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Meeting: 1545th meeting (December 2025) (DH)

Communication from NGOs (Protection for Prisoners of Ukraine ("PPU") and European Prison Litigation Network ("EPLN")) (22/10/2025) concerning the Logvinenko group of cases v. Ukraine (Application No. 13448/07) and reply from the authorities (23/10/2025).

Information made available under Rules 9.2 and 9.6 of the Rules of the Committee of Ministers for the supervision of the execution of judgments and of the terms of friendly settlements.

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Réunion : 1545^e réunion (décembre 2025) (DH)

Communication d'ONG (Protection for Prisoners of Ukraine ("PPU") et European Prison Litigation Network ("EPLN")) (22/10/2025) relative au groupe d'affaires Logvinenko c. Ukraine (requête n° 13448/07) et réponse des autorités (23/10/2025). **[anglais uniquement]**

Informations mises à disposition en vertu des Règles 9.2 et 9.6 des Règles du Comité des Ministres pour la surveillance de l'exécution des arrêts et des termes des règlements amiables.



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DGI

23 OCT. 2025

SERVICE DE L'EXECUTION
DES ARRETS DE LA CEDH

Mr Pavlo Pushkar

**Head of Division
Department for the Execution of judgments
of the European Court of Human Rights
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F-67075 Strasbourg Cedex

*As to the Logvinenko/Isayev/Kats and others
group of cases*

Dear Mr Pushkar,

As to the execution of the Court's judgments in the *Logvinenko/Isayev/Kats and others group of cases* the Government would like to address some issues in response to the communication from the NGO "Protection for Prisoners of Ukraine" (the "PPU") and the European Prison Litigation Network (the "EPLN") as per Rule 9 of the Rules of the Committee of Ministers for the supervision of the execution of judgments and of the terms of friendly settlements.

The Government acknowledge and respect the interest and concern expressed by the PPU and EPLN regarding the rights of persons in detention, including those requiring proper medical care. The issue of improving the provision of medical services to individuals held in penitentiary institutions is under constant supervision by the Government, confirming their commitment to ensuring the protection of the rights and freedoms of all individuals under their jurisdiction.



СЕД АСКОД
Міністерство юстиції України
№ 153094/5.2.1/30-25 від 23.10.2025
Підписувач Сокоренко Маргарита Степанівна
Сертифікат 382367105294AF9704000000AFB100002D444803
Дійсний з 25.12.2024 10:15:01 по 25.12.2025 10:15:01

First of all, the Government would like to draw attention to the fact that an Updated Action Plan¹ on this group of cases was submitted to the Committee of Ministers on 08 October 2025. By it the Government of Ukraine provided the Committee of Ministers with the up to date information regarding the implementation of the Court's judgments in the *Logvinenko/Isayev/Kats and others* group of cases. In particular, the Government outlined the adoption of the Penitentiary Reform Strategy, which is a strategic document analysing the current situation and specified strategic goals and tasks. At the same time, the Government also informed that the Operational Plan for the implementation of the Strategy for 2022-2024 was adopted. By this document it was clearly defined measures to be taken and set deadlines for their implementation, as well as the responsible executors. Currently the Operational Plan for 2025-2026 is finalizing by the authorities. The Rule of Law Roadmap also clearly determines specific tasks as to development of the penitentiary system, deadlines for their implementation, and responsible executors, which allows it to be characterized not as document that enables real results to be achieved.

Among other things, the Government have addressed the issues of treatment of tuberculosis, various types of hepatitis, HIV, and other diseases, as well as the application of substitution maintenance therapy. It should be noted that relevant information was also supported by statistical data, provided by national authorities.

Furthermore, a significant part of the Updated Action Plan outlines the specifics of transferring the functions of the Health Care Centre of the State Penitentiary Service of Ukraine to the Ministry of Health of Ukraine.

The Government also assure that despite the conditions of martial law and the ongoing obstacles to the protection of human rights in Ukraine caused by the full-scale invasion and continued shelling of Ukrainian territory by the Russian Federation, the national authorities will continue to duly fulfill their obligations, in particular those arising from Ukraine's ratification of the Convention. This includes, for instance, ensuring appropriate conditions of detention, as examined in the *Sukachov* group of cases, as well as, more specifically, the provision of adequate medical care to persons in custody, which is the subject of the *Logvinenko/Isayev/Kats and others* group of cases.

In light of the above, the information provided by the PPU and EPLN is duly considered and taken into account by the Government, one of whose main priorities is the implementation and protection of human rights in Ukraine.

The Government also note that the status of the execution of the judgments in the *Logvinenko/Isayev/Kats and others* group of cases will be considered at the Committee of Ministers meeting in December 2025. Following this, the Government expect to receive an assessment of the measures taken and will continue their efforts to ensure adequate medical care for persons in custody, taking properly into account the recommendations that will be given by the Committee of Ministers, as well as comments and proposals of the PPU and EPLN.

