

**INTER-AMERICAN COMMISSION ON HUMAN RIGHTS**

**RESOLUTION 99/2025**

Precautionary Measure No. 197-25

**Persons deprived of liberty in the Center for the Deprivation of Liberty Guayas No. 1  
regarding Ecuador**

December 30, 2025

Original: Spanish

**I. INTRODUCTION**

1. On February 21, 2025, the Inter-American Commission on Human Rights (“the Inter-American Commission”, “the Commission” or “the IACHR”) received a request for precautionary measures filed by *Comité Permanente por la Defensa de los Derechos Humanos-CDH* (“the applicants” or “the requesting party”)<sup>1</sup> urging the Commission to require that the State of Ecuador (“the State” or “Ecuador”) adopt the necessary measures to protect the life and integrity of persons deprived of their liberty at *Centro de Privación de Libertad Guayas N° 1* (CPL Guayas N° 1) or Center for the Deprivation of Liberty Guayas No.1, located in Guayaquil, Ecuador (“the proposed beneficiaries”). According to the request, the proposed beneficiaries are at risk due to the alleged precarious detention conditions, lack of medical care, the spread of infectious diseases (such as tuberculosis), severe malnutrition, and the absence of health prevention and response protocols, with a series of continuous deaths reported inside the facility.

2. Pursuant to the provisions of Article 25 (5) of its Rules of Procedure, the Commission requested information from the applicants on February 28, 2025, and they responded on March 26, 2025. On April 1, 2025, the Commission requested information from the State, which submitted its comments on April 14, 2025, after being granted an extension on April 7, 2025. On April 21, May 1, May 19, and June 5, 2025, the applicants submitted additional communications. On June 11, 2025, information was requested from both parties. The applicants responded on June 16, and the State responded on June 25 and August 15, 2025. On September 17, the applicants submitted additional information. The Commission forwarded the communications to both parties on October 2, 2025. The State responded on October 15 and the applicants on October 16, 2025. On November 7 and December 5, 2025, the State presented supplementary information. On December 6 and 15, 2025, the applicants submitted a new communication.

3. Upon analyzing the submissions of fact and law furnished by the parties, the Commission considers that the proposed beneficiaries are in a serious and urgent situation, given that their rights to life, personal integrity, and health are at risk of irreparable harm. Therefore, pursuant to Article 25 of its Rules of Procedure, the Commission requests that Ecuador: a) adopt the necessary and effective measures to prevent the loss of life and harm to the physical integrity of all persons deprived of liberty in CPL Guayas No. 1; b) immediately implement the necessary measures to ensure that the detention conditions of the beneficiaries are compatible with applicable international standards in this matter, including: i. guaranteeing access to adequate and specialized medical care, as well as to the necessary treatments and medications, including the immediate performance of comprehensive medical screenings and evaluations in accordance with their health issues; ii. ensuring immediate access to quality food in sufficient quantities to meet nutritional needs, as well as sufficient and continuous access to drinking water; iii. taking immediate action to substantially reduce overcrowding within CPL Guayas No. 1; and iv. guaranteeing regular access to CPL Guayas No. 1 for legal representatives and family members; c) consult and agree upon the measures to be adopted with the beneficiaries and their representatives by establishing an inter-institutional roundtable that reflects the urgency of the situation; d) inform the IACHR of

<sup>1</sup> As indicated, the CDH acts as a petitioning organization and legitimate representative of the collective rights of persons deprived of their liberty, based on its institutional mandate and its work of continuously accompanying the families of victims and affected persons.

the actions taken to investigate the events that led to the adoption of these precautionary measures, in particular the deaths that occurred, so as to prevent such events from reoccurring; and e) respond to the IACHR's request for consent to conduct an on-site visit to CPL Guayas No. 1 in order to verify the implementation of immediate actions under the terms of this resolution in favor of persons deprived of their liberty in that center.

## **II. SUMMARY OF FACTS AND ARGUMENTS**

### **1. Information provided by the requesting party**

4. The Center for the Deprivation of Liberty Guayas No.1 (*Centro de Privación de Libertad*, CPL), also known as *Penitenciaría del Litoral*, is a male penitentiary located in Guayaquil, Ecuador. CPL Guayas No. 1 is part of the National Social Rehabilitation System (*Sistema Nacional de Rehabilitación Social*, SNRS) and is under the administrative responsibility of the National Service for Comprehensive Care for Adults Deprived of Liberty and Juvenile Offenders (*Servicio Nacional de Atención Integral a Personas Adultas Privadas de Libertad y Adolescentes Infractores*, SNAI). It has 12 blocks and can hold up to 4,000 inmates, including convicted prisoners and those awaiting trial.

5. In the request, the applicants mention poor detention conditions, lack of medical care, the spread of infectious diseases (like tuberculosis), severe malnutrition, and the absence of health prevention and response protocols. Initially, precautionary measures were requested on behalf of individuals deprived of their liberty in Blocks 7 and 10, which housed individuals with confirmed cases of tuberculosis and others undergoing diagnosis. Subsequently, protection was requested for all persons deprived of liberty, based on “a widespread structural crisis” that affects all of the individuals held there. Sections A and B below describe the situation at Center for the Deprivation of Liberty Guayas No. 1, according to information provided by the applicants: A. Militarization of CPL Guayas No. 1; and B. Detention conditions. This second section, in turn, addresses the allegations regarding: B.1. Overcrowding; B.2. Deaths at CPL Guayas No. 1; B.3. Health and health care situation; and B.4. Food, water, electricity, and structure of CPL Guayas No. 1:

#### ***A- Militarization of CPL Guayas No. 1:***

6. Since January 2024, CPL Guayas No. 1 has remained militarized under State of Emergency (SOE) decrees, which involved the displacement of the administrative and management role of the SNAI. The applicants indicate that the Armed Forces exercise internal security control over detention centers, including the management of cell keys and decisions related to food, medical care, and access to justice. This situation has exacerbated difficulties in accessing basic measures, adequate food provision, and the functioning of internal complaint mechanisms, rendering them insufficient to effectively address the widespread violations faced by persons deprived of their liberty. The logic of control and punishment under military occupation has reportedly displaced the health perspective, particularly with regard to highly transmissible diseases such as tuberculosis.

#### ***B- Detention conditions:***

##### **B.1: Overcrowding**

7. On September 5, 2025, the Specialized Unit for Prison Guarantees of the canton of Guayaquil conducted a judicial inspection at the Guayas No. 1 Detention Center in response to the sustained increase in corrective writs of habeas corpus filed by persons deprived of liberty, which denounced the lack of effective access to health care and the existence of severe malnutrition in the prison. According to information from the on-site visit report, CPL Guayas No. 1 has an installed capacity for 4,000 inmates. On the date of the visit, it had a population of approximately 7,476 individuals, representing an occupancy rate of approximately 187%. The visit consisted of a tour of the interior of Blocks 5 and 6 (cells), medical care areas, and common areas. Upon entering the polyclinic, it was observed that “the available stretchers were completely occupied; in addition, inmates were lying on the floor due to the obvious lack of space, which shows that there is a complete overflow of the operational and functional capacity of the CPL Guayas No. 1 Polyclinic.” In Blocks 5 and 6, about 10 to 16 persons deprived of their

liberty (hereinafter PPL, per the Spanish acronym for “*personas privadas de libertad*”) were found per cell designed for four persons.

8. During a previous visit by the applicants and the Judge of Criminal Guarantees on April 22, 2025,<sup>2</sup> it was found that there was overcrowding, with up to 12 people in cells designed for four individuals. In Block 8, which housed 599 inmates, it was verified that each cell was occupied by an average of nine people, despite having only three beds available. Detainees are reportedly locked in their cells 24 hours a day and can only leave when ordered to do so by a court for hearings, medical care, or other restricted purposes. Following the military occupation, no PPL were able to participate in recreational activities or social rehabilitation programs. The applicants allege that the concentration of people in overcrowded conditions is the main cause of the spread of diseases, such as tuberculosis (TB).

#### B.2: Deaths at CPL Guayas No. 1:

9. The applicants highlighted the high number of deaths of PPL, mainly associated with extreme malnutrition and tuberculosis. It is reported that, from January to early October 2025, at least 396 people died inside CPL Guayas No. 1 due to causes related to poor sanitary conditions. As indicated, these data come from official SNAI records. It was clarified that the number of deaths had begun to be reported in the media. For example, it was reported in the press that on March 7, 2025, five inmates, aged between 22 and 37, were found dead in Block 12 of Guayas No. 1 Prison. Preliminary reports indicated that the deaths were attributed to tuberculosis.<sup>3</sup> On March 12, 2025, a 36-year-old inmate died due to complications related to tuberculosis. His wife reported that he had not received medication for more than three months, which worsened his health.

10. The applicants also submitted individual cases received through family members or representatives. They indicated that on May 22, 2025, the SNAI was notified of the situation of M.J.R.V., who had HIV and symptoms of tuberculosis; they communicated that he died on May 24. They also reported that D.A.E.O. had requested medical attention on June 16 and 24, 2025, and died on June 29 of the same year. According to the applicants, between July 14 and 19, 2025, 11 individuals died in prison from complications of tuberculosis.<sup>4</sup> Between October 29 and November 1, 2025, at least six other PPLs were found dead in the center.<sup>5</sup> Several of the bodies were found in their cells and in the internal polyclinic, with no apparent signs of violence, but with indications of malnutrition and serious respiratory issues, consistent with tuberculosis, according to preliminary reports and testimonies from family members.<sup>6</sup>

11. On September 7, 2025, V.S.M.V. died of septic shock, pulmonary sepsis, and pneumonia. The relatives informed the Standing Committee for the Defense of Human Rights (*Comité Permanente por la Defensa de los Derechos Humanos*, CDH) that their family member repeatedly requested medical attention, but never received it. These deaths occurred in line with a previous pattern of deaths, and the authorities recorded them as “deaths from natural causes,” despite the existence of a tuberculosis outbreak and severe malnutrition at the center. Between November 1 and 2, the deaths of six other inmates were reported at that facility, all of whom showed

<sup>2</sup> This visit was carried out within the framework of Autonomous Precautionary Measure No. 17230-2024-09062, submitted on April 24, 2024 before the Constitutional Judge, to guarantee the right to food for persons deprived of liberty in the event of a possible suspension of food services.

<sup>3</sup> Ecuavisa, [Five inmates died in the Litoral Penitentiary due to tuberculosis, indicates the Police](#), March 7, 2025 (Available only in Spanish).

<sup>4</sup> Ecuavisa, [Eleven prisoners have died of tuberculosis in the last week at the Penitenciaría del Litoral prison](#), July 20, 2025 (Available only in Spanish).

<sup>5</sup> Radio Pichincha, [Investigate the death of prisoners in the prisons of Guayaquil and Cuenca](#), November 1, 2025, (Available only in Spanish); Primicias, [12 dead prisoners are registered in the Litoral Penitentiary and in the prisons of Turi and Esmeraldas](#), November 1, 2025, (Available only in Spanish); Bazán, i. [In 5 days, 17 prisoners died in the prisons of Guayaquil: these are their identities](#); Extra, November 6, 2025; Ecuavisa, [Tuberculosis is the main cause of deaths in the Litoral Penitentiary, according to the military](#), November 19, 2025, (Available only in Spanish).

<sup>6</sup> Bazán, Anny, [In 5 days, 17 prisoners died in the prisons of Guayaquil: these are their identities](#), (Extra), November 6, 2025, (Available only in Spanish).

extreme signs of malnutrition and advanced tuberculosis.<sup>7</sup> On November 18, 2025, 10 inmates were found dead in various blocks of CPL Guayas No. 1 (Blocks 1, 6, 7, 9, 10, 11, and 12). The victims were between 19 and 49 years old.

12. During a judicial inspection on September 5, 2025, the applicants indicated that there was evidence of deceased persons deprived of liberty within the center's facilities, including the polyclinic area. The presence of flies was also noted, which was associated with the presence of corpses. On November 27, 2025, the Ombudsperson's Office submitted its report in response to the Official Letter of October 7, 2025, which had requested the National Mechanism for the Prevention of Torture of that institution to report on its latest reports of *on-site* visits to CPL Guayas No. 1 and to indicate the existence or absence of any challenges or obstacles to guaranteeing the rights of PPLs. According to this report, 564 deaths were recorded at CPL Guayas No. 1 between January and September 2025, according to the information contained in Official Letter No. DPE-DNMPCTOTPCID-2025-0072-O. The information submitted is detailed below:

Month/Death at CPL	Natural	Violent	Accident	To be determined	Total
Jan-25	12			5	17
Feb-25	11	2	16		29
Mar-25	9		33		42
Apr - 25	5		37		42
May- 25	9		33		42
Jun-25	16		33		49
Jul-25	29		61		90
Aug-25	103	3	6		112
Sept -25	94	9	38		141
Total	288	14	257	5	564

Source: Table prepared by the Ombudsperson's Office of Ecuador, as shown in the aforementioned report.

