In Bratislava, 1 July 2022

**SUBMISSION OF THE SLOVAK NATIONAL CENTRE FOR HUMAN RIGHTS TO THE COMMITTEE ON THE ELIMINATION OF RACIAL DISCRIMINATION**

**Issues for consideration during the thematic discussion in preparation for a General Recommendation on Article 5 (e)(iv) of the International Convention on the Elimination of All Forms of Racial Discrimination**

*About the Slovak National Centre for Human Rights:*

*The Slovak National Centre for Human Rights (hereinafter the “Centre”) is a national human rights institution established in the Slovak Republic, accredited with status B by the Global Alliance of National Human Rights Institutions (GANHRI). As an NHRI, the Centre is a member of the European Network of NHRIs (ENNHRI). The Centre was established by the Act of Slovak National Council No. 308/1993 Coll. on the Establishment of Slovak National Centre for Human Rights. Pursuant to the Act No. 365/2004 Coll. on Equal Treatment in Certain Areas and on Protection from Discrimination, as amended (the Anti-Discrimination Act), the Centre also acts as the only Slovak equality body. As an NHRI and equality body, the Centre performs a wide range of tasks in the field of protection and promotion of human rights and fundamental freedoms including the observance of the principle of equal treatment.*

*The Centre among other powers:*

*1) monitors and evaluates the observance of human rights and the observance of equal treatment principle;*

*2) gathers and, upon request, provides information on racism, xenophobia and antisemitism in Slovakia;*

*3) conducts research and surveys to provide data in the field of human rights; gathers and distributes information in this area;*

*4) prepares educational activities and participates in information campaigns aimed at increasing tolerance of the society;*

*5) provides legal assistance to victims of discrimination and manifestations of intolerance;*

*6) issues expert opinions on matters concerning the observance of the equal treatment principle;*

*7) performs independent inquiries related to discrimination;*

*8) prepares and publishes reports and recommendations on issues related to discrimination; and provides library services and other services in the field of human rights.*

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The Centre hereby submits its submission to the selected questions on various issues for consideration during the thematic discussion in preparation for a General Recommendation on Article 5 (e)(iv) of the International Convention on the Elimination of All Forms of Racial Discrimination.

**Questions**

*Scope of Article 5 (e)(iv)*

**7. What is the relationship between Article 5 (e)(iv) and the definition of health in the World Health Organisation?**

Article 5 (e) (iv) of ICERD commits the States Parties to prohibit and eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, to the right to public health, medical care, social security and social services. As the right to public health is interlinked with the right to health, the Centre believes that it should be defined in line with the definition of the right to health under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which provides a comprehensive protection of the right to the highest attainable standard of health.

According to the General Comment No. 14 (2000) on the right to the highest attainable standard of health of the UN Committee on Economic, Social and Cultural Rights “*the right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement*”, which form integral components of the right to health.[[1]](#footnote-1)

The definition of the right to health in ICESCR derived from conceptualizing health as *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”* as contained in the preamble to the Constitution of the World Health Organisation (WHO). Accordingly, under Article 12 ICESCR, the right to health is a broader concept and embraces a wide range of socio‑economic factors that promote conditions in which people can lead a healthy life. It extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.[[2]](#footnote-2)

Accordingly, understanding of health itself under Article 5 (e)(iv) ICERD should be based on the definition of health adopted by WHO but at the same time extending the scope to cover all aspects of the right to health, including the right to healthcare, in line with Article 12 ICESCR as further defined by General Comment No. 14 on the right to the highest attainable standard of health of the UN Committee on Economic, Social and Cultural Rights.

