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### **THIRD-PARTY INTERVENTION**

Application nos. 27445/22 and 2 others  
Panasenko and Others v. Ukraine

## Introduction

1. Our organisations have been extensively engaged in monitoring and analysing both the state of healthcare within Ukraine’s penitentiary system and the legal and procedural framework governing release on medical grounds. Through this work, we have consistently identified significant, systemic shortcomings that prevent the system from achieving compliance with Convention standards.
2. Indeed, the medical release system in Ukraine constitutes an acute, systemic issue. Although a legal framework exists, its implementation is undermined by persistent legal, institutional, and procedural deficiencies. Applications are routinely delayed at both the administrative and judicial stages, often resulting in prisoners dying before a decision is reached. The criteria for release are vague, inconsistently applied, and rely on outdated legal instruments and a fixed list of illnesses, preventing individualised medical assessments. Prisoners face limited access to medical commissions, lengthy transfers in inadequate conditions, and a lack of legal representation or procedural safeguards. Courts rarely engage meaningfully with medical evidence, and prosecutors routinely oppose release based on non-medical grounds. Many terminally ill prisoners are left without adequate care or pain relief, dying in degrading conditions.
3. The continued detention of seriously ill prisoners places a disproportionate and avoidable burden on the penitentiary healthcare system, which is already under-resourced and structurally limited. Prison medical units often lack the specialised staff, equipment, and medication needed to manage complex or chronic conditions—such as HIV at an advanced stage, post-stroke care, or terminal illnesses<sup>1</sup>. Instead of being transferred to appropriate external care, seriously ill prisoners remain in custody, where their needs are having to be met—if at all—by fellow inmates or relatives, as documented repeatedly by civil society organisations and the CPT. This not only contravenes standards of care but also diverts limited medical resources within the penitentiary system toward individuals whose continued detention serves no therapeutic or correctional purpose, thereby reducing the system’s overall capacity to meet the basic healthcare needs of the wider prison population.
4. These structural deficiencies have been acknowledged for years but has remained insufficiently addressed. The systemic problem of the inadequacy of medical care in prisons has been under the enhanced supervision of the Committee of Ministers of the Council of Europe since 2005, originally within the group of cases *Nevmerzhitsky and others v. Ukraine*. In 2020, the Committee of Ministers decided<sup>2</sup> to examine the issue of medical care in prison separately under the *Logvinenko*

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<sup>1</sup> Приречені на муки: проблеми звільнення з місць позбавлення волі через тяжкі захворювання, <https://khpbg.org/1608813417>

<sup>2</sup> Decisions CM/Del/Dec(2020)1390/H46-31, 3 December 2020, par. 8, [https://hudoc.exec.coe.int/eng?i=CM/Del/Dec\(2020\)1390/H46-31E](https://hudoc.exec.coe.int/eng?i=CM/Del/Dec(2020)1390/H46-31E).

group.<sup>3</sup> The Committee of Ministers in their latest decision of 2021<sup>4</sup> as well as the CPT in its report from 2023 noted that the situation has remained unchanged and that no clear plan has been developed or implemented to address this problem and reform prison medicine. This was also noted by the European Commission in its 2023 report.<sup>5</sup>

5. The Ukrainian authorities are under pressure to reform the penitentiary healthcare system—a reform that is both a foundational requirement for aligning detention practices with European legal and human rights standards and a necessary step in the EU accession process. However, the very high number of prisoners suffering from chronic and life-threatening illnesses continues to push the existing system to its limits, complicating the effective implementation of politically mandated reforms. Notably, within the penitentiary administration, there are calls for dialogue and change: *“The time has come to listen to representatives of the human rights community and, together with medical professionals, to discuss the need to expand the list of diseases that should give the right to release, as well as other mechanisms that should practically take into account the health status of a person and affect the issue of serving a sentence,”* stated Yaroslav Basarab, Director of the Central Healthcare Centre of the penitentiary system.<sup>6</sup> **In this context, the undersigned organisations—who are among the principal civil society actors working on detention and healthcare monitoring in Ukraine—consider that the scale, persistence, and structural nature of the problem necessitate a clear stance by the Court under Article 46 of the Convention.**

