

Introduction

1. Pursuant to the leave of the President, the Prosecutor files this Response to Prisoner Taylor's "Taylor's Request for Temporary Transfer to a Safe Third Country to Continue His Imprisonment Due to Massive Outbreak of COVID-19 in the UK" ('The Motion').¹
2. Prisoner Taylor's Request for transfer from the United Kingdom (UK) to a safe third country lacks factual and legal basis, his second since being sent to serve his sentence in that country, and should be dismissed for lack of merit. Not only has Prisoner Taylor failed to make a convincing case for the requested transfer in this, his latest attempt, but he is seeking to circumvent this Court's decision on his last application which was dismissed for lack of merit.²
3. Prisoner Taylor's request for transfer to an unnamed 'safe third country' demonstrates a woeful lack of grasp of the reality the world community faces from the threat of the COVID-19 Pandemic, or is at best, a willful and insensitive disregard for the social and economic stresses the global community is having to put up with from this crisis. Far from being genuinely concerned about his health and wellbeing from the COVID-19 threat, Prisoner Taylor is rather, seeking to capitalize on the moment basing his strategy on highly speculative non-fact scenarios and an over-stretched notion of right to protection of life obligations on authorities, to explore possibilities for a selfish gain.
4. Notwithstanding that COVID-19 infection rates in the UK have admittedly been very high, Prisoner Taylor's ill-timed motion fails to take into consideration the steadily improving climate of the COVID-19 in the country that has led to significant relaxing of restrictions on the public in light of the declining rates of infection, hospitalization and deaths.³ Nor has Prisoner Taylor, considered the relatively robust preventive measures currently in place

¹*Prosecutor v. Charles Ghankay Taylor*, RSCSL-03-01-ES-1442, Public, Taylor's Request for Temporary Transfer to a Safe Third Country to Continue His Imprisonment Due to Massive Outbreak of COVID-19 in the UK, 15 June 2020.

²*In the Matter of Charles Ghankay Taylor*, RSCSL-03-01-ES-1437, Public, Decision on Charles Ghankay Taylor's Motion for Termination of Enforcement of Sentence in the United Kingdom and for Transfer to Rwanda, **And On** Defence Application for Leave to Appeal Decision on Motion for Termination of Enforcement of Sentence in the United Kingdom and for Transfer to Rwanda, 21 May 2015.

³UNITED KINGDOM: Coronavirus: UK reduces COVID-19 alert level amid a 'steady decrease in cases', By Lauren Chadwick & Euronews, see, <https://www.euronews.com/2020/06/19/coronavirus-uk-reduces-covid-19-alert-level-amid-a-steady-decrease-in-cases> (Last Visited 22 June 2020)

within the UK prison system,⁴ including in his own particular circumstance as a Category A prisoner at HMP Frankland, the low risk of his exposure to COVID-19 due to his relative insulation from much of the wider prison population.

Prisoner Taylor's Motion is ill-timed and at odds with reality

5. Prisoner Taylor's motion seeking transfer from the UK, a modern highly developed western country, to an unnamed 'safe third country' is completely at odds with the factual reality about the COVID-19 situation in the UK and bereft of reasoning. To seek to be transferred from prison in the UK in the face of a pandemic to an unnamed 'safe third country', is a misunderstanding of the true meaning of the word 'pandemic', which has been defined as, "occurring over a wide geographical area and affecting an exceptionally high proportion of the population"⁵
6. Despite his having correctly referenced the World Health Organisation's (WHO) declaration of COVID-19 as a pandemic on 11 April 2020,⁶ and absencing any suggestion of an ulterior motive, it would appear that Prisoner Taylor fails to grasp the fact that COVID-19 has since been progressively hitting every country on the globe, with fears about the worst cases being over countries with weak health care systems or undeveloped public health infrastructure. A glance at the latest WHO COVID-19 statistics shows that every country has been affected, each at varying stages of the infection curve.⁷ Therefore, to seek to be transferred as a prisoner from the UK at this time by anyone to an unnamed, and so-called, 'safe third country' is downright unthinkable. The transfer, if granted, would place Prisoner Taylor at significantly greater danger than he currently enjoys in the relative safe confines of HMP Frankland.

⁴ Guidance: Coronavirus (COVID-19) and Prisons: This page provides guidance for families and friends of those in prison in England and Wales during the coronavirus pandemic. Published 13 March 2020, see <https://www.gov.uk/guidance/coronavirus-covid-19-and-prisons#what-we-are-doing-to-keep-people-safe-in-prisons>;

⁵Merriam-Webster, see <https://www.merriam-webster.com/dictionary/pandemic> (Last visited 22 June, 2020); See also, Cambridge Dictionary, "(of a disease) existing in almost all of an area or in almost all of a group of people, animals, or plants", <https://dictionary.cambridge.org/dictionary/english/pandemic> (Last visited 22 June 2020).

⁶Motion, para. 6

⁷As at 17 June 2020, 214 countries (virtually every country in the world) were affected.

See, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200617-covid-19-sitrep-149.pdf?sfvrsn=3b3137b0_8 (Last visited 22 June 2020)

7. Similarly, by raising such arguably palpable fears and concern about the threat of COVID-19 to his health and wellbeing in his motion, Prisoner Taylor exposes a willful disregard for the robust measures implemented within the UK's prison system to stem any uncontrollable spread of the virus since its outbreak. There is no gainsaying that early cases of the spread of the virus did affect the UK's prison population, as it did other sectors of the society. But the authorities were reassuringly quick to invoke the prison system's own existing measures for containing outbreak and spread of infectious diseases, including imposing a temporary suspension on prison visits by the public as well as enforcing the standard COVID-19 prevention measures – social distancing and washing of hands.⁸ In addition, they addressed prison overcrowding by transferring some lower category prisoners from highly populated prisons⁹ and processed the release of up to 4,000 prisoners mostly with two months or less of their sentence remaining, excluding serious offenders with conviction for violent crimes, rape, terrorism, and the like.¹⁰ By about 28 April, 2020 - more than six weeks before Prisoner Taylor filed his motion, the cumulative effect of these measures had resulted in extremely great success in containing the spread.¹¹ Prisoner Taylor nevertheless ignored these facts and chose to raise speculative and unfounded fear and concern in his 15 June 2020 Motion.
8. Furthermore, Prisoner Taylor's motion is grossly off the mark in so far as the overall current situation of COVID-19 in the UK is concerned. Despite having had the highest number of cases of infection and deaths in Europe so far, there has already been a steady

⁸“Prison visits are temporarily suspended following instructions for people to stay at home, protect the NHS and save lives. We will update here as soon as this changes.” See, <https://www.justice.gov.uk/contacts/prison-finder/frankland>(Last visited 22 June 2020)

⁹ BBC online news: <http://www.bbc.com/news/uk-england-lancashire-52286711> (Last Visited 22 June 2020): “A small number of ‘vulnerable’ inmates had been moved from Category C HMP Wymott, the Ministry of Justice said”.

¹⁰“Coronavirus: Low-risk prisoners set for early release: Up to 4,000 prisoners in England and Wales to be released in an attempt to control spread – Inmate with 2 months or less”, 04 April, 2020, See, <http://www.bbc.com/news/uk-52165919> (Last visited 22 June 2020); Also, Press Release from Ministry of Justice: Measures announced to protect NHS from coronavirus risk in prisons Risk-assessed prisoners who are within two months of their release date will be temporarily released from jail, as part of the national plan to protect the NHS and save lives. Published 4 April 2020, see, <https://www.gov.uk/government/news/measures-announced-to-protect-nhs-from-coronavirus-risk-in-prisons> (Last Visited 22 June 2020).

¹¹ Press Release from Ministry of Justice and Her Majesty's Prison and Probation Service: Update on COVID-19 in prisons: Prisons Minister Lucy Frazer has provided an update on measures introduced to contain the spread of COVID-19 in our jails. Published 28 April 2020, see, <https://www.gov.uk/government/news/update-on-covid-19-in-prisons> (Last visited 22 June 2020)

improvement in infection rates, hospitalization and deaths since the beginning of June, necessitating the gradual easing of COVID-19 restrictions by the UK Government and lowering of the alert level from Level 4 to Level 3.¹² Again, these are clear indications of improvement in the overall COVID-19 situation which Prisoner Taylor, by bringing this motion ignored or has failed to give credit to.

9. Prisoner Taylor's expressed fears and concern about his health and well-being belie the fact that as a Category A prisoner at HMP Frankland, in Durham, he enjoys something of a privileged prison life that puts him at an extremely lower risk of Corona virus infection than the average prisoner in that prison. In effect, the application portrays him as a privileged prisoner, who to all intents and purposes is downright insensitive to the real problems posed by COVID-19 across the world. It is evident that he is seeking to capitalize on the current grave circumstances to evoke unmerited sympathy, denigrate the UK Prison system and deceive the authorities of the RSCSL.
10. Prisoner Taylor makes references to prisoner releases by many countries as a measure to address the COVID-19 threat and posits that his vulnerability on account of his age, 72, should be a compelling reason why his application for transfer be granted.¹³ These assertions while true, appear to ignore the fact that age in itself is not an automatic licence for early release of prisoners from jail or 'out of harm's way' through a transfer. Decisions to release prisoners have not been made blanket to benefit all vulnerable inmates, but rather are guided by set principles. As noted above, the number of years of imprisonment is a factor in the UK, but also the fact that convicts serving sentences for violent crimes, rape, terrorism, or other serious crimes, are excluded.¹⁴ Similarly, in the US, where age vulnerability played a great part in this consideration - irrespective of the number of years of sentence, a well-known comedian celebrity, Bill Cosby, 82, was denied COVID-19 release because his conviction was for rape.¹⁵ Renowned Hollywood Film producer,

¹²See *fn.* 3

¹³Motion, paras. 6, 11 & 20.

¹⁴See para. 9

¹⁵'Bill Cosby won't get out of prison early, despite coronavirus fears; state trying to 'execute' him, rep says'

Morgan Hines USA TODAY, Published 4:38 PM EDT Apr 19, 2020

<https://eu.usatoday.com/story/entertainment/celebrities/2020/04/18/coronavirus-bill-cosby-remain-prison-through-covid-19-pandemic/5158989002/>(Last visited 22 June 2020); 'Bill Cosby, 82, is denied early release from jail despite

Harvey Weinstein, 68, who is also serving term for rape, was never considered for release even after contracting the virus in prison.¹⁶ The revulsion of the community over the nature of the crimes committed is undoubtedly a key consideration. The Prosecutor urges the President to apply this reasoning in his disposition of Prisoner Taylor's motion.

Prisoner Taylor's Motion is premised on flawed legal bases

11. The motion's central argument is that the RSCSL is vested with sufficient authority under Article 9(2) of the Sentence Enforcement Agreement and Article 23(2) of the Statute to order the transfer of Prisoner Taylor,¹⁷ and that the Court's expressed and inherent powers cannot be trumped by the UK's authority or responsibility to manage the conditions of imprisonment.¹⁸ While in theory, it is from the power to supervise enforcement of sentences that all other rights, duties and authority to manage the conditions of imprisonment derive, there is nothing prohibiting the RSCSL from allowing the state of enforcement more authority on matters that it lacks capacity or technical ability to manage, especially relating to the day-to-day conditions of imprisonment during a pandemic.
12. Thus, absent any consideration at this stage of the question of merit of the application, the Prosecutor takes the view that the current COVID-19 situation is one where the Court can leave it to the state of enforcement to apply what measures it deems appropriate for the entire prison population as long as those measures do not contravene the court's own policy or rules of detention. It is submitted that such an arrangement would not in any way detract from the RSCSL's expressed or inherent powers to continue supervising enforcement of Prisoner Taylor's sentence.
13. Prisoner Taylor makes wild assertions that the threat to his health and wellbeing from COVID-19 amounts to a violation of his right to life and personal dignity and cites a

dozens of COVID-19 infections inside his prison and a fellow inmate dying from the virus', By Andrew Court For DailyMail.Com, Published 20:35 BST 18 April 2020, <https://www.dailymail.co.uk/news/article-8232993/Bill-Cosby-82-denied-early-release-jail-despite-COVID-19-outbreak-prison.html> (Last visited 22 June 2020).

