



Prison overcrowding, detention conditions and inmates' health in Ivory coast: The case of the abidjan and korhogo correctional facilities (AKCF)

Tape Bi Sehi Antoine

Department of Geography, Peleforo Gon Coulibaly University, Korhogo, Ivory Coast

Abstract

This study focuses on prison overcrowding, detention conditions and the health of inmates in the Abidjan and Korhogo correctional facilities (AKCF). The objective is to show the impact of prison overcrowding and detention conditions on the health of inmates in these two prisons. The data collection methodology was based on a literature review and a field survey. Thus, on the basis of a non-probability sample and using the convenience method, 25 former inmates in Abidjan and 17 in Korhogo were selected and submitted to this study. Prison occupancy rates were also calculated. The results show that the Abidjan and Korhogo correctional facilities (AKCF) are overcrowded with occupancy rates of 531% and 322% respectively, while their actual capacity is 1,500 individuals for the ACF and 100 for the Korhogo Correctional Facility (KCF). The causes lie in the excessive use of pre-trial detention, the lack of knowledge of inmates of their rights, the failure to take into account age criteria, the lack of judges and the lack of rigor in monitoring the application of sentences. The study also shows that the precarious living conditions in prisons are aggravated by the overcrowding of inmates who live in promiscuity with several inmates in small cells, by the scarcity and poverty of food rations, and by insalubrity. In addition, these conditions of detention affect the health of inmates and are risk factors for the occurrence of disease, contamination and spread of several diseases within the prisons while the technical facilities of the prison health centers are weak, inmates do not all have access to care and funding for life in prison by the Government is insufficient.

Keywords: Ivory coast, prison overcrowding, detention conditions, inmates' health

Introduction

More than 10.35 million people are in prisons or other places of detention around the world (WALMSLEY R., 2016, p.2). A number that is steadily increasing. Prison overcrowding is a scourge that affects both inmates and prison administrations. This situation has serious repercussions on the human and financial resources that are needed to ensure quality health care in prisons. According to Nembrini G. P. (2013, p.12), the number of places in detention tends to decrease over time, due to the lack of proper maintenance of buildings, while at the same time the number of inmates increases in prisons. In addition, economic and sometimes political crises lead to an increase in arrests, while the judicial structures are unable to process all the cases submitted to them within a reasonable time. This is usually compounded by very limited prison support in terms of resources and financial assistance related to the health care of detainees (ICRC, 2017 In ICRC, 2018, p.5).

In Africa, prison conditions are inhumane, inmates' health is vulnerable, and contagious and infectious diseases are rampant (MUASA G. *and al.*, 2019, p.716). The lack of clean running water and sanitation, and the inadequate control of transmission factors provide an environment conducive to the development of infectious diseases (PRI, 2000, p.10). And yet, imprisonment should never jeopardize the health of incarcerated persons because inmates enjoy the same right to health as the rest of the population (ICRC, 2018, p.5). Côte d'Ivoire, which has 16,000 inmates in 34 prisons, while their capacity is only 8,600 inmates, is not left behind (Patuel F., 2018, p. 1). Indeed, according to the IHRC (Ivorian Human Rights Commission), these prisons are characterized by prison overcrowding, precarious detention conditions and poor health funding (IHRC, 2018, pp.8-10). This is why, Venters H. (2019, *In Le Marcis F.*, 2020, p.584) states that, prison health remains a poor relation of the State Prison system. And, since the advent of the coronavirus disease (Covid-19), the precarious living conditions in prisons have become even worse. The impossibility of seeing one's relatives and the threat of Covid-19 constitute new difficulties for overcrowded inmates who are dependent on the outside world, undernourished and weakened by the disastrous detention and sanitary conditions in these prisons (Macadre O. *and al.*, 2020, p.1). In light of the above, a closer look inside the Abidjan and Korhogo correctional facilities (AKCF) is necessary to better understand the state of staffing, detention conditions and health of the people held in these prisons. Thus, what is the impact of prison overcrowding and detention conditions on the health of inmates in the Abidjan and Korhogo correctional facilities (AKCF)? In order to answer this question, the study aims to show the impact of prison overcrowding and detention conditions on the health of inmates in the Abidjan and Korhogo correctional facilities (AKCF).

Considered the largest prison in the country in terms of surface area and prison population, the Abidjan Correctional Facility (ACF) was built in 1985. It is located in the economic capital (Abidjan), more precisely in the commune of Yopougon at the edge of the Banco Forest. As for the Korhogo Correctional Facility (KCF), it is located in the city of Korhogo in the north of Côte d'Ivoire. Korhogo is the largest city in the north of the country and is the capital of the Poro region. This prison center (KCF) was created in the 1970s. Like the ACF, the KCF has three (3) quarters: men, women and minors. The choice of these two prisons is justified by the fact the ACF is the largest prison in Côte d'Ivoire and KCF, a medium-sized prison located in the north of the country, does not often attract the interest of researchers in the context of studies. Figure 1 below shows the location of these two prisons (Tape B. S. A. *and al.*, 2021, p.68).