## Statistics: High Mortality and Low Release Rates

6. The Protection for Prisoners of Ukraine (PPU) submitted a request to the penitentiary medical service for the standard reporting form required by regulations concerning the consideration of medical release applications for seriously ill prisoners; however, the requested data was not provided.<sup>7</sup> In the absence of official reporting, the only way to assess developments in the use of medical release is by relating the number of granted petitions to the overall prison population.
7. Mortality and Satisfied Petitions for Medical Release Rates in Ukrainian prisons (2017–2024) in accordance with the data collected by the PPU:

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<sup>3</sup> <https://hudoc.exec.coe.int/eng?i=004-31240>.

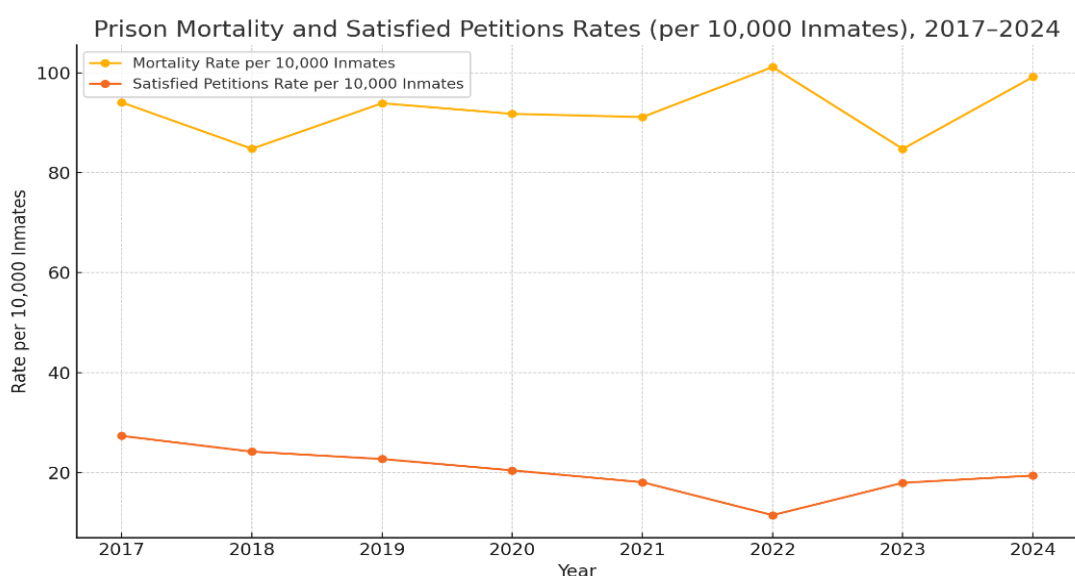
<sup>4</sup> [https://hudoc.exec.coe.int/eng?i=CM/Del/Dec\(2021\)1406/H46-39E](https://hudoc.exec.coe.int/eng?i=CM/Del/Dec(2021)1406/H46-39E).

<sup>5</sup> EC Ukraine Report 2023, page 40, [https://enlargement.ec.europa.eu/document/download/bb61ea6d-dda6-4117-9347-a7191ecfc3f\\_en?filename=SWD\\_2023\\_699%20Ukraine%20report.pdf](https://enlargement.ec.europa.eu/document/download/bb61ea6d-dda6-4117-9347-a7191ecfc3f_en?filename=SWD_2023_699%20Ukraine%20report.pdf).

<sup>6</sup> "Тюремна медицина: шляхи гуманізації. ХПГ", 2025, <https://khpg.org/1608814346>.

<sup>7</sup> <https://ngoauu.org/virop-smert-cherez-xvorobu-sumna-statistika-z-misc-pozbavleniya-voli-ukra%D1%97ni/>.

