Submission for the 91st CEDAW Pre-Sessional Working Group Regarding the Czech Republic (APODAC, League of Human Rights)

LIGA LIDSKÝCH PRÁV

APODAC ASOCIACE PRO PORODNÍ DOMY A CENTRA

This submission is addressed to the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) for the 91st Pre-Sessional Working Group regarding the Czech Republic from 28 October to 1 November 2024. It is submitted by the League of Human Rights and APODAC (Association for Freestanding Birth Centres and Alongside Midwifery Units). Contributors are Sandra Pašková and Anna Indra Štefanides (League of Human Rights) and Lenka Laubrová Žirovnická (APODAC).

Shadow Report on the 7th Periodic Report of the Czech Republic on the Implementation of the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

Measures to Eliminate Discrimination in Health Care - Article 12

Women's reproductive rights and discrimination against midwifery care

Regarding the Concluding Observations from CEDAW in 2016:

Points 30 and 31: (A) The Czech Republic has made positive strides in reducing the separation of newborns from mothers, but this practice still persists for women after cesarean sections.[1] (B) Home births remain an inaccessible option in the Czech Republic. (30C) Episiotomies are still overused, with the national average exceeding WHO recommendations by 20%, and in some healthcare facilities, the rate surpasses 50%.[2] (31C) No legislation has been adopted regarding women's reproductive rights, the implementation of the Health Services Act is inadequate, and many doctors still promote a paternalistic model of care. Czech courts are not prepared to provide women with adequate protection.[3] (D) Midwives are unable to practice their profession in full scope, facing numerous barriers, including limited access to public health insurance, and their care is often replaced by medical interventions without medical necessity.[4]

The Czech Republic has made no significant progress in any of these areas since 2016. All activities, including legislative changes, remain blocked, particularly by the Ministry of Health, and no improvements are expected in the near future.

Section of the Shadow Statement on the Seventh Periodic Report Submitted by the Czech Republic:

Background: Free Choice of Birth Location and Conditions (points 179-182)

Women are not allowed to choose their place of birth. Hospital births are the only (covered) option available to women. Maternity care centers that exist sporadically do

[1] Analysis: How Birth Takes Place in Czech Maternity Hospitals (data from 2019–2023), p. 20.

[2] Percentage of episiotomies in 2020-2022

[3] Announcement of the Constitutional Court ruling, file no. III. ÚS 2480/20, on March 22, 2021 – the decision was published along with a press release

[4] Information for the Deputy Minister Helena Rögnerová - meeting to ensure availability of paid midwifery care

not meet international standards[5], and births are supervised by a doctor.[6] Birth centers do not exist in the Czech Republic due to legislative barriers.[7]

Czech law guarantees childbirth with professional care only in hospitals. The legal framework effectively prohibits the operation of birth centers by imposing unachievable requirements. Home births are entirely outside the scope of legal regulation. As a result, women cannot freely choose a place of birth with professional care, despite significant demand from both women and midwives for such alternatives. This hinders the development of midwifery in line with international standards.

Freestanding Birth Centers and Alongside Midwifery Units

A well-prepared proposal by the Working Group on Maternity Care addressed the issue of birth centers, but it was never discussed by the Czech government. It was removed from the agenda due to the then Minister of Health and Minister of Social Affairs.[8] The Ministry of Health maintains a consistent stance on the matter, regardless of the political composition of the government or the political affiliation of the minister. Studies[9] show that birth centers are a suitable model of care for low-risk women, reducing the strain on hospital systems and contributing to the sustainability of maternity care.

Some Czech hospitals have established Midwifery Care Centers (CPA), but they operate in a hybrid model where midwives' care is still under medical supervision. For example, insurance codes for midwife-led births do not exist. This model fails to meet European standards for autonomous and individualized care, whose benefits have been repeatedly demonstrated. Without legislative change, these facilities will remain dependent on the decisions of individual Chief Obstetricians, who may grant midwives more autonomy than the law currently allows.

Home Births

Women can choose to give birth at home, but until September 2024, they could not have professional support. According to authorities, the Ministry of Health, and the courts, midwives faced hefty fines for violating legal regulations, and these fines were repeatedly imposed.[10] The situation significantly changed with a Constitutional Court ruling.[11] It determined that midwives can assist with home births but not as providers of healthcare services. Although the Constitutional Court highlighted the absurdity of the current legal framework, it did not resolve the problem of the legal grey area.

