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List of Issues Prior to Reporting: Croatia

Joint submission by the Center for Reproductive Rights, Centar za edukaciju, savjetovanje i istraživanje (Center for Education, Counselling and Research - CESI) and Roditelji u akciji (Parents in Action - RODA)

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The Center for Reproductive Rights (the Center), Centar za edukaciju, savjetovanje i istraživanje (Center for Education, Counselling and Research - CESI) and Roditelji u akciji (Parents in Action - RODA) present this submission to the Human Rights Committee for its consideration in the context of the preparation of the List of Issues Prior to Reporting on Croatia's implementation of the International Covenant on Civil and Political Rights (the Covenant).

Sections (I) and (II) of the submission outline a number of concerns regarding implementation of Articles 2, 3, 6, 7, 17 and 26 of the Covenant as a result of Croatia's laws and practices concerning reproductive rights. These include: (I) barriers in access to legal abortion care; and (II) lack of access to quality maternal health care and mistreatment in maternal and other reproductive health care settings. A number of questions regarding Croatian laws, policies and practices are outlined at the end of each Section.

I. Barriers in Access to Legal Abortion Care (Articles 2(1), 3, 6, 17 and 26 of the Covenant)

Abortion in Croatia is currently regulated by the *Act on Health Care Measures for Exercising the Right to a Free Decision on Giving Birth*. Article 15(2) specifies that a pregnancy can be legally terminated on a woman's request up to the 10th week from conception.[1] After that a commission may approve access to abortion if the pregnancy is a result of a crime, there is a risk to the health or life of the pregnant woman, or if there is a serious fetal impairment.[2]

Despite the legality of abortion women in Croatia continue to face difficulties and barriers in accessing legal abortion care. These include: widespread refusals of abortion care, financial barriers, the lack of accessible evidence based information about abortion, social stigma related to abortion and biased service provision by some medical professionals towards women requesting abortion care, including use of ultrasounds to dissuade women from having an abortion.[3]

As a result, some women travel out of Croatia to other countries to obtain legal abortion.[4] The situation has particularly detrimental effects on women from economically deprived rural areas, women with low incomes, and other marginalized groups of women for whom the cost of travel to a facility providing abortion services may be prohibitive.

In addition, the current abortion law was adopted in 1978 and predates the new Croatian Constitution adopted in 1990. As a result, a law reform process is now underway to adopt a new abortion law. This follows a 2017 decision by the Croatian Constitutional Court in which the Court held that because the law contained outdated provisions and predated the 1990 Croatian Constitution, new legislation had to be adopted.[5] In late 2018, a reform process was initiated by the Croatian Ministry of Health which established an expert commission to review abortion laws in other European Union countries and to begin preparations for the drafting of a new abortion law.[6]

There are serious concerns that in the context of this law reform process there will be attempts to rollback the legality of access to abortion care and to impose new barriers to access to legal abortion. It is very important that the reform process does not result in such retrogression and that the State party instead ensures that the new legislation addresses and removes many of the harmful barriers that currently continue to undermine women's access to legal abortion in Croatia.

These barriers include:

(a) Financial barriers

Legal abortion services are unaffordable for many women in Croatia since abortion on request is not covered by public health insurance. As a result women must pay the costs of abortion on request themselves, which costs between 250 and 450 euros and in 2018 represented approximately 30% to 53% of the median monthly income in Croatia.[7] In the period of 2005 – 2014, the price of the procedure has increased 36 percent, and in the last 4 years the average price for abortion on request in public hospitals increased by 20 percent.[8] In addition, while public health insurance does cover the costs of therapeutic abortion, there are reports that some hospitals have charged women for the costs of an abortion when the pregnancy resulted from sexual violence.

(b) Refusals of abortion care on grounds of conscience or religion

Women's access to legal abortion care in Croatia is increasingly hampered by the State party's failure to ensure that medical professionals' refusals to provide abortion care on grounds of conscience or religion do not jeopardize women's access to legal abortion services. These failures also affect women's access to contraception and assisted reproductive technologies.[9]

Croatian law allows medical professionals to refuse to provide diagnostic, treatment and rehabilitation care to patients based on their personal ethical, religious or moral beliefs. They must promptly inform their patients and employers of any such refusals and refer patients to other medical providers.[10]

Regulatory, oversight and health-system failures by the state in relation to these refusals of care, mean that women's access to legal abortion care is increasingly jeopardized:

- <u>Failures to ensure an adequate number and dispersal of willing and trained providers</u>: State authorities are failing to ensure the sufficient dispersal and availability of adequate numbers of medical professionals who are willing and able to provide quality abortion care within a reasonable geographical reach. According to research carried out by the Gender Equality Ombudsperson in 2018, around 60 percent of gynecologists in Croatia

do not provide legal abortion services due to claims of personal conscience.[11] The research also revealed that in almost 20 percent of public hospitals all gynecologists refuse to provide legal abortion.[12] In addition, there is also a report of a woman undergoing an abortion procedure without anaesthesia due to an anaesthesiologist's refusal to participate in the procedure.[13] However, a range of doctors that have refused, on grounds of conscience, to provide legal abortion care as part of their public employment, nevertheless offer this service privately after hours for a fee and in contravention of the law.[14]

- Failures to prevent institutional refusals of care: Croatian law allows refusals of care by individual medical professionals but does not permit institutional refusals of care. However, despite the illegality of institutional refusals of care, reports indicate that some public hospitals in Croatia refuse to provide legal abortion services as a matter of institutional policy.[15] State authorities have taken no steps to impose sanctions or establish effective monitoring mechanisms to address such situations. Furthermore, the state has failed to resolve conflicts between legislation regulating refusals of care which does not allow institutional refusals and ministerial Ordinance on the Accreditation Standards for Hospital Health Care Institutions which appears to accept that health care institutions may refuse to provide certain services on grounds of conscience.[16]
- Failures to establish effective oversight and monitoring systems: There is no collection of official statistics or data on the prevalence of such refusals of care in Croatia. In addition, there are no standardized procedures for the registration of such refusals – practices differ on a case-by-case basis, with some physicians and medical staff signing forms notifying their refusal, while others give oral statements to their employers only without any record being kept. The lack of standardized registration procedures undermines any monitoring and oversight efforts,[17] which in turn undermines the ability of state authorities to undertake effective measures to address the serious resulting obstacles in access to legal abortion care.[18]

International Human Rights Law and Standards

Under the Covenant Croatia is obliged to guarantee access to legal abortion care. The States failure to address the barriers identified above, including to ensure adequate numbers and geographical coverage of willing and trained providers, to establish effective monitoring and oversight mechanisms and to prevent institutional refusals of care, undermines its obligations under the Covenant and jeopardizes women's enjoyment of their rights under the Covenant including rights under Articles 2(1), 3, 6, 7, 17, and 26.