¹⁶ The Western Journal: Harvey Weinstein Tests Positive for COVID-19, Falls into High-Risk Category: Report, By Jack Davis, Published March 22, 2020 at 3:05 pm, see, <https://www.westernjournal.com/harvey-weinstein-tests-positive-covid-19-falls-high-risk-category-report/> (Last visited 22 June 2020)

¹⁷Motion, para. 9

¹⁸Motion, para 16

number of European Court of Human Rights cases in support of these assertions. These assertions are deeply flawed in that they are unsupported by the authorities cited in the present circumstances. It is quite correct that a positive legal duty under Article 2 of the European Convention – (the right to life) is imposed upon any authority – police, prison, etc., that takes a person into custody to ensure that they protect that person’s life, and this includes ensuring that the person under their charge does not come to any harm, actual or foreseeable, that may result in their death, especially in unexplained or suspicious circumstances. However, the cases cited also state in unison that, ‘*such an obligation must be interpreted in a way which does not impose an impossible or disproportionate burden on the authorities bearing in mind the difficulties involved in policing modern societies, the unpredictability of human conduct and the operational choices which must be made in terms of priorities and resources. Accordingly, not every claimed risk to life can entail a Convention requirement for the authorities to take operational measures to prevent that risk from materialising*’ (Emphasis mine).¹⁹

14. Furthermore, the cited authorities in unison state, ‘*A positive obligation will arise, the Court has held, where it has been established that the authorities knew or ought to have known at the time of the existence of a real and immediate risk to the life of an identified individual by a third party or himself and that they failed to take measures within the scope of their powers which, judged reasonably, might have been expected to avoid that risk*’ (Emphasis mine).²⁰

15. It is quite evident that these exceptions under the imposed obligation to protect life that Prisoner Taylor has so heavily relied upon, completely negate this duty on the part of the UK Prison authorities and by implication, the RSCSL. It would be inaccurate and unfair, given the highlighted conditions of his incarceration and the efforts so far taken by the authorities within the scope of the state’s resources to prevent the spread of the virus, for Prisoner Taylor to say that the HMP Frankland authorities, being aware of the risk of

¹⁹*Keller v Russia*: ECHR 17 October 2013, Application no. 26824/04, para.81, see, [https://hudoc.echr.coe.int/eng#{"itemid":\["001-126907"\]}](https://hudoc.echr.coe.int/eng#{) (Last Visted 22 June 2020); *Turluyeva v Russia*: ECHR 20 June 2013, Application no.63638/09, para. 91, see see [https://hudoc.echr.coe.int/eng#{"itemid":\["001-120970"\]}](https://hudoc.echr.coe.int/eng#{) (Last Visited 22 June 2020)

²⁰*Keller v Russia, idem*, para.82; *Turluyeva v Russia, ibid.*

COVID-19 infection to its prisoners, failed to take reasonable measures within the scope of their powers.

16. There is no gainsaying that prisoners are entitled to the enjoyment of certain fundamental rights and freedoms while in jail. But central to this principle is the acceptance that enjoyment of such rights and freedoms is curtailed, and where applicable, should be subject to a fair balance that ensures society's interests in seeing prison sentences served, is not trumped. Such a balance is indeed very much considered and crafted in standard prison rules, especially as they relate to a prisoner's right to health care, or to secure his well-being or enjoyment of the right to life. The United Nations (1990) Basic Principles for the Treatment of Prisoners for instance set out that "prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation"²¹
17. Prisoner Taylor seeks to bolster his arguments by making reference to the practice of transfer of prisoners by international tribunals, citing specifically the cases of Thomas Lubanga Dyilo and Germaine Katanga, transferred from the Hague Detention Centre to their home country the Democratic Republic of Congo (DRC), and suggesting that the RSCSL should follow this as a matter of good practice. Prisoner Taylor himself in the same breath admits the inanity of his argument when he acknowledged that 'the transfer by the ICC in those cases was not for reasons similar to those in the present application'.²² But even beyond this, the reference to these two cases is fundamentally flawed because what Prisoner Taylor refers to as a transfer, is in essence the designation of a state of enforcement of sentence for these two convicted prisoners under Article 103 of the Rome Statute - the

²¹Principle 9, A/RES/45/111, see, <https://www.ohchr.org/EN/ProfessionalInterest/Pages/BasicPrinciplesTreatmentOfPrisoners.aspx> (Last Visited 22 June 2020)

²²Motion, para. 10

first time the ICC Presidency was using this provision,²³ not a transfer of a convicted prisoner from his designated state of enforcement to another state, as in the present case.

18. In dismissing the application of Laurent Semanza, 76, for provisional release due to the current COVID-19 situation, the President of the International Residual Mechanism for Criminal Tribunals (IRMCT), took into valid consideration and was assured from information received, that the prison authorities in the state of enforcement (Benin) were taking appropriate measures in relation to the management of the coronavirus pandemic.²⁴

Prisoner Taylor's motion unfairly criticizes the RSCSL

19. Prisoner Taylor's motion makes unfair and unwarranted criticism of the RSCSL's effort to provide information and guidance about COVID-19 to its prisoners, complaining that the Court has not specifically developed a COVID-19 policy for application at HMP Frankland.²⁵ His argument that the measures recommended do not go far enough to address his particular concern is again resonant of the selfishness and insensitivity that surround his submissions. In a pandemic such as this, states generally follow WHO policy and guidance, coupled with guidance provided by their own national public health institutions. These are then fleshed out to suit specific in-country situations, but not tailored to suit any individual's preference or circumstance. Prisoner Taylor has not shown any special circumstances of his that would necessitate special treatment, nor why the COVID-19 policy guidelines provided to HMP Frankland should be tailored to suit his own special circumstances.
20. The criticism ignores the fact that the steps taken by the RSCSL were only complementary to measures actually applied by the prison authorities in the state of enforcement, with whom the day-to-day management of prison condition rests entirely, subject to RSCSL's

²³Press Release: 19 December 2015, Thomas Lubanga Dyilo and Germain Katanga transferred to the DRC to serve their sentences of imprisonment, ICC-CPI-20151219-PR1181, see <https://www.icc-cpi.int/Pages/item.aspx?name=pr1181&ln=en> (Last Visited 22 June 2020).

²⁴ *Prosecutor v. Laurent Semanza*, MICT-13-36-ES.2-880, Decision on Motion for Provisional Release, 21 April 2020, pg. 6.

²⁵Motion, para. 7

supervision. As expressed earlier, this is one situation where the Court leaves it up to the state of enforcement to apply what measures it deems appropriate for the entire prison population as long as they are not contrary to the court's own policy or rules of detention.

Conclusion

21. In sum, the President should dismiss Prisoner Taylor's motion for lack of merit factually and legally. Not only are the facts relied on inaccurate, unsupported or speculative, the legal arguments are flawed or are premised on judicial authorities that are unresponsive of those arguments.
22. Rather than convey genuine concern or fear for Prisoner Taylor's health and wellbeing from the COVID-19 threat, the motion portrays him instead as on an expedition to once again test the resolve and steadfastness of the Court in executing its function, supervising enforcement of his sentence. In this regard, it is not unreasonable to conclude that this is an attempt by Prisoner Taylor to circumvent the 2014 decision by the RSCSL President denying his first application for transfer, despite his pre-emptive denial of this fact.
23. Assuming *arguendo*, that the request for transfer had some merit to it and was worthy of consideration, Prisoner Taylor makes it impossible to still grant same by his failure to name the particular 'safe third country' he wishes to be transferred to. In a situation as this, where he remains a prisoner and his health, safety and wellbeing are all issues at play, the specific location he intends to be transferred to should be among the key facts before the President for his consideration. The request is thus vague and should merit no consideration.
24. In light of all the above, the President should dismiss Prisoner Taylor's motion without further consideration.

Filed on 24 June 2020



James C. Johnson

The Prosecutor

List of Authorities

(Where provided, authorities are separated by annexes, numbered as listed, Annex 1 – 19)

RSCSL

1. *Prosecutor v. Charles Ghankay Taylor*, RSCSL-03-01-ES-1442, Public, Taylor's Request for Temporary Transfer to a Safe Third Country to Continue His Imprisonment Due to Massive Outbreak of COVID-19 in the UK, 15 June 2020.
2. *In the Matter of Charles Ghankay Taylor*, RSCSL-03-01-ES-1437, Public, Decision on Charles Ghankay Taylor's Motion for Termination of Enforcement of Sentence in the United Kingdom and for Transfer to Rwanda, And On Defence Application for Leave to Appeal Decision on Motion for Termination of Enforcement of Sentence in the United Kingdom and for Transfer to Rwanda, 21 May 2015.

United Nations (UN)

3. A/RES/45/111, Principle 9, see <https://www.ohchr.org/EN/ProfessionalInterest/Pages/BasicPrinciplesTreatmentOfPrisoners.aspx> (Last Visited 22 June 2020)

International Residual Mechanism for Criminal Tribunals (IRMCT)

4. *Prosecutor v. Laurent Semanza*, MICT-13-36-ES.2-880, Decision on Motion for Provisional Release, 21 April 2020, pg. 6.

International Criminal Court (ICC)

5. *Press Release*: 19 December 2015, Thomas Lubanga Dyilo and Germain Katanga transferred to the DRC to serve their sentences of imprisonment, ICC-CPI-20151219-PR1181, see <https://www.icc-cpi.int/Pages/item.aspx?name=pr1181&ln=en> (Last Visited 22 June 2020)

European Court of Human Rights (ECtHR)

6. *Keller v Russia*: ECHR 17 October 2013, Application no. 26824/04, para.8, see [https://hudoc.echr.coe.int/eng#{"itemid":\["001-126907"\]}](https://hudoc.echr.coe.int/eng#{) (Last Visted 22 June 2020)
7. *Turluyeva v Russia*: ECHR 20 June 2013, Application no.63638/09, para. 91, see [https://hudoc.echr.coe.int/eng#{"itemid":\["001-120970"\]}](https://hudoc.echr.coe.int/eng#{) (Last Visited 22 June 2020)

Other Sources

8. UNITED KINGDOM: Coronavirus: UK reduces COVID-19 alert level amid a 'steady decrease in cases', By Lauren Chadwick & Euronews, see <https://www.euronews.com/2020/06/19/coronavirus-uk-reduces-covid-19-alert-level-amid-a-steady-decrease-in-cases> (Last Visited 22 June 2020)
9. Guidance: Coronavirus (COVID-19) and Prisons: This page provides guidance for families and friends of those in prison in England and Wales during the coronavirus pandemic. Published 13 March 2020, see <https://www.gov.uk/guidance/coronavirus-covid-19-and-prisons#what-we-are-doing-to-keep-people-safe-in-prisons> (Last Visited 22 June 2020)
10. Merriam-Webster, see <https://www.merriam-webster.com/dictionary/pandemic> (Last visited 22 June, 2020);
11. Cambridge Dictionary, “(of a disease) existing in almost all of an area or in almost all of a group of people, animals, or plants”, <https://dictionary.cambridge.org/dictionary/english/pandemic> (Last visited 22 June 2020)
12. As at 17 June 2020, 214 countries (virtually every country in the world) were affected. See, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200617-covid-19-sitrep-149.pdf?sfvrsn=3b3137b0_8 (Last visited 22 June 2020)
13. “Prison visits are temporarily suspended following instructions for people to stay at home, protect the NHS and save lives. We will update here as soon as this changes.” See, <https://www.justice.gov.uk/contacts/prison-finder/frankland> (Last visited 22 June 2020)
14. ‘Coronavirus: Low-risk prisoners set for early release: Up to 4,000 prisoners in England and Wales to be released in an attempt to control spread – Inmate with 2 months or less’, 04 April, 2020, See, <http://www.bbc.com/news/uk-52165919> (Last visited 22 June 2020)
15. Press Release from Ministry of Justice: Measures announced to protect NHS from coronavirus risk in prisons Risk-assessed prisoners who are within two months of their release date will be temporarily released from jail, as part of the national plan to protect the NHS and save lives. Published 4 April 2020, see, <https://www.gov.uk/government/news/measures-announced-to-protect-nhs-from-coronavirus-risk-in-prisons> (Last Visited 22 June 2020).

16. Press Release from Ministry of Justice and Her Majesty's Prison and Probation Service: Update on COVID-19 in prisons: Prisons Minister Lucy Frazer has provided an update on measures introduced to contain the spread of COVID-19 in our jails. Published 28 April 2020, see <https://www.gov.uk/government/news/update-on-covid-19-in-prisons> (Last visited 22 June 2020)
17. Bill Cosby won't get out of prison early, despite coronavirus fears; state trying to 'execute' him, rep says' Morgan Hines USA TODAY, Published 4:38 PM EDT Apr 19, 2020 <https://eu.usatoday.com/story/entertainment/celebrities/2020/04/18/coronavirus-bill-cosby-remain-prison-through-covid-19-pandemic/5158989002/>(Last visited 22 June 2020)
18. 'Bill Cosby, 82, is denied early release from jail despite dozens of COVID-19 infections inside his prison and a fellow inmate dying from the virus', By Andrew Court For DailyMail.Com, Published 20:35 BST 18 April 2020, <https://www.dailymail.co.uk/news/article-8232993/Bill-Cosby-82-denied-early-release-jail-despite-COVID-19-outbreak-prison.html> (Last visited 22 June 2020).
19. The Western Journal: Harvey Weinstein Tests Positive for COVID-19, Falls into High-Risk Category: Report, By Jack Davis, Published March 22, 2020 at 3:05 pm, see, <https://www.westernjournal.com/harvey-weinstein-tests-positive-covid-19-falls-high-risk-category-report/> (Last visited 22 June 2020)

Annex 3

UN Basic
Principles for
Treatment of
Prisoners



WHAT ARE HUMAN RIGHTS?

