August 13, 2023. <https://www.ifad.org/en/web/operations/-/project/2000003140>
- International Labor Organization. “Sparkling Disability Inclusive Rural Transformation (SPARK).” Accessed August 13, 2023. https://www.ilo.org/newdelhi/whatwedo/projects/WCMS_885642/lang--en/index.htm
- International Labor Organization. *Developing Entrepreneurship among Women with Disabilities (DEWD) Fact Sheet*. Geneva: ILO, 2008. http://wedgelo.weebly.com/uploads/1/9/2/8/1928277/dewd_fact_sheet_300506.pdf
- International Labor Organization. *Empowering People with Disabilities for Rural Development*. Geneva: ILO, 2011. https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_159006.pdf
- Jansuwan, Sarawut, Keith M. Christensen, and Anthony Chen. “Assessing the Transportation Needs of Low-Mobility Individuals: Case Study of a Small Urban Community in Utah.” *Journal of Urban Planning & Development* 139, no. 2 (June 1, 2013): 104–14. doi:10.1061/(ASCE)UP.1943-5444.0000142.
- Kuppusamy, Bala Baskar, Jayanthi Narayan and Deepa Nair N. “Awareness among family members of children with intellectual disability on relevant legislations in India.” *Disability, CBR and Inclusive Development* 23, no. 1 (June 2012): 92–99. https://www.researchgate.net/publication/291528439_Awareness_among_Family_Members_of_Children_with_Intellectual_Disability_on_Relevant_Legislations_in_India
- Lee, Lindsay, Kaloyan Kamenov, Carolina Fellinghauer, Carla Sabariego, Somnath Chatterji and Alarcos Cieza. “WHO Functioning and Disability Disaggregation (FDD11) tool: a reliable approach for disaggregating data by disability.” *Arch Public Health* 80, no. 249 (2022): 1 - 12. <https://doi.org/10.1186/s13690-022-01001-2>
- Light for the World. “Goal and Mission.” Accessed August 16 2023. <https://www.light-for-the-world.org/about-us/our-goal-and-mission/>.
- Longhi, Simonetta. *The Disability Pay Gap*. Essex: Institute for Social and Economic Research, 2017. <https://equalityhumanrights.com/sites/default/files/research-report-107-the-disability-pay-gap.pdf>
- Mudzingwa, Nyunyutai and Louyse S Madungwe. “Attitudinal, Institutional and Environmental Barriers Confronting People with Impairments in Masvingo Province: Zimbabwe.” *Developing Country Studies* 9, no. 7 (2019). <https://www.iiste.org/Journals/index.php/DCS/article/download/48747/50367>
- Maroto, Michelle and David Pettincchino. “The Limitations of Disability Antidiscrimination Legislation: Policymaking and the Economic Well-being of People with Disabilities.” *Law & Policy* 36, no. 4 (October 2014). https://www.davidpettinichio.com/uploads/1/5/4/8/15484818/thelimitations_of_antidiscrimination_legislation_lapol.pdf
- Martin Brothers ADA-Inspection Services, “Making Schools more accessible for students living with disabilities,” accessed August 24, 2023. <https://adainspectionorangecounty.com/making-schools-more-accessible-for-students-living-with-disabilities/>

- Metcalf, Hilary. *Pay Gaps Across the Equality Strands: A Review*. UK: Equality and Human Rights Commission, 2009. <https://www.equalityhumanrights.com/sites/default/files/research-report-14-pay-gaps-across-equality-strands.pdf>
- Mitevska, Ljiljana. "Support to disability-inclusive rural development in new project." Accessed August 13, 2023. <https://weeffect.org/news/disability-inclusive-rural-development/>.
- Mitrevska, Biljana. "Documentary film for the results of the project "From Disability to FoodAbility"." Youtube video, 0:21 - 6:44. 2022. <https://www.youtube.com/watch?v=9NAXbn-IYew>
- Narayan, Jayanthi, and Nibedita Patnaik. "Inclusive and Special Education Services in Rural Settings." *Oxford Research Encyclopedias*. September 28, 2020. <https://doi.org/10.1093/acrefore/9780190264093.013.1220>
- National Network, "What is the Americans with Disabilities Act (ADA)?" Accessed September 21, 2023. <https://adata.org/learn-about-ada>
- National Farmers Federation. "National Farmers Federation." Accessed August 13, 2023. <https://nff.org.mk/>
- National Ramp, "How Much Does A Ramp Cost?" Accessed September 21, 2023. <https://homeaccess.nationalramp.com/pricing>
- National Network. "What is a reasonable accommodation?." Accessed August 20, 2023, <https://adata.org/faq/what-reasonable-accommodation>
- Navarro, Silvia Baldiris, Panagiotis Zervas, Fabregat Gesa Ramon, and Demetrios G. Sampson. "Developing Teachers? Competences for Designing Inclusive Learning Experiences." *Journal of Educational Technology & Society* 19, no. 1 (2016): 17-27. <https://www.proquest.com/scholarly-journals/developing-teachers-competences-designing/docview/2147704979/se-2>.
- OECD. *Disability, Work and Inclusion: Mainstreaming in All Policies and Practices*. Paris: OECD Publishing, 2022. <https://www.oecd.org/social/disability-work-and-inclusion-1ea5e9c-en.htm>.
- Office of the High Commissioner for Human Rights. *Policy Guidelines for Inclusive Sustainable Development Goals: Rural Areas*. Geneva: United Nations, 2020. <https://www.ohchr.org/sites/default/files/thematic-brief-rural-areas.pdf>
- Office of the High Commissioner on Human Rights. "About the Human Rights of Persons with Disabilities." Resources. Accessed August 13, 2023. <https://www.ohchr.org/en/disabilities/about-human-rights-persons-disabilities>
- Office of the High Commissioner on Human Rights. "Committee on the Rights of Persons with Disabilities." Treaty Bodies. Accessed August 12, 2023. <https://www.ohchr.org/en/treaty-bodies/crpd>.
- Research and Training Center on Disability in Rural Communities. *Employment disparity grows for rural Americans with disability*. Missoula: The University of Montana, January 2019. https://scholarworks.umt.edu/cgi/viewcontent.cgi?article=1042&context=ruralinst_employment
- "Rwanda Looks to New Efforts for Supporting Persons With Disability," *Global Accessibility News*, March 6, 2022. <https://globalaccessibilitynews.com/2022/03/06/rwanda-looks-to-new-efforts-for-supporting-persons-with-disability/>
- Solovieva, Tatiana I., Denetta L. Dowler, and Richard T. Walls. "Employer benefits from making workplace accommodations." *Disability and health journal* 4, no. 1 (2011): 39-45. <https://pubmed.ncbi.nlm.nih.gov/21168806/>
- Spreckley, Mark, David Macleod, Brenda González Trampe, Andrew Smith, and Hannah Kuper. "Impact of Hearing Aids on Poverty, Quality of Life and Mental Health in Guatemala: Results of a before and after Study." *International journal of environmental research and public health* 17, no. 10 (May 15, 2020). <https://pubmed.ncbi.nlm.nih.gov/32429252/>
- Statistics Canada. "What is the pay gap between persons with and without disabilities?" Last modified June 2023. <https://www150.statcan.gc.ca/n1/daily-quotidien/230627/dq230627b-eng.htm>
- Solovieva Tatiana I., Denetta L. Dowler, and Richard T. Walls. "Employer benefits from making workplace accommodations." *Disability and health journal* 4, no. 1 (2011): 39-45. <https://pubmed.ncbi.nlm.nih.gov/21168806/>.
- Tinta, Nokuthula and Unathi Kolanis. "Overcoming barriers for people with disabilities participating in income-generating

