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**Report to the UN Working Group on the issue of discrimination against
women in law and in practice.
Follow-up to the Working Group's 2018 Visit to the Republic of Poland**

Submitted on January 31, 2024

by

Foundation for Women and Family Planning FEDERA

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I. INTRODUCTION

This submission to the UN Working Group on the Issue of Discrimination Against Women in Law and Practice ("the Working Group") provides an update on the Working Group's findings and recommendations following its 2018 visit to the Republic of Poland.

This report covers developments related to general access to contraception and family planning services (Section II); abortion access (Section III); maternal health and postpartum care (Section IV); sex education (Section V); and provides recommendations to the Working Group on steps Poland should take to improve the situation.

Since the Working Group's visit, the situation regarding sexual and reproductive rights in Poland has deteriorated significantly. However, it should be noted that due to the change in the political climate in Poland after the parliamentary elections in the autumn of 2023, some improvements are likely to occur.

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This report has been prepared by the Foundation for Women and Family Planning FEDERA (“FEDERA”, “Foundation”), a non-governmental organisation working on sexual and reproductive health and rights in Poland. Since 1991, FEDERA has been involved in advocacy activities on SRHR, both at a national and international level, providing free counselling and legal representation for women, and cooperating with the medical community. Since 1999 FEDERA has consultative status with the United Nations Economic and Social Council.

II. CONTRACEPTION AND FAMILY PLANNING SERVICES

Following its 2018 country visit, the Working Group recommended to the Government to “(e)nsure that a full range of modern contraceptives and related information and services, including emergency contraception, are readily accessible to and affordable for all women¹”. As of January 2024, it cannot be said that these recommendations have been incorporated to a satisfactory extent.

As the reports of the European Parliamentary Forum on Sexual and Reproductive Rights indicate, Poland has ranked last in Europe in terms of access to contraception for three consecutive years²³⁴.

According to the government, the only contraceptives available in Poland without a prescription are condoms and spermicides in the form of vaginal shavings⁵.

¹ *Report of the Working Group on the issue of discrimination against women in law and in practice*, A/HRC/41/33/Add.2, p. 19, par. 85 (b)

² *Contraception Policy Atlas Europe 2020*, European Parliamentary Forum for Sexual and Reproductive Rights, https://www.epfweb.org/sites/default/files/2020-11/CceptionInfoA3_EN%202020%20NOV2.pdf

³ *Contraception Policy Atlas Europe 2022*, European Parliamentary Forum for Sexual and Reproductive Rights, <https://www.epfweb.org/sites/default/files/2023-01/EPF%20Contraception%20Policy%20Atlas%20Europe%202022.pdf>

⁴ *Contraception Policy Atlas Europe 2023*, European Parliamentary Forum for Sexual and Reproductive Rights, https://www.epfweb.org/sites/default/files/2023-02/Contraception_Policy_Atlas_Europe2023.pdf

⁵ *Report of the Council of Ministers on the implementation and effects of the Act of 7 January 1993 on Family Planning, Protection Of The Foetus And Conditions For The Admissibility of Abortion in 2021*, p. 76

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According to the *Regulation of the Minister of Health of 6 November 2013 on guaranteed services in outpatient specialised care*⁶, the National Health Fund finances the insertion and removal of the intrauterine contraceptive device (without the cost of the IUD, which is borne by the patient). According to the government, a total of around 9,000 such procedures were performed in 2021⁷. In practice, however, access to the IUD is very difficult. According to research conducted by FEDERA in four *voivodships*, only about half of medical facilities, despite having a contract with the National Health Fund, insert or remove IUDs under the Fund⁸. However, this number is lower in practice, as indicated by women approaching the Foundation who were refused insertion/removal of IUDs even in a facility that informed the Foundation that it was inserting an IUD.

Polish legislation requires compulsory prescriptions for hormonal contraception. Even after obtaining a prescription, its availability in practice is particularly difficult for vulnerable groups such as young women or the unemployed, not least because of the lack of broad state reimbursement – only two types of contraceptive medicinal products are reimbursed⁹. Contraceptive patches, pills, IUDs, or mini-pills, among others, are not reimbursed. The result is the widespread privatisation of gynaecological care, depriving indigent people of access to family planning measures.