13. On December 15, 2025, the applicants submitted information indicating that another 14 people were found dead at CPL Guayas No. 1 on December 17 and 18, 2025.<sup>8</sup>

### B.3. Health and health care situation:

14. The applicants warned that more than 48% of prisoners with contagious diseases were concentrated in Guayas Prison No. 1. According to information from the visit report carried out by the applicants in September 2024, the center did not have adequate infrastructure to care for the health of the inmates. Care was provided in a small room used on a temporary basis, where two doctors from the Ministry of Public Health (MSP) carry out their duties. Outside that office, in the open air, there were stretchers on which detainees had to wait for medical attention.

15. In September 2024, Block 7 housed 308 detainees diagnosed with tuberculosis. This block has an installed capacity of 400 inmates, but it had increased with 168 PPLs after a new screening was performed. According to inmates in that block, the supply of tuberculosis medication was not consistent for all prisoners. In addition, living conditions and nutrition allegedly worsened their health issue. Detainees who had any illness or clinical condition had to request assistance from officials from the Armed Forces (FF. AA.), who in turn had to inform prison guides and in many cases this procedure was not effective.

<sup>7</sup> Extra, [These are the 8 prisoners killed in 2 prisons in Guayaquil between November 1 and 2](#), November 2, 2025 (Available only in Spanish).

<sup>8</sup> Ecuavisa, 14 inmates died in the Litoral Penitentiary in a single weekend, December 15, 2025 (Available only in Spanish).

16. In the judicial inspection of September 2025, the applicants alleged that there were 339 cases of tuberculosis undergoing treatment (337 sensitive and two resistant) and 173 diagnoses of malnutrition in the first half of 2025, classified as mild, moderate, and severe.

17. The applicants characterized the physical condition of the detained persons as alarming. Many had a cadaverous appearance, pale skin, obvious signs of malnutrition, and extreme conditions of poor hygiene. The file contains photographs and videos of persons deprived of their liberty who have lost a significant amount of weight, are visibly physically weak, and are sleeping in spaces without mattresses. During the judicial visit on September 5, 2025, it was recorded that: "Several of the individuals present were in such serious condition that they could be considered practically cadaverous, showing visible signs of cachexia (extreme malnutrition, severe physical wasting, and generalized weakness)." Moreover, "during the inspection, multiple inmates requested urgent help and medication, stating the absence of basic-medical treatments; and the impossibility of accessing a regular medical consultation within the same polyclinic of CPL1 Guayas".

18. According to the applicants, there is no disease registry or disease monitoring. Similarly, no record is kept of the medical condition of individuals entering the prison complex. There are reportedly no protocols for the prevention, diagnosis, care, and follow-up of health issues. Medical staff is limited (two doctors), and medicines, medical supplies, and specialized areas, including blocks for contagious diseases, are scarce and inadequate. For example, during the visit on April 22, 2025, the applicants observed individuals with colostomy bags that had been in use for more than three weeks. In some cases, inmates have had to manage to prolong the use of the bags, which leads to infections and complications.

19. In cases of serious diseases or clinical complications, an absence of a prioritization protocol is noted. The Armed Forces unit responsible for managing medical care reportedly increases the vulnerability of detainees, given that its personnel do not have specific training in health matters. The system for scheduling external appointments or hospital referrals is reportedly inadequate, with delays of several months that can worsen serious medical conditions and hinder timely access to essential care. As indicated, only when they identify individuals whose vital signs are compromised are they immediately referred to a hospital. It is also reported that individuals with tuberculosis do not receive adequate treatment or live in conditions that meet minimum standards of habitability, which worsens their health condition.

20. The applicants reported 33 requests for medical attention addressed to the director of the Center for the Deprivation of Liberty Guayas No. 1, which were admitted between January and May 2025 without obtaining an effective response. The reported cases are as follows:

No.	Name	Block	Date	Health issue
1	J.J.C.C.	8	February 27, 2025	Tuberculosis
2	J.B.C.D.	3	February 3, 2025	Tuberculosis, weight loss, and scabies. Abused by the military,
3	J.J.A.C.	8	March 18, 2025	Tuberculosis
4	S.A.M.C.	7	February 27, 2025	Tuberculosis and scabies
5	S.A.M.C.	7	March 24, 2025	Tuberculosis
6	A.E.C.F.	3	March 24, 2025	Severe pain in the gallbladder
7	A.I.C.P.	12	March 24, 2025	Gastritis and other stomach issues
8	E.A.D.C.	Not mentioned	February 27, 2025	Severe pain and fever
9	J.J.C.C.	8	March 24, 2025	Tuberculosis
10	M.J.R.R.	Not mentioned	March 18, 2025	Tuberculosis

11	D.A.C.Q.	Not mentioned	February 27, 2025	Two broken ribs resulting from beatings inside the prison
12	E.E.G.R.	Not mentioned	February 27, 2025	Tuberculosis
13	W.X.N.R.	3	January 2, 2025	Prostate problems, pain, and inflammation
14	J.M.C.R.	4	February 10, 2025	Suspected tuberculosis, bloody sputum, and nighttime fever spikes
15	J.J.J.C.	6	February 3, 2025	Tuberculosis, HIV, and kidney failure
16	A.D.Z.Y.	Not mentioned	February 27, 2025	Gunshot wound, spinal problems.
17	D.J.Y.S.	7	March 18, 2025	Tuberculosis
18	M.J.I.R.	3	January 22, 2025	Gastritis, cirrhosis, and tuberculosis,
19	O.A.S.L.	12	January 22, 2025	Tuberculosis
20	B.J.A.C.	7	February 10, 2025	Suspected tuberculosis. Coughing up blood and nighttime fever spikes,
21	C.A.R.C.	7	April 7, 2025	Tuberculosis
22	A.J.A.C.	12	April 7, 2025	Tuberculosis
23	W.S.S.S.	1	April 7, 2025	Tuberculosis, lack of adequate food
24	C.A.B.O.	2	April 7, 2025	Tuberculosis
25	B.A.L.J.	7	April 7, 2025	Tuberculosis and a nutrient-poor diet
26	M.A.A.O.	9	April 7, 2025	Tuberculosis and a nutrient-poor diet
27	D.A.F.M.	5	April 7, 2025	Tuberculosis and a nutrient-poor diet
28	A.I.A.M.	Not mentioned	May 27, 2025	Cirrhosis of the liver
29	A.E.C.F.	Not mentioned	May 27, 2025	Gallstones, spinal deviation
30	J.I.R.A.	Not mentioned	May 27, 2025	Tuberculosis
31	O.A.P.N.	Not mentioned	May 27, 2025	Tuberculosis
32	S.V.M.P.	Not mentioned	May 27, 2025	Tuberculosis, skin problems
33	H.A.H.E.	Not mentioned	May 27, 2025	Skin disease, significant weight loss,

21. In addition, five official death certificates issued by the Civil Registry of Ecuador are attached, corresponding to individuals who died between November 2024 and February 2025. The deaths include causes associated with tuberculosis, respiratory failure, liver failure, and multiple organ failure.<sup>9</sup>

<sup>9</sup> E.L.V.M., deceased on 11/23/2024 due to tuberculosis and multiple organ failure in Guayaquil-Ximena; B.I.B.M., deceased on 03/13/2025 due to pulmonary tuberculosis in Guayaquil-Tarqui; J.B.A.G., deceased on 03/11/2025 due to acute respiratory failure in Guayaquil-Tarqui; J.D.H.M., deceased on 03/10/2025 due to hepatic failure in Machala; J.B.C.D., deceased on 02/22/2025 due to unspecified cardiac arrest, acute respiratory failure, and pulmonary tuberculosis in Guayaquil-Ximena.

22. The applicants expressed concern about the government report of February 2025, according to which CPL Guayas No. 1 had a 51% supply of medicines. This allegedly indicates insufficient coverage to meet the basic medical needs of the detained population.

23. In the judicial inspection carried out on September 5, 2025, during the tour of the polyclinic and the areas of the center, the authority included the following in its report:<sup>10</sup>

- i. The lack of an isolation block for those diagnosed with tuberculosis at CPL Guayas No. 1;
- ii. The presence of 339 cases of tuberculosis within the prison population (337 drug-sensitive and two drug-resistant), as reported by administrative staff, in the absence of a designated area for isolating affected individuals;
- iii. The recording of 173 cases of malnutrition during the first half of 2025, classified as mild, moderate, and severe;
- iv. The medical area was saturated, stretchers were fully occupied and PPLs were on the floor due to the lack of available space;
- v. The polyclinic was operating above capacity, with a high number of people in critical condition;
- vi. The PPLs stated that there are no adequate channels of access to the polyclinic, which limits their ability to receive basic or emergency medical care;
- vii. Several inmates had signs of severe physical deterioration and marked malnutrition;
- viii. A group of inmates reported having tuberculosis, indicating a lack of adequate conditions for isolation and treatment;
- ix. Multiple requests for care and medication were received, including reports of a lack of basic treatments and difficulties in accessing regular medical consultations;
- x. Additional individuals were waiting to be seen outside the polyclinic, indicating that demand exceeded the available infrastructure.
- xi. The attending physician reported that 16 PPLs met the clinical criteria for immediate referral to second-level health facilities;
- xii. Medical staff indicated that these transfers had not been carried out in the previous days, despite the identified need. Among these persons were beneficiaries of writs of *habeas corpus* and precautionary measures;
- xiii. Transfers are limited by the lack of inter-agency coordination, insufficient ambulances, lack of custodial staff, and lack of clear protocols to ensure the safety of the procedure.

#### B.4- Food, water, electricity, and structure of CPL Guayas No. 1:

24. According to the information provided by the applicants, the conditions regarding food, access to water, electricity, and infrastructure at CPL Guayas No. 1 are inadequate. On June 5, 2024, the applicants filed a constitutional petition for autonomous precautionary measures on behalf of the inmates of Penitentiary Zone 1, mainly those of Guayas No. 1 Prison, after learning that *La Fattoria*, the company responsible for supplying food to the SNAI, had been abandoned. On June 7, 2024, the judge accepted the precautionary measures and ordered the immediate regularization of the provision of sufficient food adequate to individual needs at the Guayas No. 1 Detention Center (among other measures).

25. As part of this process, a delegation from the Protection Area of the CDH was authorized to enter the detention centers in Guayas, including Guayas No. 1. The visit took place on April 22, 2025, in conjunction with the Judge of Criminal Guarantees. Regarding food, the applicants' report stressed the following:

<sup>10</sup> The on-site inspection report indicates that it was carried out in response to the sustained increase in corrective writs of *habeas corpus* filed by persons deprived of liberty before the Specialized Unit for Prison Guarantees of the canton of Guayaquil, in which the lack of effective access to the right to health and the existence of severe malnutrition within that prison have been reported.

- i. Food distribution is allegedly handled by the Armed Forces, which causes long delays: containers are left in courtyards and individuals have to wait for hours until they are allowed to enter.
- ii. Sometimes food is in an alleged state of decomposition and there is no adequate control over its storage and distribution.
- iii. In blocks such as No. 8, containers with exposed food and insects were observed, as well as insufficient rations to cover the block's population.
- iv. PPLs with special dietary requirements for health reasons reportedly do not receive differentiated diets.
- v. There are no documented records of the payment of allowances, nor any oversight mechanisms.
- vi. Upon arrival at the detention center, it was noted that a group of approximately 25 people had been exposed to the sun for several hours without receiving food or medical attention.
- vii. Upon leaving a block, it was observed that the bags delivered by the Solmarket commissary company contained products of low nutritional value, predominantly processed and junk foods, such as potato chips, candy, and sweet corn.

26. During the visit on September 5, 2025, judicial authorities observed that food was stored in ordinary plastic containers in the courtyard of the block, where approximately six inmates, in the presence of military personnel, proceeded to mix it using plastic bags on their hands and a broomstick. Once mixed, the food was transferred in the same trays to the inside of the block for distribution. During the inspection, an incident occurred between a soldier and a PPL because there was not enough protein for those in the first cells.

