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Poland's Compliance with International Covenant on Civil and Political Rights (ICCPR)

Suggested List of Issues [Prior to Reporting] Relating to Sexual and Reproductive Health and Rights in Poland

Submitted by Foundation for Women and Family Planning
a non-governmental organization in special consultative status with ECOSOC since 1999

142nd Session of the Human Rights Committee 14 October 2024 to 8 November 2024

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Foundation for Women and Family Planning ('FEDERA') has been operating since 1991. It is the only formal non-governmental organisation working comprehensively for sexual and reproductive rights in Poland.

FEDERA is dedicated to providing direct services to women and persons of reproductive age in the field of family planning methods. In addition, FEDERA provides free legal representation, conducts strategic litigation before Polish and international bodies and courts, and carries out advocacy activities, both nationally and internationally.

FEDERA's core tasks include working to ensure respect for fundamental human rights. Its activities are guided by the values expressed in the Charter of the United Nations and the International Covenant on Civil and Political Rights (hereinafter 'ICCPR'). Since 1999 FEDERA has had consultative status with the UN Economic and Social Council.

Executive summary

1. Poland fails to uphold its obligations under the ICCPR.
2. Poland has not fulfilled, or has unsatisfactorily fulfilled, the Committee's recommendations as expressed in its Concluding Observations on the seventh periodic report of Poland

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3. The Committee should also address issues not covered in the previous periodic review concerning the scope of permissible sexual and reproductive health services.

Poland fails to uphold its obligations under the ICCPR resulting from articles 3, 6, 7 and 17.

Issue 1

In Concluding observations on the seventh periodic report of Poland, the Committee expressed concern regarding access to statutory ('legal') abortion in Poland. Committee recommended to the State party to "*ensure women's effective access to safe legal abortion throughout the entire country*". In particular, the Committee indicated that the State party should, as a matter of priority:

- (i) establish and regulate standardized guidelines in public health for the provision of legal abortion services throughout the country;
- (ii) enhance the effectiveness of the referral mechanism to ensure access to legal abortion in cases of conscientious objection by medical practitioners;
- (iii) facilitate access to prenatal genetic testing in order to determine in accordance with the Act of 7 January 1993 whether a foetus suffers from a severe and irreversible foetal impairment or incurable illness that threatens the life of the foetus;
- (iv) ensure timely review of appeals against a refusal for an abortion, including further reducing substantially the Physician's Commission decision deadline; and
- (v) ensure that mechanisms for obtaining prosecutor certifications and regulations of individual hospitals do not obstruct access to legal abortion.

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In FEDERA's view, it cannot be said that the State party has satisfactorily complied with the above recommendations, thereby failing to comply with its obligations under the Covenant.

(i) The State Party did not take any steps to guarantee access to statutory abortion care until the change of government in December 2023.

In 2024, the Minister of Health issued a *Regulation amending the regulation on the general terms and conditions of contracts for the provision of healthcare services*, under which the possibility of imposing a contractual penalty or termination of the contract between the National Health Fund and the healthcare provider implementing the contract with the Fund for the provision of services in the type of hospitalisation in the field of gynaecology and obstetrics (hospital) was introduced¹.

The application of sanctions is possible in a situation where a healthcare provider fails to fulfil its obligation to provide termination of pregnancy services in cases where termination of pregnancy is permitted by law. This also applies when physician practising in the entity refrains from providing the service, pursuant to Article 39 of the *Act of 5 December 1996 on the professions of physician and dentist*, i.e. when they refuse to provide the service due to invoking the so-called 'conscience clause'².

At present, it is not possible to determine to what extent the said document ensures the fulfilment of the State Party's obligation to guarantee effective access to abortion care. To date, the penalty has only been imposed on one Hospital and has subsequently been halved³.

(ii) Since the Constitutional Court Judgment of October 2015, to date there has been no effective referral system of a patient seeking statutory abortion care, who has been denied such care. The regulation of the Minister of Health mentioned in point (i), although it may act as a mobilising factor for hospitals (e.g. encouraging them to hire a subcontractor to ensure full implementation of the contract with the

¹ <https://legislacja.rcl.gov.pl/projekt/12382858/katalog/13044652#13044652>

² <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19970280152/U/D19970152Lj.pdf>

³ <https://tvn24.pl/lodz/pabianice-szpital-ukarany-za-odmowe-wykonania-legalnej-aborcji-pozywnfz-st8042401>

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National Health Fund), nevertheless has the character of a *post factum* sanction and does not ensure that the recipient receives abortion care within a reasonable time. In the absence of any referral procedures, pregnant people are forced to search for a trusted provider on their own or with the help of civil society organisations such as FEDERA.

