

**Communication under Rule 9(2) of the Rules of the Committee of Ministers in  
the cases *Tysic v. Poland* (App. No. 5410/03), *R.R. v. Poland* (App. No. 27617/04)  
and *P. and S. v. Poland* (App. No. 57375/08)**

**29 January 2021**

**Introduction**

Pursuant to Rule 9(2) of the Rules of the Committee of Ministers for the supervision of the execution of judgments and of the terms of friendly settlements, the Center for Reproductive Rights<sup>1</sup> and the Federation for Women and Family Planning<sup>2</sup> hereby submit updated information to the Committee of Ministers regarding Poland's implementation of three judgments of the European Court of Human Rights regarding access to legal abortion and associated reproductive health care and information, *Tysic v. Poland* (App. No. 5410/03) and *R.R. v. Poland* (Appl. No. 27617/04), and *P. and S. v. Poland* (App. No. 57375/08).

The three judgments became final in 2007, 2011, and 2013 respectively, and more than 13 years have now passed since the first of these landmark judgments. Yet effective measures to give effect to these judgments have still not been adopted by the Polish authorities.

The three judgments each address distinct but overlapping issues regarding the ongoing and serious failures of the Polish authorities to ensure that access to legal abortion in Poland becomes a practical reality for women and adolescent girls and is not merely a theoretical entitlement. Although each of these three judgements mandate some of the same implementation measures, they also each involve distinct and separate issues which can only be addressed by specific implementation measures.

- *Tysic v. Poland* concerned a woman whose continued pregnancy posed a serious risk to her eyesight and her health but who was denied a medical certificate attesting to her entitlement to a legal abortion. The Court's judgment centered on the absence of an effective procedure

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<sup>1</sup> The Center for Reproductive Rights is an international non-governmental legal advocacy organization based in New York, Washington, DC, Geneva, Bogot, and Nairobi dedicated to the advancement of reproductive freedom as a fundamental human right that all governments are legally obliged to protect, respect, and fulfill.

<sup>2</sup> The Federation for Women and Family Planning is a non-governmental organization based in Poland that works locally, regionally and internationally on the advancement of women's reproductive rights through monitoring, advocacy and educational activities as well as strategic litigation before domestic and international courts.

by which women can challenge and resolve disagreements with and between doctors concerning their right under domestic law to an abortion on medical grounds.

- ***R.R. v. Poland*** concerned medical providers' repeated failures to guarantee the applicant's entitlement under domestic law to prenatal diagnostic tests, which prevented her from being able to legally obtain an abortion on indication of risk of severe fetal impairment. The Court held that Poland must put in place an effective legal and procedural framework that guarantees that relevant, full and reliable information is available to women enabling them to take informed decisions about their pregnancy. The Court emphasized that Poland must take steps to address what it termed a "striking discordance" between the theoretical legal right to abortion services and women's inability to access abortion services in practice. The Court also held that Poland must ensure that women's access to legal reproductive health services is not jeopardized by medical professionals' refusals of care on grounds of conscience.
- ***P. and S. v. Poland*** concerned an adolescent girl whose legal entitlement to an abortion after she was sexually assaulted was established by a prosecutor as required by Polish law. However, she faced repeated arbitrary and harmful behavior by medical professionals and other state authorities which severely hampered her access to legal abortion care and resulted in disclosure of her confidential medical information. The Court recognized that medical professionals "did not consider themselves obliged" to provide legal abortion care based on the prosecutor's certificate and held that the adolescent girl was treated by the authorities in a deplorable manner.<sup>3</sup> The judgment requires Poland to take measures to guarantee effective access to reliable information on the conditions for, and effective procedures enabling access to, legal abortion care. It also necessitates strengthening enforcement policies and procedures for holding health facilities and professionals accountable for failures to comply with legal obligations to provide legal abortion care.

As such, and as repeatedly outlined in our previous submissions,<sup>4</sup> and as underscored by the decisions of the Committee of Ministers,<sup>5</sup> the three judgments require the adoption of the following measures:

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<sup>3</sup> *P. and S. v. Poland*, App. No. 57375/08, para. 108.

<sup>4</sup> Rules 9.2 and 9.6 - Communication from a NGO (Center of Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of *R.R., TYSIAC and P. and S. v. Poland* (Applications No. 27617/04, 5410/03, 57375/08) available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016809a521c](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809a521c); Rule 9.2 Communication from two NGOs (Center for Reproductive Rights and Federation for Women and Family Planning) (22/02/2019) in the case of *P. and S. v. Poland* (Application No. 57375/08), DH-DD(2019)235; Communication from the Center for Reproductive Rights and the Federation for Women and Family Planning in the cases of *P. and S., R.R. v. Poland*, (24/08/2018) available at <https://rm.coe.int/native/09000016808d297d>; Communication from the Center for Reproductive Rights in the case of *P. and S. v. Poland*, (13/09/2017) available at <https://rm.coe.int/native/0900001680751a47>; Communication from the Center for Reproductive Rights in the case of *P. and S. v. Poland*, (28/09/2017) available at <https://rm.coe.int/native/0900001680751a47>; Communication from the Center for Reproductive Rights in the case of *R.R. v. Poland*, (02/09/2016) available at <https://rm.coe.int/16806a950f>; Communication from the Center for Reproductive Rights and the Federation for Women and Family Planning in the case of *P. and S. v. Poland*, (06/10/2014) available at <https://rm.coe.int/native/09000016804a96bf>.

<sup>5</sup> See CM/Del/Dec(2020)1369/H46-20, 1369/H46-21; CM/Del/Dec(2019), 1340/H46-13, 1340/H46-31; CM/Del/Dec(2018), 1324/H46-15; CM/Del/Dec(2017), 1294/H46-19.

- An effective and timely procedure for women to challenge and resolve disagreements with and between doctors regarding their entitlement to legal abortion care and to exercise their rights in this regard;
- Effective measures to guarantee women access to reliable information on the conditions and effective procedures for their access to legal abortion care;
- An effective legal and procedural framework that guarantees that full and reliable information is provided to women and adolescent girls enabling them to take informed decisions about their pregnancy;
- Effective measures to ensure that refusals of care by medical professionals based on the conscience clause do not undermine or delay women's access to legal abortion services or prenatal testing;
- Strengthened enforcement procedures and measures to hold health facilities and professionals accountable for any failures to comply with legal obligations to provide legal reproductive health services and information;
- Effective measures to enhance protection of patient data confidentiality;
- Targeted measures to ensure that the needs of adolescents who are seeking legal abortion services are met and that they are treated with respect and due consideration for their vulnerability.

