



Federation
for Women
and Family
Planning

Committee on the Rights of the Child
Office of the United Nations High Commissioner for Human Rights (OHCHR)
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Supplemental Information on Poland for the 85th Pre-Sessional Working Group of the Committee on the Rights of the Child

The Center for Reproductive Rights¹ and the Federation for Women and Family Planning² respectfully present this submission to the Committee on the Rights of the Child for its Pre-Sessional Working Group to prepare its review of Poland's compliance with its obligations under the Convention on the Rights of the Child.

Following its most recent review of Poland in 2015, this Committee recommended that Poland “ensure unimpeded access to sexual and reproductive health services” and specifically called for legal reform of Polish laws on abortion to make the conditions for abortion less restrictive.³ It also called on Poland to provide comprehensive, age-appropriate education on sexual and reproductive health.⁴

Poland has failed to take meaningful action in response to these recommendations. This submission highlights serious concerns about Poland's compliance with the Convention's Articles 2, 16, 24, 28 and 37 as a result of its highly restrictive legal framework on abortion and longstanding and ongoing failures to guarantee access for adolescent girls to safe and legal

¹ The Center for Reproductive Rights is an international non-governmental legal human rights organization dedicated to the advancement of reproductive rights around the world.

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

³ Committee on the Rights of the Child, Concluding Observations: Poland, para. 39(b), U.N. Doc. CRC/C/POL/CO/3-4 (2015).

⁴ Committee on the Rights of the Child, Concluding Observations: Poland, para. 39(a), U.N. Doc. CRC/C/POL/CO/3-4 (2015).

abortion services in practice as well as failures to ensure access to comprehensive evidence-based sexuality education for all children.

1. Poland's legal restrictions on access to abortion undermine compliance with CRC Articles 2, 16, 24 and 37

Poland has one of the most restrictive abortion laws in Europe.⁵ Access to abortion is regulated by the 1993 Family Planning Act and is permitted in only three circumstances: 1) when the pregnancy endangers the life or health of the woman or adolescent girl; 2) when there is a high probability of a severe and irreversible fetal impairment, abortion is permitted until the fetus reaches viability; and 3) when the pregnancy results from a crime, abortion is permitted during the first 12 weeks of pregnancy.⁶ Abortion is criminalized in all situations beyond these three exceptional circumstances and doctors or anyone else who helps a woman or adolescent girl to obtain an abortion outside of the scope of the law is liable to a three-year prison sentence.⁷

Adolescent girls in Poland are prohibited from making an autonomous decision to end a pregnancy safely and legally. As a result adolescent girls who do not fall within the exceptional circumstances outlined above are faced with three choices: (a) undergo clandestine, and potentially unsafe, abortion in Poland; (b) source safe and legal abortion services in another country and travel out of Poland at their own expense to obtain those services; (c) carry an unwanted pregnancy to term.

As further detailed in the following sub-sections, even adolescent girls who meet the very strict requirements for legal abortion are generally not able to access abortion services in practice. In 2018 a total of 57 legal abortions were performed in Poland for girls under 18.⁸ Adolescent girls' access to legal abortion care in Poland is undermined by the punitive and stigmatizing environment generated by the criminalization of abortion and by the highly restrictive nature of the law. This has resulted in a chilling effect for medical professionals that hampers effective implementation of the law. The stark effects of the restrictive legal framework are compounded by a lack of effective regulation of conscience-based refusals of care by doctors and an absence of any guidelines and procedures that would facilitate access to legal abortion services.

The severe difficulties which women and adolescent girls in Poland face in access to legal abortion services have been addressed by the European Court of Human Rights in three judgments against Poland.⁹ One of these cases, *P. and S. v. Poland*, concerned an adolescent girl who became pregnant following sexual assault and faced multiple barriers and repeated harassment over several weeks as she sought to enforce her right to an abortion under Polish law.

⁵ CENTER FOR REPRODUCTIVE RIGHTS, *The World's Abortion Laws*, available at <https://reproductiverights.org/worldabortionlaws>.

⁶ Law of Jan. 7, 1993 on Family Planning, Human Embryo Protection, and Conditions of Legal Pregnancy Termination amended as of Dec. 23, 1997, art. 4a.1 (1-3) (Pol.).

⁷ Criminal code, arts. 152-154 (Pol.).