Year	Total Number of Prisoners (TNP)	Number of Deceased Prisoners	Mortality rate per 10 000 inmates	Satisfied Petitions for Medical Release	Satisfied Petition Rate per 10 000 inmates
2017	60399	568	94.04	165	27.32
2018	57100	484	84.76	138	24.17
2019	55078	517	93.87	125	22.70
2020	52863	485	91.75	108	20.43
2021	49832	454	91.11	90	18.06
2022	42726	432	101.11	49	11.47
2023	44024	373	84.73	79	17.94
2024	37124	368	99.13	72	19.39



8. The mortality rate among prisoners remained consistently high over the eight-year period, fluctuating between 85 and 99 per 10 000 inmates, with a notable spike to 101 per 10 000 inmates in 2022. This increase coincides with a sharp decline in the approved petitions for medical release, which fell to a critically low rate of 11 per 10 000 inmates that same year, suggesting a correlation between the reduction in granted releases and the rise in custodial deaths.
9. In 2022, the average mortality rate in European prisons was 41.7 per 10 000 inmates<sup>8</sup>—more than two times lower than the corresponding rate in Ukraine.
10. The rate of approved medical release petitions declined steadily from 27 per 10 000 inmates in 2017 to just 11 per 10 000 inmates in 2022, with only a modest increase observed in 2023–2024.
11. These figures point to a clear and persistent pattern: despite a declining prison population, mortality rates remain high—well above European averages—while

<sup>8</sup> Council of Europe Annual Penal Statistics – SPACE I 2023, Table 28, [http://www.antoniocasella.eu/nume/Aebi\\_space-i\\_2023\\_5june2024.pdf](http://www.antoniocasella.eu/nume/Aebi_space-i_2023_5june2024.pdf).

approval rates for medical release have steadily decreased, reaching a low in 2022. Notably, this year also saw the highest recorded mortality rate, suggesting a possible correlation between the decline in granted release petitions and an increase in custodial deaths. This disconnect between serious medical need and the limited use of the release mechanism highlights a systemic failure to respond promptly and effectively to deteriorating health conditions in detention.

## Inhumane Conditions and End-of-Life Care Failures

12. Beyond the statistical indicators, the treatment of seriously and terminally ill prisoners in Ukraine reveals deeper systemic shortcomings in the provision of care and the protection of dignity at the end of life. Terminally ill prisoners in Ukraine are subjected to inhumane conditions, lacking both physical and psychological care, and are often left to die in isolation without adequate medical support.
13. According to CPT reports<sup>9</sup> and the Court's case law,<sup>10</sup> there is no provision for individual nursing care in Ukrainian detention facilities; seriously ill prisoners are often left to rely on fellow inmates for basic assistance and endure extreme isolation, fear of death, and emotional neglect. Visits from relatives are not permitted in SIZO facilities, further intensifying their despair.<sup>11</sup> Seriously ill prisoners are handcuffed to their beds when placed in civilian hospitals.<sup>12</sup> The transportation of seriously ill prisoners to specialised penitentiary or civilian hospitals can take months and is conducted in vehicles with inadequate conditions and without medical supervision (see, for example, *Konovalchuk v. Ukraine*, no. 31928/15, §§ 42-43, 66-70, 13 October 2016).
14. During the transportation of convicts, medical records are sealed in an envelope and can only be accessed by medical staff at transitional facilities upon a written request from the court or prosecutor, preventing them from providing timely and appropriate assistance to seriously ill prisoners.<sup>13</sup>
15. As prison hospitals are not licensed to administer narcotic painkillers, and civilian hospitals often refuse to admit terminally ill prisoners requiring such medication, individuals in need of palliative care are frequently left without adequate pain relief and die in severe suffering.<sup>14</sup>

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<sup>9</sup> CPT/Inf (2007) 22, <https://hudoc.cpt.coe.int/?i=p-ukr-20051009-en-29> par. 136.

<sup>10</sup> PONOMARENKO v. UKRAINE, no. 17030/20, §§26-27, 22 September 2022.

