



## Ensuring Access to Safe Abortion across Europe

### **Statement by the European Safe Abortion Networking Group for International Safe Abortion Day, 28 September 2020**

*The European Safe Abortion Networking Group is a group of national, regional and international SRHR organisations based in Europe, working for universal access to safe, legal abortion.*

The Covid-19 pandemic has highlighted the differential access to safe and legal abortion across Europe since March 2020. Lockdowns have confined women to their homes and borders have been closed, making it difficult for women living in countries with restrictive laws to cross a national border to find a legal abortion, while access to in-person, hospital-based abortion care has become considerably more difficult to find and arrange in many countries.

This has been and remains a rapidly changing scenario, and European countries have responded in very different ways. In Poland, Lithuania and Malta, for example, the pandemic has exposed the perversity of restrictive abortion laws. There have been statements by politicians discouraging women from seeking abortions. The risk of infection with Covid-19 in clinical/hospital settings, e.g. during mandatory counselling or ultrasound scans, having to collect abortion pills in person, and hospitalisation for abortion care, has not been addressed. In some cases, the pandemic has become an excuse for unwilling doctors not to provide abortions at all, e.g. by describing abortion as “non-essential”, “non-emergency” or “routine” care.

In contrast, the Scandinavian countries, Belgium, Netherlands and Portugal have ensured continuing access to safe abortion services, undisrupted by the pandemic. Some countries went even further. To reduce the risks related to in-person care, Ireland first, then Britain and France introduced regulations enabling the use of telemedicine for arranging and following up self-managed abortion at home for first trimester medical abortions – but only for the duration of the pandemic. Germany, which requires mandatory counselling before abortions, allowed this to take place over the phone or by video call. Catalonia in Spain reduced the number of required pre-abortion visits from two to one. Italy recently introduced some changes too, but the parameters remain unclear. However, some of these countries are unfortunately already reverting to pre-pandemic regulations.

There is great uncertainty regarding the future spread and consequences of Covid-19. Regardless of the pandemic, however, in most countries in Europe, even liberal laws and policies are outdated regarding how, where, by whom and with whose permission abortion care can be provided, let alone on what grounds, how late in pregnancy, and with what legal and criminal restrictions and regulations. Moreover, self-managed abortion at home with abortion pills, which has been shown to be safe in the first trimester of pregnancy, is not permitted by law in most if not all countries.

We say it is time to bring abortion laws, policies and services into the 21st century.

## **A call to improve access to safe, legal abortion in every country in Europe**

On the occasion of International Safe Abortion Day, 28 September 2020, we the undersigned call on policymakers in every European country to take responsibility for removing restrictions on safe and legal abortion in your country, in line with World Health Organization (WHO) guidance,<sup>1,2,3,4</sup> as follows:

- 1. Recognise abortion as essential, time-sensitive healthcare.**
- 2. Guarantee access to safe, legal abortion, with particular attention to under-served and vulnerable populations,** and with as little disruption as possible in times of crisis.
- 3. Allow self-managed abortion with pills at home in the first trimester of pregnancy.**
- 4. Support the use of telemedicine<sup>1</sup> when appropriate, to arrange abortions and for follow-up, including 24-hour support for those who self-manage abortion at home.**
- 5. Make aspiration abortions available at outpatient or primary-level facilities,** provided by trained mid-level providers (and during the Covid-19 pandemic in line with agreed protocols for prevention of risk in healthcare settings).
- 6. Allow second trimester medical abortions to take place in outpatient clinics,** managed by mid-level providers,<sup>4</sup> with specialist back-up as required. This will remove the need for operating theatre conditions or a gynaecologist in the great majority of cases.
- 7. Train GPs, nurses and midwives to arrange and provide abortions as appropriate to meet demand** and to ensure a sufficient number of willing providers.<sup>3</sup> Denial of care by healthcare professionals, e.g. due to their personal beliefs, must not delay or restrict women's right to access abortion care.
- 8. Train pharmacists and appropriate pharmacy staff** to provide medical abortion pills over the counter and by post to women for use at home.<sup>4</sup>
- 9. Simplify abortion regulations, removing all medically unnecessary requirements, so as to facilitate access to abortion without delay.**
- 10. Decriminalise abortion, including in the second trimester of pregnancy, and also in the rare cases after the second trimester** if the woman's life, health and well-being would be adversely affected if she were forced to continue the pregnancy.