*General standards in assessing risks and outcomes of racial discrimination in health*

**9. Does the understanding of racial discrimination as social determinant of health encompass compounded health risks and harms arising from structural discrimination?**

*Major health inequalities of people living in marginalized Roma communities*

According to the OECD’s country health profile of Slovakia, health status of Roma living in marginalized[[3]](#footnote-3) communities is worse than that of a general population, although largely having a state health insurance.[[4]](#footnote-4) Roma in Slovakia also have shorter life expectancies at birth than the general population (by seven years less for women and ten years less for men) and infant mortality of Roma is twice the national average and almost four times higher than the EU average.[[5]](#footnote-5) Lack of access to healthcare is also reported– e.g., in 2019, only around 53 % of Roma living in marginalized communities have had access to a general practitioner and 44 % in case of paediatric practitioner in the distance within 2 km.[[6]](#footnote-6)

A lack of access to and use of health care by Roma living in marginalized communities stems from a number of contributing structural and material factors. In terms of material barriers, these include poverty (people's incomes are often not enough for even small co-payments for medicines or a trip to the doctor) and environmental factors, including exposure to toxic materials and waste, lack of access to clean water and access to sanitation.[[7]](#footnote-7) Structural factors include discrimination and exclusion, lack of information and awareness,[[8]](#footnote-8) cultural/language barriers and affordability challenges,[[9]](#footnote-9) spatial segregation, and lower social capital,[[10]](#footnote-10) and intersectional factors, including discrimination in employment, education and social services. Racial/ethnic discrimination prevails also in attitudes and behaviours of healthcare workers in various forms, such as separate waiting rooms or outspoken personal racism and hostility of staff, which results in avoidance of healthcare settings.[[11]](#footnote-11)

State strategies (including the *Strategy of Equality, Inclusion and Participation of Roma until 2030[[12]](#footnote-12)* and relating Action Plans[[13]](#footnote-13)) and state-subsidized programmes (e.g. *Healthy Regions* which involves Roma health mediators) were developed to help reduce the challenges.[[14]](#footnote-14) First and foremost however, “*no temporary compensatory measures can eliminate the root cause of the deteriorating health of people in excluded communities, that such places exist at all and that so many Roma live there. It is no coincidence, but a result of systematic exclusion on the principle of ethnicity - in the past and present*.”[[15]](#footnote-15)

*Mandatory quarantine of whole communities during the COVID-19 pandemic*

During the COVID-19 pandemic, people living in the marginalized Roma communities were assessed as at-risk population. The Centre monitored the state practice of compulsory quarantine of several whole Roma communities in Slovakia (in place of personal isolation) and its negative impacts on human rights, based on structural discrimination and racial prejudice against Roma.[[16]](#footnote-16) After cases of coronavirus infections have been confirmed in a number of Roma communities in the Slovak Republic, several of those have been locked down and put under mandatory quarantine. In the first two waves of the COVID-19 pandemic in 2020, mandatory quarantine involved several municipalities, including Bystrany, Žehra, Ratnovce and the towns of Krompachy and Bánovce nad Bebravou. The quarantine measures have had a negative impact on the situation of people living in the segregated settlements, including worsening the access to health care or the access to medicines.[[17]](#footnote-17)

The Centre as well as the Public Defender of Rights[[18]](#footnote-18) repeatedly contested the inadequacy and lack of sufficient justification of the measures regulating the isolation of Roma communities. The Public Defender of Rights found that the fundamental rights and freedoms of the inhabitants in these areas had been violated, after examining particular cases of settlements in Žehra, Krompachy and Bystrany in 2020.[[19]](#footnote-19)

*Individual and group experiences by indigenous peoples, people of African descent, Roma, national or ethnic minorities and castes, including women, girls, and children*

**16. How do racial inequalities affect sexual and reproductive health and rights?**

The general health levels of the Slovak population have improved throughout the years and the healthcare sector has undergone major reforms. However, substantial disparities exist in population health across ethnic and socioeconomic groups.[[20]](#footnote-20) Numerous existing studies show that health status of people from marginalized Roma communities are significantly worse compared to the majority population in Slovakia.[[21]](#footnote-21)

As a consequence of worse health status, life expectancy at birth and infant mortality do not reach the levels of the majority population. Such results are due to poor living conditions, as well as under-utilization of healthcare in the excluded communities. In addition, difficulties in access to healthcare services by marginalized Roma communities are also accompanied by low awareness and education, discrimination in health facilities, financial barriers, as well as cultural and linguistic differences.[[22]](#footnote-22) This results in a low participation of Roma in preventive examinations, health counselling and vaccination, as well as low awareness of health risks. In addition, the United Nations Special Rapporteur on minority issues has previously identified discrimination, verbal abuse and segregation in hospital facilities as a barrier in access to healthcare by marginalized Roma communities.[[23]](#footnote-23)