- activities: A proposed development framework.” *African Journal of Disability* 12, (March 2023): 1- 10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10091055/pdf/AJOD-12-1133.pdf>.
- The World Counts, “World Rural Population,” accessed August 24, 2023. <https://www.theworldcounts.com/populations/world/world-rural-population>
- The Leadership Conference on Civil and Human Rights, “The United States Still Hasn’t Ratified the Disability Rights Treaty,” Accessed September 21, 2023. <https://civilrights.org/blog/the-united-states-still-hasnt-ratified-the-disability-rights-treaty/>
- Tinta Nokuthula and Unathi Kolanis, “Overcoming barriers for people with disabilities participating in income-generating activities: A proposed development framework,” *African Journal of Disability* 12, (March 2023): 1- 10, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10091055/pdf/AJOD-12-1133.pdf>
- UDL Guidelines. “The UDL Guidelines.” Guidelines. 2018. <https://udlguidelines.cast.org/>
- Laksono, Agung Dwi et al. “Urban and Rural Disparities in Hospital Utilization among Indonesian Adults.” *Iranian journal of public health* vol. 48,2 (2019): 247-255. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6556184/>
- Leave No One Behind. Accessed August 1, 2023. <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>
- Van Leur, Alette.”The rural economy. An untapped source of jobs, growth and development.” *ILO Newsroom*. March 13, 2017. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_547135/lang-en/index.htm
- Victoria State Government. “Universal Design.” Disability. <https://providers.dffh.vic.gov.au/universal-design>
- Washington Group on Disability and Statistics. *The Washington Group Short Set on Functioning (WG-SS)*. Wyattsville: Washington Group on Disability and Statistics, October, 2022. https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Washington_Group_Questionnaire__1_-_WG_Short_Set_on_Functioning__October_2022_.pdf
- We Effect. “What we do.” Accessed August 16, 2023. <https://weeffect.org/what-we-do/>
- Widakuswara, Patsy “32 Years After US Disabilities Act, No Plans to Ratify UN Treaty It Inspired,” *VOA News*, July 26, 2022. <https://www.voanews.com/a/years-after-us-disabilities-act-no-plans-to-ratify-un-treaty-it-inspired-/6675363.html>
- Wolde, Deneke, Genet Asfaw Tilahun, Kehabtimer Shiferaw Kotiso, Girmay Medhin, and Tadesse Eguale. “The Burden of Diarrheal Diseases and Its Associated Factors among Under-Five Children in Welkite Town: A Community Based Cross-Sectional Study.” *International journal of public health* 67, no. 1604960. (October 12, 2022.) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9596767/>
- World Health Organization and United Nations Children’s Fund. *Global Report on Assistive Technology*. Geneva: WHO and UNICEF, 2022. <https://www.unicef.org/media/120836/file/%20Global%20Report%20on%20Assistive%20Technology%20.pdf>.
- World Health Organization Regional Office for the Eastern Mediterranean. “What are civil registrations and vital statistics (CRVS) systems?” About CRVS. Accessed August 1, 2023. <https://www.emro.who.int/civil-registration-statistics/about/what-are-civil-registration-and-vital-statistics-crvs-systems.html>
- World Health Organization. “Disability.” March 7, 2023. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
- World Health Organization. “Disability: The Convention on the Rights of Persons with Disabilities.” Last modified December 1, 2020. <https://www.who.int/news-room/questions-and-answers/item/why-is-the-convention-on-the-rights-of-persons-with-disabilities-important>.
- World Health Organization. *WHO Functioning and Disability Disaggregation Tool (FDD11)*. Geneva: WHO, 2022. <https://apps.who.int/iris/rest/bitstreams/1490695/retrieve>
- Xiaoli, Xu, and Olli-Pekka Malinen. “Teacher views of support for inclusive education in Beijing, China.” *International Journal of Special Education* 30, no.3 (January 2015): 150–159. https://www.researchgate.net/publication/286933324_Teacher_

views_of_support_for_inclusive_education_in_Beijing_China

Zrinski, Urška and Bernard Myers. “Disaggregated data for focused development programs.” World Bank Blogs. Last modified May 13, 2022. <https://blogs.worldbank.org/governance/disaggregated-data-focused-development-programs>

Topic B

UN Sources

Department of Economic and Social Affairs, “Goal 3,” Accessed August 12, 2023. <https://sdgs.un.org/goals/goal3>.

Department of Economic and Social Affairs, “Goal 6.” Accessed August 12, 2023. <https://sdgs.un.org/goals/goal6>.

Department of Economic and Social Affairs, “Goal 16.” Accessed August 12, 2023. <https://sdgs.un.org/goals/goal16>.

UNAIDS “UNAIDS Global AIDS Update 2022.” Accessed August 6, 2023. <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>.

WHO Regional Office for Africa, “HIV/AIDS.” August 3, 2023. <https://www.afro.who.int/health-topics/hiv/aids>

WHO, “Palliative Care.” Accessed August 6, 2023. <https://www.who.int/news-room/fact-sheets/detail/palliative-care>.

United Nations, “UN General Assembly - Third Committee - Social, Humanitarian & Cultural.” Accessed July 10, 2023. <https://www.un.org/en/ga/third/>.

United Nations General Assembly, Resolution 65/229 Bangkok Rules. A/RES/65/229 December 21, 2010. <https://digitallibrary.un.org/record/%20691193?ln=en>

United Nations General Assembly, Resolution 70/175 The Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty. A/RES/70/175 December 17, 2010, <https://digitallibrary.un.org/record/805001?ln=en>.

United Nations Network on Migration. “Handbook on Prisoners with Special Needs,” March 1, 2009. <https://migrationnetwork.un.org/resources/handbook-prisoners-special-needs>.