DONATE

[HOME](#)[ABOUT US](#)[ISSUES](#)[HUMAN RIGHTS
BY COUNTRY](#)[WHERE WE
WORK](#)[HUMAN RIGHTS
BODIES](#)[NEWS AND
EVENTS](#)[PUBLICATIONS AND
RESOURCES](#)[English](#) > [Professional Interest](#) > [Basic Principles for the Treatment of Prisoners](#)[Text in PDF Format](#)**See also**[The core international human rights instruments](#)[Universal human rights instruments](#)[Charter of the United Nations](#)[The International Bill of Human Rights](#)[Universal Declaration of Human Rights 1948](#)**Links**[Human rights conferences](#)[Human rights bodies](#)[Publications](#)[The 20th Anniversary of the OHCHR](#)[VDPA booklet \(20th anniversary edition - PDF\)](#)**Basic Principles for the Treatment of Prisoners****Adopted and proclaimed by General Assembly resolution 45/111 of 14 December 1990**

1. All prisoners shall be treated with the respect due to their inherent dignity and value as human beings.
2. There shall be no discrimination on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
3. It is, however, desirable to respect the religious beliefs and cultural precepts of the group to which prisoners belong, whenever local conditions so require.
4. The responsibility of prisons for the custody of prisoners and for the protection of society against crime shall be discharged in keeping with a State's other social objectives and its fundamental responsibilities for promoting the well-being and development of all members of society.
5. Except for those limitations that are demonstrably necessitated by the fact of incarceration, all prisoners shall retain the human rights and fundamental freedoms set out in the Universal Declaration of Human Rights, and, where the State concerned is a party, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights and the Optional Protocol thereto, as well as such other rights as are set out in other United Nations covenants.
6. All prisoners shall have the right to take part in cultural activities and education aimed at the full development of the human personality.
7. Efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged.
8. Conditions shall be created enabling prisoners to undertake meaningful remunerated employment which will facilitate their reintegration into the country's labour market and permit them to contribute to their own financial support and to that of their families.
9. Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.
10. With the participation and help of the community and social institutions, and with due regard to the interests of victims, favourable conditions shall be created for the reintegration of the ex-prisoner into society under the best possible conditions.
11. The above Principles shall be applied impartially.

CONTACT US

[Home](#)

[Site Map](#)

[Frequently Asked Questions](#)

© OHCHR 1996-2020

[OHCHR on Social Media](#)

[OHCHR Memorial](#)

[Employment](#)

[Mobile App](#)

Annex 5

ICC Ins. N/A

Resources for



Press Release : 19 December 2015 | English, Français

Thomas Lubanga Dyilo and Germain Katanga transferred to the DRC to serve their sentences of imprisonment

ICC-CPI-20151219-PR1181

On 19 December 2015, Thomas Lubanga Dyilo and Germain Katanga were transferred to a prison facility in the Democratic Republic of the Congo ("DRC") to serve their respective sentences of imprisonment. This constitutes the first time that the International Criminal Court (ICC) has designated a State for the enforcement of imprisonment's sentences.

On 8 December 2015, the Presidency of the ICC designated the DRC as the State of enforcement for the sentences of imprisonment of Mr Lubanga and Mr Katanga, pursuant to article 103 of the Rome Statute. The Presidency emphasised that Mr Lubanga and Mr Katanga had each expressed a preference to serve their respective sentences of imprisonment in the DRC, their home country. The Presidency noted that the enforcement of the sentences of imprisonment shall be subject to the supervision of the Court and shall be consistent with

widely accepted international standards governing the treatment of prisoners.

The transfer of Mr Lubanga and Mr Katanga to the DRC occurred with the close cooperation of the DRC authorities and the support of the Dutch and French authorities. On 24 November 2015, the ICC and the DRC finalised an *ad hoc* Agreement in respect of each sentenced person, expressing the willingness of the DRC to accept Mr Lubanga and Mr Katanga for the enforcement of their sentences of imprisonment and providing a framework to govern such enforcement.

Background

Mr Lubanga was sentenced on 10 July 2012 to 14 years of imprisonment by Trial Chamber I, after having been found guilty of the war crimes of conscripting and enlisting children under the age of 15 years and using them to participate actively in hostilities. On 1 December 2014, the Appeals Chamber confirmed the conviction and sentence imposed. The time he has spent in the ICC's custody will be deducted from the sentence imposed. He has been detained at the ICC Detention Centre in The Hague since 16 March 2006.

Germain Katanga was sentenced, on 23 May 2014, to a total of 12 years' imprisonment after being found guilty, as an accessory, of one count of crime against humanity (murder) and four counts of war crimes (murder, attacking a civilian population, destruction of property and pillaging) committed on 24 February 2003 during the attack on the village of Bogoro, in the Ituri district of the Democratic Republic of the Congo. The time spent by Mr Katanga in detention prior to being convicted was deducted from the sentence imposed. On 13 November 2015, a Panel of three Judges of the ICC Appeals Chamber, specifically appointed by the Appeals Chamber, reviewed Germain Katanga's sentence and decided to reduce it. Accordingly, the date for the completion of his sentence is set to 18 January 2016.

The situation was referred to the Court by the DRC Government in April 2004. The Prosecutor opened an investigation in June 2004. In addition to the cases against Mr Lubanga and Mr Katanga, four cases have been brought before the ICC Judges. One accused, Bosco Ntaganda, remains in ICC custody. His trial started on 2 September 2015 and the hearings are scheduled to resume in January 2016. One suspect, Sylvestre Mudacumura, remains at large. Mathieu Ngudjolo Chui has been acquitted by ICC Trial Chamber II, and the charges were not confirmed against Callixte Mbarushimana.

For further information on the Lubanga case and the Katanga case, respectively, [click here](#) and [here](#).

For further information, please contact Fadi El Abdallah, Spokesperson and Head of Public Affairs Unit, International Criminal Court, by telephone at: +31 (0)70 515-9152 or +31 (0)6 46448938 or by e-mail at: fadi.el-abdallah@icc-cpi.int.

You can also follow the Court's activities on YouTube and Twitter

Annex 8

EURONEWS

[UNITED KINGDOM](#)

Coronavirus: UK reduces COVID-19 alert level amid a 'steady decrease in cases'

& Euronews • last updated: 19/06/2020

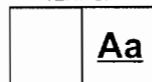


Customers walk along Portobello Road Market in London, Wednesday, May 27, 2020. -Copyright AP Photo/Frank Augstein

SHARE THIS
ARTICLE

UK government officials have announced a reduction in the country's COVID-19 alert level as they slowly phase out lockdown restrictions.

TEXT SIZE



The country's medical officers recommended the country move from Level 4 where "a COVID-19 epidemic is in general circulation and transmission is high or rising exponentially" to Level 3 where "a COVID-19 epidemic is in general circulation".

all four nations," said the four medical officers of England, Scotland, Northern Ireland, and Wales.

"It does not mean that the pandemic is over. The virus is still in general circulation, and localised outbreaks are likely to occur," the medical officers added in a statement posted to the government's website.

"We have made progress against the virus thanks to the efforts of the public and we need the public to continue to follow the guidelines carefully to ensure this progress continues."

There have been more than 42,000 deaths in the United Kingdom and over than 300,000 positive coronavirus cases, which is the highest death toll in Europe.

Health minister Matt Hancock tweeted that this was a "big moment for the country, & a real testament to the nation's determination to beat this virus."

The UK began easing restrictions in early June with the opening of some schools, a move they later dropped, determining that fully opening schools would not be possible until September.

Just last week, Prime Minister [Boris Johnson](#) said the [infection rate](#) was still too high to ease restrictions further.

Stores gradually began opening in the UK in June but restaurants and bars remain closed for the moment.

impacted by the lockdown restrictions.

The UK GDP in April was 25% smaller than it was in February after seeing the biggest fall "the UK has ever seen," according to the Office for National Statistics.

Meanwhile, the number of people claiming unemployment benefits rose by 125.9% since the beginning of lockdown in late March.

Annex 9

UK GOV'

GUIDANCE

13 March 2020



1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Guidance

Coronavirus (COVID-19) and prisons

This page provides guidance for families and friends of those in prison in England and Wales during the coronavirus pandemic.

Published 13 March 2020

Last updated 23 June 2020 — see all updates

From:

Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice>) and Her Majesty's Prison and Probation Service (<https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service>)

Contents

- Prison social visits in England and Wales
- What we are doing to keep people safe in prisons
- Changes to regimes
- Parole Board hearings and trials
- Legal visits
- How we will update you about the impact of coronavirus on prisons
- If you have urgent concerns about someone in prison during the coronavirus outbreak

This page will be updated as new advice becomes available.

Prison social visits in England and Wales

Restrictions due to the coronavirus pandemic remain in place. We are working to resume prison social visits when it is safe to do so. Visit this page for updates.

There are a number of other ways to contact someone in prison if you are unable to visit them. For example you might be able to leave a voice message using the Prison Voicemail Service (<https://prisonvoicemail.com/>) or send them an email using the email a prisoner (<https://www.emailaprisoner.com/>) service. You can also write to them (<https://www.gov.uk/staying-in->

touch-with-someone-in-prison).

As a temporary measure, secure phone handsets (<https://www.gov.uk/government/news/prison-visits-cancelled>) will be given to prisoners at 55 prisons allowing risk-assessed prisoners to speak to a small number of pre-authorised contacts.

There are also a number of other helplines (<https://www.gov.uk/support-for-families-friends-of-prisoners>) that can provide guidance.

Secure video calling has been introduced (<https://www.gov.uk/government/news/secure-video-calls-to-help-prisoners-maintain-family-ties>) in some prisons and young offender institutions (YOIs) across England and Wales with a wider rollout in the coming weeks. Video calls are free for both prisoners and their families while we are dealing with the Covid-19 outbreak. Find out which prisons and institutions have video calling (<https://www.gov.uk/guidance/visit-a-prisoner-using-a-video-call>).

What we are doing to keep people safe in prisons

Prisons have been working closely with public health and NHS services to put robust contingency plans in place. The plans prioritise the safety of staff, prisoners and visitors.

Existing, well-developed procedures are in place to manage outbreaks of infectious diseases and prisons are prepared if cases are identified. Plans are in place for dealing with staff absences if staff working in prisons need to self-isolate.

Handwashing facilities are available to prisoners, staff and visitors and we have worked closely with suppliers to ensure the supply of soap and cleaning materials.

Risk-assessed prisoners who are within two months of their release date will be temporarily released from prison (<https://www.gov.uk/government/news/asures-announced-to-protect-nhs-from-coronavirus-risk-in-prisons>), as part of the national plan to protect the NHS and save lives.

Changes to regimes

The usual regime in prisons has been paused temporarily to apply social distancing. This is vital for keeping prisoners and staff safe and preventing the spread of the virus.

This means prisoners can no longer take part in usual recreational activities such as using the gym, going to worship or visiting the library.

Only essential workers such as kitchen staff or wing cleaners will continue with their jobs but people will still get paid.

Support for prisoners, such as advice on in-cell worship, exercise and managing anxiety will be

provided.

If you are a friend or relative of a prisoner and want to know how this affects prison regimes, see [Coronavirus: Q&A for friends and family of prisoners \(https://www.gov.uk/guidance/coronavirus-qa-for-friends-and-family-of-prisoners\)](https://www.gov.uk/guidance/coronavirus-qa-for-friends-and-family-of-prisoners). We will continue to update and answer your frequently-asked questions.

Parole Board hearings and trials

All face-to-face Parole Board hearings and new jury trials have been temporarily suspended. The Parole Board will progress cases through a combination of remote hearings and a paper review process, sometimes combined with case management hearings.

Find out more about trials (<https://www.gov.uk/guidance/coronavirus-covid-19-courts-and-tribunals-planning-and-preparation>) and Parole Board hearings (<https://www.gov.uk/government/publications/immediate-cancellation-of-all-face-to-face-hearings>).

Legal visits

Urgent work is in progress to enable improved contact between people in prison and their legal teams. This includes increasing video conferencing capacity in prisons. We will update this page when we have further information.

How we will update you about the impact of coronavirus on prisons

If there are changes to the general advice for visitors or the operation of the prison system, we will:

- Update advice on this guidance page
- Issue updates on Twitter @HMPPS (<https://twitter.com/hmppps>) and @MoJGovUK (<https://twitter.com/MoJGovUK>)

We also have a range of ways to communicate advice and guidance to people in prison, including National Prison Radio (<https://prison.radio/national-prison-radio/>)

If you have urgent concerns about someone in prison during the coronavirus outbreak

If you have urgent concerns about someone in prison you should call the prison direct. Contact details are available on the Prison Finder (<https://www.gov.uk/find-prison>).

Prisoners' Families Helpline

info@prisonersfamilies.org

Telephone: 0808 808 2003

Monday to Friday, 9am to 8pm

Saturday and Sunday, 10am to 3pm

Find out about call charges (<https://www.gov.uk/call-charges>)

Families Outside Support and Information Helpline

For prisons in Scotland only

support@familiesoutside.org.uk

Telephone: 0800 254 0088

Monday to Friday, 9am to 5pm

Saturday and Sunday, Closed

Find out about call charges (<https://www.gov.uk/call-charges>)

You can also get help and advice from:

- Prisoners' Families Helpline (<https://www.prisonersfamilies.org/>)
- Partners of Prisoners and Families Support Group (<http://www.partnersofprisoners.co.uk/>)
- Prison Advice and Care Trust (PACT) (<https://www.prisonadvice.org.uk/>)
- Prison Reform Trust (<http://www.prisonreformtrust.org.uk/>)

Published 13 March 2020

Last updated 23 June 2020 + show all updates

1. 23 June 2020

Content updated to say restrictions due to the coronavirus pandemic remain in place.

