

PARALLEL REPORT

BY THE EUROPEAN ROMA RIGHTS CENTRE CONCERNING THE CZECH REPUBLIC

For Consideration by the Committee on the Elimination of all Forms of
Discrimination Against Women at the 63th session (23 February 2016)

Articles 5, 10, 12 and 16: Coercive Sterilisation of Romani Women

CHALLENGING DISCRIMINATION PROMOTING EQUALITY

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EXECUTIVE SUMMARY

1. The European Roma Rights Centre (ERRC)¹ submits this parallel report to the United Nations Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) commenting on the Combined Fourth and Fifth Periodic Report of the Czech Republic, submitted under Article 18 of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (Convention).
2. The present shadow report describes the current situation regarding one of the most serious human rights abuses of women – the practice of coercive sterilisation among Romani women – and the legal, policy and other obstacles in reaching an effective remedy for the victims. The submission focuses only on violations directly related to the practice of coercive sterilisation engaging the following articles of the Convention: Articles 5 (stereotyping and prejudice), 10 (equal access to education), 12 (equal access to health care services) and 16 (freedom from discrimination in all matters relating to marriage and family relations) of the Convention. This report aims to provide an update on the situation since 2010 when CEDAW last reviewed the Czech Republic.² It includes an update on the legislative changes, compensation mechanism proposals, updates on court cases, comments on the information provided by the Czech government and recommendations for government action.

BACKGROUND INFORMATION ON COERCIVE STERILISATION

3. In the former Czechoslovakia³, a Public Decree on Sterilisation⁴ from 1971, in force from January 1972, enabled public authorities to take programmatic steps to encourage the sterilisation of Romani women and women with disabilities placed in mental institutions in order to control their birth-rate.⁵ This legal provision resulted in giving public authorities more or less free reign to systematically sterilise Romani women and women with disabilities without their full and informed consent. In 1979, Czechoslovakia also initiated a programme providing financial incentives to Romani women for undergoing sterilisations motivated by the stereotypes and prejudice “to control the highly unhealthy Roma population through family planning and contraception”.⁶
4. Sterilisations were a recognised state policy encouraged by the Czechoslovak government until 1993 when the specific legal provisions were abolished.⁷ However, the practice of sterilising Romani women and women with disabilities against their will did not end with the fall of Communism, when the specific Decree was formally abolished, but it continued throughout the 1990s and 2000s, with the last known case occurring as recently as 2007.⁸
5. Undeniable violations of CEDAW were uncovered including: (1) an absolute lack of consent in either oral or written form prior to the intervention (sometimes consent was retrospectively doctored by medical personnel); (2) consent was sought during child delivery or shortly before delivery, during advanced stages

1 The ERRC is an international public interest law organisation working to combat anti-Romani racism and human rights abuse of Roma through strategic litigation, research and policy development, advocacy and human rights education. Since its establishment in 1996, the ERRC has endeavoured to provide Roma with the tools necessary to combat discrimination and achieve equal access to justice, education, housing, health care and public services. The ERRC has consultative status with the Council of Europe, as well as with the Economic and Social Council of the United Nations. The ERRC has been regularly reporting to the United Nations Committee on the Elimination of Discrimination Against Women (UN CEDAW) on the situation of Romani women in various countries of Europe and submitted several Parallel reports to the CEDAW Committee. The ERRC has also been litigating with the CEDAW Committee under the individual complaints mechanism of the Optional Protocol.

2 UN CEDAW, Concluding Observation, the Czech Republic, available at: <http://www2.ohchr.org/english/bodies/cedaw/cedaws47.htm>.

3 Czechoslovakia was a federal state of Czechs and Slovak, which existed from 1918 to 1993, when it dissolved in two separate states of the Czech Republic and Slovakia.

4 Government of the Czech Republic, *Decree on Sterilisation No. 01/1972* passed on 17 December 1971, valid from 1 January 1972. The Decree expanded the provisions of the Law on Public Health from 1966.

5 ERRC, *Ambulance Not on the Way: The Disgrace of Health Care for Roma in Europe*, 2006, available at: <http://www.errc.org/cms/upload/media/01/E6/m000001E6.pdf>.

6 Final Statement of the Public Defender of Rights in the Matter of Sterilisations Performed in Contravention of the Law and Proposed Remedial Measures, p. 3.

