**Poland’s written contribution.**

**The draft General Recommendation on Racial discrimination**

**in the enjoyment of the right to health.**

On page 5 of the document in the position marked with the letter (b) „Racial discrimination in physical, affordable, and information accessibility” it is indicated, that: „ Structural racial discrimination nullifies or restricts disproportionately access of groups within the purview of the Convention to public health, healthcare facilities, services, and goods. Under the reporting procedure, the Committee has found that high number of persons belonging to groups within the purview of the Convention do not have access to stable and affordable health care. A number of causes, acts and omissions, lead to this outcome”.

An example mentioned in point (vi) includes restrictive conditions under which law permits access to sexual and reproductive information, services, and medicine, including family planning, vii) harassment, violence and criminalization of services related to sexual and reproductive health, especially abortions.

One cannot agree with the statement that the restrictive provisions on the admissibility of abortion in Poland result in racial discrimination. Legal regulations concerning this issue, i.e. admissibility of termination of pregnancy, are of a general nature, their application is in no way determined by "race", so they cannot be considered as a manifestation of racial discrimination. These issues are unrelated.

Therefore it is also difficult to agree with comments made in p. 22 on page 9 (Unsafe abortions and racial discrimination).

P. 20 on page 9 states, that: „racial discrimination in the right to sexual and reproductive health: a long-standing practice in the treaty bodies system on >>the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health<< shows how structural racial discrimination, intersecting with other forms of discrimination, such as gender, gender identity, disability, migratory status, class, social status or income, reflecting hierarchies and patterns of unequal distribution of resources and power, is one of the main sources of violations of the right to sexual and reproductive health under the Convention”.

It seems that considerations on structural racial discrimination presented in the aforementioned do not lead to the conclusion made at the end of it, according to which racial discrimination is de facto the main source of violations of the right to sexual and reproductive health. As a structural factor, it can lead to the violation of various rights, including the right to health, but it is difficult to conclude that it is the main factor affecting sexual and reproductive health.

Poland reminds that the term “sexual and reproductive right” is not recognized in international law and it is not a part of international commitments nor human rights. Furthermore, access to abortion is not human right either. Having that in mind, in Poland’s view the following sentence should be deleted: “Safe, legal and effective access to abortion is part of the right to control one’s health and body and the right to life of persons protected under the Convention” (p. 22, page 9). We remind that WHO Guidelines have not been intergovernmentally agreed and are not binding to States.

Considerable doubts are also raised by p. 45 on page 15, according to which „monitoring of racial discrimination in health should include indicators on differential exposure to health risks and differential vulnerability, in terms of health availability, accessibility, acceptability and quality of health. Monitoring should also cover areas where coercive measures may disproportionately apply and affect groups within the purview of the Convention, such as reproductive health-care providers, mental health institutions, prisons, refugee, and migrants’ settlements, including at the borders, with a view to identify systemic exposure to health risks and vulnerabilities. States should assess, measure and report on racial inequalities.”

As indicated above, specifying the area of reproductive health in the context of racial discrimination is not justified, therefore it seems even more unjustified to mention reproductive health-care providers in the cited point.