⁸ In 2018, according to official statistics there were 3.3 million girls under 18 in Poland, see Demographic Yearbook of Poland 2019, p. 161.

⁹ *Tysiąc v. Poland*, No. 5410/03 Eur. Ct. H.R. (2007); *R.R. v. Poland*, No. 27617/04 Eur. Ct. H.R., paras. 159-160 (2011); *P. and S. v. Poland*, No. 57375/0 Eur. Ct. H.R. (2012).

Over the past two decades numerous international and regional human rights bodies, including this Committee, have repeatedly affirmed that Poland's abortion law and practice fail to respect women's and adolescent girls' human rights and have called on Poland to reform the law.¹⁰

This Committee has repeatedly called on States to decriminalize abortion to ensure that adolescent girls have access to safe abortion and post-abortion services and to review legislation to guarantee the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions.¹¹ The Committee has also called for efforts to be made to remove stigma affecting access to sexual and reproductive health care by adolescent girls. Other treaty bodies have also called for decriminalization of abortion for women and adolescent girls and medical providers and recommended that States adopt legal reforms to ensure that women and adolescent girls are not compelled to seek unsafe abortion services. They have held that denial of access to abortion care in law or practice can expose women and girls to severe suffering amounting to cruel and inhuman treatment.¹²

However, Poland has failed to take any meaningful action to discharge its human rights obligations. It has not adopted any effective measures to reform its restrictive law and to guarantee that adolescent girls have timely and unhindered access to abortion services in a manner that respects their dignity and fundamental human rights.

Only through significant and meaningful reform of its abortion law, including decriminalization of abortion and legalization of abortion services on request of adolescent girls, can Poland move towards full compliance with its human rights obligations and the Committee's recommendation to ensure respect for the views of adolescent girls who wish to end a pregnancy.

The following sub-sections detail how Poland has a) failed to establish effective mechanisms and procedures for adolescent girls to enforce their legal right to abortion care; b) arbitrary application

¹⁰ CEDAW Committee, *Concluding Observations: Poland*, paras. 25, U.N. Doc. CEDAW/C/POL/CO/6 (2007); CEDAW Committee, *Concluding Observations: Poland*, para. 37(a), U.N. Doc. CEDAW/C/POL/CO/7-8 (2014); Human Rights Committee, *Concluding Observations: Poland*, para. 8, U.N. Doc. CCPR/CO/82/POL2, (2004); ESCR Committee, *Concluding Observations: Poland*, para. 28, U.N. Doc. E/C.12/POL/CO/5 (2009); CRC, *Concluding Observations: Poland*, paras. 38-39, U.N. Doc. CRC/C/POL/CO/3-4 (2015); CAT Committee, *Concluding Observations: Poland*, para. 23, CAT/C/POL/CO/5-6 (2013); ESCR Committee, *Concluding Observations: Poland*, para. 29, E/C.12/1/Add.82 (2002); Council of Europe, Commissioner for Human Rights, *Report by Dunja Mijatovi, following her visit to Poland from 11 to 15 March 2019*; Report by Nils Muižnieks Commissioner for Human Rights of the Council of Europe Following His Visit to Poland From 9 to 12 February 2016, para. 188, CommDH(2016)23; *Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, Anand Grover: Mission to Poland (May 2009).

¹¹ Committee on the Rights of the Child, *General Comment No. 20 on the implementation of the rights of the child during adolescence*, para. 60, U.N. Doc. CRC/C/GC/20 (2016).

¹² *Mellet v. Ireland*, Human Rights Committee, Commc'n No. 2324/2013, U.N. Doc. CCPR/C/116/D/2324/2013 (2016); *Whelan v. Ireland*, Human Rights Committee, Commc'n No. 2425/2014, U.N. Doc. CCPR/C/119/D/2425/2014 (2017); CAT, *Concluding Observations: Poland*, paras. 33-34, U.N. Doc. CAT/C/POL/CO/7 (2019).

of authorization requirements for access to legal abortion; and c) regulatory and enforcement failures regarding conscience-based refusals of care.

a) Lack of effective procedures and mechanisms under which girls can enforce entitlements to legal abortion care

In Poland legal entitlements to abortion services, even in the strictly defined circumstances in which it is legal, essentially remain theoretical and illusory, instead of practical and obtainable.¹³ According to official statistics in 2017, there were no legal abortions carried out on grounds of sexual assault and there were a total of 22 legal abortions on grounds of risk to health or life.¹⁴