Illustrating the lack of an official referral system are situations like the case of a 24-year-old woman with intellectual disabilities who, after experiencing sexual violence from her uncle, became pregnant. Despite having a document from the public prosecutor's office, she was unable to obtain statutory abortion care in her area. The termination of the pregnancy was achieved on the last possible day in Warsaw, thanks to the involvement of FEDERA⁴.

(iii) Situations of refusal of prenatal tests still occur. However, FEDERA's experience shows that people who are refused prenatal tests do not choose to challenge this decision, but instead seek them at another treatment facility. FEDERA's experience resonates with the official data, for example, in 2022 there were no objections to the refusal of prenatal tests⁵.

However, it should be emphasised that the context of these refusals has changed after October 2020, following the Constitutional Court's de facto elimination of the embryopathological rationale for abortion, as will be discussed later in this letter. There are concerns that this decision will jeopardise prenatal testing in Poland, also expressed by the medical community⁶.

However, it should be emphasised, and evaluated positively, that the Polish government has been reimbursing prenatal examinations for all women since June 2024, thus increasing the catalogue of eligible persons (previously prenatal tests were available only to women over 35 years of age free of charge). In this regard, it is important to recognise that, despite

⁴ <https://wyborcza.pl/7,162657,29443874,24-latka-nie-jest-mniej-wazna-niz-14-latka-jej-historia-nie.html>

⁵ <https://orka.sejm.gov.pl/Druki10ka.nsf/0/B31C2B5E916EEC55C1258B24005A5EE8/%24File/408.pdf>

⁶ <https://www.termedia.pl/mz/Perinatologii-grozi-zalamanie,41162.html>

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the failure to guarantee effective mechanisms for obtaining access to prenatal examinations, the State party has taken steps to comply with the Committee's Recommendation and its Covenant obligations⁷.

(iv) The conscientious objection appeal procedure introduced in 2008 to implement the European Court of Human Rights (hereinafter 'ECHR') judgment *Tysi c v. Poland*, remains unreformed. The Polish authorities continue to take the position that Polish regulations provide women with effective access to reproductive health services in a situation where a doctor uses the conscientious objection clause⁸.

Meanwhile, the creation of a new legal solution for the appeal process is crucial for providing patients with a functional reaction path against a doctor's denial of care.

FEDERA would like to emphasise to the Committee that the following concerns regarding the operation of the said procedure remain valid:

- (I) the procedure is not adapted to the sensitive situation of pregnant women and persons,
- (II) there is no guarantee of receiving a ruling in due time under the emergency procedure,
- (III) the procedure is too formalised, which results in a significant number of objections rejected on formal grounds,
- (IV) there is no judicial control over the rulings,
- (V) the procedure does not provide for the patient to be heard by the medical committee.

As indicated by the Patient Ombudsman's data, in 2020, the procedure was used a total of 29 times, of which only 12 objections were considered on the merits. Of the 29, only 5 objections concerned the refusal to perform the abortion procedure. Of these 5, only two cases were considered on the merits by the Medical Committee of the Patient Ombudsman, one was withdrawn at the patient's will, while in two the Ombudsman found that the procedure had been carried out in another

⁷ <https://www.gov.pl/web/zdrowie/badania-prenatalne-bez-ograniczen-wiekowych>

⁸ Annex F to the *Report on the enforcement of Judgments of the European Court of Human Rights by Poland for 2021*, p. 46 <https://www.gov.pl/web/dyplomacja/raporty-roczne-rzadu-na-temat-wykonywania-orzeczen-etpc>

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treatment facility before the objection was submitted⁹. In 2021, 1 objection was received concerning denial of abortion care¹⁰.

The analysis of the above data and the FEDERA's experience indicate that this appeal procedure remains an ineffective method that does not lead to the effective implementation of both the ECHR standards and the Committee's recommendations.

It should be emphasised that negative assessment of the current appeal procedure was expressed also by the Council of Europe Committee of Ministers¹¹ and UN Working Group on the issue of discrimination against women in law and in practice¹².

