



**The IPPF EN Partner Survey:
Abortion Legislation and its
Implementation in
Europe and Central Asia**

Threats to Women's and Girls'
Reproductive Health



IPPF EN cares. We work with Member Associations and Partners in over 40 countries across Europe and Central Asia so that all women, men and young people can lead safe and dignified sexual and reproductive lives, free from harm and discrimination. Championing access to dignified abortion care for all women is central to our work.

IPPF EN would like to thank all our Member Associations and Partners who have contributed to this report.

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By women and girls, we refer to all people that can get pregnant. We recognize that for some readers it can still be imperfect, but we made an editorial decision to make the report easy to read.

Disclaimer

This material is based on information provided by IPPF EN Member Associations and Partners through an online survey administered by IPPF EN in 2018, with additional data provided in 2019. Whilst we consider the contents to be reliable, they may not always represent the complete picture in a given context.

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INTRODUCTION

Many barriers to essential abortion care persist across Europe and Central Asia. Moreover, in some countries experiencing a rise in populism, the situation is deteriorating. Ultra-conservative forces—with an agenda to control women's freedom and by extension their reproductive health—are attempting to force their fundamentalist view of gender roles on others, in both public and private spheres. One of their tactics is to force women through pregnancies against their will by promoting the refusal of abortion care.

As part of IPPF EN's commitment to counter these pressures and ensure access to dignified and safe abortion care for all women and girls who need it, we have periodically published core data on the status of abortion legislation in the region¹. This document constitutes the latest edition in the series, but also represents a significant extension in scope. It provides not only the relevant legislation in each country, but crucially how these laws are then interpreted by providers and experienced by women and girls, including the impact upon their health and dignity. Further, the report explores particular themes that have been at the centre of recent debates around abortion, such as denial of care on grounds of individuals' personal beliefs. Plus, the account considers the extent to which current provision of care contravenes state commitments to protect women's health and safety under international human rights law.

Data for this document has mostly been provided by IPPF EN Member Associations and Partners from 42 states in Europe and Central Asia through an online survey² administered during summer 2018, with updates provided in 2019 for the Republic of North Macedonia, Ireland³ and Northern Ireland⁴. (Please note, Great Britain—comprising England, Scotland and Wales—and Northern Ireland are treated as two distinct entities given the significant differences in provision within their two borders.) References to country-specific cases within this report are drawn

from the same survey. Their selection was based on the availability of data and their value in illustrating the particular challenges posed by specific restrictive legislation and/or practices; readers should not assume that the experiences described are limited to women and girls living in the country mentioned.

It is important to underline that this is not a research paper, but rather a synthesis of the expertise and understanding of our Members and Partners working in the field and serving women every day. It is designed to provide an overview of women's and girls' experience around accessing abortion care, to highlight current threats to their reproductive health and rights and to stimulate further debate and research in this area.

The report begins by situating abortion care as an essential component of women's reproductive health, as defined within the broader framework of international human rights law, specifically the Right to the Highest Attainable Standard of Physical and Mental Health. It then examines to what extent current provision within national borders aligns with or deviates from state obligations to care for and value equally women and girls. It covers four key areas: the criminalisation of abortion; the various grounds available to women and girls to access abortion care and the time limits imposed thereon; the additional institutional and procedural hurdles to abortion care; and finally, the significant financial burden inflicted on women and girls when accessing care across the region. For each section, the 'best' and 'worst' country scenarios have been referenced to highlight how differently a particular barrier to care might be implemented and then experienced by women and girls across Europe and Central Asia. The national examples of 'best' and 'best-fit' practice may in turn be used respectively as final and mid-term goals for our Members and Partners working as advocates and campaigners for women's health and reproductive agency across the region.

¹The previous update was published in January 2012.

²See Annex XI for a copy of the questionnaire used and Annex XII for the list of contributing partners. No data was submitted for the following countries: Kosovo; Malta; Moldova; Poland; Slovakia; Slovenia; Turkmenistan; Uzbekistan. Further, full responses for each and every section were not provided for each of the 42 states. Any analysis only references those States for which we have data. The sum for each particular thematic area may not therefore always total 42.

³Abortion care became available in Ireland only in January 2019. In principle, abortion is free of charge to all women resident within the state. At the time of reporting the service is still developing and there is currently insufficient public health data which would allow for a comprehensive analysis of access.

⁴Changes to the law in Northern Ireland came into force on 22 October 2019. The British Government published guidance for healthcare professionals covering the period 22 October 2019 to 31 March 2020 only. This stated that no criminal charges can be brought against those who have an abortion or against healthcare professionals who provide or assist in one. Women and girls who require a medical abortion will continue to be financially supported to avail of services in England. A carer's expenses will also be covered. In the interim period, abortions in cases of fatal or serious fetal anomaly can also be carried out in Northern Ireland up to 28 weeks.

ACCESS TO ABORTION CARE: PROVISION WITHIN INTERNATIONAL LAW⁵



Figure I: Women's and Girls' Right to Sexual and Reproductive Health in International Law.

Women's and girls' right to health is comprehensively recognised and protected in international and regional human rights law, treaties and declarations as an obligation for every government across the globe⁶.

States are required to ensure that women can access health facilities, goods and services that are available, affordable, acceptable and of high quality.

Importantly, women must be able to enjoy the full range of high quality and affordable sexual and reproductive healthcare, free from discrimination, respectful of confidentiality and privacy, and underpinned by accurate sexuality education and information⁷. Governments are obliged to make sure that they have equal rights in deciding "freely and responsibly on the number and spacing of their children, and to have access to the information,

⁵For a more European-focused review of the legal and policy framework for SRHR see: Sexual and Reproductive Health Rights and the Implication of Conscientious Objection (2018), Policy Department for Citizens' Rights and Constitutional Affairs Directorate General for Internal Policies of the Union, [http://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_STU\(2018\)604969](http://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_STU(2018)604969)

⁶The preamble of the 1946 Constitution of the World Health Organization (WHO) first provided a comprehensive interpretation of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It asserts that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." The 'Right Of Everyone To The Enjoyment Of The Highest Attainable Standard Of Physical And Mental Health' was then enshrined in Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), to which all states under review in this report are signatories. At the regional level, women's right to health is also secured in the European Social Charter (1961).

⁷General Comment No. 14 of the Committee on Economic, Social, and Cultural Rights (CESCR), 2000. This echoes former provision in the Programme of Action emerging from the 1994 International Conference on Population and Development, in which 179 governments agreed that free and informed decision-making about pregnancy and childbirth is a basic human right. More recently, all United Nations Member States in signing the 2030 Agenda for Sustainable Development pledged to ensure universal access to sexual and reproductive healthcare services (SDGs 3.7 and 5.6).

education and means to enable them to exercise these rights.”⁸

It is also recognised at the international level that if states criminalise and/or fail to provide care that only women and girls need, this is a violation of their reproductive rights and constitutes discrimination⁹. Moreover, governments have a duty to **“liberalize restrictive abortion laws; to guarantee women and girls access to safe abortion services and quality post-abortion care, including by training healthcare providers; and to respect the right of women to make autonomous decisions about their Sexual and Reproductive Health (SRH).”**¹⁰ This situates abortion as an integral and essential element of reproductive health, no different from cervical screening, contraception and maternity care.

Women’s and girls’ right not to be denied access to safe abortion care has been further enshrined time and again, both globally and regionally¹¹. It has been recognised that when access to abortion care is restricted, this may constitute a form of gender-based violence and torture¹², as well as a violation of a woman’s right to life¹³.

It is clear that dignified, safe and high-quality abortion care for all women and girls is provided for within international human rights law. However, across the region, these rights continue to be denied, especially to those at the margins of society, with many experiencing significant challenges in securing essential support.

The following sections will examine the extent to which domestic legislation and implementation diverge from state obligations to protect women and girls. Within each section, the relevant provision that should offer protection under international law is highlighted.

⁸ ‘Convention on the Elimination of All Forms of Discrimination against Women, Article 16 (CEDAW, 1979).

⁹ Statement of the Committee on the Elimination of Discrimination against Women on Sexual and Reproductive Health and Rights (SRHR), 2014. Directive 2004/113/EC also guarantees equal treatment between men and women in ‘access to and supply of goods and services.’

¹⁰ CESCR in General Comment No. 22, 2016

¹¹ International Covenant on Civil and Political Rights (ICCPR, Article 7, 1966); European Convention on Human Rights (ECHR, Article 3, 1950); Convention on the Rights of the Child (CRC 1989).

¹² Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT, Articles 2 and 16, 1987); General Recommendation No. 35 on gender-based violence against women, Committee on the Elimination of Discrimination against Women

¹³ General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life

Threats to Women's and Girls' Reproductive Health

Criminalisation of Care

The UN Committee on Economic, Social and Cultural Rights (CESCR) is clear that the **Right to the Highest Attainable Standard of Physical and Mental Health** requires all states to repeal or reform any law or policy that adversely impacts upon the ability of individuals or groups to realise their right to sexual and reproductive health. It goes further in explicitly denouncing the criminalisation of abortion as undermining the autonomy of women and girls and their right to equality and non-discrimination. In clear contravention to the directives protecting women's basic human rights, the vast majority of states in Europe and Central Asia—ie 37 of the 42 states sampled—include abortion within the criminal/penal code. Of these, 34 countries report that healthcare providers may be sanctioned if they provide abortion care outside of the law; a person assisting with an abortion outside the law may face criminal sanction in 19 states; and a woman who has an illegal abortion faces potential criminal sanction in 12 states.

“States must not limit or deny anyone access to sexual and reproductive health, including through laws criminalizing sexual and reproductive health services and information... Examples include laws criminalizing abortion...”
General Comment 22, CESCR 2016

Respondents in 11 countries¹⁴ confirm that penalties are enforced. These range from medical personnel being arrested for performing abortions after 10 weeks without approval from the ethical committee (such as in the Republic of Serbia) to doctors being fined for sharing information about abortion procedures on their homepages (such as in Germany)¹⁵.

