Committee on the Elimination of Discrimination Against Women's 85th session
Periodic review of Slovakia
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Joint submission by the Freedom of Choice (Možnosť voľby), InTYMYta and Center for Reproductive Rights

The Freedom of Choice (Možnosť voľby),[1] InTYMYta,[2] and the Center for Reproductive Rights[3] respectfully present this submission to the Committee on the Elimination of Discrimination against Women (the Committee) for its consideration in the context of its examination of Slovakia's seventh periodic report on compliance with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Following its most recent review of Slovakia in 2015, the Committee recommended that Slovakia adopts and implements comprehensive programme on sexual and reproductive health and rights compliant with international human rights and World Health Organization (WHO) standards; ensures universal public health insurance coverage of all costs relating to abortion care and contraceptive methods; and removes other barriers in access to abortion care including mandatory waiting period, mandatory counseling and third party authorization requirements in order to ensure unimpeded and effective access. It also specifically called on Slovakia to ensure that information on abortion provided by healthcare professionals is evidence-based and to ensure "the confidentiality of the personal data of women and girls seeking abortion."[4]

Slovakia has failed to take meaningful action in response to these recommendations. Instead, repeated attempts to adopt retrogressive measures and roll back sexual and reproductive rights protections have taken place. This submission highlights serious concerns about Slovakia's compliance with Articles 2, 5, 10, 12, 14 and 16 of the CEDAW as a result of longstanding and ongoing failures to guarantee full enjoyment of sexual and reproductive rights and access to affordable, quality sexual and reproductive health care. The submission specifically focuses on Slovakia's failures to ensure unimpeded access to abortion care and contraception as well as failures to ensure comprehensive evidence- and rights-based sexuality education in schools.

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[1] Možnosť voľby (Freedom of Choice) was established in 2001 to protect and advance sexual and reproductive health and rights (SRHR) in the Slovak Republic. Freedom of Choice is known as the most active feminist advocacy organization in the Slovak Republic, especially in the field of gender equality and gender-based violence and the only one that has been engaged in long-term and systematic advocacy work in the field of SRHR; http://moznostvolby.sk.

[2] InTYMYta (formerly the Slovak Family Planning Association) is a non-profit organization dedicated to relationship and sexuality education. We have been supporting responsible, healthy and cultured sexual behavior in Slovakia for 32 years and deliver relationship and sexuality education to youth, teachers, parents and public. We recognize and promote the principles and conclusions of international organizations such as the United Nations and the World Health Organization; https://www.intymyta.sk.

[3] The Center for Reproductive Rights is a global legal advocacy non-governmental organization dedicated to the advancement of reproductive freedom as a fundamental human right that all governments are legally obliged to protect, respect, and fulfill; https://reproductiverights.org.

[4] CEDAW Committee, *Concluding Observations: Slovakia*, para. 31, CEDAW/C/SVK/CO/5-6 (2015).

I. Risks of retrogression and ongoing barriers in access to abortion care

Since 2018, 26 regressive bills and several additional amending proposals seeking to restrict and undermine access to abortion care have been tabled in the Slovak Parliament. These proposals have sought to impose various restrictions from introducing new medically unnecessary requirements for access, reducing the time limit for abortion on request, prohibiting public provision of evidence-based information on abortion to banning abortion on request or introducing near total ban on abortion.[5] These regressive proposals have been ultimately rejected by the Parliament. New regressive bills are expected to be tabled for the upcoming parliamentary session in May this year.

In addition, in 2021, the Ministry of Health reduced the list of medical indications for abortion covered under public health insurance.

The increasing number and frequency of regressive proposals demonstrate concerted and ongoing efforts to undermine and restrict access to abortion care and to roll back existing human rights protections in Slovakia. It is important that the State party refrains from introducing and adopting retrogressive measures and instead takes steps to remove barriers that currently continue to undermine timely access to abortion care in Slovakia.

Since 1986 Slovak law has permitted abortion on request up to 12 weeks of pregnancy, and thereafter, if a woman's life is in danger or in cases of fetal impairment.[6] However, as the research conducted by the Freedom of Choice in 2021 demonstrates,[7] a range of legal, financial, and practical barriers continue to make it difficult for many women in Slovakia to access timely, affordable, quality abortion care.