Only once all of these measures have been adopted by the Polish authorities, can these three judgments be considered implemented.

In its latest submissions, the Polish authorities have once again outlined information previously provided to the Committee of Ministers on the existing legal framework in Poland regarding refusals of care by health professionals, the complaint procedure under the Patient's Rights Act, and the enforcement of contracts with the National Health Fund.<sup>6</sup> None of these submissions contain new information about substantial progress in the adoption of effective measures since the Committee of Ministers' last examination of implementation of the judgments in March 2020 that would give effect to the Court's three judgments or to the decisions of the Committee of Ministers.

The State continues to take the view that the existing legal frameworks are adequate for discharging its obligation to implement these judgments. However, this view disregards the fact that common to the three cases were shortcomings in existing legal frameworks and mechanisms as well as arbitrary behavior by health care professionals who failed to apply existing legal provisions entitling women to abortion services or prenatal genetic testing in good faith, disregarded clear legal obligations or provided the applicants with misleading and inaccurate information about how to obtain legal reproductive health services. As such, the violations at the heart of these cases were largely the result of inadequate legal protections, rule of law deficits, and entrenched enforcement failures and require reforms of existing legal frameworks and procedures, as outlined above. In the following sub-sections, we respond to claims made by the State in its recent submissions that its existing legal framework is adequate for implementing the three judgments.

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<sup>6</sup> Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19; Communication from the authorities (02/10/2020) in the cases of R.R. and TYSIAC v. Poland (Applications No. 27617/04, 5410/03), DH-DD(2020)863.

More than 13 years after the first of these three judgments, none of the measures outlined above have been enacted which would enable women and adolescent girls to obtain timely access to legal abortion care and associated reproductive health services and information and put in place effective mechanisms and procedures for women and adolescent girls to exercise their rights under Polish law to these health services. Instead, regressive developments have taken place since the last examination of these cases by the Committee of Ministers in March 2020. Most recently, an announcement from the Constitutional Tribunal will now result in a *de facto* ban on abortion in Poland, as outlined in section 7.

In light of the absence of any meaningful action on the part of State authorities to implement the Court's judgments and give effect to the decisions of the Committee of Ministers we respectfully urge the Committee of Ministers to maintain its enhanced scrutiny of all three cases and urge the State authorities to adopt the measures required by the judgments to address prevailing legal barriers and enforcement deficits and enable women and adolescent girls to exercise their rights under Polish law to obtain reproductive health services. We respectfully urge the Committee of Ministers to conduct the next examination of all three cases in six months' time.

### **1. Official data on legal abortions is not evidence of effective implementation of the law**

In the latest submission, the State authorities reiterated that the official data on legal abortions “confirms that these guaranteed healthcare services are indeed performed.”<sup>7</sup> It refers to the number of legal abortions in the years when the events in the cases took place: 138 abortions in 2000, 499 abortions in 2008, in comparison to the number of legal abortions in 2015 (1040), in 2016 (1098), in 2017 (1057), in 2018 (1076), and in 2019 (1110)<sup>8</sup> and notes that the numbers have increased significantly over the years. It also notes that these numbers show that “pregnancy termination procedures are effectively carried out in Poland.”<sup>9</sup>

However, the official data on legal abortions is by no means evidence that the law is being fully and effectively implemented and that women who meet the legal requirements for access to abortion services obtain the care they are legally entitled to in practice. While the overall number of abortions may have increased, it is still disproportionate to the total number of approx. 9 million women of reproductive age living in Poland. For women seeking legal abortion care following sexual assault or because of a risk to their health or life, the situation has deteriorated since the events in these cases as the numbers of legal abortions have significantly decreased or remained close to zero over the past decade.

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<sup>7</sup> Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19, p. 2. *See also* Communication from the authorities (20/12/2019) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2020)5, p. 5; Updated action report (20/12/2019) - Communication from Poland concerning the case of Tysic v. Poland (Application No. 5410/03), DH-DD(2020)4, p. 10; Updated action report (20/12/2019) - Communication from Poland concerning the case of R.R. v. Poland (Application No. 27617/04), DH-DD(2020)3, p. 12.

<sup>8</sup> *See* Annex 1.

<sup>9</sup> Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19, p. 2.

For women whose health is at risk, as was the case in *Tysiqc*, the number of legal abortions on grounds of risk to health or life has dropped from around 80 in 2000 to between 22 and 33 abortions annually in recent years. This number is particularly low when compared to the rates in other countries. For example, in Germany 2 abortions per 10,000 women of reproductive age were performed on medical indications in 2018, whereas in Poland 0.02 abortions on this indication were performed per 10,000 women of reproductive age.<sup>10</sup>

Furthermore, in its latest submission, the State authorities have failed to provide information about the availability of lawful abortion across the country, together with an assessment of possible regional disparities in this regard, as requested by the Committee of Ministers in its decision of March 2020.<sup>11</sup>

As we outlined in our 2020 submission, there are important regional disparities in Poland in women's access to legal abortion care on indication of risk to health or life. In 2019, there were four voivodships in Poland where no abortions due to risk to the health or life of the woman were performed and seven voivodships where the number of abortions performed on this ground ranged from 1 to 2.<sup>12</sup> A total of 5.1 million women of reproductive age live in these regions, and given the population size it is likely that some women living in these regions whose health is at risk during pregnancy were unable to access legal abortion services in practice.

For survivors of sexual assault, like the applicant in *P. and S.*, legal abortion care remains inaccessible in practice as demonstrated by official statistics. Since 2008, between 0 and 3 legal abortions on indication of sexual assault were performed each year in Poland. In 2010, 2011, and 2017, no legal abortions were performed in Poland for women who were pregnant as a result of sexual assault.

Survivors of sexual assault who wish to end a resulting pregnancy and who are denied this right in Poland will find other ways to do so. According to information obtained from Women on Web, a non-profit, online telemedicine service, 1.5% of women who obtained medical abortion pills through telemedicine in 2020 explained that their pregnancy resulted from rape.<sup>13</sup> In 2020, more than 2,300 women in Poland obtained medical abortion pills from Women on Web.<sup>14</sup> This data would suggest that around 35 women in Poland who were pregnant following sexual assault last year, did not obtain legal abortion care in Poland despite the fact that they would have been legally entitled to this care. The majority of the women (71.5%) who contacted Women on Web in 2020 explained they did so as a result of the highly restrictive legal framework on abortion in Poland.<sup>15</sup> It

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<sup>10</sup> *Abortions by reason of termination, duration of terminated pregnancy and number of previous live births*, STATISTISCHES BUNDESAMT (Feb. 27, 2019), <https://bit.ly/2rzTurO>.