General Comment No. 36 of this Committee makes it clear that measures that State parties adopt to regulate abortion "must not result in violation of the right to life of a pregnant woman or girl, or her other rights under the Covenant."[19] The General Comment also makes it clear that State parties have a duty to ensure that women and girls do not have to resort to unsafe abortions. This Committee has also outlined that State parties "should not introduce new barriers and should remove existing barriers that deny effective access by women and girls to safe and legal abortion."[20] They should also "prevent the stigmatization of women and girls seeking abortion."[21] Other Treaty Monitoring Bodies have also repeatedly urged states to remove financial and other barriers, to ensure access to quality abortion care, and to refrain from introducing regressive laws and policies on abortion care.[22]

This Committee has specifically urged State parties to eliminate barriers to safe and legal abortion care that have resulted from medical professionals' refusals of abortion care.[23]

Similarly, other UN human rights mechanism have repeatedly expressed the view that where a state *chooses* to permit, as a matter of domestic law or policy, medical professionals to refuse to provide legal reproductive health care on grounds of conscience or religion, the state must put in place regulatory, oversight and enforcement frameworks that will ensure women's access to these services is not undermined by such refusals.[24] They have explicitly specified that the relevant regulatory framework must ensure certain minimum obligations, including an obligation on healthcare providers to refer women to alternative health providers[25] and must prohibit institutional refusals of care.[26] States should also ensure that "adequate number of health-care providers willing and able to provide such services should be available at all times in both public and private facilities and within reasonable geographical reach."[27] They should also "establish effective monitoring systems and mechanisms to enable the collection of comprehensive data on the extent of conscience-based refusals of care and the impact of the practice on … access to legal reproductive health services."[28]

In 2015, the Committee on the Elimination of Discrimination against Women (CEDAW) specifically urged Croatia to ensure that conscience-based refusals of care "[do] not impede women's effective access to reproductive health-care services, especially abortion and post-abortion care and contraceptives."[29] It also urged the state authorities to "ensure universal coverage of abortion and modern contraception within the Croatian Health Insurance Fund."[30] Thus far the Government has not adopted measures to implement these recommendations.

Recommended questions to be addressed by the Croatian government:

- Please provide information on the current abortion law reform process, including the timeline for introducing and adopting a new law, and explain how the State party will ensure compliance with the principle of non-retrogression.
- Please explain what measures the State party is taking to ensure effective access to legal, quality abortion care.
- Please outline measures that the State party is taking to ensure adequate numbers and geographical coverage of medical professionals trained and willing to provide abortion care, to prevent institutional refusals of care and to establish effective monitoring and oversight frameworks in order to guarantee that refusals of care on grounds of conscience or religion by medical professionals do not undermine women's timely access to abortion services.
- Please outline measures the State party has taken to improve access to affordable abortion services by covering all costs related to abortion, including abortion on request, under the Health Insurance Fund.

II. Lack of Access to Quality Maternal Care and Mistreatment in Maternal and Other Reproductive Health-Care Settings (Articles 2(1), 3, 6, 7, 17 and 26 of the Covenant)

Serious concerns persist in Croatia regarding maternal health care, in particular with respect to: lack of access to quality maternal health care for women living in rural areas or outside of urban centers and for undocumented migrant women; abuse and disrespect in reproductive health care settings; lack of disaggregated data; inadequate maternal death audits; and restrictions on birth outside of hospitals.

(a) Barriers in access to quality maternal health care for women living in rural areas

Women living in rural areas or outside of urban centers in Croatia face difficulties in accessing quality maternal health care services. Since 2010 Croatia has moved towards centralizing birth and postpartum care in 30 maternity hospitals throughout the country. Small out of hospital (ambulatory) units have been closed.[31] Although there is no official data on the number of women of reproductive age who live more than 50 km away from a maternity hospital,[32] on the basis of 2011 census data it is estimated that 361,100 women of fertile age, representing 52 percent of women in Croatia (out of 698,675 in total), live outside of cities with maternity hospitals.[33]

The lack of available data and research impedes assessment of the impact and effectiveness of this process of centralization. However, there are regular reports of births taking place at roadsides, in military hospitals, helicopters or ferries; not least as women living on the Croatian islands need to be transported to mainland hospitals to give birth. Often these women leave their communities in advance of their due date to await labour on land, at their own cost. These reports are indicative of the challenges many rural women face in accessing maternal health care in Croatia.[34]

(b) Barriers in access to affordable maternal health care for undocumented migrant women

In Croatia undocumented migrant women face significant barriers in access to maternal health care throughout pregnancy, as outlined in detail in the Center for Reproductive Rights' recent report entitled *Perilous Pregnancies: Barriers in Access to Affordable Maternal Health Care for Undocumented Migrant Women in the European Union* (enclosed).

As detailed in the report, Croatian law provides that undocumented migrants in Croatia are allowed to access health care services, and thus undocumented migrant women in Croatia are not prohibited from accessing maternal health care during pregnancy.[35] However, as the report explains, under Croatian law undocumented migrant women are required to pay the full costs of all maternal health care they obtain during pregnancy, including antenatal care and care during labour and childbirth and obstetric emergencies. Legal provisions specify that health care providers are required to charge anyone without legal residence for the full costs of any care provided before discharging the patient, and stipulate that bills must be paid within a deadline of eight days. If the bill is not paid within the deadline, health care providers must transmit the patient's personal information to the Ministry for Internal Affairs.[36]

These legal and policy barriers undermine undocumented migrant women's access to adequate and quality maternal health care throughout pregnancy and thereby expose pregnant women to serious risks to their health and lives, including increased risk of maternal mortality and morbidity. Many undocumented migrant women with limited financial means will experience considerable uncertainty about their ability to pay for maternal health care and will fear being reported to immigration authorities if seeking care. As a result most undocumented migrant women will not seek antenatal care during pregnancy, thereby placing their health at serious risk. Furthermore, the significant cost of unsubsidised maternal health care during childbirth or in an obstetric emergency as well as any follow up care will often lead to a debilitating financial burden for undocumented migrant women. In some cases this may lead them to avoid accessing skilled birth attendance during childbirth, exposing them to heightened risks of maternal mortality and morbidity.

