

**SECRETARIAT GENERAL**

SECRETARIAT OF THE COMMITTEE OF MINISTERS  
SECRETARIAT DU COMITE DES MINISTRES

COMMITTEE  
OF MINISTERS  
COMITÉ  
DES MINISTRES



Contact: Clare OVEY  
Tel: 03 88 41 36 45

Date: 11/10/2017

**DH-DD(2017)1150**

Documents distributed at the request of a Representative shall be under the sole responsibility of the said Representative, without prejudice to the legal or political position of the Committee of Ministers.

Meeting: 1302<sup>nd</sup> meeting (December 2017) (DH)

Item reference: Action plan (09/10/2017)

Communication from Armenia concerning the case of ASHOT HARUTYUNYAN v. Armenia (Application No. 34334/04)

\* \* \* \* \*

Les documents distribués à la demande d'un/e Représentant/e le sont sous la seule responsabilité dudit/de ladite Représentant/e, sans préjuger de la position juridique ou politique du Comité des Ministres.

Réunion : 1302<sup>e</sup> réunion (décembre 2017) (DH)

Référence du point : Plan d'action

Communication de l'Arménie concernant l'affaire ASHOT HARUTYUNYAN c. Arménie (requête n° 34334/04) (**anglais uniquement**)

---

DH-DD(2017)1150 : distributed at the request of Armenia / distribué à la demande de l'Arménie.

Documents distributed at the request of a Representative shall be under the sole responsibility of the said Representative, without prejudice to the legal or political position of the Committee of Ministers. / Les documents distribués à la demande d'un/e Représentant/e le sont sous la seule responsabilité dudit/de ladite Représentant/e, sans préjuger de la position juridique ou politique du Comité des Ministres.

DGI

09 OCT. 2017

SERVICE DE L'EXECUTION  
DES ARRETS DE LA CEDH

**The Government of the Republic of Armenia  
Action Plan<sup>1</sup>**

**ASHOT HARUTYUNYAN GROUP OF CASES  
(Supervised by the Committee of Ministers under the enhanced procedure)**

Department for Relations with the European Court of Human Rights  
Ministry of Justice of the Republic of Armenia  
9 October 2017

---

<sup>1</sup>This Action Plan is the updated version of the one submitted on 8 June 2016.

DGI

09 OCT. 2017

SERVICE DE L'EXECUTION  
DES ARRETS DE LA CEDH

*Case of Ashot Harutyunyan v. Armenia*

(no. 34334/04, judgment of 15/06/2010, final on 15/09/2010)

*Case of Davtyan v. Armenia*

(no. 29736/06, judgment of 31/03/2015, final on 30/06/2015)

## I. INTRODUCTORY CASE SUMMARY<sup>2</sup>

The cases of *Ashot Harutyunyan* and *Davtyan* concern degrading treatment of the applicants who, suffering from various medical conditions including an ulcer and a heart condition (*Ashot Harutyunyan*) and tumour on the vocal cords (*Davtyan*) were denied adequate medical assistance in a detention facility (from 2003 to 2006). The complaints in this respect lodged by the applicants' counsels either remained unanswered or simply received formal replies or were denied over a prolonged period of time (violation of Article 3 of the Convention).

## II. INDIVIDUAL MEASURES

In the *Ashot Harutyunyan* case the applicant died in prison from a heart attack (§ 70 of the judgment). In the *Davtyan* case the applicant was released on parole in June 2006 (§ 66 of the judgment). In both of the cases the just satisfaction awarded was paid.<sup>3</sup> At its last examination of this group the Committee of Ministers decided that no further individual measure is required given the measures taken and the circumstances of the cases.<sup>4</sup>

## III. GENERAL MEASURES

### A. *Policy on Reforming the Prison Healthcare Services*

Before presenting the concrete measures targeted at improving prison health services, the Armenian Government emphasise that the penitentiary reforms and, specifically the provision of adequate medical care to the persons deprived of liberty, are continuing priority for Armenia in its democratic reforms. The Armenian authorities acknowledge the necessity of large scale and long-term reforms to bring the field in compliance with the internationally accepted standards and are mindful of their positive obligation to ensure provision of healthcare equivalent to that guaranteed for the population at large. For these reasons, the important policy and strategic papers elaborated by or in cooperation with the Armenian authorities in the course of recent years more frequently touch upon this issue. In particular:

- Ø *The Council of Europe Action Plan for Armenia 2015-2018* - a document prepared in close cooperation with the Armenian authorities that takes into account Armenia's continuing and newly emerged priorities in its democratic reforms and focuses on key areas of importance

---

<sup>2</sup> Taking into consideration that the Committee of Ministers welcomed the removal of metal cages from all courtrooms in Armenia and adopted a final resolution [CM/ResDH\(2016\)37](#) on 10 March 2016 in the case of *Piruzyan v. Armenia*, as well as given the fact that the measures taken to remedy the violations of Articles 5 § 1, 5 § 3 and 5 § 4 found by the Court in the *Piruzyan* case will be introduced in the respective subsequent action report on the *Poghosyan* group (no. 44068/07), the present action plan addresses the violation of Article 3, in terms of adequate medical assistance, found in the cases of *Ashot Harutyunyan* and *Davtyan*.