Yours sincerely,

Marharyta SOKORENKO
Agent before
the European Court of Human Rights

¹ [https://hudoc.exec.coe.int/?i=DH-DD\(2025\)1163E](https://hudoc.exec.coe.int/?i=DH-DD(2025)1163E)

DGI

22 OCT. 2025

SERVICE DE L'EXECUTION
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**Logvinenko (no. 13448/07), Kats and others (no. 29971/04)
and Isayev (no. 28827/02) groups of cases**

COMMUNICATION

in accordance with Rule 9.2 of the Rules of the Committee of Ministers for the supervision of the execution of judgments and the terms of friendly settlements

Submitted by:

Protection for Prisoners of Ukraine (“PPU”) is a Ukrainian human rights NGO founded by former prisoners that documents cases of ill-treatment of prisoners in Ukraine, provides legal assistance to torture victims and their families, and conducts monitoring visits to prisons. PPU also carries out remote monitoring of places of detention in the occupied territories of Ukraine and in Russia.

European Prison Litigation Network (“EPLN”) brings together 30 NGOs from 20 countries and promotes prisoners' rights across the continent, and works to reduce imprisonment. EPLN has participatory status with the Council of Europe. EPLN has been working in Ukraine since 2017.

I. Introduction

The *Logvinenko* group of cases concerns the complex problem of inadequate medical care in Ukrainian places of detention. These cases reveal widespread failures in providing proper treatment for detainees with infectious diseases, drug addiction, and physical disabilities, alongside the absence of effective preventive and compensatory remedies. The Court has also found violations of the right to life where authorities failed to ensure timely hospitalisation or adequate medical assistance to seriously ill detainees, and further noted the lack of effective investigations into deaths in custody. In some instances, the authorities' disregard of interim

measures ordering urgent medical care has highlighted the persistent structural shortcomings in safeguarding detainees' health and life.

Scope of the present submission

This submission concentrates primarily on the general measures reported by the Government Agent, with the aim of providing a more realistic, first-hand account of how these measures are implemented in practice. It also offers an updated overview of the current situation regarding the provision of medical care to detainees, particularly those suffering from serious, chronic, or infectious illnesses, as well as individuals with disabilities or drug dependence.

Objectives of the present submission

The submitting organisations believe that by providing a detailed and constructive critique of the measures adopted by the authorities, they contribute to the effective implementation of the *Logvinenko* group of judgments. The purpose of this submission is not merely to identify shortcomings but to assist the authorities in aligning their actions with the State's obligations under Article 46 of the Convention. In doing so, the organisations aim to support the development of a penitentiary healthcare system that genuinely meets the standards required by the Court's case law and ensures the protection of detainees' health and dignity in practice. We equally believe that the implementation process in this particular group of cases critically requires a civil society perspective of the issue.

II. General measures

The Committee last examined these cases during its 1406th meeting in June 2021. Among other things, it noted with profound concern that despite the extent and multitude of problems identified by the Court in these cases, as well as the extensive guidance provided by the Secretariat in bilateral consultations, the authorities have not provided a comprehensive response or taken resolute action.

Four years later it appears that the Government have not taken the Secretariat's criticism seriously enough. In March 2025, the National Preventive Mechanism (NPM) painted a stark

picture of the state of prison healthcare.¹ The findings of the NPM's observations in the field can be summarised as follows:

Healthcare provision in Ukrainian prisons remains critically underdeveloped. Medical units suffer from severe understaffing, and in some cases, inmates are tasked with assisting in medical roles due to the lack of personnel. Preventive and primary medical examinations are often not conducted, and there is no integration with the national Electronic Health System, making it difficult to access prior medical histories.

Access to doctors is frequently delayed, particularly in pre-trial detention centres. Medical consultations are sometimes held in the presence of non-medical staff, violating confidentiality. The availability of medicines and medical supplies is insufficient.

Medical staff fail to properly document bodily injuries; their reports often lack independent medical assessments or alignment with inmates' testimonies, undermining accountability for ill-treatment. Many prisoners with hepatitis C do not undergo the necessary PCR tests or receive antiviral treatment. Detainees with infectious diseases like tuberculosis are sometimes housed with healthy inmates, increasing the risk of outbreaks.

Those with mental health disorders are particularly underserved. There is a lack of clinical psychologists, limiting effective intervention and suicide prevention. Informed consent for psychiatric care is frequently not obtained. Substitution maintenance therapy (SMT) for individuals with substance use disorders is only available in 16 institutions, and access is largely restricted to those who began treatment before incarceration.

Overall, the health system in penitentiary institutions is under-resourced, under-regulated, and fails to meet national and international standards, posing serious risks to the physical and mental well-being of detainees.

1) Challenges of Providing Adequate Healthcare in Detention in Times of War

The Government submits that the full-scale invasion of Ukraine has severely affected the functioning of the penitentiary system, including the disruption of medical supply chains,

¹ Here and further - information of the Ukrainian Parliament Commissioner for Human Rights on the implementation of the Convention against Torture, Unofficial translation of March 10, 2025

evacuation procedures, and the availability of qualified staff. While the wartime context undoubtedly complicates the provision of healthcare, the structural problems identified in this group of cases long predate the military aggression. Prisoners and detainees, as a vulnerable population, endure the consequences of war alongside the rest of the civilian population, yet they are entirely dependent on the State for medical care and protection. This dependency places an even greater responsibility on the authorities to ensure continuity and adequacy of healthcare during wartime.

