

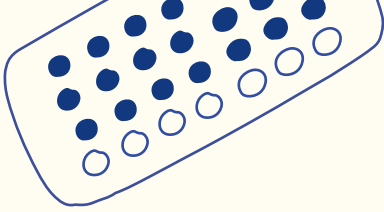
report



2024

Reproductive justice and access to *abortion* in the Czech Republic





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This report presents **the results of research on access to abortion on demand in the Czech Republic in 2024**, conducted by the activist group A.S.A.P. (Abortion Support Alliance Prague).

The research was conducted in response to the lack of publicly available information on the current state of access to abortions in the Czech Republic. Our first report, published in September 2023, was prepared entirely independently and by volunteer activists from the Ciocia Czesia collective, which helps people from Poland with access to legal and safe abortions in the Czech Republic. Since we have been active in this field for several years, we are well aware of the practical aspects of reproductive health in the Czech Republic and know the weaknesses and critical issues arising not only from the Czech law but also from the practices and approach of hospitals. This experience allowed us to identify the most pressing issues which we focused on in our first report.

Given the feedback it received from the media¹, the general and professional public, as well as political figures, we became convinced that it is important and necessary to continue addressing this topic. Therefore, in the fall of 2023, we founded an official association, continuing the activities of the informal group A.S.A.P. These include organising debates on reproductive justice and, above all, this report, building on our findings from the previous year.

Once again, we gathered data on the costs and availability of abortions for non-Czech citizens to compare how the situation has changed since last year. Additionally, we expanded the research to include an analysis of the availability of abortions for people with disabilities.

¹ E.g. **Expats.cz** (<https://www.expats.cz/czech-news/article/new-report-raises-concerns-about-foreigners-access-to-abortion-in-czechia>); **HateFree Culture** (<https://www.hatefree.cz/clanky/interrupce-po-cesku-pojistovna-je-nehradi-lekari-si-nejsou-jisti-komu-je-smi-provest>); **Lauder, Silvie** (2023): Farmakologické přerušení těhotenství je často dražší než miniinterrupce (Medical Abortion is Often more Expensive than a Mini-Abortion). *Respekt* 11. 9. 2023 (available at: <https://www.respekt.cz/agenda/farmakologicke-preruseni-tehotenstvi-je-casto-drazsi-nez-miniinterrupce>); **Hůlová, Irena** (2024): V zajetí antipotratového hnutí (In the Grip of the Anti-Abortion Movement). *Heroine* 3: 39.



In our work, we refer to two concepts: **reproductive justice** and **accessibility**. These complicate the seemingly free choice to terminate a pregnancy. Although abortion is legal for most people in the Czech Republic, not everyone has easy access to it. For instance, it is difficult to speak of choice when terminating a pregnancy costs almost 25% of the minimum wage.

SisterSong, an organisation founded in the Southern USA, **defines reproductive justice as *the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.*** Since its inception, this movement has sought to address the fact that the problem of access to abortions is intersectional, and inequality arises even when people live in the same country and follow the same laws.

At the core of the concept of reproductive justice is not only the legality of abortions but also their accessibility and affordability for everyone. This idea goes beyond the “choice” model, which often excludes marginalised communities. In the context of the Czech Republic, these are particularly people without permanent residence, low-income individuals, and people with disabilities.





1. Legal Regulation of Abortions and Historical Perspective

1.1 CURRENT LEGISLATION

Termination of pregnancy in the Czech Republic is regulated by Act No. 66/1986 Coll., the Act of the Czech National Council on the Artificial Termination of Pregnancy, supplemented by Decree No. 75/1986 Coll. of the Ministry of Health of the Czechoslovak Republic, which entered into force in 1986. Since then, the legislative regulation of artificial termination of pregnancy in the Czech Republic has remained unchanged.

Abortion can be performed at the request of a woman without providing a reason until the 12th week of pregnancy (the age is calculated from the first day of the last menstrual period), and for medical reasons up to the 24th week.

Abortion up to 12 weeks on request is subject to a fee. The price is determined by each medical facility (Article 3 of Decree No. 467/1992 Coll. of the Ministry of Health, on paid healthcare services). Abortion due to health reasons is covered by public insurance.

1.2 HISTORICAL DEVELOPMENT

Abortion for non-medical reasons was first legalised in Czechoslovakia in 1957 (Act No. 68/1957 Coll.). This law must be seen in the context of the political situation at the time. Unlike in Western countries, where abortions were legalised as a result of the efforts of feminist movements, in Czechoslovakia it followed similar laws in other countries of the Eastern Bloc².

The debate that preceded the adoption of the law was focused mainly on the socioeconomic aspects (e.g., the possibility of regulating the size of families in the unfavourable conditions of the post-war period), lack of access to contraception, and the effort to reduce the number of illegal

² **Dudová, Radka** (2012): *Interrupce v České republice: zápas o ženská těla. (Abortions in the Czech Republic: The Struggle for Women's Bodies)*. Praha: Institute of Sociology, Czech Academy of Sciences.



abortions and their adverse health effects. This was reflected in the statutory conditions for performing the procedure. An abortion had to be approved by a committee (which was established by the District National Committee, and composed of medical experts, party officials and members of the public), and performed in a medical facility. In addition to medical reasons, the law also recognised *other serious reasons* which included: pregnancy resulting from rape, a woman's age over 40, as well as socioeconomic circumstances or provable marital problems.

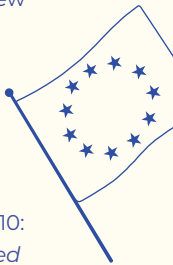
In the early 1980s, the topic of abortion returned to public debate, mainly due to the problematic nature of the abortion committees. From one side, they were criticised by women themselves, who considered it demeaning to confide in strangers about such intimate matters as an unwanted pregnancy. However, the discussion was mainly focused on two different aspects that played major roles in the process.

Firstly, a new, safer method called mini-abortion was introduced at the time, but could only be performed up to the 8th week of pregnancy. The necessity of approval from an abortion committee prolonged the whole process, and as a result made it impossible to meet the deadline. For this reason, the medical community started to rally for the abolition of the committees. The second important moment that profoundly influenced views on abortion, was the publication of a psychological study about unwanted children (Matějček, Dytrych, Schuller, 1976) which examined the psychology of children born to mothers who were denied abortion by the committee³. These two factors led to the adoption of a new version of the law in 1986, which abolished the abortion committees³ and remains in effect unchanged to this day.

1.3 LEGISLATIVE REGULATION ON THE AVAILABILITY OF ABORTION TO EU CITIZENS

Act No. 66/1986 Coll. also regulates abortions for foreign women (see § 10: *Artificial termination of pregnancy pursuant to § 4 shall not be performed on foreign women who are in the Czechoslovak Socialist Republic only temporarily*). This paragraph is further specified in the mentioned decree:

The residence of foreign women shall not be considered temporary in the following cases: residence of women working in organisations based



³ Viz Matějček, Z.; Dytrych, Z.; Schüller, V. (1976): Pražská studie o dětech z nechtěného těhotenství. (Prague Study on Children from Unwanted Pregnancies). *Psychológia a patopsychológia dieťaťa 11 (Psychology and Patopsychology of Children 11)* (2): 99–112. For more about the results of the research and its impact on public opinion see Dudová (2012), op. cit.



in the Czechoslovak Socialist Republic, family members of personnel working in such bodies and organisations, residence of students and other foreigners whose residence is permitted under special regulations and/or international treaties.