The accessibility of contraception is also affected by ongoing problems related to the illegal abuse of the so-called 'conscience clause' to refuse

⁶ <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20160000357/O/D20160357.pdf> as subsequently amended

⁷ *Report of the Council... op. cit, p. 76*

⁸ Masovian Voivodeship: <https://federa.org.pl/wkladki-mazowieckie/>
Pomeranian Voivodeship: <https://federa.org.pl/wkladki-na-nfz-pomorskie/>
Subcarpathian Voivodeship: <https://federa.org.pl/wkladki-na-nfz-podkarpackie/>
Podlaskie Voivodeship: <https://federa.org.pl/wkladki-na-nfz-podlaskie/>

⁹ Data according to the *Announcement of the Minister of Health of 21 February 2022 on the list of reimbursed medicines, foodstuffs for special nutritional use and medical devices as of 1 March 2022*, from *Report of the Council...*, p. 75

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to prescribe or sell contraception¹⁰ or the poor availability of gynaecological care.

Women in Poland still cannot undergo a voluntary sterilisation procedure unless there are medical indications to do so, as determined by a doctor (such as the fact that a possible pregnancy could endanger the woman's life). In a situation where a sterilisation procedure is carried out with the woman's consent, the doctor faces a prison sentence of up to 20 years.¹¹

As we pointed out in our communication to the Committee of Ministers of the Council of Europe, women in Poland still face many obstacles in accessing information, including prenatal tests, and women in rural areas often face particular difficulties in accessing these tests. For example, in some voivodeships, these barriers appear to be particularly prevalent, as a relatively small number of women have access to prenatal testing and there are few service providers¹².

Plans of the abolition of the requirement to obtain a prescription for emergency contraception should be noted as a positive development. However, it should be emphasized that this occurred in January 2024, after a change in the political climate. Currently, the law abolishing the requirement to obtain a prescription is tabled in the Parliament¹³. Unfortunately, as indicated by the media, it is likely that the amendment will be vetoed by the President¹⁴. The current government does not have the majority needed to override a presidential veto.

¹⁰ As indicated in the *Position Paper of the Bioethics Committee of the Presidium of the Polish Academy of Sciences No. 4/2013 of 12 November 2013 on the so-called conscientious objection clause*, pharmacists are not entitled to conscientious objection:

<https://bioetyka.pan.pl/images/stories/Pliki/Stanowisko%20KB%20nr%204-2013.pdf> p. 3 par. 9

¹¹ Article 156(1) of the Penal code

<https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19970880553/U/D19970553Lj.pdf>, as subsequently amended

¹² Annex F to the *Report on the enforcement of Judgments of the European Court of Human Rights by Poland for 2021*, p. 30

¹³ <https://www.pap.pl/aktualnosci/do-sejmu-wplynal-rzadowy-projekt-dotyczacy-antykoncepcji-awaryjnej>

¹⁴ <https://www.wysokieobcasy.pl/wysokie-obcasy/7,163229,30594760,pigulka-dzien-po-wroci-rzad-przyspiesza-decyzje-dzis-poda.html>

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Another positive development related to the change in the parliamentary majority is the reinstatement of state support for the medically assisted procreation procedure in November of 2023. The state support will provide for an annual support of PLN 500 million (approximately EUR 114,613,300). The funding will come into effect on 01.06.2024¹⁵.

In conclusion, despite the positive changes that have taken place in the last 3 months, it cannot be said that the Government of Poland has implemented the recommendations of the Working Group regarding the provision of better access to modern contraception and family planning methods.

III. ABORTION ACCESS

The ruling of the Constitutional Tribunal in 2020, case number K 1/20¹⁶, had the effect of effectively extending the abortion ban to situations of fatal or serious foetal abnormality. Under this ruling, the premise allowing termination of pregnancy "*if prenatal tests or other medical grounds indicated a high probability of severe and irreversible fetal handicap or an incurable disease threatening its life*" was deemed unconstitutional and thus eliminated from the legal system. Termination of pregnancy based on the provision challenged by the Constitutional Tribunal was possible until the foetus attained the capacity to live independently outside the pregnant woman's organism (*Article 4a(2) on family planning, protection of the human foetus and conditions of permissibility of termination of pregnancy*)."