As mentioned above, in three judgments regarding access to legal abortion services, the European Court of Human Rights Court has found that Poland has failed to establish effective procedures that would enable women and girls to establish and enforce entitlements to abortion care.¹⁵

Following the first of those judgments, *Tysi c v. Poland*,¹⁶ Poland enacted the 2008 Act on Patients' Rights which introduced a general complaints procedure by which patients can challenge a doctor's opinion that they do not qualify for a health service.¹⁷ However, the complaints procedure is wholly ineffective as a mechanism by which pregnant adolescent girls can enforce their entitlement to legal abortion care. It is not at all tailored to their needs. It establishes a 30-day deadline for the medical board to decide on a complaint. Such a lengthy timeframe is entirely inappropriate for adolescent girls who need to rapidly establish an entitlement to legal abortion services. Moreover, there is no possibility of judicial review and the medical board's decisions are final.¹⁸ In addition, there is no possibility for adolescent girls to be heard by the medical board and the complaints procedure is complicated and cumbersome.¹⁹ As a result no adolescent girls have used the complaints procedure to establish their legal entitlement to abortion services.²⁰

¹³ In 1989, prior to the adoption of the restrictive abortion law in 1993, 105,333 legal abortions were performed under the previous more liberal law. In 1993 after the introduction of the new law the number of legal abortions fell to 685. From 1993 to 2018 the number of legal abortions each year has been under 1,100.

¹⁴ Report of the Council of Ministers on the implementation and the effects of application in 2017 of the Act of January 7, 1993 on family planning, protection of the human fetus and conditions of termination of pregnancy - adopted by the Council of Ministers submitted to Sejm in January 14, 2019 *available at* <https://bit.ly/2Jmz5w1>.

¹⁵ See *R.R. v. Poland*, No. 27617/04 Eur. Ct. H.R., paras. 159-160 (2011); *P. and S. v. Poland*, No. 57375/0 Eur. Ct. H.R. (2012); *Tysi c v. Poland*, No. 5410/03 Eur. Ct. H.R. (2007).

¹⁶ The Court in the *Tysi c v. Poland* case found a violation due to Poland's failure to introduce an effective procedure for resolving conflicts or differences of opinion between doctors, or between a woman and her doctors. The judgment became final on 24 September 2007 and the new Patient's Rights Act was adopted in November 2008 introducing a complaint procedure.

¹⁷ Act of 6 November 2008 on Patients' Rights and the Commissioner for Patients' Rights, Journal of Laws 2009, No. 52, item 417.

¹⁸ Patients' Rights Act, Article 31(7).

¹⁹ For example, patients wishing to lodge a complaint are required to refer to relevant legal provisions to substantiate their claim of a breach of their rights, Articles 31(3) and (4) of the Patients' Rights Act. It is also unclear what the legal status of the decision on the complaint is and whether it replaces the challenged opinion by the doctor.

²⁰ Between 2013 and 2016, only four women filed complaints, which were all dismissed as unfounded

b) Authorization requirements hamper access to legal abortion care

Implementation of Poland's abortion law is marred by procrastination, obfuscation and arbitrariness by both doctors and prosecutors who play key roles in certifying and authorizing adolescent girls' access to legal abortion services under the current legal framework. For example, there are no standardized guidelines on abortion for doctors who must certify the risk to health or a severe fetal impairment. Recent research into hospital procedures and guidelines for the provision of legal abortion services found that these varied hugely and were often incomplete or arbitrary.²¹ Many hospitals impose requirements beyond those specified in the law, such as additional specialist medical opinions, joint consultations, or ward administrator's confirmation, thereby prolonging the procedure and placing obstacles in the way of adolescent girls' access to legal abortion care.