This regulation is currently interpreted differently by individual healthcare organisations, as well as state authorities and institutions. On one hand, it implies that foreign women who are staying in the Czech Republic only temporarily cannot undergo an abortion, meaning that only persons with permanent residence permits are entitled to receive this medical service. This position is upheld by, for example, the Czech Medical Chamber, which recommends that doctors should not perform abortions on persons without permanent residence due to the risk of illegal conduct. However, the Act further specifies that the *residence of persons whose stay is permitted under special regulations and/or international treaties will not be considered temporary*. According to the Ministry of Health, the European Union (which did not exist at the time of the creation of the law) is to be considered such a treaty, and therefore all persons from the EU should have the right to undergo an abortion in the Czech Republic. This statement from the Ministry of Health (issued in 2016 and again in 2021) was also supported by the ombudsman. However, conflicting opinions of the Czech Medical Chamber and the Ministry of Health, together with the ombudsman, lead individual healthcare facilities to different interpretations of the law, resulting in many of them refusing to perform abortions on persons without permanent residence in the Czech Republic.

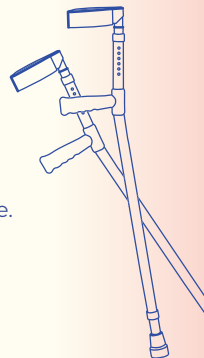
We addressed this issue in more detail in our 2023 report⁴. The Human Rights Commissioner, Klára Šimáčková Laurenčíková was among those who highlighted the results on her social media, stating that the practice of not performing abortions on EU nationals is illegal and discriminatory. She urged the Ministry of Health and the Czech Medical Chamber to *respond to the report and ensure that hospitals fulfil their legal obligations*.⁵

1.4 LEGISLATION CONCERNING THE AVAILABILITY OF ABORTIONS TO PERSONS WITH DISABILITIES

The availability of abortions and other reproductive and sexual health services for persons with disabilities concerns a significant group of people. According to a sample survey by the Czech Statistical Office from 2018,

⁴ https://issuu.com/asap.prague/docs/raport_asap_2023.

⁵ https://www.instagram.com/p/Cw21C-RL0HM/?utm_source=ig_web_copy_link.





Legal Regulation of Abortions and Historical Perspective

13% of the population of the Czech Republic aged 15 and above (a total of 1,152,000 people) live with some form of disability⁶. The right to reproductive and sexual health services does not, of course, only concern women of reproductive age (approximately 12–49 years of age), but for an approximate determination of the size of the group of people who may find themselves in need of an abortion, the intersection with the age range 15–49 is relevant. The absolute number of women with disabilities in this age range in 2018 was 101,100, making up 1.14% of the Czech population aged 15 and above. Therefore, the issue of availability of abortions for people with disabilities affects approximately one hundred thousand women living in the Czech Republic.

Sexual, reproductive, and other rights of persons with disabilities are the subject of international, European, and domestic legislation. The Czech Republic is a signatory to the UN Convention on the Rights of Persons with Disabilities. By ratifying the convention, it made a commitment to protect and enhance the rights of people with disabilities.

The Convention is based, among other things, on the principles of personal independence, including freedom of choice, individual autonomy, non-discrimination, gender equality, and accessibility (Art. 3). It recognizes that women and girls with disabilities are subject to multiple discriminations (Art. 6). It further: obliges states to adopt effective measures that enable persons with disabilities to marry, start a family, and freely and responsibly decide on the number and age gaps of their children; declares the right to access age-appropriate information, sexual education, and education on planned parenthood; and requires states to provide the means to realise these rights. The Convention also aims to preserve the reproductive abilities of persons with disabilities, including children (Art. 23). Persons with disabilities have the right to the same offer, quality, and standard of free or affordable healthcare and programs provided to others, including care in the field of sexual and reproductive medicine (Art. 25).

A cross-cutting principle of the Convention is accessibility, which means ensuring access for persons with disabilities, on an equal basis with others, to the physical environment, transportation, information and communication, including information and communication technologies and

⁶ This survey is conducted regularly every five years. The most recent survey began in September 2023, and its results had not yet been published at the time of this report's publication. For the purposes of this survey, a person with a disability is considered to be someone who is limited in daily activities due to health problems long-term, as well as those whose health condition has been assessed as long-term unfavourable by a medical examiner when determining eligibility for disability pension, disability status, care or mobility allowance, or a disability card. The full document is available at: <https://csu.gov.cz/docs/107508/eb0b0460-662a-9f50-24b6-7eb0051b8807/26000619.pdf>.



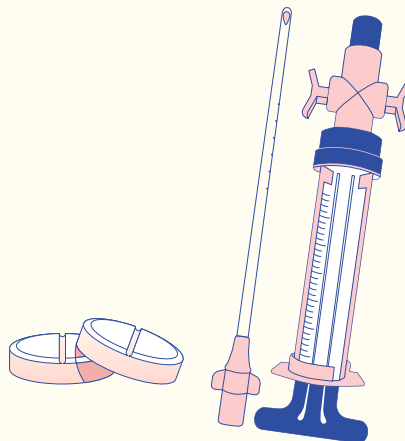
systems, and other facilities and services open or provided to the public. The Convention explicitly mentions the importance of ensuring the accessibility of healthcare facilities (Art. 9).

Act No. 198/2009 Coll., on Equal Treatment and on Legal Means of Protection Against Discrimination (the so-called Anti-Discrimination Act), defines direct discrimination as *any act or omission where one person is treated less favourably than another is, has been, or would be treated in a comparable situation, on grounds of (...) disability* (§2, para. 3). Indirect discrimination on the grounds of disability is considered to be *the refusal or omission to adopt reasonable measures to (...) enable a person with a disability (...) to use services intended for the public, unless such a measure would impose a disproportionate burden* (§3, para. 2).

Additional legislation stipulates the physical accessibility of buildings, roads, and open spaces, as well as websites and mobile apps, and the obligation to ensure alternative communication systems for people with hearing or combined hearing and vision loss, as well as interpretation services for them.

1.5 AVAILABLE METHODS OF PREGNANCY TERMINATION

Historically, the method used for abortion was the sharp curettage. This method was gradually replaced by the safer and more gentle vacuum aspiration, or suction evacuation of the uterus. Nowadays, abortions in the Czech Republic are performed surgically using vacuum aspiration (up to the 8th week of pregnancy this method is called mini-abortion because it is an easier procedure) or by administering medication (mifepristone and misoprostol).





2. Methodology

The data used in our research was collected from January to April 2024 using several methods, or a combination thereof, from 76 departments of gynaecology in state-run hospitals in all regions of the Czech Republic.

2.1 PRICE ACCESSIBILITY

In the first part of the research (chap. 3.1), we focused on the prices of individual abortion methods. We primarily obtained the information from price lists published by healthcare facilities on their websites. If we were unable to find the price, we inquired about it via email or phone (see 2.2).