In this context, the Government refers to the *Strategy for Reforming the Penitentiary System until 2026* and the *Rule of Law Roadmap* as indicators of progress. However, the submitting organizations note that these documents remain largely declaratory. They set out broad strategic objectives but lack concrete implementation indicators, binding deadlines, dedicated funding, and clear monitoring mechanisms. Without a results-oriented framework that has been properly discussed with civil society and the expert community, these strategies cannot be regarded as a sufficient response to the systemic shortcomings identified by the Court.

A central element of the reform is the planned transfer of medical functions from the State Penitentiary Service to the Ministry of Health, intended to create a unified national healthcare system. However, in practice this reform remains incomplete and largely theoretical. The establishment of the Health Care Center within the State Penitentiary Service has not resulted in tangible improvements in detainees' access to adequate medical assistance. Instead, it has produced a hybrid structure that maintains the penitentiary status of health personnel, thereby preserving administrative dependence on the prison system. According to a 2020 EU–Council of Europe report², this institutional arrangement led to further disorganization of medical care, including a shortage of qualified personnel, frequent interruptions in medicine and equipment supplies, and ongoing confusion over the coordination between medical units and penitentiary administrations.

The timeline for completing the transfer of medical functions remains uncertain. The Government itself acknowledges that the relevant draft law, developed by the Ministry of Justice and submitted to Parliament in March 2021, has been withdrawn. As a result, the reform stands at an impasse.

² Analysis of implementation of the recommendations [of the CPT to Ukraine], EU-CoE Programme on Prison Reform, June 2020

The continued lack of an independent, health-based management structure for prison medicine leaves detainees without the guarantees necessary for effective protection of their right to health. This is an issue that becomes all the more pressing in times of war, when access to healthcare is already strained across the country.

Since the last examination of this group of cases, Ukraine has received an EU candidate status and is being evaluated by the European Commission as part of the accession process. The issue of adequate healthcare in detention is taken into account by the European Union under Chapter 23 of the accession process, which specifically focuses on the transfer of prison healthcare to the Ministry of Health³. This measure thus represents a crucial benchmark in aligning Ukraine's penitentiary system with European standards. It is therefore important to see this process through to completion, particularly in light of the compounded challenges brought by the ongoing war.

2) Regulatory framework of medical assistance in the ITT and in facilities of the SPS of Ukraine

The Government provides extensive information as to the legislation on the provision of medical care in these two types of institutions. They fail, however, to explain the novelty of these provisions and their impact on the improvement of medical care for persons in detention.

3) Appointment of Inspectors for Prisoners' Rights

The authorities refer to the introduction of a new position of *Inspector for the observance of prisoners' rights and prevention of torture*, describing it as an innovative human rights safeguard. However, this assertion disregards the fact that these inspectors are employees of the penitentiary administration and therefore lack structural independence. Their unclear mandate, access powers, and reporting obligations further undermine their credibility, particularly in matters concerning the provision of medical assistance.

³ See 2023 pp.41-42 and 2024 report pp.37-38, Directorate-General for Neighbourhood and Enlargement Negotiations

The status of inspectors, their subordination to the prison service, and the absence of guarantees of confidentiality raise serious concerns in the area of healthcare, as their work entails access to information that inevitably involves medical secrecy. Likewise, in cases of medical assessment of injuries resulting from alleged ill-treatment, the involvement of prison inspectors runs counter to all established international standards. As the Court has held on many occasions, proper medical examinations are an essential safeguard against ill-treatment. A forensic medical examiner must enjoy formal and de facto independence, have been provided with specialised training and have a mandate which is broad in scope⁴.

4) Reference to the CPT Assessments

The Government cites the CPT's 2023 report as evidence of progress, noting increased specialist staffing and adequate conditions in certain institutions. However, the same report⁵ also reports that vacancies for key specialists persist, especially in infectious disease and tuberculosis posts, alongside chronic shortages of nurses and feldshers. It also describes deficiencies in certain facilities, such as inadequate consultation spaces, missing diagnostic equipment, and unequal access to specialised care. Indeed, while the Committee acknowledges that initial medical screening for new arrivals and the maintenance of medical records are systematically carried out and that injury documentation has improved in several institutions, significant concerns remain regarding incomplete recording of detainees' statements about the origin of injuries, breaches of medical confidentiality during consultations, and the continued absence of gender-sensitive and trauma-informed screening procedures. Overall, the Committee concluded that while certain procedural and infrastructural aspects have improved, fundamental structural reforms (particularly the transfer of prison healthcare to the Ministry of Health and the professional independence of medical staff) remain unfulfilled.

