

Preparação e Resposta à COVID-19 no Sistema Penitenciário **Recomendações, Diretrizes e Perspectivas internacionais**

Nivio Nascimento - Coordenador da Unidade de Estado de Direito - UNODC



Regras Mandela

**Diretrizes
recomendações e
perspectivas
internacionais**

**Preparação e resposta
à COVID-19 no Brasil**



Estabelecido em 1997, o UNODC é
guardião das 3 Convenções sobre Drogas
+ Convenção contra o Crime Organizado
Transnacional + Convenção contra a
Corrupção

Fóruns Internacionais: CND, CCPCJ e
Congresso de Prevenção ao Crime e
Justiça Criminal

Atuação
Global



UNODC Office Locations – July 2019



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Regras Mínimas da ONU para o Tratamento de Presos

1955

As Regras Mínimas Padrão para o Tratamento de Prisioneiros

2011

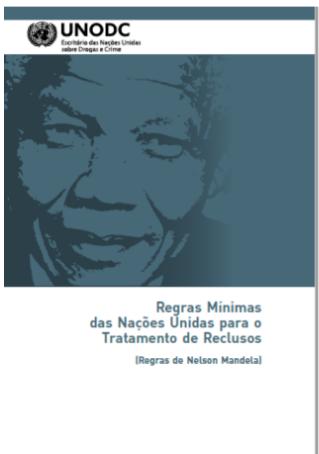
Grupo Intergovernamental

2015

Comissão de Prevenção do Crime e Justiça Criminal (CCPCJ)

2015

Regras de Nelson Mandela
Assembléia Geral



Serviços de saúde



Serviços de Saúde regras 24 -27 e 29 -35

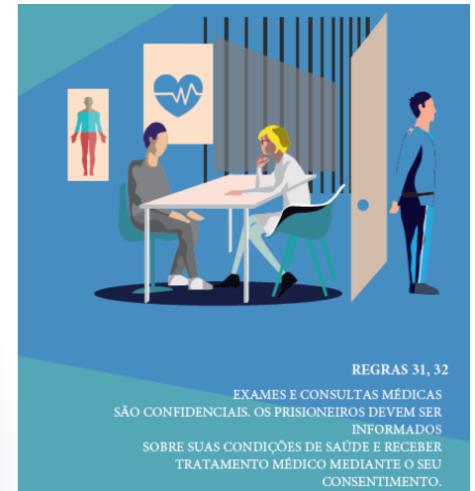
Oferta de cuidados em saúde para pessoas privadas de liberdade como responsabilidade do Estado

Mesmos padrões profissionais e éticos designados a pacientes nas comunidades

Avaliação, promoção, proteção e melhoria da saúde física e mental

Princípios de independência clínica, confidencialidade, consentimento informado na relação médico-paciente e continuidade do tratamento e cuidados

Proibição de envolvimento de profissionais de saúde em tortura ou outras formas de maus-tratos, e a obrigação de documentar e denunciar casos de que possam ter conhecimento



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Preparação e Respostas à COVID-19 no Sistema Prisional - Position Paper

A COVID-19 constitui uma crise diferente de qualquer outra nos 75 anos de história das Nações Unidas.

Prevenção e controle da COVID-19 nas prisões baseadas em evidências

Conformidade com as Regras de Madela e DH

Medidas de prevenção e controle são insuficientes

Esforços para reduzir o número de entradas e liberação de categorias específicas de presos

Saúde nas prisões é saúde pública

Magistrados, operadores do direito, agentes e profissionais de saúde tem alto risco de infecção



NOTA DE POSICIONAMENTO

Preparação e respostas à COVID-19 nas prisões

31 de Março de 2020

Cerca de 11 milhões de pessoas privadas de liberdade em todo o mundo, assim como os oficiais encarregados de garantir sua custódia segura e humana, são deves ser impulsionados durante a pandemia da COVID-19. Os países devem reconhecer os riscos particulares que a COVID-19 e o verão que a causa representa para populações confinadas para as quais o distanciamento social não é uma opção. Isto é ainda mais o caso à luz do perfil de saúde mais fraca das populações prisionais. Medidas de prevenção e controle da COVID-19 baseadas em evidências nas prisões são urgentemente necessárias e devem ser implementadas em total conformidade com as normas mínimas da CNU para o tratamento de prisioneiros - a fim de proteger as pessoas dentro e fora das prisões.