(c) Mistreatment in maternal health care and other reproductive health care settings

Since 2001, RODA has monitored the treatment of pregnant women in hospitals, including through interviews and surveys. Women's reports give rise to serious concerns about the way they are treated during reproductive healthcare procedures, including but not limited to childbirth and postpartum, surgical miscarriage procedures, medically assisted reproduction and post-menopausal care. Their reports indicate that there may sometimes be serious deficits in processes to ensure women's ability to give their free and informed consent to medical interventions. They also report highly concerning instances of disrespectful and abusive, and sometimes violent, treatment by medical professionals. The results of the #PrekinimoŠutnju (#BreakTheSilence) campaign organized by RODA in 2018 indicate that women undergoing painful reproductive healthcare procedures may often be denied access to pain relief, may not be informed in advance about a procedure being potentially painful, and may be tied to medical equipment during these procedures.[37]

Similarly, RODA's 2015 *Survey on Experiences in Maternity Services*[38] has revealed serious concerns regarding the provision of obstetric care in Croatian hospitals and respect for women's human rights during childbirth. Although the reported practices differ extensively in form and gravity, they raise concerns regarding respect for women's dignity, autonomy and personal and bodily integrity in maternal health care contexts and medical decision-making related to childbirth. Reported practices include:

- Failure to obtain full and informed consent for medical interventions during childbirth.[39]
- Mental, emotional or verbal abuse and humiliation and lack of respect for privacy.[40]
- Practices that prevent women from moving freely and choosing a birthing position and instead confine them to lie down while giving birth.[41] The World Health Organization (WHO) has specified that women's freedom to choose positions and assume a variety of positions during the course of labour alleviates labour pain and that women should not be restricted to bed and the supine position.[42]
- The exertion of extreme physical pressure by healthcare personnel on women's abdomens during the pushing stage of labour (known also as the Kristeller Maneuver). RODA's 2015 survey found that 54 percent of women reported being subjected to the Kristeller Maneuver.[43] The WHO has advised against the use of Kristeller Maneuver and outlined that "[a]part from the issue of increased maternal discomfort, there is suspicion that the practice may be harmful for the uterus, the perineum and the fetus."[44]
- Extensive use of episiotomy. Prior to 2008, episiotomy was performed during nearly 70 percent of childbirths and while the official rates are declining they remain very high, at 49 percent in 2010.[45] However, RODA's 2015 survey revealed that episiotomy rates may be severely underreported (the Croatian Institute for Public Health reports a rate of 30 percent, while women's reports to RODA indicate a rate of 56 percent).[46]
- Suturing of birth injuries without, or with insufficient, anesthesia. The International Federation of Gynecology and Obstetrics (FIGO) has stressed that suturing must always be performed under adequate perineal anaesthesia.[47]

(d) Lack of adequate disaggregated data and maternal death audits

Croatian authorities are failing to collect adequate disaggregated data on maternal morbidity and mortality as well as undertake adequate maternal death audits.[48] While maternal mortality and morbidity rates are generally low in Croatia, data is only collected at hospital and national levels and is not disaggregated by age, race, nationality, socio-economic status, place of

residence, or child's place of birth.[49] As a result, there are important gaps in information about maternal mortality and morbidity risks specifically affecting women from certain groups. In other European countries where disaggregated data is available, it shows significantly higher maternal mortality and morbidity outcomes among certain groups of women.

(e) Restrictions on birth outside of hospitals

The majority of births in Croatia (99 percent) take place in hospitals and are usually attended by doctors with midwives assisting. Croatian legislation does not recognize the possibility for midwives to work independently outside of hospital settings and as a result does not enable women to choose to give birth outside of hospital settings.

International Human Rights Law and Standards

These maternal health care deficits indicate that Croatian authorities are failing to respect and ensure the protection of women's human rights during pregnancy and childbirth and give rise to specific concerns in relation to Article 2(1), 3, 6, 7, 17 and 26 under the Covenant. These practices also give rise to serious concerns that maternal health care in Croatia does not comply with international medical guidelines, scientific evidence and international standards of care.[50]

This Committee has affirmed that the Covenant requires States parties to adopt positive measures to protect women's ability to enjoy their right to life with dignity, including providing access to quality maternal health care.[51] The Committee has also specifically found that excluding undocumented migrants from insurance coverage for health care that could result in loss of life or irreversible negative consequences for health amounts to discrimination in violation of Article 26.[52]

The Committee on the Elimination of Racial Discrimination has recently expressed concern about the multiple and intersecting forms of discrimination that undocumented migrant women face in accessing maternal health care, and recommended that States remove all financial barriers, as well as legal, administrative, language or cultural barriers that impede access to affordable maternal health care throughout pregnancy and ensure that emergency health care and any care related to childbirth is provided free of charge for all.[53] Other international human rights mechanisms have also affirmed that States must ensure the right of access to maternal health services on a non-discriminatory basis, especially for disadvantaged or marginalised groups.[54] In particular States have a duty to refrain from denying or limiting equal access for all persons, including undocumented migrants, to essential health services.[55]

This Committee and other international human rights mechanisms have specified that the treatment of women during childbirth and in the course of reproductive health care can give rise to concerns of ill-treatment.[56] For example, the Special Rapporteur on torture has observed that women may be exposed to severe pain and suffering when seeking maternal health care, particularly immediately before and after childbirth, as a result of abuses such as "extended delays in the provision of medical care, such as stitching after delivery to the absence of anaesthesia."[57] He has noted that "[s]uch mistreatment is often motivated by stereotypes regarding women's childbearing roles and inflicts physical and psychological suffering that can amount to ill-treatment."[58] Similarly, the Special Rapporteur on violence against women has recently outlined that some forms of mistreatment related to childbirth and other reproductive health services could amount to violence against women and human rights violations.[59] In addition, Articles 2(1) and 3 of the Covenant require State parties to ensure women's enjoyment of the rights enshrined in the Covenant on a basis of equality and free from discrimination on

grounds of sex.[60] CEDAW has confirmed that abuse and mistreatment during childbirth in maternity hospitals amounts to discrimination against women in the enjoyment of their human rights. It has urged State parties to improve standards of care with regard to childbirth and to ensure that all interventions are performed only with a woman's full, prior and informed consent, and that healthcare professionals are trained on patients' rights and ethical standards.[61] This Committee has also repeatedly found that women's decisions regarding their pregnancies fall within the right to privacy as enshrined in Article 17 of the Covenant.[62] Respect for the principle of informed consent in relation to medical decision making is also required by the right to privacy.[63]