<sup>11</sup> Communication from the authorities (04/01/2021) in the case of *P. and S. v. Poland* (Application No. 57375/08), DH-DD(2021)19; CM/Del/Dec(2020)1369/H46-20, point 5.

<sup>12</sup> Communication from the authorities (04/01/2021) in the case of *P. and S. v. Poland* (Application No. 57375/08), DH-DD(2021)19, p. 3.

<sup>13</sup> Letter from Women on Web International Foundation on file with the Center for Reproductive Rights (Jan. 2021). For data from Women on Web International Foundation concerning the years 2018 and 2019, *see* Rules 9.2 and 9.6 - Communication from a NGO (Center of Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of *R.R., TYSIAC and P. and S. v. Poland* (Applications No. 27617/04, 5410/03, 57375/08) available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016809a521c](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809a521c).

<sup>14</sup> Letter from Women on Web International Foundation on file with the Center for Reproductive Rights (Jan. 2021).

<sup>15</sup> *Id.*

should be noted that in addition to services provided by Women on Web there are a number of other online telemedicine services or websites offering medical abortion pills to women in Poland.<sup>16</sup>

Most legal abortions in Poland are performed on indication of risk of a severe or fatal fetal impairment and has totaled around 1,000 abortions in recent years. However, this number can be considered low when compared to the rate in other countries. For example, the number of legal abortions on this ground in Poland corresponds to 1 abortion per 10,000 women of reproductive age, while in Norway in 2018, 2.7 abortions per 10,000 women of reproductive age were performed on indication of risk of a severe or fatal fetal impairment, almost three times as many as in Poland.<sup>17</sup> Furthermore, women in Poland continue to face many obstacles in access to information including prenatal testing and women in rural areas often face particular difficulties accessing these tests. For example, in some voivodships (such as Lubelskie, Lubuskie, Opolskie, Podkarpackie, Podlaskie, Świętokrzyskie, Warmińsko-Mazurskie and Zachodniopomorskie) these barriers seem particularly prevalent as comparatively small numbers of women access prenatal testing and there are only few service providers available.<sup>18</sup> As a result, they may be unable to exercise their right to make an informed decision about whether to continue a pregnancy.<sup>19</sup>

## **2. Complaint procedure is not an effective mechanism for women and adolescent girls to enforce the right to legal abortion care and prenatal testing**

In its recent submission, Poland reasserts that the complaint procedure established in 2008 under the Patients' Rights Act corresponds to the requirements arising from the *Tysiyc* and *R.R.* judgments and is a sufficient and effective mechanism through which women can exercise their rights to legal abortion care and prenatal genetic testing.<sup>20</sup>

However, as we have outlined in our previous submissions,<sup>21</sup> and based on the Committee of Ministers' previous assessment of the complaint procedure,<sup>22</sup> it continues to fall short of what is required to implement the Court's judgments in these two cases.

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<sup>16</sup> See, e.g., womenhelp.org, tabletki-poronna.pl, women-rights.org, poronne.org.

<sup>17</sup> Mette Løkeland ET AL., RAPPORT OM SVANGERSKAPSAVBROT FOR 2018, FOLKEHELSEINSTITUTTET (2019), available at <https://bit.ly/2EeUOTp>.

<sup>18</sup> See Annex 2.

<sup>19</sup> See section 7 of this submission on regressive developments concerning access to abortion on indication of risk of a severe or fatal fetal impairment.

<sup>20</sup> Communication from the authorities (02/10/2020) in the cases of *R.R.* and *TYSIAC v. Poland* (Applications No. 27617/04, 5410/03), DH-DD(2020)863. See also Updated action report (20/12/2019) - Communication from Poland concerning the case of *Tysiyc v. Poland* (Application No. 5410/03), DH-DD(2020)4, p. 4; Updated action report (20/12/2019) - Communication from Poland concerning the case of *R.R. v. Poland* (Application No. 27617/04), DH-DD(2020)3, p. 5

<sup>21</sup> Rules 9.2 and 9.6 - Communication from a NGO (Center of Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of *R.R.*, *TYSIAC* and *P. and S. v. Poland* (Applications No. 27617/04, 5410/03, 57375/08) available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016809a521c](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809a521c); Rule 9.2 Communication from two NGOs (Center for Reproductive Rights and Federation for Women and Family Planning) (22/02/2019) in the case of *P. and S. v. Poland* (Application No. 57375/08), DH-DD(2019)235; Communication from Center for Reproductive Rights and Federation for Women and Family Planning in the cases of *P. and S.*, *R.R. v. Poland*, (24/08/2018) available at <https://rm.coe.int/native/09000016808d297d>; Communication from Center for Reproductive Rights in the case of *P. and S. v. Poland*, (13/09/2017) available at <https://rm.coe.int/native/0900001680751a47>; Communication from Center for Reproductive Rights in the case of *P. and*

As we have highlighted repeatedly in previous submissions, the complaint procedure suffers from a series of shortcomings, namely:

- It is not tailored to the specific needs of women seeking time-sensitive legal abortion services or prenatal genetic testing and its general nature fails to meet the particular needs of pregnant women seeking to establish or enforce their legal entitlements to abortion care and prenatal genetic testing.
- The time frame of up to 30 days to issue a decision on complaints fails to ensure that women receive a timely decision through an effective urgent procedure.
- It is overly cumbersome and formalistic as it requires patients to refer to the legal provisions that have been breached. As a result, the vast majority of complaints filed have been declared inadmissible on procedural grounds.
- The Medical Board's decisions are final and not subject to judicial review. This wholly undermines basic rule of law requirements and contradicts standard practice in other jurisdictions.
- Additional procedural and rule of law deficits also undermine the effectiveness of the relevant procedure. These include the lack of entitlement for women to be heard during the process.

