

Committee on Economic, Social and Cultural Rights
UNOG-OHCHR
CH-1211 Geneva 10
Switzerland

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6 September 2019

Re: Information for the periodic review of Slovakia by the Committee on Economic, Social and Cultural Rights during its 66th session

Distinguished Committee members,

In its list of issues in relation to the third periodic report of Slovakia, the Committee on Economic, Social and Cultural Rights has requested information from the State party on “the impact of measures taken to ensure equal access to quality primary health care throughout the State party” and on “ steps taken by the State party to ensure the accessibility, availability and quality of sexual and reproductive health services and information for women and adolescents.” In Slovakia, many undocumented migrant women are unable to access maternal health care throughout pregnancy and childbirth due to a range of financial and legal and policy barriers. The Center for Reproductive Rights’ recent report entitled *Perilous Pregnancies: Barriers in Access to Affordable Maternal Health Care for Undocumented Migrant Women in the European Union*, which is enclosed, outlines the relevant legal provisions regulating access to maternal health care for undocumented migrant women in Slovakia and resulting cost barriers (p. 46). As explained there, under Slovak law everyone is entitled to access health care and medical professionals are obliged to provide assistance to any person whose life or health is in danger.² As a result, undocumented migrant women are entitled to access emergency health care, which is understood to encompass care during labour and delivery.

However, most undocumented migrants in Slovakia do not meet conditions for participating in the public health insurance system, and as a result, they will have to cover the costs of all health care, including emergency care, themselves. As a result, most undocumented migrant women will be billed for the costs of care during labour and childbirth. Similarly, they will also be required to cover the full costs of any antenatal care that they seek during pregnancy.

These legal, policy and financial barriers prevent undocumented migrant women from accessing adequate and quality maternal health care throughout pregnancy and thereby expose these pregnant women to serious risks to their health and lives, including increased risk of maternal mortality and morbidity. The World Health Organization has emphasised that access to maternal health care, including antenatal care, is critical for reducing maternal morbidity and mortality and detecting risks of pregnancy-related complications and ensuring appropriate care.³

Slovakia's laws and policies regarding undocumented migrant women's access to affordable and quality maternal health care clearly fail to ensure that undocumented migrant women can enjoy the right to the highest attainable standard of health under Article 12 of the International Covenant on Economic, Social and Cultural Rights without discrimination.

As the Committee has repeatedly affirmed Article 12 requires States parties to guarantee women's enjoyment of the right to the highest attainable standard of health, and to ensure all women have access to affordable and quality maternal health care throughout pregnancy and childbirth, including early, regular, and appropriate antenatal care; skilled birth attendance; and emergency obstetric care.⁴ As a result, States parties are required to ensure that all undocumented migrant women can access affordable and quality maternal health care throughout pregnancy. State failures to ensure access to affordable maternal health care, including antenatal care, violate minimum core obligations to ensure the right to the highest attainable standard of health.⁵ Furthermore, the Committee has acknowledged that undocumented migrant women are often particularly marginalized and exposed to intersectional discrimination which requires States parties to take particular and targeted measures to ensure their effective access to reproductive health care.⁶

We hope that the Committee will take this information into consideration when examining Slovakia's compliance with its obligations under the Covenant to guarantee the right to the highest attainable standard of health for all, including undocumented migrant women. In particular we hope that the Committee will consider making the following recommendations to the State party:

- Adopt laws and policies that provide for undocumented migrant women's access to affordable maternal health care throughout pregnancy, including antenatal care, and guarantee their access to maternal health care free of charge, or at a minimum, at subsidised rates based upon principles of equity.

- Remove laws and policies that restrict undocumented migrant women's access to free or subsidised emergency obstetric care and skilled care during labour and childbirth.
- Ensure that entitlements to affordable maternal health care are accessible in practice by removing any legal, administrative, language, and cultural barriers that impede undocumented migrant women's access to affordable maternal health care throughout pregnancy and delivery.

We hope this information is useful to the Committee's examination of Slovakia's compliance with the Covenant.

Sincerely,



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² 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. on Health Care and Health Care-Related Services, and Amending and Supplementing Certain Acts as Amended], sec. 11, *available at* <https://bit.ly/2wrXvh7>; 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. on Health Care Providers, Health Professionals, Professional Organisations in Healthcare and on Amendments to Certain Acts, as Amended], sec. 80, *available at* <https://bit.ly/2wwbpxJ>.

³ WHO, RECOMMENDATIONS ON ANTENATAL CARE FOR A POSITIVE PREGNANCY EXPERIENCE, 105 (2016).

⁴ Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008); Committee on Economic, Social and Cultural Rights, *General Comment No. 22: On the right to sexual and reproductive health (Art. 12)*, U.N. Doc. E/C.12/GC/22 (2016); OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS, HUMAN RIGHTS-BASED APPROACH TO REDUCE PREVENTABLE MATERNAL MORBIDITY AND MORTALITY: TECHNICAL GUIDANCE, *available at* <https://bit.ly/2wnieTd>; United Nations General Assembly, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, para. 13, U.N. Doc. A/61/338 (13 September 2006).

⁵ Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), para. 50, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008); Committee on Economic, Social and Cultural Rights, *General Comment No. 22: On the right to sexual and reproductive health (Art. 12)*, para. 51, U.N. Doc. E/C.12/GC/22 (2016); *Alyne da Silva Pimentel Teixeira v. Brazil*, CEDAW Committee, Commc'n No. 17/2008, U.N. Doc. CEDAW/C/49/D/17/2008 (2011).

⁶ Committee on Economic, Social and Cultural Rights, *General Comment No. 22: On the right to sexual and reproductive health (Art. 12)*, para. 31, U.N. Doc. E/C.12/GC/22 (2016).