Given that women's and girls' right to health and all of its components, including reproductive healthcare, are protected under human rights law, abortion has no place in the criminal code. Positive legislative developments in this regard were most recently secured in Northern Ireland (2019), Belgium (2018) and in Luxembourg (2014). France and Kazakhstan have also reported that abortion is not directly referenced in their criminal/penal codes. Remaining states in the European Union, Eastern Europe and Central Asia should likewise bring their legislation in line with their duty to protect women and girls.

Time Limits for Abortion on Request of the Woman or Girl

The right to access reproductive healthcare services, goods and facilities free from discrimination places an obligation on governments to remove any pre-conditions to the grounds on which individuals or groups can access abortion care. All countries in the sample, except for Israel, Great Britain and Northern Ireland, legally permit abortion on the request of a woman or girl up to a specified time limit. However, in most countries such limits are overly restrictive.

Sweden has the longest time limit for accessing abortion solely on a woman's own indication, legally set at 18 weeks since Last Menstrual Period (LMP). Care can be accessed up to this point, without additional procedures for approval. (Note, women may also secure special permission for abortion up to 21 weeks and 6 days.)¹⁶

¹⁴The 11 countries were: Armenia; Austria; Croatia; Germany; Hungary; Italy; the Republic of Serbia; Spain; Tajikistan; Turkey; Great Britain. 23 countries in total responded to this question in the survey.

¹⁵In Northern Ireland (prior to 2019 changes in the law), there were prosecutions of a mother procuring abortion pills online for her 15-year-old daughter and of a woman for self-inducing an abortion because she could not afford the cost of travel to England for a private procedure.

¹⁶The Netherlands formally places the limit at 24 weeks from LMP. However, in practice, the limit is 22 weeks to allow for discrepancies in measurement. Significantly, the woman and her doctor must jointly attest to distress, effectively invoking mental health grounds for the abortion.

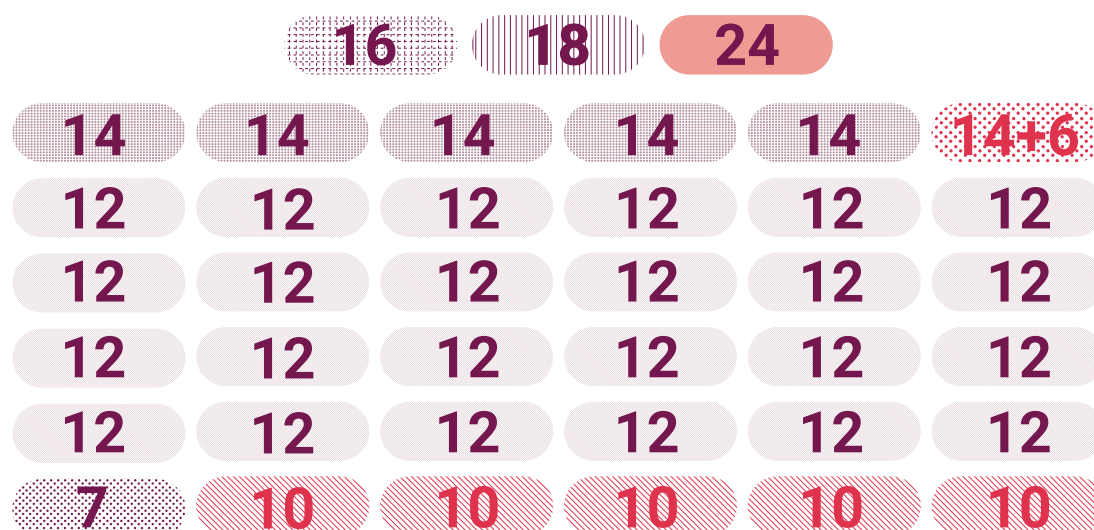


Figure II: Maximum Time Limits (in Weeks) in Countries Sampled for Abortion on the Request of a Woman or Girl without Additional Pre-conditions. Time Limit is 12 weeks for Majority of Countries.

Across the remainder of the countries sampled, time limits on women's and girls' access to abortion on their own indication are set as low as 10 weeks from LMP (Bosnia and Herzegovina, Montenegro, Portugal, the Republic of Serbia and Turkey) and the majority of states in Europe and Central Asia (24 countries of the sample) limiting women's legal entitlement to make fully autonomous decisions about their pregnancy to 12 weeks from LMP. Placing such limits on women's autonomy in relation to decisions about their pregnancy is an infringement of their right to bodily integrity and control of their own health.

As Figure III demonstrates, if a woman or girl does not want to go through a full pregnancy, her capacity to take action is substantially restricted by an average 12-week time limit on when she can receive care. Under normal circumstances, a woman or girl will not begin to suspect she is pregnant until six weeks into this timeframe. This means she has just over one month to take the decision not to

continue through the full pregnancy, and then obtain the necessary assistance. This short window may be further reduced by additional hurdles imposed by law—such as compulsory waiting periods and counselling, the need for medical approval or the consent of family members—and 'real-life' delays caused by poor administration or lack of knowledge regarding where to get the necessary support in societies where abortion care is heavily stigmatised. In Italy for example, it can take up to three weeks to secure the necessary appointments with counsellors and for the medical unit to file the request and start the application process. The impact of this 'real-time factor' on women's lives is invisible and often neglected by legislators. For all of the reasons listed above, entirely outside of a woman's control, time limits can be easily exceeded and therefore access to care denied.

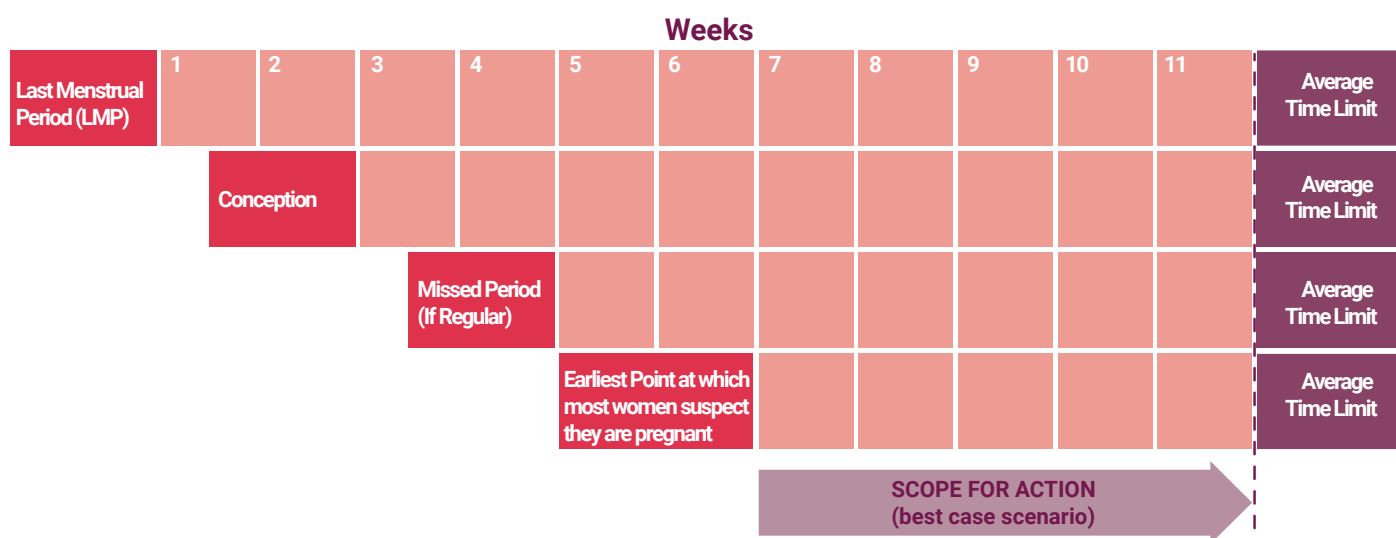


Figure III: A Woman Only Has Maximum Five-Week Timeline for Securing Abortion on Her Own Request in the Majority of Countries Sampled.

Grounds for Abortion Care and Time Limits¹⁷

In cases where **a woman's or girl's life is in danger**, abortion is available across the entire sample set of 42 countries, however the determination of when this point has been reached is often purely left to the discretion of the doctor, without clearly defined medical guidelines or protocol. For some women a legal requirement to delay intervention until her life, as distinct from her health, is at risk, has proven fatal¹⁸. Furthermore, even when it is agreed that a woman's or girl's life is at risk, if she is more than five and a half months pregnant, her right to be saved is limited in almost one quarter of all the countries in the review, and she will be forced to continue the pregnancy. Albania, Armenia, Georgia, Kyrgyzstan, Lithuania, Spain and Ukraine restrict abortion on the grounds of danger to a woman's or girl's life to up to 22 weeks; Finland and the Netherlands limit abortion on these grounds at 24 weeks. Montenegro extends this until 32 weeks.

“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health....The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for...(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.” Article 12, ICESCR 1966

In circumstances where **a woman's or girl's health is severely endangered** but her life is not immediately at risk, levels of coercion are even higher, with almost one half of all countries (18 of the 42 sampled¹⁹) forcing women to continue the pregnancy once they have passed a certain point in time, regardless of the risk to themselves. Medical personnel may even deny a woman critical medical care after a given time limit, without sanction. This can include withholding information regarding the condition of her health or related to the pregnancy, and pain treatment during hospitalisation²⁰. At present, Italy and Portugal impose a limit for abortion on the grounds of health as early as 12 weeks into the pregnancy. Meanwhile, Montenegro protects women's and girls' health up to 32 weeks.

Article 45 of General Comment 22 of CESCR (2016) places an obligation upon states to guarantee

¹⁷See Annex III for the full list of the grounds on which women and girls can access abortion care and the time restrictions imposed thereon.

¹⁸The case of Dr Savita Halappanavar, who suffered a miscarriage and died of blood poisoning after being refused an abortion at a hospital in Galway in 2014, outraged many and gave additional momentum to calls for a repeal of Ireland's Eighth Amendment which effectively banned abortion in Ireland. Abortion is now legal in Ireland in cases of risk to a woman's life or serious harm to her health. See Megan Specia (May, 2018) How Savita Halappanavar's Death Spurred Ireland's Abortion Rights Campaign, New York Times <https://www.nytimes.com/2018/05/27/world/europe/savita-halappanavar-ireland-abortion.html>

¹⁹The countries are: Albania; Armenia; Bulgaria; Estonia; Finland; Georgia; Italy; Kyrgyzstan; Latvia; Lithuania; Montenegro; Netherlands; Portugal; Spain; Sweden; Tajikistan; the Republic of North Macedonia; Ukraine.