Moreover, the current law requires that a prosecutor certifies the sexual assault of an adolescent girl who has become pregnant as a result of the assault and wishes to end the pregnancy. There are regular reports of prosecutors refusing to issue certification of the assault, thus effectively preventing access to legal abortion services in these circumstances. Official data confirms that in the last 10 years only between 0 and 3 legal abortions have been performed each year on the ground of sexual assault.²²

c) Inadequate regulation and enforcement of conscience-based refusals of care

Refusals of care on grounds of conscience or religion are widespread and a key obstacle to access to legal abortion in Poland. There are entire regions of Poland where there are no doctors willing to perform legal abortions.²³

The regulation of conscience-based refusals in Poland is wholly inadequate. It does not oblige doctors to refer adolescent girls to an alternative doctor willing to perform abortions,²⁴ and does

²¹ Przemoc Instytucjonalna w Polsce. O systemowych naruszeniach praw reprodukcyjnych, Federacja na rzecz Kobiet i Planowania Rodziny [Institutional Violence in Poland, Systemic violations of reproductive rights, Federation for Women and Family Planning] (2019); to be published in December 2019.

²² Report of the Council of Ministers on the implementation and the effects of application in 2017 of the Act of January 7, 1993 on family planning, protection of the human fetus and conditions of termination of pregnancy - adopted by the Council of Ministers submitted to Sejm in January 14, 2019 *available at* <https://bit.ly/2Jmz5w1>.

²³ According to an official government report to the Parliament no legal abortions were carried out in the region of Podkarpackie in 2017, see the Report of the Council of Ministers on the implementation and the effects of application in 2017 of the Act of January 7, 1993 on family planning, protection of the human fetus and conditions of termination of pregnancy, p. 106, *available at* <https://bit.ly/2Pjh2KX>. According to the information provided by the Ministry of Health to FWWP the situation persisted in 2018. During a recent survey of hospitals performing legal abortions in Warsaw only six out of 14 hospitals responded that they had carried out legal abortions in the first four months of 2019, while the remaining seven hospitals had not carried out any legal abortions during this period. The results of FWWP's monitoring are *available at* <https://bit.ly/2BIgFBx>.

²⁴ Until October 2015 doctors had a legal obligation, when refusing care on grounds of conscience, to refer the patient to an alternative doctor. However, in 2015 the Polish Constitutional Tribunal invalidated that requirement, finding that it contravened the protection afforded in the Polish Constitution to the right to freedom of thought, conscience and religion, see Polish Constitutional Tribunal, case no 12/14, *available at* <https://bit.ly/2BcIKDt>. The Tribunal determined that the regulator should put in place other mechanisms by which women can access information about where they can obtain abortion services but it appears that the Minister for Health does not intend

not impose a duty on the State to guarantee an adequate number of medical providers willing to perform abortions throughout the territory. Furthermore, the law is not effectively implemented and enforced in practice. Doctors systematically fail to comply with their legal obligations when refusing abortion services on grounds of conscience or religion.²⁵ The State party has taken no effective measures to ensure that conscience-based refusals of care do not obstruct adolescent girls' access to legal abortion services.

Furthermore, despite the fact that the law does not permit institutional refusals of care on grounds of conscience or religion, some hospitals nevertheless openly refuse abortion services as a matter of institutional policy, while others simply fail to respond to adolescent girls who request an abortion under the law. Hospitals also often question the validity of medical authorizations, demand additional documents not required by law, or use a range of arbitrary explanations for why they do not provide abortion services. Some hospitals point to the negative consequences they may face if they perform legal abortions due to anti-abortion protests.

Human rights bodies have repeatedly expressed the view that where a State chooses to permit, as a matter of domestic law or policy, medical professionals to refuse to provide legal reproductive health care on grounds of conscience or religion, the State must put in place regulatory, oversight and enforcement frameworks that will ensure women's access to these services is not undermined by such refusals.²⁶ They have explicitly specified that the relevant regulatory framework must, as a minimum, impose an obligation on healthcare providers to refer women and adolescent girls to alternative health providers and must prohibit institutional refusals of care.²⁷ States must also ensure that adequate numbers of healthcare providers willing and able to provide reproductive health services are available at all times and within reasonable geographical reach.

2) Failures to guarantee access to comprehensive, evidence-based sexuality education undermine compliance with Articles 2, 16, 24, 28 and 37

Poland does not provide mandatory, comprehensive and evidence-based sexuality education as recommended by this Committee.²⁸ Sexuality education in Poland is regulated by the 1993 Family

to pursue this instruction, *see* Letter from the Minister of Health to the Polish Ombudsman (Jan. 7, 2016) PRL.024.1.2016 (ABM) (Pol.). The Constitutional Tribunal also held that the requirement on doctors to provide health services in "other urgent cases requiring immediate treatment" was unconstitutional.