United Nations Population Fund. “Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings.” Accessed August 18, 2023. <https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings>.

United Nation, “World Drug Report 2020.” Accessed July 21, 2023. [//wdr.unodc.org/wdr2020/en/index2020.html](https://wdr.unodc.org/wdr2020/en/index2020.html).

“Universal Declaration of Human Rights.” United Nations. United Nations. Accessed August 16, 2023. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

United Nations, “Press Releases - Social, Humanitarian & Cultural Issues (Third Committee) - UN General Assembly.” Accessed August 16, 2023. <https://www.un.org/en/ga/third/pr.shtml>.

United Nations, “THE 17 GOALS | Sustainable Development.” Accessed August 12, 2023. <https://sdgs.un.org/goals>.

UNODC, “Bangkok Rules,” accessed July 27, 2023, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf.

Non-UN Sources

Akhtar, Madeeha. “The Swedish Prison System.” The Horizon Sun . Accessed August 12, 2023. <https://thehorizonsun.com/features/2020/12/18/the-swedish-prison-system/>.

Akinwotu, Emmanuel, and Ope Adetayo. “Stuck in Limbo’: Endless Wait for Justice for Those in Nigeria’s Prisons.” *The Guardian*, October 28, 2021, <https://www.theguardian.com/global-development/2021/oct/28/stuck-in-limbo-endless-wait-for-justice-for-those-in-nigerias-prisons>.

Amnesty International, “Pakistan: Prisoners of the Pandemic: The right to health and COVID19 in Pakistan’s detention facilities,” December 13, 2020. <https://www.amnesty.org/en/documents/asa33/3422/2020/en/>

Amnesty International, “Iran: In Death’s Waiting Room: Deaths in Custody Following Deliberate Denial of Medical Care in

- Iran's Prisons," April 12, 2022. <https://www.amnesty.org/en/documents/mde13/5447/2022/en/>.
- Amir Miresmaeili, "Medical Negligence in Prisons Violates Iran's Domestic Laws." *IranWire*, Accessed August 4, 2023. <https://iranwire.com/en/features/69197/>.
- Alam, Qadeer "Prison Reform in Pakistan: What is needed and why?" *University of Oxford Faculty of Law Blogs*, September 2, 2022. <https://blogs.law.ox.ac.uk/centre-criminology-blog/blog-post/2022/09/prison-reform-pakistan-what-needed-and-why>
- Alzheimer's Society, "Dementia Support and Awareness in Prison." Accessed August 17, 2023. <https://www.alzheimers.org.uk/dementia-together-magazine-apr-may-20/dementia-prison-support>.
- "BABY DEATH AT HMP STYAL – PPO REPORT HIGHLIGHTS SHOCKING CIRCUMSTANCES OF BABY STILLBORN IN PRISON," January 10, 2022. <https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkhjhkjmngw/uploads/2022/01/Baby-B-Styal-Press-Release-Final-11.1.22.pdf>.
- Bard, Eleanor, Marian Knight, and Emma Plugge. "Perinatal Health Care Services for Imprisoned Pregnant Women and Associated Outcomes: A Systematic Review." *BMC Pregnancy and Childbirth* 16 (September 29, 2016): 285. <https://doi.org/10.1186/s12884-016-1080-z>.
- Belur, Jyoti, Amy Thornton, Lisa Tompson, Matthew Manning, Aiden Sidebottom, and Kate Bowers. "A Systematic Review of the Effectiveness of the Electronic Monitoring of Offenders." *Journal of Criminal Justice* 68 (May 1, 2020): 101686. <https://doi.org/10.1016/j.jcrimjus.2020.101686>.
- BERGERON, Joëlle. "REPORT on Prison Systems and Conditions | A8-0251/2017 | European Parliament." Accessed July 18, 2023. https://www.europarl.europa.eu/doceo/document/A-8-2017-0251_EN.html.
- Binswanger, Ingrid A., Marc F. Stern, Richard A. Deyo, Patrick J. Heagerty, Allen Cheadle, Joann G. Elmore, and Thomas D. Koepsell. "Release from Prison--a High Risk of Death for Former Inmates." *The New England Journal of Medicine* 356, no. 2 (January 11, 2007): 157–65. <https://doi.org/10.1056/NEJMsa064115>.
- Birth Companions. "Our Services." Accessed August 4, 2023. <https://www.birthcompanions.org.uk/pages/48-services>.
- Björkman, Tommy, Therese Angelman, and Malin Jönsson. "Attitudes towards People with Mental Illness: A Cross-Sectional Study among Nursing Staff in Psychiatric and Somatic Care." *Scandinavian Journal of Caring Sciences* 22, no. 2 (2008): 170–77. <https://doi.org/10.1111/j.1471-6712.2007.00509.x>.
- Bjørngaard, Johan Håkon, Åse-Bente Rustad, and Ellen Kjelsberg. "The Prisoner as Patient - a Health Services Satisfaction Survey." *BMC Health Services Research* 9, no. 1 (September 28, 2009): 176. <https://doi.org/10.1186/1472-6963-9-176>.
- Braithwaite, Ronald L., Henrie M. Treadwell, and Kimberly R. J. Arriola. "Health Disparities and Incarcerated Women: A Population Ignored." *American Journal of Public Health* 95, no. 10 (October 2005): 1679–81. <https://doi.org/10.2105/AJPH.2005.065375>.
- Britannica, "Methadone | Uses, Benefits & Side Effects," September 1, 2023. <https://www.britannica.com/science/methadone>.
- Brennan, Sarah. "Canada's Mother-Child Program: Examining Its Emergence, Usage, and Current State." *Canadian Graduate Journal of Sociology and Criminology* 3, no. 1 (January 1, 2014): 201.
- Brennan Center for Justice, "How Electronic Monitoring Incentivizes Prolonged Punishment," July 6, 2022. <https://www.brennancenter.org/our-work/analysis-opinion/how-electronic-monitoring-incentivizes-prolonged-punishment>.
- Brooke, Joanne, Alicia Diaz-Gil, and Debra Jackson. "The Impact of Dementia in the Prison Setting: A Systematic Review." *Dementia* 19, no. 5 (July 1, 2020): 1509–31. <https://doi.org/10.1177/1471301218801715>.
- Butler, Amanda, Tonia Nicholls, Hasina Samji, Sheri Fabian, and M. Ruth Lavergne. "Prevalence of Mental Health Needs, Substance Use, and Co-Occurring Disorders Among People Admitted to Prison." *Psychiatric Services (Washington, D.C.)* 73, no. 7 (July 2022): 737–44. <https://doi.org/10.1176/appi.ps.202000927>.
- Bywater, Pip. "Emergency Response." *Prison Reform Trust* (blog), June 9, 2016. <https://prisonreformtrust.org.uk/emergency->

response/.