27. Regarding access to water and electricity, the applicants allege that the blocks do not have a regular supply of drinking water. The upper wings do not receive water, and in the lower wings, the supply is allegedly intermittent due to pipe failures. Moreover, there is an alleged lack of electricity in several blocks, making ventilation, lighting, and the storage of temperature-sensitive food or medical supplies difficult. The request includes the report of the Judge of Criminal Guarantees regarding the visit on April 22, 2025, which records the following conditions:

- i. Existence of rodent excrement and sewage overflow;
- ii. Absence of power supply in all blocks;
- iii. Non-existent supply of drinking water;
- iv. Lack of adequate infrastructure in bathrooms, cells, walls and ceilings;
- v. Identification of complaints from PPL who do not receive adequate follow-up for their medical condition and who miss breakfast and lunch when they leave for follow-ups;
- vi. Total suspension of rehabilitation activities from January 2024.

28. Given this scenario, the aforementioned Judge of Criminal Guarantees determined the following measures:

- i. Informative talks to the Armed Forces (FF. AA.) to comply with international human rights standards and those established by the Constitution;
- ii. Inter-agency roundtable to tackle the increase in tuberculosis cases and reduce the number of deaths;
- iii. To notify the National Service for the Comprehensive Care of Adults Deprived of Liberty and Juvenile Offenders (*Servicio Nacional de Atención Integral a Personas Adultas Privadas de la Libertad y a Adolescentes Infractores*, SNAI), central office, about the lack of adequate food for detainees.

29. The applicants' report on the visit of April 22, 2025 also provided information on the situation in Blocks 7, 8, and 3 of CPL Guayas No. 1. The following was reported:

- i. *Block 7*: It houses 531 persons deprived of liberty with a confirmed diagnosis of tuberculosis. It was confirmed that there was no electricity or drinking water in the cells. It was indicated that those

diagnosed had not received adequate medical treatment during the previous three months. In Wing 1, seven people were identified as being in serious condition, one of whom had served their sentence. In Wing 2, an individual with a colostomy bag had not received a replacement for a month, and five people were reported to be in serious health conditions. On the way to Wings 3 and 4, rodent or bat feces were observed. In Wing 3, three people were in serious health conditions, including one who had served their sentence, and there were reports of a lack of medication for more than three months, as well as the presence of herpes infections and outbreaks of rashes.

- ii. *Block 8:* Containers with food exposed to the sun and with the presence of flies were observed. The block houses 599 persons deprived of their liberty. Military personnel in charge of controlling the block reportedly identified 20 people who needed to be transferred to the polyclinic, but were unable to do so for security reasons. Some cells accommodate an average of nine people despite having only three beds. In Wing 1, Cell 5, damage to the pipe was reported, causing water mixed with feces to overflow. More than 18 people with symptoms compatible with tuberculosis were identified;
  - iii. *Block 3:* In Wing 2, a makeshift bridge made of pallets was observed due to sewage overflow in the courtyard and internal areas. Individuals deprived of liberty in serious health conditions were identified, including one who had served their sentence. During a visit to the polyclinic, staff from the Ministry of Public Health stated that for more than four months, doctors have not been allowed to enter to supply medication, which has led to the suspension of medicine deliveries. They reported an overload of requests for medical attention, and three individuals in very poor physical condition were observed on stretchers. They indicated that there were no ambulances available for hospital transfers.
30. During the judicial visit on September 5, 2025, the judge found the following conditions in Blocks 5 and 6:
- i. Lack of electrical supply in the cells;
  - ii. Between 10 and 16 inmates housed in cells designed for four inmates;
  - iii. Individuals sleeping on the floor or on deteriorated mattresses;
  - iv. Presence of insects in the blocks;
  - v. Lack of mattresses and basic sleeping materials;
  - vi. Almost complete confinement within cells, with limited access to sunlight;
  - vii. Individuals experiencing significant weight loss and skin lesions such as scabies and boils.

## **2. Response from the State**

31. The State raised preliminary issues related to alleged inaccuracies in the facts alleged, the identification of the proposed beneficiaries, the lack of consent for their inclusion, and the absence of prior complaints to the national authorities. Ecuador pointed out that the request referred to persons deprived of their liberty at CPL Guayas No. 1, but that the information submitted reportedly covers data from the National Social Rehabilitation System in general, including lists such as the one of 396 persons attached by the applicants, in which, it claims, it is not possible to fully identify the beneficiaries. It also stated that the lack of consent for their inclusion was not justified. In conclusion, the State maintains that it has not been determined whether the situation that places the proposed beneficiaries at risk was brought to the attention of the competent authorities, despite the existence of legal proceedings initiated by persons deprived of liberty that would have been favorable to protecting their life, health, and integrity.

### **A- Background information**

32. The State recognizes that PPLs are considered priority groups. In turn, it maintains that the social rehabilitation system aims to provide comprehensive rehabilitation in order to reintegrate them into society, as well as to protect them and guarantee their rights. The administration of the CPL Deprivation of Liberty Centers is in charge of SNAI as an autonomous body. The National Social Rehabilitation System (SNRS) administers 35 prison facilities that have health centers or medical clinics for the provision of health services, which are provided by the Ministry of Public Health.

33. It indicates that, in 2024, the SNAI published the Human Rights Manual with equality and non-discrimination approaches for the care of PPLs. It explains that health services in CPLs are provided through the Health Care Model in contexts of deprivation of liberty, which includes both extramural and intramural modalities; these include, among others: screening for infection control, immunization, chronic noncommunicable diseases, human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and TB. In cases of communicable and contagious diseases, the Regulations of the National Social Rehabilitation System provide for temporary isolation on health grounds.

34. With regard to public health policies, Ecuador highlights that, through the Ministry of Public Health, it has a Health Care Model in contexts of deprivation of liberty, with strategies for the prevention, diagnosis, and treatment of tuberculosis. It presented the tuberculosis control program, which includes mandatory vaccination from the first year, in accordance with the National Vaccination Schedule. The State further reported on the creation of a High-Level Commission in 2023 to monitor the goal of eliminating the disease by 2035, within the framework of the WHO/PAHO strategy. It stated that the Tuberculosis Information System (*Sistema de Información en Tuberculosis*, SINFOTB) is used to register and monitor cases and that, since 2024, Truenat technology has been used to improve diagnosis. According to the government, since 2017, it has been implementing a national strategy that includes clinical guidelines and continuous epidemiological surveillance through the Tuberculosis Gazettes. Ecuador also reported data on the 2022-2025 Public Policy on Social Rehabilitation, noting that each detention center has a comprehensive health care team with protocols for both admission and medical follow-up of persons deprived of liberty.

35. In addition, Ecuador mentioned the actions to guarantee the right to health of PPLs, which include:

- i. Implementation of the National Prison Health Plan (*Plan Nacional de Salud Penitenciaria*, PNAISP), with coordination between the Ministry of Justice and the Ministry of Health to promote comprehensive care and intersectoral coordination;
- ii. Primary care coverage through health teams from the Unified Health System (*Sistema Único de Salud*, SUS), with progressive expansion since 2012 and specialized care in some cases;
- iii. Systematic vaccination in prison units and specific actions for the prevention of health issues such as tuberculosis;
- iv. Creation of a prison information system and a national census to measure health needs;
- v. Programs aimed at women and LGBTI+ individuals in prison, including gynecological care, prenatal care, and STI and HIV monitoring;
- vi. Mental health and suicide prevention policies in prisons, although with recognized challenges in coverage and quality of service.

36. With regard to the domestic legal framework, the State explained that the Constitution of Ecuador provides for various jurisdictional guarantees applicable to persons deprived of liberty, including writs of *habeas*

*corpus*, protective action, and precautionary measures. The State warned that, in the case of PPLs, writs of *habeas corpus* can operate in its corrective form, as a mechanism designed to resolve violations of fundamental rights arising from actions or omissions within detention centers.

### ***B- On the allegations presented by the request***

#### **B.1. Militarization of CPLs:**

37. With regard to the context of militarization, the State noted that, through Executive Decrees No. 110 and 111 of January 2024, a state of emergency was declared due to serious internal unrest and the existence of a non-international armed conflict, extending its scope to all detention centers in the National Social Rehabilitation System. It indicated that these measures were initially declared constitutional by the Constitutional Court in Ruling 1-24-EE/24, which authorized the intervention of the Armed Forces within the CPLs. Subsequently, the Court issued Opinions 11-24-EE/24 (November 2024) and 1-25-EE/25 (February 2025), in which it modulated and limited the prolonged use of states of emergency, specifying that certain prison issues should be addressed through ordinary mechanisms. The State asserted that, despite the military intervention, the powers of the SNAI had not been replaced and that the Armed Forces were acting in support of that body.

#### **B.2- Health care:**

38. The State states that CPL Guayas No. 1 houses the largest prison population in the province and in the country, with approximately 7,693 men distributed across 11 blocks. It acknowledges that a health crisis has been alleged, including the spread of disease, centered on the high prevalence of tuberculosis. Therefore, in early 2025, the Municipality of Guayaquil requested that the SNAI and the Ministry of Public Health clarify the situation and detail the protocols for care and prevention in prisons.

39. According to a table attached to the file, in February 2025, there were 516 cases of PPL screened for HIV and 107 PPL undergoing antiretroviral treatment for HIV at CPL Guayas No. 1. On March 9, 2025, 598 cases of PPL with tuberculosis were recorded. In a document dated April 14, 2025, a total of 556 inmates with tuberculosis were recorded, of whom 497 were in Block 7 in isolation and receiving medical treatment, and the rest were held throughout various blocks. During the quarter of the aforementioned year, tuberculosis screening and health care brigade were carried out in Block 7.

40. According to the information received, both the government and the Ombudsperson's Office have developed parallel and coordinated actions for the detection, isolation, and treatment of tuberculosis in CPL Guayas No. 1. As the main progress reported, the State highlights the following:

- i. Late July 2024: authorities recorded the first alert of tuberculosis cases at CPL Guayas No. 1;
- ii. August 2024: Block No. 7 was enabled as an isolation area for persons deprived of liberty with a confirmed diagnosis;
- iii. January 23, 2025: SNAI and Ministry of Public Health held a meeting to coordinate actions to strengthen epidemiological control, including updating and cleaning data in the SINFOTB and SIVE-Alerta (Information, Verification, and Evaluation System) systems.
- iv. March 2025: the State reported on the distribution of spaces for the operation of the health center and the organization of isolation areas in Blocks 7 and 10 in accordance with the results of smear tests carried out on the population;
- v. March 18, 2025: technical monitoring was carried out via videoconference regarding the quality of records and the availability of healthcare personnel assigned to the center;
- vi. March 27, 2025: the Ombudsperson's Office convened an inter-institutional roundtable at which it was agreed to: (i) designate focal points in the institutions involved; (ii) begin a screening

- process starting on March 31; and (iii) coordinate with the Forensic Medicine Institute, INEC, the Civil Registry, and National Directorate of Public Data Registration (*Dirección Nacional de Registro de Datos Públicos*, DINARDAP) to clarify the procedures for transmitting sensitive information.
- vii. April 7, 2025: the Ministry of Public Health issued guidelines for systematic tuberculosis screening using rapid molecular tests across the entire prison population.
  - viii. April 9, 2025: during a working group meeting, it was agreed to issue recommendations to prevent infection among public officials, as well as to address difficulties in inter-institutional data transmission, with a new session scheduled for April 15.
  - ix. April 10, 2025: guidelines were shared for the internal transfer of incarcerated individuals with confirmed diagnoses, in order to ensure transfers under biosafety protocols.
  - x. April 15, 2025: SNAI committed to creating a common link to identify the information available in each entity; DINARDAP was to reportedly develop a data dictionary; and a technical meeting was scheduled for April 22 with institutional counterparts to define information consumption.
  - xi. May 21, 2025: the Ministry of Public Health issued guidelines for the initiation of treatment in accordance with the recommendations of the WHO Green Light Committee;
  - xii. May 28, 2025: A third interagency follow-up meeting was held to evaluate the continuity of diagnosis, treatment, and follow-up of persons deprived of liberty with tuberculosis, as well as measures to protect health personnel.
  - xiii. April 29 and 30, 2025: The SNAI convened a crisis committee, with the participation of the Ministry of Public Health, the Armed Forces, and the National Police, aimed at consolidating operational coordination and following up on the intervention in CPL Guayas No. 1.

41. The State added that the Vice-Ministry of Citizen Security ordered the creation of a Technical Commission, through Resolution No. GSS-2025-002, in charge of executing actions for the care and treatment of tuberculosis at the national level, and assigned to the implementation of this Resolution to the SNAI. In June and July 2025, authorities from the Ministry of Public Health and SNAI conducted *on-site* visits to CPL Guayas No. 1 to assess the health situation related to tuberculosis. As a result, the SNAI recommended the creation of separate blocks and temporary isolation areas, as well as adequate medical facilities for the treatment of infectious diseases. In addition, the construction and equipping of two (2) CPLs was authorized to reduce the percentage of overcrowding.