The ineffective nature of this procedure is clearly demonstrated by the very small number of complaints filed since 2013 regarding access to legal abortion and the fact that only a very few of these have been upheld.<sup>23</sup> According to the information obtained from the Commissioner for Patients' Rights in December 2020, only five complaints were filed in 2020 and only one complaint was filed in 2019 concerning access to legal abortion services.<sup>24</sup> Out of these six complaints, one complaint was found unjustified and its examination by the Medical Board lasted 19 days. One complaint was withdrawn by the patient herself. Two complaints, filed with legal support of the Federation for Women and Family Planning, were found justified and their examination lasted 8 and 6 days respectively. One complaint was found inadmissible on procedural grounds after 30 days of its examination by the Medical Board. One complaint filed in 2020 was pending at the time of the Commissioner's response.<sup>25</sup> The Commissioner for Patients' Rights has previously confirmed that between 2013 and 2018 only three complaints were filed concerning access to legal abortion services, none of which were considered admissible.<sup>26</sup>

These cases also illustrate the complaint procedures' shortcomings and ineffectiveness as a mechanism to ensure women have *timely* access to abortion care. The examination of the

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S. v. Poland, (28/09/2017) available at <https://rm.coe.int/native/0900001680751a47>; Communication from Center for Reproductive Rights in the case of R.R. v. Poland, (02/09/2016) available at <https://rm.coe.int/16806a950f>.

<sup>22</sup> See CM/Del/Dec(2020) 1369/H46-21; see also CM/Del/Dec(2019), 1340/H46-31.

<sup>23</sup> See Communication from the authorities (02/10/2020) in the cases of R.R. and TYSIAC v. Poland (Applications No. 27617/04, 5410/03), DH-DD(2020)863; Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19, p. 5-6.

<sup>24</sup> Reply from the Commissioner for Patients' Rights to the Federation for Women and Family Planning, 30 December 2020, RzPP-DPR-WPL.0133.33.2020.UM. A copy of the letter is attached to this submission.

<sup>25</sup> *Id.*

<sup>26</sup> Reply from the Commissioner for Patients' Rights to the Federation for Women and Family Planning, 23 December 2019, RzPP-DPR-WPL.0133.42.2019.KBI.

complaints by the Medical Board took an extremely long time, given that time is of the essence for women considering or seeking legal abortion care and related medical services. As a result, some women who had filed the complaints to the Medical Board decided to seek legal abortion care in other health facilities before the decision in their case was issued. In 2020, the Federation for Women and Family Planning assisted Mrs. *D. Sz.* and Mrs. *J. S.*<sup>27</sup> in filing complaints concerning the arbitrary denial of legal abortion care due to the doctor's miscalculation of the duration of their pregnancies. The Medical Board found their complaints admissible; however, since the examination of the complaints had been taking several days, out of the fear that they would not be able to access legal abortion care within the time limit stipulated in the law, both women decided to seek the abortion in another health facility in Poland located around 310 km from their homes. The Medical Board adopted the decisions upholding both complaints only after the women had obtained legal abortion care in the other hospitals. Moreover, both women, as many other women facing barriers in access to legal abortion care in Poland, did not have access to public information on where in the country they could obtain abortion care as the State authorities continue to fail to provide information on the available abortion service providers.

As the Committee of Ministers has repeatedly concluded, the current complaint procedure is inadequate in discharging the State's obligation to establish an effective and timely mechanism for women to enforce their legal rights to reproductive health care. Despite the latest decision of the Committee of Ministers concerning the patient's complaint procedure,<sup>28</sup> the Polish authorities have once again failed to adopt necessary reforms. Until the mechanism is reformed Poland will not have implemented these judgments and provided an effective procedure for women to establish and exercise their right to legal abortion care.

### **3. Refusals of care and enforcement failures continue to impede access to legal abortion care**

As we have repeatedly outlined in our previous submissions,<sup>29</sup> the practice of refusals of care based on the conscience clause by health professionals continue to undermine women's access to legal abortion care in Poland in contravention of the Court's judgments requiring the State to ensure that such refusals do not prevent women from obtaining the reproductive health care to which they are legally entitled.

The invalidation in 2015 by the Constitutional Tribunal's judgment of the referral obligation on health professionals who invoke the conscience clause significantly undermined Poland's

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<sup>27</sup> Personal data on file with the Federation for Women and Family Planning.

<sup>28</sup> CM/Del/Dec(2020)1369/H46-21.

<sup>29</sup> Rules 9.2 and 9.6 - Communication from a NGO (Center of Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08) available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016809a521c](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809a521c); Rule 9.2 Communication from two NGOs (Center for Reproductive Rights and Federation for Women and Family Planning) (22/02/2019) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2019)235; Rule 9.2 Communication from a NGO (Federation for Women and Family Planning, The Center for Reproductive Rights) (24/08/2018) in the cases of P. and S., R.R. and Tysiac v. Poland (Applications No. 57375/08, 27617/04, 5410/03), DH-DD(2018)814; Communication from Center for Reproductive Rights in the case of R.R. v. Poland, (02/09/2016) available at <https://rm.coe.int/16806a950f>.



compliance with the Court's judgments. However, a series of other shortcomings in the regulation and enforcement of refusals of care based on the conscience clause also continue to impede compliance with the Court's judgment and the Committee of Ministers' decisions.

The Committee of Ministers has previously called on the Polish authorities to establish in secondary legislation a duty on health facilities to refer a woman who has been refused abortion care based on the conscience clause to another facility which will provide the service. In March 2020, the Committee of Ministers specifically encouraged Polish authorities to adopt the amendment to "the Medical Professions Act so as to provide explicitly that a healthcare provider has an obligation to provide information to patients on how to obtain healthcare services which were not performed due to the use of the conscience clause."<sup>30</sup> In 2020, the Parliament debated amendments to the Medical Professions Act<sup>31</sup> that included a proposal to establish an obligation on health facilities to refer patients to another physician or health facility that can provide the service if they have been refused health care by a physician in the health facility based on the conscience clause. However, this proposal was ultimately rejected by the Sejm and in particular by the members of the governmental coalition parties.<sup>32</sup>

In addition, the amendments to the Medical Professions Act adopted by the Sejm last year have removed an obligation requiring a doctor who invoked the conscience clause to justify the refusal in the medical records. The doctor invoking the conscience clause is still obliged to note it down in the medical records.<sup>33</sup>

Furthermore, evidence to date demonstrates entrenched disregard by health professionals and institutions for legal obligations and failures to apply the law pertaining to women's entitlement to legal abortion services and the regulations regarding refusals of care based on the conscience clause. In particular, we recall that a number of hospitals continue to institutionally refuse to provide abortion care on grounds of conscience in contravention of Polish law. State authorities have taken no measures to sanction these breaches and hold health facilities accountable. Furthermore, there continue to be entire regions of Poland where legal abortion care is inaccessible as no health facilities or professionals are providing the care. For example, in 2018 and 2019 no abortions were performed in Podkarpackie voivodship, a region with a population of women of reproductive age of more than 500,000. In this region more than 3,000 doctors signed the conscience clause declaration attesting to their unwillingness to perform legal abortions.<sup>34</sup> Recent research found that only one hospital in Rzeszów, the capital city of that region, declared that in principle it does offer abortion services while four other hospitals declared they do not provide legal abortion services.<sup>35</sup>

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<sup>30</sup> CM/Del/Dec(2020)1369/H46-20, point 4.