<sup>11</sup> CPT/Inf (2007) 22, <https://hudoc.cpt.coe.int/?i=p-ukr-20051009-en-29>, par. 136; PONOMARENKO v. UKRAINE, no. 17030/20, §30, 22 September 2022.

<sup>12</sup> Salakhov and Islyamova v. Ukraine, no. 28005/08, § 150-155, 14 March 2013, Kushch v. Ukraine, no. 53865/11, § 92-97, 3 December 2015, PONOMARENKO v. UKRAINE, no. 17030/20, § 29, 22 September 2022.

<sup>13</sup> paragraph 2 and paragraph 4 of section 3 of section VIII of the Order of the Ministry of Justice of Ukraine of 08.06.2012 No. 847/5, <https://zakon.rada.gov.ua/laws/show/z0957-12#Text>.

<sup>14</sup> Приречені на муки: проблеми звільнення з місць позбавлення волі через тяжкі захворювання, <https://khp.org/1608813417>

## Inadequate Legal Basis for Medical Release

16. The legal framework for medical release in Ukraine is outdated, vague, and inconsistently applied. Anchored in Article 84 of the Criminal Code and a 1973 Plenum Resolution, it imposes broad, subjective criteria and relies on a fixed list of illnesses, preventing individualised medical assessments. Combined with the absence of appellate oversight and inconsistent judicial practice, this framework fails to provide a clear, fair, and effective mechanism for the release of seriously ill prisoners.

## Outdated and Vague Legal Standards

17. Article 84 of the Criminal Code, in conjunction with Plenum Decree No. 8 of the Supreme Court of Ukraine dated 28 September 1973, constitutes the primary legal framework governing the courts' consideration of applications for the release of seriously ill prisoners from serving the remainder of their sentence. The relevant domestic law and practice are set out in the case of *Yermolenko v. Ukraine*, no. 49218/10, §§ 32–36, 15 November 2012. Despite its longstanding application, this framework remains outdated, vague, and inconsistently interpreted by domestic courts. Rather than ensuring a clear and objective standard for release on medical grounds, it imposes broad and subjective criteria that have not evolved in line with current medical or legal standards.
18. The legal framework governing the release of seriously ill prisoners is vague and outdated, and its application by domestic courts remains inconsistent. This issue, in its various dimensions, has been highlighted by academics,<sup>15</sup> human rights defenders,<sup>16</sup> the General Prosecutor's Office (GPO),<sup>17</sup> the CPT.<sup>18</sup>
19. De facto, Article 84 and the Plenum establish vague and overly broad criteria for release on medical grounds. Domestic courts are required to consider not only the prisoner's medical condition but also a range of ill-defined "other circumstances," including the gravity of the offence, the offender's character, behaviour in detention, attitude toward work, and degree of rehabilitation. This approach effectively mirrors the criteria for conditional early release—despite the fact that such measures have obviously already been denied to the individuals concerned, who continue to serve their sentences.
20. Domestic courts continue to rely on the outdated Resolution of the Plenum No. 8, 28 September 1973, as a primary reference in medical release cases. The Kharkiv

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<sup>15</sup> «Проблеми дотримання прав засуджених при звільненні від покарання та його відбування за хворобою», Триньова Я. О., [http://pravoisuspilstvo.org.ua/archive/2023/4\\_2023/42.pdf](http://pravoisuspilstvo.org.ua/archive/2023/4_2023/42.pdf).

<sup>16</sup> DH-DD(2020)986: Rules 9.2 and 9.6 NGO, [https://hudoc.exec.coe.int/eng?i=DH-DD\(2020\)986E](https://hudoc.exec.coe.int/eng?i=DH-DD(2020)986E), "Тюремна медицина: шляхи гуманізації", ХПГ, 2025, <https://khpg.org/1608814346>.

<sup>17</sup> General Prosecutor's Office of Ukraine Letter, 10.11.2022, no 20/2/2-475вих-520окв-22, Щодо організації участі прокурорів у судовому провадженні при вирішенні питань про звільнення від покарання за хворобою.

