

**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)**

18 April 2023

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 Foundation for Women and Family Planning (FEDERA)¹ and the Center for Reproductive Rights² 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* (App. 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 16 years have now passed since the first of these landmark judgments. Yet no effective measures to give effect to these judgments have been adopted by the Polish authorities. Instead, regressive developments that have taken place since 2020 are contrary to the judgments and undermine their effective implementation.

The three judgments each address distinct but overlapping issues regarding the Polish authorities’ ongoing and serious failures 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 require distinct and 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 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

¹ The Foundation for Women and Family Planning (formerly known as 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.

² 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.

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 in a timely manner. 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 its practical realization. The Court also held that Poland must ensure that women’s access to legal reproductive health services is not jeopardized by medical providers’ 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’s certificate 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 providers “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.³ 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 their obligations to provide legal abortion care.

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

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

⁴ See Communication from NGOs (Center for Reproductive Rights and the Federation for Women and Family Planning) (17/08/2022) in the cases of R.R., Tysi c and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08); Communication from NGOs (Center for Reproductive Rights and the Federation for Women and Family Planning) (21/10/2021) in the cases of R.R., Tysi c and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08); Communication from NGOs (Center for Reproductive Rights and the Federation for Women and Family Planning) (29/01/2021) in the cases of R.R., Tysi c and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08); Communication from an NGO (Center for Reproductive Rights and Federation for Woman and Family planning) (25/02/2021) in the cases of R.R. v. Poland, Tysi c v. Poland, P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08); Communication from a NGO (Center for Reproductive Rights/Federation for Women and Family Planning) (22/01/2020) in the cases of R.R., Tysi c and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08); 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); Communication from the Center for Reproductive Rights in the case of P. and S. v. Poland, (13/09/2017); Communication from the Center for Reproductive Rights in the case of P. and S. v. Poland, (28/09/2017); Communication from the Center for Reproductive Rights in the case of R.R. v. Poland, (02/09/2016); 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).

⁵ See CM/Del/Dec(2022)1443/H46-19; CM/Del/Dec(2021)1419/H46-25; CM/ResDH(2021)44; 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.

- i. Robust action to ensure effective and full implementation of the abortion law and to hold health facilities and professionals accountable for any failures to comply with legal obligations to provide abortion care and related information;
- ii. Robust measures to guarantee patients receive reliable and accurate information on the requirements and process for access to legal abortion care, including the adoption of comprehensive guidelines on abortion care for medical providers;
- iii. Robust measures to guarantee that full and reliable information is provided to pregnant women and adolescent girls enabling them to take informed decisions about their pregnancy;
- iv. An effective, patient-centered and timely procedure for patients to challenge and resolve disagreements with and between medical providers regarding their entitlement to legal abortion care and to exercise their rights in this regard within a very short time period;
- v. Effective regulatory, monitoring, oversight and enforcement frameworks and mechanisms to ensure that access to legal abortion services or prenatal testing is not delayed or undermined when medical providers invoke the conscience clause. At a minimum this requires:
 - adequate availability and dispersal of willing providers across Poland
 - effective implementation of the prohibition of institutional refusals of care
 - effective referral procedures
 - regular monitoring and oversight of compliance
 - effective sanctioning of implementation failures and shortcomings.
- vi. Effective measures to enhance respect for patient data confidentiality and ensure that processing of patient data is only for the purpose of patient care and complies with legal principles of necessity and proportionality;
- vii. Targeted measures to ensure that the needs of adolescents who are seeking legal abortion care 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.

This communication should be read alongside the information submitted by our organisations to the Committee of Ministers on 17 August 2022. It intends not to repeat the information set out therein but to provide up to date information on the lack of implementation of the Court’s judgments.