Retrogressive legislative barriers: In 2009 retrogressive legal barriers to abortion were

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[5] Parlamentná tlač 961 zo dňa 23. 4. 2018; Parlamentná tlač 1045 zo dňa 13. 6. 2018; Parlamentná tlač 1146 zo dňa 27. 9. 2018; Parlamentná tlač 1256 zo dňa 7. 1. 2019; Parlamentná tlač 1258 zo dňa 8. 1. 2019; Parlamentná tlač 1580 zo dňa 20. 8. 2019;Parlamentná tlač 1652 zo dňa 23. 8. 2019; Parlamentná tlač 1633 zo dňa 23. 8. 2019; Parlamentná tlač 1625 zo dňa 23. 8. 2019; Parlamentná tlač 1729 zo dňa 27. 9. 2019; Parlamentná tlač 1731 zo dňa 27. 9. 2019; Parlamentná tlač 145 zo dňa 17. 6. 2020; Parlamentná tlač 143 zo dňa 17. 6. 2020; Parlamentná tlač 144 zo dňa 17. 6. 2020; Parlamentná tlač 154 zo dňa 19. 6. 2020; Parlamentná tlač 228 zo dňa 28. 8. 2020; Parlamentná tlač 404 zo dňa 19. 1. 2021; Parlamentná tlač 566 zo dňa 27. 5. 2021; Parlamentná tlač 595 zo dňa 28. 5. 2021; Parlamentná tlač 665 zo dňa 31. 8. 2021; Parlamentná tlač 982 zo dňa 8. 4. 2022; Parlamentná tlač 989 zo dňa 8. 4. 2022; Parlamentná tlač 990 zo dňa 8. 4. 2022; Parlamentná tlač 1250 zo dňa 30. 9. 2022; Parlamentná tlač 1370 zo dňa 13. 1. 2023; Parlamentná tlač 1369 zo dňa 13. 1. 2023.

[6] Zákon č. 73/1986 Zb. o umelom prerušení tehotenstva v znení zákona č. 419/1991 Zb. [Act No. 73/1986 Coll. on Artificial Termination of Pregnancy as amended by the Act No. 419/1991 Coll.] (1986), secs. 4–5; Vyhláška Ministerstva zdravotníctva SSR č. 74/1986 Zb., ktorou sa vykonáva zákon Slovenskej národnej rady č. 73/1986 Zb. o umelom prerušení tehotenstva, v znení neskorších zmien [Decree of the Ministry of Health of the SSR No. 74/1986 Coll., which exercises Act No. 73/1986 Coll. on Artificial Termination of Pregnancy, as amended], sec. 2.

[7] Paula Jójárt, Adriana Mesochoritisová, Jarmila Filadelfiová, Zdenka Faragulová, Barbora Holubová, *Skúsenosti žien s prístupom k interrupciám a antikoncepcii na Slovensku – Beh cez prekážky k rešpektujúcim a bezpečným službám reprodukčného zdravia [Women's experiences of access to abortion and contraception in Slovakia - Hurdle-race for respectful and safe reproductive health services]*, Možnosť voľby, Bratislava (2021), http://moznostvolby.sk/skusenosti-zien-s-pristupom-k-interrupciam-a-antikoncepcii-na-slovensku/; Barbora Holubová (ed.), Adriana Mesochoritisová, Paula Jójárt, *Dostupnosť služieb reprodukčného zdravia na Slovensku - Správa o poskytovateľoch zdravotnej starostlivosti [Reproductive healthcare availability in Slovakia - Report on healthcare providers]*, Možnosť voľby, Bratislava (2021), http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/.

introduced into Slovak law with the purpose of deterring women from accessing abortion care.[8] Those include:

(a) **Mandatory waiting periods:** In 2009, the Slovak Parliament adopted a legislative amendment to the Healthcare Act introducing a 48-hour mandatory waiting period prior to abortion on request.[9] Previously women in Slovakia seeking abortion on request did not have to observe a mandatory waiting period and as such this precondition and restriction on access to abortion care is retrogressive in nature.[10]

(b) **Biased information requirements:** The 2009 amendment also requires that women receive information outlining the: "physical and psychological risks," associated with abortion;[11] "the current development stage of the embryo or fetus," and "alternatives to abortion" such as adoption, and support in pregnancy from civic and religious organizations.[12] This information must be provided to all women prior to abortion and they are not able to refuse it.[13] These new requirements were introduced with the