- Carmichael, Victoria. "Reproductive (In)Justice for Women in Canadian Federal Prisons." The John Howard Society of Canada, March 22, 2021. <https://johnhoward.ca/blog/reproductive-injustice-in-canadian-federal-prisons-for-women/>.
- "Castle Oubliette." Accessed August 16, 2023. <https://www.medievalchronicles.com/medieval-castles/medieval-castle-parts/oubliette-castle-dungeon/>.
- Center For Prison Reform. "History | Prison Condition." Accessed August 17, 2023. <https://centerforprisonreform.org/history/>.
- Center for Disease Control, "Pre-Exposure Prophylaxis (PrEP)." Accessed August 22, 2023. <https://www.cdc.gov/hiv/guidelines/preventing.html>
- Center for Disaster Philanthropy, "2022 Pakistan Floods," accessed August 24, 2023. <https://disasterphilanthropy.org/disasters/2022-pakistan-floods>
- Centre (UK), National Guideline. "Promoting Health and Wellbeing." In *Physical Health of People in Prison: Assessment, Diagnosis and Management of Physical Health Problems*. National Institute for Health and Care Excellence (NICE), 2016. <https://www.ncbi.nlm.nih.gov/books/NBK401642/>.
- Clarke, Jennifer G., and Rachel E. Simon. "Shackling and Separation: Motherhood in Prison." *AMA Journal of Ethics* 15, no. 9 (September 1, 2013): 779–85. <https://doi.org/10.1001/virtualmentor.2013.15.9.pfor2-1309>.
- Cords, Olivia, Leonardo Martinez, Joshua L. Warren, Jamieson Michael O'Marr, Katharine S. Walter, Ted Cohen, Jimmy Zheng, Albert I. Ko, Julio Croda, and Jason R. Andrews. "Incidence and Prevalence of Tuberculosis in Incarcerated Populations: A Systematic Review and Meta-Analysis." *The Lancet Public Health* 6, no. 5 (May 1, 2021): e300–308. [https://doi.org/10.1016/S2468-2667\(21\)00025-6](https://doi.org/10.1016/S2468-2667(21)00025-6).
- Coventry University, "Why Are Pregnant Women in Prison?" Accessed August 18, 2023. <https://www.coventry.ac.uk/research/research-directories/current-projects/2020/why-are-pregnant-women-in-prison/>.
- "Criminalization of Mental Illness." Treatment Advocacy Center. Accessed August 6, 2023. <https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness>.
- Deady, Carolyn W. "Incarceration and Recidivism: Lessons from Abroad," March 2014. http://www.antonioacasella.eu/nume/Deady_march2014.pdf.
- Department of Justice Office of the Inspector General, "Review of the Federal Bureau of Prisons' Use of Restrictive Housing for Inmates with Mental Illness." Accessed August 18, 2023. <https://oig.justice.gov/reports/review-federal-bureau-prisons-use-restrictive-housing-inmates-mental-illness>.
- Denny, Meagan. "Norway's Prison System: Investigating Recidivism and Reintegration." *Bridges: A Journal of Student Research* 10, no. 10 (January 1, 2016). <https://digitalcommons.coastal.edu/bridges/vol10/iss10/2>.
- Drago, Francesco, Roberto Galbiati, and Pietro Vertova. "Prison Conditions and Recidivism." *American Law and Economics Review* 13, no. 1 (March 1, 2011): 103–30. <https://doi.org/10.1093/aler/ahq024>.
- DrugAbuse.com. "Drug Laws Around the World: Death Penalty for Drugs," December 17, 2013. <https://drugabuse.com/blog/the-20-countries-with-the-harshesdrug-laws-in-the-world/>.
- DrugFoundations, "Viewpoints: Should New Zealand Introduce Drug Courts?" Accessed July 27, 2023. <https://www.drugfoundation.org.nz/matters-of-substance/archive/august-2011/introduce-drug-courts/>.
- Durbeej, Natalie, Anne H. Berman, Clara H. Gumpert, Tom Palmstierna, Marianne Kristiansson, and Charlotte Alm. "Validation of the Alcohol Use Disorders Identification Test and the Drug Use Disorders Identification Test in a Swedish Sample of Suspected Offenders with Signs of Mental Health Problems: Results from the Mental Disorder, Substance Abuse and Crime Study." *Journal of Substance Abuse Treatment* 39, no. 4 (December 2010): 364–77. <https://doi.org/10.1016/j.jsat.2010.07.007>.