<sup>31</sup> Projekt ustawy o zmianie ustawy o zawodach lekarza i lekarza dentystry oraz niektórych innych ustaw. Print no. 172, <http://orka.sejm.gov.pl/Druki9ka.nsf/0/D7FDC1A357FE57C4C12584F6003ABEF4/%24File/172.pdf>.

<sup>32</sup> See Głosowanie nr 97 na 14. posiedzeniu Sejmu, 16.07.2020, <http://www.sejm.gov.pl/Sejm9.nsf/agent.xsp?symbol=glosowania&NrKadencji=9&NrPosiedzenia=14&NrGlosowania=97>.

<sup>33</sup> Ustawa z dnia 16 lipca 2020 r. o zmianie ustawy o zawodach lekarza i lekarza dentystry oraz niektórych innych ustaw, <http://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20200001291/O/D20201291.pdf>.

<sup>34</sup> Madeline Roache, *Poland Is Trying to Make Abortion Dangerous, Illegal, and Impossible*, FOREIGN POLICY (Jan. 8, 2019), available at <https://bit.ly/2rzWvZa>.

<sup>35</sup> See the results of monitoring conducted by the Federation for Women and Family Planning, available at <https://federa.org.pl/dostepnosc-aborcji-rzeszow/>.

The State has again argued that health facilities that have signed contracts with the National Health Fund are obliged to provide all medical services included therein and to indicate another health facility that will provide the services refused based on the conscience clause.<sup>36</sup> However, the State is failing to monitor whether health facilities are in fact providing the contracted services, and to pursue accountability for contract breaches as further discussed below. Moreover, the legislation in force fails to provide for an explicit referral obligation in cases of health professionals' refusals of care based on the conscience clause. Polish authorities are not currently monitoring the practice of refusals of care by health professionals which would enable it to organize its health system in a manner that would ensure that women can in practice obtain the reproductive health services to which they are legally entitled, as required by the Court's judgments.

Furthermore, the State authorities' claim that "it is impossible to compile a list of hospitals that refuse to perform the procedure of pregnancy termination in connection with the so called conscience clause invoked by the medical personnel" because the physician can invoke the clause on an *ad hoc* basis,<sup>37</sup> only underlines the arbitrary regulation and enforcement of refusals of care in Poland which fails to provide any legal certainty to women. The State should establish effective systems to monitor the number and location of health professionals who invoke the conscience clause, whether systematically or on an *ad hoc* basis.<sup>38</sup>

Finally, the Polish authorities again indicate that the above-mentioned complaint procedure is also applicable to situations where health professionals refuse legal reproductive health care on grounds of the conscience clause.<sup>39</sup> However, as we have emphasized in previous submissions, the complaint procedure is similarly wholly inapplicable to situations in which women are refused legal abortion care on grounds of conscience or religion,<sup>40</sup> and Poland's claim that the complaint procedure can currently be used to challenge refusals of care based on the conscience clause is misleading. Since doctors have an entitlement under Polish law to refuse care on grounds of conscience or religion, it is unclear on what basis a complaint could be made by women seeking to enforce their right to legal reproductive health care when doctors invoke the conscience clause.

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<sup>36</sup> Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19, p. 4, 8.

<sup>37</sup> Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19, p. 5.

<sup>38</sup> For information on minimum measures that States should adopt under international human rights law where they choose, as a matter of domestic law or policy, to allow medical professionals to refuse to provide care, see Center for Reproductive Rights, *Addressing Medical Professionals' Refusals to Provide Abortion Care on Grounds of Conscience or Religion: European Human Rights Jurisprudence on State Obligations to Guarantee Women's Access to Legal Reproductive Health Care* (2018),

[https://reproductiverights.org/sites/default/files/documents/GLP\\_Refusals\\_FS\\_Web.pdf](https://reproductiverights.org/sites/default/files/documents/GLP_Refusals_FS_Web.pdf). See also *Grimmark v. Sweden* (2020) App. No. 43726/17; *Steen v. Sweden* (2020) App. No. 62309/17.

<sup>39</sup> Communication from the authorities (02/10/2020) in the cases of R.R. and TYSIAC v. Poland (Applications No. 27617/04, 5410/03), DH-DD(2020)863.

<sup>40</sup> See Rules 9.2 and 9.6 - Communication from a NGO (Center of Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08) available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016809a521c](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809a521c); Communication from Center for Reproductive Rights and Federation for Women and Family Planning in the case of R.R. v. Poland, (02/09/2016) available at <https://rm.coe.int/16806a950f>.

#### **4. Inadequate information on how women and adolescent girls can exercise their right to legal abortion services**

The applicants in all three cases faced obstacles in access to legal reproductive health services as a result of contradictory or even misleading information about the requirements they had to fulfil and the procedures they had to follow.

However, the State has again provided no information on measures taken or envisaged to ensure that women and adolescent girls seeking lawful abortion care receive appropriate and adequate information on how to exercise their right to lawful abortion.

There are currently no comprehensive guidelines in place for health facilities and professionals on the provision of information about legal abortion care, the requirements and steps that patients must follow, and where legal abortion services can be obtained throughout Poland. The absence of such guidelines has resulted in some health facilities imposing additional requirements on women seeking legal abortion care without any basis in law. In 2019, the Federation for Women and Family Planning undertook an update of its 2016 assessment<sup>41</sup> of access to legal abortion in hospitals in Poland's largest cities.<sup>42</sup> In 2020, this assessment was undertaken in three cities (Trójmiasto,<sup>43</sup> Zachodniopomorskie,<sup>44</sup> and Lublin<sup>45</sup>). The assessment has indicated that in every region there has been at least one hospital that has not provided legal abortion at all or that has arbitrarily refused to provide legal abortion care. Additionally, information received from hospitals indicated that they impose many barriers and requirements that have no basis in law. Such requirements include mandatory psychological consultation in the perinatal hospice, additional medical tests and repetitive medical examinations, provision of certificates and approvals that are difficult to obtain such as a certificate from the National Consultant for Gynecology and Obstetrics or the approval of the Bioethical Commission, and convening medical consultations within health facilities to ascertain the woman's eligibility for legal abortion care.