<sup>18</sup> CPT/Inf (2013)23, par. 61, <https://hudoc.cpt.coe.int/eng?i=p-ukr-20121201-en-17>.

Human Rights Protection Group (KHPG) analysed 1,471 rulings issued under Article 84 of the Criminal Code between 1 January 2017 and 30 June 2022 across Ukraine.<sup>19</sup> The study found that in nearly half of all refusals (47.85%), courts explicitly referred to the 1973 Plenum Resolution, demonstrating that, nearly five decades later, domestic courts continue to rely on this outdated document rather than applying the standards set out in the ECtHR's relevant case law, such as in the case of *Yermolenko v. Ukraine* (no. 49218/10, §§ 61–62, 15 November 2012).

21. Article 84 and the Plenum not only lack clarity but also conflict with the Court's position that decisions on medical release must be based on an individual assessment of the prisoner's health, the adequacy of care in detention, and the compatibility of continued detention with their condition (*Mouisel v. France*, no. 67263/01, §§ 40–42).
22. Another core deficiency of the medical release system in Ukraine is its strict reliance on a pre-approved list of illnesses, which continues to prevent prison doctors and staff from initiating release procedures unless the prisoner's condition matches one of the listed diagnoses. This issue was identified by the Court in the case of *Yermolenko v. Ukraine* (no. 49218/10, §§ 61–62, 15 Nov 2012), and crucially, it precludes an individualised medical assessment based on the prisoner's actual health status or functional ability. This issue remains unresolved to this day.

## Inconsistent Case-Law and Lack of Appellate Oversight

23. The lack of a consistent and coherent body of case law further undermines the effectiveness of the medical release mechanism.
24. According to the KHPG's report, the interpretation and application of the law by domestic courts are marked by significant inconsistency. There is no uniform approach to the use of the official list of illnesses: some courts treat the presence of a listed condition as nearly automatic grounds for release, while others deny release even when the illness is clearly included. Conversely, when a condition is not on the list, courts frequently dismiss the application outright, regardless of its severity. This contradictory jurisprudence leads to unpredictable outcomes. Notably, in 41.47% of cases reviewed, decisions were influenced by non-medical factors.
25. The main reason for this inconsistent practice is that cases of release on medical grounds are classified as "matters to be decided by the court during the execution of the sentence" (Article 537 of the CPC). As a result, they are not subject to review

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<sup>19</sup> KHPG's report, <https://khpg.org/files/doc/1608814423.docx>.



by the Court of Cassation,<sup>20</sup> which is responsible for ensuring the development of consistent and coherent case law.<sup>21</sup>

26. Court practice also shows that judicial decisions frequently align with the position of the prosecutor's office, which, as a party to the case, typically opposes the release of seriously ill prisoners. Prosecutors often rely on non-medical factors listed in Article 84 of the Criminal Code to justify their objections.<sup>22</sup>
27. According to the KHPG report,<sup>23</sup> a lawyer was present in only 22.23% of all cases. This strikingly low rate of legal representation suggests that, in most instances, prisoners either did not seek legal assistance or did not request the appointment of a state-funded defence lawyer from the court.

## Procedural Barriers

28. The medical release process in Ukraine is undermined by significant procedural shortcomings at every stage, from the preparation of materials to the conduct of judicial proceedings. These include delays in medical assessments, absence of clear timelines for key steps, logistical and geographical barriers to accessing specialised commissions, and significant challenges and delays during court proceedings. Inconsistent application of the law, limited oversight, and systemic institutional constraints further weaken the process.