7 Směrnice Ministerstva zdravotnictví ČSR ze dne 17. prosince 1971 o provádění sterilizace [*Decree on Sterilisation No. 01/1972* passed on 17 December 1971, valid from 1 January 1972. Number 252. 3-19. 11. 71].

8 ERRC, *Coercive sterilization of Romani women*, available at: <http://www.errc.org/article/coercive-sterilisation-of-romani-women/3843>.

of labour in circumstances where the mother was in great pain or intense stress; (3) consent was given in error with respect to the intervention, or upon the provision of manipulative information on sterilisation – many women were undergoing different types of surgery when sterilised; and lastly (4) consent was given under duress or pressure from public authorities for women to undergo sterilisation under the threat of withholding social benefits, terminating employment, children institutionalisation, or under the promise of financial awards (often an equivalent of several months' income).

6. Many Romani women were manoeuvred to hospitals on the pretext of suffering some health problems indicated by general practitioners, gynaecologists or social workers (often entirely fabricated diagnosis of tumours or cancer). Others were sterilised during their C-section and the doctors justified it by pointing out a sudden delivery complications, which however they did not indicate (neither they did the need for C-section) during the regular checks in the nine months pregnancy period. Significant number of Romani women reported that medical consultations during their pregnancy were minimal and the doctors used dry, technical (and sometimes openly prejudicial) accounts which they did not understand. Many women were made to believe by social workers and/or their gynaecologists that sterilisation is a temporary procedure and they can have children in five-or-so years' time again. They had not been previously consulted on available contraception and believed what the medical and social experts claimed; most of the women did not even understand the word 'sterilisation' as in their communities another Czech word of *'podvaz'* was used. The Romani women living at the edge of poverty or beyond would then tend to agree to undergo the procedure as they and their partners responsibly estimated that in their socio-economic situation they could not afford another child. In fact, the irony of this human rights violation is that it often happened to the most responsible Romani women who took their pregnancy and family planning seriously and attended the regular pregnancy checks with their gynaecologists. As they were in regular contacts with medical staff and social workers, they became the main target of the coercive sterilisation policy. Despite sterilisation, some women got pregnant however the foetus developing outside their uterus (the so-called ectopic pregnancy) and had to go through an abortion surgery again.
7. In November 2009, Czech authorities acknowledged individual failures of medical personnel and expressed regret for forced or coerced sterilisations.⁹ However, despite the Ombudsperson's conclusion that involuntary sterilisations were encouraged by state policy, the government denied any systemic practice of sterilisation. In light of the limited official acknowledgment no compensatory mechanism has been put in place as well as no official investigation being carried out by the government to ascertain the extent of forced or coerced sterilisations.
8. Meanwhile a significant number of the UN and Council of Europe bodies sent the Czech government recommendations of urgent action to investigate the extent of involuntary sterilisation practice and to establish a compensation mechanism: the UN Committee on the Elimination of Discrimination against Women (CEDAW) in 2006 and 2010, the UN Committee on Elimination of Racial Discrimination (CERD) in 2007 and 2011, the UN Human Rights Committee in 2007 and 2013, the UN Human Rights Council under the Universal Periodic Review in 2008 and 2012, the European Commission against Racism and Intolerance (ECRI) in 2009, the Commissioner for Human Rights of the Council of Europe in 2010, the UN Committee against Torture (CAT) in 2012 and the UN Committee on the Rights of Persons with Disabilities (CRPD) in 2015.¹⁰ The UN High Commissioner for Human Rights, Navanethem Pillay¹¹ and the Council of Europe Commissioner for Human Rights Nils Muižnieks,¹² have been also critically attentive to the issue and requested action towards a compensation scheme.
9. In October 2014, the Czech Government approved an interim report to the CEDAW Committee on the progress in tackling the issues of involuntary sterilisation.¹³ Regarding the CEDAW Committee

9 The Government of the Czech Republic, *Resolution of the Government of the Czech Republic 1424*, November 23, 2009, available at: [http://racek.vlada.cz/usneseni/usneseni_webtest.nsf/0/6430E40ED2EFF39AC1257674004347C2/\\$FILE/1424%20uv091123.1424.pdf](http://racek.vlada.cz/usneseni/usneseni_webtest.nsf/0/6430E40ED2EFF39AC1257674004347C2/$FILE/1424%20uv091123.1424.pdf).