1. Overview of recent developments and response to the communication from authorities

In its decision dated 2 December 2021, the Committee of Ministers expressed serious concerns about Poland’s longstanding failure to ensure that women and girls in Poland can access legal abortion care in practice and urged Poland to implement the three landmark judgments. The Committee “strongly urged again the authorities to put in place unified procedures for access to lawful abortion, including when abortion is refused on grounds of conscience or when the woman’s life or health might be at serious risk, and to provide women with adequate information on them beforehand,” stressing additional uncertainty for pregnant women and doctors following the Constitutional Court’s judgment of October 2020.⁶ The Committee also

⁶ CM/Del/Dec(2021)1419/H46-25.

stressed “the increased importance for women to be able to effectively contest decisions refusing lawful abortion on medical grounds or pre-natal examination.”⁷ The Committee recalled its previous decisions and the Interim Resolution CM/ResDH(2021)44 adopted in March 2021 which repeated calls for the adoption of necessary reforms.⁸

In its latest decision from September 2022, the Committee found in summary that no new information had been provided by the Polish authorities demonstrating substantial progress in the adoption of general measures in key areas required for implementation of the judgments, including the adoption of clear national guidance to hospitals on the conditions for access to lawful abortion and information to women seeking care; measures to guarantee effective access to lawful abortion when doctors invoke the conscience clause; and reform of the complaint procedure.⁹

The Committee issued several recommendations to the Polish authorities namely to:

- respond to the Committee’s previous decisions regarding measures to address the above-mentioned key areas;
- provide the Committee with analysis of the complaints submitted to the Ombudsman for Patient’s Rights and recent statistics on complaints;
- provide detailed statistics on the number of legal abortions performed in 2021 and 2022, together with a more profound analysis, including of any regional disparities;
- extend monitoring activities to ensure *ex officio* monitoring of all cases in which an objection was filed concerning access to legal abortion and prenatal testing and of all refusals of legal abortion with reference to the conscience clause;
- ensure the efficiency of the contractual liability mechanism, including through adequate sanctioning of hospitals breaching their contractual obligations to provide legal abortion care.

Overall, the Committee concluded that there had been no substantial progress towards implementation of the judgments. It again recalled its previous decisions and the Interim Resolution CM/ResDH(2021)44 containing repeated calls for the adoption of the above-mentioned reforms and procedures and underlined again Poland’s unconditional obligation to abide by the Court’s judgments fully, effectively and promptly, and urged the authorities to heed these calls without further delay.¹⁰

The pressing need for these reforms has become even more urgent following recent regressive developments regarding abortion access in Poland, which are contrary to the state’s international human rights obligations to give effect to the Court’s judgments and have further contributed to the chilling effect surrounding access to legal abortion.

However, since the Committee’s last examination the Polish authorities have failed to take any steps towards adopting the critical general measures and reforms detailed by the Committee of Ministers in its previous decisions and Interim Resolution, as further detailed below.

⁷ Id.

⁸ Interim Resolution CM/ResDH(2021)44, Execution of the judgments of the European Court of Human Rights Tysi c, R.R. and P. and S. against Poland, (Adopted by the Committee of Ministers on 11 March 2021 at the 1398th meeting of the Ministers’ Deputies).

⁹ CM/Del/Dec(2022)1443/H46-19.

¹⁰ CM/Del/Dec(2022)1443/H46-19.

Failure to adopt any general measures:

- The authorities' latest communications make it clear that no meaningful steps have been taken since September 2022 to issue national guidance on conditions for access to abortion and provision of information to patients on the relevant procedure, to adopt measures to guarantee that patients receive abortion care in a timely manner when a doctor invokes the conscience clause, or to reform the complaint procedure.

Failures to ensure *ex officio* monitoring by the National Health Fund and effective sanctioning of contractual breaches:

- The authorities have also not taken further steps to ensure *ex officio* monitoring of access to abortion and refusals to provide care beyond the letter issued by the Minister of Health on 23 August 2021.¹¹
- The authorities have explained that monitoring by the National Health Fund is conducted by analyzing statistical data, verifying health care providers' resources and analyzing complaints filed.¹² As such, it is clear that the National Health Fund does not proactively monitor access to abortion or instances when medical providers invoke the conscience clause, despite the systemic and longstanding shortcomings in guaranteeing effective access to care and compliance with legal obligations. It also appears that the National Health Fund does not systematically and proactively respond to publicly reported instances of denial of abortion care. For example, only the Commissioner for Patient's Rights took action to investigate the publicly reported case of a woman being denied abortion care in Podlaskie voivodship in late 2022, and it appears that the National Health Fund did not initiate any action.¹³
- The identification of shortcomings in implementation of the abortion law through analysis of official statistics requires in-depth examination of the regional disparities in provision of care and the underlying reasons. The Polish authorities have failed to undertake such analysis.
- The Polish authorities note that no complaints were made to the National Health Fund in 2021,¹⁴ and that only one complaint was submitted in 2022.¹⁵ However, it is unclear what if any action was taken following the explanatory procedure initiated regarding the 2022 complaint. The very small number of complaints to the National Health Fund is also evidence of the ineffectiveness of this procedure to ensure compliance with legal obligations to guarantee access to legal abortion care. It is clear from the communications from the authorities that there were a number of other cases in 2021-2022 in which patients were denied abortion care but did not complain to the National Health Fund but instead pursued other avenues to exercise their rights.¹⁶ Furthermore,