Furthermore, the Federation for Women and Family Planning's assessment has also shown that women continue to encounter many barriers in access to necessary and essential information about how and where to access legal abortion care. In 2020 alone the Federation for Women and Family Planning intervened in over 150 cases concerning arbitrary denial of legal abortion services or the imposition of additional unlawful barriers in access to legal abortion. Some women who qualified for legal abortion services in Poland nevertheless decided to travel to another jurisdiction to access safe and legal care and avoid humiliation, delays and risk of denial of care in Polish hospitals.

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<sup>41</sup> Federation for Women and Family Planning, *Dzień dobry, chcę przerwać ciążę – o procedurach dostępu do legalnej aborcji w polskich szpitalach*, available at <https://federa.org.pl/raport-dzien-dobry-chce-przerwac-ciaze-o-procedurach-dostepu-do-legalnej-aborcji-w-polskich-szpitalach/>.

<sup>42</sup> Federation for Women and Family Planning, available at <https://federa.org.pl/dostepnosc-aborcji-warszawa/>; <https://federa.org.pl/dostepnosc-terminacji-ciazy-olsztyn/>; <https://federa.org.pl/dostepnosc-aborcji-rzeszow/>.

<sup>43</sup> Federation for Women and Family Planning, available at <https://federa.org.pl/dostepnosc-aborcji-trojmiasto/>.

<sup>44</sup> Federation for Women and Family Planning, available at <https://federa.org.pl/dostepnosc-aborcji-zachodniopomorskie/>.

<sup>45</sup> Federation for Women and Family Planning, available at <https://federa.org.pl/dostepnosc-aborcji-lublin/>.

While the Recommendations<sup>46</sup> of national consultants in the field of obstetrics, gynaecology and perinatology concerning care for women seeking lawful abortion seek to support patients' rights, they have raised concerns in practice. For example, the Recommendations outline that abortion care should be provided by local hospitals. In practice this has been interpreted by some hospitals to mean that they should be providing abortion care only to women who have a residency in the town where the hospital is located. Furthermore, since the Recommendations are not legally binding, it appears that many hospitals do not follow them.

The absence of comprehensive guidelines for health facilities and professionals, public information campaigns, leaflets for women seeking legal abortion care or any other measures that would provide women with accessible information on how they can exercise their right to legal abortion care and where this care is available, means that Poland has not implemented a key requirement arising from the Court's judgments and the Committee of Ministers' decisions.

## **5. Failures to enforce National Health Fund contracts**

In its latest submission, Poland again outlines how health facilities have obligations under contracts with the National Health Fund to provide legal abortion services and that failures to do so may result in initiation of clarification procedures.<sup>47</sup>

However, research conducted by civil society indicates that a significant number of health facilities are not providing legal abortion services and would therefore in principle be in breach of their contractual obligations to the National Health Fund. In 2019, legal abortions were provided by only 10% of the health facilities contracted by the National Health Fund to provide legal abortion services.<sup>48</sup> However, no effective measures have been taken by the State to establish monitoring mechanisms for ensuring compliance with these contracts and that shortcomings in compliance are addressed to hold those responsible accountable.

Furthermore, the National Health Fund has demonstrated limited interest in investigating reports of violations of contractual obligations. In 2019, the Federation for Women and Family Planning sent a letter to the National Health Fund outlining information obtained directly from hospitals regarding the additional barriers and requirements that many hospitals impose on women seeking legal abortion care without any basis in law. The National Health Fund replied that it only investigates complaints from individual patients.<sup>49</sup> In 2019, the Federation for Women and Family Planning filed an individual complaint to the National Health Fund on behalf of a woman who was denied legal abortion care with reference to the conscience clause and who was not referred to an alternative provider or facility. The National Health Fund replied that it does not address cases regarding the

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<sup>46</sup> Recommendations of 8 May 2019 of national consultants in the field of obstetrics, gynaecology and perinatology, concerning the care of patients who decide to terminate the pregnancy in circumstances indicated in the Act of 7 January 1993 on family planning, human foetus protection, and conditions of legal pregnancy termination, [https://federa.org.pl/wp-content/uploads/2019/02/zalecenia\\_konsultant%C3%B3w\\_krajowych\\_terminacja\\_ci%C4%85%C5%BCy.pdf](https://federa.org.pl/wp-content/uploads/2019/02/zalecenia_konsultant%C3%B3w_krajowych_terminacja_ci%C4%85%C5%BCy.pdf).

<sup>47</sup> Communication from the authorities (04/01/2021) in the case of P. and S. v. Poland (Application No. 57375/08), DH-DD(2021)19, p. 4.

<sup>48</sup> Federation of Women and Family Planning, available at <https://federa.org.pl/terminacja-ciazy-2019/>.

<sup>49</sup> Replies addressed to the Federation for Women and Family Planning from the National Health Fund, DK-WŚ.401.1.2020, DK-WŚ.401.2.2020, DK-WŚ.401.3.2020, DK-WŚ.401.4.2020.

conscience clause, albeit it indicated that a failure of the head of the hospital to refer the patient to another health facility resulted in a breach of the contract. However, no sanction was imposed for the breach.

In the latest submission, the State authorities provide that the Lubelski Branch of the National Health Fund “reminded hospitals located in the voivodship area of the regulations in force in this regard and obliged their directors to provide comprehensive services within their entities.”<sup>50</sup> The submission, however, does not provide any information on the impact of this reminder on the provision of legal abortion care by health facilities. According to information gathered by the Federation for Women and Family Planning, five out of six hospitals in Lublin did not provide legal abortions at all in 2018 and 2019, a city with a population of women of reproductive age of more than 80,000. In the absence of information from the State on the impact of the Lubelski Branch’s reminder and considering that this seems to be an action of one branch of the National Health Fund only, it appears that actions by the National Health Fund have been ineffective and inadequate in ensuring the provision of legal abortion care by health facilities across Poland.

