United Nations CEDAW/C/POL/OIR/1

Convention on the Elimination of All Forms of Discrimination against Women

Distr.: General
15 November 2024

Original: English
English, French and Spanish only

Committee on the Elimination of Discrimination against Women

Inquiry concerning Poland conducted under article 8 of the Optional Protocol to the Convention

Observations of Poland*

[Date received: 14 August 2024]

* The present document is being issued without formal editing.

Introduction

1. First and foremost, the Government of the Republic of Poland should like to underline its unwavering commitment to ensure and advance human rights. Poland makes every effort to effectively, and in good faith, dispose of its obligation to respect, protect and fulfil human rights.

2. With regard to the subject matter covered by the CEDAW report, the Government of Poland wishes to emphasize its dedication to guarantee equal access to healthcare services provided by national law, including abortion. The significance of this objective was affirmed by the Prime Minister of the Republic of Poland, Donald Tusk, in his first policy speech. As he has declared in his exposé, the current administration intends to make sure that *"every woman sense a fundamental difference in the treatment of motherhood, understanding for pregnant women, and safe abortion in situations that require it. Women will experience a radical improvement in terms of their rights, dignity, health, and safety*."

With regard to the findings (factual and legal) of the Committee

I. Access to legal abortion

1. Statistical data on abortions in Poland

3. Data on the number of pregnancy terminations performed in Poland are collected on the basis of reports developed in connection with the implementation of the Programme of public statistical research for a given year (MZ-29 and MZ-24), adopted annually by the Council of Ministers, in accordance with the Act of 29 June 1995 on public statistics.

Table 1
Pregnancy termination procedures performed in 2010–2023 on countrywide
(according to data collected as part of public statistics)

		Pregnancy terminations performed in compliance with the Act of 1993:		
Year	*Total*	*Where the pregnancy was a threat to the pregnant woman's life or health*	*Where prenatal tests or other medical grounds pointed to a high probability of severe and irreversible impairment of the foetus or an incurable disease threatening its life*	*Where there was a reasonable suspicion that the pregnancy was the result of a prohibited act*
2010	641	27	614	0
2011	669	49	620	0
2012	752	50	701	1
2013	744	23	718	3
2014	971	48	921	2
2015	1 040	43	996	1
2016	1 098	55	1 042	1
2017	1 057	22	1 035	0
2018	1 076	25	1 050	1
2019	1 110	33	1 074	3
2020	1 076	21	1 053	2

		Pregnancy terminations performed in compliance with the Act of 1993:		
Year	*Total*	*Where the pregnancy was a threat to the pregnant woman's life or health*	*Where prenatal tests or other medical grounds pointed to a high probability of severe and irreversible impairment of the foetus or an incurable disease threatening its life*	*Where there was a reasonable suspicion that the pregnancy was the result of a prohibited act*
2021*	107	32	75	0
2022	160	159	0	1
2023	425	423	0	2

Source: *e-Health Centre*.

* On 22 October 2020 the Constitutional Court issued a judgment in a case. no. K 1/20, in which it stated that Article 4a (1)(2) of *the Act of 7 January 1993 on family planning, protection of the human foetus and conditions permitting pregnancy termination* – which allowed for a termination of pregnancy when prenatal tests or other medical grounds pointed to a high probability of severe and irreversible impairment of the foetus or an incurable disease threatening its life - is incompatible with Article 38 in conjunction with Article 30 in conjunction with Article 31(3) of the Constitution of the Republic of Poland.

4. The judgment was published in the Journal of Laws of 2021, item 175, on 27 January 2021. As a result of the publication of the Constitutional Court's ruling the afore-mentioned exception could no longer be invoked to receive abortion.

Table 2

Pregnancy termination procedures performed in 2023 broken down by provinces and causes

(according to data collected as part of public statistics)

	Pregnancy termination procedures performed in 2023		
Province	**Total**	**Where the pregnancy was a threat to the pregnant woman's life or health**	**Where there was a reasonable suspicion that the pregnancy was the result of a prohibited act**
Dolnośląskie	161	161	0
Kujawsko-pomorskie	16	16	0
Lubelskie	6	6	0
Lubuskie	3	3	0
Łódzkie	5	5	0
Małopolskie	50	50	0
Mazowieckie	92	92	0
Opolskie	5	5	0
Podkarpackie	0	0	0
Podlaskie	5	4	1
Pomorskie	40	40	0
Śląskie	3	3	0
Świętokrzyskie	1	1	0
Warmińsko-mazurskie	0	0	0
Wielkopolskie	17	17	0

Province	Pregnancy termination procedures performed in 2023		
	Total	Where the pregnancy was a threat to the pregnant woman's life or health	Where there was a reasonable suspicion that the pregnancy was the result of a prohibited act
Zachodniopomorskie	21	20	1
POLAND	425	423	2

Source: *e-Health Centre.*

2. Access to legal abortion on the ground of a threat to the life or health of the women and CEDAW's legal findings in this regard (paras. 11-15 and 82 of the CEDAW's report)

5. With regard to the findings of the report on the absence of an official guidance protocol for medical staff on how to interpret the notion of "threat to life or health", the alleged erroneous interpretation of this exception, the difficulties to access abortion based on a threat for the woman's mental health, the chilling effect that the criminalization of abortion has on medical personnel and the information on cases of pregnancy-related deaths, as well as the CEDAW's conclusion that these elements combined severely hamper women's access to abortion when there is a threat to their life or physical or mental health, the Government of Poland would like to present the following.

2.1 Interpretation of the exception of threat to the life or health of the woman, and guidance for medical staff in this respect

6. According to the *Act of 7 January 1993 on family planning, protection of the human foetus and conditions permitting pregnancy termination* (Journal of Laws of 2022, item 1575), hereinafter referred to as "the Act of 1993", a medical practitioner may terminate pregnancy only when:

- The pregnancy threatens the life or health of the pregnant woman (Article 4a(1)(1) of the Act of 1993);
- There is a reasonable suspicion that the pregnancy is the result of a prohibited act (Article 4a(1)(3) of the Act of 1993).

7. When it comes to the permissibility of abortion when the pregnancy threatens the life or health of the pregnant woman, it must be clearly stressed that there are in fact two independent conditions in place. When only one of them is met (i.e. there is either threat to life or threat to health), this provides sufficient legal grounds to establish that the circumstances permit termination of pregnancy.

8. **The Act of 1993 does not set out an exclusive list of indications for abortion when the pregnancy threatens the life or health of the pregnant woman. Its provisions, referring to a general concept of health, do not determine in any way which area of health should be subject to such a threat. The threat may therefore concern any area of health, be it physical or mental**. Also, the Act of 1993 does not specify the notion of "threat", leaving it to the discretion of the medical practitioner acting on the basis of their medical expertise. It should be noted that, according to Article 4 of the *Act of 5 December 1996 on the professions of doctor and dentist* (Journal of Laws of 2023, item 1516, as amended), a doctor must practise on the basis of recent medical expertise as well as available methods and means of preventing, diagnosing, and treating diseases, in compliance with professional ethics, and with due diligence.

9. Referring to the guidance protocols for medical staff on how to read the notion of "threat to life or health" of a woman, it needs to be stressed that development of such medical guidelines should be left to learned societies. In this regard the Government of Poland would like to note that **relevant recommendations in this respect have been developed by the Polish Society of Gynaecologists and Obstetricians as well as by the Polish Society of Sexual and Reproductive Health**.

2.2 Difficulties with accessing abortion based on the exception of a threat to the life or health

10. As it was mentioned above, the notion of threat to health of a woman concerns any area of health, be it physical or mental. Also, the provisions of the Act of 1993 do not specify what should be the speciality of a doctor authorised to determine if there are grounds for abortion.

11. According to Article 4a(5) of the Act of 1993, the existence of such grounds is determined by a medical practitioner other than the one performing abortion, unless the pregnancy directly threatens the woman's life. According to the provisions of the *Regulation of the Minister for Health and Social Welfare of 22 January 1997 on doctors' professional qualifications for terminating pregnancy and ascertaining that the pregnancy threatens the woman's life or health or that a high risk exists that the foetus is severely and irreparably damaged or that the child will suffer an incurable and life-threatening condition* (Journal of Laws, item 49), the existence of grounds suggesting that the pregnancy threatens the pregnant women's life or health is determined by a doctor specialised in the field of medicine relevant for the pregnant woman's type of disease.

12. The above-mentioned provisions clearly set out that **in order to determine the existence of circumstances in which the pregnancy threatens the woman's life or health only one medical certificate is required**, issued by a specialist in the field of medicine relevant for the pregnant woman's type of disease. Therefore, requiring additional doctors' opinions or certificates as a prerequisite to abortion is in principle unjustified and should be considered as a limitation of access to this procedure.

13. It should also be noted that abortion, in cases permissible by the Act of 1993, is a guaranteed healthcare service that all medical entities (hospitals) which entered into a contract with the National Health Fund to provide services in obstetrics and gynaecology are obliged to provide. In order to ensure the proper implementation of this obligation in practice, on 30 May 2024 an important change of the *Regulation of the Minister of Health of 8 September 2015 on the general terms and conditions of contracts for the provision of healthcare services* entered into force, requiring healthcare provider, contracted by the National Health Fund in obstetrics and gynaecology, to provide pregnancy termination services at its location. Failure to fulfil that obligation implies a contractual penalty at 2 per cent of the contracted amount for every violation identified (see also par. I.3.2. below).