2.2 AVAILABILITY OF ABORTIONS FOR EU CITIZENS

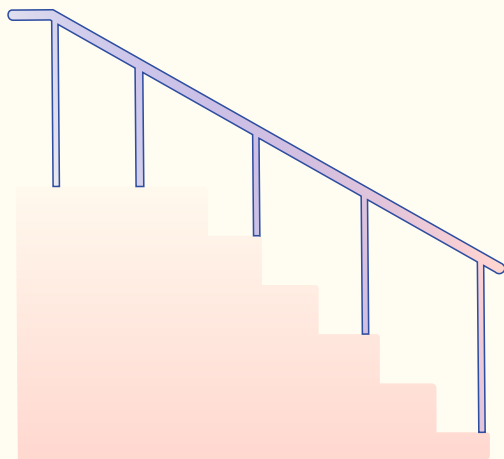
In the second part of the research (chap. 3.2), primarily focused on the availability of abortions for EU citizens, we used email as the main means of communication. We sent the inquiry either directly to the heads of the gynaecology departments or other staff, depending on the email address provided on the website of the given healthcare facility. If we did not receive a response to our email inquiry even after a reminder within 2 weeks, we contacted the hospital by phone.

To obtain the same information as a person with an unwanted pregnancy, we deliberately did not introduce ourselves as members of any organisation, nor did we mention that we were conducting research. We asked a series of questions about the procedure and always followed the same scenario – we approached the hospital to obtain information for a friend, a pregnant foreigner living in Poland who is approximately 6 to 7 weeks pregnant and has not undergone an abortion or a c-section in the last 6 months. Mentioning early pregnancy allowed us to find out not only whether the hospital provides abortions to EU citizens without permanent residence in the Czech Republic, but also the prices of both available methods, medical and surgical.

2.3 AVAILABILITY OF ABORTIONS FOR PERSONS WITH DISABILITIES

In the third part of the research (chap. 3.3), dedicated to availability for persons with disabilities, we used two methods. First, we screened the websites of the facilities focusing on information for persons with various types of disabilities and the available forms of contact with the hospital. Subsequently, we emailed a questionnaire to the hospitals, asking about the accessibility and readiness of the gynaecology departments to care for persons with disabilities.

We are aware that these methods provide rather basic information about the availability of abortions for people with disabilities. We could gain a more comprehensive understanding of the accessibility of gynaecology departments in state-run hospitals and the resulting availability of abortions, especially if the data were collected by testers, i.e., persons with disabilities who would personally visit the hospitals and closely observe accessibility features specific to their disability.⁷



⁷ A comprehensive guide for testing the accessibility of public buildings for people with various types of disabilities is included in the research report by the Public Defender of Rights. (2024); *Přístupnost veřejných budov a služeb lidem s postižením (Accessibility of Public Buildings for Persons with Disabilities)*, particularly Appendix 4 (available at: https://www.ochrance.cz/uploads-import/ESO/32_2022_OZP_final.pdf).

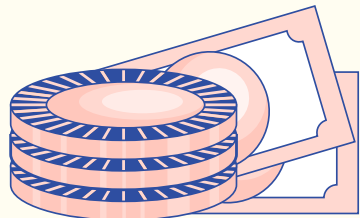


3. Results and Analysis

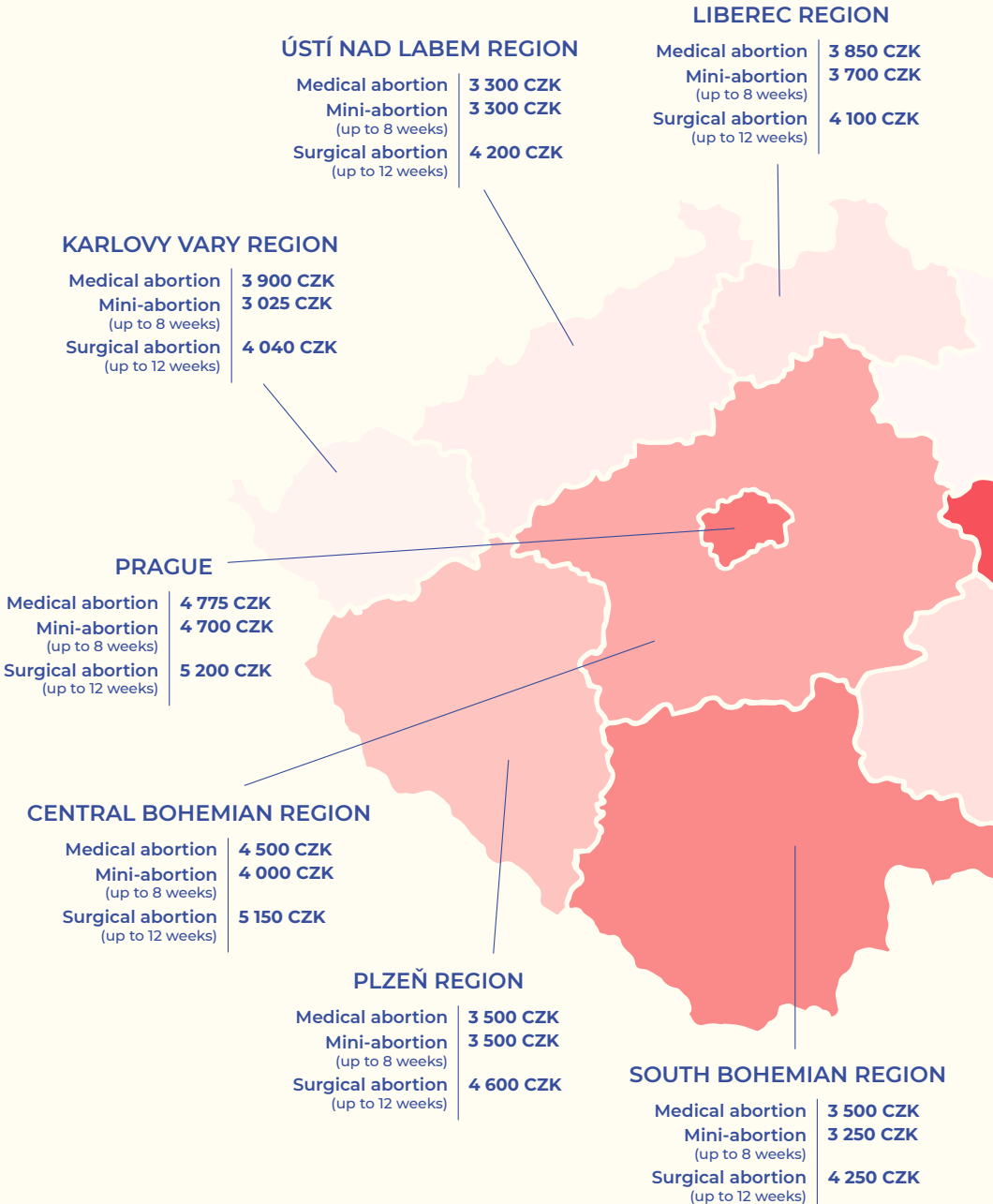
3.1 PRICE ANALYSIS

First, we investigated the affordability of abortions in the Czech Republic. The cost of abortion varies according to the method used (medical vs. surgical or vacuum aspiration) and the gestation age (up to 8 weeks, a so-called mini-abortion is performed). According to the data obtained, the median price for a mini-abortion is **3,926 CZK** (compared to 3,500 CZK in 2023). For an abortion after 8 weeks it is **4,500 CZK** (the same as in 2023), and for a medical abortion it is **4,000 CZK** (the same as in 2023).