5) Inter-Ministerial Working Groups and Regulatory Orders

⁴ *Akkoç v. Turkey*, nos [22947/93](#) and [22948/93](#), §§ 55 and 118, ECHR 2000-X

⁵ CPT October 2023 periodic visit to Ukraine, pp.32-37

The Government points to the establishment of inter-ministerial working groups and new ministerial orders to improve coordination between the Ministries of Justice and Health⁶. Yet these bodies remain procedural rather than operational. No information is provided about the concrete results achieved, implementation timelines, or measurable improvements in detainee health outcomes. The reported pilot project to provide medical care to convicts and detainees by healthcare facilities of the Ministry of Health is not yet approved.

6) Disability Assessment and Social Protection

The Government reports the introduction of new procedures for assessing and recognising disability among detainees to facilitate access to pensions and social benefits. The submitting organisations note that individualised rehabilitation and barrier-free access to medical care⁷ remain systematically underdeveloped, resulting in disability becoming an additional obstacle to medical treatment, rehabilitation, and participation in the institutional environment.

Monitoring findings indicate that a considerable number of persons with disabilities in detention do not possess properly issued or updated *individual rehabilitation programmes* (IRPs), despite the explicit obligation of healthcare institutions to initiate their development and ensure implementation. The absence of an IRP means the absence of a structured plan: there is no identification of specific technical rehabilitation devices, no defined schedule or scope of physical therapy, psychosocial support, or adaptation of workplaces and living conditions.

An illustrative example was recorded during a monitoring visit to the Kropyvnytskyi Correctional Colony No. 6, where ten individuals with disabilities were under medical supervision (Group II – 1 person; Group III – 9 persons). It was established that persons with disabilities were not receiving adequate diagnostic, treatment, or rehabilitation measures, despite confirmed data on persistent functional impairments caused by illness or injury. One detainee with a recognised

⁶ Ministry of Health of Ukraine issued Order No. 1743 “On the establishment and approval of the composition of an interdepartmental working group on improving the provision of medical care to convicts, detainees and individuals released from places of deprivation of liberty” and Ministry of Health of Ukraine issued Order No. 868 “On ensuring the effective work of the interdepartmental working group on improving the provision of medical care to convicts, detainees and individuals released from places of deprivation of liberty”

⁷ As provided by the Law of Ukraine “On the Rehabilitation of Persons with Disabilities in Ukraine” and the State Building Norms (DBN) V.2.2-17:2006 “Buildings and Structures. Accessibility of Buildings and Structures for People with Limited Mobility.

disability had no IRP at all, while for others, the recommendations contained in the IRP were not implemented. As a result, they were deprived of necessary diagnostic, therapeutic, and rehabilitative interventions. Similar shortcomings were documented in Medical Units Nos. 117, 40, 64, 67, 14, 12, and 56.

The second structural deficiency concerns the lack of adequate conditions and accessibility for persons with limited mobility. Accessibility extends beyond ramps and handrails; it encompasses a comprehensive set of requirements: adequate doorway width, barrier-free routes to medical units, sanitary facilities suitable for wheelchair users, clear signage and navigation, and emergency call systems.

Monitoring by the submitting organisations confirmed non-compliance with these standards in numerous institutions, including Poltava Medical Unit No. 23, Medical Units Nos. 117, 41, 40, 6, 67, 64, Kropyvnytskyi Medical Unit No. 14, Lviv Regional Hospital No. 19, and Ivano-Frankivsk Medical Units Nos. 12 and 56. In such settings, access to doctors, showers, or treatment rooms can become physically impossible, effectively limiting access to healthcare.

7) Programmes on HIV, Tuberculosis, and Substitution Therapy

The Government cites coverage figures for HIV treatment, tuberculosis screening, and substitution maintenance therapy, claiming nearly full access to medication. The submitting organisations would like to present the picture as seen during the monitoring visits.

Tuberculosis

In custodial settings the risk of tuberculosis transmission is elevated due to crowding, enclosed spaces, and limited ventilation. Infection control must operate on three levels: administrative measures, engineering controls, and personal protective equipment.⁸ National standards require timely identification and isolation of presumptive or confirmed TB cases, adequate isolation

⁸ Standard of infection control for health care institutions providing TB care, Ministry of Health Order No. 287 of 1 February 2019; Standards of medical care “Tuberculosis,” Ministry of Health Order No. 102 of 19 January 2023.

rooms with appropriate ventilation and zoning, and consistent use of respirators rated FFP2 or N95 or higher.⁹

Trends in 2021 to 2024 indicate both programmatic progress and structural risks. According to internal data of the Central Health Care Centre of the State Criminal-Executive Service, the number of persons with TB decreased from 529 in 2022 to 415 in 2024. Patients on palliative care decreased from 54 to 24. Treatment success for drug-sensitive TB increased from 67 percent to 78 percent, and for multidrug-resistant TB from 40 percent to 72 percent. Recorded TB mortality fell from 31 cases in 2022 to 13 in 2024.¹⁰ These figures reflect improvements in early diagnosis and updated regimens, but they were also affected by wartime restructuring, including the occupation of two specialised penitentiary TB hospitals that altered patient flows and accounting of severe cases.¹¹ As of 1 September 2025, 374 TB patients were under supervision in the penitentiary health network, 41.4 percent with drug-sensitive TB and 58.6 percent with drug-resistant forms, including 112 with MDR TB and one with extensive resistance. Treatment was documented as successfully completed for 146 drug-sensitive and 86 drug-resistant cases, with 25 patients on palliative care.¹² National surveillance in July 2025 recorded 1,247 TB cases, including 233 drug-resistant, which underscores the continuing risk environment.¹³