14. Furthermore, **to ensure that the patients in situations provided for in the Act of 1993 have actual access to a termination procedure in each province, the Minister of Health, by a letter of 30 January 2024, obliged the President of the National Health Fund to** regularly:

- Collect information on the performed and settled abortion procedures by healthcare providers in each province and to determine which hospitals do not perform it at all;
- Request such healthcare providers:
    - To provide information on whether there were cases at the hospital in which the patient asked for the said healthcare service and was met with refusal;

- To explain why the patient was refused and how she was enabled to exercise her right to that service (and thus how the contractual obligation was executed in this respect); if the healthcare provider failed to take these measures, the Minister of Health obliged the President of the National Health Fund to take appropriate action against it.

15. The goal of the above actions is to ensure active and real supervision over the implementation of contracts in the discussed scope, i.e. to ensure that – in each case in which irregularities occurred – the National Health Fund takes appropriate action not only to thoroughly clarify the circumstances of the event and verify the manner in which the healthcare service was provided, but also to apply contractual liability to the entity breaching the contract.

16. According to the information from the National Health Fund, the Fund's Headquarters instructed the Directors of Provincial Offices to take appropriate action immediately after receiving the letter of 30 January 2024. Moreover, provincial offices of the National Health Fund were requested to notify the Headquarters whenever irregularities are found in the realization of a contract in the above-mentioned scope and whenever information on the refusal of abortion is received, and to specify the measures taken in response. At the same time, the National Health Fund introduced an obligation to send new reports that include measures set out in the letter of 30 January 2024.

17. Furthermore, the **National Health Fund receives information from the Patient's Rights Ombudsman on medical entities which refused to perform abortion** and failed to provide patients with healthcare services in obstetrics and gynaecology. The aforementioned data has been transferred regularly since 22 February 2024. The National Health Fund provides information on the entities in reference to which the Patient's Rights Ombudsman found patients rights' violations and against which patients or their relatives lodged complaints on the Ombudsman hotline to the relevant provincial offices in order for them to verify if such a complaint was registered at the provincial office and handled within its jurisdiction.

2.3 With regard to some of the cases of pregnancy-related deaths pointed to in the CEDAW's report

Izabela

18. On the basis of the media reports about the death of a 30-year-old pregnant Izabela in the District Hospital in Pszczyna, the Minister of Health requested the National Health Fund to carry out an inspection at the hospital. The prosecution office and the Patient's Rights Ombudsman have also been involved.

19. In September 2021 the National Health Fund conducted an inspection to verify if the contract for healthcare services such as inpatient care in obstetrics and gynaecology as well as anaesthesiology wards was properly executed. In the course of inspection, the National Health Fund asked the national consultant in perinatology to issue an opinion on whether the due diligence standard was observed by the medical staff of the Hospital in Pszczyna during medical interventions. After the inspection, which showed a series of problems and instances of negligence at the hospital, the hospital was imposed a contractual penalty and given post-inspection recommendations for immediate implementation.

20. More information about the results of the Patient's Rights Ombudsman's investigation at the District Hospital in Pszczyna is available at the Ombudsman's website: https://www.gov.pl/web/rpp/pszczyna-liczne-naruszenia-praw-pacjenta-w-szpitalu-powiatowym.

Agnieszka

21. Pursuant to Article 119(1)(2) of the *Act on medical activity*, the Minister of Health requested the national consultant in obstetrics and gynaecology to carry out an inspection at the Provincial Specialist Hospital of the Blessed Virgin Mary in Częstochowa and at the Rudolf Weigl Hospital in Blachownia to assess the correctness of the medical staff's entire conduct and of the diagnostic and therapeutic procedure they applied to patient Agnieszka T.

22. The inspection covered the period from 2021 to 2022. Based on the analysis of documents and events, no medical error was found at any stage of the treatment given to the patient.

23. With regard to the hospital in Częstochowa, the conduct of doctors was found to be correct and compliant with medical expertise and practice. The inspection was followed by a recommendation to increase the oversight of properly kept medical records, in particular as it comes to the transparency, clarity, consistency, and detailed character of entries, in accordance with the *Regulation of the Minister of Health of 6 April 2020 on types, scope and models of medical documentation and how to process it*.

24. Also in the case of the hospital in Blachownia, no medical error was found at any stage of the treatment. The conduct of doctors from the Anaesthesiology and Intensive Care Ward at the hospital was correct and compliant with the oversight recommendations of the Polish Society of Anaesthesiology and Intensive Therapy, as well as the recommendations about the treatment of sepsis and septic shock issued by the Surviving Sepsis Campaign (SSC). In the provincial consultant's opinion, the qualification for treatment, the assessment of the patient's health, and the conduct of intensive care were consistent with good clinical practice and clearly documented. Agnieszka T.'s health status, as assessed according to such international ICU scoring systems as SOFA, SAPS II, and APACHE II, suggested the severe course of the disease and a bad prognosis. No post-inspection conclusions or recommendations were formulated.

25. With regard to the prosecutorial investigation into the circumstances of death of Agnieszka T., the Regional Prosecution Office in Katowice issued on 31 July 2024 a decision on discontinuation of the proceedings due to the absence of the qualities of a prohibited act. The evidence material collected in the case did allow for a conclusion that there were irregularities or unfounded refusal to terminate the pregnancy in the course of the treatment of the patient (there were no grounds for the abortion, and after the death of the foetuses correct medical procedures where implemented).

Dorota

26. Also in the case of death of patient Dorota L., the Minister of Health requested, in accordance with Article 119(1)(2) of the *Act on medical activity*, the national consultant in obstetrics and gynaecology to carry out an inspection at the John Paul II Podhale Specialist Hospital in Nowy Targ, to assess the correctness of the medical staff's entire conduct and of the diagnostic and therapeutic procedure they applied to the patient.

27. The period controlled was 2023. The inspection revealed that given the duration of pregnancy and the clinical picture of patient, the diagnostic and therapeutic procedure first applied to the patient was adequate for her health status and the showed symptoms. However, during further hospitalisation, patient Dorota L. showed worrying symptoms but, according to findings, the procedure remained in fact unchanged throughout the patient's stay at the Gynaecology and Obstetrics Ward, despite her deteriorating health status. In the conclusion, it should be stated that that

patient Dorota L. should have been offered abortion as her health and life were threatened by the pregnancy.

28. These findings led to the following post-inspection recommendations: (1) to unconditionally enhance the oversight of medical staff providing healthcare services to patients, especially when there is increasing inflammation threatening the patient's life and health; (2) to unconditionally perform abortion when the patient's life and health is threatened; (3) to take action in order to ensure that medical records are kept accurately and reliably, in accordance with the *Regulation of the Minister of Health of 6 April 2020 on types, scope and models of medical documentation and how to process it*.

29. When it comes to the prosecutorial investigation of this case, the proceedings, led by the Regional Prosecution Office in Katowice, are pending. Currently, an experts' opinion on the appropriateness of medical treatment offered to the patient, is being prepared.

3. Access to legal abortion on the ground that the pregnancy results from a crime (paras. 16 and 83 of the CEDAW's report)

30. With regard to the findings of the report that the requirement for the victim to press charges to obtain an abortion, combined with the lack of time limitations for the prosecutor to certify the opening of an investigation, without any guarantee that the said certificate would be obtained in a timely manner, does not constitute a realistic option for victims of sexual violence to obtain an abortion under the exception of a pregnancy resulting from a crime, the Government of Poland would like to recall that according to Article 4a(1)(3) of the Act of 1993, a medical practitioner may terminate pregnancy when there is a reasonable suspicion that the pregnancy is the result of a prohibited act. In this case, abortion is permissible if no more than 12 weeks have passed since the onset of pregnancy. It is for the public prosecutor to determine, on the basis of the collected evidentiary material, whether it is reasonable to suspect in a given case that the pregnancy is the result of a prohibited act, and such a determination should be made before the afore-said period of 12 weeks.

31. It should be pointed in this regard to the order of 10 April 2024 by which Prosecutor General tasked a team of prosecutors from the National Public Prosecutor's Office with preparing recommendations on conducting the cases concerning the refusal to terminate the pregnancy, as well as recommendations on so-called pharmacological abortions (more detailed information in this regard, see II.1 below). The guidelines developed as an outcome of this exercise pertain also to the question of the conduct in the cases concerning the pregnancies resulting from a crime. The **guidelines** indicate that the proceedings in question should be subjected to particularly thorough supervision. It was **emphasized that in a situation where there is a justified suspicion that the pregnancy is the result of a prohibited act, the proceedings should be conducted speedily, so that the prosecutor's issuance of a certificate constituting a basis for a legal abortion is prepared in time to enable termination of pregnancy within the statutory period of 12 weeks**.

32. The guidelines, signed by the Prosecutor General, were published on the National Public Prosecutor's Office website on 9 August 2024 at https://www.gov.pl/web/prokuratura-krajowa/wytyczne-prokuratora-generalnego-w-sprawie-zasad-postepowania-powszechnych-jednostek-organizacyjnych-prokuratury-w-zakresie-prowadzenia-spraw-dotyczacych-odmowy-dokonania-przerwania-ciazy-oraz-tzw-aborcji-farmakologicznej.

4. *De facto* limitations on access to legal abortion (paras. 19-22 and 85 of the CEDAW's report)

4.1 The so-called "pregnancy register"

33. It should be stressed that **by no means the Government of Poland created a so-called "register of pregnancies"**. The emergence of such an unfounded perception is caused by the misinterpretation of the new legislation – the *Act of 28 April 2011 on the information system in healthcare* (Journal of Laws of 2023, item 2465, as amended, hereinafter referred to as the "ISH Act") - which created a database of medical events. Collecting data on a medical event, anchored in applicable legislation, is above all aimed at ensuring medical staff's access to health data of a given patient to provide them with the highest quality of healthcare services.