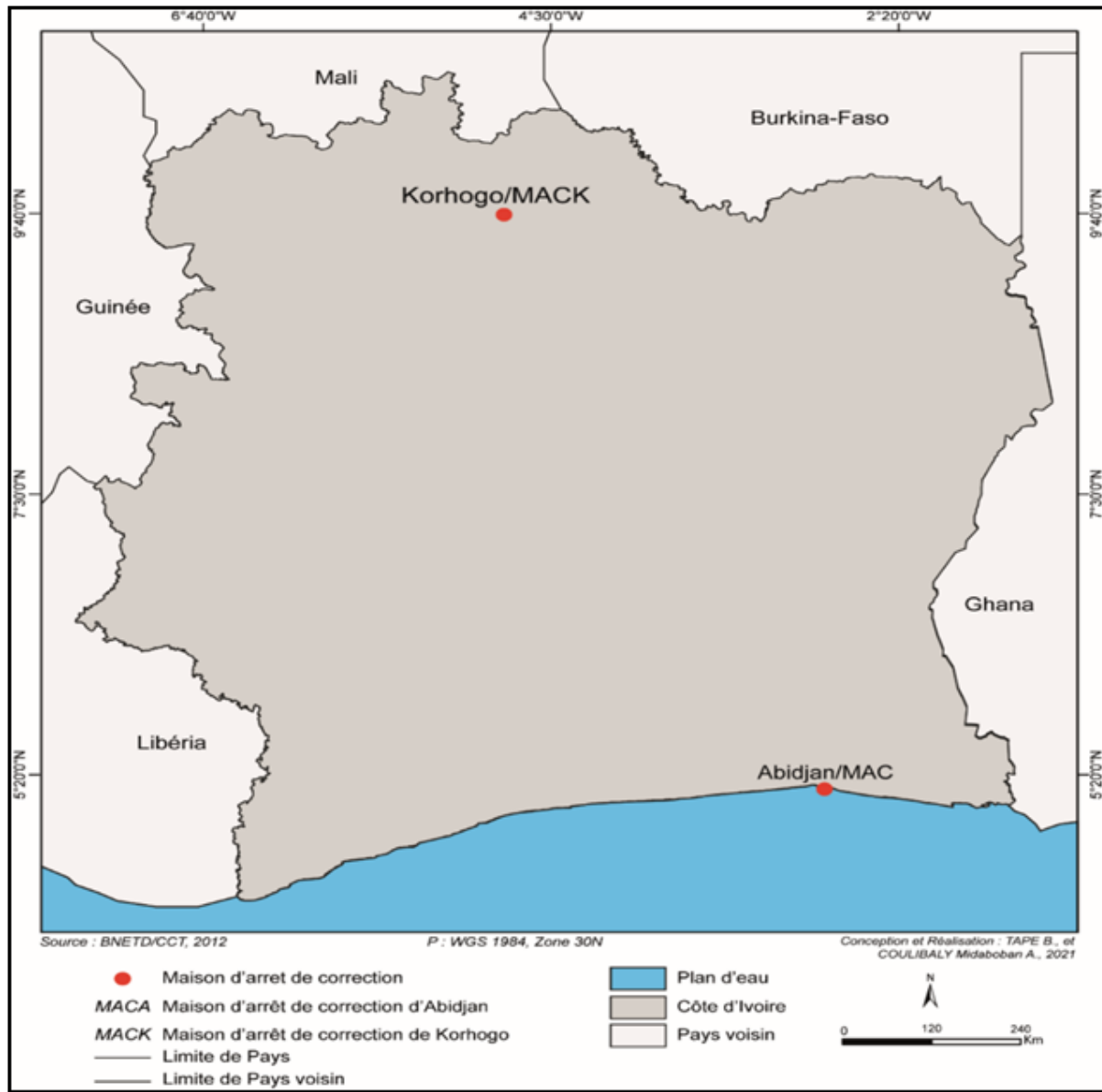


Fig 1: Location of the Abidjan and Korhogo Correctional Facilities

Material and method

This study follows on from a series of articles we have written on the issue of prisoner health in Côte d'Ivoire, in particular

1- "Analysis of conditions of access to health care in prisons in Côte d'Ivoire: the case of the Abidjan and Korhogo correctional facilities (AKCF)" published in *Revue de Géographie de l'Université de Ouagadougou (RGO)* Joseph Ki Zerbo, N° 10, Vol. 1, October 2021, ISSN 2424-7375, pp.65-76;

2- "Analysis of factors hindering access to health care in prison: the case of the Abidjan correctional facility (Côte d'Ivoire)" (published in *International Journal of Humanities and Social Science Research*, Research Journal Impact Factor: RJIF 8, Volume 8, Issue 5, 2022, ISSN: 2455-2070, p. 21-27).

