

Lack of access to abortion services guaranteed by law: the case of Mirela Čavajda in Croatia

A submission by the DOSTA! ENOUGH! Initiative - Croatia
Zagreb, 29 July 2022

Following months of public debate and discussion on lack of abortion care and non-fulfilment of reproductive rights in Croatia, the DOSTA! ENOUGH! Initiative is submitting information to four United Nations Human Rights Special Procedures:

- **Working Group on Discrimination Against Women and Girls in law and in practice.**
- Special Rapporteur on Violence Against Women, its Causes and Consequences,
- Special Rapporteur on the Right to Health, and
- Special Rapporteur on Torture



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This submission was prepared based on media reporting in the case of Ms. Mirela Čavajda and only includes information in the public record.

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Introduction

In April 2022, Mirela Čavajda, a 39-year-old Croatian citizen, was six months pregnant.¹ Upon her regular gynaecological examination in the 24th week (MRI conducted on 20th April), a very large, advanced and rapidly growing brain tumour was detected in the foetus, endangering its life, with a prognosis for a very low chance of survival or normal life, and potentially endangering the life of the pregnant woman. In the slim chance of its survival, the prognosis noted that “the child will be born with severe congenital physical or mental defects.”² The tumour developed so rapidly that by the 26th week of pregnancy, its diameter was more than five centimetres.³

“I felt terrible. On Friday, before I left the hospital, the doctor came to my room and said, “I can tell you preliminarily that it's a tumour, just so you know, but we will interpret the findings next week.” So she told me without any further explanation, without any further instructions... It seems like a lot to me at this advanced stage of pregnancy.” – Mirela Čavajda⁴

...

“The doctor at the hospital wrote in her last sentence that the prognosis for the child is very unfavourable. But she sent me home without any information about what I could and should do next. No one told me about or referred me to any ethics committee. The only thing she told me was that I was going to inform myself about the termination of my pregnancy in Slovenia.” – Mirela Čavajda⁵

No one at the hospital provided counselling or informed Čavajda about the possibility for termination of pregnancy or how the foetal tumour could affect her own health.⁶ Her doctors claimed that abortion after the 10th week of pregnancy was illegal in Croatia. She was further told that no ethics committee in Zagreb or commission making decisions about termination of pregnancy after 10 weeks would approve of her abortion in Croatia.⁷ All doctors verbally admitted that if the child survived, it would live “like a plant,” but no written documentation was given to record this.⁸ Verbally, one of the doctors suggested that Čavajda go to neighbouring Slovenia for the procedure as the only realistic option.⁹

Upon learning about the law on termination of pregnancy in Croatia and her right to have a termination after approval of a Committee on the Termination of Pregnancy of the First and Second Instance, Čavajda visited all four public hospitals in Zagreb (all university-level teaching hospitals: KBC Zagreb (Petrova), KB Sveti Duh, KB Merkur and KBC Sestre Milosrdnice

¹ Nenad Jarić Dauenhauer. "My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion." Index HR. 4th May 2022. Accessed at <"My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion" - Index.hr>

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Nenad Jarić Dauenhauer. "My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion." Index HR. 4th May 2022. Accessed at <"My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion" - Index.hr>

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ AFP. "Croatian woman allowed to have abortion after public outrage." Euro News. 12th May 2022. Accessed at <Croatian woman allowed to have abortion after public outrage | Euronews>

(Vinogradska) to request for a legal termination of pregnancy. Three obstetric departments initially refused her request to terminate the pregnancy.¹⁰ One of the hospitals refused the abortion procedure without an explanation, the other could not confirm the diagnosis, while others claimed that they did not have the necessary conditions to perform the procedure. Later, Čavajda took her case to the Committees on the Termination of Pregnancy of all four public hospitals in Zagreb and was denied permission to undergo the abortion procedure in all but KB Sveti Duh.¹¹ The hospital stated they would approve Čavajda's request but that they do not have staff with the expertise or technical equipment to conduct a termination of pregnancy at that week of pregnancy, which was a de facto refusal. Later, after the public spotlight on this case, KBC Zagreb (Petrova) created an ad-hoc committee on the termination of pregnancy which they called the "second instance committee" to consider Čavajda's request.¹² This "second instance committee" was put together by the Minister of Health as an expert committee after the initial decision, a procedure not foreseen in the law that regulates termination of pregnancy.