34. According to Article 2(18) of the ISH Act, a medical event processed in the information system is a healthcare service defined in Article 5(40) of the *Act of 27 August 2004 on healthcare services financed from public funds* (Journal of Laws of 2024, item 146, hereinafter the "Healthcare Services Act") as an activity that serves to prevent disease or to preserve, save, recover, or improve health, as well as any other medical activity resulting from the process of treatment or separate regulations governing its provision.

35. The reporting obligation concerns a series of data on the medical event set out in the *Regulation of the Minister of Health of 26 June 2020 on a detailed scope of data on medical events processed in the information system as well as the manner of and the deadlines for transferring such data to the Medical Information System* (Journal of Laws of 2023, item 738). **The fact that the reporting obligation concerns also information on pregnancy is highly justified given its importance for the therapeutic procedure (for example pregnant women should not undergo a number of medical procedures, such as radiography, and cannot be prescribed certain medications).** Transferring information on the patient's pregnancy to the Medical Information System (hereinafter the "MIS") by service providers is only aimed at adapting the treatment to the pregnant patient's health status and ensuring health security for her and her foetus. Collecting such data in the MIS and ensuring medical staff's access to them (under the terms set out in the ISH Act) is also helpful when the staff members perform their professional duties, including when they provide healthcare services to a pregnant woman (in particular when she is unconscious).

36. **It should be underlined that information on pregnancy was also included in the dataset to be provided in the Patient Summary, a medical document developed by the European Commission to be introduced in the EU.** It is meant to include basic information on the patient's health status, be shared across borders, and help medical staff diagnose and treat patients more effectively thanks to the availability of the most important information on the patient's health.

37. Data collected in the MIS remains properly secured, in a way that corresponds to the requirements of generally applicable law on the processing of personal data, and is protected from unauthorised access (also according to Article 5(3c) of the ISH Act). As processors of personal data, including health information, service providers are obliged to apply appropriate safeguards to protect personal data from unauthorised access. Therefore, apart from the GDPR obligations, service providers have a duty to perform also their obligations to safeguard the processing of personal data provided for in the ISH Act, the *Act of 6 November 2008 on the patient's rights and the Patient's Rights Ombudsman* (Journal of Laws of 2024, item 581), as well as any other legal acts regulating this matter.

38. It must be stressed at the same time that the rules for accessing personal data and individual medical data collected in the MIS are mostly governed by Article 35(1) and (1a) of the ISH Act. Pursuant to Article 35(1) of the ISH Act, the following persons have access to the personal data or individual medical data of service recipients, processed in the service provider's IT system or in the MIS: (1) a health professional who created electronic medical records including personal data or individual medical data of the service recipient; (2) a health professional practising at a service provider where electronic medical records including personal data or individual medical data of the service recipient were created in relation to the health professional's practising at the service provider if this is necessary for diagnosis and continued treatment; (3) a doctor, a nurse, or a midwife providing healthcare services to the service recipient under a contract for the provision of primary healthcare services; (4) every health professional when the service recipient's life is threatened.

39. The above-mentioned persons are allowed access to a patient's personal data or individual medical data from the service provider's IT system or from the MIS by virtue of law, without the need for additional patient's consent. In cases other than the above, sharing data requires the service recipient's or their legal representative's consent. When giving consent, one specifies the timeframe and scope of access to such data (Article 35(1a) of the ISH Act).

40. Furthermore, **as it comes to courts' or prosecution office's authorisation to request transfer of information included in the MIS**, such requests may not be discretionary and must be made in compliance with the applicable law governing their rights and obligations related to pending proceedings. According to the National Public Prosecutor's Office, it has no information on any potential investigations that were instituted on the basis of the information from MIS.

4.2 Conscientious objection

41. At the outset, it should be pointed out that the conscience clause is set out in a number of international legal acts, including in the Charter of Fundamental Rights of the European Union which serves to protect fundamental rights of the European Union citizens. Article 10(2) of the Charter recognises the right to object to actions inconsistent with one's conscience, according to national legislation governing the exercise of this right. The same applies to the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights.

42. Based on the international law, also Polish legislation (Article 53 of the Polish Constitution) provides that everyone should be ensured freedom of conscience. The above was also set out in Article 39 of the *Act of 5 December 1996 on the professions of doctor and dentist* (Journal of Laws of 2023, Item 1516, as amended), herein referred to as the "Act on medical professions". It specifies that doctors may refrain from providing healthcare services that are against their conscience, with the exception of a situation when delayed provision of a healthcare service could entail a danger of loss of life, grievous bodily harm, or serious health disorder. At the same time, a doctor has a duty to record in medical records that they invoked the conscience clause. A doctor practising under employment contract or as part of service is furthermore obliged to notify their superior in writing beforehand.

43. The above-mentioned provision defines **the conscience clause as a right assigned to doctors personally, not transferable to any other personnel of the medical entity** providing healthcare services financed from public funds.

44. In addition, due to the coexisting provisions of other legal acts which impose on certain entities (medical entities, provincial offices of the National Health Fund) the obligation of sharing information about healthcare services provided in a given region or nationwide, Article 39 of the Act on medical professions does not specify that

another doctor or medical entity should be proposed, reserving the right of choice for the patient herself. The provision in question does not prohibit doctors from suggesting a solution to the patient's situation. Invoking the wording of Article 30 within Article 39 of the Act on medical professions clearly limits the scope of the said right, which in turn obliges every doctor with given professional qualifications, including specialists in obstetrics and gynaecology, to be capable of performing all medical procedures, also those covered by the conscience clause.

45. As for the professions of nurse and midwife, refusal to provide healthcare by nurses and midwives based on their conscience is regulated by the *Act of 15 July 2011 on the professions of nurse and midwife* (Journal of Laws of 2024, item 814). According to Article 12 of the Act: (1) a nurse and a midwife are obliged to provide assistance in accordance with their professional qualifications whenever delayed provision of such assistance could entail an immediate risk to patient's health; (2) a nurse and a midwife may refuse to carry out a doctor's order and to provide another healthcare service which is against their conscience or outside the scope of their qualifications, immediately explaining the reason for their refusal to their superior or the ordering person in writing, unless there are circumstances referred to in paragraph 1; (3) in the case referred to in paragraph 2, a nurse and a midwife have a duty to immediately inform the patient or their legal representative or actual caregiver of their refusal and to indicate real possibilities of being provided this healthcare service by another nurse, midwife, or medical entity; (4) If a nurse or a midwife refrain from providing healthcare services for reasons referred to in paragraph 2, they must justify and record this fact in medical records.

46. Moreover, patient's right to information and effective provision of healthcare services, as well as healthcare provider's obligation to share information are provided for in the *Act of 15 April 2011 on medical activity* (Journal of Laws of 2023, item 991, as amended), the *Act of 27 August 2004 on healthcare services financed from public funds* (Journal of Laws of 2024, item 146) and the *Regulation of the Minister of Health of 8 September 2015 on the general terms of contracts for the provision of healthcare services* (Journal of Laws of 2023, item 1194), as well as the *Act of 6 November 2008 on the patient's rights and the Patient's Rights Ombudsman* and their implementing acts.

47. An entity performing medical activity not only makes information on the scope and the types of healthcare services provided publicly available, but also should, on patient's demand, provide information about diagnostical or therapeutic methods used under its contract with the National Health Fund. In addition, provincial offices of the Fund are the only entities that possess full, and most importantly, up-to-date information about healthcare services provided within the province. And according to Article 23(3) of the *Act of 27 August 2004 on healthcare services financed from public funds*, they are obliged to inform any healthcare provider, on their demand, which healthcare providers contracted by this office can provide the given healthcare service, what the average waiting time for this service is and when the earliest appointment can be had. Information on the requested healthcare service is available on the National Health Fund's anonymous hotline. No patient contacting them should be left without information sought nor should they be deprived of the healthcare service.

48. **Therefore, one cannot claim that Polish women are refused the right to receive healthcare services covered by the conscience clause.** One has to distinguish between the provisions of the Act on the professions of doctor and dentist concerning the conscience clause and those concerning the premises for abortion contained in the Act of 1993, which set out the abortion procedure as a guaranteed healthcare service.

49. In this context it should be noted that Article 4b of the Act of 1993 provides that "people covered by the social insurance and entitled to free healthcare under separate provisions have the right to free-of-charge abortion in medical entities". The guaranteed healthcare services related to the termination of pregnancy are laid down in Appendix 1 to the *Regulation of the Minister of Health of 22 November 2013 on guaranteed healthcare services in the field of hospital treatment* (Journal of Laws of 2023, item 870, as amended). In the light of the applicable legislation, including in particular the *Regulation of the Minister of Health of 8 September 2015 on the general terms of contracts for the provision of healthcare services*, all medical entities (hospitals) which entered into a contract with the National Health Fund, hereinafter referred to as the "Fund", are obliged to provide services set out in that contract to the full extent and in conformity with the legislation in force.

50. When signing a contract for the provision of healthcare services, the healthcare provider undertakes to provide all services defined as guaranteed in the relevant implementing regulations to the Act *of 27 August 2004 on healthcare services financed from public funds*, within the given scope and type of services for which the contract was concluded.