In 2015, CEDAW expressed concerns about Croatia's failures to ensure access to quality maternal health care. It specifically expressed concerns about "[t]he lack of oversight procedures and mechanisms for ensuring adequate standards of care and the protection of women's rights during deliveries, as well as their autonomy, and the lack of options for giving birth outside hospitals", and called upon the Croatian Government to "ensure the existence of adequate safeguards so that medical procedures for childbirth are subject to objective assessments of necessity and conducted with adequate standards of care and respect for women's autonomy and the requirements for informed consent, and to introduce options for home births for women who wish to avail themselves of that possibility."[64] Thus far the Government has not adopted measures to implement this recommendation.

Recommended questions to be addressed by the Croatian government:

- Please explain what measures the State party is taking to guarantee the human rights of women in maternal and other reproductive health care settings and how the State is monitoring and assessing health professionals' and facilities' compliance with these measures.
- Please outline measures the State party is taking to ensure that all pregnant women in Croatia including women living in rural areas and undocumented migrant women have timely access to quality and affordable maternal health care.
- Please explain how the State party collects data on maternal mortality and morbidity and how they are disaggregated. Please also explain how the State party conducts maternal death audits.
- Please indicate steps taken to ensure that all women can benefit from the presence of skilled birth attendants during childbirth, including in cases where they are giving birth at home or otherwise outside of medical facilities.

[1] Act on Health Care Measures for Exercising the Right to a Free Decision on Giving Birth, Act No. 1252-1978 of 21 April 1978, art. 15(2).
[2] *Id.*, art. 22.
[3] *See, e.g.,* Marina Vosika, *Barriers to Abortion Access in Croatia*, http://www.znajznanje.org/wp-content/uploads/2018/07/Marina-Vosika-Msc-Report-Barriers-to-Abortion-Acess-in-Croatia-1.pdf; Masenjka Bacic, *'We Don't Do It Here' – Abortion Rights Under Threat in Croatia*, http://fellowship.birn.eu.com/en/fellowship-programme/we-don-t-do-it-here-abortion-rights-under-threat-in-croatia (last visit: Aug. 8, 2019).
[4] *See, e.g.,* Michael Bird, Blaž Zgaga & Lina Vdovii, *Why are women from Croatia going to Slovenia for abortions?* NACIONAL (Jul. 16, 2019), https://www.nacional.hr/why-are-women-from-croatia-going-to-slovenia-for-abortions; *Koliko savjesno se koristi priziv savjesti*, HRT (Jun. 3, 2019), https://vijesti.hrt.hr/518189/koliko-savjesno-se-koristi-priziv-savijesti.
[5] Constitutional Court of the Republic of Croatia, No. U-I-60/1991 i dr. (Feb. 21, 2017). In the decision, the Court ruled that by allowing women's access to abortion in the circumstances set forth in the 1978 law, including abortion on a woman's request, the law gives effect to women's constitutional rights to privacy, liberty, and personality and complied with international human rights law and comparative European law.
[6] The criteria for membership in the commission, which includes experts opposing abortion care, are unknown so is the timeline for drafting a new law. *Minister Refuses to Reveal Writers of New Abortion Law*, (Nov. 26, 2018), https://www.total-croatia-news.com/politics/32649-new-abortion-law; *New Abortion Law Will Not Be Adopted within Deadline* (Jan. 16, 2019), https://www.total-croatia-news.com/politics/33604-abortion-law; https://net.hr/danas/hrvatska/procurila-imena-ovi-ljudi-odlucuju-o-novom-zakonu-o-pobacaju-abortus-treba-ograniciti-i-uvesti-savjetovanje-sa-svecenikom. In the meantime, two groups of parliamentarians have prepared draft legislative proposals that are currently pending in the Parliament. These bills are proposing a regulation of abortion care similar to the current abortion law. *See* Demokrati, *Prijedlog Zakona o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o rađanju djece* (2019), https://demokrati.hr/vijesti/prijedlog-zakona-o-zdravstvenim-mjerama-za-ostvarivanje-prava-na-slobodno-odlucivanje-o-radanju-djece/; *Opposition for Legal, Free and Accessible Abortion in Croatia,* (Jan. 31, 2019) https://www.total-croatia-news.com/politics/33874-abortion-in-croatia; Social Democratic Party, *Prijedlog Zakona o medicinskom postupku prekida trudnoce, s konačnim prijedlogom zakona* (2019), http://www.sabor.hr/sites/default/files/uploads/Savjetovanja%20s%20javno%C5%A1%C4%87u/klub%20sdp_nacrt%20akta_prekid_trudnoce.pdf.
[7] Gender Equality Ombudsperson of the Republic of Croatia, *Izvješće o radu Pravobraniteljice za ravnopravnost spolova za 2018. Godinu*, *available at* https://www.prs.hr/attachments/article/2645/Izvje%C5%A1%C4%87e%20o%20radu%20Pravobraniteljice%20za%20ravnopravnost%20spolova%20za%202018.%20godinu_~.pdf [hereinafter Gender Equality Ombudsperson, Report 2018]; *Prosječna mjesečna isplaćena neto plaća i bruto plaća po zaposlenome u pravnim osobama Republike Hrvatske za 2018* (2019), https://narodne-novine.nn.hr/clanci/sluzbeni/2019_03_25_508.html;
[8] Gender Equality Ombudsperson, Report 2018, *supra* note 7. *See also* Joint submission by the Center for Reproductive Rights, Centar za edukaciju, savjetovanje i istraživanje (Center for Education, Counselling and Research - CESI) and Roditelji u akciji (Parents in Action - RODA) to the Committee on the Elimination of Discrimination Against Women's 61st session, Periodic review of Croatia (July 2015), https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CRO/INT_CEDAW_NGO_CRO_20902_E.pdf.
[9] Law on Medically Assisted Reproduction, NN 86/12, art. 44. Under the law anyone involved in any part of assisted reproduction (medical personnel, administrative staff, cleaners, etc.) may refuse to carry out their functions based on claims of conscience. The objection can be based on "ethical, religious and moral beliefs or convictions" and individual in question can subsequently refuse any participation in assisted reproduction. *See also* Code of ethics and deontology in pharmacy, art. 12, para. 3, Croatian Chamber of Pharmacists. Under this code pharmacists may refuse to sell medications for stimulation of ovarian function. *See also Instruction for conducting pharmacy services that may have an impact on moral and religious beliefs*, Croatian Chamber of Pharmacists, 2015. Instruction for pharmacists regarding conscience-based refusal state that "every pharmacist, who considers that his/her moral or religious beliefs is preventing him/her to conduct particular pharmacy service, has to bring fourth and explain the issue to the responsible persons or relevant bodies in the pharmacy (institution) where he/she works and to refer patients to other service providers" emphasized that "the patients are the first concern". The instruction allows conscience-based refusals in case of emergency contraception, but also regarding hormonal contraception. *See also Ljekarni koja je pacijentici odbila prodati kontracepciju prijeti zatvaranje Farmaceutkinja nije smjela raditi sama ni spomenuti priziv savjesti*, JUTARNJI (Nov. 17, 2018), https://www.jutarnji.hr/vijesti/hrvatska/ljekarni-koja-je-pacijentici-odbila-prodati-kontracepciju-prijeti-zatvaranje-farmaceutkinjanije-smjela-raditi-sama-ni-spomenuti-priziv-savjesti/8067503/; *Ljekarnica koja se*