The court called on the state not to ignore the problems that the current legal framework (or its absence) brings and to reflect the developments in maternity care and reproductive rights. Similarly, in 2016, the European Court of Human Rights stated that the Czech state should continuously review relevant legislation to consider medical and scientific advancements and

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[5] Evropské standardy pro porodní domy a centra

[6] 2018 Report on Gender Equality (pp. 44-45)

[7] Submission of the Working Group on Midwifery on freestanding midwifery units

[8] Establishing a freestanding birth centre is unrealistic. The Ministry prefers traditional maternity hospitals Maláčová rejects birthing centers. "I would humanize maternity hospitals," says the minister.

[9] Are midwife continuity of care models versus other models of care for childbearing women better for women and their babies?

[10] The Ministry imposed a fine on a midwife, who has filed for compensation due to unlawful procedures – League of Human Rights

[11] Announcement of the Constitutional Court ruling, file no. I. ÚS 2746/23, on August 28, 2024 – the decision was published along with a press release

fully respect women's reproductive health rights.[12] The state has yet to take any action following this ruling.

Question: On what scientific evidence and analyses were the requirements for midwifery-led units based for a doctor to be present within 5 minutes or for a cesarean section to be available within 15 minutes? Does Czech legislation reflect internationally recognized standards for midwifery-led units?

Question: Despite the stable number of home births, women do not have access to adequate healthcare. What impact do state restrictions have on ensuring the best interests of the child?

Background: Routine Care and Informed Consent (points 181-182)

Routine episiotomies for first-time mothers[13], excessive use of cesarean sections[14], and frequent separation of mother and child after birth[15] remain common practices in many facilities, as revealed by data published only after a lost court case.[16] Patients' complaints and lawsuits are typically dismissed, and procedures without a woman's consent are justified by the supposed protection of the unborn child, even when there is no real threat. Creating an artificial conflict between the interests of the mother and child is dangerous and easily exploitable. Physicians still paternalistically make decisions about women's bodies.[17] Only a portion of healthcare facilities adhere to the Convention on Human Rights and Biomedicine, respect birth plans (preferences), and allow women the freedom to choose their care.[18]

The disregard for birth plans, which are a response to the systematic violation of women's rights during childbirth, remains a serious issue in Czech obstetrics. Although Czech law does not explicitly recognize the term "birth plan," these preferences stem from the right of women to free and informed consent, respect for their bodily integrity, and the right to make decisions about their medical care. Nevertheless, in many cases, these preferences are ignored by hospital staff and even ridiculed as "nonsensical demands." This approach is often supported by legal opinions that are not based on current legislation but on a paternalistic model of care where doctors' decisions are prioritized over the wishes of the women giving birth.[19]

In the Czech Republic, we continue to see a high rate of medical interventions during childbirth, including excessive use of episiotomies, inductions, and other routine interventions without clear medical justification. For instance, the percentage of episiotomies in some facilities still exceeds 50%, while WHO indicates a justifiable rate of around 10%. This practice often leads to traumatic experiences for women, which can have long-term physical and psychological

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[12] The case of Dubská and Krejzová v. Czech Republic (applications no. 28859/11 and 28473/12) from November 15, 2016

[13] Percentage of episiotomies among first-time mothers in 2023

[14] Percentage of cesarean sections in 2022-2023

[15] Analysis: How Birth Takes Place in Czech Maternity Hospitals 2019-2023 – Aperio.

[16] Announcement of the Constitutional Court ruling, file no. III. ÚS 836/21, on April 11, 2023 – the decision was published along with a press release

[17] Obstetric violence does not lead to the protection of the child, but only to violence against women | Heroine.cz

[18] HOŘEJŠÍ, Adéla. Obstetric Violence. How (Old) Men Decide About the Bodies of (Young) Women. In: Men's Law. pp. 733-779.

[19] A birth plan is nonsense. Czech legislation does not recognize this term, says the hospital lawyer

consequences. A pilot study by Antonín Šebela from the National Institute of Mental Health (NÚDZ) maps the occurrence of traumatic birth experiences and their impact on the mental health of mothers.[20]

Even the Constitutional Court did not recognize the case of obstetric violence, which means that women continue to find no protection from Czech courts when their rights are violated during pregnancy, childbirth, or the postpartum period.[21] One of the problems, among others, is expert opinions from doctors, who typically side with their colleagues, often do not cite professional sources, and rely on the "argument from authority." Midwifery experts in the Czech Republic are completely absent. The use of foreign standards or soft law is insufficient.

