

Members of the National Council of the Slovak Republic
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22 October 2021

Dear Members of the National Council of the Slovak Republic,

We are writing on behalf of 110 organizations to express our deep concern regarding current threats to women's¹ health and reproductive rights in Slovakia.

At this time Parliament is debating draft legislation² that, if adopted, would impose new barriers to accessing lawful abortion care, harming women's health and well-being, and undermining their decision-making and privacy. It would also significantly hinder access to medically accurate information on abortion. If enacted, the legislation will create dangerous chilling effects on the provision of lawful abortion care in Slovakia, putting the lives and health of women at risk, and increase the harmful stigma surrounding abortion.

The legislative proposals seek to extend the mandatory waiting period currently required before accessing abortion on request, and to oblige women to state the reasons for seeking an abortion and provide other private information when requesting an abortion. Such information would then be transmitted to the National Health Information Center. The proposals also seek to restrict the information that medical professionals can provide publicly about abortion care, and to strengthen the dissuasive nature of the information doctors are already required to provide.

Our organizations are deeply concerned by these proposals. If adopted, each of these proposals will contravene international public health guidelines, clinical best practices and Slovakia's international human rights obligations.

The World Health Organization (WHO) has outlined that countries should ensure that women's decisions to access lawful abortion care are respected and that abortion care is "delivered in a way that respects a woman's dignity, guarantees her right to privacy and is sensitive to her needs and perspectives."³ International human rights mechanisms have stressed that states must ensure the availability, accessibility and quality of abortion services in line with the WHO guidelines. They have called on states, including Slovakia, to remove barriers to safe and lawful abortion, including mandatory waiting periods, mandatory and biased counseling, and lack of confidentiality and privacy.⁴ United Nations treaty bodies have found that denial of access to abortion can amount to violations of multiple human rights, including freedom from cruel, inhuman or degrading treatment and the right to health.⁵ In addition, the European Court of Human Rights has held that states have "a positive obligation to create a procedural framework enabling a pregnant woman to exercise her right of access to lawful abortion."⁶

Extending mandatory delays in the provision of safe abortion care: The proposed increase of the mandatory waiting period from 48 to 96 hours and its proposed application to all abortions except when the woman's health or life is at *immediate* risk would substantially increase delays in women's access to abortion care, thereby placing their health and lives in jeopardy.

The WHO has outlined that "[m]andatory waiting periods can have the effect of delaying care, which can jeopardize women's ability to access safe, legal abortion services."⁷ The WHO has underlined that "[o]nce the decision [to have an abortion] is made by the woman, abortion should be provided as soon as is possible" and without delay.⁸ Mandatory waiting periods also lead to discrimination and social inequities as they increase the

financial and personal costs involved in obtaining lawful abortion by requiring at least one extra visit to a doctor prior to abortion.

Mandatory waiting periods also undermine women's agency and decision-making capacity. The WHO has made it clear that mandatory waiting periods "demean[] women as competent decision-makers" and specified that medically unnecessary waiting periods should be eliminated to "ensure that abortion care is delivered in a manner that respects women as decision-makers."⁹ International human rights mechanisms have repeatedly called on Slovakia to eliminate mandatory waiting periods prior to accessing abortion care.¹⁰

Restricting access to medically accurate information on abortion: The proposed prohibition on so-called "advertising on the need or the availability" of abortion care would restrict doctors' and healthcare facilities' ability to provide evidence-based information on abortion and where women can access lawful abortion. The legislation would have a chilling effect on the provision of such information by medical providers, which would result in further restrictions on women's access to information on lawful abortion care and thus infringe on their right to information and jeopardize their health and safety.

Besides restricting doctors' ability to publicly provide medically accurate information on abortion, the proposals seek to strengthen the dissuasive nature of the information doctors are already required to provide to women seeking abortion.

International human rights mechanisms have underlined that legal restrictions on evidence-based information on sexual and reproductive health, including safe and legal abortion, contradict states' obligations to guarantee women's right to the highest attainable standard of health. They have made it clear that "[s]uch restrictions impede access to information and services, and can fuel stigma and discrimination" and have called upon states to "[e]nsure that accurate, evidence-based information concerning abortion and its legal availability is publicly available."¹¹ Similarly, the WHO has stressed the importance of ensuring access to evidence-based information on abortion and the entitlements to lawful reproductive health care.¹²

The international human rights mechanisms and the WHO have also highlighted the states' obligation to ensure women can access good quality information on sexual and reproductive health that is scientifically and medically accurate and to refrain from "censoring, withholding or intentionally misrepresenting" such information.¹³ To this end, the UN Committee on the Rights of the Child has recently urged Slovakia to ensure that "health-care professionals provide medically accurate and non-stigmatizing information on abortion."¹⁴