The timeline of these events was not in tandem with Čavajda's pregnancy timeline.

At the time, Čavajda shared her experience publicly:

"I blame the entire health care system. I'm not going to name doctors, but I think they're key to making a difference and they need to side with women who suffer in these situations. Absolutely no one told me I had any rights. It's terribly hard for me anyway because of everything I'm going through, and now I'm still forced to carry out the whole process in another country. I want to save my child and myself from further torment...I have been denied my constitutional and statutory rights" – Mirela Čavajda¹³

The Health Measures for the Exercise of the Right to Freely Decide on the Birth of Children Act

The law that regulates abortion in Croatia, the Health Measures for the Exercise of the Right to Freely Decide on the Birth of Children Act, was passed in 1978.¹⁴ Article 22 of this Act states that, "pregnancies can be terminated after the 10th week of pregnancy only if there are serious health threats to the woman or foetus - on the basis of medical indications and knowledge of medical science, one can expect that the baby will be born with severe congenital physical or mental defects- or the pregnancy was a result of rape or incest."¹⁵ A similar law is currently in force in neighbouring Slovenia, both countries having inherited it from the Former Yugoslavia, but in Croatia the law has not been updated despite a decision by the Constitutional Court that

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Zakon Hr. "Law on Health Measures for the Exercise of the Right to Free Decision on the Birth of Children." 30th July 2009. Accessed at <<https://www.zakon.hr/z/2475/Zakon-o-zdravstvenim-mjerama-za-ostvarivanje-prava-na-slobodno-odlu%C4%8Divanje-o-ra%C4%91anju-djece>>

¹⁵ Nenad Jarić Dauenhauer. "My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion." Index HR. 4th May 2022. Accessed at <"My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion" - Index.hr>

called the Government to pass the new law on abortion and adopted guidelines that are in line with the current law supporting termination of pregnancy. The Government of Croatia, and the Minister of Health Vili Beroš, have been deliberately working against implementing the decision by the Constitutional Court¹⁶ and ignoring the problem of conscientious objection among doctors, nurses and midwives.¹⁷

The key difference in the interpretation of the law between Croatia and Slovenia is that in Croatia, just over half of all obstetrician-gynaecologists have filed a conscientious objection to providing abortion services (the same number in Slovenia is around 5%).¹⁸ There is no official register of conscientious objectors, but according to the available data collected by Croatian investigative journalist Mašenjka Bačić, out of 359 gynaecologists in Croatian public hospitals, 195 refuse to perform abortions by conscientious objection.¹⁹ These numbers translate to more than half or 54.3 percent of gynaecologists who refuse to provide abortion services.

Three and a half weeks later, or 29 days after the first diagnosis, during which Čavajda was examined more than 7 times in Croatia and Slovenia, Čavajda had to undergo the procedure in neighbouring Slovenia. The cost was about 5000 EUR for the procedure alone (amounting to about 5-6 average Croatian monthly salaries) was initially incurred by Čavajda.²⁰ Later on, the Minister of Health stated that the Croatian State Health Insurance Institute would reimburse Čavajda for the cost²¹.

“Not everyone has that kind of money available, and it hasn't been easy for me to raise at this point either. No doctor and no hospital in the last three weeks had suggested to me that I can claim some compensation in Croatia for the procedure that will be performed in Slovenia... However, the doctors in Slovenia were kind and arranged for my abortion rather quickly...whereas doctors in Croatia just shrugged and spoke to me with little sympathy.” – Mirela Čavajda²²

This case caused a huge outcry in Croatia. Thousands of people across nine cities in Croatia, protested the conservative obstruction of right to abortion (Zagreb, Split, Rijeka, Osijek, Šibenik, Pula, Zadar, Korčula, and Sisak).²³ The protestors took to the street to say Dosta! (Enough!) to the unacceptable treatment and denial of abortion services in public hospitals.²⁴ In addition, Čavajda was supported by several regional public figures, and thousands of people took to the

¹⁶ Minister Beroš on the so-called Abortion Law: <https://lupiga.com/intervju/intervju-ministar-beros-o-tzv-zakonu-o-abortusu-pobacaj-nece-biti-besplatan-a-bit-ce-i-obavezno-savjetovanje>