The Constitutional Tribunal ruling introduced a de facto ban on abortion in Poland. As statistics indicate, before 2020, approximately one thousand abortions per year were performed in Poland, mainly due to fetal

¹⁵ Act of 29 November 2023 on amending the Act on health care services financed from public funds https://orka.sejm.gov.pl/proc10.nsf/ustawy/31_u.htm

¹⁶ <https://ipo.trybunal.gov.pl/ipo/view/sprawa.xhtml?&pokaz=dokumenty&sygnatura=K%201/20>

¹⁷ It should be noted that in accordance with the judgments of the European Court of Human Rights in the cases: Xero Flor in Poland Sp. z o.o. vs. Poland of 7.05.2021, application no. 4907/18; Walesa vs. Poland of 23.11.2023, complaint no. 50849/21; M.L. vs. Poland of 14.12.2023, complaint no. 40119/21, the Constitutional Tribunal is deprived of the characteristics of a tribunal established by law when an unauthorised person sits in its composition. However, irregularities related to the staffing of the Constitutional Tribunal, and consequently its legitimacy, will not be the subject of this report

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abnormalities¹⁸. After 27 January 2021, when the Tribunal's ruling was published, this number dropped to 32 in 2021¹⁹ and 161 in 2022²⁰.

The ruling has been criticised by, among others, the Commissioner for Human Rights of the Council of Europe²¹, the European Parliament²², and UN independent experts (among others, the Special Rapporteurs on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; on violence against women, its causes and consequences; and in the field of cultural rights)²³.

"The ruling" triggered the largest street protests in Polish history, which took place in 410 Polish cities²⁴. As polls show, around 70% of the Polish population disagree with the Tribunal's ruling²⁵.

The effect of the extension of the abortion ban is a growing threat to women's lives and health. It is sad to note that at least 6 women have died since 2020 due to lack of access to abortion²⁶.

The onus of providing abortion care is on civil society organisations, which is particularly evident after 2020. As FEDERA's statistics indicate, since the Constitutional Tribunal's 2020 ruling (until 22 October 2023) FEDERA

¹⁸ <https://pulsmedycyny.pl/oficjalne-dane-o-legalnej-aborcji-w-polsce-1110-zabiegow-przerwania-ciazy-w-2019-r-999603>

¹⁹ <https://www.termedia.pl/mz/Ile-w-ostatnich-latach-przeprowadzono-aborcji-,50551.html>

²⁰ <https://www.rynekzdrowia.pl/Serwis-Ginekologia-i-poloznictwo/W-Polsce-przeprowadza-sie-wiecej-legalnych-aborcji-W-ubieglym-roku-nie-odnotowano-przeslanek-o-ciazy-z-gwaltu,249087,209.html>

²¹ <https://twitter.com/CommissionerHR/status/1319273573240893452>

²² https://www.europarl.europa.eu/doceo/document/TA-9-2021-0455_PL.pdf

²³ <https://www.ohchr.org/en/press-releases/2020/10/poland-has-slammed-door-shut-legal-and-safe-abortions-un-experts?LangID=E&NewsID=26434>

²⁴ <https://www.nytimes.com/2020/10/30/world/europe/poland-abortion-women-protests.html>

²⁵ <https://wiadomosci.onet.pl/tylko-w-onecie/sondaz-polacy-bardzo-krytyczni-wobec-wyroku-tk-w-sprawie-aborcji/m28mhh7>

²⁶ <https://www.poradnikzdrowie.pl/aktualnosci/nie-tylko-iza-z-pszczyzny-i-dorota-z-nowego-targu-lista-ofiar-przepisow-antyaborcyjnych-rosnie-aa-dkE1-xkUh-XZUh.html>

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has done 20,000 abortion consultations and enforced about 2,600 abortions in hospitals²⁷²⁸.