42. To date, the State has reported the transfer of 1,061 persons deprived of liberty diagnosed with tuberculosis from CPL Guayas No. 1 to the Guayas No. 4 Men's Social Rehabilitation Center (*Centro de Rehabilitación Social*, CRS),<sup>11</sup> in accordance with the health criteria established by the Ministry of Public Health. As reported, the transfers were carried out as follows:

- i. June 6, 2025: transfer of 126 PPL;
- ii. July 21, 2025: transfer of 401 PPL;
- iii. August 2025: three additional transfers, which totaled 187 PPL;
- iv. September 2025: transfer of 347 PPL, of which 262 were on lists authorized by Memorandum SNAI-SMCEPMS-2025-1713-M.

43. In response to the needs identified *on site*, the Ministry of Public Health, in coordination with the SNAI, officially handed over the CPL Guayas No. 1 Health Center on June 6, 2025. With the implementation of the PPL dispensing process, the necessary projections and arrangements were made for the timely acquisition of medicines and medical devices, thus ensuring supply in accordance with the needs identified, in line with the health concerns presented within CPL Guayas No. 1. The MSP noted that, through Memorandum No. MSP-CZ8S-DD09D08-CRSG1-2025-0034-M (March 10, 2025), problems with the delivery of anti-infective drugs to CPL Guayas No. 1 were

<sup>11</sup> CRS for Males Guayas No. 4: has a priority care ward with a capacity for 400 patients, where people with tuberculosis, disabilities, older adults, and difficult-to-manage, catastrophic, or terminal chronic diseases are treated.

reported. The document indicates that this situation had been reported previously without response and that the affected population was not receiving regular treatment.

44. Ecuador notes that the CPL Guayas No. 1 Health Center currently continues to provide medical services, including outpatient and emergency care, operating 24 hours a day. It has a suitable building of approximately 512.55 m<sup>2</sup> and has a strengthened health team. The payroll of assigned personnel includes:

- i. three primary care physicians;
- ii. three nurses;
- iii. three emergency physicians available 24 hours a day;
- iv. one dentist;
- v. one clinical psychologist;
- vi. one chemist/biochemist pharmacist.

B.2: Deaths at CPL Guayas No. 1:

45. In response to the request for a list of 396 people who died due to health issues at CPL Guayas No. 1, the State indicated that the National Police, through its Forensic Medicine Directorate, reported that the available data identifies 295 individuals linked to CPL Guayas No. 1: 313 forensic admissions, 80 cases without admission, and two duplicate records. The State also submitted a link with certificates from the National Institute of Statistics and Censuses (*Instituto Nacional de Estadística y Censos*, INEC) that contain the causes of death of the identified cases.

46. Also attached is an official letter dated October 23, 2025, issued by the SNAI and addressed to the national director of the Mechanism for the Prevention of Torture and Other Cruel, Inhuman, and Degrading Treatment or Punishment (*Mecanismo de Prevención Contra la Tortura y Otros Tratos o Penas Crueles, Inhumanos y Degradantes*, MNPT) of the Ombudsperson's Office. In this official letter, a table of deceased persons per penal unit is presented. As for CPL Guayas No. 1, the table indicates the following:

- i. January 2025 – 17 deaths (12 natural and 5 to be determined);
- ii. February 2025 – 29 deaths (11 natural, 2 violent, and 16 to be determined);
- iii. March 2025 – 42 deaths (9 natural, 33 to be determined);
- iv. April 2025- 42 deaths (5 natural and 37 to be determined);
- v. May 2025- 42 deaths (9 natural and 33 to be determined);
- vi. June 2025 – 49 deaths (16 natural and 33 to be determined);
- vii. July 2025 – 90 deaths (29 natural and 61 to be determined);
- viii. August 2025 – 112 deaths (103 natural, 3 violent, and 6 to be determined);
- ix. September 2025 - 141 deaths – (94 natural, 9 violent, 38 to be determined).

47. This letter was sent in response to a request to set up a crisis committee, due to alerts and requests for urgent health care sent by the Committee of Relatives for a Dignified Life (*Comité de Familiares Por una Vida Digna*, COFAVID) regarding people detained in prisons in the province of Guayas. In particular, regarding CPL Guayas No. 1 and CPL Guayas. The MNPT indicated the following:

“As you are continuously aware, this Unit continues to receive alerts and requests for urgent medical attention from the Committee of Relatives for a Dignified Life (COFAVID) regarding individuals detained in prisons in the province of Guayas, particularly in CPL Guayas No. 1 and CPL Guayas No. 4; this situation has remained constant this year, with case lists being sent almost daily; emails are also sent to both SNAI staff and the Ministry of Public Health. Despite this, and the numerous meetings held with officials from the various entities related to the National Social Rehabilitation System, the health care situation in these centers remains alarming, as evidenced by the high daily death rates among inmates, especially in the Guayas No. 1 Prison. 1. In view of this, we once again insist on the urgent need to establish a crisis committee

among the competent entities to address this problem in a comprehensive and urgent manner, with daily monitoring, involving mainly representatives of the SNAI, as the entity responsible for administering prisons; the Ministry of Public Health, as the body responsible for health care within prisons; the National Police and Armed Forces, as the security entities in charge of the centers; and, in accordance with the new institutional reorganization of the central government, it is also necessary for the Ministry of the Interior to participate, as the Technical Agency for Social Rehabilitation and the governing body of the System.”

48. Moreover, Ecuador specified that, on September 18, 2025, the Subdirector of Precautionary Measures convened a technical roundtable with several institutional areas to form a Crisis and Internal Monitoring Committee. In this space, urgent actions related to the critical problems of tuberculosis and malnutrition at CPL Guayas No. 1 and CRS for Males Guayas No. 4 were discussed and set in motion, with the aim of adopting strategic decisions in favor of the population affected by these diagnoses.

#### B.4. Specific medical care:

49. The State also presents detailed information on 37 PPLs identified by the applicants, specifying for each one their ID number, the type of petition filed, and the alleged health problem, which includes tuberculosis (TB), HIV, prostate problems, scabies, hypertension, abdominal pain, gallbladder problems, spinal deviation, gastritis, stomach problems, chickenpox, general malaise with fever, vomiting, and low weight, breathing difficulties, diabetes, liver cirrhosis, and skin diseases. Ecuador provides information on the procedural status of criminal proceedings and any writs of *habeas corpus* (two petitions have been granted, one has been rejected, and three are pending).

50. The State also sent a wide range of judicial documents related to writs of *habeas corpus* filed by PPL of CPL Guayas No. 1. The information includes rulings, hearing transcripts, and judgments issued by various judicial units in 2024 and 2025, in which requests related to medical care, urgent transfers to hospitals, access to medication, diagnostic evaluations, and measures to guarantee minimum health conditions within the facility were analyzed. Below are some of the decisions provided:

HC / Date / Court	Beneficiary	Allegations presented	Court ruling
HC 09U01-2025-00148 (September 11, 2025)  Specialized Judicial Unit of Penitentiary Guarantees based in Guayaquil.	J.Z.R.G.	<ul style="list-style-type: none"> <li>- For three months, he had been experiencing symptoms of weakness, pain in his back and lungs, fever, stomach problems, and signs of malnutrition.</li> <li>- Presence of individuals with tuberculosis in his block.</li> <li>- Added that the plaintiff receives insufficient food, which is why he looks visibly thin;</li> <li>- Reported that inmates are locked up 24 hours a day, with no access to the courtyard and that they must eat their meals inside their cells.</li> </ul>	<ul style="list-style-type: none"> <li>- Assessed that “in the medical report itself, the serious violation of the right to health was clearly verified due to the lack of continuity in the antituberculosis treatment, warning that this omission could cause the plaintiff to develop multidrug-resistant tuberculosis.”</li> <li>- This finding shows that “the care provided has not been integral or continuous, but rather fragmentary.”</li> <li>- “Added to this is the existence of illegitimate barriers to access to healthcare, resulting from a lack of inter-institutional coordination between the SNAI, the CPL 1 management, the MSP, and the institutions in charge of perimeter security, such as the National Police and the Armed Forces.”</li> </ul>

			<p>- "This court finds that there was a serious violation of constitutional rights to the health and personal integrity of the plaintiff".</p> <p>-Determined remedial measures to ensure full, timely, and effective exercise of the plaintiff's right to health.<sup>12</sup></p>
<p>HC 09113202500039 (July 8, 2025)</p> <p>Specialized Civil and Commercial Chamber of the Provincial Court of Justice of Guayas.</p>	<p>F.M.D.A.</p> <p>M.J.R.V.</p>	<p>F.M.D.A.</p> <p>- Family members reported that their detained relative may have tuberculosis, has tested positive for human immunodeficiency virus (HIV), and issues regarding their nutrition.</p> <p>- Medical attention was requested through official letter No. 0064-al-CDH-2025, but no response was obtained.</p> <p>M.J.R.V.</p> <p>- He reportedly has HIV and was allegedly not receiving antiretroviral drugs, despite the fact that on April 4, 2025, the Southern Criminal Court of Guayaquil requested that his health status be reported within five days.</p> <p>- He died on May 24, 2025, in Block 8, due to acute myocardial infarction, pulmonary fibrosis, and bronchopneumonia, with no official details regarding the circumstances of his death.</p>	<p>- Declares the violation of the right to health and personal integrity of Mr. F.M.D.A. and M.J.R.V., by the SNAI;</p> <p>- Provides as a comprehensive remedy the urgent and comprehensive treatment for the HIV disease that they both have and other diseases detected without treatment;</p> <p>- "disposes of the director of the Men's Deprivation of Liberty Center No. 1 of Guayaquil, supervise and personally ensure that F.M.D.A. receives three full meals a day and that he is given his HIV and tuberculosis medication every day."</p> <p>-Requires the "death certificate of M.J.R.V., if applicable", in response to the alert presented by his relatives.</p>
<p>HC 09U01-2025-00348</p> <p>Partially accepted on September 16, 2025, by the Specialized Judicial Unit for Prison Guarantees based in the Canton of Guayaquil.</p>	<p>A.C.F.</p>	<p>- "Has a skin infection with rashes, severe pain in the vesicles, intense coughing, severe breathing difficulties, and extreme loss of muscle mass. His face is cachectic, showing signs of chronic malnutrition".</p>	<p>The decision considers that "there has been a partial violation of his right to health"; It orders the following measures of redress: "immediate and ongoing medical consultation"; "monthly medical consultation at Mount Sinai Hospital"; "continuation of treatment</p>

<sup>12</sup> It ordered the following comprehensive reparations measures: (i) "This judgment constitutes, in itself, a mechanism for non-material reparations, by declaring the State's responsibility for the violation of the fundamental rights of the convicted person J.Z.R.G."; (ii) "The highest authorities of the SNAI – Central Plant and CPL Guayas No. 1, in direct coordination with the MSP, Armed Forces, and National Police, shall guarantee PPL J.Z.R.G. comprehensive and specialized medical care"; (iii) "General and complementary clinical studies, including sputum (phlegm) testing or smear microscopy to diagnose tuberculosis (TB), shall be performed in order to rule out infectious diseases"; (iv) "Nutritional care shall be provided to ensure his health and nutrition"; (v) "The highest authority of the MSP shall immediately and continuously guarantee the supply of the necessary medications and treatments, avoiding interruptions or delays in their provision"; (vi) "Within a maximum period of seven (7) days, the health service and general and specialized medical care of PPL J.Z.R.G. shall be guaranteed, without any illegitimate restrictions"; (vii) "The SNAI - Central Plant, in coordination with the director of the CPL, shall immediately adopt the necessary administrative corrective measures to guarantee adequate and reinforced nutrition, in accordance with the health and nutritional status of PPL J.Z.R.G."; (viii) "If tuberculosis is confirmed, administrative coordination will be carried out between CPL Guayas 1 and CRS Guayas 4 to execute the administrative relocation of the convicted person in accordance with Art. 6 of the RSNRS"; (ix) "The authorities of the MSP and CPL Guayas No. 1 will send within ten (10) days a report on the compliance with all the ordered measures"; (x) "The Ombudsperson's Office will issue a report on the follow-up of the judgment in constitutional matters and will inform the judge within thirty (30) days."