<sup>3</sup> Evidence has been submitted previously.

<sup>4</sup> Reference document: [http://hudoc.exec.coe.int/eng?i=CM/Del/Dec\(2016\)1250/H46-1](http://hudoc.exec.coe.int/eng?i=CM/Del/Dec(2016)1250/H46-1)

for cooperation - gives particular value to the penitentiary system reform. Improving prison healthcare and, more specifically, revision of the legislation to ensure greater professional independence for prison healthcare staff, improvement of material conditions in prisons' healthcare units in accordance with European standards, as well as enhancing the prison staff capacities concerning the provision of healthcare services, medical ethics and human rights have been identified among top priorities.<sup>5</sup>

- Ø *The 2012-2016 Strategic Programme of Legal and Judicial Reforms in the Republic of Armenia and the List of Measures Deriving from the Programme*<sup>6</sup> provided for the objective to increase the effectiveness of criminal justice and the system of criminal punishments. In this context, the Programme underlined the necessity to review the mechanism for releasing, on the ground of a serious disease, a convict serving his/her punishment in the form of imprisonment.
- Ø *The Action Plan deriving from the National Strategy on Human Rights Protection (2014-2016)*<sup>7</sup> stipulated the necessity to provide penitentiary establishments of the Republic of Armenia with high-quality doctors.
- Ø *The Action Plan deriving from the National Strategy on Human Rights Protection (2017-2019)*<sup>8</sup> provides for the necessity to elaborate sample forms for documenting torture, other cruel, inhuman or degrading treatment in line with the Istanbul Protocol standards.
- Ø Both *Government Decrees No. 131-N (No. 131-Ն) of 14 January 2016*<sup>9</sup> and *No. 122-N (No. 122-Ն) of 12 January 2017*<sup>10</sup> identified the prison healthcare reforms as a key priority. Accordingly, the developing of conceptual approaches on modernising prison healthcare services, identifying legislative and other problematic aspects of the system, planning of required reforms, improvement of technical capacity of medical units of penitentiary establishments, organisation of training courses for medical personnel of 11 penitentiary establishments, as well as introduction of guarantees for independence of healthcare staff have been identified as the steps to be taken to achieve the planned objective.
- Ø According to the *Programme of the Government of Armenia for 2017-2022*<sup>11</sup>, the Government plans to reform the penitentiary health system, improve the quality of primary healthcare services within penitentiary institutions and create guarantees for the independence of medical staff by the end of 2018, to improve the secondary hospital services of penitentiary healthcare by the end of 2022.
- Ø *The Programme on Penitentiary System Reforms 2016-2018*<sup>12</sup> includes an extensive list of measures to be implemented in targeted areas of prison medical care services.

---

<sup>5</sup> Reference document: <https://rm.coe.int/1680471d82>

<sup>6</sup> Approved by the Republic of Armenia President Decree No. NK-96-A (ՆԿ-96-Ա) of 30 June 2012

<sup>7</sup> Approved by Government Decree No. 303-N (N 303-Ն) of 27 February 2014

<sup>8</sup> Approved by Government Decree No. 483-N (N 483-Ն) of 4 May 2017

<sup>9</sup> Government Decree No. 131-N (No. 131-Ն) of 14 January 2016 on Approving the Action Plan and Priorities for 2016 of the Government of the Republic of Armenia

<sup>10</sup> Government Decree No. 122-N (No. 122-Ն) of 12 January 2017 on Approving the Action Plan and Priorities for 2017 of the Government of the Republic of Armenia

<sup>11</sup> Approved by Government Decree No. 646-A (N 646 - Ա) of 19 June 2017

<sup>12</sup> Approved by Order No. 653-A (No. 653-Ա) of the Minister of Justice of the Republic of Armenia on 30 December 2015

The steps taken for the implementation of the hereinabove listed policy papers and the progress made will be presented in detail below. However, at the outset the Government highlight that with due regard to the results achieved, those may not be considered as sufficient and inclusive since reforming the field under consideration is a long-term process requiring continuing effort. That is why the Ministry of Justice developed a draft Government Decree on *Approving 2018-2038 Strategic Programme for Improvement of Penitentiary System and the Action Plan Deriving thereof*. This strategic paper has been prepared taking into consideration the results already achieved and reflects the vision of the authorities regarding the penitentiary system reform for 20 years. It envisages the following actions in the field of prison health-care: (i.) introduction of quality medical services; (ii.) improvement of medical services provided; (iii.) continuing amelioration of the capacities of prison staff; (iv.) improvement of mechanisms for appealing against the decisions, actions and inactions of penitentiary officials.