No entanto, as medidas de prevenção e controle da COVID-19 por si só podem revelar-se insuficientes para muitas instâncias prisionais afetadas pela superlotação e outras desigualdades. Sem compreender a segurança pública, a preparação da COVID-19 na prisão deve, portanto, incluir também esforços para reduzir o número de novas entradas e auxiliar a liberação de categorias selecionadas de presos.

O risco extraordinário que a COVID-19 está colocando no sistema prisional leva de volta aos historiadores de longa data da Secretaria das Nações Unidas sobre Drogas e Crime e das Nações Unidas em geral para enfatizar a superlotação prisional, para limitar a prisão a uma medida de último recurso e - onde for necessário - para compreender plenamente o dever de custódia que os Estados assumem ao prisar os individuos de sua liberdade.

United Nations | Office on Drugs and Crime

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Coronavirus disease (COVID-19) - UNODC updates

In these challenging times of the COVID-19 pandemic, UNODC continues to focus on delivering vital assistance to those in need, including to people who use drugs and with drug use disorders, who are in prison and who have HIV/Hepatitis C. We will not overcome this crisis if we don't stop the pandemic in specific pockets of vulnerability. Staff at UNODC Headquarters in Vienna and in the field remain active in delivering on all of the Office's mandates. This includes addressing crime that seeks to exploit the pandemic, such as cybercrime.

UNODC TOOLS

UNODC COVID-19 policy documents

- IMPACT OF THE COVID-19 PANDEMIC ON TRAFFICKING IN PERSONS (PDF)
- COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls (PDF)
- STATEMENT ON COVID-19 & YOUTH (PDF)

Further UNODC COVID-19 Policy Documents

Social Media content

Use of logos

Education for all ages

Education activities for children and youth from primary to tertiary levels (Admission for Justice)

UNODC's eLearning platform offers online training on international security threats (UNODC eLearning platform)

STAYING SAFE ONLINE WHILE WORKING REMOTELY

Advice from UNODC's Chief of Cybercrime & Anti-Money Laundering

MULTIMEDIA CORNER

More COVID-19 videos

<https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>

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All people have the right to health, even in countries under lockdown or where a state of emergency has been declared. This includes access to life-saving HIV harm reduction services and programmes in the community, as well as health care services in prisons.

COVID-19 prevention and control among people who use drugs

People who use drugs can be particularly vulnerable to COVID-19 due to underlying health issues, stigma, social marginalisation and higher economic and social vulnerabilities, including a lack of access to housing and health care.

COVID-19 prevention and control among people in prison

The prison environment is highly conducive to the transmission of infections, including droplet infections such as COVID-19. This is due to several risk factors such as overcrowding and poor ventilation, as well as inadequate health services, in some countries.

People in prison have a right to health at the same standards as other members of society and should have access to necessary health care services free of charge without discrimination on the grounds of their legal status.

WHAT UNODC IS DOING

UNODC is working with governments, civil society and community partners to:

- Assess the impact of COVID-19 outbreaks on availability and accessibility of HIV prevention, treatment and care services.
- Assess the likelihood of interruption to HIV services for people who use drugs and people in prison and develop contingency plans for sustained access to these services.
- Develop and disseminate specific technical guidance on HIV service provision for people who use drugs and people in prison in the context of COVID-19 prevention and control.

WHAT UNODC RECOMMENDS

for people who use drugs

The continuity and sustainability of Comprehensive HIV and HCV and other low-threshold services for people who use drugs must be ensured. During the COVID-19 pandemic, closing down services will only result in the crowding of those that stay open, which will increase transmission risks and impact on service quality.

Comprehensive HIV and HCV and other low-threshold services for people who use drugs should establish a safe working environment for the service providers.

COVID-19 e Adolescentes Privados de Liberdade

nota e serviços de assistência técnica

The cover features the UNODC logo and the text 'GLOBAL PROGRAMME TO END VIOLENCE AGAINST CHILDREN' and 'UNODC ENDVAC'. Below this, the title 'PROTECTING CHILDREN DEPRIVED OF LIBERTY DURING THE COVID-19 OUTBREAK' is prominently displayed. A red banner at the bottom left reads 'UNODC Technical Assistance Services'. A section titled 'I. BACKGROUND' discusses the obligation of States to ensure children are deprived of liberty only as a measure of last resort.