pozvala na priziv savjesti izvukla se i bez opomene, FAKTOGRAF (Nov. 27, 2018), https://faktograf.hr/2018/11/27/ljekarnica-koja-se-pozvala-ne-priziv-savjesti-izvukla-se-bez-opomene.

[10] Law on Medical Practice, Official Gazette 121/03, 117/08, art. 20; The Nursing Act, OG121/03, 117/08, 57/11, art. 3. Under the Law on Medical Practice and the Nursing Act doctors and nurses may refuse to provide "diagnostic, treatment and rehabilitation services" to a patient based on personal ethical, religious or moral beliefs as long as the refusal of care does not conflict with the rules of the medical profession and does not cause permanent damage to the patient's health or life. *See also* Code of Ethics for Midwives, art. 2, http://www.komora-primalja.hr/datoteke/Eticki%20kodeks%20primalja%2022%2004%202011.pdf; *see also supra* note 9.

[11] Gender Equality Ombudsperson, Report 2018, *supra* note 7; *see also* Gender Equality Ombudsperson of the Republic of Croatia, *Research on Practices of Healthcare Institutions in Croatia to Ensure Access to Legally Induced Abortion* (2014), www.prs.hr/attachments/article/1555/04_ISTRA%C5%BDIVANJE%20-%20Rad%20studentskih%20pravobranitelja.pdf. Some reports suggest that the proportion of health care providers refusing to perform legal abortions may be as high as 70 percent. CESI, GREY AREA: ABORTION ISSUE IN CROATIA 11 (2014), http://www.cesi.hr/attach/_p/prijelom_pitanje_abortusa_eng.pdf.

[12] Gender Equality Ombudsperson, Report 2018, *supra* note 7. The hospitals in question are the Sveti Duh in Zagreb, and hospitals in Našice, Virovitica, Požega and Vinkovci. In addition, there are reports of women being refused access to legal abortion later in pregnancy in situations when the abortion was legal and the pregnancy resulted from sexual violence or involved a serious foetal diagnosis. *See UZNEMIRUJUĆI SLUČAJ: Djevojku silovao član obitelji, a u Hrvatskoj joj nisu željeli napraviti pobačaj? 'Rekli su da bi se uništili dokazi,'* (Apr. 18, 2019), https://net.hr/danas/hrvatska/uznemirujuci-slucaj-djevojku-silovao-clan-obitelji-a-u-hrvatskoj-joj-nisu-zeljeli-napraviti-pobacaj-rekli-su-da-bi-se-unistili-dokazi/; *Koliko savjesno se koristi priziv savjesti*, HRT (Jun. 3, 2019), https://vijesti.hrt.hr/518189/koliko-savjesno-se-koristi-priziv-savijesti; *SLOVENSKA LIJEČNICA ZGROŽENA HRVATSKIM NAČINOM: Nevjerojatni, ali bolno istiniti razlozi zbog koje Hrvatice pobačaj rade u Sloveniji*, Danas.hr (Apr. 24, 2019), https://net.hr/danas/hrvatska/slovenska-lijecnica-zgrozena-hrvatskim-nacinom-nevjerojatni-ali-bolno-istiniti-razlozi-zbog-koje-hrvatice-pobacaj-rade-u-sloveniji/; *Sve više Hrvatica ide u Sloveniju na poba,čaj: 'Do 12. tjedna ne pitamo zašto su to odlučile napraviti'*, RTL (Apr. 17, 2019), https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3434743/sve-vise-hrvatica-ide-u-sloveniju-na-pobacaj-do-12-tjedna-ih-niti-ne-pitamo-zasto-su-to-odlucile-napraviti/.

[13] *Anesteziolozi se pozvali na priziv savjesti: Kujundžić u Dubrovnik šalje inspekciju zbog pobačaja na živo*, HINA (Mar. 27, 2019), https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3419387/anesteziolozi-se-pozvali-na-priziv-savjesti-kujundzic-u-dubrovnik-salje-inspekciju-zbog-pobacaja-na-zivo/; *Right to conscientious objection to abortion burning issue in Croatia*, HINA (Mar. 27, 2019), http://hr.n1info.com/English/NEWS/a380707/Right-to-conscientious-objection-to-abortion-burning-issue-in-Croatia.html.

[14] CESI, GREY AREA: ABORTION ISSUE IN CROATIA 11 (2014), http://www.cesi.hr/attach/_p/prijelom_pitanje_abortusa_eng.pdf.