In addition to the situation resulting from the Constitutional Tribunal's judgment, access to statutory abortion in the remaining narrow scope provided for by the *Act on Family Planning, Protection of the Human Foetus and Conditions of Admissibility of Termination of Pregnancy* ("Family Planning Act") remains a problem.

In 2021 and 2022, not a single abortion was performed due to the fulfilment of the criminal premise²⁹. The Foundation's experience shows that women with experience of sexual violence prefer to obtain abortion care outside the system. The current regulations of the Family Planning Act require a survivor of sexual violence to obtain a document from the prosecutor's office stating that there is a high probability that the pregnancy is the result of a criminal act. However, the regulations do not set a time limit within which the prosecutor must take a position, which, combined with the 12 weeks allowing abortion on this premise, negatively affects its availability. Even obtaining the certification within the stipulated period does not guarantee that the procedure will be performed. In addition, this procedure secondarily victimises women who do not want to go through the trauma they have suffered again when speaking to the prosecutor or relying on the goodwill of the hospital staff.

The secondary victimisation of women associated with this procedure became particularly apparent after the full-scale invasion of Ukraine by the Russian Federation in February 2022, when many women who experienced violence from the Russian troops arrived in Poland and were unable to obtain a statutory abortion on criminal grounds – instead, they were choosing to seek abortion care outside of legal pathways through

²⁷ <https://federa.org.pl/trzecia-rocznica-wyroku-tk/>

²⁸ The figure of 2,600 abortions since 2020 is several times higher than the official statistics. This discrepancy is due to the fact that most hospitals prefer to report abortions as other situations, for example, miscarriages.

²⁹ 2021: <https://pulsmedycyny.pl/10-krotnie-mniej-legalnych-aborcji-w-polsce-az-14-krotny-spadek-w-przypadku-ciezkiej-wady-plodu-1177861> 2022: <https://krytykapolityczna.pl/kraj/aborcje-z-powodu-gwaltu-w-polsce/>

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telemedicine services operating in other parts of Europe³⁰. Many are forced to travel to Ukraine to obtain the care they need, including abortion^{31,32}

The problem with the accessibility of abortion is that the teaching of WHO-recommended methods of abortion is not in the compulsory medical school curriculum³³. The Foundation observes with concern the continued use by doctors of uterine curettage as the primary method of abortion. In addition, there is no officially approved substance for abortion in Poland³⁴.

FEDERA also observes worrying actions taken by doctors that make access to statutory abortion care difficult. These include joint consultations, which are becoming the default pathway for abortions in some facilities, requirements to obtain unnecessary documentation (such as, for example, opinions of respected medical bodies), the undermining of certificates authorising the termination of pregnancy (particularly those issued by psychiatrists) or the requirement to provide more than one such certificate. Some facilities also do not perform the procedures, hiding behind the hospital's alleged regionalisation or "conscience clause".

Abuse of the conscience clause by doctors in the context of abortion care, depriving women of effective access to abortion, remains a serious problem. The Working Group suggested that the government should *"(e)nsure that legal abortion is accessible in practice by removing existing barriers and abortion stigma, including through the proper monitoring and regulation of the practice of conscientious objection and by improving the effectiveness of the complaint mechanism"*³⁵. The Polish authorities,

³⁰ *Care in Crisis Failures to Guarantee the Sexual and Reproductive Health and Rights of Refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2023, p. 9*

³¹ *Ibidem, p. 9*

³² The information quoted above is taken from a report prepared by FEDERA together with partner organisations from Poland, Slovakia, Hungary and Romania, in cooperation with the Centre for Reproductive Rights, about barriers experienced by Ukrainian refugee women in accessing sexual and reproductive health services.

³³ <https://natemat.pl/464996,czy-lekarze-ucza-sie-jak-przeprowadzic-aborcje-dr-jagielska-ujawnia>

³⁴ Termination of pregnancy by pharmacological means is carried out using off label medication containing misoprostol.