¹¹ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 8.

¹² DH-DD(2023)393, Reply from the authorities (24/03/2023) following a communication from NGOs (Center for Reproductive Rights and the Fondation for Women and Family Planning) (17/08/2022) in the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08).

¹³ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 9.

¹⁴ DH-DD(2023)393, Reply from the authorities (24/03/2023) following a communication from NGOs (Center for Reproductive Rights and the Fondation for Women and Family Planning) (17/08/2022) in the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 7.

¹⁵ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 8.

¹⁶ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 5.

the National Health Fund has never imposed any sanctions on health care institutions for failure to provide abortion care.

Officials statistics confirm failures to implement judgments

- **Complaint procedure remains ineffective:** The communication from the Polish authorities notes that between 2019 and 2021, four complaints were submitted by patients seeking to exercise their right to legal abortion. In the case from 2019, a total of 25 days passed from the filing of the complaint until a decision was issued. In the two cases from 2020, an average of eight and a half days passed before a decision was issued. It is not clear from the information provided by the authorities what the result of the complaints were. These statistics confirm that the complaint procedure is too lengthy and ineffective in cases regarding access to abortion where timeliness is critical. The communication from the authorities also indicates that in 2019, only 25% of all complaints filed met the formal requirements, while in 2020, 41% of complaints met these requirements, and 30% of complaints in 2021.¹⁷ This confirms that the formal requirements are a serious barrier for the majority of patients. Finally, the authorities note that in two complaints concerning access to abortion filed in 2020 that did not meet the formal requirements, the patients were provided abortion care in another health institution. This is further evidence of the ineffectiveness of the complaint procedure in cases regarding access to abortion and that women instead find other ways to exercise their rights. In the complaint from 2021, in which the patient also obtained care from another health facility, and the Medical Commission therefore considered that the patient's rights would not be affected, the Commissioner for Patients' Rights initiated explanatory proceedings which resulted in a decision issued in 2023 concluding that her rights had been violated.¹⁸
- **Legal abortion is not accessible:** Official statistics attest that only 107 legal abortions were provided in Poland in 2021, 75 of which were on indication of a severe fetal impairment and provided before that legal ground was removed on 27 January 2021.¹⁹ In total, only 32 abortions were provided in 2021 due to a risk to the woman's health or life. No woman who was pregnant following sexual assault had a legal abortion in Poland that year. The communication from the authorities argues that the fact that in three voivoidships no abortions were provided in 2021 should be associated with the overall reduced number of abortions in the country after the removal of a ground for legal abortion.²⁰ As outlined in our previous submissions, and as evidenced by official statistics, there have long been and continue to be entire regions of Poland where legal abortion care is not provided by any medical providers or institutions.

In light of the absence of any meaningful action on the part of Polish authorities to implement the Court's judgments and give effect to the Interim Resolution and decisions of the Committee of Ministers, we respectfully urge the Committee to maintain its enhanced scrutiny of all three cases and urge the Polish authorities to adopt the measures required by the judgments guarantee that women and adolescent girls are effectively able to exercise their rights under Polish law to

¹⁷ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 5.

¹⁸ Id. See the Commissioner for Patients' Rights decision of 13 March 2023, RzPP-DPR-WPZ.431.362.2021.PS.

¹⁹ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 7.

²⁰ DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 8.

obtain abortion care. We respectfully urge the Committee of Ministers to conduct the next examination of all three cases in six months' time.