²⁰See the case of Z vs Poland, European Court of Human Rights, <https://reproductiverights.org/case/z-v-poland-european-court-of-human-rights>

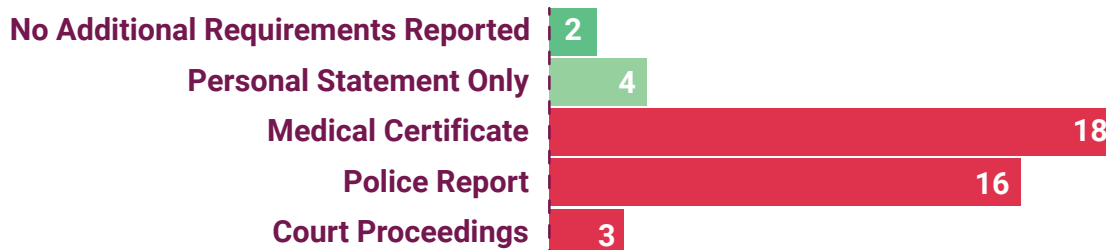


Figure IV: Access to Care Following Rape, Where Grounds Permitted. 29 Countries Impose Obstacles. *Note, some countries will impose more than one

healthcare for women and girl survivors of sexual and domestic violence, including access to post-exposure prevention, emergency contraception and safe abortion services. In violation of these provisions, 13 of the 42 states sampled do not legally permit women to access abortion on the grounds of rape. In such circumstances, across many of these 13 states, a rape survivor may still be able to access abortion on one of the aforementioned grounds such as 'risk to mental health'. However, this access will be subject to the same restrictions outlined above and therefore in some countries will be significantly limited. For some survivors this might still be preferable given the additional hurdles imposed on her to 'prove' sexual violence and/or for the grounds of sexual violence to be accepted (discussed below)²¹.

Of those 29 countries which permit **abortion on the grounds of rape**, 6 in the sample place no time limits upon its exercise, namely: Bosnia and Herzegovina; Bulgaria; Croatia; Israel; the Republic of North Macedonia; the Republic of Serbia. The majority place time limits of 22 weeks (11 countries in total)²² but 5 states (Czech Republic, Finland, Germany, Hungary²³ and Latvia) place significantly more stringent requirements, limiting access formally to 12 weeks. Finland is the only state to offer some deviation from the regular abortion law for adult women in the case of rape, with the possibility to extend access up to 20 weeks on the approval of the National Supervisory Authority for Welfare and Health (Valvira).

“States parties must provide safe, legal and effective access to abortion where the life and health of the pregnant woman or girl is at risk, or where carrying a pregnancy to term would cause the pregnant woman or girl substantial pain or suffering, most notably where the pregnancy is the result of rape or incest...” General comment No. 36 on Article 6 of the ICCPR, Human Rights Committee, 2018

Many countries (29 in the sample) compel women or girls who have suffered sexual violence to undergo additional checks and procedures to secure an abortion on the grounds of rape, needlessly adding to the trauma they have already experienced. As many as 12 countries require a medical certificate as evidence of rape, 14 states require a police report, and 3 countries (Georgia, Lithuania and Turkey) go so far as to demand the commencement of court proceedings²⁴. In some countries, as mentioned, women and girls will still be able to access abortion care using alternative grounds, but in others a survivor of sexual violence will be forced to continue through a full pregnancy against her will.

Israel and the Republic of North Macedonia are more respectful in their treatment of rape survivors. Their provisions are most closely aligned with the guarantees enshrined in international human rights law, as they place no time limits nor stipulate any additional requirements for rape survivors to access abortion (other than a personal statement in the case of the Republic of North Macedonia). Similarly, Norway trusts the woman's or girl's testimony and

²¹Reducing restrictions on access to abortion on the grounds of sexual violence might be more more feasible in some countries than a wide-ranging easing of restrictions on abortion on the woman or girl's request. Advocates and campaigners may therefore choose to focus on this in the mid-term to give survivors of sexual violence their best chance to secure care when needed.

²²Denmark allows abortion on grounds of rape up to 22 weeks + 6 days. Sweden places a limit of 21 weeks + 6 days, whilst Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Norway, Russia, Tajikistan and Ukraine limit it at 22 weeks.

²³This can be extended to 18 weeks in cases of minors.

²⁴Our partner from Turkey reported that the Turkish Penal Code requires a court order for abortion on the grounds of rape if it has been 10 weeks since LMP (despite the official time limit being defined as 20 weeks). Women's and girl's access to justice is described as 'problematic', with delays in obtaining the necessary court order usually taking the pregnancy beyond the 20-week threshold and effectively placing abortion on these grounds out of reach for most.

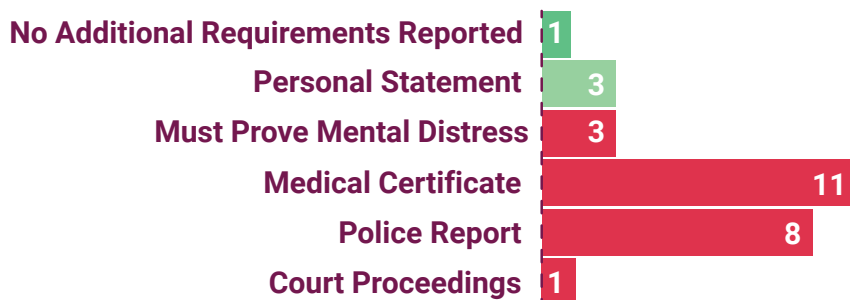


Figure V: Access to Care Following Incest, Where Grounds Permitted. 15 Countries Impose Obstacles. *Note, some countries will impose more than one

will therefore provide abortion care on the grounds of rape based on a personal statement only, although this is restricted to 22 weeks.

Approximately half of all states within the sample do not explicitly permit abortion in law on the **grounds of incest**, effectively dismissing the significant distress that women and girls in such circumstances endure. For those which permit these grounds, only 6 states do not place any time limits on access to care in the event of incest. (These are the same six states that offer unlimited abortion access in cases of rape, namely: Bosnia and Herzegovina; Bulgaria; Croatia; Israel; the Republic of North Macedonia; and the Republic of Serbia.) 9 countries place time limits of approximately 22 weeks, although the Czech Republic, Finland, Germany and Latvia cap access formally to a nominal 12 weeks.²⁵

Latvia does not impose any additional requirements to secure abortion care in cases of incest whilst Cyprus, Israel and the Republic of North Macedonia require only a personal statement. Meanwhile, three countries (Albania, Armenia and Sweden) require that a girl or a woman proves mental distress as a result of incest and 16 (including Armenia and Albania) require a police report and/or a medical certificate proving incest, thereby forcing the girl to jeopardize family relationships and potentially suffer violent retribution from the perpetrator. In Lithuania, a case must be brought before a court to obtain a legal abortion on the grounds of incest after 12 weeks. As in cases of rape, such conditions may prevent a woman or girl from using incest as a grounds for abortion and may effectively force her to carry the pregnancy against her will to full-term.

This section has demonstrated that for women and girls needing abortion care, either because their life

or health is at risk, or because they are a survivor of rape or incest, there are significant variations in how far states respect their safety and well-being. There are acute discrepancies in countries' fulfilment of their obligations under international human rights law. If her life or health is in danger, a woman or girl might have better access to abortion care in the Netherlands or Montenegro; if she needs an abortion as a result of sexual violence, she might be better supported in Israel or the Republic of North Macedonia. Such inconsistencies in provision across the region not only contravene core principles of universality, inalienability and non-discrimination, but in each case represent a derogation of the core **right to health**. Access to abortion is an intrinsic component of reproductive healthcare and therefore must be provided in respect of women's and girls' dignity without impediment or qualification.

Forced Waiting Periods, Mandatory Counselling and Third-Party Approval

Governments' obligation to protect the **right to the highest attainable standard of physical and mental health** specifically requires them to remove all barriers to sexual and reproductive healthcare. Notwithstanding, Partners from 36 countries across the region reported that at least one obstacle explicitly condemned by the CESCR is currently imposed upon women and girls within their state borders²⁶. Such hurdles delay and, in some cases, effectively deny access to care for those in need.

²⁵Note, as above, in Finland this can be extended to 20 weeks in practice upon the successful referral to the Valvira (the National Supervisory Authority for Welfare and Health).

²⁶Depending on the country, some of these will only apply before or after a designated number of weeks since LMP.

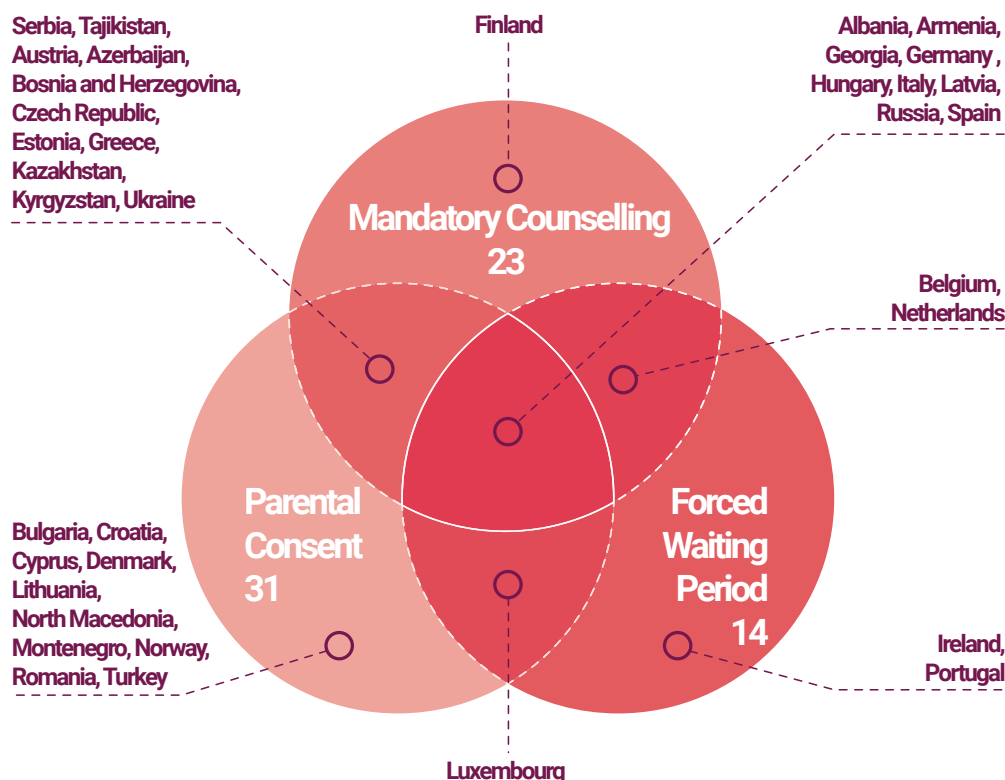


Figure VI: Countries Imposing Additional Impediments to Care. Overall, 34 Countries Impose at Least 1.