Thus, the data collection methodology for this third article was based on literature review and field survey (semi-structured interviews and questionnaire administration). The literature review consisted of consulting various works (dissertations, theses, reports, etc.) on the Internet and in libraries. All this information was used to

understand the prison environment and prison health. Semi-structured interviews were conducted at the Ministry of Justice and Human Rights (MJHR) through the Penitentiary Administration (PA), Prison Directors (PDs) and managers of prison health facilities. These discussions also extended to law firms and NGOs working in prisons such as the Ivorian section of the International Committee of the Red Cross (ICRC), the National Human Rights Commission of Côte d'Ivoire (NHRCCI) and the West African section of Amnesty International. In sum, these exchanges focused on the governance and financing of prisons in Côte d'Ivoire, their structure and capacity, the number of prisoners, the diseases within the prisons, the conditions of detention, the Ivorian criminal justice system, the health care system and the care circuit. As for the questionnaire, based on non-probability sampling using the convenience method (J-C. Hamel, 2017, 37p.), 25 former inmates (21 men and 4 women) were interviewed in Abidjan. In Korhogo, 17 individuals (15 men and 2 women) agreed to participate in this study. They were all former prison inmates who had served their sentences during the three (3) months preceding the study. This sampling technique is justified by the fact that, due to the global health crisis linked to the coronavirus disease (Covid19), the Ivorian justice system has formally forbidden any contact with any inmate under a committal order or in permanent detention inside or outside of prisons under penalty of prosecution. All data collected were processed using STAT/SE12 (mass data entry) and Microsoft Office 2007 (Word and Excel) software. The geographic location of the remand homes was obtained using an OSM Tracker for Android™ GPS. The elaboration of the map was done using ArcGis software (ArcMap 10.2.1). As for the prison occupancy rates, they were obtained from the following formula (NEMBRINI G. P., 2013, p.19):

$$\text{Prison occupancy rate} = \frac{\text{Inmate population at date } \ll t \gg}{\text{Inmate population defined by official capacity}} \times 100$$

Results

1. Overcrowded Prison Population at the ACF and the KCF

The prison population is made up of pretrial inmates (inmates who have not yet been tried or whose conviction is not final) and convicts (detainees who have been convicted by a final court sentence). The tables below show the number of inmates at specific dates in the Abidjan and Korhogo Correctional Facilities. This prison population is dynamic and varies at any given time according to the movements of incarcerations, releases and transfers of inmates.

Table 1: The KCF and the ACF staffing as of April 2018.

Date	Prisons	Hosting Capacity	Number of inmates	Overcrowding inmates	Occupancy rate
April 2018	KCF	100	182	82	182%
	ACF	1500	5747	4247	383%
Total KCF + ACF		1600	5929	4329	371%
Total Côte d'Ivoire		7970	15025	7055	189%

Source: Report of visit of the Ivorian correctional facilities January-April 2018, NHRCCI (National Human Rights Commission of Cote d'Ivoire), 2018 pp. 3-4; table adapted for the study, TAPE 2022.

Table 1 shows that, for a theoretical capacity of 100 inmates, the Korhogo Correctional Facility (KCF) accommodates 182 individuals, i.e., an occupancy rate of 182% with an overcrowding of 82 inmates. The same is true for the ACF, which houses 5929 inmates with a theoretical capacity of 1500 places. These two (2) prisons hold 5929 inmates for a capacity of 1600 individuals, i.e., 4329 inmates with an occupancy rate of 371%.

This table 1 also indicates that, for a theoretical capacity of 7970 inmates, all the prisons and correctional facilities (CF) in Côte d'Ivoire have a total of 15025 inmates, i.e. an occupancy rate of 189%, with an estimated overcrowding of 7055 inmates. Table 2 below contains data on the number of inmates in the KCF and ACF in 2021.

Table 2: KCF and ACF staffing levels in February and April 2021

Dates	CF	Hosting Capacity	Number of inmates	Overcrowding inmates	Occupancy Rate
February 9, 2021	MACK	100	322	222	322%
21 avril 2021	MACA	1500	7968	6468	531%
Total KCF + ACF		1600	8290	6690	518%

Source: Field survey, prison registry on the dates indicated; TAPE, 2021

It can be seen that the KCF houses 322 individuals for a theoretical capacity of 100 inmates, i.e., an occupancy rate of 322% with an estimated overcrowding of 222 individuals. As for the Abidjan Correctional Facility (ACF), the overcrowding is estimated at 6,468 inmates, whereas its capacity is 1,500 places, or an occupancy rate of 531%.