[8] *See* Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov v znení zákona č. 345/2009 Z.z. [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and Amending and Supplementing Certain Acts *as amended by* the Act No. 345/2009 Coll. of Laws] (Slovk.) [hereinafter Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009], secs. 6b, 6c; Vyhláška MZ SR č. 417/2009 Z. z., ktorou sa ustanovujú podrobnosti o informáciách poskytovaných žene a hlásenia o poskytnutí informácií, vzor písomných informácií a určuje sa organizácia zodpovedná za prijímanie a vyhodnocovanie hlásenia [Decree of the Ministry of Health of the Slovak Republic No. 417/2009 Coll. of Laws on Laying Down Details for Information Provided to a Woman, for Notification of the Provision of Information and the Model of Written Information, and Designating an Entity Responsible for the Receipt and Evaluation of Notifications] (Slovk.) [hereinafter Decree No. 417/2009]; National Health Information Center, *Hlásenie o poskytnutí informácii o umelom prerušení tehotenstva*, http://data.nczisk.sk/zdravotny_stav/Z9-99.pdf (last visited Apr. 6, 2023).

[9] Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6b(3).

[10] Committee on Economic, Social and Cultural Rights (ESCR Committee), *General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, para. 38, U.N. Doc. E/C.12/GC/22 (2016) [hereinafter ESCR Committee, *Gen. Comment No. 22*].

[11] *See* Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6b; *see also* Decree No. 417/2009. Women seeking abortion on request must also be provided with the required information in writing. A model for this written information is provided by the Ministry of Health in a decree implementing the Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009. It suggests that written information on the risks of induced abortion should outline that "[t]he subsequent impaired ability or inability to become pregnant cannot be ruled out," and that "[f]ollowing the induced termination of pregnancy, a woman may experience feelings of anxiety, guilt, sadness and depression." This information provided should also include written information on the stage of fetal development, which the Ministry of Health specifies as information on "the result of the ultrasound examination, the length of pregnancy, and the development stage of the embryo or fetus." Decree No. 417/2009, Annex. Contrary to this decree, the Royal College of Obstetricians and Gynaecologists (United Kingdom) has recommended that "[w]omen should be informed that there are no proven associations between induced abortion and subsequent . . . infertility." ROYAL COLLEGE OF OBSTETRICIANS AND GYNEACOLOGISTS, THE CARE OF WOMEN REQUESTING INDUCED ABORTION: EVIDENCE-BASED CLINICAL GUIDELINE NUMBER 7 43-46 (2011), https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf. It has noted that "[p]ublished studies strongly suggest that infertility is not a consequence of uncomplicated induced abortion" performed in legal settings. *Id.* at 44 (citations omitted). With regard to psychological sequelae, the Royal College has recommended that "[w]omen with an unintended pregnancy should be informed that the evidence suggests that they are no more or less likely to suffer adverse psychological sequelae whether they have an abortion or continue with the pregnancy and have the baby" and that "[w]omen with an unintended pregnancy and a past history of mental health problems should be advised that they may experience further problems whether they choose to have an abortion or to continue with the pregnancy." *Id.* at 45.

[12] *See* Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6(b).

[13] Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, secs. 6(4), 6b; Decree No. 417/2009.

explicit goal of dissuading women from obtaining abortion services, "in favor of the life of an unborn child."[14]

(c) **Confidentiality concerns:** The 2009 amendment also requires doctors to send a report to the National Health Information Centre confirming that each woman seeking abortion has received mandated information about abortion.[15] The Centre is responsible for receiving and evaluating these reports, as well as for overseeing compliance with the mandatory waiting period.[16] The doctors' reports may contain a woman's personal details and must be submitted before an abortion is performed.[17] This gives rise to a range of confidentiality concerns.

(d) **Parental consent:** In addition, the 2009 amendment extended parental consent requirements to include all adolescent girls under 18.[18]

Financial barriers: Abortion on request is not covered by public health insurance.[19] The 2021 Freedom of Choice's research showed that an average cost of abortion on request, including all related fees that a person seeking abortion must pay, is 414 EUR, which in 2021 represented approximately 40% of the median monthly gross income for women in Slovakia.[20] As a result, for many women the cost is prohibitive.