²⁵ Doctors routinely fail to note conscience-based refusals of care in the woman's medical files. They also fail to fulfil the legal requirement of informing the health care institution of their conscience-based refusal to perform legal abortions. *See also*, CEDAW Committee, *Concluding Observations: Poland*, para. 36, U.N. Doc. CEDAW/C/POL/CO/7-8 (2014)

²⁶ *See* R.R. v. Poland, No. 27617/04 Eur. Ct. H.R., para. 206 (2011); P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R., para. 106 (2012); International Planned Parenthood Federation – European Network (IPPF EN) v. Italy, European Committee of Social Rights, No. 87/2012 (2014); CEDAW, *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, para. 11, U.N. Doc. A/54/38/Rev.1, chap. I; CESCR, *Gen. Comment No. 22*, paras. 14, 43; CEDAW, *Concluding Observations: Croatia*, para. 31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015); *Hungary*, paras. 30-31, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013); CESCR, *Concluding Observations: Poland*, para. 28, U.N. Doc. E/C.12/POL/CO/5 (2009); COUNCIL OF EUROPE COMM. FOR HUMAN RIGHTS, *Women's Sexual and Reproductive Health and Rights in Europe 11-12* (2017).

²⁷ *See, e.g.*, CEDAW, *Concluding Observations: Hungary*, para. 31(d), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013); CRC, *Concluding Observations: Slovakia*, paras. 41(f), U.N. Doc. CRC/C/SVK/CO/3-5 (2016).

²⁸ CRC, *Gen. Comment No. 20*, para. 61.

Planning Act's Article 4.1 which states that courses on "human sexual life, principles of conscious and responsible parenthood, the value of the family and prenatal life and on means and methods of conscious procreation" shall be introduced into school curricula.

Lessons on sexuality are provided under the course title "Preparation for Family Life", which is taught for 14 hours a year in grades 4-8 of primary school and in grades 1-3 of secondary schools and high schools. These classes are not mandatory, and parents may withdraw their children from the course.²⁹

Increasingly far-right groups are mounting campaigns against sexuality education in Poland.³⁰ They associate sexuality education with a threat of pedophilia and encourage parents to withdraw their children from sexuality education classes in school and refuse to allow them to attend sexuality education courses provided by civil society. These campaigns have led to fear among parents, increased the stigma around sexuality education and reluctance of teachers to provide sexuality education.

a) Shortcomings in curriculum, textbooks and training of teachers

The curriculum of the Preparation for Family Life course is not evidence-based and does not equip children with essential information around sexuality, modern contraception, abortion, responsible sexual behavior, and consent.

Instead, the curriculum seems to promote natural family planning methods and demonize masturbation and its content gives significant attention to the family. It cites the spiritual values of Pope John Paul II that center around the family and sacredness of life from conception.³¹ The curriculum is usually not adapted to the age of students and students in secondary and high schools are taught the same issues as children in primary school.

Textbooks are often out of date and their content is also not factual but instead is often based on Catholic doctrine and perpetuates myths and stereotypes. Women are presented mainly as mothers but the role of men as fathers is rarely addressed.

The course is often conducted by teachers of other school subjects, such as biology, science, ecology but also history and civics and even religion. Teachers tend to lack professional and social competence and knowledge to lead sexuality education. Often there are important differences between schools as to what is taught in the course. The language used during the course and the scope of issues raised during lessons are very stereotypical and patriarchal. Furthermore, lessons

²⁹ A 2009 report by the Ponton Group of Sex Educators found that nearly 40% of young persons interviewed had never received any formal sexuality education. See Ponton Group of Sex Educators, *What Does Sex Education Really Look Like in Poland?* (Warsaw, 2009), <https://bit.ly/31McMpM>.

³⁰ PROTECT CHILDREN! CAMPAIGN OF THE ORDO IURIS INSTITUTE, <https://bit.ly/2JiPGk8>.

³¹ Ministry of National Education, *General education core curriculum with commentary*, WARSAW: MINISTRY OF NATIONAL EDUCATION, EDUCATION DEVELOPMENT CENTER (2017), <https://bit.ly/2Wklbi4>

of sexuality education are often treated as less important than other subjects and scheduled at times that causes lower students' attendance.³²

b) Draft bill proposes to criminalize provision of sexuality education

A draft bill entitled "Stop Pedophilia" is currently pending before the Polish Sejm (parliament).³³ 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.³⁴ The bill seeks to ban "demoralization and sexualization of children."