Besides the mentioned, as noted in the Council of Europe Action Plan for Armenia 2015-2018 Armenia shows a recent shift from a highly punitive justice system to a rehabilitative justice framework. In line with this policy, the General Part of the draft Criminal Code recognises the imprisonment as a measure of last resort and provides for new alternative forms of punishment (e.g. restriction of public rights, deprivation of parental rights, short term limitation of liberty, etc.). As to the draft Criminal Procedure Code (the draft CCP), it seeks to promote many internationally recognised principles concerning the observance of human rights in the course of criminal proceedings.<sup>13</sup> For these purposes, guarantees are provided to protect minimum procedural rights of an arrested person from the very moment of factual deprivation of liberty. Furthermore, a broad list of alternative preventive measures (e.g. house arrest, administrative supervision, bail, etc.) is envisaged that will especially contribute to decreasing the resort to pre-trial detention. Finally, the draft Penitentiary Code will further reinforce the principles of individual assessment and individual sentence planning and stress more firmly the principle that the imprisonment should be a measure of last resort.

In this regard and *with reference to the Committee of Ministers invitation to adopt the draft CCP*<sup>14</sup>, the Government note that development and enactment of a new code is itself a comprehensive and time-consuming process. It is also objectively linked to the pending<sup>15</sup> and already performed major legislative<sup>16</sup> and institutional reforms<sup>17</sup> taken place during last few years. Consequently, the draft CCP was harmonised with the amended text of the Constitution and submitted to the Council of Europe expertise. At present, it is being revised and finalised in the light of the opinion of the European experts communicated to the Working Group in January 2017. According to 2017-2022 Programme of the Government of the Republic of Armenia, it is planned to submit the revised draft to the National Assembly for consideration by the end of 2017.

Against this background, the Government note that Armenia is in the course of large scale reforms aiming to achieve tangible, long-term and systematic results. That is to say, the actions already taken and the progress made are worth presenting.

---

<sup>13</sup>For more details, see Action Plan of 8 June 2016, §§ 12-13. Reference document: [DH-DD\(2016\)746](#).

<sup>14</sup> Decision of the Committee of Ministers adopted in March 2016 at its 1250<sup>th</sup> meeting, reference document: [http://hudoc.exec.coe.int/eng?i=CM/Del/Dec\(2016\)1250/H46-1](http://hudoc.exec.coe.int/eng?i=CM/Del/Dec(2016)1250/H46-1)

<sup>15</sup> E.g. drafting of the new Criminal and Penitentiary Codes

<sup>16</sup> Constitutional referendum of 2015

<sup>17</sup> On 2 April 2017 parliamentary elections were held - the first elections after a constitutional referendum in 2015 that approved reforms for the country to become a parliamentary republic.

## ***B. Measures Taken to Improve Healthcare Services in Prisons***

The information presented below reflects on the actions taken to improve the healthcare services at penitentiary establishments and provides revised data *with reference to the Committee of Ministers request for information on the implementation of Decree No. 825-N of 26 May 2006*.<sup>18</sup>

In line with the policy and strategic papers mentioned hereinabove, the *Concept Paper of Modernisation of Medical Services in Penitentiary Institutions* (Concept Paper) was approved by the Government on 19 January 2017.<sup>19</sup> It is to be recalled that this paper has been drafted in the framework of the project *Penitentiary reform - Strengthening Healthcare and Human Rights Protection in Prisons in Armenia* (2015-2017). Taking into due consideration the existing and emerging issues of the field, the findings of the Court, the recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), as well as those of the public monitoring group of the penitentiary establishments, this document provides for conceptual approaches in the following directions:

- Ø *The analysis of legislative regulations and institutional aspects of healthcare services of penitentiary establishments, considering also the international obligations undertaken by the Republic of Armenia;*
- Ø *The examination of the international practice and standards approved by the international documents regarding the healthcare services of penitentiary establishments;*
- Ø *Elaboration of possible solutions based on the international standards which will address the issue of modernising the healthcare services provided at penitentiary establishments.*

Besides the mentioned, in order to clarify the list and the criteria of severe diseases that impede the sentence, as well as to comply with the 10th revision of International Classification of Diseases (ICD-10) requirements, the Government Decree No. 825-N of 26 May 2006 was amended on 6 July 2017. More of that, a number of drafts and, in particular, the draft Order of the Minister of Justice on *Submitting and Approving the Forms of Administrative Statistical Reports regarding the Field of Healthcare of Penitentiary Institutions of the Ministry of Justice of the Republic of Armenia* targeted at improvement of the prison healthcare services have been elaborated as well (listed also under subsequent headings).