51. As mentioned above (par. 1.2. above), to ensure the disposal of these contractual obligations in practice, an important change to the provisions of the *Regulation of the Minister of Health of 8 September 2015 on the general terms and conditions of contracts for the provision of healthcare services* were introduced on 30 May 2024. As a result, according to § 3(6) of the Appendix to that Regulation, **the healthcare provider contracted by the National Health Fund to provide hospital treatment in obstetrics and gynaecology is obliged - in cases where abortion is permitted by generally applicable law – to provide pregnancy termination services at the healthcare provision location, irrespective of whether a doctor practicing at that healthcare provider has refrained from providing the said service on the basis of invoking a conscientious clause.**

52. **Failure to fulfil that obligation implies a contractual penalty at 2 per cent of the contracted amount for every violation identified.** Regardless of the above, if the said §3(6) of the Appendix to the Regulation is violated, the President of the National Health Fund or head of the provincial office of the National Health Fund can also terminate the whole or part of the contract without notice.

4.3 Professional training of medical personnel and students

53. All students undergoing training to become doctors follow the curriculum resulting from the *Regulation of the Minister of Science and Higher Education of 26 July 2019 on educational standards preparing for the practice of the profession of doctor, dentist, pharmacist, nurse, midwife, laboratory diagnostician, physiotherapist and paramedic* (Journal of Laws of 2021, item 755, as amended). The regulation implements the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 2005, p. 22, as amended) within the scope of its subject matter.

54. The subject matter of students' training in obstetrics and gynaecology includes legislation on artificial procreation and abortion, as well as diagnosis of the most common symptoms of pathological pregnancy. As part of post-graduate internship, a doctor must have knowledge of the legal framework regulating doctors' conduct in the field of artificial procreation and abortion. In contrast, specialty training in obstetrics and gynaecology additionally provides for the need for the head of specialty to sign off the cleansing and emptying of the uterine cavity, which is also performed in most other procedures, i.e. miscarriages or stillbirths. With regard to the use of vacuum procedures, the national consultant in obstetrics and gynaecology points out

that these have been known for several decades and are not modern procedures; in addition, their use is limited in time (up to 8th-10th week of pregnancy) and after the vacuum procedure the uterine cavity in most cases requires additional curettage anyway. He also points out that increasing doses of prostaglandins does not eliminate the pain but, on the contrary, may exacerbate it, depending on patients' individual response to contraction pain.

55. The rules for practising the profession of midwife are set out in the *Act of 15 July 2011 on the professions of nurse and midwife* (Journal of Laws of 2024, item 814). The profession of midwife is an independent medical profession and consists in the provision of services as defined in Article 5(1) of this Act. A midwife, in the course of her professional training conducted in line with the training standard preparing for the midwifery profession, acquires the qualifications to provide healthcare services primarily for the pregnant woman, woman in labour, woman in the postpartum period, and the newborn child. The educational standard for midwifery studies, as defined by the relevant regulations, covers specialist issues in midwifery, neonatology and gynaecology, as well as ethical, social and legal conditions of practising midwifery, and psychological support for women giving birth. Students majoring in midwifery as part of the social sciences and the humanities acquire knowledge and skills in, among other things: (i) psychological basis of human development, normal and disordered behaviours - B.W1.; (ii) human-social environment relations and mechanisms of human functioning in difficult situations - B.W2.; (iii) the concept of emotions and motivation and personality disorders - B.W4.; (iv) basic issues of prenatal and procreative psychology - B.W5.; (v) diagnosing normal, disordered and pathological behaviour - B.U1.; (vi) assessing the impact of illness and hospitalization on the physical and mental state of the human being - B.U2.; (vii) assessing human functioning in difficult situations (stress, frustration, conflict, trauma, bereavement) and providing information about elementary forms of psychological help - B.U3.; (viii) diagnosing psychological problems related to procreation (fertility disorders, abortion, miscarriage, loss of a child in the perinatal period) and providing psychological support - B.U5.

56. Midwives also improve their qualifications through various forms of postgraduate training. In the course of their specialty training in gynaecological and obstetric nursing, midwives acquaint themselves with, among other things, the psychological support of women giving birth. A midwife with a degree in the aforementioned field of speciality is prepared to diagnose and interpret the behaviour of a post-partum woman in a lower mood and to take therapeutic measures appropriate to the situation.

4.4 Procedure regarding complaint against physician's opinion

57. Pursuant to Article 31 of the *Act of 6 November 2008 on the patient's rights and the Patient's Rights Ombudsman*, a patient or their statutory representative may object to an opinion or certificate issued by a doctor, if the opinion or certificate affects the patient's rights or obligations under the law.

58. An objection is submitted to the Medical Board of the Patient's Rights Ombudsman, through the Patient's Rights Ombudsman, within 30 days from the date of the opinion or certificate of the doctor diagnosing the patient's condition. The objection requires justification, including an identification of the law which gives rise to the patient's rights or obligations that are affected by the doctor's opinion or certificate. Acting on the medical records and, where necessary, after examining the patient, the Medical Board promptly issues its certificate, not later than within 30 days from the date the objection was lodged. The decision of the Medical Board is non-appealable.

59. **It should be underlined here that in accordance with the high priority given by the Government of Poland to the observance and effective implementation of patients' rights to healthcare services, including legally provided abortion, an in-depth analyses and consultations in the area of streamlining the complaint procedure against doctor's opinion stating the impossibility of performing a legal abortion procedure, is planned** to be undertaken by the Ministry of Health.

60. Currently, as part of the cooperation between the Ministry of Health and the Ministry of Justice, preliminary conceptual work is being carried out aimed at simplifying the institution of objection to a doctor's opinion or certificate and speeding up the procedure. The **proposed amendments**, supported also by the Patient's Rights Ombudsman, include:

- Waiving the requirement to identify, in the submitted objection, the legal provision which gives rise to the patient's rights or obligations that are affected by the opinion or certificate. The proposed amendment in this respect takes into account the proposals of civil society organisations to the effect that the legislator has made it too demanding for persons intending to exercise their right of objection to identify the legal provision from which certain rights and obligations of the patient arise, under pain of the objection being dismissed on formal grounds without consideration;
- Clarifying that an objection is also permitted in the case of refusal to issue an opinion or certificate, as well as refusal to refer for diagnostic tests, if they are necessary for issuing such an opinion or certificate. In order for such an objection to be effective, the refusal should be recorded in the patient's medical records, and it is therefore proposed to introduce a statutory obligation to make appropriate annotations in this respect;
- Reduction, to 10 days, of the deadline for the Medical Board to issue a certificate following a complete objection by a patient to a doctor's opinion or certificate. If it is not possible to issue a certificate within the deadline due to the need to have the patient examined, the deadline for issuing a certificate is extended by the time necessary to carry out the examination. The time limit indicated in the current legislation (30 days) may be too long in some cases, which virtually deprives the patient of the possibility to make effective use of the institution of objection. This concerns, for example, the case when the objection is lodged against a medical opinion or certificate affecting the right to terminate a pregnancy, owing to the fact that the Act of 1993 specifies the time during which termination of pregnancy is allowed;
- Moving to the amended Act a provision allowing the patient or the patient's statutory representative to participate in the meeting of the Medical Board, except for the part of the meeting during which deliberation and voting on the certificate takes place, and to provide information and explanations on the case. Currently, such a provision results from the *Regulation of the Minister of Health of 10 March 2010 on the Medical Board of the Patient's Rights Ombudsman* (Journal of Laws No. 41, item 244);
- Introduction of a provision ensuring that the patient may appoint a representative in proceedings before the Medical Board. In order to simplify the procedure for filing an objection and to make it easier for interested patients to exercise this right, it is proposed to introduce the possibility of filing an objection in writing, orally into a recorded report or electronically via the Electronic Platform of Public Administration Services (ePUAP). It is also proposed that the status of the certificate issued by the Medical Board be clearly defined in the Act. In order to ensure the effectiveness of the institution of the

objection, it is proposed that the opinion issued by the Medical Board supersedes the contested opinion or certificate.

4.5 Geographical limitations

61. It is natural that the number of healthcare providers in rural regions is lower than in urban areas owing to, among other factors, the difference in population density. At the same time, the important role of primary healthcare (PHC) should be emphasised in this respect. Within the framework of the coordination of healthcare for the healthcare recipient, a PHC physician initiates or continues the diagnostic and therapeutic treatment launched in relation to the healthcare recipient by another healthcare provider, within the scope of their professional competence, in accordance with the current medical knowledge.

62. The PHC nurse and PHC midwife, on the other hand, in cooperation with the PHC doctor, identify the conditions and health needs of the healthcare recipient and their nursing problems, plan and provide comprehensive nursing care, and continue the therapeutic procedure ordered by another healthcare provider, within their professional competence, in accordance with the current medical knowledge.

63. Primary healthcare, therefore, encompasses not only the healthcare services rendered by a doctor but also those by a midwife. The PHC midwife provides care for women of reproductive age, including prevention and health promotion. Although neither the PHC doctor nor the PHC midwife performs an abortion, but they provide care for the woman both before and after the procedure.

64. The Government of Poland would also like to stress that it undertook practical actions to ensure that patients in situations provided for in the Act of 1993 have actual access to a termination of pregnancy procedure in each province of the country (see information about the letter of the Minister of Health to the President of the National Health Fund of 30 January 2024, par. I.1.3 above).