[15] *See* Gender Equality Ombudsperson, Report 2018, *supra* note 7; *Potraga istražila: U 20 posto bolnica koje su na popisu da ih rade - pobačaje ne radi nitko od zaposlenih*, RTL (Feb. 11, 2019); *Dostupnost medicinske usluge prekida trudnoće u Hrvatskoj* [Interactive map – access to abortion services in Croatia], http://dev.codeforcroatia.org/ reproduktivna- prava/?fbclid=Iwar2dgt4kvn62fk50nqebmvtbnti3isqsdqowogd Vf03dibTelul9wwgqalu (last visit: Aug. 20, 2019).

[16] *Pravilnik o akreditacijskim standardima za bolničke zdravstvene ustanove*, http://narodne-novine.nn.hr/clanci/sluzbeni/2011_03_31_704.html.

[17] CESI, GREY AREA: ABORTION ISSUE IN CROATIA (2014), *available at* http://www.cesi.hr/attach/_p/prijelom_pitanje_abortusa_eng.pdf.

[18] *Id.*

[19] Human Rights Committee, *General Comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life*, para. 8, U.N. Doc. CCPR/C/GC/36 (2018) [hereinafter Human Rights Committee, *Gen. Comment No. 36*].

[20] *Id.*

[21] *Id.*

[22] *See, e.g.*, Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, paras. 13-21, 28, 34, 38, 40-43, 45, U.N. Doc. E/C.12/GC/22 (2016) [hereinafter CESCR, *Gen. Comment No. 22*]; Committee on the Elimination of Discrimination against Women (CEDAW), *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, paras. 11, 14, 21, U.N. Doc. A/54/38/Rev.1, chap. I (1999) [hereinafter CEDAW, *Gen. Recommendation No. 24*].

[23] Human Rights Committee, *Gen. Comment No. 36*, *supra* note 19, para. 8.

[24] The European human rights mechanisms have held similarly. *See* R.R. v. Poland, No. 27617/04 Eur. Ct. H.R, para. 206 (2011); P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R., para. 106 (2012); International Planned

Parenthood Federation – European Network (IPPF EN) v. Italy, European Committee of Social Rights, No. 87/2012 (2014); COUNCIL OF EUROPE COMM. FOR HUMAN RIGHTS, Women's Sexual and Reproductive Health and Rights in Europe 11-12 (2017), *available at* https://rm.coe.int/women-s-sexual-and-reproductive-health-and-rights-in-europe-issue-pape/168076dead. Moreover, the European Court of Human Rights has refused to accept claims that the right to freedom of thought, conscience and religion encompasses any entitlement on medical professionals to refuse reproductive health care on grounds of conscience. *See, e.g.*, Pichon and Sajous v. France (dec.), No. 49853/99 Eur. Ct. H. R. (2001); R.R. v. Poland, No. 27617/04 Eur. Ct. H.R, para. 206 (2011); P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R., para. 106 (2012). In addition, the European Committee of Social Rights rejected a complaint that claimed health professionals are entitled to deny women legal abortion services based on claims of personal conscience. It found that the European Social Charter does not enshrine an entitlement on the part of health professionals to refuse to perform abortion services on grounds of personal conscience. *See* Federation of Catholic Family Associations in Europe (FAFCE) v. Sweden, European Committee of Social Rights, No. 99/2013 (2015).

[25] *See, e.g.*, CEDAW, *Gen. Recommendation No. 24, supra* note 22, para. 11 ("It is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women. For instance, if health service providers refuse to perform such services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers."); CESCR, *Gen. Comment No. 22, supra* note 22, paras. 14, 43; CEDAW, *Concluding Observations: Croatia*, para. 31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015) (urging the State party to "ensure that the exercise of conscientious objection does not impede women's effective access to reproductive health-care services, especially abortion and post-abortion care and contraceptives"); *Hungary*, paras. 30-31, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013) (urging the State party to "[e]stablish an adequate regulatory framework and a mechanism for monitoring of the practice of conscientious objection by health professionals and ensure that conscientious objection is accompanied by information to women about existing alternatives and that it remains a personal decision rather than an institutionalized practice"); CESCR, *Concluding Observations: Poland*, para. 28, U.N. Doc. E/C.12/POL/CO/5 (2009) ("The Committee is particularly concerned that women resort to clandestine, and often unsafe, abortion because of the refusal of physicians and clinics to perform legal operations on the basis of conscientious objection.... The Committee calls on the State party to take all effective measures to ensure that women enjoy their right to sexual and reproductive health, including by enforcing the legislation on abortion and implementing a mechanism of timely and systematic referral in the event of conscientious objection.").

[26] *See, e.g.*, CEDAW, *Concluding Observations: Hungary*, para. 31(d), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013); Committee on the Rights of the Child (CRC), *Concluding Observations: Slovakia*, paras. 41(f), U.N. Doc. CRC/C/SVK/CO/3-5 (2016).

[27] CESCR, *Gen. Comment No. 22*, *supra* note 22, paras. 14, 43 ("Unavailability of goods and services due to ideologically based policies or practices, such as the refusal to provide services based on conscience, must not be a barrier to accessing services. An adequate number of health-care providers willing and able to provide such services should be available at all times in both public and private facilities and within reasonable geographical reach. … Where health-care providers are allowed to invoke conscientious objection, States must appropriately regulate this practice to ensure that it does not inhibit anyone's access to sexual and reproductive health care, including by requiring referrals to an accessible provider capable of and willing to provide the services being sought, and that it does not inhibit the performance of services in urgent or emergency situations.").

[28] CRC, *Concluding Observations: Slovakia*, para. 41(f), U.N. Doc. CRC/C/SVK/CO/3-5 (2016).

[29] CEDAW, *Concluding Observations: Croatia*, paras. 30-31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015).

[30] CEDAW, *Concluding Observations: Croatia*, paras. 30-31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015).

[31] Comment by the Croatian Chamber of Midwives Regarding the Closure of Ambulatory Birthing Units (2010), *available at* http://www.komora-primalja.hr/sluzbeni-dopisi/279-priopcenje-hrvatske-komore-primalja-vezano-za-zatvaranje-manjih-rodilista.

[32] RODA contacted the Croatian Institute for Public Health and the Croatian Institute for Health Insurance (that refunds travel expenses for all healthcare users who travel more than 50 km to obtain care), and neither body collects statistics on the number of women who travelled more than 50 km to receive health care during birth.