In 2017 the Human Rights Defender (the Defender) published an *Ad-hoc Report on Ensuring the Right to Healthcare for Persons Deprived of their Liberty in Penitentiary Institutions*. According to the report, in the course of the years some positive dynamics is noticeable regarding the provision of healthcare services to the persons deprived of liberty, however, at the same time it is acknowledged that improvement of prison healthcare services requires systematic approaches. Therefore, in line with the policy of the Armenian authorities already indicated hereinabove, the issues raised by the Defender in the report will be taken into due consideration while implementing the reforms envisaged in the Concept Paper. Pending that, the following is worth mentioning.

### ***i. Medical Staff and Access to Specialised Care***

Acknowledging that respect for fundamental rights of inmates entails the provision to them of healthcare equivalent to that provided to the population at large, the Government have been

---

<sup>18</sup>Decision of the Committee of Ministers adopted in March 2016 at its 1250<sup>th</sup> meeting, reference document: [http://hudoc.exec.coe.int/eng/?i=CM/Del/Dec\(2016\)1250/H46-1](http://hudoc.exec.coe.int/eng/?i=CM/Del/Dec(2016)1250/H46-1)

<sup>19</sup> The Concept Paper was being drafted at the time of submission of the previous action plan. See, Action Plan of 8 June 2016, §32. Reference document: [DH-DD \(2016\)746](http://www.coe.int/t/e/hudoc-non-convention/dh-dd(2016)746).

undertaking legislative, organisational and practical measures for reorganising and regulating prison healthcare system in Armenia. Bearing in mind that the major deficiency of the current system is first of all linked to the institutional dependency of the prison medical personnel from the penitentiary system, the following steps are being taken.

*Medical Staff:* Draft Law on Making Amendments and Supplements to the Republic of Armenia Law on Penitentiary Service has been developed. The ultimate objective of the draft is to lift the age restrictions for admitting to and dismissing from the Penitentiary Service. The draft provides for admitting medical professionals to Service before they attain the age of 45 and setting an upper age limit of 65 for their dismissal from service. For comparison, according to the Law on Penitentiary Service, the maximum lowest age limit for admitting to Service is 30 years old, which hinders the process of staffing the medical service units of the penitentiary establishments with experienced personnel.

The mentioned legislative amendment will make it possible to staff medical service units of Penitentiary Service with qualified specialists who are experienced in the field of medical science, as well as to improve the quality of medical service offered to remand prisoners and convicts.

Due to the need to prevent the outflow of high-quality specialists of the medical service units, as well as to hire experienced doctors above the age of 30, special civil service positions have been introduced within the Penitentiary Service by means of reorganising the existing penitentiary service positions. As a result, the penitentiary officers having attained the maximum age limit for the service, but having vast experience in the field of medical science are provided with the opportunity to remain in the system, at the same time becoming entitled to a long-term service pension by retaining their salary.

As a result of this reform, penitentiary officers (doctors) - who attained the maximum age limit – being appointed to civil service positions will fully retain their military salary. Moreover, they are also provided with the opportunity to become entitled to a long-term service military pension, which is almost twice higher than the salary of a civil servant who has just been admitted to the service.

Besides this draft, ensuring institutional independence of healthcare staff, reinforcing the trust and confidence towards them, engaging quality personnel, guaranteeing the required specialisation and qualification of medical personnel, creating effective opportunities for integrating the prison healthcare system to that provided to the community are key pillars of the Concept Paper. Based on these pillars, the Ministry of Justice developed a legislative package to ensure the independence of prison healthcare staff. More specifically, draft Government Decree on *Establishing a Centre for Penitentiary Medicine* was elaborated, which is aimed at bringing the medical services of correctional institutions under direct subordination of the Ministry of Justice. The advantages of establishing this centre are:

- Ø *Professional and financial independence;*
- Ø *Effective opportunities for integrating the prison healthcare system to that provided to the civilian population;*
- Ø *Engagement of qualified personnel;*
- Ø *Possibility of getting involved in entrepreneurial activities, which could serve as additional financial source.*

At the same time, it is envisaged to license the units, which provide healthcare services, in accordance with the minimum mandatory requirements and conditions for the provision of medical care and service developed for the penitentiary sector. As a result of this reform, the penitentiary institutions will be subject to mandatory licensing in order to carry out health care and service related activities.

*Access to Specialised Care and Hospitalisation:* In addition to the information provided in the previous action plan, at the outset, it is to be noted that the medical services provided in the penitentiary system are free of charge. Within the scope of the free medical assistance guaranteed by the State, examinations and medical treatments are also carried out at all healthcare institutions of the Republic of Armenia.