Moreover, according to multiple monitoring reports and available data, marginalized Roma communities in Slovakia have different patterns of reproductive behaviour compared to the majority population. For example, the available data show that Roma women start family formation and enter motherhood/parenthood earlier and the interval between successive births is shorter.[[24]](#footnote-24) The available data show that the low age of maternal and parental debut along with frequent pregnancies can also have a significant impact on the increased risk of any subsequent pregnancy. Moreover, there is a high proportion of Roma expectant mothers under the age of 18, as well as a higher number of risk pregnancies, premature births and abortions compared to the majority population are shown in some studies.[[25]](#footnote-25) In addition, there is also a lack of knowledge of contraceptive methods and lack of prenatal care.[[26]](#footnote-26) The total fertility rate in Slovakia is 1.4 children per woman.[[27]](#footnote-27) However, for marginalized Roma communities, it is 4.3 children, with the largest difference in the age group of 15–19 years (7 times the majority) depending on the degree of integration of Roma.[[28]](#footnote-28)

In essence, the prejudice and stigmatizing attitudes towards Roma have been deeply entrenched in the Slovak society over the decades. Furthermore, particular groups of marginalized Roma communities might be victims of multiple and intersecting forms of discrimination in access to healthcare. Roma women are among the particularly vulnerable groups, as they may experience multiple forms of discrimination based on more than one aspect of their identity, including gender, sex, race and class. Despite certain efforts of the State, systemic discrimination of marginalized Roma communities is alarming, especially in the area of sexual and reproductive healthcare in Slovakia. According to a report published by the Center for Reproductive Rights and Center for Civil and Human Rights,[[29]](#footnote-29) based on personal stories of 38 Roma women from marginalized communities, Roma women living in Slovakia still face discrimination, segregation and abuse when obtaining reproductive health services. Their experiences raise a number of concerns in relation to the respect, protection, and fulfilment of Roma women’s human rights in Slovakia and their compliance with the international human rights treaties.

International and regional human rights mechanisms have also repeatedly expressed concern and highlighted the persistent discrimination and violation of human rights of marginalized Roma communities, particularly in access to healthcare.[[30]](#footnote-30) One example of a violation of human rights of marginalized Roma community of particular concern remain the forced and coercive sterilization of Roma women, which have been a subject of criticism and recommendations by international monitoring mechanisms.

For more information, please see no. 17.

**17. How should “informed consent” be understood under the Convention?**

Informed consent is regulated in the Slovak legal order by Act No. 576/2004 Coll. on healthcare and on services related to healthcare, amending and supplementing certain acts, as amended (Healthcare Act). Pursuant to the current wording of Section 6(4) of Healthcare Act, informed consent is a demonstrable consent to the provision of healthcare that has been preceded by instruction under the Healthcare Act. Informed consent is also such demonstrable consent to the provision of healthcare preceded by a refusal to be instructed, unless otherwise provided in the Healthcare Act. Pursuant to Section 6(6) of the Healthcare Act, informed consent is given by the person to whom the healthcare is to be provided or by a legal representative, if the person to whom the healthcare is to be provided is incapable of giving informed consent; such person shall participate in decision-making to the fullest extent of his or her capabilities. Moreover, the healthcare act explicitly stipulates, in which situation the informed consent is not required, including emergency care, where informed consent cannot be obtained in time but can be presumed, protective treatment ordered by a court pursuant to a special provision, institutional care where the person is a person who is spreading a communicable disease which poses a serious threat to his or her environment; or outpatient care or institutional care if the person is a person who, as a result of a mental illness or with symptoms of a mental disorder, endangers himself or herself or those around him or her or if there is a risk of serious deterioration in his or her state of health.