**In short, ensure that no one is forced to continue a pregnancy against their will.**

## **SIGNATORIES**

**Abortion Rights Campaign**  
**Abortion Support Network**  
**Action for Choice**  
**Actins Femmes CNE**  
**Albania Community Assist**  
**Albanian Center for Population and Development**  
**Alliance for Choice**  
**Asociación Por Ti Mujer**  
**Association des Femmes de l'Europe Méridionale (AFEM)**  
**Associazione Vitadidonnaonlus**  
**ASTRA – Central and Eastern European Network for Sexual and Reproductive Health and Rights**  
**British Society for Abortion Care Providers (BSACP)**  
**Catholics for Choice**  
**Center for Partnership and Equality - CPE (Romania)**  
**Center of Women's Rights (Bosnia and Herzegovina)**  
**Creación Positiva**  
**Coalition to Repeal the Eighth Amendment**  
**Democracy Development Center NGO**  
**Doctors for Choice UK**

**Eurasian Women's Network on AIDS**  
**Federación de Planificación Familiar Estatal. Spain.**  
**Federation for Women and Family Planning, Poland**  
**FILIA Center**  
**FOKUS -Forum for Women and Development**  
**HERA - Health Education and Research Association**  
**Here NI**  
**Hivos**  
**Humanistisch Verbond**  
**International Campaign for Women's Right to Safe Abortion**  
**International Planned Parenthood Federation European Network**  
**Ipas**  
**Irish Family Planning Association**  
**Journalists for Human Rights**  
**Kvinner i Skogbruket**  
**Le Comité International Péruvien CIP-ASBL**  
**Le Planning Familial**  
**Marianne, le Mouvement des Femmes du PTB (Parti du Travail de Belgique)**  
**Marie Stopes International**  
**Médecins du Monde France**  
**Norwegian Association for Women's Rights (Norsk Kvinnesaksforening)**  
**Österreichische Gesellschaft für Familienplanung (ÖGF)**  
**Portuguese Society of Contraception**  
**PSI-Europe**  
**radiOrakel**  
**Reproductive Health Training Center of the Republic of Moldova**  
**Republika Libre**  
**RFSU- The Swedish Association for Sexual and Reproductive Rights**  
**Romanian Women's Lobby**  
**Royal College of Obstetricians and Gynaecologists**  
**Rutgers**  
**Sarajevo Open Centre**  
**Sex og Politikk (IPPF Norway)**  
**Sex vs The Stork (Romania)**  
**Sexual Health Switzerland**  
**Simavi**  
**Society for Education on Contraception and Sexuality Romania**  
**The Women's Front of Norway**  
**Tripla Difesa Onlus**  
**Urgent Action Fund for Women's Human Rights**  
**Vrouwenraad**  
**WIDE+ (Women In Development Europe+)**  
**Women Asociation "MOST" B&H**  
**Women's Link Worldwide**  
**Women's Network of Bosnia and Herzegovina**  
**YouAct - European Youth Network on Sexual and Reproductive Rights**  
**Youth for Youth (Romania)**

## References

<sup>1</sup> WHO. Maintaining Essential Health Services: Operational guidance for the Covid-19 context. 1 June 2020.

<https://www.who.int/publications-detail/10665-332240>

<sup>2</sup> WHO HRP. Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights, Geneva: WHO, 2019. p. 67. <https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>

<sup>3</sup> WHO. Medical Management of Abortion. Geneva: 2018. <https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/>

<sup>4</sup> WHO recommends that lay health workers and pharmacists be trained to assess eligibility for medical abortion, administer the medications and managing the process and common side-effects independently, and assess completion of the procedure and the need for further clinic-based follow-up in the first trimester. See WHO Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: July 2015.

[https://apps.who.int/iris/bitstream/handle/10665/181041/9789241549264\\_eng.pdf;jsessionid=FC74DAC67B0966761DC24C91F58F9A47?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/181041/9789241549264_eng.pdf;jsessionid=FC74DAC67B0966761DC24C91F58F9A47?sequence=1) This advocacy group recommends states go further and ensure this service is available over the counter in order to ensure accessibility to all who require it.