For the purposes of medical consultations and examinations, visits are periodically conducted to penitentiary institutions by the Medical Working Committee, a supervisory body established by the Penitentiary Medical Service Department and the Ministry of Justice. According to the timetable of the visits and meetings for 2017 approved by the Order of the Head of the Penitentiary Department, the Medical Working Committee shall hold meetings every week and visit every penitentiary establishment at least twice a year, as well as without delay, in case of necessity.

Furthermore, remand prisoners and convicts on a paid basis benefit from the services of, as well as examinations and treatment carried out by the medical specialists chosen by them and working outside of the penitentiary system. The examinations with chosen doctors are easily organized upon the approval of the head of penitentiary institution. Medical services are provided promptly to the remand prisoners and convicts who are in need of emergency medical assistance, while others - according to plan.

With due regard to the international standards regarding the accessibility of dental services provided to persons deprived of liberty, the Concept Paper puts particular emphasis to their improvement. At present, nearly all the penitentiary establishments are provided with dental X-ray apparatus.

In collaboration with the subdivisions of the Ministry of Healthcare, as well as non-governmental and charity organisations (including *Doctors without Borders*), measures aimed at combating tuberculosis, methadone substitute treatment and prevention of HIV/AIDS are constantly being carried out, as a result of which the process of revealing patients with tuberculosis, HIV/AIDS, as well as combating drug addiction has improved.<sup>20</sup>

Psychiatric care for remand prisoners and convicts is provided by the staff of the psychiatric ward of the Central Prison Hospital, as well as by the Head of the Medical Service Department of Abovyan Penitentiary Establishment, by a leading specialist of the Medical Service Department of Nubarashen Penitentiary Establishment and by a medical staff member of Artik Penitentiary Establishment who works on contractual basis. All the mentioned persons are psychiatrists by profession. Psychiatric care in other penitentiary institutions is organised through regular visits of psychiatrists of the penitentiary system and through the invited specialists from psychiatric institutions.

As to those in need of in-patient treatment, they are transferred to the psychiatric ward of the Central Prison Hospital, in-patient facilities of the medical service departments of Nubarashen and Armavir Penitentiary Establishments, as well as in case of necessity to the medical institutions of the Ministry of Healthcare of the Republic of Armenia.

---

<sup>20</sup> Reference document: [CPT/Inf\(2016\)31](#), §§84-86



The provision of psychological assistance at penitentiary institutions is organised in accordance with Order No. 44-N (N 44-Ն) of 30 May 2008 of the Minister of Justice on *Approving the Procedure for the Activities of Structural Subdivisions Carrying out Social, Psychological and Legal Activities with Remand Prisoners and Convicts*. Point 8 of the Order reads as follows: "Remand prisoners and convicts, except for minors, are included in social, psychological and legal activities on a voluntary basis." The will of the remand prisoner or convict is a necessary condition for being included in psychological activities. Hence, persons having expressed such a desire are provided with such assistance.

It should be noted that an individual Programme of Correctional Rehabilitation is drawn up for each convict following the study of the social and psychological specifics, the diagnosis and the assessment of the needs. It is drawn up in the course of one to three months after placing convicts within the penitentiary institution. The programme specifies the actions and/or measures planned to be carried out for convicts in the course of serving the punishment.

The issue of improvement and development of psychological assistance provided at the penitentiary institutions is always at the spotlight of the administration of the Penitentiary Service, as a result of which the psychological assistance staff of the penitentiary institutions was increased by four additional positions between 2015 and 2016.

Furthermore, a Memorandum of Co-operation was signed between the Penitentiary Service and "AYG" Centre for Psychological Services. In the framework of the Memorandum, the psychologists of the organisations paid visits to Nubarashen and Armavir Penitentiary Establishments for providing psychological services to convicts and detained persons. The process will be ongoing, envisaging also internships for students at penitentiary institutions.

## *ii. Facilities*

*Material Conditions:* Various sanitation and hygiene and anti-epidemiological measures are regularly undertaken in all the penitentiary establishments.

In 2016, within the scope of the already renewed contract, disinsection measures, namely disinfection, parasite extermination and deratization measures have been carried out in all the penitentiary establishments. The mentioned measures are of a regular nature (from 3 to 4 times a month in every penitentiary establishment).

The energy efficiency project implemented within the scope of the contracts signed between the Penitentiary Service and the Armenia Renewable Resources and Energy Efficiency Fund has been completed. As a result, the issues related to ensuring lighting, room heating, water isolation of roofs, as well as proper sanitary and hygienic conditions in residential areas for remand prisoners and convicts have been solved in all penitentiary establishments.