[33] Calculated using data from the 2011 census, *available at* http://www.dzs.hr/Hrv/censuses/census2011/results/htm/h01_01_13/h01_01_13_RH.html.

[34] *See, e.g.*, *Amelie se jako žurilo, rodila se na odmorištu Istarskog ipsilona*, (Aug. 20, 2019) https://www.24sata.hr/news/amelie-se-jako-zurilo-rodila-se-na-odmoristu-istarskog-ipsilona-644751; *Porod na trajektu: Marko se rodio na pola kanala do Krka*, (Feb. 9, 2019) https://www.24sata.hr/news/porod-na-trajektu-marko-se-rodio-na-pola-kanala-do-krka-613268; *Rodila je u helikopteru: 'Mojoj Kristini se više nije dalo čekati'*, (Apr. 12, 2018) https://www.24sata.hr/video/rodila-je-u-helikopteru-mojoj-kristini-se-vise-nije-dalo-cekati-568788; *U helikopteru HRZ i PZO još jedna Korčulanka rodila bebu*, (Apr. 17, 2015) https://ezadar.rtl.hr/dogadaji/2103649/u-helikopteru-hrz-i-pzo-jos-jedna-korculanka-rodila-bebu/; *Uranila na*

ovaj svijet: Rodila na cesti u Zadru!, (Aug. 13, 2014) http://www.vijesti.rtl.hr/novosti/1287995/uranila-na-ovaj-svijet-rodila-na-cesti-u-zadru/.
[35] Zakon o obveznom zdravstvenom osiguranju i zdravstvenoj zaštiti stranaca u Republici Hrvatskoj [Law on Compulsory Health Insurance and Health Care for Foreigners in the Republic of Croatia] of June 24, 2013, Narodne novine [Official Gazette] No. 80/13, 15/18, arts. 16(2) & 17, https://bit.ly/2wp7ALH & https://bit.ly/2uzuZLN.
[36] *Id*.
[37] RODA – PARENTS IN ACTION, *Report to the United Nations Special Rapporteur on Violence Against Women in response to her Call for Submissions due 17 May 2019* (Zagreb, 17 May 2019), at 5.
[38] RODA – PARENTS IN ACTION, *Survey on Maternity Practices in Croatia* (2015), *available at* http://www.roda.hr/en/reports/report-on-maternity-practices-in-croatia.html.
[39] RODA – PARENTS IN ACTION, *Survey on Maternity Practices in Croatia* (2015), *available at* http://www.roda.hr/en/reports/report-on-maternity-practices-in-croatia.html. Many women reported that they were asked to sign informed consent forms upon arriving at maternity hospitals without being provided with information about what they were signing and what procedures the forms covered. They reported that medical interventions were sometimes carried out contrary to their wishes. RODA's survey found that in 68 percent of cases women believed they were not provided with sufficient information to meet informed consent requirements, calling into question compliance with the Patients' Rights Act (Protection of Patients' Rights Act, NN 169/04). RODA's 2015 survey also revealed a routine use of enemas often accompanied by forced shaving of pubic hair. 78 percent of women surveyed reported having been given an enema, the performance of which during childbirth is not supported by scientific research. *See* Cochrane Review on Routine Enema use, *available at* http://www.cochrane.org/CD000330/PREG_enemas-during-labour.
[40] RODA – PARENTS IN ACTION, *Report to the United Nations Special Rapporteur on Violence Against Women in response to her Call for Submissions due 17 May 2019* (Zagreb, 17 May 2019). Pregnant women have reported facing forms of persuasion, manipulation, verbal abuse and coercion from health professionals and a lack of respect for their birth preferences and wishes. RODA – PARENTS IN ACTION, *Survey on Maternity Practices in Croatia* (2015), *available at* http://www.roda.hr/en/reports/report-on-maternity-practices-in-croatia.html. RODA's 2015 survey also found that 62 percent of women did not participate in decisions about how they would give birth and 40 percent of women did not have privacy during birth.
[41] RODA's 2015 survey found that 70 percent of women were not allowed to move around during labor and birth, and 76 percent of women were made to lie down for the duration of their labor and birth.
[42] WORLD HEALTH ORGANIZATION (WHO), CARE IN NORMAL BIRTH: A PRATICAL GUIDE 14 (1996) [hereinafter WHO, CARE IN NORMAL BIRTH: A PRATICAL GUIDE], *available at* http://whqlibdoc.who.int/hq/1996/WHO_FRH_MSM_96.24.pdf.
[43] The use of the Kristeller Maneuver was not recorded in patient medical records in nine out of 30 maternity hospitals. RODA – PARENTS IN ACTION, *Survey on Maternity Practices in Croatia*, 6 (2015), *available at* http://roda.hr/article/read/roda-survey-on-maternity-practices-in-croatia-march-2015; RODA, *Survey on Routine Maternity Hospital Practices* (2012), *available at* http://rodilista.roda.hr; Habek, Bobić, Hrgović, *Possible Feto-Maternal Risk of Kristeller Expression*, JOURNAL OF CENTRAL EUROPEAN MEDICINE 3:2 (2008).
[44] WHO, CARE IN NORMAL BIRTH: A PRATICAL GUIDE, *supra* note 42, at 25-26.
[45] Jelena Kitanović, "The Frequency Of Performing Episiotomy In General County Hospital Pozega," South Eastern Europe Health Sciences Journal 3 (Suppl 1), Osijek, Hrvatska (2013) at 41-41, *available at* http://bib.irb.hr/prikazi-rad?lang=en&rad=643695.
[46] RODA – PARENTS IN ACTION, *Survey on Maternity Practices in Croatia*, 6 (2015), *available at* http://roda.hr/article/read/roda-survey-on-maternity-practices-in-croatia-march-2015. The WHO classifies "liberal or routine use of episiotomy" as a practice which is frequently used inappropriately. It argues that "there is no reliable evidence that liberal or routine use of episiotomy has a beneficial effect, but there is clear evidence that it may cause harm. The WHO recommends a restricted use of episiotomy, with 10% being a "good goal to pursue". *See* WHO, CARE IN NORMAL BIRTH: A PRATICAL GUIDE, *supra* note 42, at 37 & 29.
[47] *See* FIGO Safe Motherhood and Newborn Health (SMNH) Committee, *Management of the second stage of labor*, 119 INTL. J. GYN. & OBS. (2012) 114, *available at* www.odondevice.org/press/FIGO-second-stage.pdf [hereinafter FIGO, MANAGEMENT OF THE SECOND STAGE OF LABOR]. The clinical guidelines of the National Institute for Health and Care Excellence (United Kingdom) recommend with regard to suturing: "When carrying out perineal repair[,] ensure that tested effective analgesia is in place… If the woman reports inadequate pain relief at any point, address this immediately." *See* NATIONAL COLLABORATING CENTRE FOR WOMEN'S AND CHILDREN'S HEALTH, INTRAPARTUM CARE: CARE OF HEALTHY WOMEN AND THEIR BABIES DURING CHILDBIRTH. CLINICAL GUIDELINE 190: METHODS, EVIDENCE AND RECOMMENDATIONS (2014) 765, *available at* http://www.nice.org.uk/guidance/cg190/evidence/cg190-intrapartum-care-full-guideline3 [hereinafter NATIONAL COLLABORATING CENTRE FOR WOMEN'S AND CHILDREN'S HEALTH, INTRAPARTUM CARE: CARE OF HEALTHY WOMEN AND THEIR BABIES DURING CHILDBIRTH].