Notwithstanding the above, it should be pointed out that, despite its limited capacity to act, the Patient Ombudsman is a body whose jurisprudence positively influences the understanding of the scope of permitted reproductive health services in Poland. Among other things, the Ombudsman has indicated that a threat to mental health constitutes an independent and legitimate ground for termination of pregnancy¹³, accounting for a nearly 13-fold increase in the number of abortions between 2021 and 2023¹⁴. In its decisions, Ombudsman also pointed out the illegality of actions such as requirements to obtain more than one document stating the fulfilment of a statutory premise for abortion¹⁵, or the illegality of convening medical consultations as a default practice of abortion providers in Poland¹⁶.

⁹ *Report of the Council of Ministers on the implementation and effects of the Act of 7 January 1993 on Family Planning, Protection Of The Foetus And Conditions For The Admissibility of Abortion in 2020*

¹⁰ *Report of the Council of Ministers on the implementation and effects of the Act of 7 January 1993 on Family Planning, Protection Of The Foetus And Conditions For The Admissibility of Abortion in 2021*, p. 108

¹¹ CM/Del/Dec(2019)1340/H46-31

¹² *Report of the Working Group on the issue of discrimination against women in law and in practice*, A/HRC/41/33/Add.2,

¹³ RzPPDPR-WPZ.431.362.2021.PS

¹⁴ <https://www.rp.pl/spoleczenstwo/art38988941-wzrosla-liczba-legalnie-wykonanych-aborcji-w-polsce>

¹⁵ RzPP-DPW-WPII.431.4320.2023

¹⁶ RzPP-DPW-WPI.431.626.2023

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In the opinion of the FEDERA, both a thorough reform of the objection procedure and an extension of the Ombudsman's powers (for example the ability to impose financial penalties on healthcare providers) are advisable. These reforms can ensure more effective access to statutory abortion, thus fulfilling the State party's obligations to protect women's rights and to ensure effective access to statutory reproductive health services.

(v) The State party did not implement the Committee's recommendations to ensure effective access to abortion in the presence of a criminal premise and to limit internal regulations of individual hospitals that impede access to legal abortion.

In 2021 and 2022, not a single abortion was performed due to the fulfilment of the criminal premise¹⁷, while in 2023 only 2 were performed¹⁸. The FEDERA's experience shows that women with experience of sexual violence prefer to obtain abortion care outside the system. The current regulations of the Family Planning Act have not been amended and still require a survivor of sexual violence to obtain a document from the prosecutor's office stating that there is a high probability that the pregnancy is the result of a criminal act.

The regulations do not set a time limit within which the prosecutor must take a position, which, combined with the 12 weeks allowing abortion on this premise, negatively affects its availability. Even obtaining the certification within the stipulated period does not guarantee that the procedure will be performed. In addition, this procedure secondarily victimises women who do not want to go through the trauma they have suffered again when contacting the prosecutor or relying on the goodwill of the hospital's personnel.

The secondary victimisation of women associated with this procedure became particularly apparent after the full-scale invasion of Ukraine by the Russian Federation in February 2022, when many women who experienced violence from the Russian troops arrived in Poland and were unable to obtain a statutory abortion on criminal grounds – instead, they

¹⁷ <https://krytykapolityczna.pl/kraj/aborcje-z-powodu-gwaltu-w-polsce/>

¹⁸ OJSW.0112.20.2024

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were choosing to seek abortion care outside of legal pathways through telemedicine services operating in other parts of Europe. Many were forced to travel back to Ukraine to obtain the care they need, including abortion¹⁹.

The State party has not taken any steps to guarantee access to statutory abortion. Despite announcements by the government, including communications to international bodies²⁰, no guidelines on access to statutory abortion have been published. There is a lack of a comprehensive, State Party-recognised document in which there is an official confirmation of the legal status or identification of unlawful and unacceptable practices. The confirmations of the legal state to date are the result of litigation conducted by FEDERA, including before the Ombudsman for Patients' Rights. The only measure that can be qualified as aimed at ensuring access to statutory abortion is the Regulation of the Minister of Health mentioned in point (i), which, as already indicated, cannot be assessed as sufficient at this point in time.

Issue 2

The Committee suggested that the State party should *refrain from adopting any legislative reform that would amount to a retrogression of already restrictive legislation on women's access to safe legal abortion*.