Numerous and various construction works have been carried out in the residential areas, visiting facilities for short-term and long-term visits, medical units and cafeterias, as well as in the sanitary annexes, within the external secure perimeter and in other important sections of all the penitentiary establishments.<sup>21</sup>

---

21

a. The kitchen has been fully repaired, sanitary annexes, the external sewerage network have been partially repaired at Nubarashen Penitentiary Establishment;

At the same time, the Ministry of Justice considers the issue of vesting the sanitary-hygienic control to the Ministry of Health or to include on-site supervision activities in the duties of medical personnel in order to improve the state of sanitary and hygienic control. In conjunction with the definition of sanitary rules and hygienic norms, it is envisaged either to apply all the norms of the public health system or to develop a separate sanitary rules and hygienic norms for penitentiary institutions taking into account the peculiarities of the penitentiary system.

Medical Equipment: As mentioned in the previous action plan, in the framework of the project *Penitentiary reform - Strengthening Healthcare and Human Rights Protection in Prisons in Armenia (2015-2017)* it was envisaged to acquire necessary modern accessories and equipment for medical units of 11 penitentiary institutions. For these purposes visits to penitentiary institutions were carried out by the experts to review the current state of medical equipment. As a result, evaluation of accessories and equipment was conducted, based on which the list of the types and number of the necessary accessories and equipment was developed and submitted.<sup>22</sup> Consequently, 11 penitentiary establishments have been provided with necessary medical equipment for ensuring primary medical assistance.

Medication: As to the medication, the officers responsible for medical services within the Penitentiary Department of the Ministry of Justice carry out surveys and analyses aimed at changing the quantitative composition and the list of medicines to be purchased, according to the needs and demands. Taking into consideration the statistical analysis of the previous year, the Penitentiary Department submitted a budgetary claim of AMD 150 million for the next year, compared to AMD 40 million claim of the passing year.

Despite the measures already taken and being taken, in the long term perspective, based on the existing situation, internationally accepted standards and findings of both domestic and international monitoring bodies the Concept Paper proposes to improve the regulatory framework regarding the acquisition, the list, quantity and quality, supplying and preserving of the medication, as well as the requirements regarding the medical equipment. In this context, draft Order of the Minister of Justice on *Approving the Procedure of Forming State Order for Medicines and Medical Supplies Purchased for Penitentiary Institutions of the Ministry of Justice of the Republic of Armenia*, as well as draft Decree of the Government on *Approving Requirements and Conditions for Technical and Professional Qualifications Required for Medical Care and Services of Common Practice Physician and Separate Specialized Cabinets of Penitentiary Institutions* have been already elaborated.

Proper Medical Documentation: The issue of proper medical documentation has always been in the focus of attention of the Armenian authorities. In this regard, clear practical regulations on proper

- 
- b. The communal kitchen and patient's room of the therapeutic ward of the residential zone, operating theatre of the surgical ward, a number of patient's rooms of the tuberculosis ward have been repaired at the Central Prison Hospital;
  - c. The external water supply network of Hrazdan Penitentiary Establishment has been fully repaired;
  - d. The batteries of the two heating boilers have been fully refurbished at Vanadzor Penitentiary Establishment. Maintenance repair works have been carried out in the accommodations of the residential zone. Renovation works have been carried out in the facilities for long-term visits. The roof of the cafeteria unit has been repaired;
  - e. Tiling works have been carried out in the kitchen at Kosh Penitentiary Establishment. No. 1 dormitory of the residential zone has been renovated;
  - f. Repair works have been carried out in the accommodation area for convicts held under open regime, in the quarantine unit, reception room for convicts at Artik Penitentiary Establishment. Partial repair works are underway in the cafeteria unit;
  - g. Repair works are being carried out in the unit for long-term visits and processing of deliveries, as well as the kitchen at Sevan Penitentiary Establishment;
  - h. Renovation works have been carried out in dormitories of Vardashen Penitentiary Establishment, the sanitary annexes have been repaired;
  - i. Renovation works have been carried out at Yerevan-Kentron Penitentiary Establishment, as a result of which wooden covers on the floors of all the cells have been removed, water supply and sewerage systems have been repaired, the kitchen and visiting facilities have been fully repaired.

<sup>22</sup> See, Action Plan of 8 June 2016, §33. Reference document: [DH-DD \(2016\)746](#).

organisation of initial medical examinations of persons admitted to and transferred from a detention facility, as well as on the recording of complete information have been prescribed by Instruction of the Head of the Penitentiary Service of 8 June 2015.<sup>23</sup>

Furthermore, in line with the *National Human Rights Action Plan for 2017-2019*, and with the ultimate objective to keep medical documentation in accordance with international approaches the draft Order of the Minister of Justice *on Approving the Guidelines on Filing In the Protocols of the Ambulatory Medical Card, Disease Historiography, Extract from the Disease Historiography, Medical Examination Form concerning Torture and Ill-treatment of a Detained or Convicted Person, and on Filing in the Ambulatory Medical Card and Disease Historiography of Detained or Convicted Person* was developed.

