POLICY BRIEF

Ensuring the Right to Health of Persons Serving Sentences in Places of Detention in the Republic of Belarus

For:

Special Rapporteur on the situation of human rights in Belarus

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

Group of Independent Experts on the Human Rights Situation in Belarus

Committee against Torture

Committee on Economic, Social and Cultural Rights

World Health Organization Regional Office for Europe

International Committee of the Red Cross

European Union Special Representative for Human Rights

Based on:

- the study “Comparative Analysis of the Level of Medical Care in Penitentiary Institutions of the Republic of Belarus” (14 correctional institutions);

- reports by UN special procedures;

- media reports.

Executive Summary

Between April and June 2026, the human rights organisation “Doctors for Truth and Justice”[1], with the participation of the International Committee for the Investigation of Torture in Belarus, conducted a study of medical care in penitentiary institutions in the Republic of Belarus. The study was based on 58 standardised interviews with former prisoners from 14 correctional institutions (9 correctional colonies for men, 2 correctional colonies for women and 3 closed-type prisons). Despite differences in the types and regimes of these institutions, experts identified recurring systemic problems

[1] https://doctorsby.com/

in the organisation of medical care: limited access to doctors and, in particular, specialist care; delays in diagnosing and treating illnesses; perfunctory medical examinations; restricted access to medical care for persons held in disciplinary isolation; the absence of effective mechanisms for protecting patients' rights; and other problems.

The findings point not to isolated violations, but to persistent organisational failings that can cause serious harm to prisoners' health.

Relevance of the Issue

The human rights situation in the Republic of Belarus is characterised by widespread human rights violations, crimes against humanity and the state's systematic failure to fulfil its international obligations. These circumstances have been repeatedly reflected in United Nations documents adopted over the past six years, including: A/HRC/45/L.1, A/HRC/46/4, A/HRC/47/49, A/HRC/49/71, A/HRC/49/L.13, A/HRC/50/58, A/HRC/52/68, A/HRC/53/53, A/HRC/55/61, A/HRC/56/65, A/HRC/58/68, A/HRC/59/59, A/80/217.

Amid mass repression affecting tens of thousands of people, international mechanisms have understandably focused on the most serious violations, such as torture, cruel, inhuman or degrading treatment, denial of a fair trial and politically motivated persecution. Against this backdrop, the provision of medical care to persons held in penitentiary institutions often receives insufficient attention, despite being essential to the protection of fundamental human rights.

At the same time, providing prisoners with timely, accessible and appropriate medical care is one of the state's core obligations under the international treaties to which the Republic of Belarus is a party (the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights). Moreover, contrary to Article 8 of the Constitution of the Republic of Belarus, which establishes the primacy of universally recognised principles of international law and requires national legislation to comply with them, the state disregards the Nelson Mandela Rules, the Bangkok Rules and the Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The report of the Special Rapporteur on Belarus, Nils Muižnieks (A/HRC/59/59), drew attention to serious violations of prisoners' right to health, including failures to provide prompt and adequate medical care (para. 19), the absence of psychiatric care for prisoners at risk of suicide (para. 20), and deaths in custody (para. 17).

On 20 April 2026[2] and 2 June 2026[3], UN special procedure mandate holders issued urgent appeals concerning the failure to provide medical care to several prisoners in critical condition.

At least nine people are known to have died in custody over the past four years[4], while others have suffered serious illnesses. These include Maria Kalesnikava, who was transferred from a punishment cell to intensive care with a perforated ulcer (UA BLR 13/2023)[5], and Mikalai Statkevich, who suffered a stroke after being denied appropriate medical care for an extended period[6], among other cases.

Although the best-known victims of violations of the right to health are generally political prisoners, whose access to medical care is restricted as a means of exerting pressure, a range of evidence, including the findings of this study, points to systemic problems in the provision of medical care to **all** persons in detention. These problems create conditions in which medical care may be arbitrarily restricted or used by prison administrations as a means of exerting pressure on individual prisoners. For this reason, **addressing systemic shortcomings in the organisation of penitentiary health care is important not only for ensuring the right to health of all persons held in places of detention, but also as a necessary safeguard against discriminatory restrictions on medical care, its use as a means of exerting pressure on political prisoners, and other forms of cruel, inhuman or degrading treatment.**

Research Findings

Through interviews with respondents, the authors of the study identified a number of recurring problems in the organisation of medical care in penitentiary institutions, which can be classified as follows.

1. Accessibility of medical care:

1.1. Physical accessibility:

1.1.1. limited opportunities to seek medical care;
1.1.2. lengthy waits to see a health professional;
1.1.3. limited opportunities to consult specialist doctors;
1.1.4. limited access to specialist medical care and delays in its provision;
1.1.5. limited access to modern diagnostic methods;

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[2] https://www.ohchr.org/en/press-releases/2026/04/belarus-un-experts-warn-torture-suicide-attempts-deaths-and-reprisals

[3] https://www.ohchr.org/en/press-releases/2026/06/belarus-un-experts-raise-alarm-over-treatment-political-prisoners-urge

[4] https://spring96.org/en/news/118029

[5] https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=28683&utm_source=chatgpt.com

[6] https://en.belsat.eu/92169680/statkevich-believes-his-stroke-in-prison-was-deliberately-provoked

1.1.6. lengthy delays in diagnostic testing;
1.1.7. delayed diagnosis;
1.1.8. delays in the provision of medical care and treatment;
1.1.9. shortages of medical personnel;
1.1.10. unjustified refusals to refer prisoners to civilian health care facilities.