Furthermore, as we have previously emphasized in our submissions,<sup>51</sup> it is entirely inappropriate and misleading to suggest that women seeking urgent access to legal abortion care could viably seek to complain about contractual breaches as a mechanism to enforce their legal entitlements to abortion care. The possibility to make a complaint to the National Health Fund seeking the institution of “clarification proceedings” does not in any way constitute an effective remedy for women seeking to enforce their legal right to abortion care. Not only does the decision to issue clarification proceedings rest entirely at the discretion of the Fund, but the process may be lengthy and will only take place *post facto* and cannot result in the timely issuance of an order to provide legal abortion care to a woman or adolescent girl. As such, it is by its very nature wholly ineffective as a mechanism by which women and adolescent girls can enforce entitlements to legal abortion services in a timely and preventative manner.<sup>52</sup>

## **6. Ensuring respect for patient data confidentiality and respectful treatment of adolescents seeking legal abortion services**

As further elaborated in our 2020 submission, the State has taken no measures to ensure accountability for the breaches of patient data confidentiality or to redress the serious oversight and enforcement failures that led to the breaches of medical confidentiality in the *P. and S.* case. Despite the gravity of the breaches of patient confidentiality in the case, no measures have been taken to hold accountable those responsible or to prevent similar breaches in the future. Furthermore, no targeted training programs or other preventative measures have been put in place to prevent similar violations in the future.

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<sup>50</sup> Communication from the authorities (04/01/2021) in the case of *P. and S. v. Poland* (Application No. 57375/08), DH-DD(2021)19, p. 5.

<sup>51</sup> Rule 9.2 Communication from two NGOs (Center for Reproductive Rights and Federation for Women and Family Planning) (22/02/2019) in the case of *P. and S. v. Poland* (Application No. 57375/08), DH-DD(2019)235; Rules 9.2 and 9.6 - Communication from a NGO (Center of Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of *R.R., TYSIAC and P. and S. v. Poland* (Applications No. 27617/04, 5410/03, 57375/08) available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016809a521c](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809a521c).

<sup>52</sup> *Tysiac v. Poland*, App. No. 5410/03, para. 118.

In its 2019 decision, the Committee of Ministers called on the Polish authorities to adopt measures to enhance the effective implementation of existing mechanisms for protection of patient data confidentiality. However, the Polish authorities have adopted no such measures to date.

Furthermore, the State authorities have provided no information on measures adopted or envisaged to specifically address the situation and needs of adolescents seeking legal abortion care who are particularly vulnerable. This requires the adoption of targeted and specific measures including guidelines and training programs for health professionals.

Instead of adopting positive measures to address the particular situation and needs of adolescents, Polish authorities continue to consider regressive measures that would jeopardize access to reproductive health information and education for adolescents. A draft bill known as “Stop Pedophilia” is still pending before the Polish Sejm.<sup>53</sup> The draft bill is the result of a civic initiative led by “Pro-Right to Life” and proposes to amend Art. 200b of the Penal Code.<sup>54</sup> The bill seeks to ban “demoralization and sexualization of children.”<sup>55</sup> The proposed amendment would threaten all persons – doctors, educators, teachers, health professionals - who are engaged in providing any form of sexuality education, information or sexual and reproductive health care to adolescents with a 3-year prison sentence. If endorsed, this draft amendment would deprive adolescents of access to information and education about their sexuality and could further undermine their access to sexual and reproductive health information and services.

## **7. Recent regressive developments concerning Poland’s abortion law**

On 22 October 2020, Poland’s Constitutional Tribunal considered a petition challenging the provision of the 1993 Act<sup>56</sup> allowing for abortion in situations of “a high risk of severe and irreversible fetal defect or incurable illness that threatens the fetus’ life” as inconsistent with Art. 38 in conjunction with Art. 30 in conjunction with Art. 31 sec. 3 of the Constitution of the Republic of

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<sup>53</sup> Obywatelski projekt ustawy o zmianie ustawy z dnia 6 czerwca 1997 r. – Kodeks Karny (Druk nr 3751), <http://orka.sejm.gov.pl/Druki8ka.nsf/0/4094EBA51C8F3D31C1258455004AC1BF/%24File/3751.pdf>. In April 2020 the Sejm debated the draft bill and decided to send it to two parliamentary commissions for further debate.

<sup>54</sup> Art. 200b §1. Whoever publicly promotes or approves of the pedophile behavior is subject to a fine, the penalty of restriction of liberty or the penalty of deprivation of liberty for up to 2 years. §2. The same punishment shall be imposed on anyone who publicly propagates or approves of the minors' sexual intercourse. §3. If the perpetrator commits the act specified in §2 by means of mass communication, he/she shall be subject to the penalty of deprivation of liberty for up to 3 years. §4. The proposed amendment reads: “Whoever promotes or approves of a minor undertaking sexual intercourse or other sexual activity, acting in connection with his occupation or professional activities related to upbringing, education, treatment or care of minors or acting on the premises of a school or other establishment or educational institution, is subject to the penalty of deprivation of liberty for up to 3 years.” See <https://bit.ly/2JkH10L>.

<sup>55</sup> See the substantiation for the “Stop Pedophilia” draft bill (p. 3, 5, 7, 8), available at <http://orka.sejm.gov.pl/Druki9ka.nsf/0/B43A98E392CAAB89C12584BA004470EB/%24File/39.pdf>; the analysis by the Legal Culture Institute “Ordo Iuris”: <https://ordoiuris.pl/rodzina-i-malzenstwo/analiza-projektu-zlozonego-przez-komitet-inicjatywy-ustawodawczej-stop>.

<sup>56</sup> Act of 7 January 1993 on Family Planning, Human Foetus Protection, and Conditions of Legal Pregnancy Termination, Art. 4a sec. 1 point 2.

Poland filed by members of the Polish Sejm and formally supported by the Prosecutor General. The Tribunal announced that it considered those provisions unconstitutional.<sup>57</sup>

The independence and legitimacy of Poland's Constitutional Tribunal as an effective means of constitutional review of Polish law has been severely undermined by reforms taken since 2015. The Tribunal can no longer be considered an "independent and impartial court." The European Commission has noted that, "the constitutionality of Polish laws can no longer be effectively guaranteed. The judgments rendered by the Tribunal under these circumstances can no longer be considered as providing an effective constitutional review."<sup>58</sup> The Parliamentary Assembly of the Council of Europe in its resolution adopted in January 2021 reiterated that "the 'constitutional crisis' has not been resolved and the Constitutional Tribunal seems to be firmly under the control of the ruling authorities, preventing it from being an impartial and independent arbiter of constitutionality and the rule of law."<sup>59</sup> The Venice Commission and the European Union institutions have also criticized the Polish government's interference with the Tribunal.<sup>60</sup>

On 27 January 2021, the Tribunal's announcement was published in the Journal of Laws and will result in a *de facto* ban on abortion care in Poland. It will result in even greater barriers in access to legal abortion care for women in Poland. Therefore, it will gravely harm women, violate their human rights, and further undermine Poland's international human rights obligations including the principle of non-retrogression.