¹⁷ Minister Beroš's opinions on the new abortion law and conscientious objection: <https://hr.n1info.com/vijesti/a556598-natasa-skaricic-beros-uopce-ne-vidi-problem-s-rasirenim-prizivom-savjesti/>

¹⁸ Dnevnik. “The law is the same in both countries: why are pregnant women sent from Croatia for abortions in Slovenia? Each of us may have our own judgements or opinions but..” 15th May 2022. <<https://dnevnik.hr/vijesti/hrvatska/provjerenost-istrazuje-zasto-se-trudnice-na-pobacaj-salje-u-sloveniju---723930.html>>

¹⁹ Romana Kovacevic Barisic. “We learn: Legal abortion does not want to be done by 195 out of 359 gynecologists , here is a detailed list.” VL, Croatia. 13th May 2022. Accessed at <<https://www.vecernji.hr/vijesti/doznajemo-legalni-pobacaj-ne-zeli-raditi-195-od-359-ginekologa-donosimo-detljan-popis-1586447>>

²⁰ Nenad Jarić Dauenhauer. “My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion.” Index HR. 4th May 2022. Accessed at <<https://www.index.hr/vijesti/hrvatska/195-od-359-ginekologa-donosimo-detljan-popis-1586447>>

²¹ Hina. “HZZO announces that Mirela Čavajda will still fully pay the costs of the procedure in Ljubljani.” Novilist HR. 18th May 2022. Accessed at <<https://www.novilist.hr/novosti/hrvatska/hzzo-objavio-kako-ce-mireli-cavajdi-ipak-u-cijelosti-platiti-troskove-zahvata-u-ljubljani/>>

²² Nenad Jarić Dauenhauer. “My baby has a huge tumor, it will die or live like a plant. They won't let me have an abortion.” Index HR. 4th May 2022. Accessed at <<https://www.index.hr/vijesti/hrvatska/195-od-359-ginekologa-donosimo-detljan-popis-1586447>>

²³ People's Health Dispatch. “Women in Croatia say enough to conservative obstruction of right to abortion.” 16th May 2022. Accessed at <<https://www.index.hr/vijesti/hrvatska/195-od-359-ginekologa-donosimo-detljan-popis-1586447>>

²⁴ Ibid.

streets in several cities to stand in her support.²⁵ The protesters demanded that the system finally be organized in order to ensure the availability of abortion to all women in accordance with the legal framework, that costs be covered by the Croatian Institute for Health Insurance and that a sufficient number of medical teams to administer abortion services be ensured in all hospitals.²⁶

"Waiting for Grga to die inside my womb, giving birth and then watching him die, for me as a mother would be pure sadism. Torture. What would remain of me if I was to wait and watch him die? I would have died with him. Am I entitled to rob my other son of his mother; I ask you? Do you think any of you are? Maybe some other mother would have decided differently. Who am I to judge her? Everyone has the right to their own choice."

In the meantime, several prominent gynaecologists had media appearances where they discussed in detail Čavajda's medical history and diagnoses, breaching her right to privacy. The President of the Croatian Association of Obstetrics and Gynaecology Ante Ćorušić stated in a televised interview that Čavajda "did not want her child to be born" and that she "did not want to hear it cry".²⁷ He also stated that this was not a termination of pregnancy but feticide euthanasia.²⁸

Due to the media exposure, social, government, and religious pressure, Čavajda underwent emotional and mental torture. Other leading gynaecologists made public comments like, "as the child is in the 28 weeks gestational age that there is a chance that the child will be treated after it is born and no one has the right to look for what we might call euthanasia in Croatia at the moment" and "the child can survive if childbirth is induced now. If we kill the child, it is called feticide. Feticide is the killing of an unborn child before they are born. I have no information that in Croatia any of the doctors, my colleagues have committed feticide. This is something completely unregulated by law."²⁹

Accusing the pregnant woman in this type of situation, who is requesting termination of pregnancy, of euthanasia and feticide, implying the unlawful killing of a foetus, is cruel and degrading treatment.

After the events transpired in Croatia, director of the Gynaecology Department at Ljubljana University Clinical Hospital in Slovenia, Gorazd Kavšek, wrote an open letter to his Croatian colleagues and sent it to the media, where he said, "the procedure of artificially ending a

²⁵ Ibid.