Information barriers: Women seeking abortion care in Slovakia face difficulties in accessing evidence-based information on abortion and information on available abortion care providers. The Freedom of Choice's 2021 research showed that 67% of women-respondents who received abortion care lacked information on healthcare facilities performing abortions and information on the procedure and its cost.[21]

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[14] *See* Dôvodová správa, tlač 1030 (2009) [Explanatory Report to the Act No. 345/2009] (Slovk.). "The purpose of the proposed amendment is to inform a woman requesting abortion on the alternatives in favor of the life of an unborn child." *Id.* part A. During a parliamentary debate about the bill, a member of the Slovak Parliament, one of the key supporters of the bill, explained that "[t]he aim of this amendment is to provide a woman who could be in a difficult life situation with the qualified information. This information is directed for her to decide in favor of life […]. The state has no obligation to be neutral on this matter. The state has a right to say that it prefers life, prefers life before termination of life and offers a helping hand." (Daniel Lipšic, MP, Transcript from the debate on the Act No. 345/2009, print 1030, by the National Council of the Slovak Republic, 35th sess.) (Apr. 21, 2009), *transcript available at* http://www.psp.cz/eknih/2006nr/stenprot/035schuz/s035024.htm.

[15] Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6b(3); Decree No. 417/2009.

[16] Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6c(1); Decree No. 417/2009.

[17] Decree No. 417/2009; National Health Information Center, *Hlásenie o poskytnutí informácii o umelom prerušení tehotenstva*, http://data.nczisk.sk/zdravotny_stav/Z9-99.pdf (last visited Apr. 6, 2023); Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6b(3).

[18] Healthcare Act, No. 576/2004 *as amended by* the Act No. 345/2009, sec. 6b(4).

[19] Nariadenie vlády SR č. 777/2004 Z.z., ktorým sa vydáva Zoznam chorôb, pri ktorých sa zdravotné výkony čiastočne uhrádzajú alebo sa neuhrádzajú na základe verejného zdravotného poistenia [Order No. 777/2004 Coll. of Laws issuing the List of Diseases at which Medical Procedures Are Partially Covered or Not Covered Based on Public Health Insurance], Annex No. 2, part III (2004) (Slovk.).

[20] Barbora Holubová (ed.), Adriana Mesochoritisová, Paula Jójárt, *Dostupnosť služieb reprodukčného zdravia na Slovensku - Správa o poskytovateľoch zdravotnej starostlivosti [Reproductive healthcare availability in Slovakia - Report on healthcare providers]*, Možnosť voľby, Bratislava (2021), pp. 9, 66, 67, http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/; Statistical Office of the Slovak Republic, Štruktúra miezd v SR v roku 2021, 13 [Structure of Earnings in the Slovak Republic in 2021] (2022).

[21] Paula Jójárt, Adriana Mesochoritisová, Jarmila Filadelfiová, Zdenka Faragulová, Barbora Holubová, *Skúsenosti žien s prístupom k interrupciám a antikoncepcii na Slovensku – Beh cez prekážky k rešpektujúcim a bezpečným službám reprodukčného zdravia [Women's experiences of access to abortion and contraception in Slovakia - Hurdle-race for respectful and safe reproductive health services]*, Možnosť voľby, Bratislava (2021), pp. 120-121, http://moznostvolby.sk/skusenosti-zien-s-pristupom-k-interrupciam-a-antikoncepcii-na-slovensku/.

Unavailability of medical abortion: Medical abortion is not available in Slovakia. Currently abortion can be performed using surgical methods only. The WHO has recognized that medical abortion is highly safe and effective method of terminating a pregnancy.[22] Its 2022 Abortion Care Guideline note that "[m]edicines for abortion can be safely and effectively administered at a health-care facility or self-administered outside of a facility (e.g. at home) by individuals with a source of accurate information and quality-assured medicines."[23] The guideline outlines recommendations concerning use of medical abortion and telemedicine. Moreover, abortion medication is on WHO's essential medicines list, and human rights bodies have long recognized states' obligation to ensure the availability and accessibility of such medication.[24]

Geographical inaccessibility: The research conducted by Freedom of Choice in 2021 also revealed that only 43% out of 70 healthcare facilities monitored by Freedom of Choice provided abortion care. There is a big regional disparity with some regions having only very few facilities providing abortion care. For instance, in the largest region of Prešov (north-east Slovakia) only 3 out of 11 healthcare facilities provide abortions. This means that women often have to travel long distances to access abortion care.[25]

These barriers impact women's ability to access safe abortion care in practice, and they undermine Slovakia's compliance with its obligations under the CEDAW and other international human rights instruments.