2. 4 June 2020

Updated information on secure video calling.

3. 15 May 2020

Secure video calls will be introduced to prisons and young offender institutions (YOIs) across England and Wales.

4. 9 April 2020

We have added additional contacts to help families and friends of prisoners who have an urgent concern.

5. 31 March 2020

Updated to provide a link to our Coronavirus: Q&A for family and friends of prisoners

6. 26 March 2020

Updated information about Parole Board hearings and regimes in prisons.

7. 24 March 2020

Added an update to say prison visits are temporarily cancelled.

8. 24 March 2020
Added information about visits being closed to visitors on 24 March
9. 23 March 2020
Updates to list of affected prisons.
10. 18 March 2020
Addition of a confirmed case of coronavirus at HMP Manchester.
11. 17 March 2020
Updated to reflect new guidance issued on 16 March.
12. 13 March 2020
First published.

Related content

- Coronavirus: Q&A for friends and family of prisoners (<https://www.gov.uk/guidance/coronavirus-qa-for-friends-and-family-of-prisoners>)
- Secure video calls with prisoners (<https://www.gov.uk/guidance/visit-a-prisoner-using-a-video-call>)
- COVID-19: Probation Roadmap to Recovery (<https://www.gov.uk/government/publications/covid-19-probation-roadmap-to-recovery>)
- Home detention curfew (<https://www.gov.uk/government/publications/home-detention-curfew>)
- Coronavirus (COVID-19): courts and tribunals planning and preparation (<https://www.gov.uk/guidance/coronavirus-covid-19-courts-and-tribunals-planning-and-preparation>)

Explore the topic

- Prisons and probation (<https://www.gov.uk/crime-justice-and-law/prisons-probation>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)
- Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others>)

Annex 12

WHO Coronavirus

Sitrep 149

Coronavirus disease (COVID-19)

Situation Report – 149

Data as received by WHO from national authorities by 10:00 CEST, 17 June 2020

Highlights

WHO welcomes initial clinical trial results from the United Kingdom that show dexamethasone, a corticosteroid, can be lifesaving for patients who are critically ill with COVID-19. According to preliminary findings shared with WHO, for patients on ventilators, the treatment was shown to reduce mortality by about one third, and for patients who only require oxygen, mortality was cut by about one fifth.

Older people have been severely affected by the COVID-19 pandemic. Leaders from around the world have expressed their concern, and called for a response that addresses the needs and rights of older people.

Dr. Carissa F. Etienne, Director of the WHO Regional Office for the Americas (PAHO), has called on countries to “work together to strengthen the health response within their territories and across frontiers.” in order to contain the spread of COVID-19 among migrant and vulnerable populations in border areas.

PAHO has extended its alliance with Twitter to provide factual, reliable information on the COVID-19 pandemic in the Americas. An agreement recently signed with the platform will enable it to continue training public health social media managers and provide advertising credits to PAHO for the dissemination of evidence-based information.

In today's 'Subject in Focus' below, we provide an update on operations support and logistics supplies.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	8 061 550 cases (119 759)	440 290 deaths (5 494)
Africa	187 625 cases (5 722)	4 346 deaths (111)
Americas	3 899 859 cases (58 250)	205 555 deaths (1 981)
Eastern Mediterranean	817 458 cases (20 699)	18 057 deaths (499)
Europe	2 452 247 cases (18 063)	189 582 deaths (803)
South-East Asia	503 034 cases (16 361)	15 498 deaths (2 089)
Western Pacific	200 586 cases (664)	7 239 deaths (11)

Subject in Focus: WHO support to the COVID-19 response in Africa 12513

Since the first COVID-19 case was reported in Africa in mid-February, the pace of the outbreak has accelerated, taking 98 days to reach the first 100 000 cases and only 19 days to rise to 200 000 cases.

As of 11 June, more than 200 000 cases of COVID-19 and more than 5600 deaths have been reported from Africa – a nearly 30% increase in cases as compared to the previous week.

Many countries have put in place lockdowns and public health measures to promote physical distancing, good hand hygiene and isolating cases and testing and tracing of contacts of people with COVID-19. With the support of WHO and other partners, governments also rapidly scaled up health workforce and laboratory capacities, and set up points-of-entry screening at airports and border crossings.

Over the past week, WHO Regional Office for Africa has supported the rollout of a Partnership to Accelerate Testing in Africa (PACT) to increase testing, tracing and treatment in the region. The initiative aims to train 100 000 health workers, test up to 15 million people per month for next six months and support provision of supportive care to patients.

Since the start of the COVID-19 outbreak, WHO has partnered with the Africa Centres for Disease Control and Prevention (CDC) to provide technical support and coordinate the distribution of medical supplies for the COVID-19 response across Africa.

Africa CDC is also an active partner in the diagnostics purchasing consortium convened by WHO to approach markets through a pooled procurement process in order to access and secure testing supplies amidst unprecedented global demand in response to the COVID-19 pandemic.

Through the consortium, WHO Operations Support and Logistics (OSL) has secured from a number of manufacturers of manual polymerase chain reaction (PCR) tests and has begun shipping to Africa the following diagnostic supplies:

- 227 752 polymerase chain reaction (PCR) tests
- 104 000 sample collection kits

An additional 857 100 PCR tests and 780 300 sample collection kits have been prepared and are awaiting shipment.

WHO, in collaboration with the World Food Programme (WFP), which is distributing personal protective equipment (PPE) cargo for the global COVID-19 response, is in the process of shipping to countries across Africa massive volumes of PPE, including:

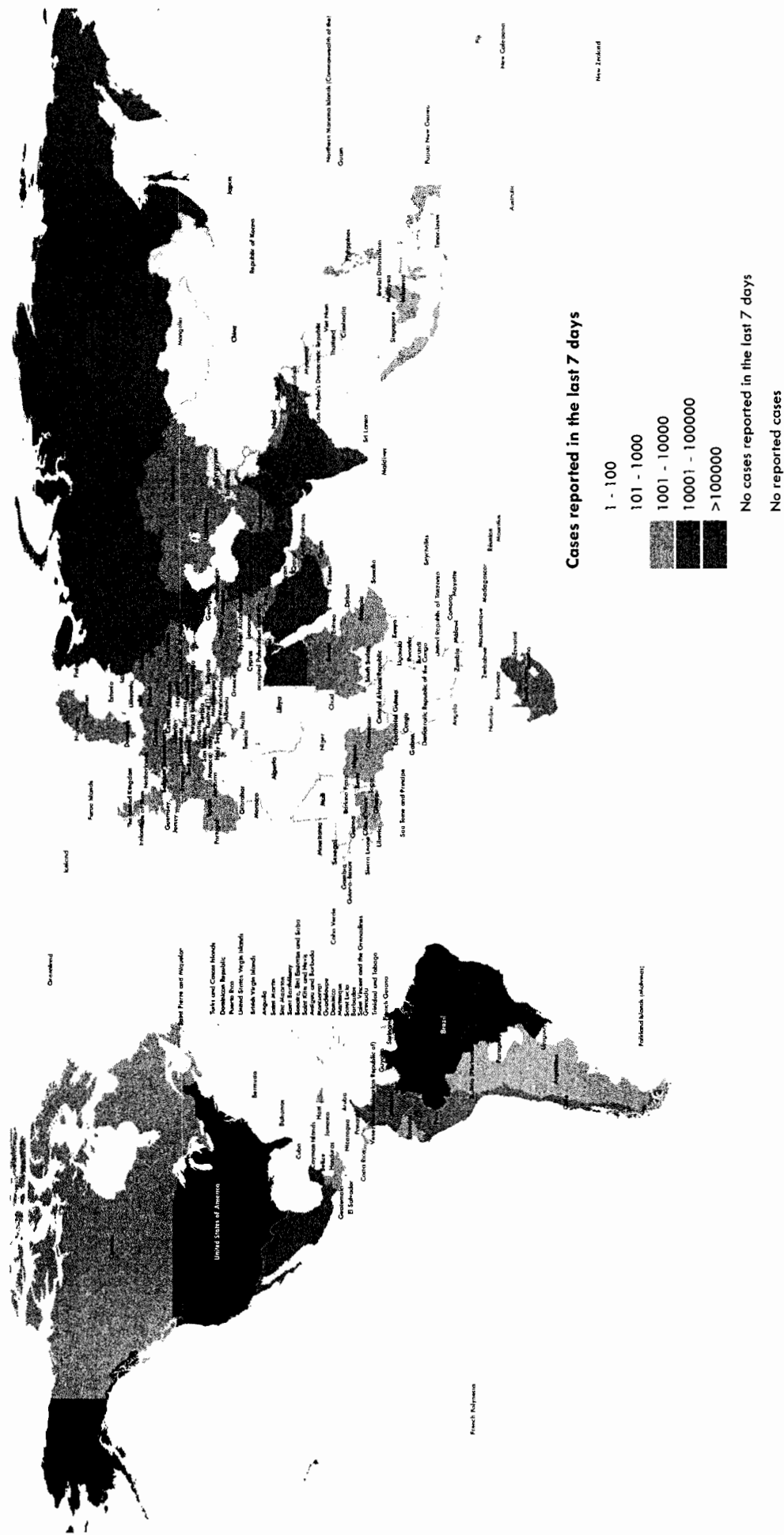
- 10.8 million medical masks
- 1.3 million N95 respirator masks
- 938 157 gowns
- 103 544 goggles
- 7.5 million examination gloves
- 741 334 face shields

WHO's pooled procurement process to secure biomedical equipment for clinical care, which has been especially difficult to procure amidst a global shortage, has also yielded results in recent weeks. WHO has procured 2,522 oxygen concentrators and 487 ventilators, for WFP to deliver across the region.

WHO's OSL unit, with the voluntary support of a technical network of architects and engineers, is also supporting the design of COVID-19 treatment centres in a number of countries in Africa. Working with Ministry of Health and other UN partners, the OSL's technical HelpDesk has supported the establishment of COVID-19 treatment centres in Senegal, Tanzania, Burkina Faso, Sao Tome and Principe, Nigeria, Republic of Congo, Ivory Coast, Tanzania, Mauritius and Ghana. Presently, OSL is working with to support a 26-bed facility in Chad, a 30-bed facility in Burkina Faso, and a 500-bed facility in Equatorial Guinea.

Surveillance

Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 11 June to 17 June**



Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme

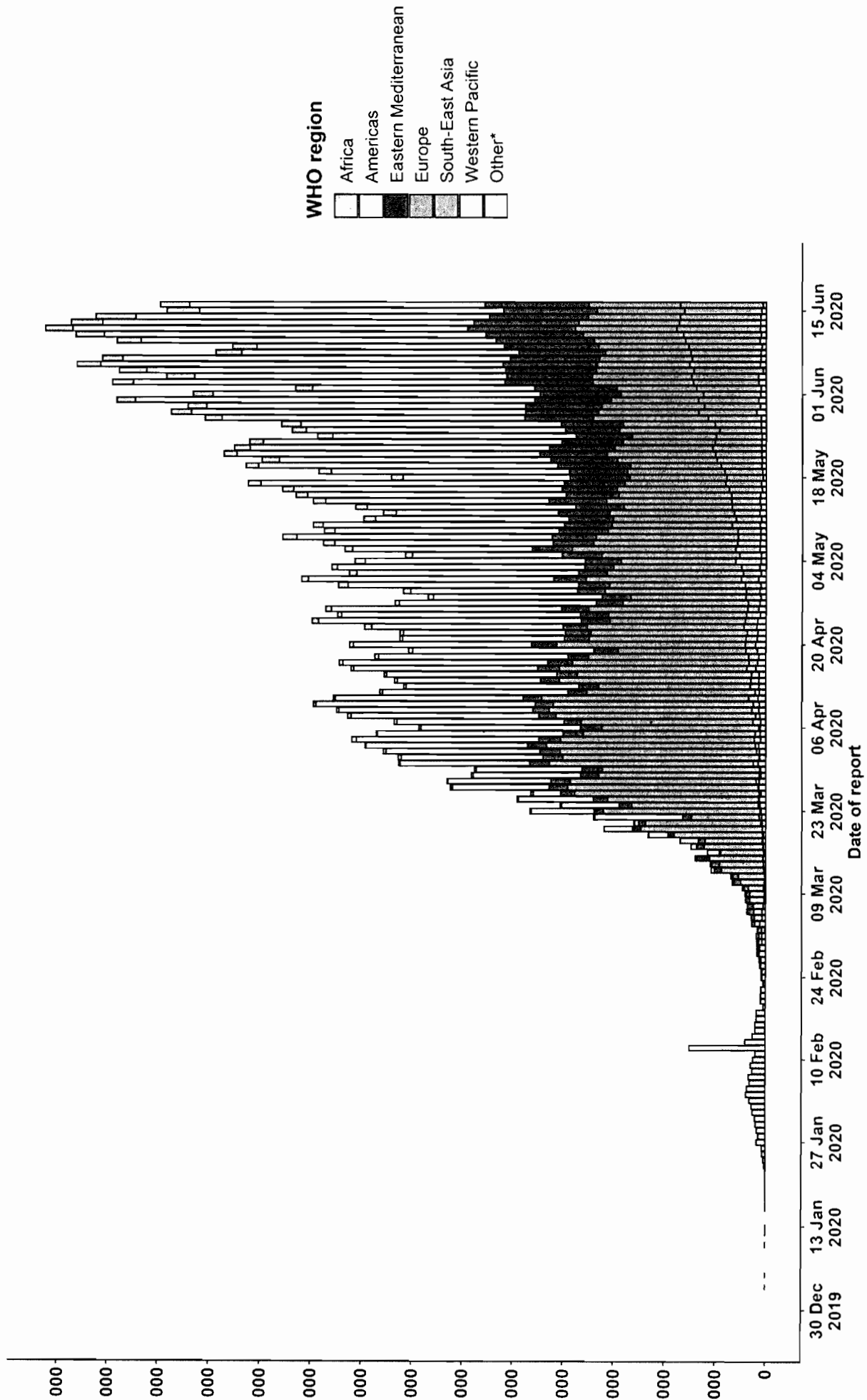
© World Health Organization 2020. All rights reserved.