²⁶ Ibid.

²⁷ Nedjelom u dva, full interview: <https://www.youtube.com/watch?v=rwzgggesu2E>

²⁸ Večernji list. The opinions expressed by Croatian gynaecologists are not in good faith: Slovenian obstetricians react <https://www.vecernji.hr/vijesti/corusic-ocavajdi-to-nije-pobacaj-nego-eutanazija-slovenski-ljecnik-situacije-se-politicki-zlorabi-1585381>

²⁹ Ibid.

pregnancy, regardless of whether it is for non-medical (up to 10 weeks) or medical (from 10 weeks onwards) reasons.... In either case, a dead foetus is born. As a result, the interpretation of certain Croatian colleagues is incorrect and causes additional emotional stress for physicians who do the procedure and especially to pregnant women who find themselves in this situation. This discourse is an abuse of professional, medical concepts, is unnecessary and harmful, and has the goal of political debate and disrespecting women's legal rights."³⁰

International Human Rights Violations

In the case of Čavajda's denial to reproductive rights in general and abortion rights in particular that aligns with the domestic law on the health measures for the Act to Freely Decide on the Birth of Children, the Republic of Croatia, has failed to meet its state obligation in respecting, protecting, and fulfilling the human rights of its citizens.

Čavajda's case is an example of denial to basic access to abortion services to women in Croatia, even when it legally falls within the domestic legal framework. The Right to Abortion is being restricted in Croatia where the Catholic Church-based conservative groups with close ties to the ruling government aspire to curb access to abortion procedures on moral grounds. Given that more than 54 percent of gynaecologists use their conscience objection in Croatia, it de facto denies women their right to abortion by law.

- The **Universal Declaration of Human Rights (UDHR)** under article 25 right to health and "entitles motherhood and childhood to special care and assistance."³¹ The Republic of Croatia has unfulfilled this customary international law as all the public hospitals in Zagreb denied special care for the mother in times of physical, and emotional difficulties. Additionally, the hospitals were unable to provide transparent, honest, and timely information to Čavajda on her and her foetus's health status.
- The **International Covenant of Economic, Social, and Cultural Rights (ICESCR)** under article 12 also grants full enjoyment of the right to health and its enjoyment to the highest attainable standard of physical and mental health. It encourages states to allow "full realisation of this right, especially for the healthy development of the child."³² Čavajda was restricted in the enjoyment of her right to health in Croatia on various accounts. Due to the media exposure, social, government, and religious pressure over 29 days, Čavajda underwent emotional and mental torture. Leading gynaecologists made public comments like, "as the child is in the 28 weeks gestational age that there is a chance that the child will be treated after it is born and no one has the right to look for what we might call euthanasia in Croatia at the moment" (Prof. Ante Čorušić, Ph.D., Director of Zagreb University Hospital and president of the Croatian Society for

³⁰ N1 Info. "Ljubljana hospital's harsh response to Rebro Corusic chief and Croatian gynecologists." 13th May 2022. Accessed at <<https://hr.n1info.com/vijesti/ostar-odgovor-ljubljanske-bolnice-sefu-rebra-corusicu-i-hrvatskim-ginekolozima/>>

³¹ United Nations. "Universal Declaration of Human Rights." Article 25. Office of the High Commissioner of Human Rights. December 1948. Accessed at <[Universal Declaration of Human Rights | United Nations](#)>

³² United Nations. "International Covenant on Economic, Social and Cultural Rights." Article 12. General Assembly Resolution 2200A (XXI). Office of the High Commissioner of Human Rights. December 1966. Accessed at <[International Covenant on Economic, Social and Cultural Rights | OHCHR](#)>

Gynaecology and Obstetrics,, member of the ruling HDZ party and member of the HDZ's Committee for the Evaluation of Legal Criteria and EU Member State Experiences on the Right to Termination of Pregnancy).³³ Furthermore, Gordan Zlopaša, head of Department of Perinatal Medicine, Zagreb University Hospital, elicited "the child can survive if childbirth is induced now. If we kill the child, it is called feticide. Feticide is the killing of an unborn child before they are born. I have no information that in Croatia any of the doctors, my colleagues have committed feticide. This is something completely unregulated by law."³⁴