Obstetric data

According to obstetric data from the Institute of Health Information and Statistics of the Czech Republic (ÚZIS), which were made public only after a challenging ten-year court battle, there are clear differences in the approach of individual obstetric facilities, with some showing a high rate of interventions. Unfortunately, unnecessary medical interventions and so-called obstetric violence—i.e., unnecessary or unjustified medical interventions—are still common in the Czech Republic, significantly undermining women's trust in the healthcare system. The generational normalization of poor obstetric practices and the lack of continuous midwifery care, as defined by international standards, contribute to these problems. The current system primarily ensures doctor-led care with minimal respect for women's autonomy and their right to informed choice.

Reforms aimed at creating legislative conditions for the operation of freestanding birth centres and alongside midwifery units, as well as recognizing the competencies of midwives according to Council Directive 80/155/EEC, could lead to a reduction in unnecessary medical interventions, increased childbirth safety, and an improvement in women's birth experiences.

Criticism of ČGPS Guidelines

The Czech Society of Obstetrics and Gynecology (ČGPS) has been criticized in recent years for its guidelines, which often lack an evidence-based approach and include outdated and potentially harmful practices. The revised guidelines for pregnancy care were accompanied by a letter comparing pregnant women to "schoolgirls" and gynecologists to "parents" responsible for these "schoolgirls."[22] This humiliating and paternalistic tone provoked considerable criticism.

Further criticism is directed at outdated definitions of medical procedures associated with childbirth, which often include obsolete and medically inappropriate practices, in contrast to modern evidence-based medicine (EBM). These practices include, for example, hourly rectal exams, bi-hourly vaginal exams, routine episiotomies, amniotomies, the pouring of disinfectants on the perineum, and limited options for birthing positions. These procedures not

[20] Perinatal.cz on the path toward systemic care for mental health in motherhood

[21] Announcement of the ruling of the Constitutional Court Case No. III. ÚS 2480/20 on 22 March 2021 - decision published with a press release

[22] "This is over the line," protests Šimetka. He is responding to the new document on prenatal care.

only lack scientific support but also increase the risk of complications in many cases and do not contribute to quality care for women or their babies.[23]

The care provided under these guidelines is often defended by the so-called "best neonatal mortality rates" that the Czech Republic reports. However, this argument is misleading, as neonatal mortality is influenced by several factors unrelated to care during childbirth, such as access to healthcare during pregnancy or specialized care for premature babies. Moreover, in international comparisons, the Czech Republic scores alongside countries where midwives provide primary care to pregnant women and mothers, such as the Nordic countries, which show better or same outcomes not only for newborns but also for mothers. This is due to care that is more focused on women's needs and based on modern scientific knowledge. Neonatal mortality cannot be the sole indicator of quality; it is equally important to monitor the physical and mental health of mothers, the long-term health of their children and the ripple effect of the cascade of medical interventions used during pregnancy and childbirth.

Question: What measures does the Czech Republic plan to take to enhance the quality and validity of obstetric data? What mechanisms will it implement to ensure healthcare facilities comply with legal requirements for regularly providing accurate and timely data?

Question: Does the Czech Republic plan to educate officials and judges about reproductive rights? If so, how and when?

Background: Midwifery Continuity of Care (points 179-184)

The midwifery continuity of care offers a holistic and consistent approach to the care of pregnant women. It is not widely available in the Czech Republic for all, only for women who can afford to pay for it out of their own pocket. Care is not widely available from public health insurance. This model of care is not only limited financially, but also legislatively, as the state places various obstacles that make it difficult to provide and access this care.[24] In particular, the ČGPS is opposed to the inclusion of midwifery care in the public health insurance system. The Ministry of Health consults the ČGPS, not the professional organizations of midwives, on legislative changes concerning midwives.[25] The current system is set up in such a way that pregnant women are referred to gynaecological care, which is covered by the insurance company, but lacks continuity and a personal approach, which often leads to care from several different health professionals without continuity, especially at the end of pregnancy, when the woman visits a hospital outpatient clinic.