**See Annex 1 for data, table and figure notes.

Not applicable

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Figure 2. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December through 17 June**



**See Annex 1 for data, table and figure notes.

Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths, by WHO region. Data as of 10 AM CEST, 17 June 2020**

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Africa						
South Africa	76 334	2 801	1 625	57	Community transmission	0
Nigeria	17 148	490	424	0	Community transmission	0
Ghana	12 193	229	58	4	Community transmission	0
Algeria	11 147	116	788	11	Community transmission	0
Cameroon	9 864	0	276	0	Community transmission	1
Côte d'Ivoire	5 679	595	46	1	Community transmission	0
Senegal	5 247	157	70	10	Community transmission	0
Democratic Republic of the Congo	4 973	196	111	5	Community transmission	0
Guinea	4 639	67	26	0	Community transmission	0
Gabon	4 114	81	29	2	Community transmission	0
Kenya	3 860	133	105	1	Community transmission	0
Ethiopia	3 630	109	61	1	Community transmission	0
Central African Republic	2 410	188	14	7	Community transmission	0
Mauritania	1 887	104	91	4	Clusters of cases	0
Mali	1 885	25	106	2	Community transmission	0
South Sudan	1 776	21	30	0	Clusters of cases	0
Guinea-Bissau	1 492	32	15	0	Community transmission	0
Zambia	1 405	23	11	0	Community transmission	0
Madagascar	1 317	27	12	2	Clusters of cases	0
Sierra Leone	1 225	49	51	0	Community transmission	0
Equatorial Guinea	1 043	0	12	0	Community transmission	24
						12517

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Niger	1 016	36	66	0	Community transmission	0
Burkina Faso	895	1	53	0	Community transmission	0
Congo	883	0	27	0	Community transmission	1
Chad	853	3	74	1	Community transmission	0
Uganda	823	0	0	0	Sporadic cases	3
Cabo Verde	781	21	7	0	Clusters of cases	0
Mozambique	638	29	4	1	Clusters of cases	0
Rwanda	636	24	2	0	Sporadic cases	0
Malawi	564	8	6	0	Clusters of cases	0
Togo	537	6	13	0	Community transmission	0
Benin	532	49	9	0	Community transmission	0
Eswatini	520	14	4	0	Clusters of cases	0
Liberia	509	11	33	0	Community transmission	0
United Republic of Tanzania	509	0	21	0	Community transmission	40
Sao Tome and Principe	398	10	10	0	Clusters of cases	0
Zimbabwe	391	4	4	0	Sporadic cases	0
Mauritius	337	0	10	0	Clusters of cases	11
Comoros	197	21	3	1	Community transmission	0
Angola	142	0	6	0	Clusters of cases	1
Eritrea	121	12	0	0	Sporadic cases	0
Burundi	104	0	1	0	Clusters of cases	1
Botswana	60	0	1	0	Clusters of cases	4
Gambia	34	6	1	0	Sporadic cases	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Namibia	34	2	0	0	Sporadic cases	0
Seychelles	11	0	0	0	Clusters of cases	71
Lesotho	4	0	0	0	Sporadic cases	13
Territoriesⁱⁱ						
Mayotte	2 333	23	29	1	Clusters of cases	0
Réunion	495	- 1	1	0	Clusters of cases	0
Americas						
United States of America	2 098 106	18 514	115 980	496	Community transmission	0
Brazil	888 271	20 647	43 959	627	Community transmission	0
Peru	232 992	3 256	6 860	172	Community transmission	0
Chile	184 449	5 013	3 383	21	Community transmission	0
Mexico	150 264	3 427	17 580	439	Community transmission	0
Canada	99 147	360	8 175	29	Community transmission	0
Colombia	53 063	2 124	1 726	59	Community transmission	0
Ecuador	47 943	621	3 970	41	Community transmission	0
Argentina	32 785	1 208	862	20	Community transmission	0
Dominican Republic	23 686	415	615	10	Community transmission	0
Panama	21 422	736	448	11	Community transmission	0
Bolivia (Plurinational State of)	19 073	614	632	21	Community transmission	0
Guatemala	10 272	427	399	15	Community transmission	0
Honduras	9 178	320	322	10	Community transmission	0
Haiti	4 441	132	76	3	Community transmission	0
El Salvador	3 941	115	76	2	Community transmission	0
Venezuela (Bolivarian Republic of)	3 062	84	26	1	Community transmission	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Cuba	2 273	11	84	0	Clusters of cases	0
Costa Rica	1 744	29	12	0	Clusters of cases	0
Nicaragua	1 655	0	55	0	Community transmission	6
Paraguay	1 303	7	12	0	Community transmission	0
Uruguay	848	0	23	0	Clusters of cases	1
Jamaica	621	4	10	0	Clusters of cases	0
Suriname	236	28	6	2	Clusters of cases	0
Guyana	159	0	12	0	Clusters of cases	3
Trinidad and Tobago	123	0	8	0	Sporadic cases	1
Bahamas	104	0	11	0	Clusters of cases	1
Barbados	97	0	7	0	Clusters of cases	1
Saint Vincent and the Grenadines	27	0	0	0	Sporadic cases	8
Antigua and Barbuda	26	0	3	0	Clusters of cases	3
Grenada	23	0	0	0	Clusters of cases	21
Belize	21	0	2	0	Sporadic cases	2
Saint Lucia	19	0	0	0	Sporadic cases	11
Dominica	18	0	0	0	Clusters of cases	4
Saint Kitts and Nevis	15	0	0	0	Sporadic cases	57
Territoriesⁱⁱ						
Puerto Rico	5 951	61	147	0	Community transmission	0
French Guiana	1 421	95	5	2	Community transmission	0
Martinique	202	0	14	0	Clusters of cases	10
Cayman Islands	187	0	1	0	Clusters of cases	3
Guadeloupe	171	0	14	0	Clusters of cases	4

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Bermuda	144	0	9	0	Clusters of cases	2
Aruba	101	0	3	0	No cases	42
Sint Maarten	77	0	15	0	Sporadic cases	11
United States Virgin Islands	73	1	6	0	Clusters of cases	0
Saint Martin	42	1	3	0	Sporadic cases	0
Curaçao	22	0	1	0	Sporadic cases	6
Falkland Islands (Malvinas)	13	0	0	0	Clusters of cases	52
Turks and Caicos Islands	12	0	1	0	Sporadic cases	50
Montserrat	11	0	1	0	Sporadic cases	64
British Virgin Islands	8	0	1	0	Sporadic cases	32
Bonaire, Sint Eustatius and Saba	7	0	0	0	No cases	22
Saint Barthélemy	6	0	0	0	No cases	78
Anguilla	3	0	0	0	Sporadic cases	74
Saint Pierre and Miquelon	1	0	0	0	No cases	70
Eastern Mediterranean						
Iran (Islamic Republic of)	192 439	2 563	9 065	115	Community transmission	0
Pakistan	154 760	5 839	2 975	136	Clusters of cases	0
Saudi Arabia	136 315	4 267	1 052	41	Clusters of cases	0
Qatar	82 077	1 201	80	4	Community transmission	0
Egypt	47 856	1 567	1 766	94	Clusters of cases	0
United Arab Emirates	42 982	346	293	2	Pending	0
Kuwait	36 958	527	303	5	Clusters of cases	0
Afghanistan	26 874	1 241	504	20	Clusters of cases	0
Oman	25 269	745	114	6	Clusters of cases	0
						12521

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Iraq	22 700	1 385	712	60	Clusters of cases	0
Bahrain	19 553	540	47	1	Clusters of cases	0
Morocco	8 931	46	212	0	Clusters of cases	0
Sudan	7 740	305	477	9	Community transmission	0
Djibouti	4 539	38	43	0	Clusters of cases	0
Somalia	2 658	16	88	0	Sporadic cases	0
Lebanon	1 473	9	32	0	Clusters of cases	0
Tunisia	1 125	15	49	0	Community transmission	0
Jordan	981	2	9	0	Clusters of cases	0
Yemen	889	41	215	6	Pending	0
Libya	467	0	10	0	Clusters of cases	1
Syrian Arab Republic	177	0	6	0	Community transmission	2
Territoriesⁱⁱ						
occupied Palestinian territory	695	6	5	0	Clusters of cases	0
Europe						
Russian Federation	553 301	7 843	7 478	194	Clusters of cases	0
The United Kingdom	298 140	1 279	41 969	233	Community transmission	0
Spain	244 328	219	27 136	0	Community transmission	0
Italy	237 500	210	34 405	34	Community transmission	0
Germany	187 184	345	8 830	30	Community transmission	0
Turkey	181 298	1 467	4 842	17	Community transmission	0
France	153 045	226	29 481	108	Community transmission	0
Belgium	60 155	55	9 663	2	Community transmission	0
Belarus	55 369	689	318	6	Community transmission	0

12522

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Sweden	53 323	940	4 939	48	Community transmission	0
Netherlands	49 087	304	6 070	11	Community transmission	0
Portugal	37 336	300	1 522	2	Community transmission	0
Ukraine	33 234	758	943	30	Community transmission	0
Switzerland	31 063	15	1 677	1	Community transmission	0
Poland	30 195	407	1 272	16	Community transmission	0
Ireland	25 334	13	1 709	3	Community transmission	0
Romania	22 415	250	1 437	10	Community transmission	0
Israel	19 121	0	302	0	Pending	1
Armenia	18 033	544	302	9	Community transmission	0
Austria	17 098	33	681	3	Community transmission	0
Kazakhstan	15 542	350	88	7	Clusters of cases	0
Serbia	12 426	59	256	1	Pending	0
Republic of Moldova	12 254	375	427	10	Community transmission	0
Denmark	12 250	33	598	0	Community transmission	0
Azerbaijan	10 662	338	126	4	Clusters of cases	0
Czechia	10 111	47	331	1	Clusters of cases	0
Norway	8 631	0	242	0	Clusters of cases	1
Finland	7 112	4	326	0	Pending	0
Uzbekistan	5 561	268	19	0	Clusters of cases	0
Tajikistan	5 160	63	50	0	Pending	0
North Macedonia	4 289	132	201	8	Clusters of cases	0
Hungary	4 078	1	567	2	Community transmission	0
Luxembourg	4 075	3	110	0	Clusters of cases	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Bulgaria	3 453	112	181	5	Clusters of cases	0
Greece	3 148	14	185	1	Clusters of cases	0
Bosnia and Herzegovina	3 084	45	167	3	Community transmission	0
Kyrgyzstan	2 562	90	30	1	Clusters of cases	0
Croatia	2 255	1	107	0	Sporadic cases	0
Estonia	1 975	1	69	0	Clusters of cases	0
Iceland	1 812	2	10	0	Community transmission	0
Lithuania	1 776	3	76	0	Community transmission	0
Albania	1 722	50	38	1	Clusters of cases	0
Slovakia	1 552	0	28	0	Clusters of cases	1
Slovenia	1 509	13	109	0	Clusters of cases	0
Latvia	1 098	1	28	0	Clusters of cases	0
Cyprus	985	0	18	0	Clusters of cases	1
Georgia	888	9	14	0	Community transmission	0
Andorra	854	1	52	1	Community transmission	0
San Marino	695	0	42	0	Community transmission	12
Malta	656	7	9	0	Sporadic cases	0
Montenegro	326	0	9	0	Clusters of cases	1
Monaco	99	0	1	0	Sporadic cases	10
Liechtenstein	83	0	1	0	Pending	52
Holy See	12	0	0	0	Sporadic cases	41
Territoriesⁱⁱ						
Kosovo ^[1]	1 713	141	24	1	Community transmission	0
Isle of Man	336	0	24	0	Pending	26