“The obligation to respect also requires States to repeal, and refrain from enacting, laws and policies that create barriers in access to sexual and reproductive health services. This includes third-party authorisation such as parental, spousal and judicial authorisation requirements for access to sexual and reproductive health services and information, including for abortion and contraception; biased counselling and mandatory waiting periods for divorce, remarriage or access to abortion services...” General Comment 22, CESCR 2016

14 countries within the sample force women and girls to endure medically **unnecessary waiting periods**. Only six from within this grouping specifically reported exemptions in cases of emergency²⁷. Waiting periods range from 2 days (Russia before 7 weeks and between 11-12 weeks) to 7 days (Italy and Russia between 8-11 weeks), with the modal waiting period at 3 days (Armenia, Germany, Hungary, Ireland, Latvia, Luxembourg, Portugal and Spain). As we saw previously, the average timeframe within which women and girls can secure an abortion without having to justify their decision on medical, social or other grounds, is already very restrictive at 12 weeks. For those living in Portugal, where the time

limit for such abortions is set even lower at 10 weeks, the scope for action (see Figure III above) is further reduced to just over 2 weeks. In such circumstances, the imposition of any waiting period can push many women and girls over the time limit and effectively deny them abortion care.

23 countries force women and girls to undergo **mandatory counselling**²⁸. As stated in CEDAW General Recommendation No. 24 (1999), women have the right to be fully informed by properly trained personnel of their options in agreeing to treatment or research, including likely benefits and potential adverse effects of proposed procedures and available alternatives. However, compelling women to undertake counselling whether they want it or not risks manipulation and undermines the core principles of personal freedom and participation in decisions affecting their own well-being.

Five countries reported that the counselling provided is deliberately designed to manipulate a woman or girl into continuing through a pregnancy. In Hungary, a woman requesting an abortion must attend two counselling sessions before access to care is granted. During the first she is given information related to the pregnancy, childbirth and adoption. Only during the second counselling session, is she informed of

²⁷These were: Armenia; Germany; Ireland; Italy; the Netherlands; Spain.

²⁸Luxembourg, France and Switzerland require minors to undertake counselling, but it is not mandatory for women in these countries.

the abortion procedure and the assistance available. Meanwhile, in the Russian Federation, women are compelled to undergo a psychological consultation and listen to a foetal ultrasound²⁹.

In contrast, Germany offers a more women-centred approach to the mandatory counselling model. Counselling must be provided 'quickly' by specially trained professionals in state-approved facilities free-of-charge. Women may obtain the required certificate (Beratungsschein) to show that they have taken part in the mandatory counselling session even if they have refused to talk about their reason(s) for the abortion. The institutions on the whole must represent the variety and diversity of the population and, critically, the counselling must include advice on preventing unintended pregnancies. Whilst any form of mandatory counselling represents a barrier to care, the German example may yet serve as a best-fit mid-term objective for improvements in care in those countries where the total elimination of the obstacle is currently unfeasible.

Research by a Patient Association in Hungary found significant variations in the quantity and quality of information given during mandatory counselling for abortion. It also found that there are no materials on display about abortion within clinics, only visual information about pregnancy and childbirth. Moreover, there are often quotations posted on the walls declaring that abortion is a sin.

Despite the comments of the United Nations Committee on the Rights of the Child, 31 states from within our sample are failing young girls by insisting upon **parental consent** to access abortion care. This can be capped at 14 years—as in the cases of Austria, Georgia and Ukraine—all the way up to 18 years for those living in Armenia, Azerbaijan, Bulgaria, Cyprus, Denmark, Greece, Italy, Kazakhstan, Kyrgyzstan, Luxembourg, Montenegro, the Republic of North Macedonia, Romania, Spain, Tajikistan and Turkey. Four countries also report that parental notification is required (Czech Republic, Germany, Hungary and Portugal).

“States should ensure that health systems and services are able to meet the specific sexual and reproductive health needs of adolescents, including family planning and safe abortion services. States should work to ensure that girls can make autonomous and informed decisions on their reproductive health”...[and] “ensure access to safe abortion and post-abortion care services, irrespective of whether abortion itself is legal...”
General Comment 15, CRC 2013

Such laws not only contravene the right to have personal health data and information treated with privacy and confidentiality³⁰ but can expose girls to serious distress and even abuse. They often deter girls from accessing timely support, with grave consequences for their physical and mental health³¹. Ideally, a young person confronted with an unintended pregnancy should feel able to seek the informed advice of a parent or guardian without prejudice or judgement. However, there are many girls who are too afraid to disappoint or to trigger rejection and violence to speak to their carers or who may simply not have a legal guardian from whom they can secure the necessary consent. To address these challenges, some countries offer alternatives such as securing the consent of another family member, a social worker or judicial personnel/committee (as is the case in Armenia, Austria and France). However, there is no evidence that the use of any third-party approval benefits the minor. The primary effect of requiring such consent is simply to lengthen the entire process, potentially necessitating more complex medical procedures. In cases requiring judicial review³², it can also be humiliating for young girls forced to share private details with a person with no training in counselling and who may even be openly hostile to the initial request for an abortion.

Turkey is the only state within the sample that requires (written) **spousal approval** for an abortion; a further derogation of the right to decide the number and spacing of one's own children and significantly of the right to equality between men and women³³.

²⁹Whilst Turkey does not currently require mandatory counselling by law, there is anecdotal evidence to suggest that many doctors in Turkey also try to pressure women into continuing through a full pregnancy by subjecting them to ultrasounds to pressure them into continuing through a full pregnancy.

³⁰Article 17, ICCPR 1966

³¹Walker M, 'Abortion Parental Consent Laws Do More Harm than Good', American Academy of Paediatrics MedPage, 2017, <https://pediatrics.aappublications.org/content/139/2/e20163861>

³²Judicial review is current imposed by ten countries: Albania; Azerbaijan; France; Georgia; Greece; Italy; Lithuania; Spain; Tajikistan; Turkey.

³³Article 16, CEDAW 1979

According to the respondent for Turkey, there have been cases where unmarried women have been denied abortions in state hospitals, referencing the requirement for spousal consent, because personnel claimed that they would not be able to get consent from the father.

Institutional Requirements and Denial of Care

Once grounds have been established and approval to move ahead with an abortion has been secured, women may yet experience further obstacles. This is despite state obligations to guarantee that care is readily available across the country to all income groups.

39 countries reported **institutional requirements for facilities providing abortions**³⁴. These include regulations which only allow care to be provided in secondary district-level public healthcare facilities which specialize in abortion care, for example³⁵. Respondents in over two-thirds of these countries (ie 26 in total) asserted that such restrictions reduced the number of providers and therefore adversely impacted upon accessibility³⁶. For instance, delays of up to two weeks to obtain the first appointment resulting from a shortage of legal providers were cited by Partners in Denmark, Sweden and France. Our Portuguese respondent confirmed similar challenges for women and girls living in the Azores, where only one clinic serves all nine islands³⁷.

“The obligation to fulfil also requires States to take measures to eradicate practical barriers to the full realization of the right to sexual and reproductive health, such as disproportionate costs and lack of physical or geographical access to sexual and reproductive healthcare. States must ensure that healthcare providers are adequately trained on the provision of quality and respectful sexual and reproductive health services and ensure that such providers are equitably distributed throughout the State...” General comment No. 22, CESCR, 2016

Across the sample, the substantial gap between need and actual coverage for women living in rural areas was most keenly felt. This places an additional financial burden, with both direct and indirect costs incurred from long journeys to seek care. As noted above, women and girls must sometimes make multiple journeys to secure one procedure due to preconditions such as counselling and waiting

Finally for this section, we examine the imposition of medical approval, which even in optimal conditions adds several days to a time-sensitive medical procedure and in more hostile contexts can result in denial of care altogether. (The latter will be discussed in more detail in the following section.) ‘Medical approval’ may involve securing the consent of one doctor (as in the Czech Republic, Germany, Italy, Switzerland and Tajikistan) all the way up to a formally appointed Commission or Committee (as in 17 countries from across the sample depending on the duration of pregnancy). 7 countries impose medical approval for all abortions and 35 countries demand it for some. 30 countries provide exemptions in emergencies, ie when a woman’s life is in danger; 4 of these are countries where medical approval is otherwise required in all circumstances, ie Finland, Great Britain, Italy and Lithuania.

Of those imposing medical approval over certain time limits (22 of the sample), Sweden is the most progressive, requiring medical approval for all abortions performed over 18 weeks. Meanwhile, Bosnia and Herzegovina, Croatia, Portugal and the Republic of Serbia require it as early as 10 weeks. The majority require it for any abortion over 12 weeks (12 countries in total).

All of the obstacles highlighted here, in most ‘normal’ circumstances, have no proven medical benefit. They only delay and, in some cases, prevent access to care, constituting a burden and cause of additional distress and humiliation for women and girls, increasing the likelihood of more complex and more costly procedures, and ultimately of unsafe abortions. The removal of any such barriers must be prioritised if women’s and girls’ right to health as defined under international law is to be fully realised.

