

3 November 2021

Distinguished Members of the National Council of the Slovak Republic,

I am writing on behalf of the International Federation of Gynecology and Obstetrics (FIGO) to express our deep concern regarding the *Draft Law on assistance to pregnant women* (Print 665, 31.08.2021)¹ that is currently being discussed by the Slovak Parliament. We actively support the stance taken by the World Health Organization (WHO) for the reasons covered in this letter and urgently request you to rethink the amendments.

Abortion is a time sensitive, essential medical service – one that should be provided in accordance with women and girls' preferences, and with safety, privacy and dignity at the forefront. It is an integral part of sexual and reproductive health and rights, gender equality, reproductive justice and universal access to healthcare.²

The draft law proposes a number of measures that contradict evidence-based medical standards and best practices for providing safe abortion care. This includes the proposed extension of the mandatory waiting period prior to abortion, a prohibition of so called “advertising” of abortion, and a new requirement for women to state the reasons for their decision to seek an abortion and to provide other personal information when requesting care. If adopted, the draft law would jeopardize women's health, privacy and decision making, and undermine the provision of timely, quality abortion care and evidence-based information on abortion.

As the WHO has made it clear, “laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services.”³ The WHO has outlined that barriers such as requiring mandatory waiting periods; censoring, withholding or intentionally misrepresenting health-related information; prohibiting access to information on legal abortion services or failing to guarantee confidentiality and privacy contribute to unsafe abortion because they “deter women from seeking care and providers from delivering services within the formal health system; cause delay in access to services, which may result in denial of services due to gestational limits on the legal grounds; create complex and burdensome administrative procedures; increase the costs of accessing abortion services; [and] limit the availability of services and their equitable geographic distribution.”⁴ As such, the WHO has recommended that “regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed.”⁵

¹ Návrh skupiny poslancov Národnej rady Slovenskej republiky na vydanie zákona o pomoci tehotným ženám.

² FIGO, *Addressing Barriers to Safe Abortion*, www.figo.org/resources/figo-statements/addressing-barriers-safe-abortion

³ World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* (2012), at 94.

⁴ Id. at 94.

⁵ Id. at 9.

The provision of safe abortion is an extremely time-sensitive, essential health service. Mandatory waiting periods regularly delay women's access to legal abortion care and contribute to women having abortions later in pregnancy.⁶ The WHO has stressed that "mandatory waiting periods can have the effect of delaying care, which can jeopardize women's ability to access safe, legal abortion services."⁷ The WHO has also recognized that mandatory waiting periods "demean women as competent decision-makers" and specified that medically unnecessary waiting periods should be eliminated to "ensure that abortion care is delivered in a manner that respects women as decision-makers."⁸

The WHO has also underlined the importance of ensuring access to evidence-based, medically accurate information on abortion and the entitlements to legal abortion care.⁹ It has outlined that "censoring, withholding or intentionally misrepresenting information about abortion services can result in a lack of access to services or delays, which increase health risks for women."¹⁰ The proposed prohibition of so called "advertising" of abortion would restrict medical professionals' ability to provide evidence-based information on abortion care and on how and where to access legal abortion services, which could impede women's access to these services and jeopardize their health.

Safe abortions should be readily available and affordable for all who need them. Abortions following WHO guidelines and use recommended methods appropriate to the pregnancy duration are safe.¹¹

States must refrain from adopting laws or policies that could lead to restrictions on access to safe abortion care. Public health evidence demonstrates that "legal restrictions on abortion do not result in fewer abortions nor do they result in significant increases in birth rates."¹² The WHO guidance specifies that "restricting legal access to abortion does not decrease the need for abortion, but it is likely to increase the number of women seeking illegal and unsafe abortions," or to increase the number of women traveling to obtain safe abortion in other countries, which "is costly, delays access and creates social inequities."¹³ Similarly WHO data demonstrates that, "laws and policies that facilitate access to safe abortion do not increase the rate or number of abortions."¹⁴

⁶ World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* (2012), at 96-97; see also e.g. Rowlands S., Thomas, K. Mandatory Waiting Periods Before Abortion and Sterilization: Theory and Practice. *International Journal of Women's Health* 2020:12, 581.

⁷ World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* (2012), at 96.

⁸ Id. at 96-97.

⁹ Id. at 95.

¹⁰ Id. at 97.

¹¹ The Faculty of Sexual & Reproductive Healthcare, Royal College of Obstetricians & Gynaecologists, *RCOG and FSRH key messages on safe abortion*, www.rcog.org.uk/globalassets/documents/global-network/projects-and-partnerships/making-abortion-safe/rcog-and-fsrh-key-messages-on-safe-abortion.pdf

¹² World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* (2012), at 90.

¹³ Id. at 90.

¹⁴ Id. at 90.

In many countries, abortion is stigmatized, surrounded by negative and often harmful attitudes. Stigma is experienced by both those who seek abortions and abortion care providers and creates a significant barrier to safe abortion access.¹⁵

The WHO has outlined that “abortion services should be integrated into the health system [...] to acknowledge their status as legitimate health services and to protect against stigmatization and discrimination of women and health-care providers,” and that safe abortion should be “delivered in a way that respects a woman’s dignity, guarantees her right to privacy and is sensitive to her needs and perspectives.”¹⁶

The WHO guidance stresses that “laws and policies on abortion should protect women’s health and their human rights,”¹⁷ and that states should adopt comprehensive regulations and policies to ensure women can access safe abortion care.¹⁸ The WHO has specifically stressed that such “policies should aim to:

- respect, protect and fulfil the human rights of women, including women’s dignity, autonomy and equality;
- promote and protect the health of women, as a state of complete physical, mental and social well-being;
- minimize the rate of unintended pregnancy by providing good-quality contraceptive information and services, including a broad range of contraceptive methods, emergency contraception and comprehensive sexuality education;
- prevent and address stigma and discrimination against women who seek abortion services or treatment for abortion complications;
- reduce maternal mortality and morbidity due to unsafe abortion, by ensuring that every woman entitled to legal abortion care can access safe and timely services including post-abortion contraception;
- meet the particular needs of women belonging to vulnerable and disadvantaged groups, such as poor women, adolescents, single women, refugees and displaced women, women living with HIV, and survivors of rape.”¹⁹

States should also ensure that women seeking abortion care can choose from among different evidence-based abortion methods. The WHO has underlined that “respect for a woman’s choice among different safe and effective methods of abortion is an important value in health-service delivery. Although the choice of methods will reflect health-system capability, even the most resource-constrained health systems should be able to provide medical methods and manual

¹⁵ The Faculty of Sexual & Reproductive Healthcare, Royal College of Obstetricians & Gynaecologists, *RCOG and FSRH key messages on safe abortion*, www.rcog.org.uk/globalassets/documents/global-network/projects-and-partnerships/making-abortion-safe/rcog-and-fsrh-key-messages-on-safe-abortion.pdf

¹⁶ World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* (2012), at 64.

¹⁷ *Id.* at 9.

¹⁸ *Id.* at 98.

¹⁹ *Id.* at 98.

vacuum aspiration.”²⁰ “Medical methods of abortion have been proved to be safe and effective.”²¹
They are also resource saving for health care systems.

We respectfully urge members of the Slovak parliament to reject these restrictive legislative proposals and any other proposals that could impede women’s timely access to safe abortion care, jeopardize their health and undermine their human rights.

Yours sincerely,



Dr Jeanne Conry
FIGO President

²⁰ Id. at 67.

²¹ Id. at 42.