		<ul style="list-style-type: none"> <li>- “These conditions were reported to the prison in five letters, as well as to the Regional Coordination Office of the Ministry of Health, without receiving a satisfactory response”.</li> <li>- Does not receive adequate food, or timely medical attention.</li> </ul>	without interruption”; “evaluation of relocation to a suitable area within 72 hours”; “guarantee of an adequate and specialized diet”; “authorization of nutritional supplements.” <sup>13</sup>
HC 09U01-2025-00126 (March 27 and 31, 2025)	J.E.R.H.	<ul style="list-style-type: none"> <li>- HIV/AIDS, high blood pressure, and MDR tuberculosis.</li> <li>- Episodes of haemoptysis, dyspnea and progressive physical deterioration.</li> <li>- Submitted requests for medical care on February 16, 20, and 26, 2025, without receiving a response from the authorities.</li> </ul>	“Order the immediate transfer of the person deprived of liberty J.E.R.H., to Mount Sinai hospital, so that a comprehensive health assessment is carried out, x-rays are carried out, so that their case is submitted immediately to the Tuberculosis Committee (...)”
HC 09U01-2025-00129 (June 13, 2025)	R.L.Á.	<ul style="list-style-type: none"> <li>-Suspected tuberculosis</li> <li>-Malnutrition</li> </ul>	- “To partially accept the writ of habeas corpus and, as a measure of reparation, to order the Manager of the Guasmo Sur Hospital and the MSP to guarantee the right to health of the prisoner, that is, he will remain hospitalized at the Hospital del Guasmo Sur or another hospital to receive specialized medical care. This hospitalization cannot be less than 10 days, because if tuberculosis is suspected, a culture test must be performed, which takes at least 5 to 7 days. Therefore, he must be hospitalized for at least 10 days, or more according to the doctor who discharges him under his or her responsibility. The MSP and Social Rehabilitation Center No. 1, based in Guayaquil, are ordered to guarantee access to medicine after diagnosis and appropriate treatment. It is ordered that the Social Rehabilitation Center No. 1, based in Guayaquil, and the SNAI, guarantee access to adequate food for R.L.A., since one of

<sup>13</sup> Consequently, it provides the following reparation measures: Immediate and continuous medical consultation by health professionals. Monthly medical consultation at Mount Sinai Hospital or, if not possible, at another center authorized by the Comprehensive Public Health Network. After the initial medical evaluation, the appropriate treatment should be continued without interruption, including the necessary medications and therapies, as well as the respective follow-up. The SNAI and the management of the detention center must be notified so that, within 72 hours, a disciplinary assessment can be made of the possibility of placing the inmate in an area that is appropriate for their health conditions. Fourth, in response to the requests made by the defense, and in accordance with Article 52 of the Constitution, which recognizes the right of persons deprived of liberty to receive healthy and sufficient food, it is hereby ordered: To guarantee the PPL an adequate and specialized diet, in accordance with their diagnosis of malnutrition and muscle loss. The Ministry of Public Health and the National Comprehensive Care Service shall develop and implement a specific protocol to regulate the entry and administration of nutritional supplements and therapeutic foods within the detention center. Family members are authorized to bring in supplements, provided they have the authorization of the treating medical team.

HC 09U01-2024-00685 (April 19, 2025)	I.R.M.J.	-History of arterial hypertension -Dizziness, abdominal pain localized in the right hypochondrium, dysuria, reports constipation, bowel movements every 3 days, decreased visual acuity that has been progressively increasing; - Scabies -Gallbladder stones	the problems is the lack of nutrition”. - Partially upholds the petition for corrective writ of habeas corpus; - Orders that “Mr. I.R.M.J. (PPL) remain in the area known as “logros” within the Guayas No. detention center . 1, and that he receive the full range of medications he needs to manage his medical conditions.”
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51. With regard to the requests for medical attention attached by the applicants, the State indicated that the documents correspond to administrative health requests and various proceedings already initiated by some PPLs, including writs of *habeas corpus*, sentence calculations, and surveillance and control. It added that the cases present different clinical pictures, mainly tuberculosis, HIV, respiratory and dermatological conditions, hypertension, abdominal pain, prostate problems, liver disease, and bullet wounds. It further stated that in several cases medical evaluations, transfers, medication delivery, or legal actions ordering specific measures have already been arranged, while in others there are duplicate official letters, errors in names, or missing information. It stated that in several of them, medical evaluations, transfers, medication delivery, or legal actions ordering specific measures have already been arranged, while in others there are duplicate official letters, errors in names, or a lack of legal action taken.<sup>14</sup>

52. According to the State, this information shows that PPLs or a third party can activate judicial mechanisms (sentence calculation, surveillance and control, or writs of habeas corpus) when they consider that their rights to life, integrity, and health are not guaranteed, and Ecuadorian judges must apply the Constitution, international treaties, and human rights standards to protect them. It is highlighted that each judicial case requires a thorough analysis by the constitutional judges to guarantee the rights of the PPLs and due process.

53. The State attached a document issued by the MSP on October 10, 2025. This document states that between June and September 2025, scabies remains the leading cause of morbidity (325 cases; 3.2%), accompanied by skin abscesses and superficial mycoses, “highlighting the need to strengthen the prevention and control of skin diseases.” There were 75 cases of skin abscesses, 45 cases of superficial mycosis, 193 cases of constipation, 153 cases of dental caries and retained dental roots, 141 cases of gastroenteritis, 98 cases of urinary tract infection, 41 cases of acute lower respiratory tract infection, 69 cases of acute rhinopharyngitis, and 232 cases of psychological or emotional disorders. As indicated, “acute stress reactions, mild depressive episodes, and adjustment disorders remain frequent causes, reflecting the psychosocial impact of the prison environment and the need for ongoing mental health interventions.”

#### B.5- Food

<sup>14</sup> The State table includes: N. R. W. X., 09U01-2025-00929G, prostate problems; C. R. J. M., suspected TB; C. D. J. B., TB; J. C. J. J., 09113-2025-00024 (HC denied), TB and HIV ruled out, varicocele; Z. Y. A. D., 09281-2025-00284, gunshot wound; Y. S. D. J., TB; I. R. M. J., 09U01-2024-00685 (partial HC), hypertension, abdominal pain, and scabies; S. L. O. A., TB; A. A. B. J., 09281-2024-00305, suspected TB; A. C. J. J., 09U01-2022-00219G, TB; M. C. E. A., TB; C. F. A. E., 09U01-2024-00964G, gallbladder problems and spinal deviation; C. P. A. I., 09U01-2024-01792G, gastritis and stomach problems; C. C. J. J., 09U01-2024-02315G, TB; R. C. C. A., 09U01-2021-03215G, TB; A. C. E. J., 09290-2025-00120, TB; S. S. W. S., TB; B. O. C. A., 09U01-2024-00473G, TB; L. J. B. A., TB; A. O. M. A., TB; F. M. D. A., 09113-2025-00039 (HC in substantiation), TB and HIV; R. V. M. J., 09113-2025-00039 (HC under review), TB, HIV, and cerebral palsy; C. Á. L. M., TB; B. V. C. F., 09U01-2025-00111 (HC under review), TB; B. L. L. J., scabies and underweight; O. Q. J. S., 09141-2023-00261 (HC favorable), suspected TB and underweight; E. P. W. V., TB; M. A. C. H., 09U01-2025-00315G, skin irritation; Q. L. J. P., 09281-2024-02421, chickenpox and skin lesions; T. D. L. G. X., 09281-2023-02351, fever, vomiting, and low weight; C. B. Y. A., breathing difficulties; Q. F. A. G., 09U01-2024-01687G, hypertension, prostatitis, and low weight; C. R. E. G., respiratory problems and bone pain; R. A. L. E., diabetes; A. M. Á. I., 09U01-2024-00998G, liver cirrhosis; R. A. I. J., 09U01202500585G, TB; P. N. O. A., 09U01-2025-00290G, TB; M. P. S. V., TB and skin problems; H. E. H. A., skin disease and low weight.

54. The State reported the existence of lawsuits related to the food provided for prisoners in Ecuador. In particular, the following:

- (i) Autonomous Precautionary Measure No. 17230-2024-09062, submitted on April 24, 2024, to guarantee the right to food for persons deprived of liberty in the event of a possible suspension of food services. In its resolution from May 2, 2024, the Constitutional Guarantees Judge of the Civil Judicial Unit based in the Iñaquito Parish of the Metropolitan District of Quito, Province of Pichincha, Quito, ordered the Ministry of Economy and Finance (MEF) to provide the necessary funds to allow the SNAI to restore normal food service in the CPLs. The SNAI was also ordered to begin the public procurement process within three months to hire a suitable food supplier. During this process, the SNAI was to ensure the uninterrupted supply of adequate food. The Ombudsperson's Office was also tasked with monitoring compliance with the ruling and sending monthly reports to the judge, with the first report to be submitted within 15 days.<sup>15</sup> In a decision dated May 14, 2024, the Judicial Unit of the Parish of Iñaquito revoked the orders previously issued to the MEF, the SNAI, and the Ombudsperson's Office, after confirming that the food service in the CPLs was already operating under a new food supply contract, which eliminated the need to maintain the precautionary measure.
- (ii) Autonomous Precautionary Measure No. 09359-2024-00872 filed by human rights organizations to ensure the continuity of food service in several detention centers in light of the risk of suspension of supply. On June 7, 2024, the judge granted the measures, ordering the regular provision of food, the facilitation of income from human rights organizations, the management of donations while the public procurement process was completed, and the allocation of resources by the Ministry of Economy and Finance. By Resolution of June 20, 2025, the Judicial Labor Unit of Guayaquil revoked the precautionary measures. The judge based the revocation on the fact that the food service was already operational under a new contract, which made the measures

<sup>15</sup> The decision determined that: "In view of the foregoing, considering that in this matter the requirements of plausibility, imminence, and seriousness have been met, and that the right to food recognized in Article 51(5) of the Constitution must be guaranteed as a priority by the Ecuadorian State, as required by Article 35 *ibidem*, in accordance with the provisions of Article 33 of the Organic Law on Jurisdictional Guarantees and Constitutional Control, I RESOLVE to accept the request for autonomous precautionary measures, submitted by Attorney Billy Navarrete Benavidez, Executive Director of the Standing Committee for the Defense of Human Rights (*Comité Permanente por la Defensa de los Derechos Humanos*, CDH); Attorney Fernando Bastias Robayo, Coordinator of the Strategic Litigation Department of the CDH; Vivían Idrovo Mora, Coordinator of the Alliance of Human Rights Organizations of Ecuador; Ana Morales Villota, spokesperson for the Committee of Families for Justice in Prisons; Ingrid Lizeth García Minda, Executive Coordinator of the INREDH Foundation; Attorney Rosa Bolaños Arellano, Legal Advisor to INREDH; and Heidy Mielles, President of *Organización Mujeres de Frente*; regarding the possible impact on the right to food in detention centers belonging to Territorial Division 1 or Territory 1.- In this regard, the following is available: 1.- The Ministry of Economy and Finance, through its head, shall, within fifteen days, provide the funds requested by the National Comprehensive Care Service for Adults Deprived of Liberty and Juvenile Offenders, in accordance with the requests, courses, or payment orders previously submitted by the aforementioned agency, in order to cover the costs that will allow for the normal restoration of food service in the detention centers belonging to Territorial Division 1 or Territory 1; in this process, the relevant procedures must be expedited, considering for this purpose the nature of the right that may be affected; 2.- For its part, the National Service for the Comprehensive Care of Adults Deprived of Liberty and Juvenile Offenders, through its head, shall, within three months, carry out the public procurement process permitted by law, with the aim of securing a supplier (authorized and meeting the requirements of the law) for the continuous and permanent provision of food services in the aforementioned detention centers. For this purpose, the advice and supervision of the Office of the Comptroller General of the Republic of Ecuador will be sought, which entity will be notified by means of an official letter accompanying this resolution; 3.- While the Ministry of Economy and Finance is in the process of delivering goods and contracting and awarding the contract for food services, the SNAI will ensure the uninterrupted supply of adequate food to persons deprived of liberty, through the measures it has taken, as reported at the hearing; without this implying any violation of the protocols or security measures implemented in the detention centers by the Executive, and coordinating with the governing bodies in charge of security in each of the centers. 5.- Lastly, it is stipulated that the Ministry of Economy and Finance, together with the SNAI, shall adopt a permanent mechanism to improve coordination and timely compliance with payments to food service providers in detention centers, taking into account budget allocations for this purpose; they must report on this matter within three months. 6.- Pursuant to the provisions of Article 34 of the Organic Law on Jurisdictional Guarantees and Constitutional Control, through its delegate, the Ombudsperson's Office shall monitor and supervise compliance with the decision, and shall submit monthly reports, with the first report to be issued within fifteen days.- This autonomous precautionary measure has been decided upon due to the possible infringement of the right invoked; its duration and validity are subject to the specified time frame, as well as to compliance with the actions ordered to prevent any further infringement of the right to maintenance; it may be modified or revoked if circumstances so warrant.- In accordance with the provisions of Article 38 of the Organic Law on Jurisdictional Guarantees and Constitutional Control, once this ruling has become final, certified copies of it shall be sent to the Constitutional Court for possible selection and review.-So ordered and notified."

unnecessary. The decision rendered the orders directed at the SNAI, the Ministry of Economy and Finance, and the Ombudsperson's Office null and void.