Technical Note: COVID-19 and Children Deprived of their Libertyⁱ



Endorsed by:



Introduction

Experience from previous infectious disease to emerge from the direct effects of COVID-spread. Moreover, existing child protection are more vulnerable in these circumstances their liberty, who often have compromised crowded or unhygienic conditions and are r

COVID-19 PREVENTION AND CONTROL AMONG PEOPLE WORKING IN PRISON

People in prison should enjoy quality health care that is at least equivalent to that available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

COVID-19 is an infectious disease caused by the most recently discovered coronavirus.

COVID-19 has the potential to spread rapidly in prisons and other closed settings, because of the confined condition where people live in close proximity for a prolonged period of time.

MAIN ROUTES OF TRANSMISSION

- Infection can be spread to people who are nearby (within 1 metre) by breathing in droplets coughed out or exhaled by a person with the COVID-19 virus, or
- People may become infected by touching contaminated surfaces or objects and then touching their eyes, nose or mouth.

SYMPOMTS OF COVID-19

- The main symptoms are:
- Fever
 - Cough
 - Shortness of breath/difficulty breathing
- Some people may begin with other symptoms, such as aches and pains, nasal congestion, runny nose, sore throat, inability to smell or taste, or diarrhea. Some people become infected and are contagious without yet having developed symptoms and feeling unwell.

For many people, COVID-19 infection can be mild and they make a full recovery with minimal intervention. However, it can be much more serious for people with underlying health conditions, and people with weakened immune systems.

KEEP AWARE OF THE LATEST GUIDANCE FOR COVID-19 IN PRISON AT THE UNODC WEBSITE: WWW.UNODC.ORG/UNODC/EN/HIV-AIDS/NEW/INDEX.HTML

This document was developed by the UNODC Secretariat in collaboration with the World Health Organization and the World Health Organization's Regional Office for Europe, the European Centre for Disease Prevention and Control, and the European Prison Observatory.


United Nations Office on Drugs and Crime

COVID-19 PREVENTION AND CONTROL AMONG PEOPLE LIVING IN PRISON

People in prison should enjoy quality health care that is at least equivalent to that available in

In prisons with no local virus circulation, the risk of virus introduction into the prison may be associated with newly admitted individuals, prison staff, service providers and visitors, who might be infected in the community.



United Nations Office on Drugs and Crime

COVID-19 PREVENTION AND CONTROL AMONG PEOPLE WORKING IN PRISON

ALL STAFF

Protect yourself and others:

- The personal protective equipment (PPE) - disposable gloves, a fluid repellent surgical face mask.
- Screen the health of all people entering prison including by taking their temperature, collecting information on any history of cough and/or shortness of breath, recent travel history and possible contact with confirmed cases in the last 14 days.
- Follow preventive hygiene measures by keeping all areas of the prison clean and ventilated, under the overall guidance of the health service.
- Communicate COVID-19 prevention and control measures to all prisoners, ensuring they understand and addressing any fears and concerns they may have.
- Regularly wash your hands for at least 20 seconds with soap and water or an alcohol-based rub (at least 60% alcohol), if available.
- Avoid touching your eyes, nose and mouth with unsoiled hands.
- Prevent transmission by catching coughs and sneezes in your elbow or in a tissue if available; then throw the tissue in a bin with a lid.
- Maintain at least 1 metre (3 feet) distance between each other at all times.
- Be alert to prisoners with a new, continuous cough, high temperature or other symptoms of concern.
- Medically isolate for 14 days prisoners with suspected COVID-19 infection in single occupancy accommodation (cell, dormitory room), if possible, as well as contact of suspect, probable and confirmed cases.
- Minimize non-essential contact with suspected COVID-19 cases.
- If you become unwell with even a mild cough or low-grade fever (31.2 °C / 99.4 °F or more) stay at home and contact testing services for COVID-19.