In sum, Table 2 shows that on different dates (February 9 and April 21, 2021), these two prisons held a total of 8290 inmates, whereas their theoretical capacity is 1600 inmates, i.e., an occupancy rate of 518%, with an excess of 6690 individuals.

2. Socio-demographic Characteristics of Respondents

The data on the socio-demographic characteristics of the respondents concern the sex, age, level of education and previous occupation of the prisoners.

2.1. Gender and Prison

Gender is an important variable in prisons because it is related to prison conditions. Table 3 below shows the different proportions of respondents by gender.

Table 3: Distribution of the KCF and ACF inmates by gender

Correctional Facility (CF)	State	Sex		Total
		Male	Female	
KCF	Number of inmates	15	2	17
	Proportion	88%	22%	100%
ACF	Number of inmates	21	4	25
	Proportion	84%	16%	100%

Source: Field survey; TAPE, 2021

Table 3 shows that at KCF, 88% of the individuals interviewed were male and 22% were female. At the ACF level, 84% of the individuals interviewed were male and 16% were female. In sum, 86% of the respondents were male and 16% were female, i.e. 36 men and 6 women respectively.

2.2. Age and Prison

Age is a relevant indicator in the prison environment because it conditions the choice of the ward and the cell of the inmates. The different age groups to which the respondents belong are shown in Table 4 below.

Table 4: Distribution of KCF inmates by age

Correctional Facility (CF)	Age group	[0-18[[18-41[[41 and over	Total
KCF	Number of inmates	2	10	5	17
	Proportion	12%	59%	29%	100%
ACF	Number of inmates	5	16	4	25
	Proportion	20%	64%	16%	100%

Source: Field survey; TAPE, 2021

We note that the respondents most represented at KCF are those between 18 and 40 years of age, followed by those 41 years and older. They represent 59% and 29% respectively. Minors represent 12%. At the ACF, 64% of respondents were between 18 and 40 years of age. Minors represent 20%, compared to 16% for the 41 and over age group. In total, of all the individuals interviewed in Abidjan and Korhogo, 26 are between the ages of 18 and 40, or 62%. Only 17% were minors.

2.3. Level of education and prison

The level of education is an important element that is used to guide actions. For prisoners, it is an indicator for their post-prison social reintegration. Table 5 presents the distribution of the respondents according to their level of education.

Table 5: Distribution of KCF and ACF inmates by level of education

Level of Education	KCF		ACAF	
	Number of inmates	Proportion	Number of inmates	Proportion
Primary education	7	41%	11	44%
Secondary education	2	12%	6	24%
Higher education	1	6%	1	4%
Koranic	3	18%	2	8%
None	4	23%	5	20%
Total	17	100%	25	100%

Source: Field survey; TAPE, 2021

At the KCF, 41% of the respondents were primary school graduates, compared to 23% who did not attend school and 18% who attended Koranic school. As for ACF, the table reveals that the most numerous respondents are those with primary and secondary education, i.e. 44% and 24% respectively. Those who have never been to school represent 20%. In sum, it appears that 43% of the respondents finished their schooling at the primary level. As for those who have never been to school, they represent 21%.

2.4. Previous Occupation and Prison

Occupation, like education, age and gender, is a very important indicator in prison. A skill sought after among inmates by the prison authorities is very often a reason for modifying the conditions of detention and the execution of the sentence of the individual who has this skill. He then becomes either a slave, a kitchen assistant, a nursing assistant, a laboratory assistant, a shepherd, a livestock technician, etc. Table 6 below shows the different professions of the respondents.

Table 6: Distribution of MACK and MACA inmates by profession

Occupation	KCF		ACF	
	Number of inmates	Proportion	Number of inmates	Proportion
Farmer	1	6	3	12%
Motorcycle taxi driver	5	29	2	8%
Employee	2	12	1	4%
Civil servant	1	6	4	16%
Trader	2	12	2	8%
Unemployed	6	35	13	52%
Total	17	100%	25	100%

Source: *Field survey; TAPE, 2021*

The data in Table 6 reveals that the unemployed and motorcycle taxi drivers are the most numerous among the statistical units in Korhogo. They represent respectively 35% and 25% of the individuals interviewed. In Abidjan, 52% of respondents do not have any professional activity. 16% declared that they were merchants and 12% were drivers of communal cabs or Gbakas. Gbakas are urban public transport vehicles whose number of seats varies according to the type and make of the vehicle. The number of seats ranges from 18 to 50. In sum, 45% of the respondents from the two prisons stated that they were unemployed, compared to 40% who were working in the informal sector.