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 services. It would expose adolescents to significant risks to their health and wellbeing. While the age of consent in Poland is 15 years, the draft amendment would criminalize provision of information and education to all children under the age of 18, thus exposing adolescents over the age of consent who are sexually active to particular risks. Instead of equipping children with knowledge and tools on how to react to pedophile behaviors, they would be left without necessary support in facing sexual abuses.

Numerous UN human rights bodies have repeatedly expressed concern about shortcomings in provision of sexuality education in Poland and called on State authorities to ensure access to comprehensive evidence-based sexuality education.³⁵ In its most recent concluding observations this Committee explicitly called on Poland to provide comprehensive, age-appropriate education on sexual and reproductive health. Similarly, the Council of Europe Commissioner for Human Rights has also urged the Polish authorities to ensure that mandatory, comprehensive sexuality

³² Mariola Bieńko, Zbigniew Izdebski, Krzysztof Wąż, Report on realization of youth's rights to sexuality education, GROUP OF SEXUALITY EDUCATORS PONTON, FWFP FOR WOMEN AND FAMILY PLANNING (Warsaw, 2016), <https://bit.ly/34bNl2w>.

³³ On 15 October 2019 the first reading of the draft bill was held in the Sejm and it has been sent for further deliberation in the Parliamentary Commission on Changes in Legislation.

³⁴ 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 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>.

³⁵ CESCR, *Concluding Observations: Poland*, U.N. Doc. E/C.12/POL/CO/6 (2016); CRC, *Concluding Observations: Poland*, U.N. Doc. CRC/C/POL/CO/3-4 (2015); CEDAW, *Concluding Observations: Poland*, U.N. Doc. CEDAW/C/POL/CO/7-8 (2014); CESCR, *Concluding Observations: Poland*, U.N. Doc. E/C.12/POL/CO/5 (2009); CEDAW, *Concluding Observations: Poland*, U.N. Doc. CEDAW/C/POL/CO/6 (2007).

education that is age-appropriate, evidence-based, scientifically accurate and non-judgmental be taught in all schools in Poland.³⁶

Poland has not taken any effective measures in response to these repeated recommendations to guarantee access to comprehensive evidence-based and age appropriate sexuality education.

We hope that the Committee will address these issues in its upcoming review of Poland's implementation of the Convention and will consider making the following recommendations to the State party:

- Reform its laws to fully decriminalize abortion and legalize abortion on request, and adopt accompanying guidelines and procedures to ensure adolescent girls can access safe abortion services in a timely manner and without unnecessary authorization or certification requirements.
- Adopt a series of effective measures to guarantee that abortion services are available and accessible throughout Poland and that doctors' conscience-based refusals of care do not jeopardize adolescent girls' access to reproductive health care, in particular:
 - (a) explicitly prohibit medical institutions from refusing to provide legal reproductive health services;
 - (b) adopt new legislation, and as necessary amend the Polish Constitution, to establish a legal referral obligation on all medical providers refusing care on grounds of conscience or religion;
 - (c) require all hospitals employ doctors and healthcare providers willing to perform abortions and to organize the provision of services in a manner that ensures adolescent girls can access abortion services without undue delay;
 - (d) require hospitals to notify the Ministry of Health, on a quarterly basis, as to the number of doctors and healthcare providers in the hospital who are refusing care on grounds of conscience or religion and regularly monitor the practice of conscience-based refusals of care.
- Reject the draft bill "Stop Pedophilia" and the introduction of any retrogressive measures affecting the sexual and reproductive health and rights of adolescents.
- Ensure the provision of mandatory, comprehensive, age appropriate and evidence-based sexuality education across the education system.
- Guarantee that the curriculum for comprehensive sexuality education takes a holistic approach to sexual and reproductive health and rights and address a wide range of issues including gender equality, sexual diversity and sexual violence, prevention of unintended and early pregnancy and STIs.
- Provide teachers and education professionals with continuing specialized training.

³⁶ See Letter by the Council of Europe Commissioner for Human Rights to Poland's Prime Minister, available at <https://bit.ly/2NbzvpZ>.