Ensure humane treatment:

- Decarcerate prison cells and improve prison ventilation where possible.
- Maintain prisoners' access to open air as much as possible and for a minimum of one hour per day, using a venting system to limit numbers.
- Continue interaction with the outside world if necessary for the mental health and well-being of people in prison. If visits are stopped, provide alternatives to visit, such as telephone or video calls.
- Grant continued access to legal advisors of people in prison as well as to representatives of external inspection bodies.
- Do not stigmatize or discriminate against suspected cases or people who have had contact with suspected/confirmed cases.
- Ensure continuity of services and commodities for people with special needs, e.g. women, the elderly, children, non-national, the illiterate, and people with physical and mental disabilities.
- All of the above apply equally to persons in medical isolation.



COVID-19 PREVENTION AND CONTROL AMONG PEOPLE WORKING IN PRISON

HEALTH CARE STAFF

- Use PPE when attending patients: disposable gloves, a fluid repellent surgical face mask, and if available, disposable plastic aprons and eye protection. Change gloves and masks after each patient.



United Nations Office on Drugs and Crime

COVID-19 PREVENTION AND CONTROL AMONG PEOPLE WORKING IN PRISON

HEALTH CARE STAFF

- For patients who require admission to hospital, follow the guidance of local prison and health authorities about whether to transfer to the community or manage in prison.



- Physically distance yourself from patients during interviews.



- Ensure uninterrupted health services for prevention, treatment and care services for HIV/AIDS, TB, HCV and other health conditions.



- Screen people for symptoms of COVID-19 pre-release.



- Ensure linkages with health facilities when people are released from prison.

- Care reporting. COVID-19 has been added to the list of notifiable diseases that physicians have a duty to report to public health authorities.

This document was developed by the UNODC Secretariat in collaboration with the World Health Organization and the World Health Organization's Regional Office for Europe, the European Centre for Disease Prevention and Control, and the European Prison Observatory.

#WeApplaud Campanha com foco em agentes penitenciários

On behalf of our members and the global corrections community we would like to give our thanks and appreciation to the frontline officers, healthcare workers and to all staff members who risk their health on a daily basis to care for persons under their supervision and in keeping our societies safer.

Those who are fortunate enough to be able to maintain self-isolation during this difficult time understand that your commitment in performing these duties under such conditions deserves to be recognised.

Prisons and correctional staff worldwide are the unsung heroes of maintaining this essential public service which protects us all.

#WeApplaud
#staysafe
#CorrectionalStaff



The slide features a white rectangular box containing text and logos. At the top, there is a paragraph of text followed by two more paragraphs. Below the text is a section with three hashtags. At the bottom, there is a grid of logos for various organizations. The background of the slide is blue, and it is positioned on the left side of a larger blue background area.

COVID-19 nas prisões ao redor do mundo

Coronavírus: Turquia libertará 45.000 presos
Governo contabiliza 96 casos e três mortes dentro do sistema prisional sobrecarregado; medida não vale para presos políticos

Por Da Redação - Atualizado em 14 abr 2020, 17h41 - Publicado em 14 abr 2020, 17h48



Sa de 1.000 mortes por Covid-19, a Turquia muda regras dentro do sistema prisional sobrecarregado

Ethiopia pardons more than 4,000 prisoners to help prevent coronavirus spread

By Bilkis Adebayo, CNN
O Updated 0051 GMT (0851 HKT) March 27, 2020

Equador reduz em 25% a superlotação das prisões durante a pandemia

País é o segundo com mais mortos pela Covid-19 da América do Sul, atrás apenas do Brasil

O Globo, com agências internacionais
28/04/2020 - 28:49 / Atualizado em 28/04/2020 - 21:02



Governo do Equador tenta encontrar alternativas para lidar com pandemia da Covid-19 Foto: / AFP

The New York Times

Opinion

No One Deserves to Die of Covid-19 in Jail

But more than 100 inmates already have.

By The Editorial Board

The editorial board is a group of opinion journalists whose views are informed by expertise, research, debate and certain longstanding values. It is separate from the newsroom.