Besides creating appropriate legislative basis for keeping medical documentation, activities for developing and designing an information system for electronic management of the penitentiary system launched about 2 years ago at the initiative of the Penitentiary Service are complete. In particular, *Information Register of Remand Prisoners and Convicts of the Penitentiary Service of the Ministry of Justice of the Republic of Armenia* was designed and developed.

The system fully includes information about all the functions performed under the legislation with respect to remand prisoners and convicts, the necessary documents, information on conditional early release from punishment, changing the regimes for serving the punishment, visits, education, work, as well as other important data.

What especially stands out are the medical histories of persons held in confinement, where the information inputted and the sequence of required actions is adapted to the templates of the Istanbul Protocol which is an internationally recognised guideline in the field of prison medicine.

Another advantage of the automated complex is the possibility to receive reports in any format, carry out analytical activities, as well as automatically perform the duties of administrations of penitentiary institutions provided for by legislation, excluding the human factor.

The register will also be endowed with such technical capabilities that will help create a link between it and other information registers functioning within the law-enforcement systems of the Republic of Armenia, for the purpose of exercising proper and targeted control in the field of human rights protection with observance of internationally recognised standards (in the fields of observing the time limits, excluding omissions, etc.).

At present the system undergoes technical testing.

### ***C. Available Domestic Remedies in relation to the State Obligation to Protect the Physical Well-Being of Persons Deprived of Liberty***

It should be recalled that in terms of ***preventive remedies*** the Armenian legislation provides for a system to lodge complaints before the domestic authorities in the framework of ***internal control, public control and prosecutorial oversight***. Furthermore, the persons deprived of liberty have the right to appeal to the court on the violations of their rights and liberties because of the actions, inactions and acts of penitentiary officials.<sup>24</sup>

---

<sup>23</sup> Instruction No. E40/7.1-2459 (N Ե40/7.1-2459) of 8 June 2015 of the Head of the Penitentiary Service

<sup>24</sup> Article 12 §1(3), Article 18 of the Law on Penitentiary Service

Turning to the **compensatory remedies**, based on the national legislation, monetary compensation is available to anyone who has been subjected to inhuman and degrading treatment in breach of Article 3 and who made an application to that effect.<sup>25</sup>

Taking into consideration that the previous action plan already listed in detail the remedies provided under domestic legislation, as well as having regard to the *Committee of Ministers request for information about their application in practice*<sup>26</sup>, the information presented under this heading reflects mainly on their practical application.

The summarising of judicial practice shows that during recent years, 5 out of overall 7 submitted motions to release the persons from pre-trial detention given their medical condition have been granted by the first instance courts. At the same time the first instance courts received and examined overall 78 motions for releasing, on the ground of a serious disease, a convict serving his/her punishment in the form of imprisonment. Out of 78 motions 55 have been granted.

the Criminal Court of Appeal of Armenia decided to release the detainee on bail thus changing the measure of restraint applied grounding its ruling, *inter alia*, on the legal rationale expressed in the Defender's decision on violation of human rights. In its ruling the court paid special attention to the fact that the Defender established that violation of the detainee's rights had taken place with regard to ensuring conditions for proper medical treatment at the detention facility.<sup>27</sup>

As a result of cooperation, another person deprived of liberty has been transferred to medical correctional facility. After being discharged, this person has been examined by the Medical Working Committee and supportive out-patient treatment has been assigned.<sup>28</sup>

These examples shows that not only the authorities of places of deprivation of liberty, but also the domestic courts take into due consideration the findings of the Defender.

Based on the information submitted by the Prosecutor General's Office, the Department for Oversight over the Lawfulness of Applying Punishments and Other Coercive Measures carried out 26 visits to the medical units of the penitentiary establishments and Penitentiary Department during 2016-2017<sup>29</sup>. As a result 39 violations have been found. In 2 cases criminal proceedings have been initiated, 7 applications have been addressed to the Penitentiary Department of the Ministry of Justice to eliminate the violations, 10 motions have been submitted for initiating disciplinary proceedings. Consequently, 2 persons have been subjected to criminal responsibility, 17 – to disciplinary sanctions.

The violations found and eliminated can be divided into the following main groups - violations regarding medical assistance, lack of medical equipment, preserving and lack of medication, improper keeping of medical documentation.

To further improve the mechanism of prosecutorial control over the provision of adequate medical services at the penitentiary establishments, specific guidelines have been elaborated and approved by Instruction of the Deputy Prosecutor General<sup>30</sup> and distributed among the relevant subdivisions. The Instruction, *inter alia*, prescribes that visits to the penitentiary establishments shall be carried

---

<sup>25</sup> See, Action Plan of 8 June 2016, §§35-44. Reference document: [DH-DD \(2016\)746](#).

