Committee on Economic, Social and Cultural Rights
80th session
List of issues in relation to the fourth periodic report of Slovakia

Joint submission by Freedom of Choice (Možnosť voľby), InTYMYta, and the Center for Reproductive Rights

3 September 2026

Freedom of Choice (Možnosť voľby),[1] InTYMYta,[2] and the Center for Reproductive Rights[3] respectfully present this submission to the Committee on Economic, Social and Cultural Rights ("the Committee") for its consideration with regard to the List of Issues on Slovakia under the International Covenant on Economic, Social and Cultural Rights ("ICESCR").

In its most recent concluding observations on Slovakia, issued in 2019, the Committee recommended that the State party adopt a range of measures to ensure access to quality, affordable sexual and reproductive health care services and evidence-based information, and introduce mandatory, age-appropriate sexual and reproductive health education at all levels of schooling. The Committee also urged Slovakia to avoid any further retrogression in relation to women's sexual and reproductive health and rights.[4] Slovakia has yet to take meaningful action to fully and effectively implement these recommendations. At the same time, repeated attempts to restrict or roll back sexual and reproductive rights have continued, further undermining access to sexual and reproductive health care and information.

This submission highlights serious concerns about Slovakia's compliance with Articles 2(2), 3, 12(1), and 15(1)(b) of the ICESCR as a result of longstanding and ongoing failures to guarantee full enjoyment of sexual and reproductive rights and access to affordable, quality sexual and reproductive health care. These concerns are compounded by the shrinking civic space, which has hindered the ability of human rights defenders, including those working on sexual and reproductive health and rights, to operate effectively and without fear or intimidation.[5] The submission focuses specifically on barriers to access to abortion care and

[1] Možnosť voľby (Freedom of Choice) is a feminist advocacy organization established in 2001 to protect and advance sexual and reproductive health and rights in Slovakia. Its activities also focus on the promotion and advancement of gender equality and prevention of gender-based violence; http://moznostvolby.sk.
[2] InTYMYta (formerly the Slovak Family Planning Association) is a non-profit organization, established in 1991, dedicated to relationship and sexuality education. Its primary activities focus on promoting and delivering relationship and sexuality education to youth, teachers, parents and the public; https://www.intymyta.sk.
[3] The Center for Reproductive Rights is a global legal advocacy non-governmental organization dedicated to the advancement of reproductive freedom as a fundamental human right that all governments are legally obliged to protect, respect, and fulfill; https://reproductiverights.org.
[4] Committee on Economic, Social and Cultural Rights (ESCR Committee), *Concluding observations: Slovakia*, paras. 42-43, E/C.12/SVK/CO/3 (2019).
[5] Amnesty International, *Slovakia: Human rights defenders under the weight of attacks: Continuing erosion of civic space in Slovakia* (2026), https://www.amnesty.org/en/documents/eur72/1095/2026/en/.

contraception, as well as gaps in the provision of comprehensive sexuality education in schools.[6]

I. Retrogression on SRHR protections

In September 2025, the Slovak Parliament adopted amendments to the Slovak Constitution that significantly undermine the protection and enjoyment of fundamental human rights, in particular economic, social and cultural rights.[7] The amendments, which entered into force in November 2025, contain provisions seeking to restrict the application of European Union law and international human rights treaties ratified by the Slovak Republic in a wide range of areas, including private and family life, healthcare, and education. Framed as measures to protect national identity, the amendments in practice disproportionately affect the fundamental rights of marginalized groups, notably children, women, and LGBTIQ+ persons. In particular, the amendments jeopardize sexual and reproductive rights by undermining established non-discrimination safeguards and risking restrictions on access to essential reproductive healthcare and comprehensive, age-appropriate sexuality education.

The adopted amendments erode the effective protection of fundamental rights and are incompatible with Slovakia's obligations under both EU law and international human rights frameworks, as evidenced by the European Commission's subsequent launch of infringement proceedings and the grave concerns expressed by numerous European and international human rights mechanisms.[8]

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[6] For information on Slovakia's implementation of the International Covenant on Economic, Social and Cultural Rights in other areas, please see *Written Submission of the Human Rights Coalition* (Sept. 2026).