International human rights mechanisms have stressed that States must ensure the availability, accessibility and quality of abortion services in line with the WHO guidelines.[26] They have called on States to remove barriers to safe and lawful abortion, including mandatory waiting periods, mandatory and biased counseling, and lack of confidentiality and privacy.[27] They have also called upon States to "[e]nsure that accurate, evidence-based information concerning abortion and its legal availability is publicly available."[28] Notably, the WHO, in its most recent Abortion Care Guideline recommends the full decriminalization of abortion[29] and against laws and other regulations that restrict abortion. It recommends that abortion be available on the

[22] Center for Reproductive Rights, *WHO's New Abortion Guideline: Highlights of Its Law and Policy Recommendations* (March 2022), https://reproductiverights.org/wp-content/uploads/2022/03/CRR-Fact-sheet-on-WHO-Guidelines.pdf.
[23] World Health Organization (WHO), *Abortion Care Guideline* (2022), at xx.
[24] *See e*.g. ESCR Committee, *Gen. Comment No. 22*, paras. 13, 49.
[25] Barbora Holubová (ed.), Adriana Mesochoritisová, Paula Jójárt, *Dostupnosť služieb reprodukčného zdravia na Slovensku - Správa o poskytovateľoch zdravotnej starostlivosti [Reproductive healthcare availability in Slovakia - Report on healthcare providers]*, Možnosť voľby, Bratislava (2021), pp. 9, 48, http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/.
[26] *See, e.g.*, ESCR Committee, *Gen. Comment No. 22*, para. 49.
[27] *See, e.g.*, ESCR Committee, *General Comment No. 22*, para. 41; CEDAW Committee, *Concluding Observations: Hungary*, para. 31(c), CEDAW/C/HUN/CO/7-8 (2013); *Slovakia*, para. 31, CEDAW/C/SVK/CO/5-6 (2015); *Russian Federation*, paras. 35(b), 36(a), CEDAW/C/RUS/CO/8 (2015); *Macedonia*, para. 38(d), CEDAW/C/MKD/CO/6 (2018); Committee on the Rights of the Child (CRC Commitee), *Concluding Observations: Slovakia*, para. 41, CRC/C/SVK/CO/3-5 (2016); CESCR, *Concluding Observations: Slovakia*, para. 42, E/C.12/SVK/CO/3 (2019); Commissioner for Human Rights of the Council of Europe, Women's Sexual and Reproductive Health and Rights in Europe (2017), at 11.
[28] ESCR Committee, *General Comment No. 22*, para. 41; Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Interim Report of the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, para. 65(l), A/66/254 (Aug. 3, 2011).
[29] WHO, *Abortion Care Guideline* (2022), Section 2.2.1 (pp. 24–25).

request of the woman, girl or other pregnant person.[30] It further recommends against gestational age limits,[31] mandatory waiting periods for abortion[32] and third-party authorization.[33] The WHO's Abortion Care Guideline provides public health evidence to support its law and policy recommendations and consistently refers to discrimination, as reflected in the evidence-base, as playing a part in hindering access to abortion services.[34]

This Committee has specifically urged Slovakia to remove the mandatory waiting period and biased counseling requirements, as well as the third-party authorization requirements from the law in order to ensure access to safe abortion. It has also urged the Government to guarantee the confidentiality of the personal data of women and girls seeking abortion.[35] Similarly, the Committee on the Rights of the Child (CRC Committee) has urged Slovakia to remove the mandatory waiting period and to ensure that "health-care professionals provide medically accurate and non-stigmatizing information on abortion and guarantee adolescent girls' confidentiality."[36] Additionally, both Committees as well as the Committee on Economic, Social and Cultural Rights (ESCR Committee) have called on the Slovak authorities to ensure universal coverage by the public health insurance of all costs related to legal abortion.[37] The ESCR Committee has also urged Slovakia to "[p]rohibit any exposure of women to biased or medically unsound information on the risks of abortion and to "[e]nsure the comprehensive protection of women's privacy throughout the abortion process."[38] It has also explicitly urged Slovakia to refrain from any retrogression in relation to women's sexual and reproductive health rights.[39] However, the Government has not adopted measures to implement these recommendations.

II. Financial and information barriers in access to contraceptive services

Financial barriers: In 2011 the Slovak Parliament adopted a law that explicitly prohibits public health insurance coverage of "drugs intended [] *solely for the regulation of conception* (contraceptives),"[40] and coverage of medical devices that are "intended for the regulation of conception."[41] This means that where contraceptives are used exclusively to protect against unintended pregnancies, they cannot be covered under public health insurance. Research conducted by Freedom of Choice in 2021 shows that due to high cost some women had to stop using contraception entirely or resort to cheaper options.