55. With regard to cases of malnutrition, the State added that updated information was requested from the MSP and that the center registered 228 people in this condition, as validated by the doctor at the MSP Polyclinic of CPL Guayas No. 1. The official letter of the MSP from October 10, 2025 is attached. As indicated in that document, these figures reveal "vulnerabilities in food security and living conditions within the center." Therefore, Ecuador argues that the SNAI coordinated with the MSP to ensure nutritional assessment, medical follow-up, and the implementation of special diets for detainees diagnosed with malnutrition at CPL Guayas No. 1. In addition, updated lists were requested from the MSP for care planning purposes, and it was reiterated that diagnosis and treatment are the exclusive responsibilities of the MSP. According to the State, the actions should include: adjusting diets according to medical recommendations, supervising differentiated menus, implementing internal guidelines for early detection and response to cases, and sending formal letters to the MSP to update the information. The SNAI also arranged for external support to improve food provision and obtained donations of *máchica* [type of flour made from ground toasted barley or other toasted grains], utensils, and gas to prepare nutritious meals. It also requested that the food supplier provide a special diet for inmates with tuberculosis and malnutrition. Lastly, the State argued that the follow-up included coordination with family members to allow the introduction of supplements recommended by the MSP.

### III. ANALYSIS OF THE ELEMENTS OF SERIOUSNESS, URGENCY, AND IRREPARABLE HARM

56. The mechanism of precautionary measures is part of the Commission's function of overseeing Member States compliance with the human rights obligations set forth in Article 106 of the Charter of the Organization of American States. These general oversight functions are provided for in Article 41(b) of the American Convention on Human Rights, as well as in Article 18(b) of the Statute of the IACHR. The mechanism of precautionary measures is set forth in Article 25 of the Commission's Rules of Procedure. In accordance with that Article, the Commission grants precautionary measures in serious and urgent situations in which these measures are necessary to avoid irreparable harm to persons.

57. The Inter-American Commission and the Inter-American Court of Human Rights ("the Inter-American Court" or "I/A Court H.R.") have established repeatedly that precautionary and provisional measures have a dual nature, both protective and precautionary.<sup>16</sup> Regarding the protective nature, these measures seek to avoid irreparable harm and to protect the exercise of human rights.<sup>17</sup> To do this, the IACHR shall assess the problem raised, the effectiveness of State actions to address the situation, and how vulnerable the proposed beneficiaries would be left in case the measures are not adopted.<sup>18</sup> As for their precautionary nature, these measures have the purpose of preserving legal situations while under the study of the IACHR. Their precautionary nature aims at safeguarding the rights at risk until the petition pending before the inter-American system is resolved. Their object and purpose are to ensure the integrity and effectiveness of an eventual decision on the merits and, thus, avoid any further infringement of the rights at issue, a situation that may adversely affect the useful effect (*effet utile*) of the final decision. In this regard, precautionary or provisional measures enable the State concerned to comply with the final

<sup>16</sup> Inter-American Court of Human Rights (I/A Court H.R.), [Matter of the Yare I and Yare II Capital Region Penitentiary Center](#), Provisional Measures regarding the Bolivarian Republic of Venezuela, Order of March 30, 2006, considerandum 5; [Case of Carpio Nicolle et al. v. Guatemala](#), Provisional Measures, Order of July 6, 2009, considerandum 16.

<sup>17</sup> I/A Court H.R., [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#), Provisional Measures regarding Venezuela, Order of February 8, 2008, considerandum 8; [Case of Bámaca Velásquez](#), Provisional measures regarding Guatemala, Order of January 27, 2009, considerandum 45; [Matter of Fernández Ortega et al.](#), Provisional measures regarding Mexico, Order of April 30, 2009, considerandum 5; [Matter of Milagro Sala](#), Provisional measures regarding Argentina, Order of November 23, 2017, considerandum 5 (Available only in Spanish).

<sup>18</sup> I/A Court H.R., [Matter of Milagro Sala](#), Provisional Measures regarding Argentina, Order of November 23, 2017, considerandum 5 (Available only in Spanish); [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#), Provisional Measures regarding Venezuela, Order of February 8, 2008, considerandum 9; [Matter of the Criminal Institute of Plácido de Sá Carvalho](#), Provisional Measures regarding Brazil, Order of February 13, 2017, considerandum 6 (Available only in Spanish).

decision and, if necessary, to implement the ordered reparations.<sup>19</sup> In the process of reaching a decision, according to Article 25(2) of its Rules of Procedure, the Commission considers that:

- a. “serious situation” refers to a grave impact that an action or omission can have on a protected right or on the eventual effect of a pending decision in a case or petition before the organs of the inter-American system;
- b. “urgent situation” refers to risk or threat that is imminent and can materialize, thus requiring immediate preventive or protective action; and
- c. “irreparable harm” refers to injury to rights which, due to their nature, would not be susceptible to reparation, restoration or adequate compensation.

58. In analyzing those requirements, the Commission reiterates that the facts supporting a request for precautionary measures need not be proven beyond doubt; rather, the information provided should be assessed from a *prima facie* standard of review to determine whether a serious and urgent situation exists.<sup>20</sup> Similarly, the Commission recalls that, by its own mandate, it is not in its purview to determine any individual liabilities for the facts alleged. Moreover, in this proceeding, it is not appropriate to rule on violations of rights enshrined in the American Convention or other applicable instruments. This is better suited to be addressed by the Petition and Case system.<sup>21</sup> The following study refers exclusively to the requirements of Article 25 of the Rules of Procedure, which can be carried out without making any determination on the merits.<sup>22</sup>

59. Prior to analyzing the procedural requirements, the Commission will address, as **preliminary matters**, certain issues raised by the State in connection with the processing of this request for precautionary measures. In this regard, the Commission shall refer to the following: a. The proposed beneficiaries; b. The express consent of the proposed beneficiaries; and c. The State’s knowledge of the risk.

**a. The proposed beneficiaries:** The State alleges that the applicants have not submitted clear information regarding the universe of proposed beneficiaries in this request. In this regard, the Commission recalls that, in accordance with Article 25.3 of its Rules of Procedure, precautionary measures “may protect persons or groups of persons, as long as the beneficiary or beneficiaries may be determined or determinable through their geographic location or membership in or association with a group, people, community or organization.” In this regard, upon analyzing this request, the Commission understands that the proposed beneficiaries are a determinable group of persons, insofar as they are deprived of liberty in CPL Guayas No. 1. The available information reveals that the parties have had the opportunity to comment on the situation of the proposed beneficiaries, as well as on specific individuals whose identities were shared during the proceedings. Meanwhile, as this matter concerns a detention center, and this analysis covers the detention conditions which are common to all inmates, the Commission concludes that the identities of individuals may vary over time, and it is not necessary for each and every individual to be identified individually. These considerations are consistent with previous decisions by this Commission when granting precautionary measures to persons deprived of liberty in other detention centers in the

<sup>19</sup> I/A Court H.R., [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#), Provisional Measures regarding Venezuela, Order of February 8, 2008, considerandum 7; [Matter of “El Nacional” and “Así es la Noticia” newspapers](#), Provisional Measures regarding Venezuela, Order of November 25, 2008, considerandum 23; [Matter of Luis Uzcátegui](#), Provisional Measures regarding Venezuela, Order of January 27, 2009, considerandum 19 (Available only in Spanish).

<sup>20</sup> I/A Court H.R., [Matter of Members of the Miskitu Indigenous Peoples of the North Caribbean Coast regarding Nicaragua](#), Extension of Provisional Measures, Order of August 23, 2018, considerandum 13 (Available only in Spanish); [Matter of children and adolescents deprived of liberty in the “Complexo do Tatuapé” of the Fundação CASA](#), Provisional Measures regarding Brazil, Order of July 4, 2006, considerandum 23.

<sup>21</sup> IACHR, [Resolution 2/2015](#), Precautionary Measure No. 455-13, Matter of Nestora Salgado regarding Mexico, January 28, 2015, para. 14; [Resolution 37/2021](#), Precautionary Measure No. 96-21, Gustavo Adolfo Mendoza Beteta and family regarding Nicaragua, April 30, 2021, para. 33.

<sup>22</sup> In this regard, the Court has stated that “[i]t cannot, in a provisional measure, consider the merits of any arguments pertaining to issues other than those which relate strictly to the extreme gravity and urgency and the necessity to avoid irreparable damage to persons.” I/A Court H.R., [Matter of James et al. regarding Trinidad and Tobago](#), Provisional Measures, Order of August 29, 1998, considerandum 6 (Available only in Spanish); [Case of the Barrios Family v. Venezuela](#), Provisional Measures, Order of April 22, 2021, considerandum 2 (Available only in Spanish).

Americas.<sup>23</sup> In this regard, the Commission concludes as proposed beneficiaries all persons deprived of liberty in CPL Guayas No. 1 in Guayaquil, Ecuador.

**b. The express consent of the proposed beneficiaries:** Article 25.6.c of the Rules of Procedure establishes that “In considering the request the Commission shall take into account its context and the following elements: [...] c. the consent of the potential beneficiaries when the request is presented by a third party unless the absence of consent is justified.” In this matter, the Commission considers that the applicants have not submitted the consent of all the proposed beneficiaries by acting as a third party processing a request for interim measures. It is therefore necessary to analyse whether the absence of this consent is justified. In this regard, the Commission notes that the applicants have been acting internally in various legal proceedings on behalf of persons deprived of liberty at CPL Guayas No. 1. In these proceedings, the applicants have accompanied judicial authorities on their visits or inspections, such as that carried out on April 22, 2025. In addition to the above, the applicants have presented very relevant information on the situation of the PPLs in CPL Guayas No. 1, which shows its knowledge, proximity, and involvement with the issue it is bringing to the attention of this court. In this regard, in light of its domestic and inter-American actions on behalf of persons deprived of liberty in Ecuador, the Commission concludes that the absence of consent is justified in this request.

**c. Regarding the State’s knowledge of the alleged risk:** Article 25.6.a of the Rules of Provision establishes that the Commission “shall take into account [...] whether the situation has been brought to the attention of the pertinent authorities or the reasons why it would not have been possible to do so.” In this regard, the Commission observes that, based on the available information, the State was aware of the situation reported through various channels activated over time at the internal level. For example, through: (i) *writs of habeas corpus*; (ii) autonomous precautionary measures related to the right to adequate food; (iii) judicial inspections of prisons; (iv) administrative requests for medical care; (v) actions and measures developed around the establishment of a crisis committee; and (vi) the actions of the Ombudsperson’s Office and the National Mechanism for the Prevention of Torture, among others. Based on this understanding, the IACHR considers that the State is fully aware of the situation that was conveyed to it through this request for precautionary measures.

60. Having clarified the above, the Commission recalls that, with regard to persons deprived of liberty, the State is in a special position of guarantor, since prison authorities exercise strong control or dominance over persons who remain in their custody.<sup>24</sup> In this way, there is a unique relationship and interaction of subordination between the person deprived of liberty and the State. This is characterized by the particular intensity with which the State can regulate their rights and obligations, and by the very circumstances of imprisonment, where prisoners are prevented from satisfying on their own a series of basic needs that are essential for the development of a dignified life.<sup>25</sup>

61. Furthermore, it is crucial to highlight that the Commission has been closely monitoring **the situation of persons deprived of liberty in Ecuador**.

<sup>23</sup> IACHR, [Matter of the Criminal Institute of Plácido de Sá Carvalho](#) regarding Brazil, Precautionary Measure No. 208-16, July 15, 2016 (Available only in Spanish); IACHR, [Persons Deprived of Liberty in the Jorge Santana Prison regarding Brazil](#), Precautionary Measure No. 888-19, Resolution 6/2020, February 5, 2020. IACHR, [Arrest and Preventive Detention Center of Cabimas regarding Venezuela](#), Precautionary Measure No. 23-20, Resolution 15/2020, February 6, 2020; IACHR, [Persons deprived of their liberty at 15 police stations or other police facilities in the province of Buenos Aires, regarding Argentina](#), Precautionary Measures No. 496-14 and 37-15, Resolution 4/2019, February 11, 2019 (Available only in Spanish); IACHR, [Detainees in “Punta Coco” regarding Panama \(Expansion\)](#), Precautionary Measure No. 393-15, Resolution 10/17, March 22, 2017 (Available only in Spanish).

<sup>24</sup> I/A Court H.R., [Case of Neira Alegría et al. v. Peru](#), Merits, Judgment of January 19, 1995, Series C No. 20, para. 60 (Available only in Spanish); I/A Court H.R., [Case of the Gómez Paquiyauri Brothers v. Peru](#), Merits, Reparations, and Costs, Judgment of July 8, 2004, Series C No. 110, para. 98 (Available only in Spanish).