Barriers to care during pregnancy and the six-week postpartum period:

Lack of contractual relationships with insurance companies: health insurance companies refuse to contract with midwives, making it difficult for women to access their services. For

[23] i.e., Medical procedure 63119: Vaginal delivery - head first

[24] Information for the Deputy Minister Helena Rögnerová - meeting to ensure availability of paid midwifery care

[25] Item 5 Miscellaneous. Minutes from the meeting of the Working Group on Obstetrics held on June 9, 2021, and a reference to "Male Law

example, the Czech Industrial Insurance Company has a contract with only 13 midwives for the whole Czech Republic.[26]

Medical indications and boycotts: Midwife care is dependent on a doctor's indication, which is a problem because doctors often see midwives as competition and refuse to issue referrals. In addition, the CGPS has called in a letter for a boycott of midwifery referrals, pointing out that this care belongs to the last century.[27]

The specifics of care in the postpartum period: In the Czech Republic, the standard is to stay in the maternity ward for 72 hours, after which the woman remains without professional care until the end of the six-week postpartum period, when she sees a gynaecologist, or earlier if there are problems. Care during the six-week postpartum period is virtually non-existent and is provided only by private midwives, usually for direct payment. This care, which includes support for breastfeeding, control of the uterus and support for the mother at home, is not routinely available through public health insurance. In order to receive it, a woman must visit and ask for a request form, which many doctors refuse to issue, as they claim that the care given via midwife subtracts from their own profits..

Significant professional restrictions on birth: midwives need registration (authorisation to provide health services) to practise independently. The authorities issue this with the restriction 'except for the management of physiological birth', preventing them from fully exercising their competences. The Ministry of Health, which is the appellate authority, claims that giving birth outside a maternity hospital is not possible in the country.

Question: In what timeframe will midwives be fully included in the health insurance system without the need for an indication?

Question: Will the Czech Republic, in cooperation with the insurance companies, ensure sufficient contracting of midwives in the individual regions, when and how?

Question: What steps does the Czech Republic plan to take to eliminate the contradiction in legislation concerning the competences of midwives?

Background: Tools for Change (points 177, 181, 184, 187)

Official documents such as the current government program (January 2022, updated in March 2023), the Family Policy Concept (2017, replaced by the Family Policy Strategy), and the Strategy for Gender Equality 2021–2030 emphasize the need for continuous care, independent practice by midwives, and the establishment of birth centers. However, practice remains vastly different.

Obstructions and Disagreements: The Ministry of Health has yet to implement the required changes. For instance, the Maternal and Child Care Concept, planned for completion by the end of 2020, remains unfinished. The unpublished draft revealed that the ministry failed to address the requirements of Strategy 2021+ and might even worsen the situation by

[26] Archive of the League of Human Rights

[27] Letter to the Committee of ČGPS

completely rejecting independent midwifery care.[28] The 2017 Family Policy Concept, referenced in the Czech Republic's report, included only two broad measures (Measure No. 37: Improving Obstetric and Postnatal Care, Measure No. 38: Transparency of Statistical Data). However, the Ministry of Health repeatedly questioned their content and requested their removal. This Concept has been replaced by the Family Policy Strategy 2023–2030[29], which does not address maternity care at all.

Legislation and Other Updates: The amendment to the Public Health Insurance Act offered hope, but the government eventually backed down due to a lack of political will. The Government Commissioner for Human Rights commented on removing the requirement for medical indication as a condition for accessing midwifery care but ultimately withdrew from this proposal.[30] During the update of Strategy 2021+, the Ministry of Health has been attempting to eliminate key tasks set by the strategy, especially those related to legislation. Despite the government's commitment (*"We will support women in their choice of care provider during pregnancy, childbirth, and postpartum by making midwifery care available with an emphasis on continuity of care provided by a single person."*[31]), no steps have yet been taken to amend laws to enable this approach.

Obstetric Data: Lack of Transparency and Control Mechanisms

Obtaining obstetric data has been a long-standing issue in the Czech Republic. The state has persistently resisted releasing key data on care and childbirth outcomes, leading to a decade-long legal battle. Although the data was eventually released, it contained numerous errors and inaccuracies that undermine its validity and usability. There is a lack of effective mechanisms to verify the accuracy and completeness of these data, complicating the assessment of care quality provided by individual healthcare facilities. There are no clear standards of care or quality indicators for obstetric care.

The state also lacks tools to compel healthcare providers to cooperate in collecting and providing accurate information. This lack of transparency and accountability significantly limits the ability to analyze care quality and identify areas where health outcomes for women and newborns could be improved. Without reliable data and proper validation, it is challenging to address issues related to excessive medical interventions, such as frequent episiotomies, inductions, and other unnecessary procedures common in some facilities.