The issue of informed consent has been highly debated and subject to criticism and evaluations by number of international and regional monitoring mechanisms in relation to cases of forced and coercive sterilization of Roma women. In essence, forced sterilizations are a common and historical example of systemic violations of sexual and reproductive rights of particularly vulnerable groups in the Slovak Republic. Informed consent and the right to information are critical components of any sterilization procedure. As documented by numerous reports[[31]](#footnote-31) and further highlighted by the case law of regional and international courts and monitoring mechanisms, Roma women have been particularly at risk of such practices. As a result of a number of advocacy activities and reports documenting the cases of forced and coercive sterilization, in 2004 new legislation was adopted in Slovakia, including informed consent procedures, adding a specific provision on informed consent prior to sterilization.[[32]](#footnote-32)

Pursuant to Section 40 of Healthcare Act,[[33]](#footnote-33) sterilisation may be carried out only on the basis of a written request and written informed consent after prior instruction of the person with full legal capacity or the legal representative of the person lacking legal capacity to give informed consent, or on the basis of a court decision at the request of the legal representative. Additionally, according to Section 40(5) of the Healthcare Act, sterilization cannot be carried out earlier than 30 days after informed consent.

Forced and coercive sterilization of Roma women without their informed consent has been litigated both before domestic courts as well as before by the European Court of Human Rights (ECtHR). The ECtHR has considered in a number of cases that forced sterilization constitutes a major interference with a person’s reproductive health status, bearing on manifold aspects of the individual’s personal integrity or physical and mental well-being.[[34]](#footnote-34) According to the Court, such an interference without full and free consent is not compliant with the requirement of respect for human freedom and dignity. In most of the cases, the ECtHR found violation of Articles 3 and 8 of the Convention. In addition, in most of the cases the ECtHR also found a violation of the procedural aspect of Article 3 and held that the State authorities did not meet the standards of an effective investigation laid down by Article 3 of the Convention.

Furthermore, with regards to forced sterilization of Roma women, in her letter to the Prime Minister and the Minister of Justice of the Slovak Republic of July 2021, the Council of Europe Commissioner for Human Rights, Dunja Mitanović, stated that „*existing mechanisms, in the form of domestic civil claims, have not provided an effective means of redress for this serious human rights violation, owing to the many obstacles the victims face*.“ Roma women, while not being the only victims of forced/coercive sterilizations, have been at a particular risk, driven by discriminatory attitudes against them.[[35]](#footnote-35)

In the reply to the letter, the Minister of Justice of the Slovak Republic stated that Slovakia takes the issue very seriously and that the Minister is considering options to examine the cases and provide reparations, noting establishment of the committee of experts in 2003, institute of informed consent in 2004 and its translation into nine minority languages, including Romani, in 2014.[[36]](#footnote-36)

In November 2021, the Government of the Slovak Republic issued a formal apology to victims of forced sterilization, by approving the material called „*Apology of the Government of the Slovak Republic for sterilization of women in violation of the law*“. Slovakia apologized for cases of sterilizations and violation of human rights of (in majority of cases) Roma women in years 1966-1989 and 1990-2004, where according to the material, „the informed consent to the procedure was not always obtained in an adequate process with understanding, but on the contrary, under duress, without sufficient time for reflection and often even at the starting of delivery pain.“[[37]](#footnote-37) The Commissioner for Human Rights welcomed[[38]](#footnote-38) the apology as a first step, and underlined the need to adopt an accessible and effective compensation mechanism.

*Identifying and measuring the effect of racial discrimination: statistics, artificial intelligence (AI) and big data*

**23. How does structural racial discrimination in health manifest in emerging technologies? How does digitalisation affect persons and groups protected under the Convention?**