4.6 Access to information

65. The patient has a right to be informed. The issue of providing patients with information is regulated in a general manner (i.e. concerning all situations of provision of services, including those related to the termination of pregnancy) by the provisions of the *Act of 6 November 2008 on the patient's rights and the Patient's Rights Ombudsman*. Pursuant to Article 9 of the aforementioned Act, a patient, including a minor who is at least 16 years of age or their statutory representative, has the right to obtain accessible information on the patient's health condition, diagnosis, proposed and possible diagnostic and therapeutic methods, foreseeable consequences of their application or abandonment, results of treatment and prognosis from a medical professional, within the scope of healthcare services provided by this medical professional and in accordance with their qualifications. A patient under the age of 16 has the right to obtain information in the scope and form necessary for the proper course of the diagnostic or therapeutic procedure from a medical professional.

66. The provision of Article 30 of the *Act of 5 December 1996 on the professions of doctor and dentist* imposes an obligation on the doctor to provide the above information. Accordingly, the patient must be informed of current health and life risks at any stage of pregnancy. She must also be informed about the possible solutions according to her clinical situation, including the admissibility of the termination of pregnancy.

67. It should also be emphasized that since the establishment of the Patient's Rights Ombudsman a nationwide, free of charge Ombudsman's helpline is in place, where every patient can obtain any information about the legal situation, the implementation

of patients' rights and the benefits to which they are entitled. Every year, tens of thousands of calls are received via the helpline (in 2021 – 133.212, in 2022 – 98.910). In addition, patients, when applying to the Patient's Rights Ombudsman's Office can obtain such information in writing and by e-mail without any special procedures.

II. Criminalization of abortion and its effects (paras. 23-49 and 79-81 of the CEDAW's report)

1. General submissions

68. As it was already mentioned above in par. I.2 above, on 10 April 2024 the Prosecutor General appointed (by the means of order no. 21/24) a team of prosecutors from the Department of Preparatory Proceedings of the National Public Prosecutor's Office and tasked them with preparing recommendations on conducting the cases concerning the refusal to terminate the pregnancy, as well as recommendations on so-called pharmacological abortions.

69. As a result, **the examination was conducted of all cases qualified under Article 152 §§ 2 and 3, as well as under Article 154 §§ 1 and 2 of the Criminal Code within the period of 2016-2023 – 590 in total**. This analysis focused in particular on: (i) the appropriateness of the legal qualification; (ii) reasoning of the charge; (iii) correctness of its formulation; (iv) swiftness of the prosecutor's response; (v) correctness of the notification about the offence in question; (vi) rightness of initiating preparatory proceedings and carrying out the activities referred to in Article 307 § 1 of the Code of Criminal Procedure.

70. When examining the files, attention was paid to the accuracy of directing the procedural activities, the completeness of guidelines issued to police officers and the supervision of activities performed by the police. The method of completing the proceedings and the quality of substantive decisions issued were also assessed, including the correctness of the approved legal base and its comprehensiveness. In cases finalized in the course of court proceedings the accuracy of the adopted decisions and the response of the prosecutor were being analysed.

71. The examination of the case-files showed that **out of 590 cases** concluded within the period 2016-2023 with a decision on the merits, **462 were concluded with a decision on refusal to open the investigation or on discontinuation of the proceedings. In 99 cases an act of indictment was issued**. In **14 cases** the prosecution, with the consent of the accused, directed the motions to close the case without conducting a trial, on the basis of Article 335 of the Code of Criminal Procedure. In **11 cases** a motion to conditionally discontinue the proceeding was issued. In **4 cases** the proceedings were stayed. It goes to show that the majority of cases were concluded with a decision on refusal to open the investigation or the decision to discontinue the proceedings.

72. The analysed **cases were initiated in majority (170 cases) by the notifications of suspicion of committing a crime filed by women, who were being forced or helped to perform the abortion**, or by persons within the closest family or personal ties to them. **102 cases** were initiated on the basis of the evidentiary material extracted from other cases concerning organized crime (dealing usually with the abortion-inducing medication for financial profit). **74 cases** were initiated upon the notification by the medical personnel, **46 cases** – by foundations or associations and **20 cases** – by anonymous individuals. It should be underlined that cases where the information on the suspicion of committing a crime came from sources like social media posts, press articles about unspecified "record numbers of abortion performed in Poland" etc., decision on refusal to open the investigations were issued.

73. **As regards the 99 cases in which the act of indictment was issued**, there are three distinctive groups: (i) cases concerning the distribution of abortion inducing pills committed for the purpose of gaining financial profit; (ii) cases where women were subjected to psychological pressure to terminate the pregnancy, despite their decision to continue with the pregnancy; (iii) cases where women voluntarily decided on the abortion and another person, usually their partners, helped them with acquiring the abortion pills or going abroad to receive the abortion elsewhere. The court proceedings in majority of these cases ended in the conviction, however the dominant form of the penalty was the restriction of the liberty with an obligation to conduct unpaid work for the community or the conditional discontinuation of the proceedings. More severe penalties were given to individuals or members of organized crime groups who conducted the sale of abortion pills for profit.

74. As a result of the above-described analysis of the case-file, a recommendation of the Prosecutor General for prosecutor offices on conducting the cases concerning the refusal to terminate the pregnancy, as well as recommendations on so-called pharmacological abortions, was drafted and submitted to the Ministry of Justice on 9 May 2024. **On 9 August 2024, the guidelines, signed by the Prosecutor General, were published on the National Public Prosecutor's Office** at https://www.gov.pl/web/prokuratura-krajowa/wytyczne-prokuratora-generalnego-w-sprawie-zasad-postepowania-powszechnych-jednostek-organizacyjnych-prokuratury-w-zakresie-prowadzenia-spraw-dotyczacych-odmowy-dokonania-przerwania-ciazy-oraz-tzw-aborcji-farmakologicznej.

75. **The guidelines were developed to standardize the rules of conduct in the matters in question.** Bearing in mind that the cases discussed require special sensitivity of prosecutors, appropriate professional and life experience and understanding of the situation of pregnant women for whom termination of pregnancy is a traumatic experience, it was recommended to carefully analyse each time the collected evidence, indicating a reasonable suspicion of committing a crime by the person who performed the procedure contrary to the provisions law or provided assistance or persuaded a pregnant woman to terminate the pregnancy. It was emphasized that the initiation of proceedings shall only be possible when the circumstances of the case objectively substantiate the fact that a crime has been committed. If the analysis of the collected materials indicates that the act specified in the notification does not contain at least one of the key elements for recognizing its criminal nature, the authority is obliged to issue a decision refusing initiation of an investigation. It should be noted that the mere act of undergoing an abortion by a pregnant woman is not a prohibited act.

76. The guidelines emphasize that if the circumstances require the interrogation of a woman who terminated her pregnancy, this activity should be limited to a single hearing, unless another interrogation is necessary to clarify the circumstances disclosed later. Before the interview, the woman should be informed that she is not criminally liable for the termination of pregnancy, and the fact of providing such information should be recorded in the content of the file. Information and instructions should be provided in a way most understandable to the witness, and, if necessary, legal doubts expressed by the person being questioned should be clarified. **The process of interrogating a woman should be carried out with respect for her dignity and in a way preventing recurrent victimization.** Other procedural activities involving her should be limited to the necessary minimum so as to not increase stress, which is especially important in the case of sexual violence. Carrying out other evidence (e.g. a search to secure a telephone or electronic media, obtaining a list of telephone calls, securing the woman's medical records, etc.) must be substantiated by the collected evidence.

77. If the evidence demonstrates that, as a result of the abortion, the woman was exposed to a direct menace of loss of life or serious damage to health, the subject of the proceedings should also encompass those aspects of a prohibited act. This likewise applies to situations in which the woman's life or health was at risk as a result of an unjustified refusal to terminate the pregnancy. The guidelines point out that the possibility for a physician to refrain from performing an abortion due to the conscience clause does not apply to cases where the delay could result in a loss of health, serious bodily injury or a serious health disorder of the patient. It is also unacceptable to extend the application of the conscience clause over indispensable diagnostics aimed at assessing the threat to the health or life of a pregnant woman. It was also emphasized that under currently binding legal provisions, a threat to life or health is one of the alternative grounds for the admissibility of termination of pregnancy. Failure to provide victims of sexual assault with timely access to necessary medical care (e.g. denial of legal abortion) exposes them to additional suffering and may constitute inhuman or degrading treatment.

78. It was considered particularly important to indicate that before coming up with substantive decisions, a thorough assessment of the degree of social harmfulness of the act should be made and, depending on its result, consideration should be given to issuing a decision of discontinuing the proceedings due to the insignificant degree of social harmfulness of the act (Article 1 § 2 of the Criminal Code) or submitting an request to the court for conditional discontinuation of the proceedings. Taking into account the subject matter of the proceedings and the disclosed circumstances of the occurrence, it was emphasized that the prosecutor should each time, before commencing court proceedings, assess the possibility of excluding the hearing from being public and (if they arise) submit an appropriate application. Conclusions regarding the punishment should take into account the sentencing directives as defined in Article 53 of the Criminal Code. When assessing the degree of social harmfulness, in particular the method and circumstances of committing the act and the motivation of the perpetrator should be taken into account. The amount and type of requested punishment must take into consideration the degree of social harmfulness and the preventive and educational goals to be achieved in respect of the accused. The requirements of shaping the legal awareness of society should also be examined.

79. The guidelines indicate that the proceedings in question should be subjected to particularly thorough supervision. It was emphasized that in a situation where there is a justified suspicion that the pregnancy was the result of a prohibited act, the proceedings should be conducted speedily. So that the prosecutor's issuance of a certificate constituting a basis for a legal abortion is prepared in time to enable termination of pregnancy within the statutory period of 12 weeks, resulting from the provisions of Act of 1993.