3. Causes of Overcrowding at the ACF and KCF

The causes of prison overcrowding in these two prisons are numerous. These causes are identical and reflect the general situation in the country. They concern the excessive use of pre-trial detention, the lack of knowledge of the inmates of their rights, the failure to take into account age criteria, the lack of judges and the lack of rigor in monitoring the application of sentences.

3.1 Excessive Use of Pre-trial Detention.

Pre-trial detention is detention pending trial in criminal investigations (Penal Reform International, 2013, p.1). In Côte d'Ivoire, the code of criminal procedure in its articles 166 and 167 stipulates that, the time limit for pre-trial detention is set at 6 months in correctional cases and 8 months in criminal cases (JORCI, 2019, p.63). However, in the prisons and correctional facilities visited, several inmates are under judicial supervision and have been awaiting trial for several months. Thus, out of 100% of the individuals interviewed, 60% claimed to have waited 15 to 24 months before their trial. Of these 60%, 50% were in correctional facilities and 10% in criminal facilities.

3.2 Judicial Review

Like pre-trial detention, the Ivorian justice system routinely uses judicial review. This is a series of obligations to which defendants are subject in order to avoid absconding, to preserve evidence, to prevent recidivism, and to protect victims. In principle, the individual under investigation remains free. However, given the risks associated with these obligations, defendants are very often arrested and remanded in custody. According to the prison services visited, some defendants are under judicial supervision. Among the respondents, 10% admitted to having been under judicial supervision before being remanded in custody.

3.3 Inmates' Lack of Awareness of their Rights

Inmates' lack of awareness of their rights is a reality at the ACF and KCF. In most cases, lawyers are assigned to them because they do not have the means. When asked: "Did you know that the law gives you the possibility to request provisional release?" 60% of the respondents answered this question with a negative response. Could it be otherwise? No, because 43% of the respondents had dropped out of primary school, 21% had never been to school, and 40% were working in the informal sector. Informal activity in Côte d'Ivoire has the connotation of under-valued activities and professions (mason, mechanic, boy, guard, driver, street vendor, independent garbage collector, etc.). In general, one does not necessarily need to go to school or have a diploma before practicing these occupations.

3.4 Not Taking Age Criteria into Account

According to FRAYSSE M. (2014, pp.9-16), the law can take hold of age and use it as a criterion for access to certain rights, as a special protection, or even as a source of irresponsibility. A differentiation according to age is

therefore deployed in all branches of law and particularly in criminal law. The age in question is 18 years. This leads to a particular system for minors because criminal minority is a matter of public order. In fact, criminal law recognizes that the delinquency of minors is partly due to their minority, which is synonymous with reduced faculties or incomplete education. Therefore, the repression of minors cannot be assimilated to that of adults without falling into injustice. The Government of Ivory Coast makes efforts by not subjecting the minors to the same repressions as the adults. However, these minors are kept in the Minors Observation Center (MOC) within Ivorian prisons, thus swelling the number of inmates. In practice, all inmates are held together and are subject to the same criminal procedure. For this reason, 20% of respondents under 18 years of age stated that they had been detained at the ACF and KCF.

3.5 Insufficient Number of Magistrates

In Côte d'Ivoire, the number of magistrates is insufficient in relation to the size of the population, given the standard established for this purpose, which is 10,000 inhabitants for one magistrate (MACADRÉ O. *et al.*, 2020, p.4). According to statistics from the Ministry of Justice and Human Rights of Côte d'Ivoire (2019, pp15-145), in 2017, the country had 695 magistrates, or 1 magistrate for 35232 inhabitants. As for the magistrates on duty in the courts, there were 443 with 112239 cases to be handled. Of these 112239 cases to be processed, only 64841 could be processed, which is a processing rate of about 58% per year. In 2018, out of 686 magistrates 431 were on duty in the courts, or 36622 inhabitants for 1 magistrate. 94774 cases could be processed out of a total of 120681.

In Korhogo from 2017 to 2018, there were 19 magistrates for 1861 cases processed out of 2330, a processing rate of 80%. At the level of the two courts of Abidjan (Plateau and Yopougon), on a population estimated at more than 5 million inhabitants, there were 197 magistrates with 99017 cases to be processed. Of these cases, 60,302 were processed, or 61%. However, these data do not indicate the different dates of arrival of all these cases in the courts. Hence the lengthening of the periods of preventive detention and judicial control. Thus, 35% of the statistical units stated that one of the reasons for the length of time they waited for their trial, according to their lawyers, was due to the large number of cases before the magistrates. For 25% of the statistical units, this waiting time was linked to the limited number of magistrates.