- The **CESCR General Comment 14** has explained that "the provision of maternal health services is comparable to a core obligation which cannot be derogated from under any circumstances, and the States have to the immediate obligation to take deliberate, concrete, and targeted steps towards fulfilling the right to health in the context of pregnancy and childbirth."³⁵ As abortion falls under the scope of this general comment, the Republic of Croatia did not take any deliberate or concrete measures to support Čavajda's case. After getting failed by the health system in Croatia, she finally had to seek abortion services in Slovenia.
- **The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)**- Unfortunately, in the 7 years since Croatia's last report to CEDAW, not much has changed - all the same articles continue to be violated in Croatia. Abortion services are not only denied but also are unaffordable outside the health insurance. In Čavajda's case, she had to pay 5000 EUR for the procedure, in addition to the transportation, lodging and translation costs. The denial of both access to reproductive health services and unaffordability are deemed as torture by several international human rights mechanisms. Several articles of CEDAW were violated:
 - Article 1 that states, For the purposes of the present Convention, the term "discrimination against women" shall mean "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."³⁶
 - Article 2 that states, "States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake: (a) To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;"³⁷

³³ GS. "Dr. Corusic on the Case of Čavajda: The chance of the child being completely cured is about 25-30 percent. That's not a small number." Narod HR. 7th May 2022. Accessed at <Dr. Corusic on the Case of Čavajda: The chance of the child being completely cured is about 25-30 percent. This is not a small figure , narod.hr>

³⁴ Ibid.

³⁵ United Nations. "The right to the highest attainable standard of health- Article 12." General Comment 14. Committee on Economic, Social and Cultural Rights. . E/C.12/2005/4Office of the High Commissioner of Human Rights. August 2000.

³⁶ United Nations. "Convention on the Elimination of all forms of Discrimination Against Women." United Nations General Assembly. Office of the High Commissioner of Human Rights. December 1979. Accessed at <Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 | OHCHR>

³⁷ Ibid.

- 2 (d)- “To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation,”³⁸
 - Article 12(b) states, “notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”³⁹
 - Article 16 that guarantees women equal rights in deciding “freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.”⁴⁰
 - In addition, **in its concluding observations to Croatia from 2015, the CEDAW committee** noted under paragraph 31, that the Republic of Croatia should ensure that “the exercise of conscientious objection does not impede women’s effective access to reproductive health-care services.” The committee also noted in paragraph 30 that, “right to abortion is being denied by hospitals on the ground of conscientious objection, even though only individual doctors are recognized as having that ‘right’ and hospitals are legally required to ensure the provisions of abortion.”⁴¹
 - In 2018, Roda sent a communication to the SR-VAW, WG-DAW and SR-Health on the breach of women’s rights when accessing reproductive health services, including childbirth⁴², part of the same trend present in Croatia to limit the availability and quality of reproductive health services and rights, which the special procedures responded to, stating “We are appalled by the testimonies given by women, following the launch of the campaign #BreakTheSilence in October 2018, which showed a pattern of abuse and violence against women undertaking medical procedures related to their reproductive health.”⁴³
 - In 2019, in her report on obstetric and gynaecological violence to the UN General Assembly,⁴⁴ the Special Rapporteur for Violence Against Women specifically called out Croatia for not conducting an independent investigation into women’s reports of violence in reproductive health services. Namely, internal inspection teams cannot solve systemic problems and are not effective mechanisms, as shown again in the Čavajda case
- Furthermore, the **Beijing Declaration and Platform for Action** states that “the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.”⁴⁵

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Committee on the Elimination of all forms of Discrimination Against Women. “Concluding Observations on the combined fourth and fifth periodic reports of Croatia.” Office of the High Commissioner of Human Rights. CEDAW/C/HRV/CO/4-5. 28th July 2015.

⁴² <https://www.roda.hr/en/reports/complaints-sent-to-un-bodies-on-obstetric-violence-in-croatia.html>

⁴³ <https://www.roda.hr/en/news/un-experts-croatia-must-end-obstetric-violence-against-women.html>

⁴⁴ A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence, A/74/137, available: <https://digitallibrary.un.org/record/3823698?ln=en#record-files-collapse-header>

⁴⁵ The Fourth World Conference on Women. “Beijing Declaration and Platform for Action.” 16th plenary Meeting. September 1995.