## Obstacles in Preparing Medical Release Applications

29. While Procedure No. 1348/5/572<sup>24</sup> on preparing medical release sets short deadlines for steps such as preparing a referral for medical examination, drafting the commission's conclusion, and submitting it to the court, it fails to establish any timeline for the most critical stage—the medical examination of the prisoner itself and for the prisoner's transfer to a clinic. This frequently lead to significant delays in the overall process.
30. Medical commissions are distributed across different regions and specialize in particular types of illnesses, making access especially difficult for seriously ill prisoners.<sup>25</sup> Transfers to the appropriate commission can take several months, as illustrated in *Konovalchuk v. Ukraine* (no. 31928/15, §§ 66–70, 13 October 2016), where a prisoner with cancer was transported from Odesa to the Lviv region for

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<sup>20</sup> Decision of the Supreme Court in case No. 738/1482/16-к, Kyiv, 23 January 2019, <https://reyestr.court.gov.ua/Review/79445662>, court noted that cases of execution of sentences cannot be appealed in cassation.

<sup>21</sup> Law «On the Judiciary and the Status of Judges», paragraphs 2, 6 of Part Two of Article 36, <https://zakon.rada.gov.ua/laws/show/en/1402-19#Text>.

<sup>22</sup> KHPG report, chapter 3.2, <https://khpg.org/files/doc/1608814423.docx>.

<sup>23</sup> Ibid, p. 2.

<sup>24</sup> 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>.

<sup>25</sup> Приречені на муки: проблеми звільнення з місць позбавлення волі через тяжкі захворювання, ХПГ, 2024, <https://khpg.org/1608813417>.



examination. The journey was prolonged, conducted in inadequate conditions, and ultimately contributed to significant delays in the assessment process. This problem persists in 2025.<sup>26</sup>

31. Delays in preparing and submitting materials to the court are largely due to the absence of clear timeframes for both the transfer of convicted individuals to specialised medical commissions<sup>27</sup>—typically located in separate penitentiary hospitals—and the conduct of the medical examination itself.
32. The transportation to and from the commission can **take months**, often using vehicles with inadequate conditions and without medical supervision.<sup>28</sup> In this regard, the CPT noted “the need for the early involvement of specialized medical commissions responsible for preparing applications for release on medical grounds, and the speedy consideration of such applications by the courts” (CPT/Inf (2013)23, § 61,) and further emphasised this in their latest visit to Ukraine (CPT/Inf (2024) 201, § 91).<sup>29</sup>
33. KHPG found that in 34.97% of the analysed cases,<sup>30</sup> where the prisoner’s illness fell within the official List of Diseases, the administration responsible for the execution of sentences failed to submit the required application or petition to the court. In nearly a third of cases, even when formal grounds for release existed, the administration either did not initiate the process or did so with significant delays—leaving it to the prisoner or their lawyer to file the petition independently.
34. The right of a prisoner or their lawyer to petition for release due to serious illness under Article 539(1) of the CPC of Ukraine is largely ineffective, as terminally ill prisoners are often physically unable to file such petitions or engage legal representation. Even when a convicted person submits an application independently, they face lengthy delays while awaiting the medical commission’s conclusion on whether their illness appears on the approved list. Furthermore, in cases of self-referral, domestic courts frequently cite the absence of an official medical commission finding as grounds to deny release and as a result, the chance of satisfying such a request is three times lower than when it is submitted by the prison administration.<sup>31</sup>
35. This situation persists because the penitentiary medical service does not monitor the time elapsed between the diagnosis of an illness included on the approved list

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<sup>26</sup> Ibid.; Yaroslav Basarab, Director of prison medicine: “A major challenge is to ensure fast and timely transportation of patients to appropriate civilian healthcare facilities, if necessary.” “Тюремна медицина: шляхи гуманізації. ХПГ”, 2025, <https://khpg.org/1608814346>.

<sup>27</sup> “Приречені на муки: проблеми звільнення з місць позбавлення волі через тяжкі захворювання”, <https://khpg.org/1608813417>.

<sup>28</sup> Konovalchuk v. Ukraine, no. 31928/15, §§ 66–70, 13 October 2016;

<sup>29</sup> Звіт НПМ щодо медичної допомоги в пенітенціарних установах, 2018-2021, p. 43, [https://ombudsman.gov.ua/storage/app/media/%D0%9D%D0%9F%D0%9C/zvit\\_12\\_2021\\_site.pdf](https://ombudsman.gov.ua/storage/app/media/%D0%9D%D0%9F%D0%9C/zvit_12_2021_site.pdf).