2. Regressive developments on abortion are contrary to and undermine compliance with the Court's judgments

In our previous submissions, we outlined the chilling effect arising from the near total ban on abortion that is now in effect in Poland following the Constitutional Tribunal's ruling from 2020, which came into effect on 27 January 2021.²¹

The regressive ruling directly contradicted the Court's judgment in *R.R. v. Poland* and the general measures required to implement it. The judgment clearly requires Poland to take steps to ensure women's effective access to legal abortion care in situations of severe or fatal fetal impairment. Since January 2021, abortion in those circumstances is a criminal offence and anyone who performs or assists women in accessing abortion care outside is at risk of criminal penalty. The Polish authorities have international legal obligations to give effect to the judgment and therefore must adopt measures to restore legal access to abortion in situations of severe or fatal fetal impairment.

The regressive ruling has resulted in a heightened chilling effect by further extending the long-standing criminalization of abortion and *de facto* banning abortion.

However, the state authorities have taken no meaningful and robust action to address this chilling effect and to alleviate the fear and concern that surrounds abortion care in Poland. The issuance on 7 November 2021 of a communiqué by the Ministry of Health regarding implementation of the abortion law is an entirely inadequate measure given the pervasive chilling effect arising from the highly restrictive legal framework.

The communication from the authorities notes that "doctors should not be afraid to make obvious decisions based on their experience and available medical knowledge."²² However, the reality is that fear among medical providers of criminal sanctions and negative professional consequences is routinely undermining provision of care based on medical assessments and evidence. Instead, medical providers routinely deny and delay abortion care out of fear with grave consequences for women's health and lives.

Since the ruling took effect, at least six women have now died after being denied life-saving terminations of pregnancy.²³ Furthermore, delays in provision of care are also having grave

²¹ Communication from NGOs (Center for Reproductive Rights and the Federation for Women and Family Planning) (17/08/2022) in the cases of R.R., Tysi c and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08).

²² DH-DD(2023)326, Communication from the authorities (14/03/2023) concerning the cases of R.R., TYSIAC and P. and S. v. Poland (Applications No. 27617/04, 5410/03, 57375/08), p. 2.

²³ *Lekarze z Pszczyny bali si  oskar en o nielegaln  aborcj ?* "Uwaga" TVN dotarła do nagrania rozmowy z lekarzem (20 Jan. 2022), <https://tvn24.pl/katowice/smierc-30-letniej-izabeli-w-pszczynie-lekarze-bali-sie-oskarzen-o-nielegalna-aborcje-nagrania-uwagi-tvn-5566049>; *Historia Izy z Pszczyny nie jest jedyna. W Świdnicy zmarła kobieta, której kazano rodzi  martwe dziecko* (6 Nov. 2021), [https://oko.press/smierc-37-letniej-agnieszki-z-czestochowy/](https://walbrzych.wyborcza.pl/walbrzych/7,178336,27773934,historia-izy-z-pszczyny-nie-jest-jedyna-w-swidnicy-zmarla-kobieta.html#S.embed_link-K.C-B.1-L.1.zw; Śmierć 37-letniej Agnieszki. Lekarze nie usunęli martwego płodu, by „ratowa  drugie dziecko” (26 Jan. 2022), <a href=); *Najpi kniejsze 3,5 miesi ca  ycia, dwa dni w szpitalu i śmierć. "Usłyszeli my,  e  ona musi urodzi "* (20 Oct. 2022), <https://tvn24.pl/katowice/katowice-marta-zmarla-po-porodzie-w-20-tygodniu-ciazy-po>

health consequences for women. The Commissioner for Patient's Rights in a 2023 decision found that delays in provision of abortion care to a woman whose fallopian tubes ruptured as a result, violated her rights.²⁴

Official statistics continue to provide clear evidence that access to legal abortion is extremely restricted, and as noted above only 32 abortions were provided in 2021 due to a risk to the woman's health or life and none for women who were pregnant following sexual assault. As we have outlined in previous submissions to the Committee, survivors of sexual assault who wish to end the resulting pregnancy are finding other ways to access care and overcome the legal barriers they face.