Question: What specific and dated steps does the government plan to take by the end of its term to fulfill its commitment in the program statement regarding obstetrics?

Background: Violations of Rights in Obstetrics During the COVID-19 Pandemic (point 189)

During the COVID-19 pandemic, several significant violations of rights occurred in the field of obstetrics. In 2020, the Ministry of Health imposed a ban on all forms of accompaniment during

[28] The Working Group on Obstetrics discussed the Strategy for a Baby-Friendly Hospital Initiative and the Concept of Care for Mother and Child
[29] Press release on the new Family Policy Strategy
[30] Comment by the Government Commissioner for Human Rights
[31] Updated Programme Statement of the Government of the Czech Republic

childbirth, including the presence of fathers. This measure was later relaxed following the intervention of the then Government Commissioner for Human Rights, who advocated for the inclusion of fathers based on recommendations from the Working Group on Obstetrics[32]. The Czech Republic allowed fathers to accompany their partners during childbirth, but other forms of accompaniment remained prohibited.

This restriction was challenged in court, and in 2024, the court ruled that the ban on fathers' presence during childbirth was unlawful.[33] The court found that this ban constituted a significant infringement on fundamental rights, particularly the right to private and family life. Furthermore, the court determined that this infringement was neither necessary nor the least intrusive means of protecting public health.

A case that highlights the inability to assess situations individually and the resulting irreversible impacts on human rights involves a minor mother of very young age (12 years old). Although the minor's mother was allowed to be present at the birth, she was immediately barred from visiting her daughter, a twelve-year-old girl who had recently given birth. Unable to cope with the separation from her mother, the young mother handed the baby over to the hospital staff and went to the Department for Social and Legal Protection of Children (OSPOD), requesting to be transferred to a prearranged facility such as a mother-and-baby home, where she could be with her newborn and also visit her mother.

The OSPOD called the police, who transported her to the hospital and then to the requested facility. However, the baby was placed with temporary foster parents, and contact with the young mother was limited to Skype calls lasting one hour twice a week. A more human and individualized approach to the specific needs of the minor mother could have been more appropriate.

Conclusion

Czech obstetrics requires fundamental reforms to allow greater choice and respect for women's needs during pregnancy, childbirth, and the postpartum period. Implementing continuous care, supporting midwives, and expanding options for births outside of hospitals would improve the quality of care and address the demands of modern society. The healthcare system should better reflect the diverse needs of women and ensure that all have access to care that aligns with their personal preferences and health needs.

[32] Emergency meeting of the Working Group on Obstetrics on the lifting of the ban on the presence of the father at childbirth

[33] Final judgment on the unlawful ban on accompanying fathers at childbirth during covid-19

Unlawful sterilization

Final Recommendations on CEDAW from 2016:

28 and 29. The Czech Republic enacted a law allowing victims to apply for compensation for unlawful sterilization over a three-year period, effectively addressing the barrier posed by the statute of limitations. However, many victims lack access to medical records because the Czech Republic delayed enacting the compensation law for too long. Many records were destroyed before the retention period expired, yet this is held against the victims. The Czech Republic is not prosecuting the perpetrators, which we find appropriate given the systemic influence on individuals. No commission was appointed, and the full scope of the sterilizations remains unknown, leading to an overwhelmed ministry.

Section of the Shadow Statement on the Seventh Periodic Report Submitted by the Czech Republic:

Background: Deficiencies in the Compensation Mechanism (point 193)

We appreciate the adoption of the Compensation Act for involuntarily sterilized persons as a significant step towards addressing severe violations of reproductive rights, particularly those affecting Romani women. However, the Czech Republic's report overlooks deficiencies in the implementation of this law by the Ministry of Health, which have been repeatedly highlighted by the Public Defender of Rights[34], non-governmental organizations, and the courts.