3.6. Lack of Rigor in Monitoring the Enforcement of Inmates' Sentences

In Côte d'Ivoire, enforcement judges have been appointed in all courts throughout the country. It is true that they have the authority to determine the main terms and conditions for the execution of custodial sentences or certain restrictive sentences, by guiding and monitoring the conditions of their application. However, some prisoners remain in prison despite the end of the term of imprisonment. According to the prison services, this is due to the administrative burden and the insufficient number of enforcement judges per court in relation to the high number of prisoners in the courts. About 29% of the individuals interviewed said that they were released from prison between about 2 and 5 weeks after the end of their sentence.

4. Conditions of Detention at the ACF and KCF

The conditions of detention are related to housing and living conditions for prisoners, food, health infrastructure and care.

4.1. Inmates' Housing and Living Conditions

The housing of inmates consists of dormitories and cells, designed to accommodate one or more persons. According to the United Nations' minimum rule No. 10, entitled "Detention facilities", detention facilities must meet the requirements of hygiene, taking into account the climate, particularly with regard to air volume, minimum surface area, lighting, heating and ventilation. And for small prisons like ours, the minimum recommended surface area for the prison compound is 20-30m² per inmate (NEMBRINI G. p., 2013, pp17-18). Built on a French prison model in the 1980s to accommodate 1500 individuals, the ACF has met these requirements in the past. The same is true for the KCF, which was designed to hold 100 inmates and currently has an occupancy rate of 322%. At the ACF, this rate is approximately 531%. Prison overcrowding is a reality in these prisons and has a negative impact on the environment of the inmates. In such conditions, all life is affected. At the ACF, small cells designed to accommodate 20 individuals, there are 60 to 70 people. The largest cells hold 100 people, whereas 40 are planned. At the CAF, the situation is identical. Cells designed to accommodate 15 to 20 people are home to 30 to 40 individuals. 60% of those surveyed stated that they had not slept for several nights due to lack of space, while 15% admitted to having slept in an upright position for at least two weeks during their stay for this same reason. Moreover, there was no distinction between minors and adults. All are in the same cells and dormitories, putting the youngest in serious danger.

As far as sanitation and living conditions in these two prisons are concerned, the situation is not very enviable. The buildings of the prisons are dilapidated and degraded. The cells are very humid and sometimes flooded when it rains, giving off permanent moldy odors. There are not enough toilets, which forces some prisoners to relieve themselves in the cells. In addition, there is a lack of ventilation. There is almost permanent insalubrity and the presence of mosquitoes that cause malaria and parasites responsible for scabies. Poorly evacuated wastewater is a nest for several parasites, thus increasing the risk factors. As for the regularity of unsanitary drinking water, the initial facilities seem to be no longer adequate, due to the constant increase in the number of

inmates. As a result, showers, toilets, cells and dormitories are poorly supplied with water. In this regard, 100% of female respondents revealed that they had great difficulty in washing themselves because of the lack of water. The scarcity, or even the virtual non-existence, of impregnated mosquito nets and the clothed clothes worn by the detainees leave them no chance against the mosquitoes that carry malaria.

4.2. Food for Inmates

In the Abidjan and Korhogo Correctional Facilities (AKCF), food is not provided on a daily basis. Inmates are allowed one or two unbalanced meals a day, whereas international standards recommend four. 95% of inmates stated that they did not receive breakfast every day during their stay in prison. According to the Mandela Rules, every prisoner has the right to receive from the administration, at the usual times, a good quality food, well prepared and served, with a nutritional value sufficient to maintain his health and strength (NHRCCI, 2019, p.8). For prison health staff, the lack of vitamins and animal and vegetable proteins in the meals served to inmates is at the root of the occurrence of several diseases such as beriberi, malnutrition, and tuberculosis in prisons.

4.3. Health Care in Detention

Despite the presence at the ACF of the Urban Health Center of the Public Prison Dispensary (UHCPPD), located at the top of the pyramid of Ivorian prison health centers, and of the nursing care center at the KCF, access to health care for prisoners is difficult. These difficulties are characterized by the recurrent shortage of drugs, the low level and poor quality of the technical platform, the inability of inmates' parents to bear the costs of care outside the prisons and the ransoming of inmates by other inmates before they can access prison health staff. In addition, sick inmates are sent away from referral hospitals due to the lack of beds and the insufficient financial contribution of the state in financing prison health care. In fact, in 2021, for an estimated prison population of 322 individuals, the amount of the budget allocated to health for the Korhogo Correctional Facility was 769382 f CFA (1173€). In Abidjan, this amount ranged from 8 to 10 million CFA francs (12196€ to 15245€) for a prison population of more than 8000 inmates. These amounts only take into account pharmaceutical products not delivered by the Government and veterinary products for the poultry farm in Korhogo prison. The costs of laboratory examinations and health services outside the prisons are therefore excluded from these budgets (TAPE B. S. A. *and al.*, 2021, p.72). As a result, some prisoners die for lack of adequate treatment, while others spread contagious diseases due to promiscuity. The resurgence of certain epidemics such as scabies is also observed.