³⁴None reported by respondents from the Czech Republic, Northern Ireland and Sweden

³⁵In Turkey, primary healthcare facilities have not been permitted to provide abortion care since 2003.

³⁶No reported effect on accessibility in 12 countries: Azerbaijan; Belgium; Bosnia and Herzegovina; Bulgaria; Denmark; Estonia; Finland; Greece; Kyrgyzstan; Lithuania; Switzerland; Ukraine

³⁷The need for (highly visible) travel between the islands also compromises patient confidentiality.

periods. In some cases, they are even forced to leave their own country to access essential healthcare due to the scarcity of local facilities.

Despite the agreed human rights principles of universality, inalienability and equality, several **respondents described discriminatory attitudes by service-providers** towards certain neglected groups as a significant barrier to care. For example, in Georgia, research by HERA XXI³⁸ has shown that some clinics have introduced internal regulations that restrict access for women up to the age of 18, women with a history of sexually transmitted or other infectious diseases and women who are sex workers. Kyrgyzstan described challenges for female ex-prisoners who, without legal documents, cannot obtain abortion services in public clinics. Likewise, Bulgaria, Greece, the Republic of Serbia and Romania all reported widespread discrimination against Roma people by service-providers, leading to a lack of knowledge, trust and overall take-up of services in the healthcare system. All these groups of women and girls living in difficult conditions may already experience challenges in securing support, because of differences in language, low levels of literacy and limited transport options. It is incumbent upon the state to ensure care is provided to them without discrimination, guaranteeing equal exercise of their rights³⁹.

As alluded to earlier, a substantial challenge lies in the outright **denial of care**, with 10⁴⁰ countries citing the legal entitlement of individual health workers to refuse women care based on their personal beliefs as a significant obstacle. Within these states, there are entire districts or provinces that do not have any public or private facility providing abortion care. In many cases, a medical professional who refuses to provide care on the grounds of his or her personal objection will fail to refer the woman to a second provider, even when this is required by legal and/or medical protocols⁴¹. This is in flagrant disregard of medical ethics, patient safety and human rights. The state and all state institutions including hospitals are accountable to ensure that care is accessible, and that any concessions for personal beliefs are not to the detriment of patients.

In Austria, Partners assert that—due to refusal of care by both medical personnel and hospital management—four out of nine provinces lack public hospitals that provide abortions, one province has no known facilities providing abortion care and there is little provision outside of the principal cities. It is therefore difficult for women to obtain an abortion in general, but especially for those living in rural areas and/or on low income.

Similarly, no abortion care is provided in two out of nine regions in Georgia; elsewhere many institutions will only provide abortions in emergencies or in cases of fatal foetal abnormalities. Those living in rural areas, where attitudes are more conservative and clinics are few and far between, are the worst affected. In Turkey, a 2016 study by Kadir Has University showed that in 53 out of 81 provinces there are no services for abortion based upon the request of the woman or girl. In addition, there are indications that many doctors refuse to provide abortion care specifically to migrant women as they are afraid of malpractice suits, resulting from mistakes in translations, placing an extra burden on this marginalised group⁴². Meanwhile, German respondents affirm that—despite legislation guaranteeing accessibility of abortion care to all women near their homes—this is rarely the case in practice due to the stigma attached to doctors who provide such care, especially for abortions in the second or third trimester. Moreover, whilst the law has recently changed to allow doctors to inform the public that they perform abortions, for example through their websites, they are not permitted to explain the nature of those services or publicly provide materials which would enable women to make informed decisions about their reproductive health.

Most worryingly of all for the full realisation of the right to health are the statistics emerging from Croatia and Italy.

³⁸HERA XXI (2019) Barriers to Accessing Safe Abortion, <http://hera-youth.ge/wp-content/uploads/2019/05/Barriers-to-accessing-safe-abortion.pdf>

³⁹General Comment 27 of the Committee for the Elimination of Racial Discrimination (2000) recommends that state parties to the Convention, “ensure Roma equal access to health care and social security services and to eliminate any discriminatory practices against them in this field.”

⁴⁰Austria, Croatia, Czech Republic, France, Georgia, Germany, Italy, Portugal, the Republic of Serbia and Spain

⁴¹Portugal was the only country in the sub-set that affirmed that such referrals take place. The hospital is required to have a protocol with another service provider that provides abortion care; this is invariably a private health service.

⁴²Our Member Association in Romania also reports that doctors are reluctant to provide abortion care because it is not covered in malpractice insurance.

In Croatia, individual refusal to provide care stood at 52% amongst medical practitioners in 2014, with anecdotal evidence to suggest that the current figure is much higher. The lack of monitoring by the Ministry of Health has been interpreted by some as granting the autonomy to decide whether or not to provide abortion care, ultimately limiting availability and exposing women to increased legal and medical uncertainty. Access has reduced to nil in some areas of the country including urban centres, with the highest proportion of physicians registering to deny care on the grounds of their personal beliefs located in Zagreb. In its largest hospital—Zagreb University Hospital—a total of 40 physicians have formally registered; only five remain to deliver the care women need. Some cities have hospitals where no abortions are provided at all.

In Italy, the number of gynaecologists refusing care and choosing to put their own personal beliefs or convenience above their patients' needs and health has risen from 58.7 percent in 2005 to 70.9 percent in 2016, for anaesthetists from 45.7 percent to 48.8 percent and for non-medical personnel from 38.6 per cent to 44 per cent⁴³. In Southern Italy, the situation

is critical with the number of gynaecologists refusing care above 80 per cent, peaking at 96.9 per cent in Molise. Publicly funded or supported state clinics and centres offering abortion care are therefore reducing in numbers, preventing or significantly diminishing safe, quality and legal access for less advantaged women. Latest estimates of illegal abortions from the Italian Statistical Institute run between 10,000 and 13,000 in 2014-2016.

Inadequate provision and in particular the prevalence of 'refusal of care' by medical practitioners represent a significant threat to women's and girls' reproductive health across the region. Ideally, countries would follow the example of Sweden which explicitly forbids individual doctors to place their own beliefs or convenience over the life and health of the women and girls who come to them for help. A more feasible, mid-term alternative would be to require states to regulate practitioners who refuse care plus ensure that women and girls needing abortion care are routinely referred to a willing, readily available provider and supported to make a decision that is right for them and their circumstances. According to our survey, only six countries—Albania, Great Britain,

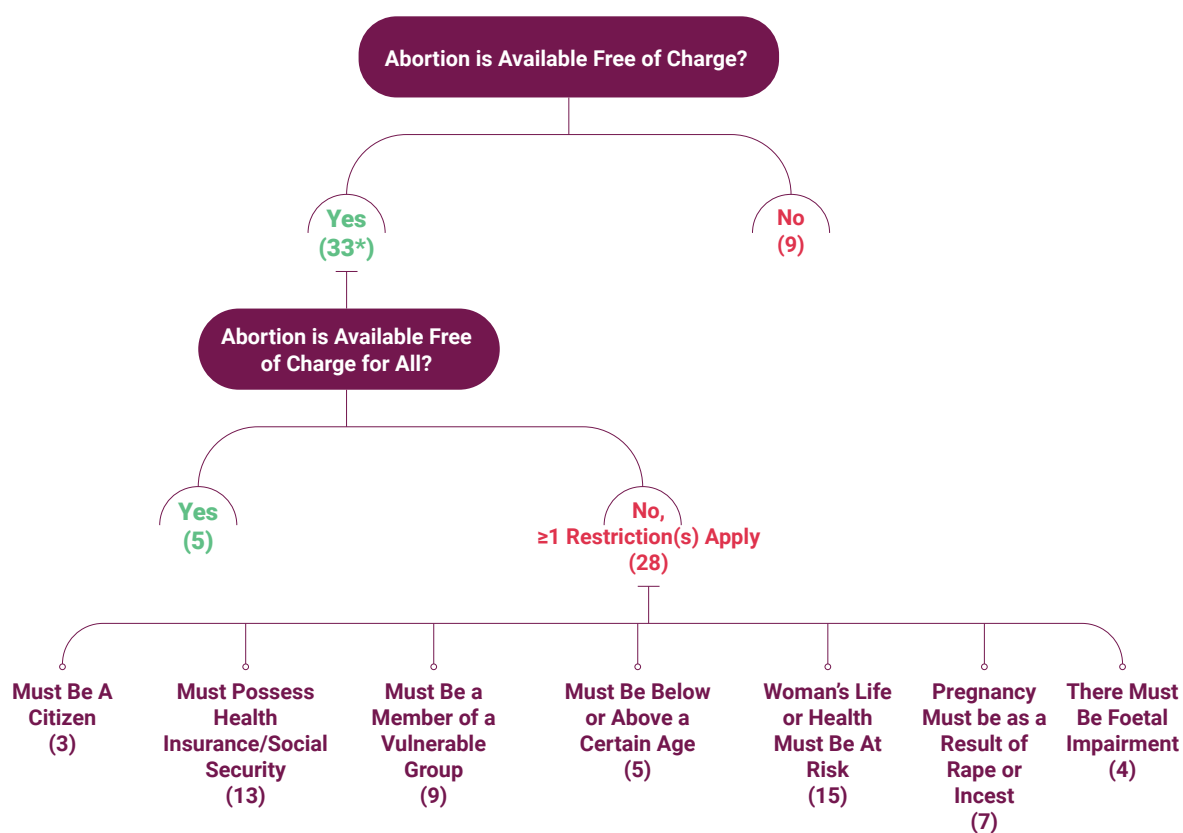


Figure VII: Restrictions on Free Abortion Care. One or More Reported by 37 Countries.

⁴³Report of the Minister of Health on the implementation of law n.194 of 22/5/1978, submitted to the Parliament on December 29, 2017.