2. Information about the results of prenatal tests

80. The access to prenatal tests in Poland has been recently considerably widened by a means of an amendment to the *Regulation of the Minister of Health on guaranteed healthcare services in the field of health programmes*. The change has removed the age restriction for women (previously at 35 and over), thus increasing access to prenatal tests for all pregnant women regardless of age. According to the Agency for Health Technology Assessment and Tariff System, more than 210,000 women could benefit from the programme.

81. As regards access to test results, it should be pointed out that in accordance with Article 23 of the *Act of 6 November 2008 on the patient's rights and the Patient's Rights Ombudsman*, t**he patient has the right of access to medical records concerning their health condition and the healthcare services provided to them. The patient's right of access to medical records (and thus also to the results of**

diagnostic tests) is therefore a universally applicable one. Respecting patient's rights set out in this Act is an obligation of public authorities responsible for healthcare, the National Health Fund, entities providing healthcare services, medical professionals and other persons participating in the provision of healthcare services.

82. With respect to access to the results of prenatal tests, it should be pointed out that the results of diagnostic tests together with their description, pursuant to Article 2(3)(20) of the *Regulation of the Minister of Health of 6 April 2020 on types, scope and models of medical documentation and how to process it* ("the Records Regulation"), constitute individual internal medical records (i.e. concerning individual patients using healthcare services, intended for the needs of the provider). The applicable provisions do not specify the form in which a patient should submit a request for access to their medical records (it may therefore take the form of a written application or be submitted, for example, on the telephone); nevertheless, the request for access to medical records should contain, among other things, data identifying the patient whose medical records are to be made available, data of the person submitting the request, specify the scope of the request as well as the form and manner in which the medical records are to be made available.

83. The healthcare provider makes the medical records available to the patient or the patient's statutory representative or a person authorised by the patient.

84. Pursuant to Article 27(1) and (3) of the Patient's Rights Act, medical records are made available: (i) for review, including to healthcare databases, at the place healthcare services were provided, with the exception of emergency medical operations, or at the premises of the entity providing healthcare services, ensuring that the patient or other authorised bodies or entities have the possibility to take notes or photographs; (ii) by making an extract, copy, or printout thereof; (iii) by issuing the original against acknowledgement of receipt and subject to return after use, at the request of public authorities or common courts, as well as when delay in issuing the documentation could cause a risk to the patient's life or health; (iv) by means of electronic communication; (v) on a digital data carrier. Paper medical records may be made available by making a copy in the form of a digital reproduction (scan) and transmitted by means of electronic communication and on a digital data carrier, at the request of the patient or other authorised bodies or entities, if this is provided for in the organisational regulations of the healthcare provider. Medical records are made available while maintaining their integrity, confidentiality and authenticity, and without undue delay.

85. If it is not possible to make the medical records available, the refusal is communicated either electronically or in paper form, as requested by the authorised body or entity. In each case, a statement of the reasons for the refusal is required (Article 71 of the Records Regulation). **Any refusal of access to medical records constitutes a violation of patient rights.**

86. Pursuant to Article 31 of the *Act of 5 December 1996 on the professions of doctor and dentist*, the doctor is obliged to provide the patient or their statutory representative with accessible information on the patient's state of health, diagnosis, proposed and possible diagnostic and therapeutic methods, foreseeable consequences of their application or abandonment, and the results of treatment and prognosis. The patient, including a minor who is at least 16 years of age or their statutory representative, has the right to obtain accessible information on the patient's health condition, diagnosis, proposed and possible diagnostic and therapeutic methods, foreseeable consequences of their application or abandonment, results of treatment and prognosis from a medical professional, within the scope of healthcare services provided by this medical professional and in accordance with their qualifications.

87. Thus, the law regulates in detail the patient's right to information about their state of health and the performed diagnostics and procedures. Any non-compliant behaviour of doctors concerning the obstruction of access to healthcare services, including prenatal testing, is subject to professional liability, as defined by the provisions of the Code of Medical Ethics, as well as under other provisions of professional, civil or criminal liability.

3. Women in vulnerable situations

3.1 Women with disabilities

88. Ensuring the accessibility and quality of medical services for all patients, including persons with disabilities, is of paramount importance to the Government of Poland. When it comes to the provision of healthcare services to patients with disabilities, they enjoy healthcare services on general terms and, additionally, receive from some specific solutions aimed at supporting them, so that they can benefit from their rights and healthcare services. These solutions take into account the objectives and directions of actions set out in the Convention on the Rights of Persons with Disabilities, the Strategy for Persons with Disabilities 2021-2030, and the Charter of the Rights of Persons with Disabilities.

89. Having regard to the CEDAW's finding that women in vulnerable situations, including women with disabilities, experience distinct and disproportionate hardships in accessing legal abortion services (par. 85 of the report), the Government if Poland would like to inform that it approaches the problem of particular needs of women with disabilities with appropriate determination. **In 2023, the Ministry of Health commissioned the research agency PBS Sp. z o.o. to analyse the needs and availability of gynaecological and obstetric care for women with disabilities**, including:

- Drafting a questionnaire that would verify availability;
- Carrying out a survey based on the approved questionnaire with the use of IT systems;
- Drawing up a report from the questionnaire survey with follow-up recommendations in order to come up with standards (understood as the model procedure) of gynaecological and obstetric care available to women with different disabilities.

90. The measure consisted of a survey carried out among the healthcare providers contracted by the National Health Fund to provide secondary gynaecological and obstetric outpatient care. The survey took place from 8 September to 9 November 2023. The agency received a contractor database including 2766 healthcare providers. The survey was based on the quantitative method of data collection through Computer Assisted Web Interviewing (CAWI). The approved survey questionnaire was put online so that it could be filled in at any time and place and submitted instantly to the PBS's secure server. All the healthcare providers in the database received emails with invitations to take the survey online, which included information on the survey and a link. The survey information was also disseminated through the National Health Fund's communication channels.

91. The total of 624 surveys were filled in correctly, an equivalent of 23 per cent response rate. The survey recommendations will be used to take measures aimed at helping female patients with disabilities to benefit from more available and comfortable gynaecological and obstetric care.

92. **With regard to the allegations of forced sterilizations of women with disabilities and lack of protection offered to them against forced abortion,**

contained in paras. 33 and 53 of the CEDAW's report, the Government of Poland wish to underline that both of these acts are prohibited by law in Poland and constitute crime, and there are no indications known to the Government that such practices are indeed taking place.

93. **Sterilisation** in absence of clear medical indication is prohibited by the Polish law and carries a penalty under Article 156(1)(1) of the Criminal Code. In line with the above-mentioned provision, inflicting grievous bodily harm by depriving a person of the ability to procreate carries a penalty of imprisonment from 1 to 10 years.

94. With regard to **forced pregnancy terminations**, two issues should be noted. A woman's written consent is required to perform abortion. In the case of a minor or a fully incapacitated woman, a written consent from her statutory representative is required. In the case of a minor over 13 years of age, the person's written consent is required. In the case of a minor under 13 years of age, a family court's permission is required and the minor may voice her opinion. In the case of a fully incapacitated woman, her written consent is required, unless it is impossible due to her mental health. In absence of the statutory representative's consent, a permission from a family court is necessary to terminate pregnancy.

95. Secondly, it should also be noted that under Article 153 of the Criminal Code anyone who terminates pregnancy by using force towards a pregnant woman or otherwise terminates pregnancy without her consent, or causes her, by force, unlawful threat or deceit, to terminate pregnancy shall be liable to imprisonment for a term going between 6 months and 8 years. Hence, it should be reiterated that any such situation triggers response from the law enforcement and the judiciary (for more information, see par. II.1 above).

3.2 Women refugees from Ukraine

96. The regulations governing access to pregnancy termination procedures apply to all pregnancy terminations carried out in Poland, including those possibly provided to Ukrainian citizens who fled the Russian war of aggression against their country. These procedures can be carried out to the extent and on conditions stipulated by the legislation in force in Poland, under the Act of 1993.

97. The National Public Prosecutor's Office does not collect data on the nationality of women seeking prosecutor's certificate constituting a basis for a legal abortion based on the ground of the suspicion of the pregnancy resulting from a crime.

4. Post-abortion care

98. In regard to the provision of post-abortion care, it should be noted that according to the Act of 5 December 1996, a doctor must practise on the basis of recent medical expertise as well as available methods and means of preventing, diagnosing, and treating diseases, in compliance with professional ethics, and with due diligence. The doctor acts on a case-by-case basis, referring to the particular patient's situation, condition, and medical needs. The patient has the right to receive healthcare services that should correspond to the requirements of up-to-date medical knowledge and be provided with due diligence by healthcare providers in the conditions that meet the separately regulated professional and sanitary requirements. In the provision of healthcare services, the medical professionals should abide by the principles of professional ethics laid down by the corresponding medical professional associations.

99. The above rules pertain to all circumstances in which healthcare services are provided, including the care that a patient should receive, as per her individual medical needs, after undergoing an abortion.

III. Family planning support and education on human sexuality (paras. 52-59, 84-85 and 89-90 of the CEDAW's report)

1.1 Access to hormonal contraception and sterilization

100. It should be noted that the healthcare recipients, including the healthcare recipients from the group indicated in the CEDAW Committee's report, have access to guaranteed healthcare services in Poland, as defined and on the basis of *the Act on healthcare services financed from public funds*, which include the services aimed for e.g. termination of pregnancy due to medical indications (e.g. 69.01 Dilation of the cervix and curettage of the uterine cavity to terminate pregnancy, 75.03 Pregnancy termination by intrauterine injection, 99.295 Administration of medication to terminate pregnancy).