April 23, 2020



Por coronavírus, Portugal aprova mecanismo que pode libertar 15% da população carcerária

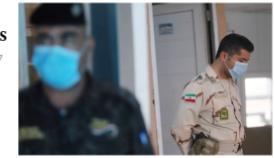
Benefício não será dado a autores de crimes hediondos e a políticos detidos por corrupção



Coronavírus: Irã anuncia a libertação de 70 mil prisioneiros

País já liberou mais de 120 mil detentos desde início da crise, que já matou 237 pessoas e infectou 7.161 no país

O Irã com agências internacionais
Última vez: 14 abr 2020, 12h30 - 12h37



Detentos da prisão de Tehran festejam com máscaras de proteção contra o coronavírus dentro da estação da prisão. Foto: Fars News Agency/Associated Press

Covid-19: Afeganistão vai libertar 10 mil prisioneiros para evitar contágio

O número de casos de Covid-19 está crescendo no país, com o retorno de dezenas de milhares de afgãos que estavam no Irã e que estão deixando o país

Presos fazem motim na Argentina para exigir medidas contra a Covid-19

Protestos parecidos ocorreram ao longo da semana, com pedidos de liberação antecipada para grupos de risco; população carcerária tem 30% de superpopulação



Detentos no telhado da prisão de Villa Devoto seguraram faixa que diz 'Nós resuscitamos a morte na prisão' | 24/04/2020 | Augusto Macari/Agência O Globo

UNAPS México

Iniciativa Conjunta ACNUDH, OPAS/OMS e UNODC, com foco no Sistema Penitenciário

Práticas específicas em saúde, educação, segurança, treinamento e suprimentos

Retardar a inserção e transmissão do vírus, prestando cuidados médicos oportunos

Respeitando os direitos humanos das populações-alvo em todos os momentos

ESTÁNDARES ESPECIALES UNAPS COVID-19



Estándares Avanzados de Naciones Unidas para el Sistema Penitenciario Mexicano

Marzo de 2020



Oficina de las Naciones Unidas
contra la Droga y el Delito



Derechos Humanos



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CNJ, PNUD e UNODC

Projeto de fortalecimento de audiências de custódia (Programa Justiça Presente)

Apoio técnico do UNODC na resposta rápida para a suspensão de audiências de custódia

Atuação de equipe técnica em Brasília + 27 consultores estaduais: levantamento de informações, apoio técnico, mobilização..

Participação em Comitês Estaduais COVID-19

Foco nos APFs e suspensão de atendimentos psicossociais

Formulário Fatores de Risco

Fluxo de análise qualificada de APFs

Plataforma de registro de APFs



Formulário sobre Fatores de Risco para a COVID-19 Autoridade Policial

Estratégias para qualificação da informação
que chegam aos magistrados

Proposta de formulário que permite o
levantamento de informações sobre fatores
de risco para a COVID-19 pela polícia

Importante a articulação local para adesão
das autoridades policiais ao formulário



Fluxo de Análise Qualificada de APFs

Formento à implementação de fluxo de análise qualificada dos APFs, que contemple a manifestação da Acusação e da Defesa, antes da decisão judicial, para manter o contraditório previsto no art. 310 do Código de Processo Penal

Incidência para a realização do exame de corpo de delito na data da prisão, com registro fotográfico do rosto e corpo inteiro para documentar indícios de tortura ou maus tratos

Incidência para aplicação da decisão do STJ, proferida no PExt no Habeas corpus nº 568.693/ES, que determinou a soltura, independentemente do pagamento da fiança





UNODC

Escritório das Nações Unidas
sobre Drogas e Crime

Plataforma de registro do auto de prisão em flagrante (APF)

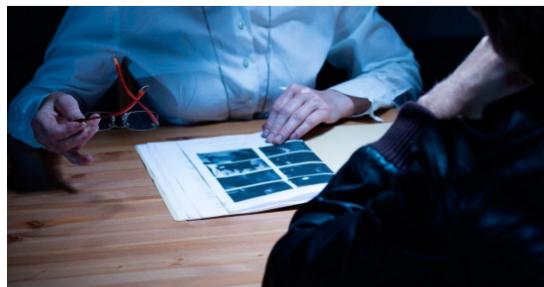
Sistema de coleta de informações destinado
aos tribunais no contexto de excepcionalidade

Registro de informações sobre as decisões de
magistrados após a análise do APF

Acompanhamento da COVID-19 na “porta de
entrada” do sistema judiciário

Implementado nas capitais da maioria dos
estados e em processo de interiorização

350 servidores de todos os estados
capacitados



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