³⁵ Report... op. cit p. 19

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however, continue to take the position that Polish regulations provide women with effective access to reproductive health services in a situation where a doctor uses the conscientious objection clause³⁶³⁷.

The conscientious objection appeal procedure introduced in 2008 to implement the ECtHR judgment *Tysi c vs Poland*, remains unreformed. Meanwhile, the creation of a new legal solution for the appeal process is crucial for providing patients with a functional reaction path against a doctor's denial of care. In its report, the Working Group recalled the negative assessment of the current procedure expressed by the Council of Europe Committee of Ministers³⁸. This opinion, to date, remains valid.

Critique can be formed against the conscientious objection appeal procedure, including the fact, (I) that the procedure is not adapted to the sensitive situation of pregnant women, (II) there is no guarantee of receiving a ruling in due time under the emergency procedure, (III) the procedure is too formalised, which results in a significant number of objections rejected on formal grounds, (IV) the lack of judicial control over the rulings and (V) the lack of opportunity to be heard by the Patient³⁹.

As indicated by the Patient Ombudsman's data, in 2020, the procedure was used a total of 29 times, of which only 12 objections were considered on the merits. Of the 29, only 5 objections concerned the refusal to perform the abortion procedure. Of these 5, only two cases were considered on the merits by the Medical Committee of the Patient Ombudsman, one was withdrawn at the patient's will, while in two the Ombudsman found that the procedure had been carried out in another

³⁶ Annex F to the *Report on the enforcement of Judgments of the European Court of Human Rights by Poland for 2021*, p. 46

³⁷ It should be pointed out that on 31 January 2024, the Ministry of Health announced a "Package for women "Bezpieczna. Świadoma. J." ("Safe. Conscious. Me") and reminded that hospitals are obliged to provide access to abortion if the hospital has a contract with the National Health Fund.

³⁸ *Report...* op . cit, p. 11

³⁹ Check *Communication from the Centre for Reproductive Rights and the Federation for Women and Family Planning on the enforcement of the judgments of the European Court of Human Rights Tysi c vs Poland, R.R. vs Poland and P. and S. vs Poland of 29 January 2021*.

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treatment facility before the objection was submitted⁴⁰. In 2021, 1 objection was received concerning a procedure to terminate a pregnancy⁴¹.

The analysis of the above data and the Foundation's experience indicate that this procedure remains an ineffective method that does not lead to the effective implementation of both the ECHR standard and the Working Group's recommendations.

An issue not addressed in the Working Group's report that should nevertheless be highlighted is the long list of results of criminalisation of pregnancy in Poland. Polish law does not provide for the punishment of women for their abortions, but it penalizes third-party activities, including termination of a pregnancy with a woman's consent, and aiding and abetting abortion.

Last year, the media covered the case of Joanna from Krakow, who was subjected to a series of abuses by medical staff and the police after she underwent an abortion⁴², and Ola from Warsaw, who was investigated after her miscarriage at 18 weeks of pregnancy⁴³. Both women have received legal support from FEDERA.

The criminalisation of pregnancy also directly hits women's relatives, healthcare workers, and human rights defenders and creates a dangerous chilling effect.

Mention should be made of the non-final conviction of activist Justyna Wydrzyńska for giving abortion pills to a woman who had experienced

⁴⁰ *Report of the Council of Ministers on the implementation and effects of the Act of 7 January 1993 on Family Planning, Protection Of The Foetus And Conditions For The Admissibility of Abortion in 2020,*

⁴¹ *Report of the Council of Ministers on the implementation and effects of the Act of 7 January 1993 on Family Planning, Protection Of The Foetus And Conditions For The Admissibility of Abortion in 2021,* p. 108

⁴² <https://krakow.wyborcza.pl/krakow/7,44425,30005347,aborcja-nie-byla-dla-mnie-radosnym-doswiadczeniem-ale-jej.html>

⁴³ <https://www.telegraph.co.uk/news/2023/07/27/poland-police-search-sewage-system-foetus-lying-miscarriage/>

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intimate partner violence⁴⁴, the case of a doctor from Szczecin, whose Central Anticorruption Bureau officers seized the medical records of patients over the past 30 years to charge her with the alleged non-statutory termination of her patients' pregnancies⁴⁵ and a 30-year-old man who admitted helping to procure abortifacients for his partner⁴⁶

Attempts to liberalise the anti-abortion law in the previous parliamentary term failed⁴⁷. At the time of submission, two bills legalising abortion await a parliamentary reading, and another one proposes decriminalisation of the abortion. At least two additional bills were announced to be in the works but were not filed to the Parliament yet.