The State Party has failed to comply with this recommendation of the Committee, thereby failing to comply with its obligations under the Covenant.

In October 2020 Constitutional Tribunal in the so-called K 1/20 "judgment"²¹ declared unconstitutional Article 4a(1)(2) of Family Planning Act permitting abortion in a situation where permanent and irreversible foetal abnormalities or an incurable life-threatening disease has been detected in the foetus.

¹⁹ <https://reproductiverights.org/ukraine-report-care-in-crisis/>

²⁰ CM/Notes/1492/H46-25

²¹ <https://ipo.trybunal.gov.pl/ipo/Sprawa?dokument=20359&sprawa=22412&cid=1>

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This premise was responsible for more than 90 per cent of the abortions officially performed annually in Poland, resulting in a *de facto* ban on abortion in Poland through extra-parliamentary restrictions on the already restrictive Family Planning Act.

As indicated by the ECHR judgment of 7 May 2021 in the case of *Xero Flor v. Poland* (Application No. 4907/18), the participation of an unauthorised person, in proceedings pending before the Constitutional Court, deprives of the right to a court established by law and thus violates Article 6(1) of the Convention for the Protection of Human Rights and Fundamental Freedoms.

In its judgment of 14 December 2023 *M.L. v. Poland* (Application no. 40119/21), the ECHR reaffirmed that the participation of unauthorised persons in the work of the Constitutional Court violates the standards of due process and the right to a court. This case concerned a client of FEDERA, who, by virtue of this so-called judgment, was forced to terminate her pregnancy in the Netherlands.

Supreme Court in the decision of 13 December 2023, ref. no. I KZP 5/23, stated, that *a body whose membership includes persons appointed to seats previously filled is not a body described in the Constitution as a Constitutional Tribunal, and therefore decisions issued by such a body do not have the effects referred to in Article 190(1) of the Constitution.*

The position of the Supreme Court makes it possible to conclude that the so-called K 1/20 judgement has never produced the effects as set out in Article 190(1) of the Constitution of the Republic of Poland, indicating that it has no universally binding force and is not final.

This means that the Constitutional Court has never established the unconstitutionality of the Article 4a(1)(2) of the Family Planning Act.

On 6 March 2024, the Sejm of the Republic of Poland, adopted the *Resolution on removing the effects of the constitutional crisis of 2015-2023 in the context of the activities of the Constitutional Tribunal*, in which it confirmed that the resolutions of the Sejm of the Republic of Poland concerning the election of all so-called 'double judges' including the three

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participating in the K 1/20 judgment, were adopted in gross violation of the law, including the Constitution of the Republic of Poland and the Convention for the Protection of Human Rights and Fundamental Freedoms, and are therefore devoid of legal force and have not produced the legal effects envisaged therein²².

The jurisprudence cited above, and the position of the Sejm allow to conclude that, in effect, the foetal impairment premise has not been legally eliminated. However, the freezing effect produced by the so-called 'judgment', resulting in the non-performance of abortions based on this premise, is an unequivocal failure to comply with the Committee's Recommendation and a violation of human rights.

At the same time, the State Party, by maintaining a state of violation of the Constitution and the Family Planning Act, consequently maintaining restrictive anti-abortion laws, also violates its Convention obligations, inter alia, Articles 3, 6, 7, 14, 17.

It should be noted, that the government has repeatedly promised to remove the effect of the so-called K 1/20 ruling²³.

Issue 3.

The Committee recommended to the State Party to *Increase education and awareness-raising programmes on sexual and reproductive health rights and facilitate effective access to contraceptives.*

It cannot be said that the State Party has increased education and awareness-raising programmes on sexual and reproductive health. Moreover, the State Party has actively tried to combat programmes directed at increasing SRH awareness in previous years²⁴.

As part of school education, pupils are given the opportunity to voluntarily

²² <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WMP20240000198/O/M20240198.pdf>

²³ <https://www.rp.pl/zdrowie/art39387591-przyszly-rzad-uniewaznily-wyrok-trybunalu-konstytucyjnego-ws-aborcji>

²⁴ <https://notesfrompoland.com/2023/08/18/parliament-approves-law-banning-sexualisation-of-children-in-polish-schools/>

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participate in '*Preparation for Family Life*' classes. These classes, as indicated by the research of the FEDERA-affiliated Ponton Group of Sex Educators, show that, according to those participating in these classes, the topics such as sexually transmitted infections, contraception or non-heteronormative gender identities are not adequately addressed²⁵.