The lowest median prices of all regions are in **the Hradec Králové Region** (mini-abortion: 2,500 CZK, after 8 weeks: 3,000 CZK, medical abortion: 3,500 CZK; this region had the lowest prices last year as well), followed by the Karlovy Vary, Liberec, Ústí nad Labem, and Vysočina regions. **The highest median prices** are in **Prague** (mini-abortion: 4,700 CZK, after 8 weeks: 5,200 CZK, medical abortion: 4,775 CZK) and in the Central Bohemian and Pardubice Regions (where all facilities report the same prices for all methods: mini-abortion: 5,500 CZK, after 8 weeks: 7,500 CZK, medical abortion: 3,500 CZK).



Comparison of median prices of abortion by region



the cheapest

HRADEC KRÁLOVÉ REGION

Medical abortion **3 500 CZK**

Mini-abortion **2 650 CZK**

(up to 8 weeks)

Surgical abortion **3 000 CZK**

(up to 12 weeks)

OLOMOUC REGION

Medical abortion **4 500 CZK**

Mini-abortion **4 000 CZK**

(up to 8 weeks)

Surgical abortion **4 500 CZK**

(up to 12 weeks)

PARDUBICE REGION

Medical abortion **3 500 CZK**

Mini-abortion **5 500 CZK**

(up to 8 weeks)

Surgical abortion **7 750 CZK**

(up to 12 weeks)

MORAVIAN-SILESIA REGION

Medical abortion **4 500 CZK**

Mini-abortion **4 300 CZK**

(up to 8 weeks)

Surgical abortion **4 500 CZK**

(up to 12 weeks)

ZLÍN REGION

Medical abortion **4 205 CZK**

Mini-abortion **3 795 CZK**

(up to 8 weeks)

Surgical abortion **4 810 CZK**

(up to 12 weeks)

SOUTH MORAVIAN REGION

Medical abortion **4 100 CZK**

Mini-abortion **3 800 CZK**

(up to 8 weeks)

Surgical abortion **3 800 CZK**

(up to 12 weeks)

VYSOČINA REGION

Medical abortion **3 750 CZK**

Mini-abortion **3 687 CZK**

(up to 8 weeks)

Surgical abortion **4 437 CZK**

(up to 12 weeks)

the most expensive



Besides the medians within the regions, it is important to also mention the price range of individual methods across the Czech Republic. **The lowest** recorded price for a mini-abortion is **2,500 CZK** (Náchod Hospital and Rychnov nad Kněžnou Hospital), the highest is **8,000 CZK** (Brno University Hospital). For abortions after 8 weeks, prices range from **2,800 CZK** (Hradec Králové University Hospital) to **9,300 CZK** (České Budějovice Hospital). The medical abortion method ranges from **2,000 CZK** (Uherské Hradiště Hospital) to **6,800 CZK** (České Budějovice Hospital).

The good news is that in many regions, both median and individual prices have remained the same or have only increased slightly. We further compared the median prices with the 2024 gross minimum and median wages.

	MEDIAN PRICE OF ABORTION	MINIMUM WAGE 2024: 18 900 CZK	MEDIAN WAGE 1. QUARTER 2024: 36 651 CZK
Mini-abortion	3 926 CZK	20,77 %	10,71 %
Surgical abortion after 8 weeks	4 500 CZK	23,81 %	12,28 %
Medical abortion	4 000 CZK	21,16 %	10,91 %

Comparison of median abortion prices with minimal and median wages

The cost of an abortion after 8 weeks of pregnancy can reach up to 23.81% of the minimum wage (20.77% for a mini-abortion and 21.16% for a medical abortion). Despite the percentage drop in price relative to the minimum wage compared to last year (when it reached up to 27.5%), this still represents between a fifth and a quarter meaning it has a significant impact on the income of a person in need of an abortion.

Moreover, there is no organisation in the Czech Republic that can be approached for financial assistance. For comparison, in Germany (where abortions on demand are also not covered by public health insurance),



there is a possibility of reimbursement for the costs of the procedure by insurance in the case that the person has a low income.⁸

In some countries, abortions are fully covered by public insurance (e.g., in the United Kingdom⁹ or Spain¹⁰), and in many EU countries, there are various non-profit organisations that financially support people who need abortions (e.g., the internationally operating Abortion Support Network¹¹).

3.1.1 Access to Medical Abortion

As part of the price analysis, we specifically focused on medical abortion, which holds a unique position among the available methods of pregnancy termination. In the Czech Republic, this method has been available since 2013, when three medications were registered: **Misopregmol** (active ingredient misoprostol), **Mifegyne** (active ingredient mifepristone), and **Medabon** (active ingredients mifepristone and misoprostol).

The use of Misopregmol and Mifegyne was approved for abortion up to 49 days (7 weeks) of pregnancy and Medabon up to 63 days (9 weeks). Currently, only Misopregmol and Mifegyne are available on the market, limiting medical abortion to 7 weeks. These are prescription medications that can only be dispensed by medical staff in an inpatient healthcare facility. In practice, this means that the availability of these medications is limited to the gynaecology and obstetrics departments in hospitals. The patient must visit the hospital twice, first to receive the mifepristone pill, and then 36 to 48 hours later to receive a dose of misoprostol.

Our research shows that in most hospitals, the price of medical abortion is higher than the price of mini-abortion (which is available up to 8 weeks of pregnancy, similarly to the medical method): of the 76 facilities contacted, the price was lower in 21 and the same in 13 facilities. **On a positive note, the number of hospitals where the price of medical abortion is lower has significantly increased since last year** (from 5 to 21 facilities). Only one of the hospitals we contacted does not perform medical abortions at all.

⁸ <https://www.profamilia.de/en/topics/abortion>.

⁹ <https://www.nhs.uk/conditions/abortion/>.

¹⁰ <https://quieroabortar.org/como-abortar/>.

¹¹ <https://www.asn.org.uk/get-help/>.