1.2. Non-discrimination:
1.2.1. access to medical care is significantly restricted for persons held in disciplinary isolation;
1.2.2. access to medication is restricted in punishment cells and cell-type premises;
1.2.3. medical care is provided to such persons with significant delays, including when their health is clearly deteriorating;
1.2.4. in several cases, political prisoners were subjected to discriminatory treatment through the denial or restriction of medical care;
1.2.5. disciplinary isolation is used instead of providing specialist psychiatric care to persons showing signs of mental disorders;
1.2.6. restrictions on medical care and delays in treatment are used as a means of exerting pressure on prisoners.

2. <u>Acceptability of medical care:</u>

2.1. lack of professional independence of the medical service from the institution's administration;
2.2. interference by the institution's administration in medical decision-making;
2.3. insufficient confidentiality during medical consultations;
2.4. prisoners' lack of trust in the independence of the medical service;
2.5. medical interventions carried out without proper medical justification.

3. <u>Quality of medical care:</u>

3.1. perfunctory medical examinations;
3.2. insufficiently timely and effective diagnosis and treatment of illnesses;
3.3. inadequate treatment of chronic illnesses, including due to interruptions in treatment;
3.4. limited availability of specialist medical care;
3.5. limited range of available medication;
3.6. shortcomings in the provision of psychiatric and psychological care, including barriers to accessing it;
3.7. inadequate dental care, including limited access to restorative treatment;
3.8. insufficient qualifications among some medical professionals.

4. <u>Protection of patients' rights:</u>

4.1. lack of effective mechanisms for handling complaints about the quality of medical care;

4.2. risk of adverse repercussions for submitting complaints;
4.3. limited access to medical records;
4.4. prisoners' lack of confidence in the independence of medical decisions.

The authors note that certain problems may be absent or less pronounced in some penitentiary institutions. However, this does not mean that these institutions can be regarded as providing an appropriate overall standard of medical care.

The most widespread problems are virtually identical across all the institutions studied. The most serious issues, common to most of the institutions studied, concern: access to medical care; provision of specialist medical care; monitoring and treatment of chronic illnesses; provision of psychiatric and psychological care; medical care for persons held in disciplinary isolation; and the independence of medical professionals in making professional decisions.

The authors of the study made a number of practical recommendations concerning the organisation of medical care in penitentiary institutions in Belarus, which can be summarised as follows.

1. Ensure the institutional independence of the medical service. Penitentiary administrations must be prevented from influencing medical decisions, and penitentiary health care must be integrated into the national health care system, including by assigning prisoners to local health care facilities.

2. Improve the accessibility, acceptability and quality of medical care for prisoners. Timely access must be ensured to specialist doctors, diagnostic testing, treatment for chronic illnesses, dental, psychiatric and psychological care, continuity of treatment and appropriate medication. Protocols for the provision of urgent and emergency medical care must be developed and implemented in each institution, and prisoners must be permitted to keep medication in their possession and receive it in parcels.

3. Bring the provision of medical care into line with the principles of medical ethics and international standards. The independence of clinical decision-making, voluntary informed consent, confidentiality of medical information and the prohibition of using medical care for disciplinary or other non-medical purposes must be ensured.

4. End practices of ill-treatment and discrimination. The use of solitary confinement as punishment, including placement in punishment cells and cell-type premises, must be abolished. Clinical decisions must be based exclusively on medical indications, irrespective of a prisoner's political views, status, the nature of the charges against them or any other circumstances unrelated to the patient's health.

5. Ensure effective protection of prisoners' right to medical care. Independent complaint mechanisms that are safe for complainants must be established, prisoners must be given access to their medical records, and a system of independent monitoring of medical care in penitentiary institutions must be created.

6. Strengthen staff capacity. Measures must be developed to recruit and retain qualified medical professionals, foster a culture of medical ethics, and prevent professional burnout and negative changes in professional attitudes and behaviour.

Recommendations to International Human Rights Mechanisms

In view of the study's findings and reports of violations of the right to health of persons held in places of detention in the Republic of Belarus, international human rights mechanisms, UN treaty bodies and other stakeholders are invited to consider taking the following measures.

1. Continue international monitoring of prisoners' right to health, including cases of delayed treatment, denial of specialist medical care, restrictions on medical care in disciplinary isolation, and the alleged use of restrictions on medical care as a means of exerting pressure on political prisoners.

2. Continue using available response procedures, including communications to the state, urgent appeals and public statements, thematic reports and other documents assessing the Republic of Belarus's compliance with its international obligations regarding prisoners' right to health.

3. Include penitentiary health care in international dialogue with the Republic of Belarus, recommending that the state ensure the institutional independence of the medical service; improve the accessibility, acceptability and quality of medical care for prisoners; bring the provision of medical care into line with the principles of medical ethics and international standards; ensure effective protection of prisoners' right to medical care; and strengthen the capacity of the medical service.

4. Provide expert assistance in implementing international standards on penitentiary health care, including the Nelson Mandela Rules, the Bangkok Rules, the UN Principles of Medical Ethics and recommendations of the World Health Organization.

5. Continue documenting and providing international assessments of violations of prisoners' right to the highest attainable standard of physical and mental health.

Annex:

Study "Comparative Analysis of the Level of Medical Care in Penitentiary Institutions of the Republic of Belarus" (Vilnius, 2026).