The vote on these draft bills is most likely to happen in February 2024. Based on media reports, there is no guarantee that these bills will be voted through Parliament or signed by the President^{48,49}.

IV. ACCESS TO COMPREHENSIVE SEXUAL EDUCATION

During its 2018 visit, the Working Group rightly noted that "*Sexuality education, together with human rights education, is indispensable for addressing the problem of gender-based violence, including harassment and sexual harassment*"⁵⁰. At the same time, the Working Group, recommended to the government to "*provide comprehensive age-*

⁴⁴ <https://notesfrompoland.com/2023/03/14/polish-abortion-activist-found-guilty-of-helping-terminate-pregnancy/>

⁴⁵ <https://notesfrompoland.com/2023/11/25/gynaecologist-charged-in-poland-with-helping-patients-obtain-abortions/>

⁴⁶ <https://tvn24.pl/krakow/pinczow-zarzuty-dla-30-latka-za-pomoc-w-aborcji-7121895>

⁴⁷ <https://oko.press/sejm-odrzucil-projekt-legalnej-aborcji-psl-za-odrzuconiem-jedna-poslanka-pis-za-projektem>

⁴⁸ <https://wiadomosci.onet.pl/kraj/donald-tusk-zapowiada-projekt-legalnej-aborcji-do-12-tygodnia-ciazy/4t6w3s9>

⁴⁹ <https://wiadomosci.radiozet.pl/polska/polityka/opozycja-ma-plan-jak-ominac-weto-dudy-poslanka-wymienia-4-kroki>

⁵⁰ *Report of the Working Group on the issue of discrimination against women in law and in practice*, A/HRC/41/33/Add.2, p. 10, sec. 40

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appropriate, scientifically based sexuality education and remove any stereotypical teaching material and content from education”⁵¹.

It has to be said that the government has still not implemented the recommendations of the Working Group, and there has been a serious regression in the field of CSE.

On several occasions in recent years, the parliament has proceeded with bills to restrict sexual education in schools. 3 of them, were referred to by the media as 'Lex Czarnek', after the name of the former Minister of Education. The first of these bills (submitted as a governmental bill), envisaged a significant reduction in the autonomy of schools and an increase in the centralisation of education, by increasing the powers of superintendents who are subsidiaries of the Ministry⁵². The draft also envisaged limiting the possibility for schools to cooperate with educational organisations. The draft passed by the parliament, was eventually vetoed by the President in March 2022⁵³. The second draft, from October 2022, tabled as a parliamentary draft, supplemented the previous draft with a requirement to consult activities with the School Parents' Council and banned external entities from conducting activities within school hours⁵⁴. This draft was also vetoed by the President⁵⁵. A third draft, submitted as a citizens' draft, was passed by the Sejm and then rejected by the Senate⁵⁶. After the 2023 elections and the new composition of the *Sejm*, the Speaker of the *Sejm* declared that work on the bill would not continue⁵⁷.

Attacks on sex education have also been carried out by fundamentalist groups tolerated by the Polish authorities. The most important attacks include, for example, the *Stop Pedophilia* project, which provided for

⁵¹ Ibidem, p. 19, sec. 84 (e)

⁵² <https://www.portaloswiatowy.pl/powierzenie-funkcji-kierowniczej/lex-czarnek-od-a-do-z-cz.-i-20997.html>

⁵³ <https://www.polsatnews.pl/wiadomosc/2022-03-02/andrzej-duda-zawetowal-lex-czarnek/>