- The European Parliament resolution on the situation of sexual and reproductive health and rights in the European Union in section b, paragraph 33 to 38 encourages European states to review their national provisions on abortion and align them with the international human rights standards and regional best practices “by ensuring that abortion at request is legal in early pregnancy and, when needed, beyond if the pregnant person’s health or life is in danger; recalls that denial to abortion care is a form of gender-based violence.”⁴⁶
- Also article 35 on healthcare in the Charter of the Fundamental Rights of the European Union states, “everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices.”⁴⁷
- These European human rights standards and other jurisprudence⁴⁸ of the European Court of Human Rights clearly indicate that the Republic of Croatia’s failed to fulfil its state obligations. violation of fundamental reproductive rights in this case raises concerns for all women in Croatia who desire to or require to access abortion services.

Under international human rights law and domestic law of Croatia, Čavajda’s right to health was violated and she was denied access to reproductive health services, was exposed to torture and inhumane and degrading treatment, had a lack of information on her rights and various pathways of abortion, and was forced to travel (which in this case was outside her country of residence). All this was a violation of right to timely and effective reproductive health services, the right to protection from torture and inhuman and degrading behaviour, and the right to privacy among other rights. The systemic behaviour by the health system in the Čavajda case is in breach of human rights laws and demonstrates state violence against women.

⁴⁶ European Parliament. “Sexual and reproductive health and rights in EU, in the frame of women’s health.” European Parliament Resolution. 2020/2215 (INI). 24th June 2021. Accessed at <Texts adopted - Sexual and reproductive health and rights in the EU, in the frame of women’s health - Thursday, 24 June 2021 (europa.eu)>

⁴⁷ European Union. “Charter of Fundamental Rights of the European Union.” 2012/C 326/02. 26th October 2012.

⁴⁸ Cases like R.R. v Poland, Tysiac v. Poland, P. and S. v. Poland, or A, B and C v. Ireland.

Calls to Action

Civil society organisations in Croatia - different in their goals, but united in solidarity with all women who are denied healthcare by the system - highlight common demands on the institutions of government whose fulfilment is required as soon as possible:

- **Urgently sanction those responsible for failures in the provision of timely and appropriate care of Mirela Čavajda's request to end her pregnancy, and who prioritised the continuation of the pregnancy above the health and wellbeing of Ms. Čavajda.** We ask Minister Vili Beroš and Prime Minister Plenković to publicly confirm that all women in Croatia will receive quality health care during termination of pregnancy in accordance with relevant legislation, including modern medical methods and the current international standards of the medical profession.
- **Ensure the immediate adoption of a new law on abortion in line with guidelines adopted by the constitutional courts and protocols for the safe termination of pregnancy in accordance with the recommendations of the World Health Organization** – regardless of whether the termination is on demand or due to medical necessity.
- **Urgently publish complete data on the capacities of all health institutions in the Republic of Croatia in relation to the provision of health care in the field of reproductive health, specifically the services of termination of pregnancy** (available personnel, specialist knowledge, technology, capacity of receiving patients, financial resources) and establish a public register of health workers and workers who invoke the appeal of conscience, which is regularly updated and is available to all patients, in accordance with the report by the People's Ombudswoman⁴⁹
- **Ensure that healthcare professionals and hospital commissions comply with the current law governing termination of pregnancy,** and to investigate the responsibility of healthcare professionals who withhold or provide inaccurate information and prevent terminations on request, and implement the norm of independent professional or parliamentary inquiries, instead of the current use of internal inspections.
- **Ensure the availability of termination of pregnancy to all women in accordance with the legal framework, while covering the costs from the funds of the Croatian Health Insurance Institute and ensuring a sufficient number of medical teams to perform termination of pregnancy** in all health institutions that are obliged to provide this type of healthcare in order to prevent the institutional appeal of conscience.

Conclusion

Čavajda's case may have gotten public attention but there are many more unreported cases in Croatia where women are denied their right to abortion. **The DOSTA! ENOUGH! Initiative is requesting the United Nations Special Procedures to review the following case as a violation of the right to access basic sexual and reproductive health and rights, even if they are enshrined in the domestic laws.** The Republic of Croatia failed to fulfil its international human rights obligations by violating several articles under international human rights law.