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Jersey	316	3	30	0	Community transmission	0
Guernsey	252	0	13	0	Community transmission	45
Faroe Islands	187	0	0	0	Pending	54
Gibraltar	176	0	0	0	Clusters of cases	8
Greenland	13	0	0	0	Pending	19
South-East Asia						
India	354 065	10 974	11 903	2 003	Clusters of cases	0
Bangladesh	94 481	3 862	1 262	53	Community transmission	0
Indonesia	40 400	1 106	2 231	33	Community transmission	0
Nepal	6 591	380	19	0	Sporadic cases	0
Thailand	3 135	0	58	0	Clusters of cases	3
Maldives	2 094	29	8	0	Clusters of cases	0
Sri Lanka	1 915	10	11	0	Clusters of cases	0
Myanmar	262	0	6	0	Clusters of cases	2
Bhutan	67	0	0	0	Sporadic cases	1
Timor-Leste	24	0	0	0	Clusters of cases	54
Western Pacific						
China	84 867	44	4 645	0	Clusters of cases	0
Singapore	40 969	151	26	0	Clusters of cases	0
Philippines	26 781	361	1 103	5	Community transmission	0
Japan	17 628	41	931	4	Clusters of cases	0
Republic of Korea	12 198	43	279	1	Clusters of cases	0
Malaysia	8 505	11	121	0	Clusters of cases	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Australia	7 347	12	102	0	Clusters of cases	0
New Zealand	1 156	0	22	0	Clusters of cases	1
Viet Nam	335	1	0	0	Clusters of cases	0
Mongolia	197	0	0	0	Sporadic cases	4
Brunei Darussalam	141	0	3	1	Clusters of cases	40
Cambodia	128	0	0	0	Sporadic cases	2
Lao People's Democratic Republic	19	0	0	0	Sporadic cases	65
Fiji	18	0	0	0	Sporadic cases	57
Papua New Guinea	8	0	0	0	Sporadic cases	55
Territoriesⁱⁱ						
Guam	178	0	5	0	Clusters of cases	1
French Polynesia	60	0	0	0	Sporadic cases	42
Northern Mariana Islands (Commonwealth of the)	30	0	2	0	Pending	7
New Caledonia	21	0	0	0	Sporadic cases	7
Subtotal for all regions	8 060 809	119 759	440 277	5 494		
Other*	741	0	13	0	Not applicable	-
Grand total	8 061 550	119 759	440 290	5 494		

^{**}See Annex 1 for data, table and figure notes.

Technical guidance and other resources

- To view all technical guidance documents regarding COVID-19, please go to [this webpage](#).
- Updates from WHO regional offices
 - [WHO AFRO](#)
 - [WHO PAHO](#)
 - [WHO EMRO](#)
 - [WHO SEARO](#)
 - [WHO EURO](#)
 - [WHO WPRO](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan \(SPRP\)](#) outlining the support the international community can provide to all countries to prepare and respond to the virus
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operations Updates](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Case definitions

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes surveillance definitions.

Definition of COVID-19 death

A COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

Further guidance for certification and classification (coding) of COVID-19 as cause of death is available [here](#) and [here](#).

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at global level.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[¹] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Counts reflect laboratory-confirmed cases and deaths, based on WHO case definitions, unless stated otherwise (see Country, territory, or area-specific updates and errata), and include both domestic and repatriated cases.

Other*: includes cases reported from international conveyances.

Due to the recent trend of countries conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, WHO will now display such data as negative numbers in the "new cases" / "new deaths" columns as appropriate. This will aid readers in identifying when such adjustments occur. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Additional table notes

¹ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. and. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases
- Sporadic cases: with one or more cases, imported or locally detected
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures

- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area
- Pending: transmission classification has not been reported to WHO

ii "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific updates and errata

- **Update 17 June 2020, Réunion:** Counts adjusted retrospectively by national authorities: 1 case has been excluded.
- Note: India has reported a large increase in deaths in the last 24 hours, possibly due to a data reconciliation process. WHO is monitoring the situation and is in close contact with the national authorities.

Annex 13

HMP Transition
Advisory on Visits



1. Home (<https://www.gov.uk/>)
2. Crime, justice and law (<https://www.gov.uk/crime-justice-and-law>)
3. Prisons and probation (<https://www.gov.uk/crime-justice-and-law/prisons-probation>)

Guidance

Frankland Prison

Frankland is a high-security men's prison in Brasside, County Durham.

Published 16 June 2020

From:

Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice>) and Her Majesty's Prison and Probation Service (<https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service>)

Contents

- Book and plan your visit to Frankland
- Keep in touch with someone at Frankland
- Send money and gifts
- Life at Frankland
- Support for family and friends
- Problems and complaints
- Contact Frankland

Prison visits are temporarily suspended following instructions for people to stay at home, protect the NHS and save lives. We will update here as soon as this changes. You can also follow @HMPPS (<https://www.twitter.com/hmppps>) on Twitter and read a rolling update page (<https://www.gov.uk/guidance/coronavirus-covid-19-and-prisons>).

There are a number of other ways to contact someone in prison if you are unable to visit them. You can:

- leave a voice message using the Prison Voicemail Service (<https://prisonvoicemail.com/>)
- send them an email using the email a prisoner (<https://www.emailaprisoner.com/>) service
- write to them (<https://www.gov.uk/staying-in-touch-with-someone-in-prison>)

You can also contact the Prisoners' Families Helpline (<https://www.prisonersfamilies.org/prison/>) on 0808 808 2003.

Help us to improve this page. Give us your feedback in this 2-minutes survey.
(<https://www.smartsurvey.co.uk/s/frankland/>)

Book and plan your visit to Frankland

To visit someone in Frankland you must:

- be on that person's visitor list
- book your visit at least 2 days in advance
- have the required ID with you when you go

At least one visitor must be 18 or older at every visit. Up to 3 adults can visit at one time, along with any children.

The number of visits a resident can have depends on the privilege level he is on. You can check this with Frankland.

See the Nepacs website to learn more about visiting Frankland (<http://www.nepacs.co.uk/page/frankland>).

Help with the cost of your visit

If you get certain benefits or have an NHS health certificate, you might be able to get help with the costs of your visit (<https://www.gov.uk/help-with-prison-visits>), including:

- travel to Frankland
- somewhere to stay overnight
- meals

How to book family and friends visits

You can book your visit online (<https://www.gov.uk/prison-visits>).

You can also book by telephone.

Booking line: 0191 376 5048

Monday to Friday, 8:30am to midday

Find out about call charges (<https://www.gov.uk/call-charges>)

Visiting times are Tuesday to Sunday, 2pm to 4pm.

How to book legal and professional visits

Booking line: 0191 376 5048

Monday to Friday, 8:30am to midday

Find out about call charges (<https://www.gov.uk/call-charges>)

Visiting times:

- Tuesday: 9:30am to 11:30am
- Thursday: 9:30am to 11:30am

High-risk visits are held (with the governor's permission) on Tuesday to Friday, 2pm to 3:50pm.

Getting to Frankland

Find Frankland on a map (<https://goo.gl/maps/j9EM44sC8bmXvH5p9>)

The closest railway station is Durham, then take a taxi or bus to Brasside.

To plan your journey by public transport:

- use National Rail Enquiries (<https://www.nationalrail.co.uk/>)
- use Traveline for local bus times (<https://www.traveline.info/>)

There is free car parking available at the prison and on-street parking. There are spaces for Blue Badge holders.

Entering Frankland

All visitors aged 16 and older need to bring one of the following types of photo ID:

- passport
- driving licence
- benefit book
- senior citizen's public transport pass
- annual public transport season ticket (with photo card)
- employer ID card (if it shows the name of the visitor and the employer)
- European Community identity card

All visitors will need to be given a pat-down search, including children. You may also be sniffed by security dogs.

Frankland has a strict dress code policy, which means visitors should wear smart clothes (no vests, no low-cut tops, no shorts, no short dresses, no ripped clothing, no offensive slogans, no camouflage and no headwear, other than that worn for religious reasons).

Each adult visitor is allowed to take in a maximum of £30 in coins (notes are not allowed). The money can be used to buy food and drink in the visiting room.

12534

There are strict controls on what you can take into Frankland. You will have to leave most of the things you have with you in a locker (£1 coin refundable) or with security. This includes pushchairs and car seats.

You will be told the rules by an officer at the start of your visit. If you break the rules, your visit could be cancelled and you could be banned from visiting again.

Visiting facilities

There is a visitors centre run by Nepacs (<http://www.nepacs.co.uk/page/frankland>). The centre is open on visiting days from 11:30am to 4:15pm.

The visitors centre has refreshment facilities, a children's play area and youth room.

In the visiting room there is a children's play area and tea bar.

Family days

Family day visits take place during school holidays. Residents have to apply for these. Dates are advertised in the visitors centre.

Keep in touch with someone at Frankland

There are several ways you can keep in touch with a resident during their time at Frankland.

Phone calls

Residents do not have phones in their rooms so they will always have to call you. They have to buy phone credits to do this.

They can phone anyone named on their list of friends and family. This list is checked by security when they first arrive so it may take a few days before they are able to call.

You can also exchange voicemails using the Prison Voicemail service (<https://prisonvoicemail.com/>).

Officers may listen to phone calls as a way of preventing crime and helping keep people safe.

Email

You can send emails to someone in Frankland using the Email a Prisoner service (<https://www.emailaprisoner.com/>).

You might also be able to attach photos and receive replies from the resident, depending on the rules at Frankland.

Letters

You can write at any time.

Include the person's name and prisoner number on the envelope.

If you do not know their prisoner number, contact Frankland.

All post, apart from legal letters, will be opened and checked by officers.

Send money and gifts

You can use the free and fast online service to send money to someone in prison (<https://www.gov.uk/send-prisoner-money>).

You can also send:

- postal orders
- cheques
- cash

Postal orders and cheques should be made payable to 'The Governor'. Also include a covering letter specifying the intended resident's name and prisoner number.

Gifts and parcels

You can not post or hand in anything for a resident in Frankland. Anything the resident needs must be ordered through the prison catalogues.

Life at Frankland

Frankland is committed to providing a safe and educational environment where men can learn new skills to help them on release.

Security and safeguarding

Every person at Frankland has a right to feel safe. The staff are responsible for their safeguarding and welfare at all times.

All safeguarding processes are overseen by County Durham Safeguarding Adults Inter-Agency Partnership (<http://www.safeguardingdurhamadults.info/>).

Arrival and first night

When a resident first arrives at Frankland, they will be able to contact a family member by phone. This could be quite late in the evening, depending on the time they arrive.

They will get to speak to someone who will check how they're feeling and ask about any immediate health and wellbeing needs.

Induction

Each person who arrives at Frankland gets an induction that lasts about a week. They will meet professionals who will help them with:

- health and wellbeing, including mental and sexual health
- any substance misuse issues, including drugs and alcohol
- personal development in custody and on release, including skills, education and training
- other support (sometimes called 'interventions'), such as managing difficult emotions

Everyone also finds out about the rules, fire safety, and how things like calls and visits work.

Accommodation

Around 850 men live at Frankland across 8 wings. Rooms are single with their own toilets and sinks.

There is a healthcare unit and management progression unit.

There are gym facilities and all residents have access to a range of physical activities.

Education and work

Milton Keynes College (<https://www.mkcollege.ac.uk/prison-services/>) provides various courses from basic skills to degree level. Residents can study full time or part time in a range of industrial, vocational and academic settings and gain nationally recognised qualifications.

Residents at Frankland can work in furniture production, cutting and sewing and recycling.

A range of offending behaviour programmes (<https://www.gov.uk/guidance/offending-behaviour-programmes-and-interventions>) are offered.

Organisations Frankland works with

Frankland works with a wide range of local organisations to provide support and guidance to residents, including:

- Age UK
- Royal British Legion
- Fine Cell Work
- Samaritans

Support for family and friends

Find out about advice and helplines for family and friends (<https://www.gov.uk/support-for-families-friends-of-prisoners>).

Support at Frankland

Nepacs (<http://www.nepacs.co.uk/page/frankland>) staff in the visitors centre can offer information and support. You can contact the visitors centre on: 0191 376 5200.

Problems and complaints

If you have a problem contact Frankland. If you cannot resolve the problem directly, you can make a complaint to HM Prison and Probation Service (<https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service/about/complaints-procedure>).

Contact Frankland

Governor: Gavin O'Malley

Telephone: 0191 376 5000

Fax: 0191 376 5001

Find out about call charges (<https://www.gov.uk/call-charges>)

Address

HMP Frankland
Brasside
Durham
DH1 5YD

See map (<https://goo.gl/maps/j9EM44sC8bmXvH5p9>)

Safety concerns

If you have concerns about the safety or wellbeing of a man in Frankland, call the main telephone number and ask to speak to a member of staff.

Help us to improve this page. Give us your feedback in this 2-minutes survey.
(<https://www.smartsurvey.co.uk/s/frankland/>)

Published 16 June 2020

Related content

- Prison life (<https://www.gov.uk/life-in-prison>)
- Staying in touch with someone in prison (<https://www.gov.uk/staying-in-touch-with-someone-in-prison>)

Collection

- Prisons in England and Wales (<https://www.gov.uk/government/collections/prisons-in-england-and-wales>)

Explore the topic

- Prisons and probation (<https://www.gov.uk/crime-justice-and-law/prisons-probation>)

AMRX 14
BPC NEWS:
UK Gov. Prison
release

We've updated our Privacy and Cookies Policy

We've made some important changes to our Privacy and Cookies Policy and we want you to know what this means for you and your data.