10 The recommendations of the UN bodies to the Czech Government concerning involuntary sterilisation can be accessed here: <http://www.ohchr.org/EN/countries/ENACARegion/Pages/CZIndex.aspx>; the ECRI Report on the Czech Republic is available at: http://www.coe.int/t/dghl/monitoring/ecri/Country-by-country/Czech_Republic/CZE-CbC-IV-2009-030-ENG.pdf; the report of the Human Rights Commissioner of the Council of Europe is available here: http://www.coe.int/en/web/commissioner/country-report/czech-republic/-asset_publisher/McxMQ9JIN8n9/content/report-on-visit-to-czech-republic-2010-?redirect=%2Fen%2Fweb%2Fcommissioner%2Fcountry-report%2Fczech-republic&inheritRedirect=true.

11 Letter from the UN Human Rights Commissioner Navanethem Pillay to the Minister of Foreign Affairs of the Czech Republic, Mr Lubomír Zaorálek, 30 March, 2014.

12 CoE Commissioner for Human Rights, Letter to the Prime Minister of the Czech Republic concerning the bill on reparations for involuntary sterilisation of Roma women, 06 October 2015, available at: <https://wcd.coe.int/ViewDoc.jsp?Ref=CommDH%282015%2925&Language=lanEnglish>.

13 Government of the Czech Republic, *Sixth periodic report of States parties due in 2014*, available at: http://tbineternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fCZE%2f6&Lang=en.

recommendation from August 2010 to introduce a compensation mechanism for involuntary sterilised women,¹⁴ the Government informed the Committee about the Recommendation of the Government Council of Human Rights of February 2012 to compensate “*all the women who were sterilized in conflict with the law*” [...] “*between 1972 and 1991 and under the provisions of the law that was effective at that time were entitled to a cash contribution*” [para 181]. The government also reported on establishing a new interdepartmental group in July 2014. The group is tasked to prepare “*a legislative proposal on compensation of wrongfully sterilized persons*”, and the proposal should “*be submitted to the government by the end of 2014*” [para 182]. According to the government, the new proposal will satisfy the claims of the victims of coercive sterilisation and they will “*no longer need to bring to court civil action against a health care facility where the coercive sterilization took place*” [para. 182]. If however, any affected women decide to go to the court, the government pointed out, that they can seek free legal aid and be awarded free representation in civil and criminal proceedings. Furthermore, they can also ask to be exempted from the court fees [para. 183]. Regarding the CEDAW Committee recommendation on the informed consent procedure, the government emphasized the changes legislated by the Act on Specific Health adopted in 2011. They argued that this Act “*greatly enhances the rights of patients and, among other things, emphasizes the protection of the rights of underage patients, patients deprived of legal capacity and patients with limited legal capacity so that they are not qualified to assess the provision of health services or their consequences and grant consent to their provision*” [para. 183].

10. In 2009 and 2012, the Czech Government’s Human Rights Council passed resolutions recommending that the Czech Government introduce a mechanism for adequate financial redress for victims of involuntary sterilisation. In February 2015, the working group under the auspices of the Human Rights Ministry finalised a Compensation Act proposal.¹⁵ In September 2015 the government rejected to adopt this law without stating official reasons.¹⁶ In the reply to the concerns of the Council of Europe Commissioner for Human Rights over the rejected bill, the Prime Minister Sobotka maintained that the state did not support the systemic sterilisation practice among Romani women and women with disabilities. He also claimed that the state adopted all necessary measures to prevent any further incident of involuntary sterilisation and, despite the legal evidence that the statute of limitation expired in absolute majority of cases, recommended all previously harmed women to seek justice at the Czech courts.¹⁷

COMMENTS ON INFORMED CONSENT PROCEDURE

11. The Healthcare Act adopted in 2004, which entered into force in 2005, repealed the older regulations authorizing sterilisations. In November 2011, a new Act on Specific Health Services was adopted and came into force in April 2012, which newly defined the provision on sterilisation.¹⁸ In the Part 2, the law newly stipulates sterilisation and includes instructions for medical personnel on how to consult with patients on its consequences; risks and nature of sterilisation including to acquire informed consent from the patient. An independent witness (medical person) is now required to attend the consultation with the patient and one more witness can be present on the request of the patient also. The minutes from the consultation, signed by all participants, are archived in personal medical files. The period of seven days for medical indi-

14 The Committee recommended to “*consider establishing an ex gratia compensation procedure for victims of coercive or non-consensual sterilizations whose claims have lapsed; provide all victims with assistance to access their medical records; and investigate and punish illegal past practices of coercive or non-consensual sterilizations*” [para. 35].