The Ministry of Health fails in several aspects:

Evidence: The purpose of the compensation law is to compensate all victims, including those whose traditional evidence, such as medical records, no longer exists. Decades have passed between the unlawful sterilizations and the adoption of the compensation mechanism, and this delay was caused by the state's reluctance. Therefore, it cannot be blamed on the applicants, as the courts have repeatedly confirmed. The law explicitly considers other forms of evidence, such as documents, testimonies, historical records, and more. However, the Ministry does not consider this evidence relevant and rejects witness testimonies, arguing that the witnesses were not present during the sterilization procedure. This was, of course, impossible, but the witnesses can testify to the impact the involuntary sterilization had on the woman's future life. Frequently, this resulted in secondary health issues (psychological and physical), divorces due to the inability to have more children, exclusion from the community, and more. All of this can be proven with evidence other than medical records. According to the law, the Ministry should be proactive in gathering evidence and assist the victims. In practice, however, it imposes the unreasonable demands described above on the applicants, which the courts have repeatedly criticized. As the Public Defender of Rights aptly stated: "[If] the state has acknowledged that for more than 40 years unlawful sterilizations were performed, it should now be the one to extend a helping hand to the affected individuals to rectify its past wrongdoings. This includes addressing the issue of missing medical records, which were often

[34] https://www.ochrance.cz/uploads-import/ESO/VI.%20in.%2015744-22-MKZ%20Z18.pdf

unlawfully shredded before the retention period expired, or were destroyed or lost, without the applicants being able to influence this situation. The Ministry, in this respect, is the sole representative of the state responsible for compensating unlawful sterilizations."[35]

Failure to comply with deadlines: Another serious issue is the failure to meet the 60-day deadline for processing applications. Victims wait more than a year, despite their advanced age and often poor health. Some women even died during the processing of their applications. The Ministry not only acts contrary to the legal regulations, but it also violates the basic principles of administrative bodies and the principles of good governance, specifically the principle of timeliness.[36] The order in which applications are processed is completely non-transparent, and it is unclear based on what criteria the Ministry prioritizes certain cases. Despite repeated criticisms from the Public Defender of Rights, the Ministry refuses to prioritize applications from women with severe illnesses (e.g., cancer).

Communication: Another shortcoming is the Ministry of Health's uncooperative communication with the women. Reaching the special phone line, which the Ministry set up exclusively for the issue of forced sterilizations, is often difficult or impossible and does not lead to a satisfactory outcome. Some women were told, for example, that their (properly submitted) applications were not on record or that their files could not be located. This conduct is not in line with the principle of public administration as a service to the public, and by this behavior, the Ministry violates the principles of good governance, specifically the principle of helpfulness.[37] These issues, combined with the failure to meet deadlines, create distrust and uncertainty among women about whether their applications are being processed at all. The victims are thus repeatedly subjected to difficult and highly stressful situations. The Ministry's actions amount to secondary victimization of the victims, who are already under considerable stress as they are forced to recall such a traumatic event as involuntary sterilization.

The whole situation is well illustrated by the case of an unsuccessful applicant, whose medical records stated "ROMO" (Roma) as the reason for the sterilization. Despite proving racially motivated sterilization, the Ministry rejected the application. It is not possible to speak of the Ministry of Health as attempting to effectively participate in the redress of this significant historical injustice.[38]

Such excesses can and should be remedied by the Minister of Health, to whom unsuccessful applicants for compensation can appeal. However, the Minister has consistently supported the Ministry. The success rate of women in appeals after the first year was 0%, and in the second year, it was 11%.

Women finally found justice in the courts, which entirely rejected the Ministry's unreasonable procedures and strongly reminded it that, as a representative of the state, it has a duty to assist women in rectifying this historical injustice. The success rate in court was nearly 90%.

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[35] Report of the Ombudsman on the own-initiative inquiry into compensation for unlawful sterilization of 12 October 2023, Case No. 15744/2022/VOP.

[36] Report of the Ombudsman on the own-initiative inquiry into compensation for unlawful sterilization of 12 October 2023, Case No. 15744/2022/VOP.

[37] Report of the Ombudsman on the own-initiative inquiry into compensation for unlawful sterilization of 12 October 2023, Case No. 15744/2022/VOP.

[38] The Ministry of Health rejected a request for compensation in a sterilization case where the applicant's Romani origin was given as the reason for sterilization

Unfortunately, the victims who did not pursue court cases were deprived of compensation to which they were often rightfully entitled due to the Ministry's or Minister's actions. However, it should be noted that the Ministry has so far largely ignored the consistent case law of the lower courts and the recent rulings of the appellate court in its decision-making process and continues to issue rejections with reasoning that contradicts recent court opinions.

We consider it essential that the CEDAW Committee addresses this issue despite the limited effectiveness of the law, as this is a unique compensation mechanism that could serve as a basis for future compensation mechanisms, which we may see, for example, in the area of forced castrations of transgender persons.