5. Health Situation in the ACF and KCF

The health situation in the Abidjan these two correctional facilities is assessed through the health infrastructure, the health care staff, the health profile of the inmates and the pathologies contracted during the period of incarceration in relation to the conditions of detention of the respondents.

5.1. Infrastructures, Health Care Staff and Health Profile of Inmates

Within the ACF, the health care offer is materialized by the Urban Health Center of the Public Prison Dispensary (UHCPPD). It provides general and specialized medical services (gynecology, PPH (pneumoptysiology), prenatal care, HIV-AIDS). It also has a laboratory and an X-ray service. A total of 29 health workers with various skills work in these different services: 3 doctors, 13 nurses, 2 midwives, 5 nurses' aides, 2 laboratory and X-ray engineers, 2 psychiatrists, 3 pharmacy technicians. In this health center, in addition to observation and hospitalization beds, there is a centrifuge (separating raw blood from serum), a mixer (mixing reagent and blood to give a result), a microscope (identifying BK), a semi-automat (dosing the examinations to obtain the results of creatinine, urea, glycemia) and a PIMA™ (observing the CD4 of HIV). The pathologies for which the inmates require the prison health services are numerous. However, the most recurrent are malaria, acute respiratory infections (ARI), dermatitis, beriberi, tuberculosis, and HIV-AIDS. In 2020, according to the prison health services registry, out of all the consultations recorded, there were 6088 cases of ARI, 3872 cases of malaria against 3790 cases of dermatosis (pustulosis, mycosis due to humidity) and 1473 cases of beriberi (avitaminosis B).

Unlike the ACF, the Korhogo Correctional Facility (KCF) does not have an Urban Health Center of Public Prison Dispensary (UHCPPD). It houses an infirmary with a standard technical equipment (blood pressure meter, consultation and observation bed, height gauge, gynecological lamp, weighing scales) and is separated from the inmates by a common wall. Only one nurse is the health staff of this infirmary. The pathologies contained in the consultation register are identical to those encountered at the ACF.

5.2. Pathologies Contracted during the Respondents' Period of Detention

The pathologies contracted by the respondents during their period of detention are contained in table 7. With the help of health specialists, some of these illnesses were classified as acute respiratory infections (ARI). These are angina, nasopharyngitis, influenza and pneumonia.

Table 7: Distribution of respondents according to pathologies contacted during detention

Diseases contracted in detention	KCF		ACF		KCF and ACF Balance Sheet	
	Number	Proportion	Number	Proportion	Number	Proportion
Malaria <i>Plasmodium</i>	5	29%	6	24%	11	26%
Acute Respiratory Infections (ARI) (<i>angina, nasopharyngitis, influenza, pneumonia</i>) <i>Adenovirus, Hinovirus, Orthomyxoviridae, Streptococcus pneumoniae</i>	2	12%	4	16%	6	14%
Beriberi <i>Thiamine</i>	5	29%	3	12%	8	20%
Tuberculosis <i>Mycobacterium tuberculosis</i>	1	6%	4	16%	5	12%
Scabies <i>Sarcoptes</i>	4	24%	7	28%	11	26%
Coronavirus <i>Covid-19</i>	0	0%	1	4%	1	2%
Total	17	100%	25	100%	42	100%

Source: Field survey; TAPE, 2021

The results contained in Table 7 reveal that during the period of incarceration at the Korhogo Correctional Facility (KCF), the respondents were victims of several pathologies Malaria (*Plasmodium*) and beriberi (*Thiamine*) affected 29% of the respondents, compared to 24% for scabies (*Sarcoptes*) and 12% for ARI (*Adenovirus, Hinovirus, Orthomyxoviridae, Streptococcus pneumoniae*). Tuberculosis (*Mycobacterium tuberculosis*) infected 6% of statistical units.

In Abidjan, 28% of the respondents who stayed at the ACF contracted scabies (*Sarcoptes*), 24% malaria (*Plasmodium*) against 16% for tuberculosis (*Mycobacterium tuberculosis*) and ARI (*Adenovirus, Hinovirus, Orthomyxoviridae, Streptococcus pneumoniae*). 12% were victims of vitamin B1 deficiency (beriberi *Thiamine*). And unlike the KCF, the ACF recorded one case of coronavirus disease (*covid-19*).