- EMCDDA, “Drug Use Disorders Identification Test (DUDIT).” Accessed August 12, 2023. https://www.emcdda.europa.eu/drugs-library/drug-use-disorders-identification-test-dudit_en.
- Enggist, Stefan et al., *Prisons and Health* (World Health Organization. Regional Office for Europe, 2014), <https://apps.who.int/iris/handle/10665/128603>.
- Ekunwe, Ikponwosa O, Richard S Jones, and Kaley Mullin. “Public Attitudes Toward Crime and Incarceration in Finland,” n.d. https://www.researchgate.net/profile/Richard-Jones-13/publication/277595993_Public_Attitudes_toward_Crime_and_Incarceration_in_finland/links/556e029508aeccd7773f690c/Public-Attitudes-toward-Crime-and-Incarceration-in-finland.pdf
- Fair, Helen, and Roy Walmsley. “World Prison Population List,” 2000. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_13th_edition.pdf
- “Farm Animals Help Rehabilitate Prisoners in Sweden,” *The Local Sweden*, August 13, 2018. <https://www.thelocal.se/20180813/farm-animals-help-rehabilitate-prisoners-in-sweden>.
- Ferszt, Ginette G, and Debra A. Erickson-Owens. “Development of an Educational/Support Group for Pregnant Women in Prison.” *Journal of Forensic Nursing* 4, no. 2 (June 2008): 55.
- FIDH “Thailand Prison Report 2023.” Accessed August 6, 2023. <https://www.fidh.org/IMG/pdf/thailandprison804a.pdf>.
- Free Market Foundation. “Free Market Foundation.” Free Market Foundation. Accessed July 24, 2023. <https://www.freemarketfoundation.com/article-view/norwegian-criminals-queue-to-enter-prison>.
- Farooqui, Fatima “The forgotten fraction and floods,” *The Express Tribune*, October 20, 2022. <https://tribune.com.pk/story/2383875/the-forgotten-fraction-and-floods>
- Fredwall, Terje. *Murer Og Moral: En Bok Om Straff, Verdier Og Fengselsbetjenter*, 2015. https://cappelendamm.no/_murer-og-moral-terje-emil-fredwall-9788202415655
- García-Guerrero, J, and A Marco. “Overcrowding in prisons and its impact on health.” *Revista española de sanidad penitenciaria* 14, no. 3 (February 1, 2012): 106–13. <https://doi.org/10.4321/s1575-06202012000300006>.
- Gordon, Michael S, Timothy W. Kinlock, Robert P. Schwartz, and Kevin E. O’Grady. “A Randomized Clinical Trial of Methadone Maintenance for Prisoners: Findings at 6 Months Post-Release.” *Addiction (Abingdon, England)* 103, no. 8 (August 2008): 1333–42. <https://doi.org/10.1111/j.1360-0443.2008.002238.x>.
- Goshin, Lorie S, Mary W. Byrne, and Barbara Blanchard-Lewis. “Preschool Outcomes of Children Who Lived as Infants in a Prison Nursery.” *The Prison Journal* 94, no. 2 (June 2014): 139–58. <https://doi.org/10.1177/0032885514524692>.
- Gonzales, Jennifer, “HIV Treatment and Prevention in Zambian Prisons May be Model for Prisons Worldwide,” University of Maryland, School of Medicine, February 7, 2023. <https://www.medschool.umaryland.edu/news/2023/HIV-Treatment-and-Prevention-in-Zambian-Prisons-May-be-Model-for-Prisons-Worldwide.html>
- Green, Janette P, and Kathy Eagar. “The Health of People in Australian Immigration Detention Centres.” *The Medical Journal of Australia* 192, no. 2 (January 18, 2010): 65–70. <https://doi.org/10.5694/j.1326-5377.2010.tb03419.x>.
- Halley, Catherine. “Rethinking Prison as a Deterrent to Future Crime.” JSTOR Daily, July 18, 2022. <https://daily.jstor.org/rethinking-prison-as-a-deterrent-to-future-crime/>.
- Halvorsen, Knut, and Steinar Stjernø. *Work, Oil, and Welfare: The Welfare State in Norway*. Oslo: Universitetsforlaget, 2008. http://bvbr.bib-bvb.de:8991/F?func=service&doc_library=BVB01&local_base=BVB01&doc_number=016964134&line_number=0001&func_code=DB_RECORDS&service_type=MEDIA.
- “Healthcare Provision in Prisons Should Achieve Parity with Wider Society within Two Years Says Holyrood’s Health Committee,” *UK Office Media*, October 5, 2017. <https://archive2021.parliament.scot/newsandmediacentre/104691.aspx>.
- Hewson, Alex. “New Figures Spark Fears of a Perfect Storm in Prisons.” *Prison Reform Trust* (blog), July 14, 2022. <https://prisonreformtrust.org.uk/new-figures-spark-fears-of-a-perfect-storm-in-prisons/>.

- “History of Prisons | Overview & Purpose - Video & Lesson Transcript.” Accessed August 16, 2023. <https://study.com/learn/lesson/prisons-history-characteristics-purpose.html>.
- “Home.” The Global Drugs Policy Index. Accessed August 15, 2023. <https://globaldrugpolicyindex.net/>.
- HIV Care, “What is HIV,” accessed August 22, 2023. https://www.hivcare.org/hiv-basics/?gclid=Cj0KCQjwuZGnBhD1ARIsACxbAVgfyk4JxyeRw8T3VDiVEWpnLCDL5CJDOIR0ui3aivUKDVIUKaJVnAaAiL3EALw_wcB
- Human Rights Watch, “A Nightmare for Everyone,” March 29, 2023. <https://www.hrw.org/report/2023/03/29/nightmare-everyone/health-crisis-pakistans-prisons>
- Human Rights Watch, “About Us,” accessed August 24, 2023. <https://www.hrw.org/about/about-us>
- Hussain, Abid “HRW report on Pakistan’s overcrowded prisons highlights abuses,” *AlJazeera*, March 30, 2023. <https://www.aljazeera.com/news/2023/3/30/hrw-report-on-pakistans-overcrowded-prisons-highlights-abuses>
- Ii, Michels, Bob Keizer, Franz Trautmann, Heino Stöver, and Ernest Robelló. “Improvement of Treatment of Drug Use Disorders in Central Asia the Contribution of the EU Central Asia Drug Action Programme (CADAP),” 2017.
- International Federation for Human Rights, “Use of capital punishment in Pakistan - World Day Against Death Penalty 2022,” October 10, 2022. <https://www.fidh.org/en/region/asia/pakistan/World-Day-Against-Death-Penalty-capital-punishment-Pakistan>
- Inquest. “Deaths of Racialised People in Prison 2015 – 2022: Challenging Racism and Discrimination,” August 31, 2022. <https://www.inquest.org.uk/report-deaths-of-racialised-people-in-prison-2015-2022>.
- International Committee of the Red Cross. “Handbook on Strategies to Reduce Overcrowding in Prisons.” Publication, October 13, 2015. <https://www.icrc.org/en/document/handbook-strategies-reduce-overcrowding-prisons>.
- ITA, “Pakistan The Colonial Background,” accessed August 24, 2023. https://photius.com/countries/pakistan/national_security/pakistan_national_security_the_colonial_backgro~10428.html
- Ijaz, Saroop “Pakistan’s Premier, Punjab Officials Take Up Prison Reform,” *Human Rights Watch*, April 26, 2023. <https://www.hrw.org/news/2023/04/26/pakistans-premier-punjab-officials-take-prison-reform>
- Ijaz, Saroop and John Sifton, “Epic’ Pakistan Floods Show Need for Climate Action,” *Human Rights Watch*, August 29, 2022. <https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action>
- Ijaz, Saroop and John Sifton, “Flood-Affected Women in Pakistan Need Urgent Help,” *Human Rights Watch*, September 2, 2022. <https://www.hrw.org/news/2022/09/02/flood-affected-women-pakistan-need-urgent-help>
- Jason, Leonard A., Bradley D. Olson, and Ron Harvey. “Evaluating Alternative Aftercare Models for Ex-Offenders.” *Journal of Drug Issues* 45, no. 1 (January 2015): 53–68. <https://doi.org/10.1177/0022042614552019>.
- Keller, Allen S., Barry Rosenfeld, Chau Trinh-Shevrin, Chris Meserve, Emily Sachs, Jonathan A. Leviss, Elizabeth Singer, et al. “Mental Health of Detained Asylum Seekers.” *Lancet (London, England)* 362, no. 9397 (November 22, 2003): 1721–23. [https://doi.org/10.1016/S0140-6736\(03\)14846-5](https://doi.org/10.1016/S0140-6736(03)14846-5).
- Khan, Mohammad Jamil, and Shaheen Mollah. “63 Jails Have No Doctors.” *The Daily Star*, May 15, 2017. <https://www.thedailystar.net/frontpage/63-jails-have-no-doctors-1405240>.
- Kriminalforsorgen. “Kragkovhede Fængsel.” Accessed August 12, 2023. <https://www.kriminalforsorgen.dk/steder/kragkovhede-faengsel/>.
- Larson, Doran. “Why Scandinavian Prisons Are Superior.” *The Atlantic*, September 24, 2013. <https://www.theatlantic.com/international/archive/2013/09/why-scandinavian-prisons-are-superior/279949/>.
- Laursen, Julie, Kristian Mjåland, and Ben Crewe. “It’s Like a Sentence Before the Sentence’—Exploring the Pains and Possibilities of Waiting for Imprisonment.” *The British Journal of Criminology* 60, no. 2 (March 14, 2020): 363–81. <https://doi.org/10.1093/bjc/azz042>.