101. The mere possibility of public funding for a specific healthcare service is not synonymous with the applicability of that treatment to every healthcare recipient. The manner of treatment is decided on a case-by-case basis by the treating physician, who should inform the healthcare recipient of the available diagnostic and therapeutic methods, taking into account their effectiveness and the current state of the healthcare recipient's health.

102. As far as the issue of sterilisation is concerned, it should be pointed out that **surgical sterilisation cannot be treated as a method of contraception in Poland as it involves an irreversible loss of the ability to conceive**. Tubal ligation is the most common type of procedure during surgical sterilisation. The purpose of this procedure is to occlude or disrupt the continuity of the fallopian tubes. Another method involves the insertion of a clamping clip during a laparoscopic surgery. Performing the procedure to lose the ability to conceive is only possible if the doctor finds clear health indications (i.e. if another pregnancy threatens the woman's life or health). A doctor is exclusively competent to mark clear health indications to perform such procedure and decide on the type thereof. A doctor establishes a person's state of health upon personal examination, on the basis of recent medical expertise as well as available methods and means of preventing, diagnosing, and treating diseases, in compliance with professional ethics, and with due diligence.

103. At the same time, it should be noted that medical procedures such as bilateral ligation and crushing of the fallopian tubes, bilateral endoscopic closure of the lumen of the fallopian tubes or excision of both fallopian tubes are among the guaranteed procedures listed in Appendix 1 to the *Regulation of the Minister of Health of 22 November 2013 on guaranteed healthcare services in the field of hospital treatment.*

104. As regards **physical availability of hormonal contraception**, there is currently a fairly wide range of standard (not emergency) contraceptive medication on sale in Poland.

105. They are sold upon prescription, but not every medical professional has the right to issue such prescription. They are mainly issued by doctors and feldshers. Neither a nurse nor a midwife can issue such prescription on her own but only upon a doctor's order entered into the medical records to continue treatment with a contraceptive previously used by the patient. Such prescriptions cannot be issued by pharmacists, since the issuing of a prescription must—in principle—result from a life-threatening condition, which is hardly the case when standard pharmacotherapy is applied. By its very nature, a pharmaceutical prescription should include contraceptive medication used on an emergency, not a regular, basis.

106. Domestic legislation regarding contraceptive medication is basically only regulated by the Pharmaceutical Law, and only in terms of the categories of

availability of this type of contraceptive and the amount of contraceptive allowed to be dispensed on a single prescription.

107. It follows from the aforementioned Act that authorised medicinal products described in the Summary of Product Characteristics for contraceptive use are given the "Rx" (prescription) availability category, which means that Poland is an exception on a European scale, as it enforces prescription availability (irrespective of the content of the marketing authorisation), despite the fact that the product in question could potentially be authorised in the EU for sale over the counter (without a prescription). Additionally, the Pharmaceutical Law specifies that, following a doctor's order, a nurse or a midwife can prescribe a quantity of a contraceptive medicinal product intended for 60-day use or not exceeding 180 days of use in the case of electronic prescription. This means that the two types of medical professionals can issue prescriptions for contraceptives.

108. Regarding the **economic availability of contraception** (reimbursement), in line with the current *announcement of the Minister of Health of 18 March 2024 on a list of reimbursed medication, foods for particular nutritional uses, and medical devices*, **as of 1 April 2024 the following oral contraceptives are reimbursed**: (i) reimbursement limit group 72.0 Orally administered hormonal drugs containing cyproterone, ethinylestradiol, levonorgestrel, or medroxyprogesterone; (ii) payment criterion: all registered indications as at the date of the decision; (iii) out-of-pocket payment 30 per cent.

Name	*Dosage form*	*Dosage*	*International name*	*Packaging*	*Net Wholesale Price*	*Retail price*	*Patient's share*	*Reimbursement*
Levomine	coated tabl.	30+150 µg	Ethinylestradiolum + Levonorgestrelum	63 tablets	14.50	22.24	6.67	15.57
Microgynon 21	coated tabl.	30+150 µg	Ethinylestradiolum + Levonorgestrelum	63 tablets	15.00	22.81	6.84	15.97
Rigevidon	coated tabl.	0.03+0.15 mg	Ethinylestradiolum + Levonorgestrelum	21 tablets	5.00	8.29	2.97	5.32
Levomine	coated tabl.	0.03+0.15 mg	Ethinylestradiolum + Levonorgestrelum	21 tablets	5.15	8.45	3.13	5.32
Rigevidon	coated tabl.	0.03+0.15 mg	Ethinylestradiolum + Levonorgestrelum	21 tablets	5.20	8.51	3.19	5.32
Stediril 30	coated tabl.	0.03+0.15 mg	Ethinylestradiolum + Levonorgestrelum	21 tablets	5.20	8.51	3.19	5.32
Microgynon 21	coated tabl.	30+150 µg	Ethinylestradiolum + Levonorgestrelum	21 tablets	5.30	8.61	3.29	5.32
Cyprodiol	coated tabl.	2+0.035 mg	Cyproteroni acetas + Ethinylestradiolum	21 tablets	7.30	10.77	5.45	5.32
Diane-35	coated tabl.	2+0.035 mg	Cyproteroni acetas + Ethinylestradiolum	63 tablets	24.00	33.12	17.15	15.97
Diane-35	coated tabl.	2+0.035 mg	Cyproteroni acetas + Ethinylestradiolum	21 tablets	8.00	11.53	6.21	5.32

109. It should be added that there are no contraceptive drugs pending the current reimbursement process since no new reimbursement requests or requests to establish an official wholesale price were filed by marketing authorisation holders.

1.2 Emergency contraception

110. In mid-January 2024, the Government of Poland took a legislative initiative to amend the *Pharmaceutical Law* to allow persons of 15 years of age and above to obtain the morning-after pill without prescription. In an unprecedentedly short time frame, on 22 February 2024 the act amending the *Act on Pharmaceutical Law* was adopted by the parliament, however, due to the presidential veto of 29 March 2024, the initiative could not be successfully finalised.

111. Consequently, it was decided at the government level to try to meet the goal by an **alternative method**. **As of 2 May 2024, entities operating community pharmacies in Poland can apply for the pilot programme** run under the *Regulation of the Minister of Health of 29 April 2024 on the pilot programme on pharmacist services concerning reproductive health* (Journal of Laws of 2024, item 662) and the relevant order of the President of the National Health Fund, **which allows, following an appropriate interview by a pharmacist, to issue a pharmaceutical prescription to a patient over 15 years of age for a postcoital (emergency) contraceptive** containing one of the most common substances used in such cases (ulipristal acetate), if this is justified by the patient's reproductive health risk.

112. Thus, since May 2024, it is possible to obtain emergency contraception not only on a doctor's prescription but, in the case of ulipristal acetate, also from a pharmacist. As a result, the availability of this substance in Poland remains on the same level as in almost all other EU member states.

113. According to the data published by the National Health Fund **on 28 May 2024, 468 community** pharmacies **have taken part in the pilot programme**.

114. Even though this pilot programme has the potential to improve the legal availability of emergency contraception to female patients in Poland, the improvement certainly does not match the one that would be achieved if the aforementioned legal initiative were finalised.

115. In Poland, the demand for such medication appears to be quite high and the trend is upward. According to the 2023 data, more than 271,000 doctor's prescriptions were issued in Poland for emergency contraception medication containing two most common substances of this type, ulipristal acetate and levonorgestrel (prescribed almost equally often, with a slight advantage in favour of levonorgestrel). It is more than in 2020 (over 127,000 prescriptions of this type), 2021 (almost 200,000 prescriptions), and 2022 (almost 245,000 prescriptions).

116. In 2023, around 90 per cent of prescriptions for such medication were effectively dispensed. A similar proportion, with slight differences, was also observed in previous years.

1.3 Access to sexual and reproductive health and rights services

117. Pregnant women in Poland have the right to use the healthcare services out of turn. Should any difficulties in accessing healthcare services arise, the staff of the National Health Fund provincial offices provide assistance. This applies both to patients who suspect they are pregnant and who have difficulty in scheduling their first appointment with a doctor, as well as to patients who need to undergo a hysterotomy for medical reasons and cannot find a healthcare provider. It should be noted that the legislator has also provided for a procedure for the payer to refer the healthcare recipient to a service outside the country if the service cannot be provided in the country, and if it cannot be provided within the timeframe necessary due to the healthcare recipient's health condition.

118. With regard to medical care after pregnancy termination, depending on the patient's condition, care may be continued by the primary healthcare midwife as well as in outpatient secondary care (recommendations for continuation should be included in a discharge summary from the hospital in which the pregnancy was terminated). Notwithstanding the above, ensuring that the healthcare recipient receives healthcare and the coordination thereof is a statutory obligation of the primary healthcare facility where the beneficiary filed her declaration.

119. Regarding the prolonged waiting time to make an appointment with a gynaecologist, it should be noted that the scope and conditions for the provision of healthcare services and the principles of funding thereof from public means, as well as the public authorities' duties to ensure equal access to these services were laid down in *the Act of 27 August 2004 on healthcare services financed from public funds*. On the terms and in the scope provided for in the said act, the healthcare recipient receives, among other things, the following healthcare services financed from public funds: care of a pregnant woman during delivery and postpartum period, prenatal care of the foetus, care of the newborn, and preliminary assessment of its health condition and development. All women during their pregnancy, delivery and postpartum period are eligible for the above services. Under the act, a pregnant woman has the right to use the healthcare services out of turn.