[30] Id. at Section 2.2.2 (pp. 26–27). 79 Id. at Section 2.2.3 (pp. 28–29).
[31] Id. Section 2.2.1 (pp. 24–25).
[32] Id. at Section 3.3.1 (pp. 41–42).
[33] Id. at Section 3.3.2 (pp. 42–44).
[34] Id. at p. 42.
[35] CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(c)(f), CEDAW/C/SVK/CO/5-6 (2015).
[36] CRC Committee, *Concluding Observations: Slovakia*, para. 41(e), CRC/C/SVK/CO/3-5 (2016). *See also* ESCR Committee, *Concluding Observations*: *Slovakia*, para. 24, E/C.12/SVK/CO/2 (2012).
[37] CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(b), CEDAW/C/SVK/CO/5-6 (2015); CRC Committee, *Concluding Observations: Slovakia*, para. 41(c), CRC/C/SVK/CO/3-5 (2016).
[38] ESCR Committee, *Concluding Observations: Slovakia*, para. 42, E/C.12/SVK/CO/3 (2019).
[39] ESCR Committee, *Concluding Observations: Slovakia*, para. 42, E/C.12/SVK/CO/3 (2019).
[40] *See* Zákon č. 363/2011 Z. z. o rozsahu a podmienkach úhrady liekov, zdravotníckych pomôcok a dietetických potravín na základe verejného zdravotného poistenia a o zmene a doplnení niektorých zákonov [Act No. 363/2011 Coll. of Laws on the Scope and Conditions of Drugs, Medical Devices and Dietetic Foods Coverage by Public Health Insurance and on Amending and Supplementing Certain Acts], sec. 16(4)(e)(1) (Slovk.) [emphasis added].
[41] Id., sec. 37(5)(c)(6).

This Committee as well as the ESCR and the CRC Committees have expressed concerns over the 2011 coverage ban and urged Slovakia to expand public health insurance coverage to include modern contraceptives.[42] However, the Government has not adopted any measures to implement this recommendation.

Information barriers: Many gynecologists do not provide women with adequate information to make informed choices, expect that women seeking contraceptive methods should already have adequate information, and frequently do not take the initiative to inform women of their contraceptive options. Moreover, due to poor communication by physicians and inadequate sexuality education in schools, women are often misinformed about the impact and side effects of hormonal contraceptives on their health.

III. Harmful Refusals of Care on Grounds of Conscience

Slovak law allows healthcare providers to refuse to provide certain forms of reproductive health care on grounds of conscience. The matter is regulated in both the Act on Healthcare and the Code of Ethics of a Health Practitioner. Under the Act on Healthcare, healthcare providers can refuse to provide certain health services, namely abortion, sterilization, and assisted reproduction, if the provision of those services "is impeded by a personal belief on the part of a health practitioner who is supposed to provide the service."[43] The term "healthcare provider" in the Act on Healthcare refers both to individual health professionals as well as to healthcare facilities[44] and as a result, both individual professionals as well as entire hospitals and other healthcare institutions may refuse to provide services.

In addition, the Code of Ethics allows individual health professionals to refuse to provide *any* medical service if performing the service "contradicts [their] conscience," except in situations posing an immediate threat to the life or health of a person. Under the Code of Ethics health practitioners are required to inform their employer as well as their patients that they are refusing to provide particular medical care.[45]

Neither the Act nor the Code of Ethics impose any obligation on relevant individual health professionals or institutions to refer women to other health professionals who will provide care in timely manner. Moreover, Slovakia's laws and policies do not require healthcare institutions to ensure that a sufficient number of employees are in place who are willing to provide relevant services, and effective mechanisms to oversee and monitor the extent of the practice and limit its impact on women's access to service are lacking.

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[42] CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(b), CEDAW/C/SVK/CO/5-6 (2015); CRC Committee, *Concluding Observations: Slovakia*, para. 41(c), CRC/C/SVK/CO/3-5 (2016); ESCR Committee, *Concluding Observations*: *Slovakia*, para. 24, E/C.12/SVK/CO/2 (2012); para. 42, E/C.12/SVK/CO/3 (2019).

[43] Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and Amending and Supplementing Certain Acts *as amended*] (Slovk.), secs. 12(2)(c), 12(3).