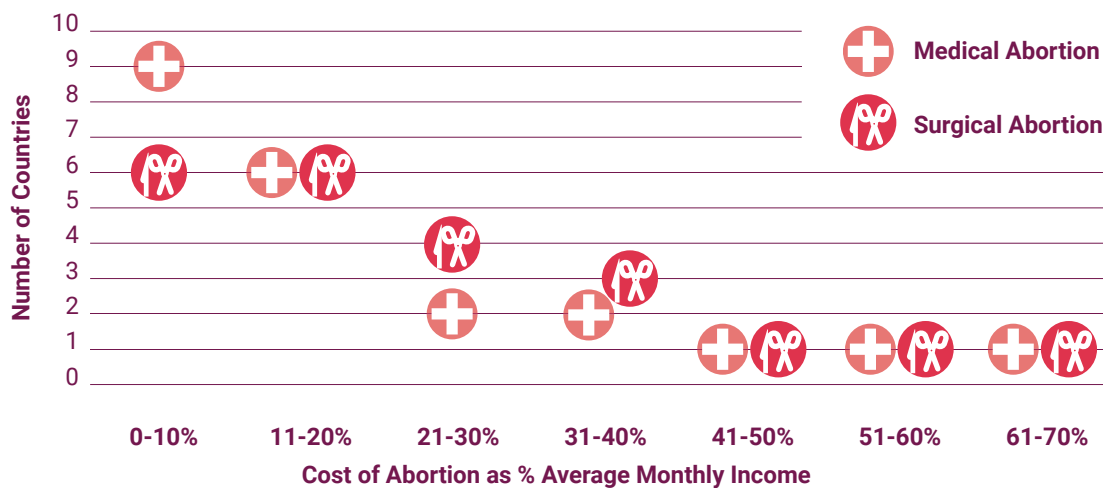
Greece, the Netherlands and Spain—currently have both of these latter requirements in place, suggesting there is much work to be done.⁴⁴

Direct and Indirect Costs of Abortion Care

Respondents from 33 countries stated that abortion was available free of charge. However, when asked if it was free for *all* women and girls, additional barriers or conditions were specified by 28 of them, with abortion on the request of the woman or girl rarely considered as sufficient **grounds for free care**⁴⁵. Usually women must meet more than one criterion including some form of insurance. The latter is by

far the biggest obstacle for the most vulnerable, especially amongst undocumented women and girls, with 13 countries specifically reporting this as a barrier to care, although in practice the figure could be much higher⁴⁶. Given the latest (albeit dated) estimates of irregular migrants measuring anywhere between 1.9 and 3.8 million in the EU in 2008⁴⁷, the numbers being denied free abortion care on this criterion alone are significant. Moreover, this figure does not take into account non-migrants, such as members of the Roma community, who may permanently reside in one country but nevertheless do not possess the necessary documentation.

Even those eligible for free abortion care under the law may still find that in practice they are charged for services, including medically unnecessary interventions such as early-term ultrasounds. Our Azerbaijan Partner reports that those living in the capital city



	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%
Medical Abortion	9	7	2	2	1	1	1
Surgical Abortion	6	7	4	3	1	1	1

Figure VIII: Costs of Abortion. These Can Reach 70% of Average Monthly Income.

⁴⁴Amongst these six, not one is monitoring the number and impact of refusal of care although Spain does require ‘Objectors’ to register. The latter therefore lays the foundation for some assessment in the future.

⁴⁵Under certain conditions, abortion is included in the national health insurance coverage across 22 countries.

⁴⁶According to Platform for International Cooperation on Undocumented Migrants (PICUM), access to basic healthcare, including sexual and reproductive health services, for undocumented migrants is the exception rather than the rule in the majority of EU member states. They assert that overly complex and inconsistently applied administrative procedures make it difficult to access entitlements, and additional costs render those existing entitlements worthless. They also describe how in certain countries the linkage between enforcement of immigration rules and healthcare provision prevents some from accessing care, alongside cultural and linguistic barriers in national systems that are not adapted to the needs of a diverse population. PICUM (2016) The Sexual and Reproductive Health Rights of Undocumented Migrants: Narrowing the Gap Between their Rights and the Reality in the EU, http://picum.org/wp-content/uploads/2017/11/Sexual-and-Reproductive-Health-Rights_EN.pdf.

⁴⁷Migration Data Portal (2019) <https://migrationdataportal.org/themes/irregular-migration>. According to definitions used by IOM, irregular migrants cover: those who have entered the country irregularly, for instance with false documents or without crossing an official border crossing point; those who reside in the country irregularly, for instance, in violation of the terms of an entry visa/ residence permit; or those who may be employed in the country irregularly, for instance he or she may have the right to reside but not to take up paid employment in the country.

have more choice of public and private facilities and are usually in a better financial situation than those in remote areas, who are still subject to formal and informal out-of-pocket payments for abortion care. Respondents from Bulgaria and the Republic of Serbia assert the same is true across the countries' healthcare systems, leading to the disproportionate exclusion of vulnerable groups without regular income, particularly Roma women.

Indirect costs are also incurred by the imposition of obstacles such as mandatory waiting periods and mandatory counselling. Expenses arise from the additional appointments required, forcing women to take more time off work, pay for more childcare, cover more transport and accommodation costs. These are especially onerous for women from low income households and/or located in rural areas.

For women unable to access free care (by law or in practice), the direct costs of abortion within the first trimester can vary between 0-10% of the average monthly wage⁴⁸ (in 9 countries for medical and in 6 countries for surgical) all the way up to 41-50% (the Republic of Serbia), 51-60% (Georgia) and 61-70% (Azerbaijan). This may put legal abortion beyond the reach of many women, especially amongst the most marginalised and vulnerable. Respondents from Belgium, Estonia, Israel, Lithuania, the Republic of North Macedonia, the Netherlands, Norway, Portugal, the Republic of Serbia and Switzerland all stated that for vulnerable groups, access to care is effectively denied given its high cost outside of the insurance system. This can lead to illegal abortions in many cases or 'postponed' abortions in others, as women take on extra work or borrow to pay for care. Delays may result in more medically complex and therefore more expensive procedures, which in turn

forces more women to resort to self-induced, unsafe abortions.

Medical abortion⁴⁹ may offer a lower cost option in the first trimester than surgical abortion. Although the actual costs of the medication may still be significant, it can be self-administered at home, thereby eliminating the need for journeys to specialist units. The method does not require use of anaesthetic, hospital admission or specialist medical personnel. However, despite the standard combination therapy of mifepristone and misoprostol for medical abortion first being included in the WHO Model List of Essential Medicines in 2005, and the latest WHO guidance declaring medical methods of abortion as proven to be 'safe and effective,'⁵⁰ five states from across the sample continue to outlaw its use, namely: Albania; Bosnia and Herzegovina; Hungary; Lithuania; Turkey. The medication is available however in these countries on the black market through various means⁵¹, costing between 116 EUR (Albania) and 179 EUR (Bosnia and Herzegovina). But having to access medication in this way may have implications for the woman's or girl's safety or put her at risk of prosecution.

“Essential medicines should also be available, including a wide range of contraceptive methods, such as condoms and emergency contraception, medicines for abortion and for post-abortion care...”
General Comment 22, CESCR 2016

Even in countries where medical abortion is legally available, its potential to serve as a more affordable alternative to surgical abortion is lost to many by the requirement that the medication must be administered in approved facilities. Whilst some states allow women and girls to return home to take

⁴⁸Note, the 'average' weekly wage is calculated on GNI per capita, Atlas method (USD) 2017, World Bank Data Catalogue, <https://data.worldbank.org/indicator/ny.gnp.pcap.cd> - World Bank. There are some limitations associated with the use of GNI that users should be aware of. For instance, GNI may be underestimated in lower-income economies that have more informal, subsistence activities. Nor does GNI reflect inequalities in income distribution. Users should also note that the Atlas method used to convert local currencies into a common USD is based on official exchange rates, which do not account for differences in domestic price levels. The Atlas method, with three-year average exchange rates adjusted for inflation, lessens the effect of exchange rate fluctuations and abrupt changes, but an alternative method would be to use the purchasing power parity (PPP) conversion factors of the International Comparison Program. To date, however, issues concerning methodology, geographic coverage, timeliness, quality and extrapolation techniques have precluded the use of PPP conversion factors for this purpose.

⁴⁹Medical abortion commonly involves taking mifepristone orally followed by misoprostol one to two days later.

⁵⁰WHO (2012) Safe Abortion: Technical and Policy Guidance for Health Systems, https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

⁵¹Our Member Association in Albania suggests that although Mifepristone is not officially registered and there is no law or amendment to the law to approve medical abortion, both private and public institutions offer it. Our Member Association in BiH also indicates that although medical abortion is not officially available it is used by some private clinics in Sarajevo, priced the same as a surgical abortion and performed up to 8 weeks. It is also available to those with good connections in some public clinics. In Lithuania, there are those who purchase the drug in other countries and then sell it on. Partners in Hungary and Turkey both suggest that many purchase the medication over the internet. (Note, the penalty for selling medical abortion drugs in Turkey can be up to 5 years in prison.)

the second pill, nine states refuse this option, namely: Belgium; Croatia; Czech Republic; Israel; Italy; Latvia, Romania; Russia; Northern Ireland⁵². In addition to the financial costs incurred, as described above, such conditions also have time implications, with many partners reporting long waiting periods for public hospitals in their countries.

Moreover, the unnecessarily short time limits attached to medical abortion in some countries significantly reduce its uptake by many women and girls⁵³. Whilst Norway restricts use of medical abortion to 15 weeks, Greece and Italy limit access to only seven weeks, Latvia, Romania and Switzerland to eight weeks and 13 countries (constituting the modal average) limit medical abortions to 9 weeks (namely: Austria; Azerbaijan; Belgium; France; Germany; Great Britain; Israel; Luxembourg; the Republic of North Macedonia; Netherlands; Russia; Spain; Ukraine). At best, this is only three weeks after most women suspect they are pregnant.

As stated above, General Comment No. 22 of CESCR not only guarantees the right of women to make autonomous decisions about their sexual and

reproductive health but also underlines the importance of free choice in the methods and medicines used. However—notwithstanding the low time limits imposed on medical abortion—11 respondents from across the sample report that there is no choice of abortion method afforded to women at all in their countries⁵⁴, whilst others (such as France and Luxembourg) state that it is often the provider who decides upon the method used. To fulfil the right to the highest attainable standard of physical and mental health, it is essential that women are permitted to consider the advantages and disadvantages of each method and make a decision that is right for them and their particular circumstances⁵⁵. For supporters of reproductive rights and comprehensive healthcare, this must be the goal.