[7] Ústavný zákon č. 255/2025 Z.z., ktorým sa mení a dopĺňa Ústava Slovenskej republiky č. 460/1992 Zb. v znení neskorších predpisov, https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2025/255/20251101.

[8] On 21 November 2025, the European Commission launched an infringement procedure against Slovakia over these amendments, citing alleged violation of "the principle of the primacy of EU law, which is a fundamental element of the EU legal order, together with the principles of autonomy, effectiveness, and uniform application of Union law.". *See*: European Commission, November infringements package: key decisions, 21 Nov. 2025, https://ec.europa.eu/commission/presscorner/detail/en/inf_25_2481; 2026 Rule of Law Report, Country Chapter on the rule of law situation in Slovakia (SWD(2026) 925 final, 17 July 2026), p. 19, https://commission.europa.eu/publications/2026-rule-law-report-communication-and-country-chapters_en. The Council of Europe Commissioner for Human Rights, the Venice Commission, the EU Agency for Fundamental Rights, and several UN Special Rapporteurs had also expressed grave concerns over these harmful amendments. *See* Council of Europe Commissioner for Human Rights, *Slovak Republic: Parliament should not adopt Constitutional amendments that undermine human rights*, 13 June 2025, https://www.coe.int/en/web/commissioner/-/slovak-republic-parliament-should-not-adopt-constitutional-amendments-that-undermine-human-rights; Venice Commission, *Urgent Opinion on the Draft Amendments to the Constitution*, 21 Sept. 2025, https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-PI(2025)011-e; EU Agency for Fundamental Rights, *FRA statement on recent developments affecting fundamental rights in the EU*, 7 Oct. 2025, https://fra.europa.eu/en/news/2025/fra-statement-recent-developments-affecting-fundamental-rights-eu; Mandates of the Special Rapporteur on the right to education; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on the right to privacy; the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity and the Working Group on discrimination against women and girls, *Letter to the Government of Slovakia*, 1 Sept. 2025, https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=30299.

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

Since 2018, over 30 regressive legislative proposals seeking to restrict access to abortion care have been tabled in the Slovak Parliament. These proposals have sought to impose various restrictions, from introducing new medically unnecessary requirements for access, reducing the time limit for abortion on request, prohibiting public provision of evidence-based information on abortion, to banning abortion on request or introducing a near-total ban on abortion.[9]

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

Since 1986, Slovak law has permitted abortion on request up to 12 weeks of pregnancy, and thereafter, if a woman's life is in danger or in cases of fetal impairment.[10] However, as the research conducted by the Freedom of Choice in 2021 demonstrates, a range of legal, financial, and practical barriers continue to make it difficult for many women in Slovakia to access quality abortion care in a timely manner.[11]

Retrogressive legislative barriers: In 2009, retrogressive legislative barriers to abortion were introduced into Slovak law with the purpose of deterring women from accessing abortion care.[12] Those include:

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[9] *See* Parlamentná tlač 961 zo dňa 23. 4. 2018; Parlamentná tlač 1045 zo dňa 13. 6. 2018; Parlamentná tlač 1146 zo dňa 27. 9. 2018; Parlamentná tlač 1256 zo dňa 7. 1. 2019; Parlamentná tlač 1258 zo dňa 8. 1. 2019; Parlamentná tlač 1580 zo dňa 20. 8. 2019; Parlamentná tlač 1652 zo dňa 23. 8. 2019; Parlamentná tlač 1633 zo dňa 23. 8. 2019; Parlamentná tlač 1625 zo dňa 23. 8. 2019; Parlamentná tlač 1729 zo dňa 27. 9. 2019; Parlamentná tlač 1731 zo dňa 27. 9. 2019; Parlamentná tlač 145 zo dňa 17. 6. 2020; Parlamentná tlač 143 zo dňa 17. 6. 2020; Parlamentná tlač 144 zo dňa 17. 6. 2020; Parlamentná tlač 154 zo dňa 19. 6. 2020; Parlamentná tlač 228 zo dňa 28. 8. 2020; Parlamentná tlač 404 zo dňa 19. 1. 2021; Parlamentná tlač 566 zo dňa 27. 5. 2021; Parlamentná tlač 595 zo dňa 28. 5. 2021; Parlamentná tlač 665 zo dňa 31. 8. 2021; Parlamentná tlač 982 zo dňa 8. 4. 2022; Parlamentná tlač 989 zo dňa 8. 4. 2022; Parlamentná tlač 990 zo dňa 8. 4. 2022; Parlamentná tlač 1250 zo dňa 30. 9. 2022; Parlamentná tlač 1370 zo dňa 13. 1. 2023; Parlamentná tlač 1369 zo dňa 13. 1. 2023; Pozmeňujúci návrh tlač 1404 zo dňa 23. 03. 2023; Parlamentná tlač 593 zo dňa 6. 11. 2024; Parlamentná tlač 843 zo dňa 9.5.2025; Parlamentná tlač 845 zo dňa 9.5.2025.

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

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

[12] *See* Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov v znení zákona č. 345/2009 Z.z. [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and Amending and Supplementing Certain Acts *as amended by* Act No. 345/2009 Coll. of Laws] (Slovk.) [hereinafter Healthcare Act, No. 576/2004 *as amended*

(a) **Mandatory waiting periods:** In 2009, the Slovak Parliament adopted a legislative amendment to the Healthcare Act introducing a 48-hour mandatory waiting period prior to abortion on request.[13] Previously, women in Slovakia seeking abortion on request did not have to observe a mandatory waiting delay.

(b) **Biased information requirements:** The 2009 amendment also requires that women receive information outlining: "the physical and psychological risks," associated with abortion;[14] "the current development stage of the embryo or fetus," and "alternatives to abortion" such as adoption, and support in pregnancy from civic and religious organizations.[15] This information must be provided to all patients prior to abortion, and they are not able to refuse it.[16] These requirements were introduced with the explicit goal of dissuading women from obtaining abortion services, "in favor of the life of an unborn child."[17]

(c) **Confidentiality concerns:** The 2009 amendment also requires doctors to send a report to the National Health Information Centre confirming that each woman seeking

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by Act No. 345/2009], s. 6b, 6c; Vyhláška MZ SR č. 417/2009 Z. z., ktorou sa ustanovujú podrobnosti o informáciách poskytovaných žene a hlásenia o poskytnutí informácií, vzor písomných informácií a určuje sa organizácia zodpovedná za prijímanie a vyhodnocovanie hlásenia [Decree of the Ministry of Health of the Slovak Republic No. 417/2009 Coll. of Laws on Laying Down Details for Information Provided to a Woman, for Notification of the Provision of Information and the Model of Written Information, and Designating an Entity Responsible for the Receipt and Evaluation of Notifications] (Slovk.) [hereinafter Decree No. 417/2009]; National Health Information Center, *Hlásenie o poskytnutí informácii o umelom prerušení tehotenstva,* https://www.nczisk.sk/Documents/statisticke_zistovania/2025/hlasenia_zs/Z9-99.pdf.

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

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

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

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

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

abortion has received mandated information about abortion.[18] The Centre is responsible for receiving and evaluating these reports, as well as for overseeing compliance with the mandatory waiting period.[19] The doctors' reports may contain a woman's personal details and must be submitted before an abortion is performed.[20] This gives rise to a range of confidentiality concerns.

(d) **Parental consent:** In addition, the 2009 amendment extended parental consent requirements to include all adolescent girls under 18.[21]

Financial barriers: Abortion on request is not covered by public health insurance. Research conducted by Freedom of Choice in 2021 found that the average cost of an abortion on request, including all associated fees that a person seeking abortion must pay, is 414 EUR.[22] This represented approximately 26,33% of the average monthly gross income for women in Slovakia for 2024.[23] For many women, therefore, the cost of abortion constitutes a significant, and potentially prohibitive, financial barrier to accessing care.