Monitoring visits recorded non-compliance with isolation requirements. In Lviv Regional Hospital No. 19, isolation rooms housed more than one or two persons, door seals were absent, and mechanical ventilation and air recirculation were inadequate, contrary to infection control standards.¹⁴ Similar shortcomings were observed in Medical Units Nos. 14 and 23. Facility capacity for isolation is critical. Where only one isolation room exists, confirmed and presumptive cases cannot be separated, which contradicts ministry guidance.¹⁵ This was recorded in Medical Unit No. 41, with analogous problems in Medical Units Nos. 67 and 64.

⁹ Standards cited in footnote 14, administrative, engineering, and personal protection components.

¹⁰ Internal statistics of the Central Health Care Centre of the State Criminal-Executive Service, 2022 to 2024

¹¹ Impact of occupation of Snigurivka Correctional Colony No. 5 and Holoprystan Correctional Colony No. 7 on patient routing and reporting.

¹² Penitentiary health network supervision data as of 1 September 2025

¹³ National surveillance bulletin of the Public Health Center for July 2025, case counts and drug resistance profiles.

¹⁴ Monitoring findings, Lviv Regional Hospital No. 19, non-compliance with Order No. 287 infection isolation requirements.

¹⁵ Ministry of Health Order No. 1777 of 3 August 2020 on measures to prevent infection during patient care, requirement for separate isolation of infectious cases; monitoring in Medical Unit No. 41 and analogous facilities.

Effective isolation requires stand-alone rooms with dedicated sanitary facilities. State building norms require equipping isolation rooms with separate toilets and showers in order to reduce contamination risks during movement to common areas and to ensure safe conditions of treatment. In Medical Unit No. 40, the isolation room lacked a sanitary unit and shower, which forced infectious patients to use common facilities and increased transmission risk. Similar issues were recorded in Medical Units Nos. 67 and 6.

HIV/AIDS

Assistance to people living with HIV in places of detention rests on three pillars: correct enrolment under medical supervision with proper documentation of HIV status, timely laboratory support for initiation and monitoring of antiretroviral therapy, and guaranteed continuity of care during transfers and upon release.¹⁶ As of 1 September 2025, 2,880 people living with HIV were registered in penitentiary facilities, of whom 2,842 received ART, which is 98.7 percent coverage. Thirty-eight people required therapy but did not receive it. Thirty-seven had recorded refusals and one was in preparation for ART initiation.¹⁷

Monitoring identified systemic non-compliance at the stage of medical enrolment. Responsible staff in a number of facilities failed to complete the primary record form No. 502-1/o Registration Card of a Person with HIV.¹⁸ For example, in Pervomaisk Correctional Colony No. 117 the form was missing for two persons under medical supervision, contrary to the Ministry of Health requirements that the form be signed by the counselling physician and attached to outpatient medical record No. 025/o.¹⁹ Similar deficiencies were recorded in Medical Units Nos. 23, 117, 41, 6, 14 and in Lviv Regional Hospital No. 19.

Monitoring also documented delays and gaps in laboratory testing required for ART selection, treatment monitoring, and toxicity detection. In Lviv Regional Hospital No. 19, laboratory tests before and after ART start were incomplete or untimely, including overdue CD4 counts that are critical for monitoring effectiveness, and lack of sexually transmitted infection testing on the

¹⁶ Central Health Care Centre of the State Criminal-Executive Service of Ukraine, Plan of Measures for 2025 on HIV services in penitentiary facilities.

¹⁷ Facility registry data as of 1 September 2025, on-site monitoring records.

¹⁸ Primary record form No. 502-1/o Registration Card of a Person with HIV.

¹⁹ Ministry of Health Order No. 180 of 5 March 2013 on HIV medical documentation, requirement to attach form 502-1/o to outpatient record No. 025/o.

recommended schedule.²⁰ Similar findings were recorded in Medical Units Nos. 23, 117, 41, 40, 6, 67, 64, 14, 12 and 56.