⁵²Armenia, Bulgaria, Kazakhstan, Kyrgyzstan, Luxembourg, the Netherlands, Portugal, Republic of Serbia, Spain, Tajikistan and Ukraine all permit at least part of the medication to be self-administered at home. Notwithstanding, this option in Luxembourg is only allowed before five weeks which is before the time when most women even suspect they are pregnant.

⁵³WHO (2014) Clinical Practice Handbook for Safe Abortion

⁵⁴Albania; Bosnia and Herzegovina; Croatia; Germany; Israel; Italy; Latvia; Lithuania; Portugal; Turkey; Northern Ireland

⁵⁵For a more comprehensive comparison of the two categories of abortion, see Vekemans M (2008), IPPF, First Trimester Abortion Guidelines And Protocols Surgical And Medical Procedures, https://www.ippf.org/sites/default/files/abortion_guidelines_and_protocol_english.pdf

Conclusions

This report is designed to complement existing analysis of abortion legislation within Europe and Central Asia by providing insight into how this is being interpreted by healthcare providers and experienced by women and girls on the ground. It is based upon the expertise of our Members and Partners working in the field and serving women and girls every day. It is shared to build understanding and stimulate further research. Kindly note, whilst we consider the material herein to be reliable, it is based on the feedback of individual organisations and therefore may not always represent the complete picture in a given context.

Women's and girls' access to safe, high-quality abortion care is a key component of the right to reproductive healthcare, which all governments are obliged to guarantee. However, as we have seen, state legislators and service-providers impose numerous hurdles to this care, compromising the rights of women and girls across Europe and Central Asia. There is cause for optimism that such barriers can be dismantled, given the recent examples of Ireland, Northern Ireland and the Republic of North Macedonia. Equally, there is much to be concerned about given the upsurge in opposition to the fundamental principle of gender equality and the increase in refusal of care based on personal belief and/or convenience in countries such as Croatia and Italy. Across the region, coordinated actions by reproductive bullies are leading to regressive pressures and policies. Attacks on women's and girls' freedom in relation to abortion rights, access to contraception and sexuality education in Poland are the most extreme manifestation, but the risks are present to varying degrees in most countries, from Hungary to Sweden. 30 countries across the sample of 42 countries confirm that there is active opposition

to sexual and reproductive health and rights at the domestic level, and of these, 21 assert that this extends beyond religious groups, increasingly to include political parties. Restrictive abortion laws correlate with greater incidence of unsafe abortion⁵⁶, not to mention the significant mental, physical and financial harm caused by related coercive legislation and practices. Attempts to diminish women's and girls' right to reproductive health must therefore be opposed and efforts redoubled to expand care. Concrete actions must be taken to defend and advance reproductive freedom in every country in Europe and Central Asia.

The picture of abortion care emerging from each national context is complex, with women and girls experiencing a range of obstacles even in countries which ostensibly support reproductive healthcare for all. It is not the case that one country can be considered wholly 'better' or less coercive than another. However, it is clear that there is considerable scope for improvement within each country in the region. Listed in Figure IX is a reminder of the best-fit practices referenced in this report, which could serve as objectives for advocates and campaigners, depending on their local context.

Criminalisation of Abortion	Abortion is <u>not</u> included in the criminal code (as in Northern Ireland, Belgium, France, Kazakhstan and Luxembourg)
Time Limits for Abortion on Request of the Woman or Girl	Abortion on the request of the woman or girl is permitted up to 18 weeks, without additional approval procedures (as in Sweden)
Grounds for Abortion and Time Limits	In cases where a woman's or girl's life is endangered, there are no time restrictions applied to care (as in Austria, Azerbaijan, Bosnia And Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, France, Germany, Great Britain, Greece, Hungary, Ireland, Israel, Italy, Kazakhstan, Latvia, Luxembourg, the Republic of North Macedonia, Northern Ireland, Norway, Portugal, Romania, Russia, Republic of Serbia, Sweden, Switzerland, Tajikistan and Turkey)
	In cases where a girl's or woman's health is endangered, there are no time restrictions applied to care (as in Austria, Azerbaijan, Belgium, Bosnia And Herzegovina, Croatia, Cyprus, Czech Republic, Denmark, France, Germany, Great Britain, Greece, Israel, Kazakhstan, Luxembourg, Northern Ireland, Romania, Russia, Republic of Serbia, Switzerland and Turkey)
	In cases of sexual violence against women and girls, there are no time restrictions applied to care (as in Bosnia And Herzegovina, Bulgaria, Croatia, Israel, Luxembourg and the Republic of Serbia) and only a personal statement from the survivor is required to access support (as in Cyprus, Israel, Norway and the Republic of North Macedonia)
Forced Waiting Periods	For women and girls needing abortion care, medically unnecessary waiting periods are <u>not</u> imposed (as in Austria, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Great Britain, Greece, Israel, Kazakhstan, Kyrgyzstan, Lithuania, Montenegro, N. Ireland, the Republic of North Macedonia, Norway, Romania, Republic of Serbia, Sweden, Switzerland, Tajikistan, Turkey and Ukraine)
Mandatory Counselling	For women needing abortion care, mandatory counselling is <u>not</u> imposed (as in Bulgaria, Croatia, Cyprus, Denmark, France, Great Britain, Israel, Lithuania, Luxembourg, Montenegro, Northern Ireland, the Republic of North Macedonia, Norway, Portugal, Romania, Sweden, Switzerland and Turkey)
	In cases of mandatory counselling, women and girls are offered unbiased counselling by specially trained professionals free of charge to support them to make an informed decision about their own health and well-being, including methods to avoid unintended pregnancies in future (as reported in Germany)
Parental Consent	Girls needing abortion care are <u>not</u> forced to secure parental consent or be accompanied by an adult (as in Belgium, Estonia, Finland, Great Britain, Ireland, Israel, Netherlands, Northern Ireland and Sweden)
	In cases where girls needing abortion care are compelled to secure adult support, all requirements are waived when the girl's life is in danger or health is at risk (as in Armenia, Austria, Bulgaria, Croatia, Germany, Greece, Italy, Kazakhstan, Latvia, Lithuania, Norway, Republic of Serbia, Spain, Tajikistan and Turkey)
	In cases where girls needing abortion care are compelled to secure adult support, the consent of a person entrusted in law to represent girls under the age of 14 in matters of care and education can suffice (as reported in Austria) or girls can be simply accompanied by an adult (ie over 18 years) throughout the procedure and in at least one preparatory appointment (as reported in France and Luxembourg)
Spousal Consent	Women and girls needing abortion care are <u>not</u> forced to secure consent from their husband (currently this is only required by Turkey out of all the countries in the sample)
Medical Approval	Women and girls are only compelled to secure medical approval to access abortion care after 18 weeks (as in Sweden)
	In cases where women and girls are forced to secure medical approval to access abortion care, all requirements are waived when the woman's or girl's life is in danger (as in Armenia, Austria, Bosnia and Herzegovina, Croatia, Denmark, Estonia, Finland, Great Britain, Greece, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Lithuania, Montenegro, Norway, Portugal, the Republic of Serbia, Sweden, Tajikistan and Turkey)
	In cases where women and girls are forced to secure medical approval to access abortion care, all requirements are waived when the woman's or girl's health is in danger (as reported in Norway)
Institutional Requirements/ Restrictions	Women's and girls' access to quality care is <u>not</u> undermined by additional institutional requirements such as abortion only being available in secondary district-level public healthcare specialist facilities (as mostly achieved in countries such as Azerbaijan, Estonia and Switzerland)

Refusal of Care	<p>The life and health of women and girls needing abortion care legally transcends individual doctors' personal beliefs or their convenience (as in Sweden)</p> <p>Women and girls who are refused abortion care by a medical practitioner because of the practitioner's personal beliefs or own convenience are routinely referred to another willing and readily available provider and given the necessary materials to make an informed decision that is right for their own safety and well-being (as in Albania, Greece, Luxembourg, Netherlands, Spain and Great Britain)</p>
Costs and Methods of Abortion Care	<p>Women and girls can access abortion care free of charge as a core component of healthcare provision in all districts (as in Finland, France, Great Britain, Ireland, Northern Ireland, Norway and Spain)</p> <p>In cases where free abortion care to all women and girls is not an option, those from low-income groups may access it free of charge as a core component of healthcare provision in all districts (as in certain areas of Azerbaijan, Armenia, Austria, Bulgaria, Cyprus, Germany, Hungary, Romania and Tajikistan)</p> <p>Women and girls are able to access medical abortion care (partially) at home, in respect of their right to choose the method of care that is most appropriate for them and their circumstances (as in Armenia, Azerbaijan, Bulgaria, Denmark, Estonia, Finland, France, Greece, Ireland, Kazakhstan, Kyrgyzstan, Luxemburg, Netherlands, Norway, Portugal, Republic of Serbia, Spain, Sweden, Switzerland, Tajikistan and Ukraine), with minimal time restrictions (as in Norway and Sweden).</p>

Figure IX: Summary of 'Best-fit' Practices for Abortion Care Across the Region



Annex I

Chart of Signatures, Ratifications, Accessions and Successions for Relevant International and Regional Treaties