In sum, out of the 42 individuals surveyed, 26% had contracted malaria and scabies respectively during their period of detention, compared to 20% for beriberi and 14% for ARI. Among these respondents, 12% contracted tuberculosis and 2% contracted COVID-19. According to health specialists, these diseases are transmitted in most cases by direct contact with the respiratory secretions of a contaminated individual via droplets emitted when coughing, sneezing and spitting, by direct skin contact, by mosquito bites, by nutritional deficiencies and by a vitamin B1 deficiency. For prison health staff, the main risk factors for infection among inmates are overcrowding and poor environmental conditions in which all inmates live.

Discussion

According to Dr. Pandya (PRI, 2000, p.10), the sanitary conditions in Malawi's prisons reflect the situation that prevails in African prisons. A reservoir of infectious diseases and very poor prison conditions, Malawi's prisons are characterized by overcrowding and lack of sanitation and clean running water. This situation seems to be similar to that of the Abidjan and Korhogo Correctional Facilities. In fact, these two prisons, which are designed to accommodate 1,600 inmates, house 8,290 individuals with an occupancy rate of 518%. Furthermore, the causes of this overcrowding lie in the excessive use of preventive detention, the lack of knowledge of inmates of their rights and the failure to take into account age criteria. In addition, there is a shortage of judges and a lack of rigorous monitoring of the enforcement of sentences. Indeed, the precarious conditions of detention aggravated by the promiscuity of several prisoners in small cells, as well as the scarcity and poverty of food, are detrimental to the health of inmates and constitute a risk factor for contamination and the spread of disease. Thus, in 2020 at the ACF, out of all the consultations recorded, there were 6088 cases of ARI, 3872 cases of malaria against 3790 cases of dermatosis (pustulosis, mycosis due to humidity) and 1473 cases of beriberi (avitaminosis B). Also, out of 100% of the individuals subjected to this study, 26% caught malaria and scabies respectively during their detention period, 20% for beriberi, 14% for ARI, 12% for tuberculosis and 2% for COVID-19. And yet according to Nembrini G. P. (2013, p.12) measures of deprivation of liberty must in no case, whatever the circumstances, be aggravated by treatment or material conditions of detention that violate the dignity of the person and his or her rights. Given the low level of state funding for prison health care, inmates' access to health care is hampered. Several studies have revealed the environment in which detainees live in Côte d'Ivoire. For Macadre O. and al (2020, p.1), the impossibility of seeing their loved ones and the threat of Covid-19 constitute new difficulties for prisoners who are dependent on the outside world, undernourished and weakened by disastrous sanitary conditions. The report of the visit of the Human Rights Commission also noted that, in general, Ivorian prisons did not comply with the standards required for a prison. In almost all of them, the cells are very damp and flooded when it rains, and the medical care of prisoners is made difficult by the inadequacy of equipment, the weakness or poor quality of the technical platform, and the unavailability of medicines (NHRCCI, 2018, p.8-9). Similarly, according to the Ministry of Justice of Côte d'Ivoire, prison overcrowding is

linked to the relative weakness of dedicated infrastructure and the high number of cases to be processed per magistrate (MJDH, 2019, p.15). As a solution to decongest prisons and reduce pressure on prisoners, the state has taken measures to accelerate the processing of cases, to increase controls on pre-trial detention so that the rate of detained defendants does not exceed 33%, and to grant remissions through presidential pardons (Traore D. *and al.*, 2020, p.5). However, these measures do not seem to be sufficient in view of the excess number of inmates. This is why, according to the United Nations Subcommittee on Prevention of Torture (UNSPPT), the solution lies in the length of pre-trial detention. According to the SPT, the length of pretrial detention contributes to prison overcrowding, exacerbating existing problems with conditions of detention and relations between inmates and staff. It also increases the burden on the courts. And from the perspective of abuse prevention, it raises serious concerns about an already overburdened system (United Nations/Subcommittee on Prevention of Torture (UNSPPT), 2011, In PRI, 2013, p.1). As in Africa, in Europe there are also difficulties in the prison environment. In France, despite the quantitative and qualitative improvement in access to care for inmates, the permanence of care is insufficiently ensured and the poor distribution of specialized psychiatric care remains low while the incarcerated population presents numerous mental pathologies. (Guerin G. *and al.*, 2003, p.34).

Conclusion

Despite the efforts made by the Government and prison authorities to improve life in Ivorian prisons, concerns remain within the Abidjan and Korhogo Correctional Facilities. The overcrowding of prisons associated with poor living conditions in prisons negatively impact the health of the inmates in these different prisons while less than 1/3 of the budget to be rented to the prisons is devoted to health. It is therefore imperative that the problems be part of a global approach involving the State, academics, lawyers, NGOs and the United Nations so that a consensual and definitive solution related to criminal justice can be found in order to improve the process of enforcing sentences on the one hand and life in prison on the other. However, it would be illusory to believe that life in detention would be equivalent to life in freedom.

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