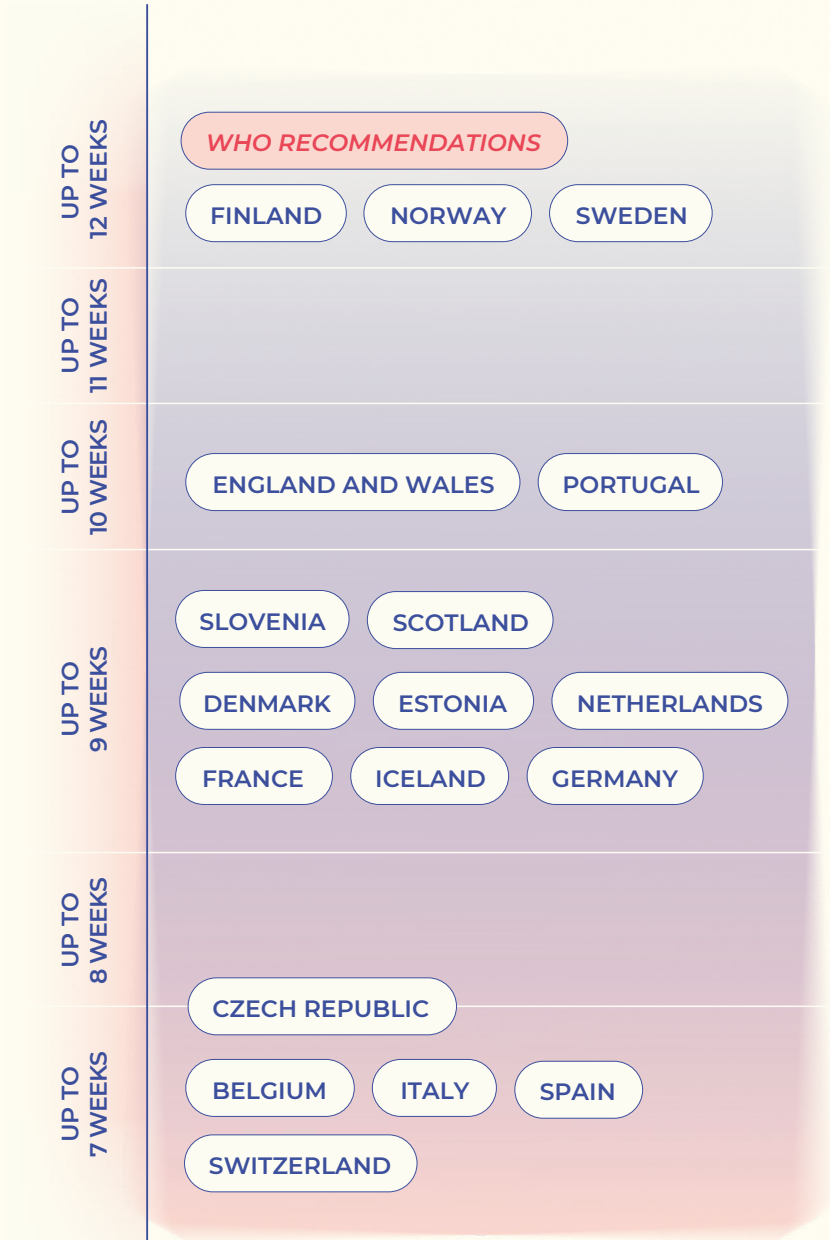
Despite the positive changes that have taken place since last year, the three main obstacles to the accessibility of this method, identified in our 2023 report, still persist:

- 1) the usage being limited to 49 days of pregnancy,**
- 2) availability only in hospitals and the associated need for two visits,**
- 3) price disadvantage compared to the other method available at this stage of pregnancy.**

Medical abortion is considered to be a safe method of pregnancy termination up to 12 weeks by the World Health Organization (WHO). Some of the WHO recommendations, according to the latest guidelines from 2022, are telemedicine as a means of providing medical abortion care (recommendation 48), and self-managed abortion (recommendation 50).

These two approaches have a significant impact on expanding access to abortions. In some European countries, medical abortion is available without the need to visit a healthcare facility. In the United Kingdom, this is possible up to 10 weeks of pregnancy: after a phone consultation, the patient receives a package from the pharmacy within 3 working days containing mifepristone and misoprostol as well as painkillers. A similar procedure exists in Ireland: here, a medical abortion can be carried out at home up to the end of 9 weeks (after 9 weeks the first dose must be taken under supervision in a healthcare facility).

Other countries, such as Spain or Moldova (in both, the method is available up to 9 weeks), require a visit to a healthcare facility only for the first dose. The WHO also recognizes that terminating a pregnancy outside a healthcare facility (e.g., at home) is not only safe and effective but also empowering. Omitting or limiting the need to visit a hospital or a clinic significantly increases the availability of this abortion method.



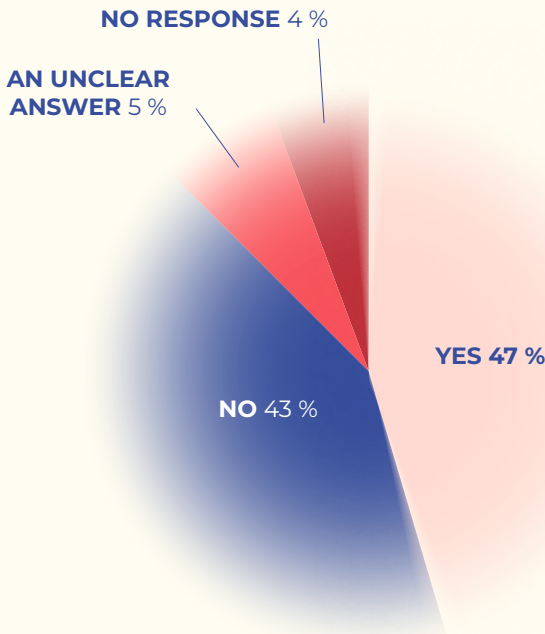
Comparison of legal limits for performing medical abortion in European countries



3.2 AVAILABILITY OF ABORTIONS FOR EU CITIZENS

In the next phase of the research, we focused on the availability of abortions for persons without permanent residence in the Czech Republic. We contacted healthcare facilities via email or phone, introducing ourselves as a person seeking information about abortion for a friend with citizenship in one of the EU countries. In our 2023 research, out of 78 contacted healthcare facilities, 47% responded positively and 41% negatively to the question of whether they would perform an abortion on an EU citizen without permanent residence in the Czech Republic, while the remaining 12% could not give a clear answer.

In this year's research, we contacted **76 hospitals**. **The share of positive responses remained the same: 47%, but the proportion of facilities that responded negatively slightly increased to 43%. From the remaining hospitals, we either did not receive any response (4%) or the response was ambiguous (5%).**



Number of hospitals that perform abortions on foreigners from the EU



Negative responses (33) were justified by the current law and the need to prove residency status, which individual hospitals defined in various ways. Some facilities did not specify the type of residency needed (temporary or permanent), while others stated that the procedure could only be performed in case of permanent residency (10). Several facilities also allowed for the possibility of performing the procedure in the case that the person is employed in the Czech Republic (4) or has refugee status (1).

Three hospitals required valid health insurance in the Czech Republic as a condition for undergoing an abortion (either instead of or in addition to permanent residence/employment), even though the procedure is not covered by public health insurance.

Two hospitals responded that they only perform abortions for Czech citizens. This year, we also received three responses recommending contacting private clinics. One facility noted that *a clinic might risk performing the procedure even if it is illegal*. And just as last year, we received a response from one hospital that *an abortion can only be performed on a client if it is not legally prohibited in her home country*.

Since in most cases during our research, we introduced ourselves as persons seeking the procedure for someone with Polish citizenship, some responses directly referred to the situation in Poland, e.g., *It is not possible for us to perform a pregnancy termination on a woman from Poland because they have strict laws on it in Poland*.

From the ambiguous responses, it was clear that **the differing positions of the Ministry of Health and the Czech Medical Chamber are causing confusion in healthcare facilities**, with three of them directly referring to these conflicting positions. The head of the department in one of the hospitals told us that he personally leans towards the ministry's position, but *will not force his colleagues to practise it due to legal uncertainties*.



3.3 AVAILABILITY OF ABORTIONS FOR PERSONS WITH DISABILITIES

The aim of the research section focused on the availability of abortions for persons with disabilities was to examine how many abortions were provided to these individuals by gynaecology departments in state-run hospitals in the Czech Republic. It also aimed to assess the accessibility of information about abortion procedures on the websites of these healthcare facilities, and to evaluate how these facilities address physical and communication accessibility and other support for persons with disabilities upon inquiry. The research specifically focused on the availability of abortions for persons with hearing loss and physical disabilities (in terms of mobility limitations).