<sup>25</sup> I/A Court H.R., [Case of Mendoza et al. v. Argentina](#), Preliminary Objections, Merits and Reparations, Judgment of May 14, 2013, Series C No. 260, para. 188. See also: IACHR, Report on the Human Rights of Persons Deprived of Liberty in the Americas, December 31, 2011, para. 49.

62. In 2022, the IACHR issued a Report on Persons Deprived of Liberty in Ecuador of 2022. On that occasion, the IACHR identified a structural prison crisis, with the following factors: weakening of institutions, incarceration and drug policy, overcrowding; creation of mega-prisons, exclusive use of pretrial detention, legal and administrative obstacles to the granting of prison benefits, pardons, and detention conditions.<sup>26</sup>

63. In 2024, the IACHR observed that intra-prison violence was exacerbated, highlighting the death of 15 people detained at CPL Guayas No. 1 on November 12, 2024.<sup>27</sup> With regard to states of emergency, the IACHR observed the State's information that, once prison states of emergency have ended, these spaces remain under the control of the armed forces based on the declaration of prisons as "security zones."<sup>28</sup> Although these measures allegedly reduced the number of deaths due to prison violence, the Committee against Torture highlighted the lack of a comprehensive plan to address the systemic causes of the prison crisis and the continued adoption of military-style measures and various problems related to ill-treatment and possible torture.<sup>29</sup> Regarding food, within the first months of the prison state of emergency, civil society verified practices of denial of food and provision of food in poor condition, among others.<sup>30</sup> Moreover, in 2024, the provision of food was suspended for weeks due to non-payment to the previous supplier. Despite hiring a new company, problems in coordinating food distribution meant that some detainees did not receive their meals. In terms of health, due to difficulties in medical care, the number of people with tuberculosis allegedly increased significantly during 2024, especially in Guayas Prison No. 131.

64. In 2025, the IACHR monitored the situation of persons deprived of liberty in Ecuador and issued press releases reiterating its concern about intra-prison violence in the country.<sup>32</sup> In this regard, it urged the State to adopt measures to guarantee the rights to life and personal integrity of persons in its custody, to investigate all incidents, to identify and sanction those responsible, and to prevent their recurrence.<sup>33</sup>

65. These contextual elements are relevant to the extent that they show seriousness and consistency in the allegations presented in the request.

66. With regard to the requirement of **seriousness**, the Commission considers that it has been met, given the situation faced by persons deprived of liberty in CPL Guayas No. 1, in Guayaquil, Ecuador. The Commission will now proceed to analyze the elements indicated, taking into account the available information, in light of Article 25 of the Rules of Procedure.

67. The Commission appreciates the detailed information provided by the State regarding the implementation of a procedural framework and general public policies aimed at the care of persons deprived of liberty. In particular, the IACHR takes note of the adoption of the 2022-2025 Public Policy on Social Rehabilitation and the publication in 2024 of the Human Rights Manual with a focus on equality and non-discrimination. It also highlights the efforts reported in the area of public health, such as the implementation of the National Prison Health Plan (PNAISP), the creation of a High-Level Commission for the elimination of tuberculosis by 2035, the implementation of Truenat diagnostic technology, and the operation of the Tuberculosis Information System (SINFOTB). Similarly, information has been recorded regarding the authorization for the construction and

<sup>26</sup> IACHR, [Report on the Situation of Persons Who Are Deprived of Liberty in Ecuador](#), OEA/Ser.L/V/II, approved on February 21, 2022 (Available only in Spanish).

<sup>27</sup> IACHR, [2024 Annual Report](#), Ch. IVa, Colombia, OEA/Ser.L/V/II, approved on March 26, 2025, para. 371.

<sup>28</sup> IACHR, [Public Hearing](#) on "Human Rights of Persons Deprived of Liberty in connection with the Prison Crisis in Ecuador," 190th Regular Session, July 12, 2024 (Audio in Spanish, autogenerated subtitles in English available).

<sup>29</sup> IACHR, 2024 Annual Report, Ch. IVa, Colombia, OEA/Ser.L/V/II, approved on March 26, 2025, para. 372.

<sup>30</sup> IACHR, 2024 Annual Report, previously cited, para. 373.

<sup>31</sup> IACHR, 2024 Annual Report, previously cited, para. 373.

<sup>32</sup> IACHR, Press Release No. 242/25, [IACHR urges Ecuador to take effective action against ongoing prison violence](#), November 26, 2025; IACHR, Press Release No. 012/25, "IACHR Calls on Ecuador to Adopt Effective Measures against Persistent Violence in Prisons," January 14, 2025.

<sup>33</sup> IACHR, Press Release No. 242/25, [IACHR urges Ecuador to take effective action against ongoing prison violence](#), November 26, 2025; IACHR, Press Release No. 012/25, [IACHR urges Ecuador to take effective action to end ongoing prison violence](#), January 14, 2025.

equipping of two new centers with the aim of reducing prison overcrowding rates nationwide. Without prejudice to the structural and procedural measures reported, it is incumbent upon the Commission to analyze the specific situation faced by the proposed beneficiaries within CPL Guayas No. 1, in light of the available information.

*i. Overcrowding and detention conditions*

68. The Commission observes that CPL Guayas No. 1 was subject to judicial inspection on at least two occasions, on April 22 and September 5, 2025. During both visits, judicial authorities reported a level of overcrowding of approximately 187%. In particular, during the inspection on September 5, it was found that “the available stretchers were fully occupied” and that “persons deprived of their liberty were lying on the floor due to lack of space.” The Commission also notes that the Judicial Unit for Prison Guarantees in Guayaquil linked the overcrowding situation to the uncontrolled spread of infectious diseases such as tuberculosis. In this regard, it has been indicated that, according to information provided by administrative staff during the visit, there were 339 cases of tuberculosis among the population (337 sensitive and 2 resistant), despite which the center did not have an isolation ward for sick inmates.

69. The available information reveals that this situation reportedly impacted the adequate care of the reported cases of severe malnutrition, for example. The convergence of these factors created such a serious situation that it prompted the Ombudsperson’s Office to insist on the formation of an inter-institutional “crisis committee,” which was convened in September 2025 to address the problems of tuberculosis and malnutrition in the center.

70. With regard to access to basic services and living conditions, the report of the judicial visit carried out on September 5, 2025, corroborates the following: (i) failures in the regular supply of water and electricity in several blocks, which limits lighting and ventilation in the cells; (ii) deterioration of infrastructure, with “water mixed with feces overflowing” observed in Block 8, as well as the presence of rodent excrement in living areas; (iii) inadequate practices in the handling and distribution of food, with rations being mixed in the courtyard using a “broomstick” in the presence of military personnel; and (iv) a concentration of people with symptoms consistent with tuberculosis sleeping on the floor or on deteriorated mattresses, several of them with visible skin lesions, such as scabies and boils. Furthermore, available information indicates that, following the military intervention at the center, persons deprived of their liberty remain locked in their cells for prolonged periods, without regular access to sunlight, recreational activities, or social rehabilitation.

71. The IACHR has no evidence to suggest that the risk factors identified in previous judicial assessments have been mitigated to date. In this regard, it should be noted that all persons deprived of liberty have the right to live in detention conditions that are compatible with their personal dignity, with the State acting as the guarantor of their life and personal integrity. In this regard, the Inter-American Court has stated that keeping a person detained in overcrowded conditions, with a lack of ventilation and natural light, and without an adequate bed, violates the right to personal integrity and is incompatible with human dignity.<sup>34</sup>

72. At the same time, the IACHR highlights the Inter-American Court’s statement in Advisory Opinion OC-29/22, to the effect that widespread conditions of overcrowding and overpopulation tend to exacerbate the situation of vulnerability and insufficient access to basic services.<sup>35</sup> In this regard, both overcrowding and overpopulation increase the risk of emergencies or fires, cause tension and violence within

<sup>34</sup> I/A Court H.R. [Case of Fermín Ramírez v. Guatemala](#), Merits, Reparations, and Costs, Judgment of June 20, 2005, para. 118; [Case of Raxcacó Reyes v. Guatemala](#), Merits, Reparations and Costs, Judgment of September 15, 2005, para. 95; and I/A Court H.R., [Case of the Miguel Castro-Castro Prison vs. Peru](#), Merits, Reparations, and Costs, Judgment of November 25, 2006, para. 315.

<sup>35</sup> I/A Court H.R., [Differentiated Approaches with respect to Certain Groups of People Deprived of Liberty](#) (Interpretation and Scope of Articles 1.1, 4.1, 5, 11.2, 12, 13, 17.1, 19, 24 and 26 of the American Convention on Human Rights and other human rights instruments), Advisory Opinion OC-29/22, May 30, 2022, Series A No. 29, para. 100.

prisons, and have negative repercussions or effects on access to services, all of which hinder the normal performance of essential functions in detention centers and proper control by prison staff.<sup>36</sup>

**ii. Continued reports of PPL deaths at CPL No. 1**

73. The information provided by the applicants and confirmed by the State on the **high number of deaths** in prisons is particularly relevant. According to SNAI data, 522 inmates died between January and September 2025 in Guayas Prison No. 1, with a steady monthly increase observed during that period. Of the total, 288 deaths were classified as “natural,” 14 as “violent,” and 257 as “to be determined,” with the State providing no information on the specific causes of these deaths or the investigations carried out to determine the reasons. In this regard, the applicants maintain that a significant number of deaths classified as “natural” correspond to clinical conditions associated with malnutrition and serious respiratory diseases, including those consistent with tuberculosis. As the Court has pointed out, “the lack of information on the causes of such a high number of deaths in a detention center may indicate negligence on the part of the responsible authorities in relation to their obligations to respect and guarantee the right to life and personal integrity of persons deprived of liberty.”<sup>37</sup>

74. The Commission also notes that the Ombudsperson’s Office, in its report of November 27, 2025, not only confirmed the number of deaths (564 to date), but also described the health care situation as “alarming,” stressing the “urgent need to establish a crisis committee” in view of the high number of daily deaths reported. The Commission also notes that, during the judicial visit on September 5, 2025, bodies were reportedly identified in cells and in the Polyclinic area with no external signs of violence, presenting significant weight loss and severe respiratory symptoms as reported.

75. Notwithstanding the discrepancies between the parties regarding both the specific causes of each of the deaths and the figures reported, the Commission notes that the high number of deaths, their sustained increase, and the lack of disaggregated state information on the causes, combined with the findings of the judicial visits, constitute relevant elements for assessing the seriousness of the situation brought to the attention of this Commission.

**iii. On the allegations of inadequate medical care**

76. With regard to the **alleged lack of medical care**, the Commission notes the information provided by the parties, which refers to both administrative requests and writs of *habeas corpus* filed to obtain urgent assessments, treatment, or transfers for certain inmates. In several court decisions issued between January and September 2025, various judicial units identified a lack of continuity in treatment, delays in hospital referrals, a lack of prioritization protocols, and barriers to inter-institutional coordination between the SNAI, the Ministry of Public Health, and security personnel. In particular, as indicated by the judicial rulings available in the file:

- i. “the care provided has not been comprehensive or continuous, but rather fragmented,” warning that “the lack of continuity in anti-tuberculosis treatment could cause the plaintiff to develop multidrug-resistant tuberculosis” (HC 09U01-2025-00148);
- ii. there were “illegitimate barriers to access to healthcare, resulting from a lack of inter-institutional coordination between the SNAI, the management of CPL 1, the MSP, and the institutions responsible for perimeter security” (HC 09U01-2025-00148);
- iii. An order was issued for “immediate transfer [...] to Mount Sinai Hospital for a comprehensive health assessment” due to symptoms consistent with MDR tuberculosis and episodes of hemoptysis without timely care (HC 09U01-2025-00126).

<sup>36</sup> I/A Court H.R. [Persons deprived of liberty in the Evaristo de Moraes Penitentiary regarding Brazil](#), Provisional Measures, Resolution of March 21, 2023, para. 44 (Available only in Spanish).

<sup>37</sup> I/A Court H.R., [Persons deprived of liberty in the Evaristo de Moraes Penitentiary regarding Brazil](#), Provisional Measures, Resolution of March 21, 2023, para. 42 (Available only in Spanish).

- iv. “Immediate and ongoing medical consultation” was ordered, as well as “an appropriate and specialized diet” and authorization for nutritional supplements, due to the critical clinical condition and extreme loss of muscle mass (HC 09U01-2025-00348).
- v. Hospitalisation was ordered for a minimum of ten days, considering the “presumption of tuberculosis” and the “lack of nutrition”, and the need to ensure adequate diagnosis and treatment (HC 09U01-2025-00129).