Continuity at release remains problematic. Facilities did not consistently transfer the medical documentation to the AIDS Center at the person's place of residence, as required by the interagency procedure. In Medical Unit No. 64, the discharge extract and a copy of form No. 502-2/o were not sent upon release.²¹ Similar issues occurred in Medical Units Nos. 23 and 117. Additional gaps include the absence of an approved schedule for an infectious-disease specialist and failure to maintain the log of people who are released and are HIV-positive, which further undermines continuity of care.²²

Opioid Substitution Therapy

Expansion of access and continuity of care are set in the Government Strategy for Penitentiary Reform through 2026 and in the National Strategy for a Barrier-Free Space through 2030.²³ The basic regulatory framework is the Ministry of Health order that establishes the OST procedure and record forms.²⁴ Providers must hold a medical practice licence²⁵ and a licence for activities involving controlled substances listed under Cabinet of Ministers Resolution No. 770, with licensing authority designations under Resolution No. 609.²⁶

In 2024, early scale-up was recorded with approximately 200 patients and plans to open sites in five colonies and fourteen SIZOs, with about 30 patients per site. Field interviews indicated that half of patients on community OST interrupted treatment upon entry into custody, while up to 90

²⁰ Standard of medical care "HIV Infection," approved by Ministry of Health Order No. 2092 of 16 November 2022, as amended by Order No. 1465 of 15 August 2023.

²¹ Procedure for interaction of health care institutions concerning released HIV-positive persons, including transmission of discharge extract and copy of form No. 502-2/o to the AIDS Center.

²² Procedure for interaction, point 3.12 on specialist schedules and Annex 5 logbook requirement under Joint Order No. 692/775/1311/5.

²³ Cabinet of Ministers Order No. 1153-r of 16 December 2022, Penitentiary Reform Strategy to 2026; Cabinet of Ministers Order No. 366-r of 14 April 2021, National Strategy for a Barrier-Free Space to 2030

²⁴ Ministry of Health Order No. 200 of 27 March 2012, Procedure for opioid substitution maintenance therapy and related forms, as amended.

²⁵ Cabinet of Ministers Resolution No. 285 of 2 March 2016, Licensing conditions for medical practice.

²⁶ Cabinet of Ministers Resolution No. 770 of 6 May 2000, List of narcotic drugs, psychotropic substances and precursors; Cabinet of Ministers Resolution No. 609 of 5 August 2015, List of licensing authorities.

percent of OST patients simultaneously receive ART. To reduce losses, peer-support models were piloted using trained prisoner social workers to assist intake and transfers.²⁷

By July 2025, 570 persons were receiving OST, with a mean age of 36 years and a mean duration of dependence of 16 years. Average daily doses were 85 mg for methadone and 11 mg for buprenorphine. New sites opened during 2025, and by August the programme operated in 21 institutions, with a target of 625 concurrent patients by year end.²⁸ On 11 August 2025 the health authority announced the opening of an OST cabinet in Kyiv SIZO, which is significant because treatment interruptions occur most often in pre-trial detention.²⁹ A working group under the National Council focused on continuity of services in places of detention on 5 August 2025, which confirmed the policy course toward sustained access to OST in the State Criminal-Executive Service. The Ministry of Health did not support exempting penitentiary facilities from licensing conditions under Cabinet Resolution No. 285, citing non-discrimination and accessibility principles and the option of reasonable accommodation under Cabinet Resolution No. 668.³⁰

As of 1 July 2025, the OST network covered Poltava, Lviv, Khmelnytskyi, Vinnytsia, Sumy, Zhytomyr, Volyn and Rivne, Mykolaiv and Odesa, Kirovohrad and Cherkasy, and Ternopil regions. No active sites were available in Kharkiv region, and Medical Unit No. 117 lacked the required licence and infrastructure despite documented need.³¹ The principal barrier is the absence of licences for controlled substances handling. In several facilities the service is not provided because the licence is missing, despite demand and a sufficient regulatory base. Some cabinets are located in secure buildings where classic accessibility norms are difficult to implement, yet reasonable accommodation allows individually designed solutions and does not justify refusal to provide the service.

Monitoring at functioning sites found missing emergency equipment, including glucose meters, manual ventilation bags, and emergency kits, as well as gaps in secure storage and documentation. In Poltava Correctional Facility No. 23, the OST cabinet lacked essential devices,

²⁷ Field reports and interviews, 2024 scale-up phase, peer social worker model

²⁸ Central Health Care Centre presentation, July 2025, programme size, doses, sites and targets.

²⁹ Official communication of 11 August 2025 on opening of the OST cabinet in Kyiv SIZO.

³⁰ Minutes of the National Council working group of 5 August 2025 on continuity in detention; Ministry of Health position on licensing conditions under Resolution No. 285, application of reasonable accommodation under Resolution No. 668.

³¹ Regional coverage status as of 1 July 2025, monitoring visit to Medical Unit No. 117, Kharkiv region

which creates risks for timely response to complications. In Medical Unit No. 56, only three patients received OST, and multiple individuals reported difficulties in accessing treatment after prior interruption.³² The most vulnerable points are SIZOs and during transfers, where community-initiated OST is often discontinued. In some regions, Medical Unit No. 12 lacked specialist schedules and routing algorithms. Minimising losses requires an approved local patient pathway for OST that covers intake, dose adjustment, cross-specialty coordination, hospitalisation or transfer algorithms, and peer navigation.