OK

[Find out what's changed](#)

[Home](#) [News](#) [Sport](#) [Reel](#) [Worklife](#) [Travel](#) [Future](#)

[Home](#) | [Video](#) | [World](#) | [UK](#) | [Business](#) | [Tech](#) | [Science](#) | [Stories](#) |

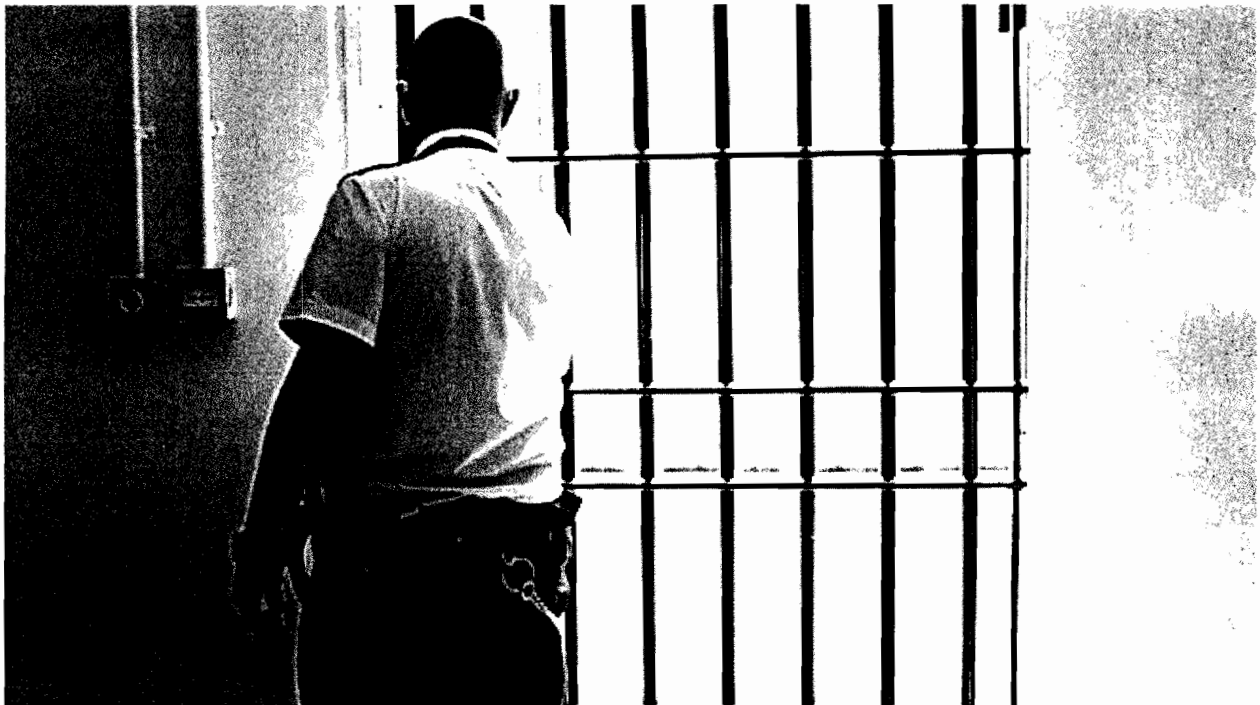
[UK](#) [England](#) [N. Ireland](#) [Scotland](#) [Wales](#) [Politics](#)

Coronavirus: Low-risk prisoners set for early release

4 April 2020



Coronavirus pandemic



Up to 4,000 prisoners in England and Wales are to be released in an effort to control the spread of coronavirus, the Ministry of Justice has said.

Inmates with two months or less still to serve will be released on temporary licence in stages.

The selected low-risk offenders will be electronically tagged and can be recalled at the first sign of concern.

It is seen as a way to avoid thousands of prisoners - many of whom share cells - becoming infected.

Across 29 jails, 88 prisoners have tested positive for the virus with a further 1,200 believed to be self-isolating.

Sex offenders and those convicted of violent or sexual offences, as well as anyone who is a national security concern or a danger to children, will not be considered for release, the Prison Service said.

No inmate convicted of Covid-19-related offences - including coughing at emergency workers or stealing personal protective equipment - will be eligible either, said the Ministry of Justice (MoJ).

- **N. Ireland: 100 prisoners to be released**
- **Almost a quarter of Scottish prison staff absent from work**
- **Second HMP Littlehey inmate dies**

Lord Chancellor and Justice Secretary Robert Buckland QC said: "This government is committed to ensuring that justice is served to those who break the law.

"But this is an unprecedented situation because if coronavirus takes hold in our prisons, the NHS could be overwhelmed and more lives put at risk."

The MoJ also said no prisoners with symptoms of coronavirus would be released, nor would those who do not have housing and health support in place.

Mr Buckland previously announced that pregnant inmates could be granted temporary release to protect them and their unborn children from coronavirus.

Mothers behind bars with their children who pass the same checks could also be released, he said.

The legislation for the measures is expected to be put in place on Monday.





By Danny Shaw
Home affairs correspondent

This is the last thing Boris Johnson's government ever wanted to do.

In their general election manifesto, the Conservatives promised criminals would be "kept off our streets". Since then, a series of measures have been announced to ensure those convicted of the most serious crimes - including terrorism - stay behind bars for longer.

So an emergency early release scheme, which means that almost 5% of the prison population of England and Wales will be let out before they've even reached the halfway point of their sentence, was not an easy decision for Number 10 to make.

More politically palatable options were considered, such as transferring prisoners to army bases and immigration removal centres, but they are fraught with practical difficulties.

The danger for the government of this scheme - the largest since 80,000 offenders were let out early as part of Labour's End of Custody Licence programme between 2007 and 2010 - is that some of those released will commit further, possibly horrendous, crimes.

Ultimately, ministers decided the alternative - infected prisoners overwhelming hospitals - was even worse.

The prisons union welcomed the news but raised concerns over staff pressure.

About 8,000 prison staff have been absent due to issues related to Covid-19, around a quarter of the total workforce.

Ian Lawrence, general secretary of trade union Napo, said its members working in the National Probation Service and in community rehabilitation companies were "already over-stretched".

"Probation providers must work to ensure this new cohort can be supervised safely and not cause additional operational pressure and stress to the workforce," he added.

More about coronavirus

- **LIVE: Global coronavirus deaths pass 20,000**
- **A SIMPLE GUIDE: What are the symptoms?**
- **AVOIDING CONTACT: Should I self-isolate?**

Annex 15

UP for Press

Release: 10/10/15

10/10/15 10:10 AM



1. Home (<https://www.gov.uk/>)
2. Crime, justice and law (<https://www.gov.uk/crime-justice-and-law>)

Press release

Measures announced to protect NHS from coronavirus risk in prisons

Risk-assessed prisoners who are within two months of their release date will be temporarily released from jail, as part of the national plan to protect the NHS and save lives.

Published 4 April 2020

From:

Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice>)

- Plan to protect the NHS from further pressure
- Measures will also benefit brave prison staff
- Selected low-risk offenders, within weeks of their release dates, will be electronically tagged and temporarily released on licence in stages
- Offenders can be recalled at the first sign of concern
- Violent and sexual offenders and those of security concern will not be considered

This action being taken is necessary to avoid thousands of prisoners becoming infected, overwhelming local NHS services. This is due to the close proximity between prisoners, who often share cells.

Prisoners who pass the stringent criteria for release will be subject to strict conditions, and will be electronically monitored, including with GPS tags, to enforce the requirement to stay at home.

They can be immediately recalled to prison for breaching these conditions or committing further offences. The releases will be phased over time but can start from next week.

Public protection is paramount. No high-risk offenders, including those convicted of violent or sexual offences, anyone of national security concern or a danger to children, will be considered for release, nor any prisoners who have not served at least half their custodial term. Additionally, no offender convicted of COVID-19 related offences, including coughing at emergency workers or stealing personal protective equipment, will be eligible.

No prisoner would be released if they have symptoms of coronavirus or without housing and health support being in place.

In addition, the Ministry of Justice is working to identify publicly owned sites that could be used to house temporary prison accommodation to ease pressure on the permanent estate, further separate prisoners and reduce the spread of the virus.

Lord Chancellor and Justice Secretary Robert Buckland QC MP said:

This Government is committed to ensuring that justice is served to those who break the law.

But this is an unprecedented situation because if Coronavirus takes hold in our prisons, the NHS could be overwhelmed and more lives put at risk.

All prisoners will face a tough risk assessment and must comply with strict conditions, including an electronic tag, while they are closely monitored. Those that do not will be recalled to prison.

Some 88 prisoners and 15 staff have tested positive for COVID-19.

Prison staff have continued to ensure the effective running of our jails despite around 26% being absent or self-isolating. To further protect them and reduce pressure on prisons, the Ministry of Justice is already:

- Shielding vulnerable prisoners through social distancing measures
- Re-deploying staff, where appropriate, from headquarters into operational roles
- Working with the judiciary to expedite sentencing hearings for those on remand to reduce the numbers being held in custody.

Prisons are moving towards single-cell accommodation as much as possible across the estate – to limit the spread of infection and the number of deaths. This follows public health advice that prisons present a unique environment where rapid outbreaks of the virus could place a significant strain on local NHS services.

Strong, further action now will strike the right balance between protecting the public and managing the risk of an escalating situation in prisons.

Steps are being taken to expand the use of electronic monitoring to facilitate the safe release of more low-risk prisoners who were due to leave jail in the next two months regardless.

This means those nearing the end of their sentences will be released in stages on temporary licence – allowing prisons to continue to safely manage vulnerable but higher-risk offenders within the estate.

Statutory Instruments to allow these releases to take place will be laid on Monday and the move aligns us with countries such as France, the United States, Australia, Germany, and Canada who have also sanctioned the early release of prisoners.

France has announced the release of some 5,000 prisoners, while in the US state of California alone, 3,500 are being granted early release.

The Prison Service has already taken decisive action to ensure prisons are complying with social distancing rules and provided alternative means for prisoners to keep in touch with their families after cancelling family visits.

Additionally, the Justice Secretary Robert Buckland granted temporary release of pregnant women in custody (<https://www.gov.uk/government/news/pregnant-prisoners-to-be-temporarily-released-from-custody>), while movements between jails have been limited in all but exceptional cases.

All actions have been informed by the advice of experts from Public Health England and will be kept under constant review.

Published 4 April 2020

Related content

- Release on temporary licence (<https://www.gov.uk/government/publications/release-on-temporary-licence>)
- Recall, review and re-release of recalled prisoners (<https://www.gov.uk/government/publications/recall-review-and-re-release-of-recalled-prisoners>)
- Home detention curfew (<https://www.gov.uk/government/publications/home-detention-curfew>)
- Immediate cancellation of all face to face hearings (<https://www.gov.uk/government/publications/immediate-cancellation-of-all-face-to-face-hearings>)
- Coronavirus: Q&A for friends and family of prisoners (<https://www.gov.uk/guidance/coronavirus-qa-for-friends-and-family-of-prisoners>)

Explore the topic

- Crime, justice and law (<https://www.gov.uk/crime-justice-and-law>)

Annex II
Statement of
UK financial institutions
likely to be



1. Home (<https://www.gov.uk/>)
2. Crime, justice and law (<https://www.gov.uk/crime-justice-and-law>)
3. Prisons and probation (<https://www.gov.uk/crime-justice-and-law/prisons-probation>)

Press release

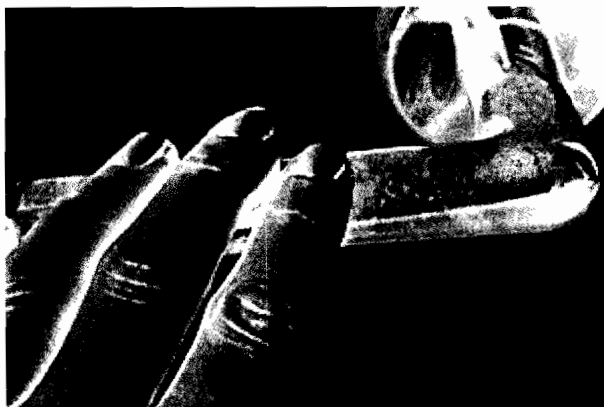
Update on COVID-19 in prisons

Prisons Minister Lucy Frazer has provided an update on measures introduced to contain the spread of COVID-19 in our jails.

Published 28 April 2020

From:

Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice>) and Her Majesty's Prison and Probation Service (<https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service>)



This follows new modelling by Public Health England (PHE) and HM Prison and Probation Service (HMPPS) that indicates jails are successfully limiting deaths and the transmission of the virus within the estate.

The new modelling predicts a drastic reduction in the spread rates of the infection compared to previous forecasts, with each case being passed on to less than one person –and monitoring suggests overall infection rates are falling.

This means that as a result of the strong measures introduced by HMPPS, lives should be saved and the NHS is being protected from the impact of widespread local outbreaks.

HMPPS is containing the spread of COVID-19 within jails using an approach known as 'compartmentalisation'. Through this approach, staff have isolated those with symptoms, and many prisons have been able to shield the vulnerable and quarantine new arrivals.