15 Human Rights Council of the Government of the Czech Republic, *Draft Law of the Compensation for Illegally Sterilised Persons*, February 2015. This draft legislation proposes that the Ministry of Health will establish an independent expert Committee which would review the individual claims of involuntary sterilised persons and advise the Ministry on compensation. The committee of nine members should have at least one practising lawyer, practising gynaecologists and social worker nominated by the ministries (one member should be nominated by the Ombudsperson). The compensation should have included an official apology, compensation and free-of-charge rehabilitation or artificial fertilisation treatment. The compensation was set at 300.000 CZK (approximately three-times less than the ECtHR awarded) and the compensation law should be valid for three years, during which the affected women can make their claim. Persons involuntarily sterilised between July 1966, when the Public Health Act was adopted, and March 2012, when a new Special Health Services Act annulled the previous legal provision, should be eligible for compensation.

16 Romea.cz, *Government Rejects Bill to Compensate Victims of Illegal Sterilisation*, 1 October 2015, available at: <http://www.romea.cz/en/news/czech/czech-government-rejects-bill-to-compensate-victims-of-illegal-sterilizations>.

17 Prime Minister of the Czech Republic, Reply to the Commissioner’s letter, 7 October 2015, available at: <https://wcd.coe.int/ViewDoc.jsp?Ref=CommDH/GovRep%282015%2911&Language=lanEnglish>.

18 Government of the Czech Republic, *Act on Specific Health Services*, November 6, 2011, available at: <https://www.zakonyprolidi.cz/cs/2011-373>.

cation and 14 days for other reasons should be applied between the consultation and the surgery. The Act incorporates some of the provisions from the International Federation of Gynaecology and Obstetrics (FIGO) Guidelines;¹⁹ and puts in place more robust safeguards in regards of legally incapacitated people and minors. It also forbids sterilisations performed in prisons, and sterilisations performed on people with mental disability for other than medical reasons. Regarding the sterilisation of minors and legally incapable people, additional decisions of the expert commission and the court are required.

12. There are however prevailing shortcomings with provisions relating to the informed consent necessary for a sterilisation to be undertaken. The Act does not define the concepts of informed consent and informed choices. It also does not oblige the medical personnel to inform the patient that sterilisation is only one of many methods of contraception. In this regard, the law omits reference to when it is appropriate for doctors to initiate a discussion on sterilization with patients. It equally does not contain provisions not to raise the possibility of undergoing sterilisations when and if patients are in a vulnerable state, such as during labour or when emotionally unstable.
13. Section 12 of the Act defines sterilisation and describes the medical and other situations under which it can be performed.²⁰ It however not once indicates that sterilisation is never a solution to a medical emergency and neither a life-saving intervention.²¹ Arguments of medical necessity were used by medical personnel to either pressure Romani women to agree with the procedure, or it served as the retrospective justification for “emergency sterilisations” performed entirely without the patient’s consent.
14. Although the Act prescribes the period between the consultation and the performance of the sterilisation, Section 15(2) allows performing sterilisation immediately after signing the consent form. This provision raises further concerns regarding the performance of sterilisations on women in vulnerable states and under the pretext of medical emergencies, for example during Caesarean section when many Romani women have reported to be pressured to sign the consent form.

COMMENTS ON AVAILABLE PATHS FOR SEEKING REMEDIES

15. Significant barriers to access justice persist for the victims of coercive sterilisation, mostly Romani women and women with disabilities. The primary challenge is that the three-year statute of limitation, dating from the moment of acknowledging the sterilisation occurred, prevents the majority of victims from bringing civil claims for damages nowadays.
16. To date there have been three court cases where involuntary sterilised women have been financially compensated. Two cases were considered by the European Court of Human Rights and one by the domestic courts. The women, sterilised in 1997, 2001 and 2003 were eventually compensated either as due to the court’s decision or in an extrajudicial settlement. Their cases were not barred by the statute of limitation.²²

19 FIGO, *Guidelines for Female Contraceptive Sterilisation*, available at: http://www.womenenabled.org/pdfs/International_Federation_of_Gynecology_and_Obstetrics_Sterilization_Guidelines_FIGO_2011.pdf?attredirects=0.