By the very nature of AI systems, if left unchecked, structural discrimination and racial prejudice easily seeps into all stages of the AI development, including the design, dataset/variables/weights choice, risk/impact assessment and usage. AI systems therefore present a disproportionately large risk and can have potentially large detrimental impacts in forms of reproduction and multiplication of discrimination on a large scale.[[39]](#footnote-39) As potential use of AI systems and digital technologies can be particularly sensitive in the context of healthcare (which uses sensitive and private medical information), transparency and human-rights centered approach, including human rights impact assessments should be central at all stages of development and use of AI in healthcare settings, both in use by the governments or private providers of healthcare. NHRIs and national equality bodies possess unique insight and are well-placed to provide advice to state bodies in development, monitoring and HRIA and their roles should be strengthened, including by provision of mandatory HRIA in any state policies using high-risk AI in healthcare settings. EQUINET[[40]](#footnote-40) and ENNHRI[[41]](#footnote-41) provide important information on different mandates and roles of national human rights bodies in this area. In case of Slovakia, Roma and migrants/asylum seekers and refugees are particularly at risk of use of potential unchecked AI systems in healthcare settings and potentially discriminatory proxy categories could include ZIP codes (towns or parts of towns where Roma live), number of children, criminal records and double citizenship or nationality and various categories/statuses of ‘marginalization’ or healthcare ‘risks’.