These barriers have particularly stark impacts on refugees from Ukraine who need abortion care. The obligation to obtain a certificate from a prosecutor attesting to the crime and the 12-week deadline are particularly severe barriers for refugees. As is the case for Polish women who have become pregnant following sexual assault and wish to end the pregnancy, refugees from Ukraine are likely to seek abortion care outside the health care system or travel to other countries including Ukraine to overcome the barriers they confront in access to legal abortion care.

Furthermore, thousands of other women who are not legally entitled to abortion care under the restrictive Polish law are nevertheless having abortions. Between October 2021 and October 2022, Abortion Without Borders, a civil society organization, provided assistance to 44,000 women who accessed abortions abroad. During the same period, FEDERA provided support to 32,000 women in need of reproductive health care including abortion.

The experience of FEDERA shows, that access to legal abortion care and information is largely dependent on women receiving the support from civil society organizations to defend and exercise their rights.

In the course of two years since the Constitutional Tribunal ruling, FEDERA provided legal assistance to approximately 1200 women who were denied legal abortion care in circumstances where their health or life was at risk or in the cases of fetal impairments. Pregnant patients with obstetric emergencies (such as an ectopic pregnancy, or an outflow of amniotic fluid) were sent home and told to wait for a miscarriage instead of receiving required medical care, exposing them to increased health risks including for sepsis or inflammation.

In the same time period, FEDERA also intervened in 28 hospitals where several women seeking abortion due to risks to their mental or physical health had been orally refused abortion care by health providers.

dwóch-dniach-pobytu-w-szpitalu-sprawie-badaja-prokuratura-regionalna-i-rzecznik-praw-pacjenta-6121598; 34-letnia Justyna zmarła na skutek sepsy, była w piątym miesiącu ciąży. "Kazali jej rodzić naturalnie" (16 Aug. 2022), <https://www.poradnikzdrowie.pl/aktualnosci/34-letnia-justyna-zmarla-na-skutek-sepsy-byla-w-piatym-miesiacu-ciazy-kazali-jej-rodzic-naturalnie-aa-mvUS-yGUJ-bKLLK.html>; *Prokuratura bada śmierć kobiety po porodzie. Rodzina: Lekarze za wszelką cenę kazali rodzić naturalnie. Dominika nie miała już siły* (6 Feb. 2022), <https://rzeszow.wyborcza.pl/rzeszow/7,34962,28071903,prokuratura-bada-smierc-kobiety-po-porodzie-rodzina-lekarze.html>.

²⁴ RzPPDPR-WPZ.433.18.2023.Awe).

Furthermore, in the three months since the beginning of 2023, FEDERA has already received seven complaints from women who had medical certificates attesting to their entitlement to abortion but who were nevertheless refused care by health providers.

The regressive ruling and the prevailing chilling effects of the near total ban on abortion has also led to a high number of applications to the European Court of Human Rights by women seeking accountability and remedies for alleged violations of their human rights as a result of being denied abortion care. The cases of *K.B. v. Poland and 2 other applications* (Apps. no. 1819/21, 4957/21, 6217/21); *K.C. v. Poland and 3 other applications* (Apps. no. 3639/21, 4188/21, 5876/21, 6030/21); and in *M.B. v. Poland and 4 other applications* (Apps. no. 5014/21, 5523/21, 6114/21, 6513/21, 8857/21) currently pending before the Court outline the implications and harms of the law. In addition, the cases of *M.L. v. Poland* (App. no. 40119/21) and *I.Z. v. Poland and 4 other applications* (Apps. no. 57338/21, 60699/21, 646/22, 1255/22, 8179/22) are also pending before the Court. These cases underline the stark barriers in access to abortion in Poland.

Finally, the fear of criminal sanctions for breaches of the abortion law has been further heightened by the recent conviction of a human rights defender for helping another woman to access abortion medication. On 14 March 2023, a district court in Warsaw convicted human rights defender Justyna Wydrzyńska of the crime of “helping with an abortion” for assisting a woman with access to abortion medication in 2020. The case marks the first time in recent history in which a human rights defender in Europe has been prosecuted and convicted for assisting with access to abortion. Ms. Wydrzyńska has been sentenced to eight months of community service for 30 hours a month for assisting a woman who was in a situation of domestic violence.