STRENGTHENING PRISON HEALTH SYSTEMS:
FEASIBILITY AND CHALLENGES OF INTRODUCING
PRISON HEALTH COMMITTEES (PRHCS) IN ZAMBIAN
CORRECTIONAL FACILITIES

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Background In Zambia, prison health and health services are in
a state of ‘chronic emergency’. Since 2013, the Zambian
Corrections Service (ZCS) partnered with Centre for Infectious
Disease Research in Zambia (CIDRZ) to understand and
strengthen prisoner health and access to healthcare. A key com-
ponent of this work was the establishment of 11 facility-level
Prison Healthcare Committees (PrHCs) comprising officer and
inmate members, with a specific remit to deliver health education
and provide monitoring for facility level service access. Findings
presented are from operations research evaluating the feasibility
of these PrHCs.

Methods Mixed qualitative methods included, in-depth inter-
views (11 Ministry and ZCS officials; 6 facility managers) and
focus group discussions (FGDs) with members of 6 PrHCs, and 6
groups of non-PrHC-inmates in the same facilities. Memos were
generated from participant observation in workshops and meet-
ings preceding and after implementation. All activities were
subject to verbal informed consent and interviews and FGDs
were audio-recorded with permission.

Results Key informants were strongly supportive of PrHCs,
noting potential for improved health information dissemination,
strengthened preventive service-coverage, routine service moni-
toring and facility-level accountability. PrHC members confirmed
ZCS-led training had taken place and that they had been given
authority to deliver information-based health interventions and
facilitate quicker referrals to primary care. The early phase of
implementation (3–6 months at data collection) produced mixed
accounts regarding PrHCs’ capacity to fulfil other preventive ser-
vices or conduct data collection. Departure of PrHC members due
to transfer and/or release was the most frequently listed challenge.

Conclusions These data suggest the feasibility of establishing a
committee comprising both officers and inmates to address a fun-
damental gap in facility-level mechanisms for health information
delivery and service accountability. Findings nonetheless suggest
PrHCs will require iterative adjustments and ongoing
problem-solving by local officials. Context-sensitive application of
these principles to other settings may yield positive outcomes.