Obliging women to state reasons for abortion: Requiring women seeking an abortion to state the reasons for their decision, which is often a very personal and private matter, could deter women from seeking care within the formal health system.¹⁵ International human rights mechanisms have already urged Slovakia to "[e]nsure the confidentiality of the personal data of women and girls seeking abortion, including by abolishing the requirement to report the personal details of such women and girls to the National Health Information Centre."¹⁶

If adopted, this legislation will wholly contradict international public health guidelines and clinical best practice. It will undermine Slovakia's compliance with its obligations under international human rights treaties to guarantee women's rights to health, privacy, information, to be free from inhuman or degrading treatment, and the principles of non-discrimination and equality in the enjoyment of rights. In addition, the adoption of these proposals will be contrary to the fundamental international legal principle of non-retrogression. In its 2019 review of Slovakia, the UN Committee on Economic, Social and Cultural Rights explicitly urged the state to refrain from any retrogression in relation to women's sexual and reproductive health rights.¹⁷

We call on all Members of Parliament to reject these regressive and harmful legislative proposals concerning access to abortion care and to refrain from further attempts to restrict and violate women's reproductive rights in Slovakia.

Yours sincerely,

Abortion Rights Campaign, Ireland

Abortion Support Network, UK

ACTEDO - Equality and Human Rights Action Centre, Romania

Action for Choice, Ireland

Albanian Center for Population and Development, Albania

Alliance for Choice, Northern Ireland

All-Poland Women's Strike, Poland

Amnesty International

Amrita OBK Association, Hungary

Association HERA XXI, Georgia

Association Mnémosyne, France

Association of citizens for the promotion of women's activity Tiiiiit! Inc. – Skopje, North Macedonia

Association of Women Sandglass, Serbia

ASTRA – Central and Eastern European Network for Sexual and Reproductive Health and Rights

Austrian Family Planning Association (ÖGF), Austria

Autonomous Women's Center, Serbia

Bratislavský spolok medikov - Association of Medical Students in Bratislava, Slovakia

Bulgarian Gender Research Foundation (BGRF), Bulgaria

Bündnis für sexuelle Selbstbestimmung, Germany

CALM - the Campaign for Abortion Law Modernisation in the Isle of Man

Center for Reproductive Rights

Centre d'Action Laïque, Belgium

CESI - Center for Education, Counselling and Research, Croatia

Common Zone/VoxFeminae, Croatia

Deutsche Stiftung Weltbevölkerung (DSW), Germany

Disabled Women Ireland

Doctors for Choice, UK
Dr. Ámbédkár Iskola, Hungary
Dziewuchy Berlin, Germany
Dziewuchy Szwajcaria, Switzerland
EQUITA, Slovakia
E-Romnja, Romania
Estonian Sexual Health Association, Estonia
European Roma Rights Centre, Belgium
European Secularist Network – Réseau Laïque Européen
European Women’s Lobby
Euroregional Center for Public Initiatives, Romania
Family Planning and Sexual Health Association, Lithuania
Fédération des Centres de Planning familial des FPS, Belgium
Fédération des Centres Pluralistes de Planning Familial, Belgium
Federation for Women and Family Planning, Poland
Fédération Laïque de Centres de Planning Familial (FLCPF), Belgium
Femmes solidaires, France
FeminiBerlinPolska, Germany/Poland
FIDH (International Federation for Human Rights)
Fondazione Pangea, Italy
Foundation „Frida“, Lithuania
Friedensfestival Berlin e.V., Germany
Fundación para la Convivencia ASPACIA, Spain
G.A.C.E.H.P.A - Groupe d'Action des Centres Extra-Hospitaliers Pratiquant L'Avortement, Belgium
Helsinki Committee for Human Rights Skopje, North Macedonia
HERA - Health Education and Research Association, North Macedonia
Human Rights Monitoring Institute, Lithuania
Human Rights Watch
Hungarian Civil Liberties Union (HCLU), Hungary
International Commission of Jurists

International Council of Polish Women
International Federation of Abortion and Contraception Professionals (FIAPAC)
International Planned Parenthood Federation European Network
Irish Council for Civil Liberties, Ireland
Irish Family Planning Association, Ireland
Kazimierz Lyszczynski Foundation, Poland
Latvia's Association for Family Planning and Sexual Health, Latvia
Liga za ľudské práva / The Human Rights League, Slovakia
Ligue des droits de l'Homme, France
Lithuanian Women's Lobby, Lithuania
Lower Silesia Congress of Women, Poland
Manifest Wolnej Polki, Germany/Poland
Mediterranean Women's Fund, France
MSI Reproductive Choices
National Traveller Women's Forum, Ireland
National Women's Council, Ireland
New Generation of Women's Initiatives, Lithuania
Nederlandstalige Vrouwenraad, Belgium
Organization of women of municipality of Sveti Nikole, North Macedonia
PATENT Association, Hungary
Pro Choice Austria - Plattform für freien Schwangerschaftsabbruch, Austria
pro familia Bundesverband, Germany
Pro Femina Association, Poland
Reactor – Research in Action, North Macedonia
RFSU – The Swedish Association for Sexual and Reproductive Rights, Sweden
Roma Center for Women and Children "DAJE", Serbia
Roma Women's Rights Initiative, North Macedonia
Romanian Women's Lobby, Romania
Rutgers, Netherlands
SEDRA-Federación de Planificación Familiar, Spain