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<sup>57</sup> The Constitutional Tribunal of Poland, Case no. K 1/20 (2020),

[https://ipo.trybunal.gov.pl/ipo/view/sprawa.xhtml?&pokaz=dokumenty&sygnatura=K%201/20#komparycja\\_20359](https://ipo.trybunal.gov.pl/ipo/view/sprawa.xhtml?&pokaz=dokumenty&sygnatura=K%201/20#komparycja_20359).

<sup>58</sup> Reasoned Proposal for a Council decision on the determination of a clear risk of a serious breach by the Republic of Poland of the rule of law (COM/2017/0835 final - 2017/0360 (NLE)), paras. 92-113 and 175(1).

<sup>59</sup> Parliamentary Assembly of the Council of Europe, Judges in Poland and in the Republic of Moldova must remain independent, Resolution 2359 (2021) Provisional Version, point 12.1, <https://pace.coe.int/en/files/29000/html>.

<sup>60</sup> See, e.g., European Commission, 2020 Rule of Law Report Country Chapter on the rule of law situation in Poland, SWD(2020) 320 final (30 September 2020), p. 3, <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1602579986149&uri=CELEX%3A52020SC0320>; European Parliament resolution of 26 November 2020 on the *de facto* ban on the right to abortion in Poland (2020/2876(RSP)).

## Annex 1

**Official statistics on legal abortions in 1993 – 2019 by indications for abortion<sup>61</sup>**

Year	Total number	Reasons for legal abortion			
		Social reasons	Risk to a woman's life or health	Serious fetal impairment	Pregnancy resulting from unlawful act
1993	685	–			
1994	782	–	689	74	19
1995	559	–	519	33	7
1996	505	–	457	40	8
1997	3,047	2,524 <sup>62</sup>	409	107	7
1998	310	–	211	46	53
1999	151*	–	94	50	1
2000	138	–	81	55	2
2001	124	–	63	56	5
2002	159	–	71	82	6
2003	174	–	59	112	3
2004	193	–	62	128	3
2005	225	–	54	168	3
2006	340	–	82	246	12
2007	322	–	37	282	3
2008	499	–	32	467	0
2009	538	–	27	510	1
2010	641	–	27	614	0
2011	669	–	49	620	0
2012	752	–	50	701	1
2013	744	–	23	718	3
2014	971	–	48	921	2
2015	1,040	–	43	996	1
2016	1,098	–	55	1,042	1
2017	1,057	–	22	1,035	0
2018	1,076	–	25	1,050	1
2019	1,110	–	33	1,074	3

\* Although the Government's report indicates the total number of abortions for 1999 as 151, the number of abortions listed under each ground only totals 145.

<sup>61</sup> Annual reports of the Council of Ministers on the implementation and the effects of application in the years 1994-2018 of the Act of 1993. Center of Healthcare Information Systems (data of 2020); the Information from the Center of Healthcare Information Systems on the number of legal abortions in 2019 on file with the Federation for Women and Family Planning, <https://federa.org.pl/terminacja-ciazy-2019/>.

<sup>62</sup> In 1997, amendments to the 1993 Act that permitted abortion on social grounds were briefly in force from 4 January 1997 until they were invalidated by the Constitutional Tribunal in May 1997.



## Annex 2

**Prenatal tests by age of women and voivodship (2018)<sup>63</sup>****Tabela nr 17. Realizacja programu badań prenatalnych w 2018 r. (w podziale na województwa, liczbę i wartość udzielonych świadczeń oraz liczbę osób objętych programem)**

Nazwa Oddziału Wojewódzkiego NFZ	Liczba pacjentek			Wartość rozliczonych świadczeń (w zł)			Liczba świadczeniodawców
	do 35 lat	35 r. ż. i powyżej	Razem	do 35 lat	35 r. ż. i powyżej	Razem	
DOLNOŚLĄSKI	2 688	4 392	7 080	1 735 693	2 857 833	4 593 526	9
KUJAWSKO-POMORSKI	4 352	2 543	6 895	3 618 782	2 160 664	5 779 446	6
LUBELSKI	724	2 195	2 919	442 989	1 361 541	1 804 530	4
LUBUSKI	2 824	1 174	3 998	1 673 449	795 604	2 469 053	5
ŁÓDZKI	1 876	3 491	5 367	1 387 289	2 519 440	3 906 729	7
MAŁOPOLSKI	3 551	4 627	8 178	2 443 864	3 331 068	5 774 932	5
MAZOWIECKI	3 411	6 324	9 735	2 942 511	5 228 453	8 170 964	19
OPOLSKI	1 313	1 089	2 402	771 252	811 782	1 583 034	2
PODKARPACKI	1 832	2 592	4 424	1 041 730	1 558 890	2 600 620	3
PODLASKI	731	1 813	2 544	596 286	1 357 897	1 954 183	1
POMORSKI	1 696	2 805	4 501	1 137 655	2 015 677	3 153 332	5
ŚLĄSKI	20 494	8 153	28 647	11 509 587	5 168 420	16 678 007	37
ŚWIĘTOKRZYSKI	1 501	1 518	3 019	813 341	940 989	1 754 330	3
WARMIŃSKO-MAZURSKI	1 066	1 486	2 552	524 736	910 854	1 435 590	2
WIELKOPOLSKI	6 577	3 979	10 556	3 442 018	2 411 103	5 853 121	11
ZACHODNIOPOMORSKI	974	2 569	3 543	723 971	1 786 812	2 510 784	2
<b>RAZEM:</b>	<b>55 610</b>	<b>50 750</b>	<b>106 360</b>	<b>34 805 154</b>	<b>35 217 026</b>	<b>70 022 180</b>	<b>121</b>

Źródło: Centrala Narodowego Funduszu Zdrowia

<sup>63</sup> Report of Council of Ministers on the implementation and effects in 2018 of the Act of 1993.