<sup>30</sup> KHPG’s report, p. 13, <https://khpg.org/files/doc/1608814423.docx>.

<sup>31</sup> KHPG’s report, p. 21, <https://khpg.org/files/doc/1608814423.docx>.

and the submission of case materials to the court, nor does it take any action to address the systemic delays that arise during this period.<sup>32</sup>

## Delays Exacerbated by Court Proceedings

36. The decision to release a seriously ill prisoner lies with the courts,<sup>33</sup> which currently face severe institutional challenges contributing to significant delays in adjudicating such cases.<sup>34</sup>
37. While Article 539(3) of the Ukrainian Criminal Procedure Code stipulates that courts must consider release petitions within ten days, this deadline is frequently disregarded. Appeals against court decisions further extend the timeline, with no legally prescribed timeframes for their resolution according to the KHPG's report,<sup>35</sup> which also presents examples of cases that lasted 460, 273 and 95 days in the court of first instance. If a court grants a petition for release, such decisions are usually appealed by the prosecutor's office, and the convicted person has to wait for a lengthy appeal process before being released.
38. There is a problem with determining the territorial jurisdiction of the court responsible for considering medical release petitions, as seriously ill prisoners are often temporarily transferred to other penitentiary institutions for examinations or treatment, outside the jurisdiction of the original court. Courts frequently treat such transfers as grounds to close the case without examining it on the merits. For example, in the case of Mezentsev, the national court returned his petition for release twice, citing a lack of territorial jurisdiction.<sup>36</sup> As a result, he died before his petition could be considered.<sup>37</sup>
39. As reported by the KHPG<sup>38</sup>, NPM<sup>39</sup>, and OPG<sup>40</sup>, these delays form a pattern that frequently results in convicted persons dying before their release applications are adjudicated. There was case Such practices run counter to the requirement for the prompt handling of cases involving seriously ill prisoners, as emphasised in *Dorneanu v. Romania* (§ 98).

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<sup>32</sup> <https://ngoauu.org/virok-smert-cherez-xvorobu-sumna-statistika-z-misc-pozbavleniya-voli-ukra%D1%97ni/>.

<sup>33</sup> Part one of Article 84 of the Criminal Code of Ukraine.

<sup>34</sup> See, e.g. European Commission (2024), *Ukraine 2024 Report*, SWD(2024) 699 final, Brussels, 30 October 2024; Ukraine, Ombudsman of Ukraine (2023) 'Human Rights in Ukraine Annual Report 2023'; Decision CM/Del/Dec(2023)1468/H46-37, par. 8, 7 June 2023.

<sup>35</sup> KHPG's report, p. 24, <https://khpg.org/files/doc/1608814423.docx>.

<sup>36</sup> 'You are not from our region, so you must die' <https://khpg.org/1608812702>, Court decisions on the return of the petition of convict Mezentsev: 1) Case No. 467/1065/23, <https://reyestr.court.gov.ua/Review/113288599>, 2) Case 490/8811/23 <https://reyestr.court.gov.ua/Review/113451278>.

<sup>37</sup> Справа № 467/1140/23, <https://reyestr.court.gov.ua/Review/113622592>.

<sup>38</sup> KHPG's report, Chapter 6, <https://khpg.org/files/doc/1608814423.docx>.

<sup>39</sup> Звіт НПМ щодо медичної допомоги в пенітенціарних установах, 2018-2021, p. 43, [https://ombudsman.gov.ua/storage/app/media/%D0%9D%D0%9F%D0%9C/zvit\\_12\\_2021\\_site.pdf](https://ombudsman.gov.ua/storage/app/media/%D0%9D%D0%9F%D0%9C/zvit_12_2021_site.pdf).

<sup>40</sup> General Prosecutor's Office of Ukraine Letter, 10.11.2022, no 20/2/2-475вих-520окв-22.