- Law Offices of Nussin S. Fogel, "Inmate Abuse by Corrections Officers and the Legal Recourse Available," Accessed August 17, 2023. <https://www.nsfogel.com/articles/inmate-abuse-by-corrections-officers-and-the-legal-recourse-available/>.
- Lopes, Jenna. "There's Got to Be a Better Way: Retribution vs. Restoration." *All Volumes (2001-2008)*, January 1, 2002. https://digitalcommons.unf.edu/oji_volumes/116.
- MacDonald, Morag. "Overcrowding and Its Impact on Prison Conditions and Health." *International Journal of Prisoner Health* 14, no. 2 (January 1, 2018): 65–68. <https://doi.org/10.1108/IJPH-04-2018-0014>.
- MacMillan, "A Guide for Prisoners at the End of Life." Macmillan Cancer Support Accessed August 6, 2023. <https://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets/a-guide-for-prisoners-at-the-end-of-life>.
- Marks, Laura R., Nathaniel S. Nolan, Stephen Y. Liang, Michael J. Durkin, and Melissa B. Weimer. "Infectious Complications of Injection Drug Use." *The Medical Clinics of North America* 106, no. 1 (January 2022): 187–200. <https://doi.org/10.1016/j.mena.2021.08.006>.
- Martinez-Iñigo, David. "The Role of Prison Officers' Regulation of Inmates Affect on Their Exposure to Violent Behaviours and the Development of PTSD Symptoms." *European Journal of Psychotraumatology* 12, no. 1 (n.d.): 1956126. <https://doi.org/10.1080/20008198.2021.1956126>.
- Maschi, Tina, Suzanne Marmo, and Junghee Han. "Palliative and End-of-Life Care in Prisons: A Content Analysis of the Literature." *International Journal of Prisoner Health* 10, no. 3 (2014): 172–97. <https://doi.org/10.1108/IJPH-05-2013-0024>.
- McDonald, Douglas C. "Medical Care in Prisons." *Crime and Justice* 26 (January 1999): 427–78. <https://doi.org/10.1086/449301>.
- Ministry of Justice, "Dedicated Drug Court Pilots: A Process Report," March 24, 2009. <https://web.archive.org/web/20090324023814/http://www.justice.gov.uk/publications/research010408.htm>.
- Mjåland, Kristian, Julie Laursen, Anna Schliehe, and Simon Larmour. "Contrasts in Freedom: Comparing the Experiences of Imprisonment in Open and Closed Prisons in England and Wales and Norway." *European Journal of Criminology*, December 31, 2021, 14773708211065904. <https://doi.org/10.1177/14773708211065905>.
- Moran, Dominique, and Jennifer Turner. "Turning over a New Leaf: The Health-Enabling Capacities of Nature Contact in Prison." *Social Science & Medicine*, 'Hopeful adaptation' in health geographies: Seeking health and wellbeing in times of adversity, 231 (June 1, 2019): 62–69. <https://doi.org/10.1016/j.socscimed.2018.05.032>.
- Nair, Smriti, James E. McGreevy, Juana Hutchinson-Colas, Heather Turock, Frank Chervenak, Gloria Bachmann, and NJ on Women's Reentry-Health Subcommittee. "Pregnancy in Incarcerated Women: Need for National Legislation to Standardize Care." *Journal of Perinatal Medicine* 49, no. 7 (September 27, 2021): 830–36. <https://doi.org/10.1515/jpm-2021-0145>.
- National Health Service, "Causes: HIV and AIDS," accessed August 22, 2023. <https://www.nhs.uk/conditions/hiv-and-aids/causes/>
- National Institute of Justice. "Implementing Telemedicine in Correctional Facilities." Accessed August 18, 2023. <https://nij.ojp.gov/library/publications/implementing-telemedicine-correctional-facilities>.
- NHK WORLD. "Japan's Jails a Sanctuary for Seniors." Accessed August 17, 2023. <https://www3.nhk.or.jp/nhkworld/en/news/backstories/761/>.
- Novak, Sara. "Dementia in Prison Is Turning into an Epidemic: The U.S. Penal System Is Badly Unprepared." *Scientific American*. Accessed August 17, 2023. <https://www.scientificamerican.com/article/dementia-in-prison-is-turning-into-an-epidemic-the-u-s-penal-system-is-badly-unprepared/>.
- NSW Bureau of Crime Statistics and Research, "Intensive Correction Orders Reduce Re-Offending." Accessed July 19, 2023. https://www.bocsar.nsw.gov.au/Pages/bocsar_media_releases/2017/mr-Intensive-correction-orders-versus-short-prison-sentence-A-comparison-of-re-offending.aspx.