Cancer

The issue of access to adequate medical care for prisoners suffering from cancer remains one of the most neglected areas of penitentiary healthcare in Ukraine. There is currently no closed-type institution in the country where persons with oncological diseases can receive proper medical treatment³³. The absence of specialized facilities has particularly devastating consequences for prisoners requiring palliative care, who need continuous pain management and compassionate end-of-life support. Civilian hospitals, as a rule, refuse to admit such patients, effectively leaving them without any medical assistance or dignity in their final stages of illness.

Human rights defenders and the Office of the Parliamentary Commissioner for Human Rights have repeatedly intervened in individual cases, including those of Volodymyr Rubchenko, Vitalii Matukhno, Ivan Yastrebov, Mykyta Mezentsev, and Serhii Trotsky, all of whom were diagnosed with advanced-stage cancer. The struggle continues for the life of Serhii Sabirov, another prisoner suffering from terminal cancer. As emphasized by KHPG lawyer Hanna Ovdienko, in all these cases late diagnosis was a decisive factor, resulting from systemic barriers to timely medical examinations within the penitentiary system.

The lack of a specialized oncology hospital for prisoners creates serious logistical and financial obstacles. Transporting detainees for diagnostic examinations often takes weeks or months due to lack of funding and absence of secure transport vehicles. Even when access to a civilian

³² Monitoring findings, Poltava Correctional Facility No. 23 and Medical Unit No. 56, equipment gaps, low enrolment, and reported access barriers

³³ Here and further the text references materials published by the KhPG on 21 February 2024, <https://khpg.org/1608813417>

hospital is granted, it is typically impossible to complete all necessary diagnostic procedures, such as biopsies, CT, or MRI, within a single day. Moreover, prolonged hospitalization in civilian oncology centers is not feasible because these facilities lack specialized wards for prisoners. The absence of state funding for high-cost diagnostic procedures, particularly CT and MRI scans, further restricts prisoners' access to essential diagnostics.

8) Interim Measures

In response to the finding of Article 34 of the Convention in the case of *Salakhov and Islyamova*, which concerns the authorities' failure to comply with an interim measure indicated under Rule 39 by the Court, the Government submits statistics as to the interim measures indicated but provides no information as to the measures taken to ensure that similar violations would not occur in the future. One of the submitting organisation was following the situation of Mr Matukhno, who suffered from cancer and was granted a Rule 39 request but nevertheless died in prison without access to adequate healthcare. The Court is now examining the issue of Article 34 violation in *Matukhno v. Ukraine*³⁴.

9) Release on medical grounds

The Ukrainian judiciary continues to treat medical release³⁵ as an act of leniency rather than a legal safeguard of the right to life and freedom from inhuman treatment³⁶.

The courts relied heavily on the List of Diseases annexed to the 2014 Order on Medical Assistance to Prisoners, even though it is intended for medical staff rather than judges. The list was cited in 81.37% of all rulings and even in 83.85% of refusals. This practice contravenes the European Court of Human Rights (ECtHR) judgment in *Yermolenko v. Ukraine*³⁷, which held that compatibility of a detainee's health with imprisonment cannot be determined solely by reference to a fixed list of illnesses.

³⁴ See communication report of 11 February 2025 in the case no. [53387/22](#)

³⁵ Article 84(2) of the Criminal Code of Ukraine

³⁶ Here and further reference is to the study conducted by the Kharkiv Human Rights Protection Group (KHPG) which analysed 1,471 court rulings on the release of prisoners due to serious illness between 1 January 2017 and 30 June 2022 across Ukraine.

³⁷ *Yermolenko v. Ukraine*, no. 49218/10, §61, ECHR 2012

Equally concerning is the persistent reliance on the 1973 Plenum Decision of the Supreme Court of the USSR (No. 8), still invoked in 30.66% of rulings and nearly half of refusals. This document—outdated by five decades—requires courts to consider non-medical factors such as behavior, work attitude, and “degree of correction.” Such reasoning is incompatible with modern ECtHR jurisprudence, notably *Melnyk v. Ukraine*³⁸, which limits assessment to (1) the medical condition, (2) adequacy of treatment, and (3) the necessity of continued detention in view of the prisoner’s health.

Procedural barriers compound these legal deficiencies at every stage of the process. Although regulations formally set short deadlines for certain steps, they omit any time limits for the critical stages of medical examination and transfer, resulting in indefinite delays.³⁹ In many cases, even when the prisoner’s illness appears on the official list, penitentiary administrations fail to initiate release procedures, leaving prisoners or their lawyers to file petitions independently⁴⁰. Where such self-petitions are submitted, courts frequently dismiss them for lacking an official medical commission finding, effectively ensuring that death occurs before the system acts.⁴¹

Judicial proceedings add further delays. Although Article 539(3) of the Criminal Procedure Code requires courts to consider petitions within ten days, this rule is almost universally ignored. Cases often last months, and prosecutors routinely appeal favorable judgments, forcing terminally ill prisoners to wait for appellate outcomes they may not live to see.⁴² Jurisdictional confusion adds to the dysfunction. When prisoners are transferred to other facilities for treatment, courts frequently decline to hear the case on territorial grounds, as seen in the Mezentsev case, where the petitioner died before his application was ever examined.⁴³

³⁸ *Melnyk v. Ukraine*, no. 28412/10, §94, judgment of 21 November 2019

³⁹ Procedure for organising the provision of medical care to persons sentenced to imprisonment, No. 1348/5/572, 15.08.2014, Chapter VI, Annex 13, <https://zakon.rada.gov.ua/laws/show/z0990-14#n734>

⁴⁰ KHPG report, p. 13

⁴¹ *Ibid.*, p. 21.