⁵⁴ <https://strefaeducacji.pl/lex-czarnek-wraca-do-sejmu-jako-projekt-poselski-zmiany-w-prawie-oswiatowym-wejda-w-zycie-mam-nadzieje-ze-jeszcze-przed/ar/c5-16116203>

⁵⁵ <https://wpolityce.pl/polityka/626383-holownia-szczesliwy-po-wecie-prezydenta-ws-lex-czarnek>

⁵⁶ <https://www.rp.pl/edukacja-i-wychowanie/art38875601-lex-czarnek-3-0-po-pierwszym-czytaniu-w-sejmie-co-zawiera-nowa-ustawa>

⁵⁷ <https://glos.pl/co-dalej-z-lex-czarnek-3-0-marszalek-sejmu-podjal-decyzje>

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imprisonment of up to two years for "public promotion or praise of paedophilic behaviour"⁵⁸. The same punishment was to be imposed on persons who "publicly promote or praise the initiation of sexual intercourse by a minor". The qualified type of offence occurred when the "promotion or praise" took place during an activity on school premises. As the explanatory memorandum of the draft states, it targeted sex education classes. The draft was referred to committee⁵⁹.

A report prepared by activists of the FEDERA-affiliated Ponton Group of Sexual Educators has pointed out serious problems with the quality of sex education that young people receive during their education, including curriculum contents for the so-called "Preparation for family living" classes. As the report indicates, the topic of informed consent was not properly addressed in classes by 74% of those surveyed. Similarly, the topic of sexual violence – 73%; psychological violence – 69%; domestic violence – 66%; sources of support – 57%. Subjects concerning psychosexual orientation (in 90% of respondents) and gender identity (in 94% of respondents) are not addressed in an accepting and substantive way.

Additionally, the classes do not sufficiently prepare youth to care for their health. The majority of study participants did not receive satisfactory information on sexually transmitted diseases/infections (other than HIV/AIDS) (60% of the respondents); contraception (51% of the respondents); visiting a gynaecologist for the first time (72% of the female respondents); visiting a urologist/andrologist (86% of the male respondents). – During the "Family Education" classes, issues of masturbation (87% of respondents) and pornography (82% of respondents) are not discussed substantively⁶⁰.

⁵⁸ https://stronazycia.pl/wp-content/uploads/2019/02/oiu-2019_projekt-ustawy.pdf

⁵⁹ <https://fakty.tvn24.pl/fakty-po-poludniu/edukacja-seksualna-sejm-wraca-do-prac-nad-obywatelskim-projektem-stop-pedofilii-ra1027719-ls6312604>

⁶⁰ *Wdź na dwóje*, Raport Grupy Ponton, 2023, p. 5-6

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V. RECOMMENDATIONS

Given the above, the FEDERA Foundation asks the Working Group to remind the Polish Government of its commitments, to renew its 2018 recommendations, and to extend them in the following respect:

Poland should:

1. legalise abortion on request and eliminate all laws that criminalize assistance in obtaining abortion care.
2. temporarily suspend prosecution of individuals for acts related to assisting abortion until the pending law reform,
3. eliminate the obligation for sexual violence survivors to secure a prosecutorial certificate before undergoing an abortion in case the pregnancy is a result of a crime,
4. provide explicit guidance to healthcare providers and facilities regarding the requisites and procedures for obtaining statutory abortion care,
5. implement effective oversight, as well as regulatory and enforcement measures to prevent delays or hindrances for accessing abortion services,
6. avoid supporting any regressive legal or policy measures aimed at restricting abortion access,
7. ensure comprehensive coverage of modern contraception through national health insurance,
8. immediately abandon the curettage of the uterine cavity as a method of primary choice for termination of pregnancy,
9. admit mifepristone to the market as one of the substances used during medical abortion, included in the WHO list of essential medicines,

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10. expand the reimbursed prenatal testing programme,
11. subsidise the health care system, in particular facilities located outside of large cities,
12. ensure, that training programme for medical staff (in particular gynaecology and obstetrics) include aspects of sexual and reproductive medicine, sociology of medicine, and legal education,
13. revise the core curriculum to provide age-appropriate, consistent with World Health Organisation standards, knowledge-based sex education.