3.3.1 Number of Abortions Performed for Persons with Disabilities

The annual statistical survey on the number of performed abortions conducted by the Institute of Health Information and Statistics of the Czech Republic (ÚZIS) does not specify whether the procedure was performed on persons with disabilities.¹² In an online questionnaire, we asked the gynaecology departments of state-run hospitals in the Czech Republic how many persons with disabilities underwent abortion in their facilities in 2023. Of the 54 hospitals contacted, 23 provided this information. Among these, 15 reported that they did not perform any abortions for persons with disabilities in 2023. 2 hospitals reported performing 1 abortion each, 2 hospitals performed 2 abortions each, 3 hospitals performed 3 abortions each, and 1 hospital reported 5 abortions.

28 facilities were unable to answer the question. If they cited the lack of data as the reason, it was primarily because this data is not collected for health insurance purposes or for the statistical survey by ÚZIS. According to one facility, distinguishing between patients with and without disabilities *could be perceived as discriminatory*. Two facilities stated that even though they do not collect this data, they provide equal care to all patients. Three facilities gave responses that we classified as other.

Collection of data on persons with disabilities who have undergone an abortion is not discriminatory. Using this data to provide unequal treatment to persons with disabilities in healthcare would be discriminatory.

¹² Potraty (Abortions), available for the years 2000–2021 on the ÚZIS website: <https://www.uzis.cz/index.php?pg=vystupy--vyznamna-temata--potraty>.



On the contrary, the UN Convention on the Rights of Persons with Disabilities supports the collection of statistical and research data (with due regard for data protection and ethical principles) as it is deemed crucial for formulating policies that fulfil the obligations under the convention (Art. 31).

Instead, the invisibility of people with disabilities who require and undergo abortions can be seen as existing **indirect discrimination**, as it results in a lack of measures that would enable these individuals to access healthcare without unnecessary barriers. Compared to individuals without disabilities, those with disabilities face significantly more barriers when seeking to undergo an abortion.

3.3.2 Information on Accessibility on Hospital Websites

Only **27** healthcare facilities (**36%**) provide information about the healthcare services available for persons with disabilities on their websites, while **49** facilities (**64%**) do not. This suggests that the availability of information and its presentation for persons with disabilities could be improved. Notably, Prachatice Hospital is the only facility that provides comprehensive information for individuals with physical disability, hearing and visual loss directly on the gynaecology department page, rather than just on the general hospital website.¹³

Number of hospitals that provide information about healthcare for persons with disabilities on their websites.

INFORM 36 %

DON'T INFORM 64 %

¹³ Department of Gynaecology and Obstetrics at Prachatice Hospital (available at: <https://nempt.cz/oddeleni/uzkova/gynekologicko-porodnicke-oddeleni/perinatální-pece-o-zenu-s-postizenim/>).



3.3.3 Accessibility of Abortions for Persons with Hearing Loss

We evaluated the accessibility of information regarding reproductive healthcare services (including abortions) for individuals with hearing loss by screening websites. Specifically, we searched for email and phone contact information, details about the possibility to use the Silent Line (a social service for sign language interpretation and transcription of spoken language into text online), and other sign language interpretation options. The information obtained was then compared with data from an online questionnaire filled out by healthcare facilities.

For individuals who are hard of hearing or deaf, primary or exclusive phone contact and appointment scheduling can be a barrier. According to their websites, all monitored hospitals communicate and schedule appointments by both phone and email. However, in the online questionnaire, only **38 facilities confirmed offering both methods, while 16 facilities schedule procedures (including abortions), exclusively by phone.** Phone scheduling represents a significant barrier for persons with hearing loss.

Silent Line or other sign language interpretation services provide better accessibility of services for individuals with hearing loss and combined hearing and vision loss. From the 76 monitored healthcare facilities, only **24 (32%)** mention this option on their websites, while **52 (68%)** do not. As a result, potential clients often do not learn about the possibility of using the Silent Line from a hospital website. A more complete list of healthcare facilities offering this service is available directly on the Silent Line website¹⁴, but having to search for this information outside of the healthcare facility website represents an additional barrier.

In the questionnaire, 40 gynaecology departments confirmed using the Silent Line, which is a significant increase compared to the 24 facilities that mentioned it on their websites. In addition to the Silent Line, healthcare facilities most commonly use tablets for communication with individuals with hearing loss. They also utilise services from agencies, day centres, specific experts, communication cards, and transcription into written language. Notably, one Prague hospital stated that they have not yet needed to use such a service.

According to Act No. 155/1998 Coll., on Communication Systems for Deaf and Deafblind Persons, individuals with hearing or combined hearing and

¹⁴ <https://nolog.link/s/tichalinka>



vision loss have **the right to choose a preferred alternative communication method** (e.g., Czech sign language, signed Czech, written record of spoken language, etc.). They also have the right to interpretation services when visiting a doctor.

According to Act No. 99/2019 Coll., on Accessibility of Websites and Mobile Applications, so called obliged entities (which include hospitals established by the state or local government) are **required to ensure the accessibility of websites and mobile apps to people with visual and hearing loss.**

3.3.4 Accessibility of Abortions for Persons with Physical Disabilities

50 out of the 54 facilities that completed the online questionnaire declare that access to the gynaecology department is **barrier free**. Of the remaining 4 facilities, one states that they do not have a gynaecology department at all (although there is a web page dedicated to this department), and two provide information about accessibility via phone or email, i.e. by individual arrangement. In one facility only the reception area on the ground floor is barrier-free.

According to the responses in the online questionnaire, facilities that offer barrier-free access provide information about accessibility **on the facility website** (11 responses, with 3 specifying particular pages), via the department or clinic **phone** (8 responses), via the department or clinic **email** (4 responses), via a **map** of the facility or **information boards** (4 responses), at the **reception** or entrance to the facility (3 responses), via a hospital **information line** (2 responses), through **individual arrangements** (2 responses), via **hospital email** (1 response), on the **department website** (1 response), on **hospital social media** (1 response), in a **hospital media presentation** (1 response), or by **visiting the facility** (1 response). In one case, we were advised to inquire about accessibility with the hospital management, and in another case, the respondent stated that they did not know *where the information is*. Two responses justified the absence of information about accessibility on the website or elsewhere by stating that barrier-free access is *automatic* or a *given*.

Facilities that declare accessibility list various ways of ensuring it. However, based on the collected data, it is not entirely possible to assess practical accessibility. This would be better determined through regular testing of movement within the premises of individual hospitals and their



gynaecology departments. We believe that the surveyed facilities mention only selected elements they consider crucial for accessibility, but they may also overestimate the importance of these elements and overlook some existing barriers.

4 of the surveyed healthcare facilities declare that they are **completely barrier-free**.¹⁵ In other surveyed facilities, if we follow the path of a person requesting an abortion from the entrance to the hospital grounds to their visit in the department, we can find that **hospitals have a barrier-free entrance to the building for pedestrians** (4 responses, one of which is secured from the basement), **from the garage for those arriving by car** (1 response) or they use **wheelchair ramps** (5 responses).

Some gynaecology clinics are located on the **ground floor** (3 responses) and are therefore more accessible. Inpatient gynaecology departments are **accessible by elevator** (26 responses), with some departments declaring themselves as **completely barrier-free** (4 responses). Departments have **barrier-free rooms** (5 responses), **barrier-free bathrooms or showers** (5 responses), **barrier-free entrances to rooms** (6 responses), **to the toilet** (4 responses), **to the dining room** (1 response), **wide doors** (4 responses), **automatic doors** (1 response), and **electric beds** (1 response).