20 Government of the Czech Republic, *Act on Specific Health Services*, Section 12.

21 See the ECtHR case *V.C. v. Slovakia*, November 2011, para. 110, available at: <http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-107364#%22itemid%22:%22001-107364%22>}, or FIGO *Guidelines for Female Contraceptive Sterilisation*.

22 European Court of Human Rights, *Ferenčíková v the Czech Republic* (Application no. 21826/10), *Červeňáková v the Czech Republic* (Application no. 26852/09); and *R.K. v the Czech Republic* (Application no. 7883/08). All three applicants were represented by the Czech NGO League of Human Rights. The case *Ferenčíková v. the Czech Republic* brought before the European Court of Human Rights (further referred to as ‘ECtHR’) was closed with a friendly settlement between the applicant and the Czech Republic in August 2011. In 2005 the District court in Ostrava decided that the applicant was sterilised without voluntary consent and ordered the hospital to offer an official apology. The financial redress was however barred by the statute of limitation. The Supreme and the Constitutional Courts rejected the appeal for financial compensation. Consequently the applicant launched the ECtHR proceedings in response to which the government awarded her with 10,000 EUR in a friendly settlement. The case *Ferenčíková v. the Czech Republic* brought before the European Court of Human Rights (further referred as ‘ECtHR’) was closed with a friendly settlement between the applicant and the Czech Republic in August 2011. In 2005 the District court in Ostrava decided that the applicant was sterilised without voluntary consent and ordered the hospital to offer an official apology. The financial redress was however barred by the statute of limitation. The Supreme and the Constitutional Courts rejected the appeal for financial compensation. Consequently the applicant launched the ECtHR proceedings in response to which the government awarded her with 10,000 EUR in a friendly settlement. The most recent ECtHR case *R.K. v the Czech Republic* also ended with a friendly settlement between the applicant and the Czech Republic in November 2012. The settlement followed four years of the case pending before the ECtHR and previous positive decisions of the District and Regional Courts which had established the rights violation and ordered financial compensation. The parties agreed to the financial award of 10,000 EUR. The government admitted this was an exceptional failure by the state and denied any systemic practice.

The cases however are no more than an exception to the rule that either statute of limitations or inadequate amounts of awarded compensation constitute a substantive barrier to getting efficient redress for involuntary sterilisation. They confirm to the fact that obtaining compensation is not a straightforward procedure, designed to help women obtain redress for the violations they have suffered

17. In June 2012, the Czech Constitutional Court rejected an appeal for a greater level of compensation for a woman who was sterilised without her consent following a delivery by Caesarean. Revising the District Court's decision, the Supreme Court upheld the award of financial compensation, of 150,000 CZK. The inadequacy of the compensation was argued by the compensation given that she cannot bear any more children and her husband had divorced her. She sought compensation of 1 million CZK (approximately EUR 40,000) however; the Constitutional Court ruled that the previous lower courts' decision on the amount of compensation did not violate the woman's fundamental rights.²³
18. Up to 2013 the Czech Civil Code differentiated between so-called claims for material and immaterial damages. The statute of limitation applied to claims for material damages only, which sought financial or other material compensation. In theory it was possible for the victims of involuntary sterilisation to seek an official apology from the state through the Courts outside of the statute timeframe. However the Supreme Court decision from 2008 established that whenever financial compensation is sought for immaterial damages, the statute of limitation should apply.²⁴ Moreover, a new Civil Code,²⁵ which came into force in January 2014, abolishes this distinction equally applying the statute of limitation to all claims for damages, thus even a claim against the state to recognise the injustice carried out is bound by the statute of limitation.
19. Furthermore, the Act on Equal Treatment and on Legal Means of Protection against Discrimination (the Anti-discrimination Act), which is enforce since September 2009 does not allow for *actio popularis*, which would have permitted lodging complaints with higher numbers of victims or with unknown victims of involuntary sterilisation.²⁶
20. The current legal system has denied the majority of victims of involuntary sterilisation justice and any right to seek compensation through domestic civil remedies. The ERRC is concerned that the Czech state is not being held to account for their past systemic human rights violations against Roma women, blatantly based on discrimination and within the present context also in direct breach of CEDAW.
21. In December 2015, the ERRC and the League of Human Rights has submitted a third-party intervention in a new involuntary sterilisation case communicated by the European Court of Human Rights.²⁷ Moreover, we have also prepared a joint individual complaint on behalf of six affected Romani women to the UN CEDAW which is to be submitted in February 2016.²⁸