1. UN Committee on Economic, Social and Cultural Rights: General Comment No. 14 (2000) - The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), para. 3, available at: <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL> [↑](#footnote-ref-1)
2. Ibid, para. 4. [↑](#footnote-ref-2)
3. According to the Strategy of Equality, Inclusion and Participation of Roma until 2030, it has to be underlined that Roma population in Slovakia is very diverse and it may be stigmatizing to consider all Roma to be disadvantaged in terms of poverty and social exclusion. This assumption is also incorrect in relation to all inhabitants of all settlements considered as Roma settlements. At the same time, Roma in Slovakia are among the most structurally disadvantaged and discriminated groups, regardless of their socio-economic background or living conditions. For this reason, marginality is not understood solely through the prism of socio-economic conditions, but more broadly, involving disadvantages (and multiple disadvantages) in various dimensions of life (including education, employment, participation and in terms of fight against anti-Roma racism). Accepting this fact, the Strategy defines marginalized Roma communities for the purposes of the 2030 Strategy as: (a) segregated settlements which are considered to be Roma by their environment and in which there are accumulated various structural disadvantages; (b) settlements considered by their environment to be Roma, located on the outskirts and within municipalities or places where various structural disadvantages accumulate; (c) the Roma population not living in settlements but faces disadvantaging socio-economic conditions due to structural inequalities. This group also includes municipalities with a majority of Roma population. See: Government of the Slovak Republic: *Strategy of Equality, Inclusion and Participation of Roma until 2030*, p. 7, available in Slovak at <https://www.minv.sk/?strategia-pre-rovnost-inkluziu-a-participaciu-romov-do-roku-2030>. [↑](#footnote-ref-3)
4. OECD/European Observatory on Health Systems and Policies: *Slovak Republic: Country Health Profile 2021*, State of Health in the EU, 2021, p. 24, available at <https://www.oecd-ilibrary.org/docserver/4ba546fe-en.pdf?expires=1656492663&id=id&accname=guest&checksum=B551A312C7847134FEB5480B4797DFF6>. [↑](#footnote-ref-4)
5. OECD/European Observatory on Health Systems and Policies: *Slovak Republic: Country Health Profile 2019*, State of Health in the EU, 2019, p. 5, available at <https://www.oecd-ilibrary.org/docserver/c1ae6f4b-en.pdf?expires=1656494367&id=id&accname=guest&checksum=24767A2728D8847B0B0A355157D169A4>. [↑](#footnote-ref-5)
6. Government of the Slovak Republic: *Strategy of Equality, Inclusion and Participation of Roma until 2030*, p. 34, available in Slovak at <https://www.minv.sk/?strategia-pre-rovnost-inkluziu-a-participaciu-romov-do-roku-2030>. [↑](#footnote-ref-6)
7. People in Need: “Are Roma in the settlements healthier than the majority?”, 12 October 2021, available in Slovak at <https://clovekvohrozeni.sk/su-romovia-v-osadach-zdravsi-nez-majorita/>. [↑](#footnote-ref-7)
8. Belák A.: *Segregated Roma and health policies: ethical and practical conflicts,* 2015, In Government of the Slovak Republic: *Strategy of Equality, Inclusion and Participation of Roma until 2030*, p. 33, available in Slovak at <https://www.minv.sk/?strategia-pre-rovnost-inkluziu-a-participaciu-romov-do-roku-2030>. [↑](#footnote-ref-8)
9. Bednarik M., Hidas S., and Machlica G: *Enhancing the social integration of Roma in Slovak Republic*, OECD Economics Department Working Papers, No. 1551, In: OECD/European Observatory on Health Systems and Policies: *Slovak Republic: Country Health Profile 2021*, State of Health in the EU, 2021, p. 14, available at <https://www.oecd-ilibrary.org/docserver/4ba546fe-en.pdf?expires=1656492663&id=id&accname=guest&checksum=B551A312C7847134FEB5480B4797DFF6>. [↑](#footnote-ref-9)
10. People in Need: “Are Roma in the settlements healthier than the majority? ”, 12 October 2021, available in Slovak at <https://clovekvohrozeni.sk/su-romovia-v-osadach-zdravsi-nez-majorita/>. [↑](#footnote-ref-10)
11. Ibid. [↑](#footnote-ref-11)
12. Government of the Slovak Republic: *Strategy of Equality, Inclusion and Participation of Roma until 2030*, available in Slovak at <https://www.minv.sk/?strategia-pre-rovnost-inkluziu-a-participaciu-romov-do-roku-2030>. [↑](#footnote-ref-12)
13. Government of the Slovak Republic: *Action Plans on the Strategy of Equality, Inclusion and Participation of Roma until 2030,* available in Slovak at <https://romovia.vlada.gov.sk/site/assets/files/1113/akcne_plany_strategie_2030_na_roky_2022_2024_final.pdf?csrt=1532119360806125632>. [↑](#footnote-ref-13)
14. OECD/European Observatory on Health Systems and Policies: *Slovak Republic: Country Health Profile 2021*, State of Health in the EU, 2021, p. 14, available at <https://www.oecd-ilibrary.org/docserver/4ba546fe-en.pdf?expires=1656492663&id=id&accname=guest&checksum=B551A312C7847134FEB5480B4797DFF6>. [↑](#footnote-ref-14)
15. <https://clovekvohrozeni.sk/su-romovia-v-osadach-zdravsi-nez-majorita/>. [↑](#footnote-ref-15)