77. Although the State reported the opening of a new health center in June 2025 and the implementation of a Comprehensive Care Model, a judicial inspection carried out months later, on September 5, 2025, revealed that the Polyclinic was “completely overwhelmed in terms of its operational capacity.” The physician in charge of the center even informed the judicial authorities during the visit on September 5, 2025, that 16 people met the clinical criteria for immediate transfer to second-level hospitals, but these transfers were not carried out due to a lack of ambulances and custodial staff.

78. With regard to the management of infectious diseases, the Commission notes that the MSP has acknowledged problems in the delivery of antitubercular drugs in a memorandum issued on March 10, 2025. This irregularity is exacerbated by the lack of adequate isolation facilities, confirmed during the judicial visit on September 5, 2025, and by the high number of reported cases of tuberculosis living together without the necessary separation to prevent spread or reinfection.

79. The Commission takes note of the access barriers resulting from the lack of basic supplies and the context of militarization of prisons. During the visit on April 22, 2025, the applicants reported a lack of essential materials and even mentioned that individuals with colostomies had used the same bags for more than three weeks, which allegedly led to infections. They also indicated that requests for emergency care must be authorized by members of the Armed Forces, who sometimes restrict access to the Polyclinic or deny internal transfers for “security reasons.”

80. The Inter-American Court understands that the rights to life and personal integrity are directly and immediately linked to human health care.<sup>38</sup> In the *Case of Chinchilla Sandoval v. In Guatemala*, it was indicated that, based on the principle of non-discrimination, the right to life of persons deprived of liberty also implies the obligation requires the State to ensure their physical and mental health, specifically through the provision of regular medical examinations and, when required, medical treatment which is adequate, timely, and, where appropriate, specialized to meet the special care needs of the detained persons in question.<sup>39</sup>

81. In addition, in the *Case of Hernández v. Argentina*, the Inter-American Court referred to the specific obligations that arise for health care for individuals with tuberculosis.<sup>40</sup> In general: (a) a diagnosis should be established promptly and accurately; (b) standardized treatment regimens of proven efficacy should be used with appropriate treatment support and supervision; and (c) the essential public health responsibilities carried

<sup>38</sup> I/A Court H.R., *Case of Albán Cornejo et al. v. Ecuador*, Merits, Reparations, and Costs, Judgment of November 22, 2007, Series C No. 171, para. 117; *Case of Gonzales Lluy et al. v. Ecuador*, Preliminary Objections, Merits, Reparations, and Costs, Judgment of September 1, 2015, Series C No. 298, para. 171.

<sup>39</sup> I/A Court H.R., *Case of Chinchilla Sandoval et al. v. Guatemala*, Preliminary Objection, Merits, Reparations, and Costs, Judgment of February 29, 2016, Series C No. 312, para. 171.

<sup>40</sup> I/A Court H.R., *Case of Hernández v. Argentina*, Judgment of November 22, 2019 (Preliminary objection, merits, reparations and costs), para. 79. In this regard, the Court has considered that the International Standards for Tuberculosis Care promulgated by the Tuberculosis Coalition for Technical Assistance (*Normas Internacionales para la Asistencia Antituberculosa promulgadas por la Coalición Antituberculosa para la Asistencia Técnica*, NIAA) constitute an authoritative reference for clarifying some of the State's international obligations in this area. In general: (a) diagnosis should be made promptly and accurately; (b) standardized, proven treatment guidelines should be used, with adequate treatment support and supervision; and (c) essential public health responsibilities should be assumed.

out.<sup>41</sup> Furthermore, (d) the health care service must maintain adequate, up-to-date and confidential medical records of all persons deprived of liberty, which must be accessible to those persons upon request.<sup>42</sup> These medical services must be organized and coordinated with the general administration of the general health care service, which implies establishing adequate and expeditious procedures for the diagnosis and treatment of patients, as well as for their transfer when their health status requires special care in specialized penitentiary establishments or in civil hospitals. To make these duties effective, health care protocols and agile and effective mechanisms for the transfer of prisoners are necessary, particularly in situations of emergency or serious illness.<sup>43</sup>

82. Based on the available information, the Commission observes that persistent deficiencies in health care at CPL Guayas No. 1, in particular the lack of continuity of treatment, delays in medical referrals, the absence of prioritization protocols, and barriers to inter-institutional coordination, allow for a *prima facie* standard of assessment of a situation that has not been remedied to date. The nature of the health issues identified, including communicable diseases and severe malnutrition, as well as the inability to regularly access intramural medical care or timely transfers, are factors that could impact the health of persons deprived of liberty.

#### **iv. Malnutrition**

83. The Commission is concerned about the observations made by the judicial authorities on the situation of inmates of CPL Guayas No. 1. During the judicial visit on September 5, 2025, it was recorded that: “Several of the individuals present were in such serious condition that they could be considered practically cadaverous, showing visible signs of cachexia (extreme malnutrition, severe physical wasting, and generalized weakness).” It was also noted that “during the inspection, multiple inmates requested urgent assistance and medication, pointing out the lack of basic medical treatment and the inability to access regular medical consultations within the CPL Guayas No. 1 polyclinic.” This information is consistent with the photographs and videos included in the file, as well as with the information provided by the State itself, according to which there is updated information from the MSP dated October 10, 2025, which reports 228 people in this condition, a figure validated by the doctor at the MSP Polyclinic of CPL Guayas No. 1.

84. For its part, the State has acknowledged the existence of a significant number of prisoners diagnosed with malnutrition and tuberculosis, as well as difficulties in the continuous provision of anti-tuberculosis treatment and in the timely execution of medical referrals. In turn, operational limitations linked to inter-institutional coordination and the availability of resources for hospital transfers have been reported.

85. In the Case of *Chinchilla Sandoval v. Guatemala*, the Inter-American Court stated that persons deprived of liberty who have serious, chronic, or terminal illnesses should not remain in prison facilities, except when States can ensure that they have adequate medical care units to provide them with appropriate specialized care and treatment, including space, equipment, and qualified personnel (medical and nursing). In addition, in these cases, the State must provide adequate food and diets established for each case regarding persons with these diseases. Food provisions must be controlled by prison staff, in accordance with the diet prescribed by medical staff, and under the minimum requirements established for the respective supply.<sup>44</sup>

86. The IACHR takes note of the actions reported by the State, including the establishment of isolation areas, the screening carried out, the delivery of a new health center in June 2025, the inter-institutional roundtables, and the transfers of people diagnosed with tuberculosis, among others. However, according to information provided by the judicial authorities in their report on the visit of September 5, 2025, and by the

<sup>41</sup> I/A Court H.R. [Case of Hernández v. Argentina](#), Judgment of November 22, 2019 (Preliminary objection, merits, reparations and costs), para. 79.

<sup>42</sup> I/A Court H.R., [Case of Hernández v. Argentina](#), Preliminary Objection, Merits, Reparations, and Costs, Judgment of November 22, 2019, para. 87.

<sup>43</sup> *Ibidem*.

<sup>44</sup> I/A Court H.R. [Case of Chinchilla Sandoval et al. v. Guatemala](#), Preliminary Objection, Merits, Reparations, and Costs, Judgment of February 29, 2016, Series C No. 312, para. 184.

Ombudsperson's Office in its report of November 27, 2025, these measures have not been sufficient to mitigate the health situation or reduce the number of deaths in CPL Guayas No. 1. For example, during a judicial visit on September 5, 2025, administrative staff confirmed the existence of 339 people with tuberculosis in the center without adequate isolation space. For its part, the Ombudsperson's Office described the health care situation as "alarming," reporting that it receives daily alerts and requests for care associated with the conditions of the establishment. The organization also highlighted that the severity of the crisis is demonstrated by the "high number of daily deaths" of persons deprived of liberty in CPL Guayas No. 1, which reflects the persistence of obstacles to ensuring timely care and basic detention conditions. In addition, the Commission notes the information provided by the State regarding problems with the delivery of antitubercular drugs to CPL Guayas No. 1, as indicated in Memorandum No. MSP-CZ8S-DD09D08-CRSG1-2025-0034-M, dated March 10, 2025.

87. Taking into account the information provided, assessed as a whole, and in light of the *prima facie* assessment criteria specific to the precautionary measures mechanism, the Commission considers that the rights to life, health, and personal integrity of persons deprived of liberty in CPL Guayas No. 1 are at serious risk. In this regard, the high rates of deaths reported in the prison show that persons in State custody have already experienced irreparable harm.

88. With regard to the requirement of **urgency**, the Commission notes that, despite the various administrative, judicial, and inter-institutional actions documented in the file, such as (i) the activation of crisis committees and the creation of a Technical Commission through Resolution No. GSS-2025-002; (ii) the implementation of monitoring systems (SINFOTB) and screening guidelines with diagnostic technology; (iii) the transfer of more than 1,000 people diagnosed with tuberculosis and the delivery of a new health center in June 2025; and (iv) the adoption of writs of *habeas corpus* ordering medical care, events that place the inmates at risk and their consequences continue to manifest over time. In fact, the available information indicates that, even with the deployment of state intervention, deaths continued to increase over time, with the lack of medicines recognized by the health authority and warnings about the seriousness of the situation corroborated by the Ombudsperson's Office persisting. In this context, the available information is sufficient to determine that further harm is likely to continue to occur at any time, whether due to lack of medical care, the high number of reported cases of malnutrition, or as a result of the detention conditions described, thus requiring immediate intervention.

89. As it pertains to the requirement of **irreparable harm**, the Commission finds it met, since the possible impact on the rights to life, personal integrity, and health constitutes the maximum situation of irreparability.

90. Lastly, in light of the nature, seriousness, urgency, and scope of the available information, as well as the factual and normative context surrounding this situation and the assessments made within the framework of its competencies, the IACHR considers it appropriate to request the consent of the State of Ecuador to conduct a **follow-up on site visit**. The purpose of this visit would be to further assess the situation, verify the situation on the ground, and evaluate the implementation of this decision and the aspects examined.

#### IV. BENEFICIARIES

91. The Commission declares as the beneficiaries of the precautionary measures all persons who are deprived of their liberty in CPL Guayas No. 1, in Guayaquil, Ecuador. The persons detained in that prison are determinable under the terms of Article 25.6.b of the IACHR Rules of Procedure.

#### V. DECISION

92. The IACHR considers that this matter meets *prima facie* the requirements of seriousness, urgency, and irreparable harm set forth in Article 25 of its Rules of Procedure. Consequently, the IACHR requests that Ecuador:

- a) adopt the necessary and effective measures to prevent the loss of life and harm to the physical integrity of all persons deprived of liberty in CPL Guayas No. 1;
- b) immediately implement the necessary measures to ensure that the detention conditions of the beneficiaries are compatible with applicable international standards in this matter, including:
  - i. guaranteeing access to adequate and specialized medical care, as well as to the necessary treatments and medications, including the immediate performance of comprehensive medical screenings and evaluations in accordance with their health issues;
  - ii. ensuring immediate access to quality food in sufficient quantities to meet nutritional needs, as well as sufficient and continuous access to drinking water;
  - iii. taking immediate action to substantially reduce overcrowding within CPL Guayas No. 1; and
  - iv. guaranteeing regular access to CPL Guayas No. 1 for legal representatives and family members;
- c) consult and agree upon the measures to be adopted with the beneficiaries and their representatives by establishing an inter-institutional roundtable that reflects the urgency of the situation;
- d) inform the IACHR of the actions taken to investigate the events that led to the adoption of these precautionary measures, in particular the deaths that occurred, so as to prevent such events from reoccurring; and
- e) respond to the IACHR's request for consent to conduct an on-site visit to CPL Guayas No. 1 in order to verify the implementation of immediate actions under the terms of this resolution in favor of persons deprived of their liberty in that center.

93. The Commission requests that Ecuador report, within 15 days from the date of notification of this resolution, on the adoption of the requested precautionary measures and update that information periodically.

94. The Commission emphasizes that, pursuant to Article 25(8) of its Rules of Procedure, the granting of precautionary measures and their adoption by the State do not constitute a prejudgment regarding the possible violation of the rights protected in the American Convention and other applicable instruments.

95. The Commission instructs its Executive Secretariat to notify this resolution to the State of Ecuador and the applicant.

96. Approved on December 30, 2025, by José Luis Caballero Ochoa, President; Andrea Pochak, First Vice-President; Edgar Stuardo Ralón Orellana, Second Vice-President; Roberta Clarke; Carlos Bernal Pulido; Gloria Monique de Mees; and Riyad Insanally, members of the IACHR.

María Claudia Pulido  
Assistant Executive Secretary