Information barriers: Women seeking abortion care in Slovakia face difficulties in accessing evidence-based information on abortion and information on available abortion care providers. The Freedom of Choice's 2021 research showed that 67% of women-respondents who received abortion care lacked information on healthcare facilities performing abortions and information on the procedure and its cost.[24]

Unavailability of medication abortion: Medication abortion is currently not available in Slovakia, and abortion can be performed using surgical methods only. The World Health Organization (WHO) recognizes medication abortion as a highly safe and effective method of terminating a pregnancy.[25] Its Abortion Care Guideline note that "[m]edicines for abortion can be safely and effectively administered at a health-care facility or self-administered outside of a facility (e.g. at home) by individuals with a source of accurate information and quality-assured medicines."[26] The Guideline provides evidence-based recommendations on the use of medication abortion, including through telemedicine. Moreover, abortion medication is on WHO's essential medicines list, and human rights bodies have long recognized states' obligation to ensure the availability and accessibility of such medication.[27]

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[18] Healthcare Act, No. 576/2004 *as amended by* Act No. 345/2009, s. 6b(3); Decree No. 417/2009.
[19] Healthcare Act, No. 576/2004 *as amended by* Act No. 345/2009, s. 6c(1); Decree No. 417/2009.
[20] Decree No. 417/2009; National Health Information Center, *Hlásenie o poskytnutí informácii o umelom prerušení tehotenstva,* https://www.nczisk.sk/Documents/statisticke_zistovania/2025/hlasenia_zs/Z9-99.pdf; Healthcare Act, No. 576/2004 *as amended by* Act No. 345/2009, s. 6b(3).
[21] Healthcare Act, No. 576/2004 *as amended by* Act No. 345/2009, s. 6b(4).
[22] B. Holubová (ed.), A. Mesochoritisová, P. Jójárt, *Reproductive healthcare availability in Slovakia - Report on healthcare providers*, pp. 9, 66, 67, http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/.
[23] Statistical Office of the Slovak Republic, *Štruktúra miezd v SR v roku 2024* (2025), p. 48.
[24] P. Jójárt, A. Mesochoritisová, J. Filadelfiová, Z. Faragulová, B. Holubová, *Women's experiences of access to abortion and contraception in Slovakia - Hurdle-race for respectful and safe reproductive health services*, pp. 120-121, https://moznostvolby.sk/skusenosti-zien-s-pristupom-k-interrupciam-a-antikoncepcii-na-slovensku/.
[25] Center for Reproductive Rights, *WHO's New Abortion Guideline: Highlights of Its Law and Policy Recommendations* (March 2022), https://reproductiverights.org/wp-content/uploads/2022/03/CRR-Fact-sheet-on-WHO-Guidelines.pdf.
[26] World Health Organization (WHO), *Abortion Care Guideline* (2022), at xx.
[27] *See e.*g. ESCR Committee, *General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, paras. 13, 49, E/C.12/GC/22 (2016) [hereinafter ESCR Committee, *Gen. Comment No. 22*].

Geographical inaccessibility: The research conducted by Freedom of Choice in 2021 also revealed that only 43% of the 70 monitored healthcare facilities provided abortion care. Access also varied considerably across regions, with some regions having only a very limited number of facilities providing abortion. For example, in the Prešov region, the largest region in Slovakia, only 3 of the 11 monitored healthcare facilities provided abortion. As a result, those seeking abortion care may be required to travel considerable distances to access the services they need.[28]

This Committee, as well as other Treaty Monitoring Bodies, have stressed that States must ensure the availability, accessibility and quality of abortion services, in line with the WHO Abortion Care Guidelines. They have specifically urged Slovakia to remove the mandatory waiting period, biased counseling, and third-party authorization requirements imposed on access to abortion care. They have also called on Slovakia to guarantee the confidentiality of the personal data of women and girls seeking abortion, to ensure that health professionals provide medically accurate, evidence-based and non-stigmatizing information on abortion, and to cover legal abortion, including abortion on request, under public health insurance.[29] This Committee has also explicitly urged Slovakia to refrain from any further retrogression in relation to women's sexual and reproductive health and rights.[30] To date, Slovakia has not adopted measures to implement these recommendations.