[44] Zákon č. 578/2004 Z. z. o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov [Act No. 578/2004 Coll. of Laws on Healthcare Providers, Health Workers and Professional Medical Associations, and Amending and Supplementing Certain Acts, *as amended*], secs. 4, 11 [hereinafter Act 578/2004].

[45] Act 578/2004, Annex No. 4. (Deontology or medical ethics codes, while not legally binding, are highly persuasive authorities since the development of deontology codes are mandated by public health laws.) (Slovk.).

In practice it appears that refusals of care on grounds of conscience have primarily occurred with regard to the provision of abortion and contraceptive services.[46] The 2021 research by Freedom of Choice revealed widespread use of this practice not only by individual health professionals but also by healthcare institutions (34% of monitored 70 healthcare facilities were refusing to provide abortion care in 2021).[47]

The manner in which Slovak law regulates refusals of care on grounds of conscience, and in particular the lack of a referral obligation on providers and the legality of institutional refusals of care, does not comply with international human rights law and standards and jeopardizes women's enjoyment of their rights under the CEDAW.

International human rights mechanisms have underlined that States have a human rights obligation to ensure that health professionals' refusals of care on grounds of conscience or religion do not jeopardise or impede access to lawful reproductive health services. These mechanisms have stressed that when, as a matter of domestic law or policy, States choose to permit health professionals to refuse to provide legal abortion care or other forms of reproductive health care on grounds of conscience or religion, they must establish and implement an effective regulatory, oversight and enforcement framework so as to guarantee that such refusals do not undermine or hinder access to legal reproductive health care in practice.

The European Court of Human Rights has held that the right to respect for private life under the European Convention on Human Rights obliges States parties to ensure that where their domestic laws allow health professionals to refuse to provide care on grounds of personal conscience, such refusals must not impede women's access to legal reproductive health services, including abortion services.[48] The Court has also refused to accept claims that the right to freedom of thought, conscience or religion encompasses any entitlement on medical professionals to refuse reproductive health care on grounds of conscience.[49]

Treaty Monitoring Bodies have reiterated the same requirement and, among other things, have explicitly specified that the relevant regulatory framework must ensure an obligation on healthcare providers to refer women to alternative health providers[50] and must not allow institutional refusals of care.[51] States should also ensure that "adequate number of health-care

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[46] *See e.g.* CENTER FOR REPRODUCTIVE RIGHTS ET AL., CALCULATED INJUSTICE: THE SLOVAK REPUBLIC'S FAILURE TO ENSURE ACCESS TO CONTRACEPTIVES 39 (2011), http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/calculated_injustice.pdf.

[47] Barbora Holubová (ed.), Adriana Mesochoritisová, Paula Jójárt, *Dostupnosť služieb reprodukčného zdravia na Slovensku - Správa o poskytovateľoch zdravotnej starostlivosti [Reproductive healthcare availability in Slovakia - Report on healthcare providers]*, Možnosť voľby, Bratislava (2021), pp. 59-62, http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/.

[48] *See* R.R. v. Poland, No. 27617/04 Eur. Ct. H.R, para. 206 (2011); P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R., para. 106 (2012).

[49] See, e.g., Pichon and Sajous v. France (dec.), No. 49853/99 Eur. Ct. H. R. (2001); R.R. v. Poland, No. 27617/04 Eur. Ct. H.R, para. 206 (2011); P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R., para. 106 (2012); Grimmark v. Sweden, No. 43726/17 (2020); Steen v. Sweden, No. 62309/17 (2020).

[50] *See, e.g.*, CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, para. 11, A/54/38/Rev.1, chap. I; ESCR, *Gen. Comment No. 22*, paras. 14, 43; CEDAW Commitee, *Concluding Observations: Croatia*, para. 31, CEDAW/C/HRV/CO/4-5 (2015); *Hungary*, paras. 30-31, CEDAW/C/HUN/CO/7-8 (2013); ESCR Committee, *Concluding Observations: Poland*, para. 28, E/C.12/POL/CO/5 (2009).