The surveyed gynaecology departments declare accessibility by listing elements designed to ensure independent movement around the healthcare facility for persons with physical disabilities, as defined in Decree No. 398/2009 Coll., on General Technical Requirements Ensuring Barrier-Free Use of Buildings, the so-called Barrier-Free Decree. **However, other possible measures to ensure the accessibility of services in gynaecology departments are completely overlooked, such as providing a special gynaecological chair adapted for wheelchair users or designated space for an assistant accompanying the patient.**

¹⁵ Domažlice Hospital (new building from 2005, complies with decree No. 398/2009 Coll., on General Technical Requirements Ensuring Barrier-Free Use of Buildings, commonly referred to as the Barrier-Free Decree), Jablonec nad Nisou Hospital, Náchod Hospital and The Institute for Mother and Child Care in Prague-Podolí.



3.3.5 Additional Support for Persons with Disabilities in Healthcare Facilities

Respecting the specific needs of persons with disabilities **is crucial for providing high-quality healthcare**. Without this consideration, the quality of care cannot be guaranteed to the highest possible extent.¹⁶ To understand how these needs can be addressed in healthcare practice at the institutional level, we examined practices in Poland. According to Act No. 1696/2019 Coll., on Ensuring Accessibility for Persons with Special Needs¹⁷, public and state administration bodies, state control authorities, courts, and publicly funded entities, including healthcare facilities established by state and local governments, are required to take measures to ensure accessibility for persons with special needs.¹⁸

Accessibility Coordinator

Part of the measures established by the Polish Act on Ensuring Accessibility includes the appointment of **an accessibility coordinator** within each institution. This coordinator also **serves as a contact person for patients with disabilities**, monitors the situation in the institution, and prepares and coordinates the implementation of an action plan. Based on this role, we asked the gynaecology departments of hospitals in the Czech Republic whether they have a coordinator ensuring the accessibility of hospital premises for persons with disabilities, who also serves as a contact person for patients with severe disabilities if necessary.

18 out of the 54 surveyed facilities **have such a coordinator**. Several (6) facilities **did not specify the form** of this role in further detail. In other cases, this role is performed by **reception staff** (5, of which 2 are trained), **healthcare staff** (2), **healthcare social workers** (2), **patient guides** (1), **quality managers** (1), and **security staff** (1).

The Military University Hospital in Prague (Ústřední vojenská nemocnice Praha or ÚVN) provides **comprehensive services** through its assistance

¹⁶ Vládní výbor pro osoby se zdravotním postižením (Government Committee for Persons with Disabilities) (2020). *Národní plán podpory rovných příležitostí pro osoby se zdravotním postižením na období 2021–2025 (National Plan for Support of Equal Opportunities for Persons with Disabilities for 2021–2025)*. Government of the Czech Republic (available at: <https://vlada.gov.cz/assets/ppov/vvozp/aktuality/Narodni-plan-2021-2025.pdf>).

¹⁷ *Ustawa z dnia 19 lipca 2019 r. o zapewnianiu dostępności osobom ze szczególnymi potrzebami* (2019) (*July 19, 2019 Act on Ensuring Accessibility for Persons with Special Needs*). Available at: <https://sip.lex.pl/akty-prawne/dzu-diennik-ustaw/zapewnianie-dostepnosci-osobom-ze-szczegolnymi-potrzebami-18889037>.

¹⁸ To a large extent, the Polish Act No. 1696/2019 Coll. on Ensuring Accessibility for Persons with Special Needs overlaps with the content of the Czech Decree No. 398/2009 Coll. on General Technical Requirements Ensuring Barrier-Free Use of Buildings, Act No. 99/2019 Coll. on Accessibility of Websites and Mobile Applications, and Act No. 155/1998 Coll. on Communication Systems for the Deaf and Deafblind. However, unlike these Czech regulations, the Polish law notably introduces the role of an accessibility coordinator as well as a comprehensive method for certifying the accessibility of institutions.



and information centre – in addition to orientation assistance, it offers wheelchairs for immobile patients and an information line with transcription services for persons with hearing loss on its website. A link to the assistance and information centre of ÚVN is part of its easy-to-navigate website specifically designed for persons with disabilities ("pro handicapované") with a comprehensive range of services for persons with disabilities.¹⁹

33 out of the 54 surveyed facilities **do not have an accessibility coordinator role**. 3 facilities did not respond to the inquiry. Based on the above, it is clear that the coordinator position is not defined in Czech healthcare facilities. Existing staff, particularly the reception staff, act as contact persons (but not coordinators) for persons with disabilities.

Standardised Procedures

The diverse practices analysed regarding contact persons for individuals with disabilities and methods of scheduling abortion procedures indicate that procedures, particularly in communication with persons with disabilities before a visit to a healthcare facility and in providing assistance within the facility, are not standardised. Therefore, we asked the gynaecology departments **whether they follow any procedures or regulations that take into account the needs and rights of persons with disabilities**. Out of 54 facilities, **49 responded positively** but did not provide detailed answers (those who did referred to standard care procedures). 3 facilities responded negatively, one facility did not respond, and one stated that they did not know.

The existence of standardised procedures specified by institutional regulations enhances the accessibility of facilities and prevents indirect discrimination against persons with disabilities.

Treating Persons with Disabilities

We asked the gynaecology departments of hospitals in the Czech Republic **whether the hospital staff are trained to provide treatment to persons with various types of disabilities**.

Out of the 54 surveyed facilities, **50 responded positively**. In 2 cases, facilities specified that they follow standard care procedures or nursing care procedures for patients with disabilities. In one case, the facility

¹⁹ <https://www.uvn.cz/cs/informacni-sluzba>, <https://www.uvn.cz/cs/informace-pro-pacienty-uvn/informace-pro-handicapovane>.



added that staff are trained on the topic at seminars and conferences. 3 facilities responded negatively, and one facility stated that they did not understand the question.

We conducted this survey on the availability of abortions for persons with disabilities as an initial desk study, without physical investigation in the field. Despite this limitation, **the survey still highlights numerous barriers in accessing abortions for persons with disabilities: incomplete information on the accessibility of gynaecology departments, difficulties in scheduling procedures, and uncertain support in healthcare facilities.**

However, we are aware that reproductive justice for persons with disabilities is a much broader field than the issue of abortion availability examined in this report.²⁰ The approach of reproductive justice aims to fulfil the human rights and fundamental freedoms of persons with disabilities by critically addressing the social conditions limiting access to reproductive healthcare services and the systemic discrimination faced by persons with disabilities.

²⁰ Among others, there is for example the common practice of sterilising persons with disabilities (Bernoldová, J., Strnadová, I., Adamčíková, Z. [2019]: *Ženy s mentálním postižením v roli matek* (Women with mental disabilities as Mothers). Praha: Karolinum, s. 17–19) or stricter requirements for adoption (Košířerová, A., Rychlíková, A., Filipová, K. [2024]: *Bariéry, urážky i cestování vedle laboratorních myší* (Barriers, Insults, even Travelling alongside Lab Mice). *iRozhlas* 5. 5. 2024. Available at: https://www.irozhlas.cz/zpravy-domov/pristupnost-diskriminace-lide-s-postizenim-ombudsman_2405050500_fil).