III. Financial and information barriers in access to contraceptive services

Financial barriers: In 2011, the Slovak Parliament adopted a law that explicitly prohibits public health insurance coverage of "drugs intended [] *solely for the regulation of conception* (contraceptives)," and coverage of medical devices that are "intended for the regulation of conception."[31] This means that where contraceptives are used exclusively to protect against unintended pregnancies, they cannot be covered under public health insurance. Research conducted by Freedom of Choice in 2021 shows that due to high costs, some women had to stop using contraception entirely or resort to cheaper options.

This Committee, as well as other Treaty Monitoring Bodies, have expressed concerns about the exclusion of modern contraceptives from public health insurance coverage and urged Slovakia to expand public health insurance coverage to include modern contraceptives.[32] To date, Slovakia has not adopted any measures to implement this recommendation.

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[28] B. Holubová (ed.), A. Mesochoritisová, P. Jójárt, *Reproductive healthcare availability in Slovakia - Report on healthcare providers*, pp. 9, 48, http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/.

[29] ESCR Committee, *Concluding Observations: Slovakia*, para. 24, E/C.12/SVK/CO/2 (2012); para. 42(a), (b), (d), E/C.12/SVK/CO/3 (2019); CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(b), (c), (e), (f), CEDAW/C/SVK/CO/5-6 (2015); para. 37(b), (c), CEDAW/C/SVK/CO/7 (2023); CRC Committee, *Concluding Observations: Slovakia*, para. 41(c)–(e), CRC/C/SVK/CO/3-5 (2016).

[30] ESCR Committee, *Concluding Observations: Slovakia*, para. 42, E/C.12/SVK/CO/3 (2019).

[31] *See* Zákon č. 363/2011 Z. z. o rozsahu a podmienkach úhrady liekov, zdravotníckych pomôcok a dietetických potravín na základe verejného zdravotného poistenia a o zmene a doplnení niektorých zákonov [Act No. 363/2011 Coll. of Laws on the Scope and Conditions of Drugs, Medical Devices and Dietetic Foods Coverage by Public Health Insurance and on Amending and Supplementing Certain Acts], s. 16(4)(e)(1), s. 37(5)(c)(6) (Slovk.) [emphasis added].

[32] ESCR Committee, *Concluding Observations: Slovakia*, para. 24, E/C.12/SVK/CO/2 (2012); paras. 41, 42(a), E/C.12/SVK/CO/3 (2019); CEDAW Committee, *Concluding Observations: Slovakia*, paras. 30(b), 31(b), CEDAW/C/SVK/CO/5-6 (2015); paras. 36(b), 37(b), CEDAW/C/SVK/CO/7 (2023); CRC Committee, *Concluding Observations: Slovakia*, paras. 40(c), 41(c), CRC/C/SVK/CO/3-5 (2016).

Information barriers: Many gynecologists do not provide women with adequate information to enable them to make informed decisions about contraception. Instead, they often expect that women already have adequate information and do not proactively inform them about the range of available contraceptive options. Moreover, inadequate communication by health professionals, combined with insufficient sexuality education in schools, has contributed to widespread misinformation about the effects of hormonal contraceptives on women's health.

IV. Harmful refusals of care on grounds of conscience

Refusals of care on grounds of conscience continue to impede access to sexual and reproductive health care in Slovakia. Under the Act on Healthcare, healthcare providers may refuse to provide certain health services, namely abortion, sterilization, and assisted reproduction, where the provision of such services "is impeded by a personal belief on the part of a health practitioner who is supposed to provide the service."[33] The term "healthcare provider" under this Act refers both to individual health professionals and healthcare facilities.[34] Consequently, refusals of care may occur not only at the level of individual practitioners but also at the institutional level.