[48] Croatian Institute of Public Health, *Porodi u zdravstvenim ustanovama u Hrvatskoj 2018. Godine* (2019), https://www.hzjz.hr/wp-content/uploads/2019/07/Porodi_2018.pdf; *see also* MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, https://www.npeu.ox.ac.uk/mbrrace-uk.
[49] Croatian Institute of Public Health, *Porodi u zdravstvenim ustanovama u Hrvatskoj 2018. Godine* (2019), https://www.hzjz.hr/wp-content/uploads/2019/07/Porodi_2018.pdf.
[50] *See, e.g.*, WHO, CARE IN NORMAL BIRTH: A PRATICAL GUIDE (1996), *supra* note 42; FIGO, MANAGEMENT OF THE SECOND STAGE OF LABOR, *supra* note 47, at 111-116; *Intrapartum Care*: *Cochrane Database of Systematic Reviews, available at* http://community.cochrane.org/cochrane-reviews/cochrane-database-systematic-reviews-numbers; NATIONAL COLLABORATING CENTRE FOR WOMEN'S AND CHILDREN'S HEALTH, INTRAPARTUM CARE: CARE OF HEALTHY WOMEN AND THEIR BABIES DURING CHILDBIRTH, *supra* note 47.
[51] Human Rights Committee, *Gen. Comment No. 36, supra* note 19, para. 26. *See also, e.g.*, Human Rights Committee, *Concluding Observations: Cameroon*, para. 13, U.N. Doc. CCPR/C/CMR/CO/4 (2010).
[52] Human Rights Committee, Toussaint v. Canada, U.N. Doc. CCPR/C/123/D/2348/2014, 2018, para. 11.8.
[53] Committee on the Elimination of Racial Discrimination (CERD), *Concluding Observations: Poland*, paras. 23(d), 24(d), U.N. Doc. CERD/C/POL/CO/22-24 (2019); *Czechia*, paras. 23, 24, U.N. Doc. CERD/C/CZE/CO/12-13 (2019).
[54] CESCR, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), para. 43, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter CESCR, *Gen. Comment No. 14*]; CERD, *Concluding Observations: Belgium*, U.N. Doc. CERD/C/BEL/CO/16-19 (2014).
[55] CESCR, *Gen. Comment No. 14, supra* note 54, para. 34; CERD, *General Recommendation No. 30: Discrimination against non-citizens*, (64th Sess., 2004) at preamble & para. 36, U.N. Doc. CERD/C/64/Misc.11.rev.3 (2004).
[56] *See, e.g.*, Committee against Torture, *Concluding Observations: Kenya*, para. 27, U.N. Doc. CAT/C/KEN/CO/2 (2013); *United States of America*, para. 33, U.N. Doc. CAT/C/USA/CO/2 (2006); Human Rights Committee, *Concluding Observations: Ireland*, para. 11, U.N. Doc. CCPR/C/IRL/CO/4 (2014).
[57] *See* Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Mendez*, Human Rights Council, para. 47, U.N. Doc. A/HRC/31/57 (Jan. 5, 2016) [hereinafter Special Rapporteur on torture, 2016 Report]; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, Human Rights Council, para. 46, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013).
[58] Special Rapporteur on torture, 2016 Report, *supra* note 57, para. 47.
[59] *See* Special Rapporteur on violence against women, its causes and consequences, *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence, Dubravka Šimonović*, para. 13, U.N. Doc. A/74/137 (Jul. 11, 2019).
[60] Human Rights Committee, *General Comment No. 28: Article 3 (The Equality of Rights Between Men and Women)*, paras. 2-4, 11, 20 & 22, U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000).
[61] CEDAW, *Concluding Observations: Czech Republic*, para. 31, U.N. Doc. CEDAW/C/CZE/CO/6 (2016); *Croatia*, para. 31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015).
[62] *See, e.g.*, Mellet v. Ireland, Human Rights Committee, Commc'n No. 2324/2013, paras. 7.7, 7.8, U.N. Doc. CCPR/C/116/D/2324/2013 (2016); Whelan v. Ireland, Human Rights Committee, Commc'n No. 2425/2014, paras. 7.8, 7.9, U.N. Doc. CCPR/C/119/D/2425/2014 (2017); K.L. v. Peru, Human Rights Committee, Commc'n No. 1153/2003, para. 6.4, U.N. Doc. CCPR/C/85/D/1153/2003 (2005).
[63] *See, e.g.*, Human Rights Committee, *Concluding Observations: France*, para. 21, U.N. Doc. CCPR/C/FRA/CO/4 (2008); Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Anand Grover*, para. 57, U.N. Doc. A/64/272 (2009). The European Court of Human Rights has determined that women's ability to make decision's during and after childbirth falls within the framework of the right to privacy as enshrined in Article 8 of the European Convention of Human Rights and that the practices of medical providers and state authorities in relation to childbirth may give rise to violations of the right. *See* Konovalova v. Russia, No. 37873/04 Eur. Ct. H.R, paras. 42-50 (2015); Ternovszky v. Hungary, No. 67545/09 Eur. Ct. H.R, paras. 22, 26 & 27 (2011).
[64] CEDAW, *Concluding Observations: Croatia*, paras. 30-31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015).