120. Using healthcare services out of turn means that:

- Outpatient secondary care services and hospital services should be provided to these persons on the day of their report to the facility;
- If it is impossible to provide a service on the day of reporting, it should be provided on another date, outside the waiting list maintained by a healthcare provider;
- In the case of outpatient secondary care (OSC), a service should be provided no later than 7 working days from the date of reporting.

121. Moreover, the perinatal care organisation standard laid down in the Minister of Health's Regulation of 16 August 2018 defines an organisational pattern of perinatal care in entities providing healthcare services in the field of perinatal care to women during pregnancy, birth and postpartum, and to newborns.

122. As regards the lack of financing of treatment of infertility by means of **in vitro fertilisation**, it should be noted that under *the Act of 29 December 2023 amending the Act on healthcare services financed from public funds*, the Minister of Health is required to develop, implement, carry out, and finance a health policy programme dealing with infertility treatment and encompassing the procedures of medically assisted procreation, including in vitro fertilisation performed at a medically assisted procreation centre as defined in the Act on infertility treatment.

123. The Minister of Health will earmark no less than PLN 500 million for the programme on an annual basis, making use of the state budget's portion at the Minister's disposal. **On 10 April 2024, Minister of Health signed the 2024–2028 Health Policy Programme to treat infertility with the procedures of medically assisted procreation, including in vitro fertilisation performed at a medically assisted procreation centre**. The document has been published at: https://www.gov.pl/web/zdrowie/leczenie-nieplodnosci-obejmujace-procedurymedycznie-wspomaganej-prokreacji-w-tym-zaplodnienie-pozaustrojowe-prowadzone-wosrodku-medycznie-wspomaganej-prokreacji-na-lata-2024-2028. The Programme's overarching goal is to provide infertility-affected couples with equal access to in vitro fertilisation procedure performed at a medically assisted procreation centre and to enable preservation of reproductive material for future use from

individuals who are either about to undergo oncological treatment with a potential to impair their fertility or already in the course of one.

124. The programme has been launched on 1 June 2024.

125. Regarding the diagnosis and treatment of **endometriosis**, it should be noted that the Team for the Proposed Solutions Regarding Diagnostics and Treatment of Endometriosis, established by the Minister of Health, has completed its work.

126. It is worth underlining that **women's health security is among the Government of Poland's priority engagement areas**. Reproductive health is an important component of health defined as encompassing the whole of one's physical, mental, and social well-being rather than the sole lack of disease or abnormalities related to the reproductive system and procreation in both sexes at all stages of life. Reproductive health is concerned with the issues including pubescence and menopause, fertility and infertility, family planning, or health during pregnancy, birth, and postpartum. Caring for reproductive health determines Poles' health in general and the good health of the future generations, and it supports measures intended to improve demographic indicators. Moreover, perinatal care is an essential element of the healthcare services provided for the pregnant women. The scope and quality of that care are directly consequential to the health of both the women during birth and postpartum and the infants.

127. It was therefore crucial that a group of experts analyse the potential barriers in accessing broadly conceived healthcare services in the sphere of reproductive health and the individual elements of perinatal care, and put forward measures likely to improve women's health security in that regard. Accordingly, *the Order of the Minister of Health of 6 May 2024* (published in the Official Gazette of the Minister of Health, item 35) established a **Team for the Improvement of Women's Health Security** (*Zespół do spraw poprawy bezpieczeństwa zdrowotnego kobiet*), tasked with presenting proposals for measures aimed at improving women's health security, with a particular focus on reproductive health and perinatal care.

128. The first session of the Team for the Improvement of Women's Health took place on 21 May 2024. It was an inaugural meeting held to identify basic issues that need to be addressed and actions to be taken in the nearest future. Each of the members attending the session presented their priorities in this regard. Organisational matters relating to the functioning of this body were also agreed, including the readiness to and the possibility and use of inviting external experts to its individual meetings, whose knowledge and experience will provide valuable input to the specific areas of consideration.

129. The **universal HPV vaccination programme** meets the objectives of the National Oncology Strategy 2020-2030. It complements the free vaccination programme for children and adults with a vaccination which protects from illnesses caused by HPV. HPV stands for human papillomavirus. The virus is responsible for cervical cancer and other kinds of tumours.

130. A vaccine can protect against an HPV infection. The vaccine is most effective when administered before a potential exposure to an HPV infection, which usually occurs during sexual contacts. Therefore, the universal vaccination programmes against HPV mostly target boys and girls aged 12–13. In Poland, the universal vaccination programme against HPV covers two vaccines, free of charge: bivalent vaccine Cervarix and nonavalent vaccine Gardasil 9. Currently, all children aged 12–14 can receive a free anti-HPV vaccination. The vaccination programme is planned to include younger children as well. As at 20 June 2024, over 275,000 vaccines were administered.

2. Sexual health education and information

131. With regard to the finding of the absence of education on sexual and reproductive health and rights in the official school curriculum (paras. 58-59 of the CEDAW's report), **the Government of Poland would like to inform that starting from 1 September 2025 a new compulsory subject: health education, which will replace the current non-obligatory classes on family life education in all types of schools** (primary schools, vocational schools, high schools, technical high schools, schools for children and youth). It will focus on broadly understood health education.

132. **The subject of health education will encompass issues of mental and physical health, as well as issues of healthy eating, prevention, addiction and sexual education.** It will be a subject that treats human health in a comprehensive way. It is intended for students of grades 4 to 8 of primary schools, as well as grades 1 to 3 of secondary schools, high schools, technical high schools, as well as vocational schools.

133. The teaching content of the new subject will include, among others legal regulations enshrined in Article 4 section 3 of *the Act of 7 January 1993 on family planning, protection of the human fetus and* conditions *of admissibility of termination of pregnancy, on the basis of which relies the current Regulation of the Minister of National Education of 12 August 1999 on the method of school teaching and the scope of content regarding knowledge on human sexual life, the principles of conscious and responsible parenthood, the value of the family, life in the prenatal phase and the methods and means of conscious procreation as included in the curriculum of general education.*

134. A team of experts, composed of representatives of a high substantive level of required knowledge, as well as experts who know school practice very well, has been appointed by the Minister of Education. The outcome of the works of the team is meant to constitute the basis and content of the new subject.

With regard to Recommendations (paras. 107-106 of the CEDAW's report)

135. The Government of Poland wishes to reiterate its unwavering commitment to protect, respect and fulfil human rights of all persons, including women's rights, and to ensure women's equal treatment in all areas of life.

136. The Government of Poland also reiterates its dedication to guarantee equal access to healthcare services provided by national law, including abortion. Accessibility of abortion is one of the aspects of female patients' health security in the field of broadly conceived perinatal care and reproductive health. While continuing the work on the necessary, but often timely, legislative changes (the work underway in the Polish parliament on several bills related to permissibility of abortion), **the Government's primary emphasis has been on the healthcare system participants' compliance with the applicable regulations, making sure that the female patients' rights are respected and the medical entities meet their obligations.** The practical and regulatory changes introduced in that respect have been reported above.

137. The result should be a tangible qualitative change in the actual access to currently permissible abortion procedures.

138. The changes introduced *by the Regulation of the Minister of Health of 8 September 2015 on the general terms of contracts for the provision of healthcare services* should contribute significantly to improving access to abortion procedures.

To support these efforts, measures taken to ensure the enforcement of the contracts concluded with the healthcare providers have been introduced. Also, the Polish parliament is processing amendments to the corresponding regulations.

139. At the same time, in order to mitigate the reported uncertainty on the application of the current legal provisions and to avoid the so-called "chilling effect", on the part of both the medical personnel and the law enforcement organs, necessary sets of guidelines have been developed.

140. The Government is devoted to ensuring full respect for female patients' rights, including the right to healthcare services and to information. Accordingly, woman must be informed of current health and life risks at any stage of pregnancy. She must also be informed about the possible solutions - according to her clinical situation - including the admissibility of the termination of pregnancy. Some of those measures have already been taken or initiated.

141. As regards the patient's consent to medical procedures and the issue of medical confidentiality, these questions are clearly regulated in the Polish law, including in the *Act on the professions of doctor and dentist and the Act on the patient's rights and the Patient's Rights Ombudsman*.

142. In respect of the awareness-raising campaigns, the Government of Poland wishes to point to the package of solutions jointly themed as "Świadoma, bezpieczna ja" ("Informed and safe"), launched on 31 January 2024 by the Minister of Health, aiming to enhance the women's sense of health security. The package contains the following priorities:

- Emergency contraception—the morning-after pill;
- Termination of pregnancy;
- In vitro fertilisation and oncofertility;
- Education in preventive healthcare, including sexual education.

143. Public service advertising campaigns are planned to promote the said topics among the general public as soon as the corresponding legal instruments (statutes, regulations) come into force. This sequence of events stems from the Polish legal order, whereby it only becomes possible to spend public money on public service advertising (PSA) once the related law has been passed by the parliament or, in the case of statutes, signed by the president.

144. Following the above, the Ministry of Health has launched a nationwide PSA campaign on TV and on the radio about in vitro fertilisation and oncofertility. Also, information on the programme is published on the Ministry's website and disseminated through its social media channels on Facebook, Instagram, and X. Moreover, a PSA campaign regarding emergency contraception and the termination of pregnancy is prepared to be launched as well. Corresponding information is forwarded to news outlets and to the media specialising in healthcare on an on-going basis.

145. More campaigns are planned at later stages to communicate, educate about, and promote the latest solutions in reproductive rights and services in Poland among the women and the society at large.