- Nurse, Jo, Paul Woodcock, and Jim Ormsby. "Influence of Environmental Factors on Mental Health within Prisons: Focus Group Study." *BMJ* 327, no. 7413 (August 28, 2003): 480. <https://doi.org/10.1136/bmj.327.7413.480>.
- "Overview | Physical Health of People in Prison | Guidance | NICE." NICE, November 2, 2016. <https://www.nice.org.uk/guidance/ng57>.
- Office of Justice Programs, "Defining Drug Courts: The Key Components." Accessed August 18, 2023. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/defining-drug-courts-key-components-0>.
- Pan American Health Organization, "Antiretroviral Therapy - PAHO/WHO." Accessed August 6, 2023. <https://www.paho.org/en/topics/antiretroviral-therapy>.
- Parker, Kelly. "Pregnant Women Inmates: Evaluating Their Rights and Identifying Opportunities for Improvements in Their Treatment." *Journal of Law and Health* 19, no. 2 (2005 2004): 259–95.
- PeaceWomen. "Women in Prison: A Commentary on the UN Standard Minimum Rules for the Treatment of Prisoners," February 8, 2015. <https://www.peacewomen.org/node/89235>.
- Penal Reform International. "Global Prison Trends 2021." Accessed August 5, 2023. <https://www.penalreform.org/global-prison-trends-2021/>.
- Penal Reform International. "UN Bangkok Rules." Accessed August 17, 2023. <https://www.penalreform.org/issues/women/bangkok-rules/>.
- Penal Reform International. "Women in Prison: Mental Health and Well-Being - a Guide for Prison Staff." Accessed August 11, 2023. <https://www.penalreform.org/resource/women-in-prison-mental-health-and-well-being/>.
- "Penal Reform International Global Prison Trends 2022." Accessed July 10, 2023. <https://cdn.penalreform.org/wp-content/uploads/2022/05/GPT2022.pdf>.
- Penal Reform International, "Overcrowding," accessed September 12, 2023. <https://www.penalreform.org/issues/prison-conditions/key-facts/overcrowding/>.
- Penal Reform International "Global Prison Trends 2023." Accessed August 3, 2023. <https://cdn.penalreform.org/wp-content/uploads/2023/06/GPT-2023.pdf>
- Penal Reform International "Central African Republic." Accessed September 12, 2023. <https://www.penalreform.org/where-we-work/africa/central-african-republic/>
- "Preventing Suicide in Jails and Prisons." Geneva: World Health Organization, 2007. <https://apps.who.int/iris/handle/10665/43678>.
- Prison Insider. "Walling up Madness," April 14, 2022. <https://www.prison-insider.com/en/articles/1-enfermement-a-la-folie>.
- Prison Insider, "Pakistan: HRW report overcrowded prisons highlights abuses," April 3, 2023. <https://www.prison-insider.com/en/articles/pakistan-needs-urgent-and-comprehensive-prison-reforms?referrer=%2Fen>
- Prison Insight. "What Causes The Most Fights In Prison?" Prison Insight, June 26, 2023. <https://prisoninsight.com/what-causes-the-most-fights-in-prison/>.
- "Prison Nurseries: A Pathway to Crime-Free Futures. - Free Online Library." Accessed August 4, 2023. <https://www.thefreelibrary.com/Prison+nurseries%3A+a+pathway+to+crime-free+futures.-a0198996017>.
- PunjabLaws, "The Prisons Act, 1894," accessed August 24, 2023. <http://punjablaws.gov.pk/laws/13.html>
- "Prisoners In Pakistani Jails Deprived Of Access To Basic Justice And Adequate Healthcare Facilities," *Friday Times*, March 29, 2023. <https://thefridaytimes.com/29-Mar-2023/prisoners-in-pakistani-jails-deprived-of-access-to-basic-justice-and-adequate-healthcare-facilities>
- Prison Policy Initiative, "United States Profile," accessed September 12, 2023. <https://www.prisonpolicy.org/profiles/US.html>
- PubMed, "Mitigating the Ill Effects of Maternal Incarceration on Women in Prison and Their Children." Accessed August 4, 2023. <https://pubmed.ncbi.nlm.nih.gov/12458780/>.

- Rai, Shashi, Abhishek Pathak, and Indira Sharma. "Postpartum Psychiatric Disorders: Early Diagnosis and Management." *Indian Journal of Psychiatry* 57, no. Suppl 2 (July 2015): S216–21. <https://doi.org/10.4103/0019-5545.161481>.
- Rubenstein, Leonard S., Joseph J. Amon, Megan McLemore, Patrick Eba, Kate Dolan, Rick Lines, and Chris Beyrer. "HIV, Prisoners, and Human Rights." *Lancet (London, England)* 388, no. 10050 (September 17, 2016): 1202–14. [https://doi.org/10.1016/S0140-6736\(16\)30663-8](https://doi.org/10.1016/S0140-6736(16)30663-8).
- Scharff Smith, Peter, and Thomas Ugelvik, eds. *Scandinavian Penal History, Culture and Prison Practice: Embraced By the Welfare State?* London: Palgrave Macmillan UK, 2017. <https://doi.org/10.1057/978-1-137-58529-5>.
- Schuyler, Stephen J. "Here's What It Was Like For Prisoners In Ancient China." Grunge, July 29, 2021. <https://www.grunge.com/473353/heres-what-it-was-like-for-prisoners-in-ancient-china/>.
- Seaver, Carl. "Medieval Torture: The Horrific History of the Oubliette." History Defined, March 29, 2022. <https://www.historydefined.net/oubliette/>.
- Sharma, Kriti. "I Needed Help, Instead I Was Punished." *Human Rights Watch*, February 6, 2018. <https://www.hrw.org/report/2018/02/06/i-needed-help-instead-i-was-punished/abuse-and-neglect-prisoners-disabilities>.
- Shlonsky, Aron, David Rose, Justine Harris, Bianca Albers, Robyn Mildon, Sandra Wilson, Jennifer Norvell, and Lauren Kissinger. *Literature Review of Prison-Based Mothers and Children Programs: Final Report*, 2016. https://www.researchgate.net/publication/303334822_Literature_Review_of_Prison-based_Mothers_and_Children_Programs_Final_Report
- Terrence Higgins Trust, "PEP (Post-Exposure Prophylaxis for HIV)." Accessed August 6, 2023. <https://www.tht.org.uk/hiv-and-sexual-health/pep-post-exposure-prophylaxis-hiv>.
- Thrush, Glenn "Short on Staff, Prisons Enlist Teachers and Case Managers as Guards," *The New York Times*. Accessed August 17, 2023. <https://www.nytimes.com/2023/05/01/us/politics/prison-guards-teachers-staff.html>.
- Singano, Victor, Esther Kip, Wilson Ching'ani, and Lawrence Chiwaula. "Tuberculosis Treatment Outcomes among Prisoners and General Population in Zomba, Malawi." *BMC Public Health* 20, no. 1 (May 15, 2020): 700. <https://doi.org/10.1186/s12889-020-08841-z>.
- Stauber, M., B. Weingart, and J. Koubenec. "Pregnancy, labor and the puerperium in women prisoners." *Geburtshilfe Und Frauenheilkunde* 44, no. 11 (November 1984): 731–37. <https://doi.org/10.1055/s-2008-1036510>.
- Study, Institute of Medicine (US) Committee for the Substance Abuse Coverage, Dean R. Gerstein, and Henrick J. Harwood. "Drug Treatment in State Prisons." In *Treating Drug Problems: Volume 2: Commissioned Papers on Historical, Institutional, and Economic Contexts of Drug Treatment*. National Academies Press (US), 1992. <https://www.ncbi.nlm.nih.gov/books/NBK234751/>.
- The Economist*. "Japan's Prisons Are Adapting to Cope with Ageing Inmates." Accessed August 17, 2023. <https://www.economist.com/asia/2022/09/01/japans-prisons-are-adapting-to-cope-with-ageing-inmates>.
- "The Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity." Yogyakarta Principles Org, Accessed August 6, 2023. <https://yogyakartaprinciples.org/>.
- The Irish Times. "Vulnerable, Older Prisoners 'Sabotaging' Parole to Stay in Jail." Accessed July 19, 2023. <https://www.irishtimes.com/news/crime-and-law/vulnerable-older-prisoners-sabotaging-parole-to-stay-in-jail-1.4741176>.
- "Third Committee Experts Tackle Questions around Torture, Judicial Independence, Pointing to Eroded Prison Conditions, 'Outright' Denial of International Law." *N Press*. Accessed August 16, 2023. <https://press.un.org/en/2020/gashc4295.doc.htm>.
- "This Professor Visited an 'open' Prison in Sweden. He Was Shocked at What He Saw." *ABC News*, October 4, 2022. <https://www.abc.net.au/news/2022-10-05/what-are-nordic-prisons-like-criminal-justice/101481590>.
- Thom, Katey. "EXPLORING TE WHARE WHAKAPIKI WAIRUA/THE ALCOHOL AND OTHER DRUG TREATMENT COURT PILOT: THEORY, PRACTICE AND KNOWN OUTCOMES." *Te Wharenga - New Zealand Criminal Law*