Conclusion and Recommendations



Abortion is not only a matter of individual choice, but access to it is influenced by many different factors which are often beyond the control of individuals. **Movements, organisations and collectives fighting for reproductive justice seek to address and resolve these systemic issues. As A.S.A.P., we uphold these values.**

Abortion should be part of basic healthcare and available to all who require it. Below we attach a list of recommendations for institutions and organisations that can help make abortion more accessible.

To the Ministry of Health:

- a) Create a reliable platform on abortion in the Czech Republic that provides information on pregnancy termination, both on request and for health reasons.
- b) Establish a protocol on abortion for foreigners with EU nationality that clearly describes when abortion is and is not possible.
- c) Extend the time limit for medical abortion beyond 7 to 8 weeks of pregnancy. Ideally, follow the World Health Organisation recommendations and allow medical abortion up to 12 weeks of pregnancy.
- d) Collect and evaluate data on the accessibility of abortions for persons with disabilities through the Institute of Health Information and Statistics.





Conclusion and Recommendations

To the Czech Medical Chamber:

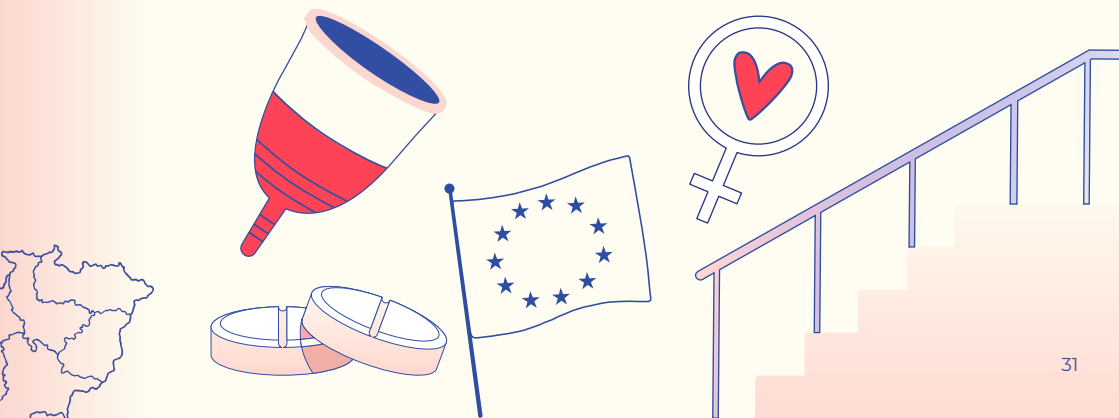
- a) Issue a clear stance on the interpretation of the existing abortion law, taking into account the recommendation of the Ombudsman JUDr. Stanislav Křeček from July 27, 2021, where he clearly establishes that from a legal standpoint, it is perfectly legal to perform abortions on foreigners.

To the A.S.A.P. collective and other feminist organisations in the Czech Republic:

- a) Create a platform with reliable information on abortion, independent of the Ministry of Health.
- b) Continue to spread information about abortions on social media.
- c) Establish a fund (taking an example from foreign organisations) from which it would be possible to contribute to abortion for people who cannot afford the procedure or whose income would be significantly affected.

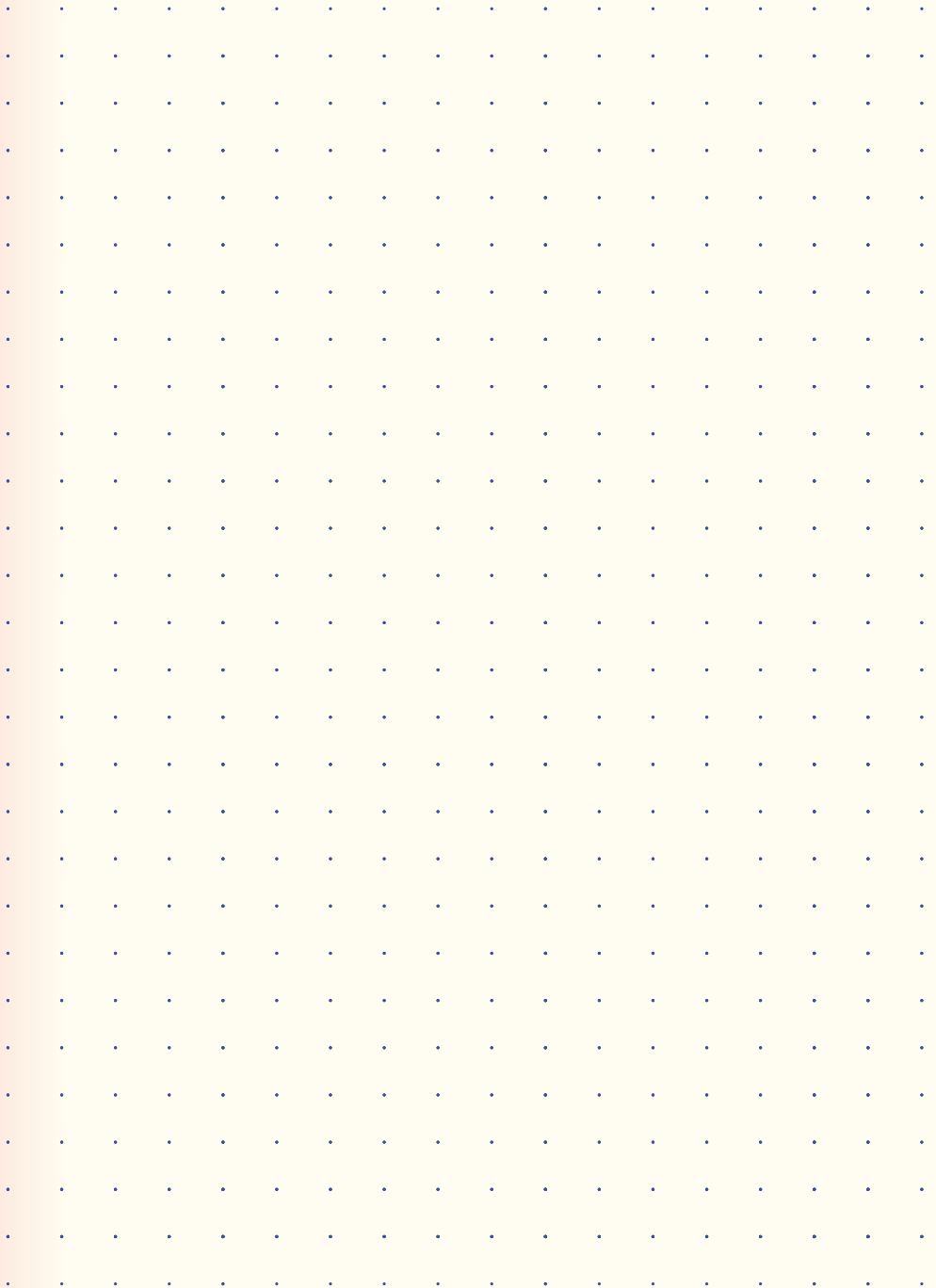
To collectives and organisations dealing with the rights and the situation of persons with disabilities:

- a) Collect information about the accessibility of abortions and other reproductive and sexual health services for persons with disabilities.



Notes

A grid of 20 columns and 30 rows of small blue dots, intended for taking notes.



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