⁴⁹ <https://www.ombudsman.hr/hr/analiza-priziv-savjesti-pravni-izvori-i-standardi/>

The DOSTA! ENOUGH! Initiative is made up of civil society organisations in Croatia.

50 have co-signed this submission

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Jupi hura centar za savjetovanje	www.jupihura.hr	info@jupihura.hr
Dugine obitelji	www.dugineobitelji.com	info.dugineobitelji@gmail.com
SOS Rijeka - centre for nonviolence and human rights	https://www.sos-rijeka.org	centar@sos-rijeka.org
ISKORAK	www.iskorak.hr	info@iskorak.hr
Autonomna ženska kuća Zagreb	www.azkz.hr	azkz@azkz.hr
Lesbian Organisation Rijeka - LORI	www.lori.hr	loricure@yahoo.com
Centar za mirovne studije	https://www.cms.hr	cms@cms.hr
Status M	www.status-m.hr	info@status-m.hr
Domine - Organisation for Promotion of Women's Rights	www.domine.hr	domine@domine.hr

Association for human rights and civic participation PaRiter	www.pariter.hr	udruga@pariter.hr
Platform for reproductive justice	www.reproduktivna-pravda.hr	platformazrp@gmail.com
Udruga Krijesnica/Association Firefly	www.krijesnica.hr	krijesnica@krijesnica.hr
SOLIDARNA Foundation	www.solidarna.hr	info@solidarna.hr
Ženska grupa Karlovac “Korak”	www.grupakorak.hr	info.korak@gmail.com
queeranarchive	queeranarchive.hr	queeranarchive@gmail.com
“HERA” Križevci - for the promotion and protection of human rights	https://udruga-hera.info	info@udruga-hera.info
Association for culture and sport Positive force	www.room100.org	positivef@gmail.com
Forum za slobodu odgoja (Forum for Freedom in Education)	www.fso.hr	forum@fso.hr
Trade union SKUPA - Trade Union Collective of United Precarious Workers and Activists	www.skupa.hr	info@skupa.hr
Hrvatski pravni centar	www.hpc.hr	hpc@hpc.hr
Udruga LET	https://udruga-let.hr/	let@udruga-let.hr
Centar za mir, nenasilje i ljudska prava - Osijek	www.centar-za-mir.hr	centar-za-mir@centar-zamir.hr
Udruga žena oboljelih i liječenih od raka NISMO SAME	https://nismosame.com/	info@nismosame.com
Zagreb Pride	www.zagreb-pride.net	info@zagreb-pride.net
Društvo za psihološku pomoć	www.dpp.hr	spa@dpp.hr
Centar za građanske inicijative Poreč	www.cgiporec.hr	cgiporec@cgiporec.hr

Klub trudnica i roditelja Split	www.klubtrudnica-split.hr	info@klubtrudnica-split.hr
B.a.B.e. Budi aktivna. Budi emancipiran.	www.babe.hr	babe@babe.hr
Dravet sindrom Hrvatska	www.dravet-sindrom-hrvatska.hr	info@dravet-sindrom-hrvatska.hr
Rehabilitacijski centar za stres i traumu	www.rctzg.hr	info@rctzg.hr
Nansen dijalog centar	www.ndcosijek.hr	ndcosijek@nansen-dialogue.net
Hrvatski savez za rijetke bolesti	http://rijetke-bolesti.com/	rijetke.bolesti@gmail.com
Centar za podršku i razvoj civilnog društva "DELFIN"	www.delfin-pakrac.com	delfin.zamir@gmail.com
Ženska soba	www.zenskasoba.hr	zenska.soba@zenskasoba.hr
kolekTIRV	www.kolektirv.hr	info@kolektirv.hr
Udruga za promicanje mentalnog zdravlja Feniks Split / Association for promoting mental health Phoenix Split	https://udrugafenikssplit.com	info@udrugafenikssplit.com
Kulturna udruga Jutro	https://dobrojutro.org	info@dobrojutro.org
Udruga za unapređenje kvalitete života Karika Karlovac	http://udrugakarika.hr/	udrugakarika@gmail.com
Association Delta	https://udrugadelta.hr/	delta@udrugadelta.hr