Review, November 16, 2017, 180–93.

- Todrys, Katherine W., and Joseph J. Amon. “Criminal Justice Reform as HIV and TB Prevention in African Prisons.” *PLOS Medicine* 9, no. 5 (May 8, 2012): e1001215. <https://doi.org/10.1371/journal.pmed.1001215>.
- Topp, Stephanie M., Clement N. Moonga, Nkandu Luo, Michael Kaingu, Chisela Chileshe, George Magwende, S. Jody Heymann, and German Henostroza. “Exploring the Drivers of Health and Healthcare Access in Zambian Prisons: A Health Systems Approach.” *Health Policy and Planning* 31, no. 9 (November 1, 2016): 1250–61. <https://doi.org/10.1093/heapol/czw059>.
- “Tribune: La Surpopulation Carcérale et Ses Conséquences, Ainsi Que La Détention Préventive Prolongée Au Centre de Nos Préoccupations,” BINUH, August 10, 2022. <https://binuh.unmissions.org/fr/tribune-la-surpopulation-carc%C3%A9rale-et-ses-cons%C3%A9quences-ainsi-que-la-d%C3%A9tention-pr%C3%A9ventive-prolong%C3%A9e>
- Turner, Mary, Aline Chassagne, Manuel Luis Capelas, Kenneth Chambaere, Stacey Panozzo, Carla Marinho Teves, Edith Riegler, and EAPC Task Force on Palliative Care for Prisoners. “Mapping Palliative Care Provision in European Prisons: An EAPC Task Force Survey.” *BMJ Supportive & Palliative Care*, April 22, 2021, <https://doi.org/10.1136/bmjspcare-2020-002701>.
- Van Hout, Marie Claire, Stephanie Kewley, and Alyson Hillis. “Contemporary Transgender Health Experience and Health Situation in Prisons: A Scoping Review of Extant Published Literature (2000–2019).” *International Journal of Transgender Health* 21, no. 3 (2020): 258–306. <https://doi.org/10.1080/26895269.2020.1772937>.
- Walter, Katharine S., Leonardo Martinez, Denise Arakaki-Sanchez, Victor G. Sequera, G. Estigarribia Sanabria, Ted Cohen, Albert I. Ko, et al. “The Escalating Tuberculosis Crisis in Central and South American Prisons.” *The Lancet* 397, no. 10284 (April 24, 2021): 1591–96. [https://doi.org/10.1016/S0140-6736\(20\)32578-2](https://doi.org/10.1016/S0140-6736(20)32578-2).
- “War on Drugs | History & Mass Incarceration | Britannica,” July 13, 2023. <https://www.britannica.com/topic/war-on-drugs>.
- Watson, Roger, Anne Stimpson, and Tony Hostick. “Prison Health Care: A Review of the Literature.” *International Journal of Nursing Studies* 41, no. 2 (February 1, 2004): 119–28. [https://doi.org/10.1016/S0020-7489\(03\)00128-7](https://doi.org/10.1016/S0020-7489(03)00128-7).
- Wexler, Harry K., and Ronald Williams. “The Stay ‘N Out Therapeutic Community: Prison Treatment for Substance Abusers.” *Journal of Psychoactive Drugs* 18, no. 3 (July 1, 1986): 221–30. <https://doi.org/10.1080/02791072.1986.10472351>.
- “Why Many Deaf Prisoners Can’t Call Home.” The Marshall Project, September 19, 2017. <https://www.themarshallproject.org/2017/09/19/why-many-deaf-prisoners-can-t-call-home>.
- Wolff, Nancy, B. Christopher Frueh, Jessica Huening, Jing Shi, Matthew W. Epperson, Robert Morgan, and William Fisher. “Practice Informs the next Generation of Behavioral Health and Criminal Justice Interventions.” *International Journal of Law and Psychiatry* 36, no. 1 (2013): 1–10. <https://doi.org/10.1016/j.ijlp.2012.11.001>.
- Workowski, Kimberly A., Gail A. Bolan, and Centers for Disease Control and Prevention. “Sexually Transmitted Diseases Treatment Guidelines, 2015.” *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports* 64, no. RR-03 (June 5, 2015): 1–137.
- World Prison Brief, “Highest to Lowest - Prison Population Total,” accessed August 24, 2023. https://www.prisonstudies.org/highest-to-lowest/prison-population-total?field_region_taxonomy_tid=All
- World Population Review, “Incarceration Rates by Country 2023,” accessed September 12, 2023. <https://worldpopulationreview.com/country-rankings/incarceration-rates-by-country>
- “Zimbabwe Prisoners Deprived of ARVs.” *Bulawayo24 News*. Accessed August 6, 2023. <https://bulawayo24.com/index-id-news-sc-national-byo-118414.html>.

The National High School Model United Nations Conference (NHSMUN) is a project of IMUNA, a non-profit organization formally associated with the United Nations Department of Global Communications (UNDGC). IMUNA is dedicated to promoting global issues education through simulation.

Written by Ximena Faz, Ben Hislop, and Ellie White

Edited by Parthav Easwar, Christian Hernandez, Rekha Marcus, Therese Salomone

© 2023 IMUNA. All Rights Reserved.