16. For an analysis of the compulsory quarantine of Roma Communities please see the Slovak National Centre for Human Rights: *Report on the Observance of Human Rights Including the Principle of Equal Treatment in the Slovak Republic for the Year 2020* (2021), p. 22, available in English at <http://www.snslp.sk/wp-content/uploads/Human-Rights-Report-2020.pdf>. [↑](#footnote-ref-16)
17. EU FRA: *Implications of COVID-19 pandemic on Roma and Travellers communities,* 15 June 2020, p.16, available at<https://fra.europa.eu/sites/default/files/fra_uploads/sk_report_-_covid-19_impact_on_roma_en.pdf>. [↑](#footnote-ref-17)
18. Office of the Public Defender of Rights: “Slovakia is the only country in Europe in which entire Roma communities are still quarantined”, 25 February 2021, available in Slovak at <https://vop.gov.sk/wp-content/uploads/2021/08/2021_05_TS_VOP_sa-obratila_na_GP_pre_karantenizaciu_MRK_FIN.pdf>. [↑](#footnote-ref-18)
19. Office of the Public Defender of Rights: “Ombudswoman turns to the Regional Public Health Authority in Trenčín and the Chief Hygienist on the quarantine of Roma residences”, 26 October 2020, available in Slovak at <https://bit.ly/3HYyFZP>. [↑](#footnote-ref-19)
20. European Commission, ‘State of Health in the EU – Slovakia, Country Health Profile 2019’, available at: https://health.ec.europa.eu/system/files/2019-11/2019\_chp\_sk\_english\_0.pdf [↑](#footnote-ref-20)
21. Ministry of Finance of the Slovak Republic, Financial Policy Institute, ’Inklúzia Rómov je potrebná aj v zdravotníctve‘ (*Inclusion of Roma is necessary in healthcare*), 2018, available in Slovak at: https://www.mfsr.sk/files/archiv/34/2018\_23\_Inkluzia\_zdravie\_final.pdf. [↑](#footnote-ref-21)
22. Šupínova, M., Sonkolyová, G. And Klement, C. ‘Reproductive health of Roma women in Slovakia’, in: *Central European Journal of Public Health*, 2020, Vol. 28, No. 2, available at: <https://cejph.szu.cz/pdfs/cjp/2020/02/11.pdf>; Ministry of Finance of the Slovak Republic, Financial Policy Institute, ’Inklúzia Rómov je potrebná aj v zdravotníctve‘ (*Inclusion of Roma is necessary in healthcare*), 2018, available in Slovak at: https://www.mfsr.sk/files/archiv/34/2018\_23\_Inkluzia\_zdravie\_final.pdf. [↑](#footnote-ref-22)
23. United Nations Human Rights Council, ‘Report of the Special Rapporteur on minority issues, Rita Izsák, Comprehensive study of the human rights situation of Roma worldwide, with a particular focus on the phenomenon of anti-Gypsyism,’ A/HRC/29/24, 11 May 2015, available at: <https://ergonetwork.org/wp-content/uploads/2021/03/Report-of-the-UN-Special-Rapporteur-on-minority-issues-Rita-Izsak-1.pdf>, para 32. [↑](#footnote-ref-23)
24. Šupínova, M., Sonkolyová, G. And Klement, C. ‘Reproductive health of Roma women in Slovakia’, in: *Central European Journal of Public Health*, 2020, Vol. 28, No. 2, available at: <https://cejph.szu.cz/pdfs/cjp/2020/02/11.pdf>, p. 144; see also: World Bank, ‘Diagnostics and Policy Advice on the Integration of Roma in the Slovak Republic’ 2012, available at: <https://documents1.worldbank.org/curated/en/570461468303056342/pdf/729850ESW0Whit0port09Sept20120Final.pdf>, p. 139; UNDP/WB/EC Regional Roma Survey, 2011, available at: https://cps.ceu.edu/article/2012-10-16/undpworld-bankec-regional-roma-survey-2011. [↑](#footnote-ref-24)
25. Šprocha B. Prognostic Institute of the Slovak Academy of Sciences INFOSTAT - Demographic Research Centre, ‘Reproduction of the Roma population in Slovakia and prognosis of its population development’, 2014. [↑](#footnote-ref-25)
26. Šupínová, M. ’Reproductive health as a problem of socially disadvantaged and excluded groups’, 2011. [↑](#footnote-ref-26)
27. National Health Information Center, Health Yearbook of the Slovak Republic 2014. [↑](#footnote-ref-27)
28. Šupínova, M., Sonkolyová, G. And Klement, C. ‘Reproductive health of Roma women in Slovakia’, in: *Central European Journal of Public Health*, 2020, Vol. 28, No. 2, available at: <https://cejph.szu.cz/pdfs/cjp/2020/02/11.pdf>; Vaňo B. Prognosis of the development of the Roma population in the Slovak Republic by 2025, 2002, Bratislava: INFOSTAT. [↑](#footnote-ref-28)
29. Center for Reproductive Rights and Center for Civil and Human Rights, ‘Vakeras Zorales – Speaking Out, Woma women’s experience in reproductive health care in Slovakia’, 2017, available at: https://reproductiverights.org/wp-content/uploads/2021/03/GLP-SlovakiaRomaReport-Final-Print.pdf. [↑](#footnote-ref-29)
30. United National Human Rights Council, Universal Periodic Review, Third Cycle - Slovakia, 2019; United Nations Human Rights Committee, ‘Concluding observations on the fourth report of Slovakia’, 22 November 2016, CCPR/C/SVK/CO/4, paras 26-27; United Nations Committee on the Elimination of Racial Discrimination, ‘Concluding observations on the ninth to the tenth periodic report of Slovakia, adopted by the Committee at its eighty-second session (11 February – 1 March 2013)’, 17 April 2013, CERD/C/SVK/CO/9-10, paras 10-13; United Nations Committee on the Elimination of All Forms of Discrimination against Women, ‘Concluding observations on the combined fifth and sixth periodic reports of Slovakia’, CEDAW/C/SVK/CO/5-6, paras 30-33. [↑](#footnote-ref-30)
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