The Ministry of Education has announced the introduction of a new module called '*Health Education*' into schools from 2025, which is intended to provide information on Comprehensive Sexual Education. This subject is to replace *Preparation for Family Life* classes. At the moment, it is not possible to assess the content of this subject.²⁶

It cannot be said that the State Party has facilitated effective access to contraceptives.

Poland is ranked last in Europe in terms of access to contraception for the fifth time in a row in the *Contraception Policy Atlas*, a ranking by the European Parliamentary Forum for Sexual and Reproductive Health and Rights²⁷.

The authors of the study point to the most important problems with access to contraception:

- a) lack of coverage schemes within national health system
- b) lack of special arrangements for young or vulnerable groups
- c) consultations are not/or insufficiently covered within the national health system
- d) absence of government supported websites on contraception
- e) emergency contraception available not available over the counter

In 2024, Parliament voted to abolish the obligation to obtain a prescription for emergency contraception. However, this amendment was vetoed by the President. In response, the Ministry of Health has prepared a voluntary pilot programme under which it is possible to obtain a pharmaceutical

²⁵ https://ponton.org.pl/wp-content/uploads/2023/05/wdz_na_dwoje_raport.pdf

²⁶ <https://www.rynekzdrowia.pl/Nauka/Nowy-przedmiot-w-szkole-MEN-tlumaczy-lekarzom-o-czym-bedzie-edukacja-zdrowotna,259105,9.html>

²⁷ https://www.epfweb.org/sites/default/files/2024-02/CCInfoEU_A3_EN_2024_FEB12_0.pdf

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prescription for emergency contraception at a pharmacy. However, this programme cannot be qualified as increasing its availability, according to data²⁸.

Research conducted by FEDERA in 5 provinces (województwa) shows that only half of the GP practices contracted by the National Health Fund insert or remove IUDs under the Fund. This situation does not allow the claim that the State is making an effort to ensure effective access to reproductive health services, even to the narrow extent provided by health insurance²⁹.

Issues not addressed by the Committee

FEDERA would also like to point out issues not addressed by the Committee in the Concluding Observations, which FEDERA believes should be addressed in the list of issues.

Of concern is the scope of the criminalisation of abortion adopted in Polish legislation. The Penal Code in Article 152 criminalises the termination of a pregnancy with the consent of the pregnant person contrary to the provisions of the Family Planning Act. Abetting and aiding non-statutory abortion is also penalised.

Although Polish law does not directly punish women who terminate a pregnancy, the consequences of the criminalisation hit women indirectly.

The legislation is not adapted to the current reality of abortion and does not take into account the latest, evidence-based medical knowledge and recent developments in the field of telemedicine. As a result, those condemned are often those closest to women: mothers, partners and friends.

These actions, in effect, punish women for their reproductive decisions, potentially leading to gender-based discrimination, which may constitute torture or inhuman or degrading treatment.

²⁸ <https://www.termedia.pl/wartowiedziec/1-5-tys-recept-w-ramach-pilotazu-uslug-farmaceutycznych,56920.html>

²⁹ <https://federa.org.pl/wkladki-na-nfz/>

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It is worth recalling here the examples of women – beneficiaries of FEDERA – who have experienced the criminalisation of abortion: a woman from Kraków who, after an abortion, experienced degrading treatment from the Police officers³⁰ and a woman from Warsaw who, after a natural pregnancy loss at 18 weeks, experienced derogatory actions from the Public Prosecutor³¹. None of these women had committed a crime.

The law also targets human rights defenders. Justyna Wydrzyńska, a feminist activist, was convicted for giving abortion pills to a woman who had experienced sexual violence from an intimate partner³².

The law also has a chilling effect on health care providers, who fear performing official abortion procedures because of the risk of criminal liability if the statutory premise were to be challenged³³. As a result, at least six women died without receiving adequate abortion care³⁴.

In 2024, Parliament rejected a bill to partially decriminalise abortion³⁵. At the same time, the National Public Prosecutor's Office reviewed cases of aiding and abetting abortion. Although the results show that the majority of cases are discontinued at the pre-trial stage, it should be emphasised that these are primarily situations where aiding and abetting abortion, as defined by the law, did not occur. However, the convictions in these cases, (even if at the lower limits of the stipulated penalty, as well as judged from the perspective of national legislation), are still in conflict with the human rights standards set out in the Covenant³⁶.