⁴² *Ibid.*, p. 24

⁴³ “You are not from our region, so you must die”, <https://khpg.org/1608812702>; Court decisions in cases No. 467/1065/23 and 490/8811/23, <https://reyestr.court.gov.ua/Review/113288599>,

The cumulative effect of these deficiencies is visible in the persistently high mortality rate in Ukrainian prisons (more than double the European average) and the sharp decline in granted medical releases.⁴⁴

10) Compensatory Remedy and Complaint Mechanism

The Government reports the adoption and entry into force of the new complaint and compensation mechanism⁴⁵ for persons held in poor detention conditions. The law introduces a Commission empowered to examine complaints, verify conditions through on-site visits, and determine the fact and duration of detention in inadequate conditions. The provisions on compensation will take effect once accompanying amendments to the Criminal Code and Criminal Procedure Code are adopted. Between January and August 2025, they reportedly received seventy complaints, including sixteen concerning inadequate medical care.

While the establishment of the Commission represents a potentially interesting institutional step, several issues persist. Firstly, the compensatory element of the law has not yet entered into force, leaving detainees without access to redress. Secondly, the Commission operates under the supervision of the Ministry of Justice, who is also in charge of the State Penitentiary Service, which creates an inherent conflict of interest. The Court held on numerous occasions that for a preventive remedy with respect to conditions of detention before an administrative authority to be effective, this authority must be independent of the authorities in charge of the prison system.⁴⁶ Thirdly, the mandate of the Commission focuses largely on the material conditions of detention, and while medical care does appear to fall within the ambit of the complaint system, the exact mechanism of improvement of access to medical care for prisoners remains to be clarified. Most importantly, the biggest indicator of efficiency of the Commission and its impact on the execution of the present group of cases is the outcome of its work. It is telling that after reporting on 70 complaints received this year, the Government is not in a position to report on a single instance where a

⁴⁴ Protection for Prisoners of Ukraine, *Mortality and Medical Release Rates 2017–2024*, <https://ngoauu.org/virok-smert-cherez-xvorobu-sumna-statistika-z-misc-pozbavlennya-voli-ukra%D1%97ni/>

⁴⁵ the Law of Ukraine No. 4093-IX “On Amendments to Certain Legislative Acts on Measures to Restore the Rights of Convicts and Detainees due to Inadequate Material Conditions,”

⁴⁶ *Neshkov and Others v. Bulgaria*, 2015, §§ 182-183 and 282-283

detainee's complaint was granted. In the context of a structural issue this aspect is largely underwhelming.

11. Medical documentation

Monitors found widespread falsification or absence of medical records, with injuries and diseases left undocumented.⁴⁷ Medical files are often inaccessible to the prisoners themselves and can be used by the administration as instruments of control or retaliation.⁴⁸ In many institutions, even when medical assistance is formally recorded, no actual treatment follows.

III. Conclusion and recommendation

The judgments in this group of cases date back to 2009–2010, with facts as early as 2002 in *Isayev v. Ukraine*. The underlying issues concerning inadequate medical care and systemic shortcomings in the penitentiary system have therefore persisted for more than two decades. Civil society organisations believe that despite the stated commitments, the Government has not yet comprehensively addressed the structural problems identified by the Court.

The submitting organisations kindly ask the Committee of Ministers to:

- maintain the enhanced supervision procedure for the *Logvinenko* and *Isayev* group of cases until measurable and verifiable results are achieved.
- request the Ukrainian Government to submit, within a fixed deadline, a detailed timeline for the implementation of penitentiary healthcare reform, specifying legislative, administrative, and budgetary milestones.
- continue examining these cases at regular intervals, including a potential follow-up assessment at one of the meetings in 2026, to ensure genuine progress and sustained oversight.

⁴⁷ Analytical Report Following the Results of Monitoring Visits to Penitentiary and Social Detention Facilities in 2024, https://files.notorture.org.ua/Library/Analytical_Report_2024_ENG.pdf

⁴⁸ Ibid., §1.7.8; §1.8

Respectfully submitted,

A handwritten signature in black ink, consisting of a stylized 'H' followed by a horizontal line and a small upward tick.

Hugues de
Suremain,
Director of
Litigation
and Advocacy
EPLN

A handwritten signature in blue ink, appearing to be 'Oleg Tsvily' in a cursive script.

Oleg Tsvily

Head of
Protection for
Prisoners of
Ukraine