In addition, the Code of Ethics of a Health Practitioner allows individual health professionals to refuse to provide any medical service where doing so "contradicts [their] conscience," except in situations posing an immediate threat to a person's life or health. Health professionals who invoke this provision are required to inform both their employer and the patients of their refusal to provide the particular service.[35]

Neither the Act on Healthcare nor the Code of Ethics imposes an obligation on health professionals or institutions to refer patients to alternative providers capable of delivering care. Furthermore, Slovak legislation does not require healthcare institutions to ensure that a sufficient number of employees are available and committed to provide the relevant services. Effective mechanisms for overseeing and monitoring the extent of this practice are also lacking.

In practice, refusals of care on grounds of conscience appear to have occurred primarily in relation to abortion and contraceptive services. Research conducted by Freedom of Choice in 2021 documented the widespread use of this practice by both individual health professionals and healthcare institutions. Of the 70 healthcare facilities monitored, 34% were found to refuse to provide abortion care.[36]

The manner in which Slovak law regulates refusals of care on grounds of conscience, in particular the absence of an obligation to refer patients to an alternative provider and the

[33] Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and Amending and Supplementing Certain Acts *as amended*] (Slovk.), s. 12(2)(c), 12(3).
[34] Zákon č. 578/2004 Z. z. o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov [Act No. 578/2004 Coll. of Laws on Healthcare Providers, Health Workers and Professional Medical Associations, and Amending and Supplementing Certain Acts, *as amended*], s. 4, 11 [hereinafter Act 578/2004].
[35] Act 578/2004, Annex No. 4.
[36] B. Holubová (ed.), A. Mesochoritisová, P. Jójárt, *Reproductive healthcare availability in Slovakia - Report on healthcare providers* (2021), pp. 59-62, http://moznostvolby.sk/dostupnost-sluzieb-reprodukcneho-zdravia-na-slovensku-2/.

permissibility of institutional refusals of care, is inconsistent with international human rights standards and jeopardizes women's enjoyment of their rights under the ICESCR.

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

Treaty Monitoring Bodies have repeatedly urged states, including Slovakia, to ensure that refusals of care on grounds of conscience do not impede women's timely access to reproductive health services.[37] They have specified that the relevant regulatory framework must require health professionals refusing to provide care to refer women to alternative, accessible providers[38] and must prohibit institutional conscience-based refusal policies or practices.[39] They have also called on Slovakia to "establish effective monitoring systems and mechanisms to enable the collection of comprehensive data on the extent of conscience-based refusals of care and the impact of the practice on girls' access to legal reproductive health services."[40] In addition, this Committee has specifically emphasized that an "adequate number of health-care providers willing and able to provide such services should be available at all times in both public and private facilities and within reasonable geographical reach."[41] To date, Slovakia has not adopted any measures to implement these recommendations.

V. Shortcomings concerning sexuality education in schools

In 2023, the Slovak Government introduced a new curriculum reform under which specific topics and educational goals related to Relationship and Sexuality Education and Education to Matrimony and Parenthood (RSEMP) became mandatory components of the curriculum across different educational areas.[42] The reform, which has become mandatory for all primary schools from the 2026/2027 school year, incorporates RSEMP within social and emotional literacy and allows RSEMP-related topics to be addressed across areas such as Humans and Nature, Humans and Society, and Health and Movement, or for schools to offer it as a separate subject. The new curriculum covers topics such as violence and bullying prevention, equality, sexual