COMMENTS ON RECOGNIZING STERILISATION OF ROMANI WOMEN AS AN INTERSECTIONAL DISCRIMINATION

22. In its General Recommendation No.28 the Committee has already recognised that discrimination that women experience because of their sex/gender is “inextricably linked with other factors that affect women, such as race, ethnicity, religion or belief, health, status, age, class, caste and sexual orientation and gender identity. Discrimination on the basis of sex or gender may affect women belonging to such groups to a different degree or in different ways to men.”

23 League of Human Rights, *Constitutional court rejected the claim of a sterilized woman who sought higher financial compensation*, available at (in Czech): <http://llp.cz/2012/06/us-odmitl-stiznost-zeny-jez-chtela-vyssi-nahradu-za-sterilizaci>.

24 Supreme Court Judgment no. 31 Cdo 3161/2008 from 12 November 2008.

25 Government of the Czech Republic, *New Civil Code of the Czech Republic*, available at: <http://obcanskyzakonik.justice.cz/>.

26 European Roma Rights Centre, *Czech Republic: Country Profile 2011-2012*, p. 12.

27 ERRC, LHR, *Maděrová v Czech Republic, third-party intervention*, 8 December 2015, available at: <http://www.errc.org/article/mad%C4%95rova-v-czech-republic-third-party-intervention-pending/4436>.

28 Romea.cz, *Czech Government Should Stop Gambling with the Country's Reputation – the Fight for Forced Sterilisation is not over*, 4 November 2015, available at: <http://www.romea.cz/en/features-and-commentary/analyses/marek-szilvasi-czech-government-should-stop-gambling-with-the-country-s-reputation-the-fight-for-compensation-for-forced>.

23. The systemic involuntary sterilisation of Romani women because of their gender and ethnicity in the Czech Republic is a clear violation of the CEDAW and as the Committee points out in its General Recommendation No.28.: Czech Republic “must legally recognize such intersecting forms of discrimination and their compounded negative impact on the women concerned and prohibit them. They also need to adopt and pursue policies and programmes designed to eliminate such occurrences, including, where appropriate, temporary special measures in accordance with article 4, paragraph 1, of the Convention and general recommendation No. 25.”

RECOMMENDATION FOR GOVERNMENT ACTION

THE ERRC RECOMMENDS THE GOVERNMENT OF THE CZECH REPUBLIC TO UNDERTAKE THE FOLLOWING:

Access to Justice

1. Grant compensation to all victims of coercive sterilisation in the Czech Republic irrespective of the date of sterilisation, ethnicity, nationality or age;
2. Ensure that the three-year statute of limitation, dating from the moment of sterilisation, will not prevent victims from bringing civil claims for damages;
3. Ensure that all victims of involuntary sterilisation are provided with free legal aid and all potential litigation costs are covered;
4. Amend/abolish problematic provisions of Specific Medical Services Act concerning informed consent to sterilisation
5. Secure access to non-monetary forms of compensation such as artificial fertilisation, rehabilitation, etc.;

Transparency

1. Make sure that any Commission for compensation will contain independent expert representatives along with representatives of ministries and health services;
2. Appoint an independent committee to conduct research into the full extent of harm caused by the practice of involuntary sterilisation, and support ongoing outreach to all potential applicants for compensation;
3. Establish clear procedural guidelines for following up on complaints of rights violations and strengthen administrative accountability mechanisms at hospitals.

Accountability

1. Assign the Czech Foreign Ministry to undertake negotiations with the Slovak Government to provide redress for women sterilised in Slovakia prior to 1991;

Discrimination & Access to Information

1. Collect disaggregated data based on ethnicity and gender in health care;
2. Consider cumulative effects of multiple discrimination (ethnicity/gender) suffered by Romani women in accessing health care, education and other areas
3. Recognize and react to intersectionality between vulnerability factors including gender, ethnicity and other status of women such as “rural” or “migrant”;
4. Acknowledge that ethnic discrimination can prevent Romani children, including Romani girls from accessing equal education and health care;
5. Adopt comprehensive policies that address the situation of Romani women in general and in terms of access to health care, education, and other services
6. Allocate budgets specifically to improve the situation of Romani girls and women in access to health care and education.