Sensoa, Flemish expertise centre for sexual health, Belgium
Serbian Association for Sexual and Reproductive Health, Serbia
Sex og politikk – IPPF Norway
SEX vs The STORK Association, Romania
Sexual Health Switzerland
Slovak Medical Students' Association, Slovakia
Society for Education on Contraception and Sexuality, Romania
Society for Feminist Analyses, Romania
Society Without Violence, Armenia
Space of Emancipation, Croatia
Spanish Democratic Movement of Women, Spain
TERRE DES FEMMES - Menschenrechte für die Frau e.V., Germany
The British Pregnancy Advisory Service (BPAS), UK
The European Society of Contraception and Reproductive Health (ESC)
Union Women Center, Georgia
White Ribbon Alliance
Women Enabled International
Women's Information Center, Lithuania
Women's International League for Peace and Freedom (WILPF), Italia
Women's Link Worldwide
Women on Waves, Netherlands
Women on Web International Foundation, Canada
Women's Resource Center, Armenia
Women's Rights Center, Montenegro

¹ Although abortion relates mainly to the experience of cisgender women, we recognize that abortion restrictions can have profoundly devastating impacts also on the lives of trans men and nonbinary individuals who have the capacity to become pregnant and may also require abortion care.

² Návrh skupiny poslancov Národnej rady Slovenskej republiky na vydanie zákona o pomoci tehotným ženám [Draft Law on the Assistance to Pregnant Women], Print 665, 31.08.2021, proposed by members of OĽANO - Ordinary People and Independent Personalities, <https://www.nrsr.sk/web/Default.aspx?sid=zakony/cpt&ZakZborID=13&CisObdobia=8&ID=665>.

³ World Health Organization (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2d ed. 2012), at 64.

⁴ See, e.g., Committee on Economic, Social and Cultural Rights (CESCR), *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. 41, E/C.12/GC/22 (2016); Committee on the Elimination of Discrimination against Women (CEDAW), *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), *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.

⁵ See, e.g., CESCR, *General Comment No. 22*, *supra* note 4, paras. 25, 28; CRC, *General Comment No. 20 on the implementation of the rights of the child during adolescence*, paras. 13, 60, CRC/C/GC/20 (2016); CEDAW, *General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19*, para. 18, CEDAW/C/GC/35 (2017).

⁶ R.R. v. Poland, No. 27617/04 Eur. Ct. H.R., para. 200 (2011).

⁷ WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2d ed. 2012), at 96.

⁸ WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2d ed. 2012), at 36, 64.

⁹ WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2d ed. 2012), at 96-97.

¹⁰ CEDAW, *Concluding Observations: Slovakia*, para. 31(c), CEDAW/C/SVK/CO/5-6 (2015); CRC, *Concluding Observations: Slovakia*, para. 41(d), CRC/C/SVK/CO/3-5 (2016).

¹¹ CESCR, *General Comment No. 22*, *supra* note 4, 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).

¹² WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2d ed. 2012), at 95.

¹³ CESCR, *General Comment 14: The Right to the Highest Attainable Standard of Health* (Art. 12), (22nd Sess., 2000), paras. 12(b)(iv), 12(d), 21, 34, E/C.12/2000/4 (2000); CESCR, *General Comment No. 22*, *supra* note 4, para. 41; WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2d ed. 2012), at 97.

¹⁴ CRC, *Concluding Observations: Slovakia*, para. 41(e), CRC/C/SVK/CO/3-5 (2016). See also CESCR, *Concluding Observations: Slovakia*, para. 42(b), E/C.12/SVK/CO/3 (2019); CEDAW, *Concluding Observations: Slovakia*, para. 31(e), CEDAW/C/SVK/CO/5-6 (2015).

¹⁵ While the draft legislation states that this information would be collected for statistical purposes, it would still be a breach of women's privacy to require them to fill in this information and provide reasons for abortion prior to receiving abortion care.

¹⁶ CEDAW, *Concluding Observations: Slovakia*, para. 31(f), CEDAW/C/SVK/CO/5-6 (2015). See also CESCR, *Concluding Observations: Slovakia*, para. 42(d), E/C.12/SVK/CO/3 (2019).

¹⁷ CESCR, *Concluding Observations: Slovakia*, para. 42(e), E/C.12/SVK/CO/3 (2019).