[37] CEDAW Committee, *Concluding Observations: Slovakia,* paras. 42, 43, CEDAW/C/SVK/CO/4 (2008); *Concluding Observations: Slovakia*, para. 31(d), CEDAW/C/SVK/CO/5-6 (2015).
[38] *See, e.g.,* ESCR, *Gen. Comment No. 22*, para. 43; CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, para. 11, A/54/38/Rev.1, chap. I; *Concluding Observations: Croatia,* para. 31, CEDAW/C/HRV/CO/4-5 (2015); *Hungary*, paras. 30-31, CEDAW/C/HUN/CO/7-8 (2013); ESCR Committee, *Concluding Observations: Poland*, para. 28, E/C.12/POL/CO/5 (2009).
[39] *See, e.g.,* CRC Committee, *Concluding Observations: Slovakia*, para. 41(f), CRC/C/SVK/CO/3-5 (2016); CEDAW Commitee, *Concluding Observations: Hungary*, para. 31(d), CEDAW/C/HUN/CO/7-8 (2013).
[40] CRC Committee, *Concluding Observations: Slovakia*, para. 41(f), CRC/C/SVK/CO/3-5 (2016).
[41] ESCR Committee, *Gen. Comment No. 22*, para. 14.
[42] Ministry of Education, Research, Development and Youth of the Slovak Republic, *State Educational Program for Primary Education* (2023), https://www.minedu.sk/statny-vzdelavaci-program-pre-zakladne-vzdelavanie-2023/; NiVAM, *Prierezové gramotnosti sprievodca* (2025), p. 127, https://ucime.vzdelavanie21.sk/wp-content/uploads/2025/10/NIVAM_Prierezove_gramotnosti.pdf#page=127.

and reproductive health, sexuality and media, and digital safety in relationships.[43] However, it remains inadequate in addressing education on diversity and human rights. Implementation also remains inadequate, as teachers are not properly trained in RSEMP, and the quality and scope of provision continue to depend largely on individual teachers, schools, and subjects.

Furthermore, the amendments to the Constitution adopted in September 2025 introduced a requirement for prior parental consent for education "in the area of shaping intimate life and sexual behaviour."[44] While the amendments also state that "education for the protection of health, physical integrity and the prevention of abuse shall form part of the general education of children," the vague wording has created scope for limiting the provision of education on topics related to relationships and sexuality.[45] This change follows an earlier amendment to the Education Act, adopted in 2024, requiring schools to notify parents at least three school days in advance and to secure consent for any third-party activity beyond the state curriculum, unless the activity is entered in the Ministry's Catalogue of Innovations in Education.[46]

VI. Recommendations for List of Issues

We respectfully request the Committee to consider addressing the following issues to the State party:

- Please provide information on measures taken or envisaged to improve availability, accessibility and quality of sexual and reproductive health care services in Slovakia. In particular, please provide information on measures taken or envisaged to remove legislative, policy and other barriers to access to abortion care, including the mandatory waiting period, biased counselling requirements, and third-party authorization requirements. Please indicate measures taken or envisaged to ensure the availability of medication abortion, and universal coverage of all costs for legal abortion under the public health insurance, including abortion on request. Please also provide information on measures taken to ensure the availability and accessibility of sufficient numbers of abortion care providers throughout the country.
- Please provide information on measures taken or envisaged to ensure the availability and accessibility of accurate, evidence-based information on abortion and contraception.
- Please indicate steps envisaged to ensure universal coverage of modern contraceptives used for the prevention of unintended pregnancies under public health insurance.
- Please provide information on measures taken or envisaged to prohibit institutional refusals of care and to ensure that refusals of care by health professionals on grounds of personal conscience do not delay or impede access to reproductive health services.
- Please provide information on measures taken or envisaged to ensure all pupils can access comprehensive sexuality education in schools and teachers receive adequate training to provide such education.

[43] NiVAM, *Prierezové gramotnosti sprievodca* (2025), p. 127, https://ucime.vzdelavanie21.sk/wp-content/uploads/2025/10/NIVAM_Prierezove_gramotnosti.pdf#page=127.
[44] Ústavný zákon č. 255/2025 Z.z., ktorým sa mení a dopĺňa Ústava Slovenskej republiky č. 460/1992 Zb. v znení neskorších predpisov, https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2025/255/20251101.
[45] Human Rights Coalition, *Human Rights Report 2025*, p. 32, https://www.amnesty.sk/wp-content/uploads/2025/12/Ludskopravna-bilancia_EN.pdf.
[46] Act No. 245/2008 Coll. of Laws on Education, s. 7(11)–(12), as amended by Act No. 290/2024 Coll. of Laws.

- Please provide information on steps taken or envisaged to prevent any further retrogression in the protection and enjoyment of sexual and reproductive health and rights.