³⁰ <https://www.rp.pl/zdrowie/art39721921-sprawa-joanny-z-krakowa-rzecznik-pacjenta-policja-nie-uszanowala-intymnosci>

³¹ <https://www.wysokieobcasy.pl/wysokie-obcasy/7,163229,30007014,ola-poronila-do-szpitala-zjechala-policja-prokuratorka.html>

³² <https://www.rp.pl/prawo-karne/art38427071-to-nie-koniec-sprawy-aktywistki-skazanej-za-pomoc-w-aborcji>

³³ <https://www.amnesty.org.pl/aborcja-najwazniejsze-fakty/>

³⁴ <https://www.poradnikzdrowie.pl/aktualnosci/nie-tylko-iza-z-pszczyzny-i-dorota-z-nowego-targu-lista-ofiar-przepisow-antyyaborcyjnych-rosnie-aa-dkE1-xkUh-XZUh.html>

³⁵ <https://www.rp.pl/prawo-karne/art40805731-sejm-odrzucil-depenalizacje-aborcji-do-12-tygodnia-trzema-glosami>

³⁶ <https://www.gov.pl/web/prokuratura-krajowa/wytyczne-prokuratora-generalnego-w-sprawie-zasad-postepowania-powszechnych-jednostek-organizacyjnych-prokuratury-w-zakresie->

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FEDERA is of the opinion that the solution to the existing sexual and reproductive health problems is not only to create mechanisms for the effective use of the services available in Poland, but also to broaden their scope. Above all, it is advisable to decriminalise and legalise abortion on request, at least up to the 12th week of pregnancy. This action will be in line with the latest medical knowledge and standards on women's and human rights. It will also ensure the full implementation of the Covenant.

Summary

In view of the above, it is important to emphasise that, in FEDERA's assessment, Poland has not fulfilled its obligations under the Covenant, including resulting from articles 3, 6, 7 and 17. The Committee's recommendations have also not been fulfilled.

The steps taken in recent months, still do not allow to conclude that Poland is complying with international human rights standards.

In this regard, FEDERA suggests that the Committee ask the State party the following questions:

Suggested questions for the Government of the Republic of Poland:

Suggested questions relating to Issue 1:

- a) What steps does the Government intend to take to increase the actual availability of reproductive health services?
- b) What steps does the Government intend to take to create an effective referral mechanism?
- c) What steps does the Government intend to take to ensure the performance of the statutory abortion when the basis for terminating a pregnancy is a mental health risk?
- d) Whether and how does the Government plan to reform the appeal procedure for objection to a physician's decision, with particular reference to the refusal to perform an abortion?

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- e) Does the government plan to reform the powers of the Patient Ombudsman, and if so, to what extent?
- f) Whether and how does the government plan to reform the accessibility of abortion for survivors of sexual violence?
- g) What measures does the government intend to take to reduce abortion stigma among state services and medical personnel?
- h) When does the government intend to publish official guidelines on access to abortion?

Suggested questions relating to Issue 2:

- a) How does the government plan to reverse the effects of the unlawful removal of the premise of abortion on grounds of foetal abnormality?

Suggested questions relating to Issue 3:

- a) How the government plans to ensure that comprehensive sexual education is taught?
- b) How the government plans to support non-governmental initiatives to promote comprehensive sexual education?
- c) How does the government plan to ensure access to emergency contraception?
- d) Will the pilot programme on emergency contraception be modified and to what extent?
- e) How does the government plan to ensure access to contraception for vulnerable groups?
- f) How does the government plan to ensure the performance of contracts with the national health fund, particularly in the context of unavailability of IUDs?
- g) Is the government considering the introduction of state-funded contraception coverage, and to what extent?

Suggested questions for the Issues not addressed by the Committee:

- a) Does the government plan to legalise abortions on request and to what extent?
- b) Does the government plan to decriminalise abortion and to what extent?
- c) Does the government plan to introduce a moratorium on the prosecution of crimes related to voluntary abortion?

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- d) How does the government plan to reform the General Prosecutor guidelines for the prosecution of cases of voluntary abortion?
- e) Does the government plan, and to what extent, to introduce into the curriculum of medical studies the teaching of safe abortion methods in accordance with the standards of the World Health Organisation?