<sup>26</sup> Reference document: [http://hudoc.exec.coe.int/eng?i=CM/Del/Dec\(2016\)1250/H46-1](http://hudoc.exec.coe.int/eng?i=CM/Del/Dec(2016)1250/H46-1)

<sup>27</sup> Reference Document: <http://www.ombuds.am/resources/ombudsman/uploads/files/publications/b8beba20cc5240c574dd202b118ce109.pdf>, page 21, <http://pashpan.am/en/media/veraqqnich-azat-ardzakum.html>,

<sup>28</sup> Reference Document: <http://www.ombuds.am/resources/ombudsman/uploads/files/publications/b8beba20cc5240c574dd202b118ce109.pdf>, page 18

<sup>29</sup> As of 4 October 2017

<sup>30</sup> Instruction 17/2-1(3)-16 of 24 February 2016

out at least once in three months in order to guarantee the right of adequate medical assistance in practice.

Although the information presented hereinabove pertains to the positive dynamics of practical application of the remedies available under domestic legislation, the Government highlight that the *Action Plan deriving from the National Strategy on Human Rights Protection (2017-2019)* provides for the necessity to improve the mechanisms for appealing against the decisions, actions or inactions of the penitentiary officials. In line with the Action Plan, a draft law has been already developed.

#### ***D. Awareness Raising Measures***

*With reference to the Committee of Ministers invitation to pursue trainings and awareness raising measures*<sup>31</sup>

##### ***i. Publication and Dissemination of the Judgments***

The information regarding publication and dissemination of the judgments has been submitted in the previous action plans.

##### ***ii. Education and Professional Trainings***

In addition to the information submitted in the previous action plan, training courses on health care, human rights and medical ethics have been organised for the staff of penitentiary institutions in line with the European standards. Approximately **800** employees of the Penitentiary Service have participated to the said trainings.<sup>32</sup> Main modules for these trainings are as follows:

- Ø *Healthcare, health promotion and prevention principles in penitentiary establishments;*
- Ø *Physical health, prevention activities regarding standards on hygiene, food, sanitary, residence and environment;*
- Ø *Mental health promotion;*
- Ø *Suicide prevention and control of self-harm behaviour ;*
- Ø *Psychotropic/psychoactive substances and addiction to them ;*
- Ø *Mental health awareness;*
- Ø *Transmissible diseases: tuberculosis, HIV /hepatitis C/, hepatitis B;*
- Ø *Mental disorders;*
- Ø *Transmissible diseases: tuberculosis, HIV /hepatitis C/, hepatitis B.*

Furthermore, in 2016 **540** Penitentiary Service employees participated in the following courses taught at the Centre for Legal Education and Implementation of Rehabilitation Programmes<sup>33</sup>:

---

<sup>31</sup> Reference document: [http://hudoc.exec.coe.int/eng?i=CM/Del/Dec\(2016\)1250/H46-1](http://hudoc.exec.coe.int/eng?i=CM/Del/Dec(2016)1250/H46-1)

<sup>32</sup> Trainings have been organised in the framework of the project *Penitentiary reform - Strengthening Healthcare and Human Rights Protection in Prisons in Armenia* (2015-2017)

<sup>33</sup> Former Law Institute of the Ministry of Justice

Ø *European Prison Rules;*

Ø *Standard Minimum Rules for Treatment of Prisoners; Discussion of relevant Case-law of the European Court;*

Ø *Prevention of Torture and Inhuman or Degrading Treatment or Punishment; Discussion of relevant Case-law of the European Court.*

In 2017 **203** Penitentiary Service employees participated in the following courses taught at the Centre for Legal Education and Implementation of Rehabilitation Programmes:

Ø *Fundamental Human Rights and Freedoms; Discussion of relevant Case-law of the European Court;*

Ø *Standard Minimum Rules for Treatment of Prisoners; Discussion of relevant Case-law of the European Court;*

Ø *Prevention of Torture and Inhuman or Degrading Treatment or Punishment; Discussion of relevant Case-law of the European Court.*

At present, 6 doctors of the Penitentiary Service undergo trainings at the Yerevan State Medical University.

The Armenian authorities acknowledge that proper professional trainings are considered as one of the key elements for reaching tangible results in the field. Therefore, *Action Plan deriving from the National Strategy on Human Rights Protection (2017-2019)* provides for the necessity to periodically organise trainings for the prevention of torture and inhuman or degrading treatment or punishment.

#### **IV. CONCLUSION**

The authorities realise that the execution of this group is highly dependent on the implementation of the policy and strategic papers indicated in this document and have commitment to do so during foreseeable future. Against this background, the Armenian Government will periodically provide the Committee of Ministers with the updated information and details regarding the state of execution of the group.