[51] *See, e.g.*, CRC Committee, *Concluding Observations: Slovakia*, paras. 41(f), CRC/C/SVK/CO/3-5 (2016); CEDAW Commitee, *Concluding Observations: Hungary*, para. 31(d), CEDAW/C/HUN/CO/7-8 (2013).

providers willing and able to provide such services should be available at all times in both public and private facilities and within reasonable geographical reach."[52]

This Committee has urged Slovakia to ensure that refusals of care on grounds of conscience do not impede women's timely access to reproductive health services.[53] The CRC Committee has specifically called on Slovakia to "[a]mend legislation to explicitly prohibit institutions from adopting institutional conscience-based refusal policies or practices and establish effective monitoring systems and mechanisms to enable the collection of comprehensive data on the extent of conscience-based refusals of care and the impact of the practice on girls' access to legal reproductive health services."[54] Thus far the Government has not adopted measures to implement these recommendations.

IV. Lack of comprehensive evidence- and rights-based sexuality education in schools

Comprehensive evidence- and rights-based sexuality education is not mandatory subject in Slovak schools. Sexuality education can be taught during various subjects such as biology, ethics, or religious classes, or schools can decide to offer it as a separate subject. However, teachers providing or coordinating sexuality education classes are not adequately trained on comprehensive sexuality education. School curriculum concerning comprehensive evicence- and rights-based sexuality education is absent in Slovakia. The existing curriculum called *Education to Parenthood and Matrimony*[55] is outdated. It does not fully reflect young people's needs and there is a lack of diversity, education to respect, gender equality, inclusion and prevention of hate-based behavior. As a result, the quality and comprehensiveness of sexuality education depends to a high degree on the capacity of individual teachers and the course subject.

Despite earlier recommendations from the CEDAW and ESCR Committees to ensure that students receive sexual and reproductive health education at school,[56] the Government has not yet adopted measures to fully implement these recommendations. The education reform that is currently taking place in Slovakia may also bring changes to how sexuality education is taught in schools. However, at the moment it is uncertain whether the Government will introduce mandatory comprehensive sexuality education as part of this reform.

V. Recommendations

We respectfully request the Committee to urge the State party to take immediate steps to address the concerns regarding implementation of obligations under the CEDAW Convention outlined above and to ensure effective and unimpeded access to affordable, quality sexual and reproductive health care by:

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[52] ESCR Commitee, *Gen. Comment No. 22*, paras. 14, 43.
[53] CEDAW Committee, *Concluding Observations: Slovakia,* paras. 42, 43, CEDAW/C/SVK/CO/4 (2008); *Concluding Observations: Slovakia*, para. 31(d), CEDAW/C/SVK/CO/5-6 (2015).
[54] CRC Committee, *Concluding Observations: Slovakia*, para. 41(f), CRC/C/SVK/CO/3-5 (2016).
[55] Ministerstvo školstva, vedy, výskumu a športu SR, *Výchova k manželstvu a rodičovstvu*, https://www.statpedu.sk/files/articles/dokumenty/statny-vzdelavaci-program/vychova_k_manzelstvu.pdf.
[56] ESCR Committee, *Concluding Observations*: *Slovakia*, para. 25, E/C.12/SVK/CO/2 (2012); para. 42, E/C.12/SVK/CO/3 (2019); CEDAW Committee, *Concluding Observations: Slovakia,* para. 19, CEDAW/C/SVK/CO/4 (2008).

- Taking effective measures to ensure timely access to quality abortion care across Slovakia. These should include: i) repealing mandatory waiting periods and biased information requirements, and third-party authorization requirements; iii) making medication abortion available; iv) guaranteeing universal coverage of all costs for legal abortion under the public health insurance, and v) ensuring that sufficient numbers of abortion care providers are available and accessible across Slovakia.
- Ensuring access to relevant, accurate and evidence-based information on abortion and contraception.
- Ensuring universal coverage of modern contraceptives used for the prevention of unintended pregnancies under the public health insurance.
- Taking effective measures to ensure that refusals of care by health professionals based on conscience do not delay or impede access to reproductive health services. This requires at the minimum: i) adequate availability and dispersal of willing providers; ii) explicit prohibition on healthcare institutions from adopting institutional refusal policies or practices; iii) effective referral procedures; iv) regular monitoring and oversight of compliance, and (v) measures to enforce and sanction failures to comply with relevant regulations.
- Introducing measures to increase public awareness on sexual and reproductive rights and abortion as essential health care in order to eliminate stigmatization related to sexual and reproductive health and rights.
- Introducing mandatory evidence- and rights-based comprehensive sexuality education in schools, and ensuring teachers are adequately trained on comprehensive sexuality education.
- Refraining from any retrogression in relation to sexual and reproductive rights.