Separating those with symptoms has been ongoing since early February and coupled with the wider action taken, this has limited the spread of confirmed Coronavirus cases in jails. The majority of those infected have now made a successful recovery.

HMPPS took decisive action in March to minimise movements between jails to avoid thousands of prisoners and staff becoming infected with the virus. Strong further measures were introduced to ease pressure on prisons with the early release of low-risk offenders

(<https://www.gov.uk/government/news/measures-announced-to-protect-nhs-from-coronavirus-risk-in-prisons>), temporary expansion of the estate (<https://www.gov.uk/government/news/prison-estate-expanded-to-protect-nhs-from-coronavirus-risk>), and work to reduce the number of those held on remand.

The new modelling shows that reducing the prison population by 5,000 could be effective in limiting the spread of the virus. Thanks to wide measures taken, the population has already reduced by almost 3,000 over a seven-week period. Combining a reduction in the prison population, creating additional headroom in the estate, and managing prisoners through 'compartmentalisation', HMPPS can continue to protect life.

Prisons and Probation Minister, Lucy Frazer QC MP, said:

This Government has taken unprecedented action during this difficult period to save lives and protect the NHS. I cannot express sufficient gratitude to the hard-working prison and healthcare staff, and prisoners, who have allowed this to take place. My thoughts are with all of those affected by this terrible virus.

We know further progress is needed if we are to continue to strike a balance between limiting the spread of COVID-19 and protecting the public. We appreciate that unusual measures will need to remain in place for some time and significant challenges remain.

But there are positive signs that our carefully implemented approach is limiting the impact of this initial phase of the pandemic – actual cases and deaths so far are much lower than originally predicted. We will continue to do everything possible to make sure this remains the case.

Prison staff have continued to ensure the effective running of jails and many hundreds are returning to work after periods of absence to comply with public health guidance.

This is being helped by an increase in staff testing, with over a thousand referred for testing in the past fortnight. Personal protective equipment is also being provided to prison officers and all jails have the soap and cleaning materials they need.

Work to create the additional space in the prison estate will continue at pace, with the installation of hundreds of temporary, single occupancy cells alongside the scheme to release low-risk offenders. Efforts to expedite sentencing hearings for those on remand are ongoing.

All our actions have been informed by the advice of experts from PHE and will be kept under constant review. The revised model (<https://www.gov.uk/government/publications/covid-19-population-management-strategy-for-prisons>) on transmission of COVID-19 in prisons is available.

Published 28 April 2020

Related content

- Home detention curfew (<https://www.gov.uk/government/publications/home-detention-curfew>)
- COVID-19: National Framework for Prison Regimes and Services (<https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services>)
- Recall, review and re-release of recalled prisoners (<https://www.gov.uk/government/publications/recall-review-and-re-release-of-recalled-prisoners>)
- Release on temporary licence (<https://www.gov.uk/government/publications/release-on-temporary-licence>)
- Covid-19: Prison releases (<https://www.gov.uk/government/publications/covid-19-prison-releases>)

Explore the topic

- Prisons and probation (<https://www.gov.uk/crime-justice-and-law/prisons-probation>)

James H
-
USA History:
Bill Clinton to
Transition in 2001

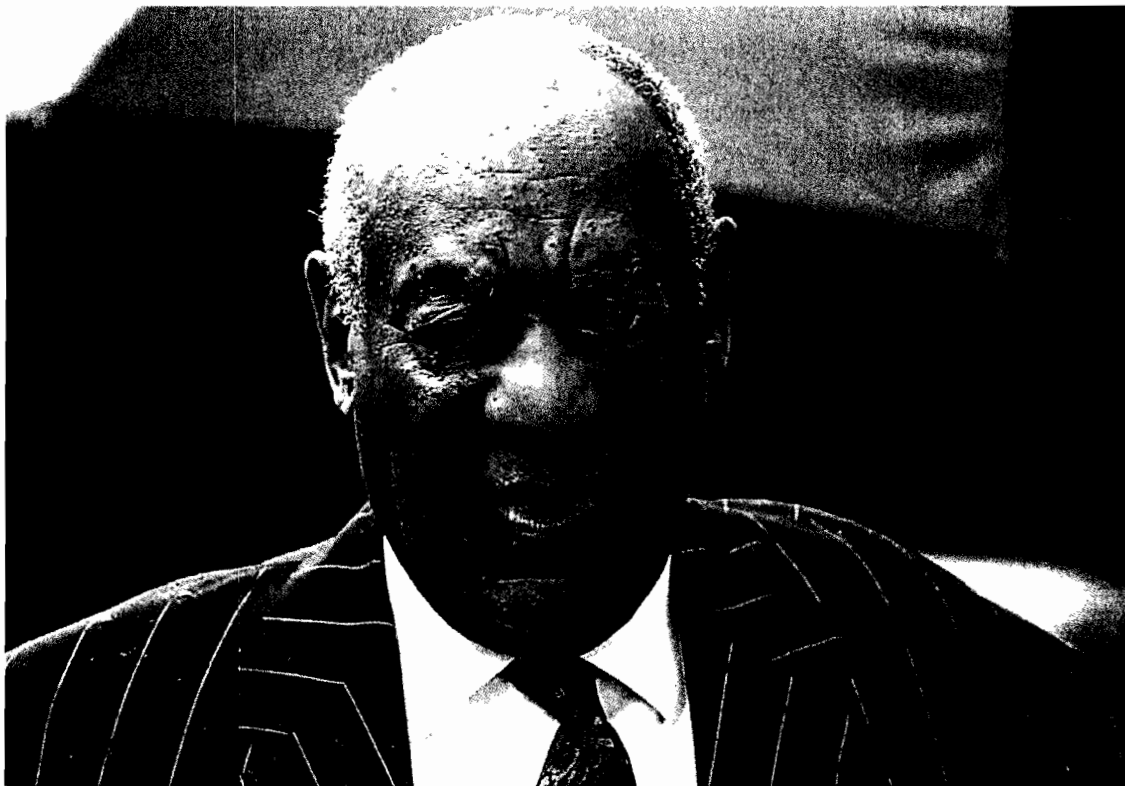
Welcome to USA TODAY NETWORK'S EUROPEAN UNION EXPERIENCE

[Learn More](#)



Bill Cosby won't get out of prison early, despite coronavirus fears; state trying to 'execute' him, rep says

Morgan Hines | USA TODAY
Published 4:38 PM EDT Apr 19, 2020



Bill Cosby arrives for a sentencing hearing following his sexual assault conviction in Norristown Pa., in September 2018.

Matt Rourke/ AP

Bill Cosby won't leave incarceration any time soon, despite concerns that he could be susceptible to coronavirus in prison.

Because he's a sex offender, "inmate Cosby is not eligible for a reprieve by the governor," Pennsylvania Department of Corrections spokeswoman Susan McNaughton told USA TODAY in an email Saturday.

Cosby is serving a three- to 10-year sentence in a state prison in Collegeville, Pennsylvania, near Philadelphia, after being convicted in 2018 of drugging and sexually assaulting a Temple University employee in 2004.

As a result of the pandemic, inmates across the country have been released early or sent to home confinement, especially those who are elderly or chronically ill.

On April 10, Pennsylvania Gov. Tom Wolf authorized a temporary reprieve for vulnerable and nonviolent prisoners at or close to their release dates. There are 1,500 to 1,800 inmates eligible.

Cosby representatives were surprised to learn that the star would be excluded.

"The news was shocking to all of us because we were told by sources close to Gov. Wolf that Mr. Cosby would be a direct beneficiary of his executive order," Andrew Wyatt told USA TODAY on Saturday. "Mr. Cosby is 82 years old, and he's blind with underlying medical conditions."

He said Cosby, who takes medication for high blood pressure, doesn't have the ability to social distance because of his "100%" vision loss. The idea that Cosby doesn't fit the criteria for a reprieve is "absurd and unAmerican," Wyatt said.

Cosby's team asked Wolf to "amend his executive order and grant Mr. Cosby Compassionate Relief based on his current medical status."

"Mr. Cosby wasn't given a life/death sentence, but we feel that the state of Pennsylvania is trying to execute Mr. Cosby, by exposing him to this virus," Wyatt said.

Ex-Trump lawyer Michael Cohen: To get early prison release amid coronavirus fears

Michael Avenatti: Gets out of jail, at least temporarily, because of coronavirus pandemic

While Cosby remains behind bars, other high-profile inmates have been released because of the pandemic.

In March, Brooklyn rapper Tekashi 6ix9ine (real name Daniel Hernandez), 23, who suffers from asthma and was hospitalized for bronchitis, was released from a federal prison to serve the remaining four months of his two-year racketeering sentence in home confinement, according to Nicholas Biase, spokesman for the U.S. Attorney's Office for the Southern District of New York.

Michael Cohen, former personal attorney for President Donald Trump, is set to be released to continue his prison term at home.

Some confined celebrities have tested positive for COVID-19.

In March, the verified Instagram account for rapper YNW Melly said the jailed star "tested positive for COVID-19 today while awaiting his trial in Broward County Jail. He'll be filing a motion for restricted release in hopes of better care due to any jails not being prepared to treat this new virus."

Melly, whose real name is Jamell Maurice Demons, is in a Florida jail awaiting trial in the double murder of aspiring rappers Anthony Williams, 21, and Christopher Thomas, 19. He pleaded not guilty and could face the death penalty if convicted.

Movie mogul-turned-convicted sex offender Harvey Weinstein, 68, tested positive for the virus. He has been in isolation in a New York state prison and is recovering.

Contributing: Maria Puente

Published 4:38 PM EDT Apr 19, 2020

[Terms of Service](#) • [Privacy Notice](#)

© Copyright Gannett 2018

Annex II.

Harvey Weinstein
Tests positive for
COVID-19

News

NEWS

Harvey Weinstein Tests Positive for COVID-19, Falls into High-Risk Category: Report



By Jack Davis

Published March 22, 2020 at 3:05pm

Convicted sex criminal Harvey Weinstein has been moved into isolation in a New York State prison after testing positive for COVID-19.

Weinstein, 68, is being held at Wende Correctional Facility near Buffalo, according to the Niagara Gazette.

Weinstein is considered at high risk of the disease due to his age and his recent heart surgery at Bellevue Hospital in Manhattan.

The former Hollywood mega-producer, whose reputed assaults on women were a major part of the formation of the #MeToo movement, is serving a 23-year sentence for rape and sexual assault.

@BREAKING: Harvey #Weinstein has been placed into isolation in a New York prison after testing positive for #coronavirus.#COVID19 #CoronavirusPandemic <https://t.co/JILnNLJ5fp>

— Dr. Dena Grayson (@DrDenaGrayson) March 22, 2020

Wende, which serves as a hub for new inmates in the sprawling New York state prison system, has one other inmate who has tested positive for COVID-19.

Weinstein arrived at the prison on Wednesday after being held at Rikers Island, the New York City jail. The Gazette quoted what it termed “officials familiar with his situation” as saying they believe Weinstein had the disease when he arrived in the western New York prison.

A report in Britain’s The Sun said that according to an advocacy group, there are more than 40 inmates and corrections officers at Rikers Island who have tested positive for the virus.

Michael Powers, president of the New York State Correctional Officers and Police Benevolent Association, told the Niagara Gazette that privacy constraints barred any comment on a specific inmate.

He said the union is seeking to ban all “nonessential” transfers of inmates among prisons and wants a halt to accepting new prisoners from local jails.

“There is no better breeding ground for this virus than a closed environment such as a correctional facility,” said Powers.

Powers said three state corrections officers have tested positive for the coronavirus.

Weinstein, who has been accused of violating scores of women, was convicted last month of raping a woman in a New York City hotel room in 2013 and forcibly performing oral sex on another woman at his apartment in 2006.

Weinstein used a walker throughout the trial following recent back surgeries and arrived in the courthouse for his sentencing in a wheelchair.

The news of Weinstein’s positive test caused a stir on Twitter.

@BREAKING: Harvey #Weinstein has been placed into isolation in a New York prison after testing positive for #coronavirus.#COVID19 #CoronavirusPandemic <https://t.co/JILnNLJ5fp>

— Dr. Dena Grayson (@DrDenaGrayson) March 22, 2020

I take no joy in hearing Harvey Weinstein has the virus. Couple of reasons. One – prison staff will have to tend to him, risking their own health & they don’t deserve that. Two – I want him to live out the rest of his days miserably behind bars rather than getting a quick exit.

— Nick Pettigrew (@Nick_Pettigrew) March 22, 2020

More than 90 women, including actresses Gwyneth Paltrow, Salma Hayek and Uma Thurman, eventually came forward to accuse Weinstein of sexual assault and sexual harassment. The takedown energized the #MeToo

campaign of speaking up about sexual assault and holding perpetrators accountable.

We are committed to truth and accuracy in all of our journalism. Read our editorial standards.

Submit a Correction



Jack Davis
Contributor, News

[Summary](#) [More Info](#) [Recent Posts](#) [Contact](#)

Jack Davis is a freelance writer who joined The Western Journal in July 2015 and chronicled the campaign that saw President Donald Trump elected. Since then, he has written extensively for The Western Journal on the Trump administration as well as foreign policy and military issues.

Tags: [Coronavirus](#), [US news](#)