	International Covenant on Economic, Social & Cultural Rights (ICESCR, 1966)*		International Covenant on Civil & Political Rights (ICCPR, 1966)*		International Convention on the Elimination of All Forms of Racial Discrimination (ICERD, 1969)*		Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979)*		Convention on the Rights of the Child (CRC, 1989)*		Revised European Social Charter (1996)**	
	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified
Albania		accession		accession		accession		accession	✓	✓	✓	✓
Armenia		accession		accession		accession		accession		accession	✓	✓
Austria	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Azerbaijan		accession		accession		accession		accession		accession	✓	✓
Belgium	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bosnia and Herzegovina		succession		succession		succession		succession		succession	✓	✓
Bulgaria	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Croatia		succession		succession		succession		succession		succession	✓	
Cyprus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Czech Republic		succession		succession		succession		succession		succession	✓	
Denmark	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Estonia		accession		accession		accession		accession		accession	✓	✓
Finland	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
France		accession		accession		accession		accession	✓	✓	✓	✓
Georgia		accession		accession		accession		accession		accession	✓	✓
Germany	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	International Covenant on Economic, Social & Cultural Rights (ICESCR, 1966)*		International Covenant on Civil & Political Rights (ICCPR, 1966)*		International Convention on the Elimination of All Forms of Racial Discrimination (ICERD, 1969)*		Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979)*		Convention on the Rights of the Child (CRC, 1989)*		Revised European Social Charter (1996)**	
	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified
Greece		accession		accession	✓	✓	✓	✓	✓	✓	✓	✓
Hungary	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ireland	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Israel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Italy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kazakhstan	✓	✓	✓	✓		accession		accession	✓	✓		
Kyrgyzstan		accession		accession		accession		accession		accession		
Latvia		accession		accession		accession		accession		accession	✓	✓
Lithuania		accession		accession	✓	✓	✓	✓		accession	✓	✓
Luxembourg	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Montenegro		succession		succession		succession		succession		succession	✓	✓
Netherlands	✓	✓	✓	✓	✓	✓	✓	✓	✓	accession	✓	✓
Norway	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Portugal	✓	✓	✓	✓		accession		accession	✓	✓	✓	✓
Republic of North Macedonia		succession		succession		succession		succession		succession	✓	✓
Romania	✓	✓	✓	✓		accession		accession	✓	✓	✓	✓
Russia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Republic of Serbia		succession		succession		succession		accession		succession	✓	✓

	International Covenant on Economic, Social & Cultural Rights (ICESCR, 1966)*		International Covenant on Civil & Political Rights (ICCPR, 1966)*		International Convention on the Elimination of All Forms of Racial Discrimination (ICERD, 1969)*		Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979)*		Convention on the Rights of the Child (CRC, 1989)*		Revised European Social Charter (1996)**	
	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified
Spain	✓	✓	✓	✓		accession		succession	✓	✓	✓	
Sweden	✓	✓	✓	✓	✓	✓	✓	accession	✓	✓	✓	✓
Switzerland		accession		accession		accession		accession	✓	✓		
Tajikistan		accession		accession		accession		accession		accession		
Turkey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ukraine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
United Kingdom of Great Britain & Northern Ireland	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

*Source: UN Treaty Collection, https://treaties.un.org/pages/Content.aspx?path=DB/MTDSGStatus/pageIntro_en.html. Correct on 30.07.2019. For Reservations see source

**Source: https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/163/signatures?p_auth=8GRw16vy. Correct on 30.07.2019. For Reservations see source

Annex II

Criminalisation of Abortion Care

	Abortion In The Criminal Law/Penal Code	Woman Obtaining An Unlawful Abortion	Who Can Be Sanctioned			Were People Investigated/ Prosecuted	Have Penalties/ Fines Been Enforced	Comments
			Providers	A Person Who Assists	Other			
Albania	Yes		Yes	Yes		No	No	
Armenia	Yes		Yes			Yes	Yes	Criminal Code of the Republic of Armenia, Ch 16, Art 122 makes a distinction between illegal abortion provided by person with appropriate higher medical education and illegal abortion provided by a person with no appropriate medical education.
Austria	Yes	Yes	Yes			Yes	Yes	
Azerbaijan	Yes		Yes					Although information has been reported in the media on cases of abortion related mortality - there is no publicly available information about penalties or fines.
Belgium	No					Yes	No	New proposed legislation was approved in September taking abortion out of the criminal code and placing it in a special law. The new proposal specifies that penalization is still possible if the law is not followed.
Bosnia and Herzegovina	Yes		Yes	Yes	The person that encouraged the pregnant person to obtain an unlawful abortion	No	No	
Bulgaria	Yes		Yes			No	No	
Croatia	Yes		Yes	Yes	The person that encouraged the pregnant person to obtain an unlawful abortion	Yes	Yes	A gynaecologist was sentenced to a 4 months custodial sentence after performing an abortion in his private clinic, which is against the law

	Abortion In The Criminal Law/Penal Code	Who Can Be Sanctioned				Were People Investigated/ Prosecuted	Have Penalties/ Fines Been Enforced	Comments
		Woman Obtaining An Unlawful Abortion	Providers	A Person Who Assists	Other			
Cyprus	Yes	Yes	Yes	Yes		Yes		On 30 March 2018 the Parliament voted with an overwhelming majority (33 in favour, 8 against and 5 abstentions) to amendments to the abortion law in the criminal code. It gives women the right to terminate a pregnancy before 12 weeks of gestation under certain conditions. The Parliamentary Committee of Human Rights and Equal Opportunities for Men and Women are working for the development of a comprehensive legislation for the termination of pregnancy. Abortion in Cyprus is regulated under the Penal Code (Article 169A)
Czech Republic	Yes		Yes	Yes				Abortion itself is not illegal if done after medical consultation and in a hospital. The legal conditions for accessing abortion are stipulated in the law no.66/1986 coll. In case that abortion is done at home, outside the medical facility and without medical consultation, then it is considered to be illegal and a severe crime-bodily injury and harm. The person who committed the abortion is prosecuted, the pregnant woman not.
Denmark	Yes					No	No	In the criminal law it is stated that abortion is allowed until the viability of the foetus if the pregnancy is a result of rape or incest. This is also stated in the abortion law (which is part of the general health law) - the people who have committed the rape or incest can be sanctioned.
Estonia	Yes	Yes	Yes	Yes				The penal code of Estonia includes articles related to terminating a pregnancy. Abortion care itself isn't but ending a pregnancy against the woman's will, performing abortions without a license and performing abortion later than permitted by law all carry the possibility of jail time.
Finland	Yes	Yes	Yes					
France	No							
Georgia	Yes		Yes					
Germany	Yes	Yes	Yes	Yes	Persons who force women to have an abortion.	Yes	Yes	Doctors have received fines for informing about abortion procedures in their homepages. Abortion is still in the criminal code. The code specifies the conditions under which abortions will not prosecuted.

	Abortion In The Criminal Law/Penal Code	Who Can Be Sanctioned				Were People Investigated/ Prosecuted	Have Penalties/ Fines Been Enforced	Comments
		Woman Obtaining An Unlawful Abortion	Providers	A Person Who Assists	Other			
Greece	Yes	Yes	Yes	Yes		No	No	
Hungary	Yes	Yes	Yes			Yes	Yes	
Ireland	Yes	No	Yes	Yes	A person who provides any medication or other thing that it is intended to be used for an unlawful termination of pregnancy (s23.4); the director or manager of a facility who consents or is complicit or negligently allows a termination of pregnancy to be provided (s.24)	No	No	
Israel	Yes		Yes					
Italy	Yes	Yes	Yes		Women, doctors and health operators who are providing abortion outside the law; person causing an abortion against the will of the woman, person who causes an abortion with violence	Yes	Yes	The Minister of Justice is required to present a report to Parliament (on Law 194), focusing in particular on the criminal aspects concerning the violations found in the application of the law. According to the latest report (February 2017) there were 144 proceedings in 2016 involving 239 people. The crimes covered by the Report are those provided for in articles 17 (abortion caused by fault), article 18 (abortion caused without the woman's consent or following malicious injuries), article 19 (illegal abortion), article 21 (disclosure of data on 'identity of the woman she aborted) and other miscellaneous penal provisions in other articles of the 194.

	Who Can Be Sanctioned					Were People Investigated/ Prosecuted	Have Penalties/ Fines Been Enforced	Comments
	Abortion In The Criminal Law/Penal Code	Woman Obtaining An Unlawful Abortion	Providers	A Person Who Assists	Other			
Kazakhstan	No		Yes					Abortion itself is not in the criminal code but there are abortion related crimes (eg forcing a woman to get an abortion)
Kyrgyzstan	Yes		Yes	Yes				Abortion care itself is not in the criminal code but there are abortion related crimes such as forcing a woman or carrying out abortions without credentials.
Latvia	Yes		Yes					Abortion care itself is not in the criminal code but there are abortion related crimes such as forcing a woman or carrying out abortions without credentials.
Lithuania	Yes		Yes					There is no abortion law, only a decree of the Minister of Health. Providers can be sanctioned if the abortion was not carried out by a doctor or in a health facility.
Luxembourg	No		Yes	Yes				Abortion was decriminalized and taken out of the penal code in 2014, but there are still some articles related to abortion eg abortion without the consent of the woman, violence that leads to an abortion and means of an abortion that lead to the woman dying
Montenegro	Yes		Yes	Yes		No		
Netherlands	Yes		Yes			No	No	Abortion is not an offence if it is carried out by a physician in a hospital or clinic authorized to provide such treatment under the termination of pregnancy act. Only professionals who don't have a special licence to provide abortion can be sanctioned.
North Macedonia	Yes		Yes	Yes				Although some service providers at primary healthcare level are perform abortions (mostly medical abortions) illegally - there is no information about cases where penalties have been enforced.
Norway	Yes		Yes	Yes	Anyone who intentionally interrupts or contributes to the interruption of a pregnancy when this is in violation of the legislation.	No	No	A woman cannot be sanctioned for interrupting or contributing to the interruption of her own pregnancy. A person that provides false information in the procedure for requesting an abortion or someone who breaches the confidentiality of the process can be sanctioned.
Portugal	Yes	Yes	Yes	Yes				

	Who Can Be Sanctioned					Were People Investigated/ Prosecuted	Have Penalties/ Fines Been Enforced	Comments
	Abortion In The Criminal Law/Penal Code	Woman Obtaining An Unlawful Abortion	Providers	A Person Who Assists	Other			
Romania	Yes	No	Yes	No	No			
Russia	Yes		Yes					Abortion care as such is not criminalized. It is included in the criminal law when the person who provides the abortion has no training, when the gestational age is beyond the lawful limits, etc
Republic of Serbia	Yes		Yes	Yes		Yes	Yes	The most common cases that were reported in the media are when doctors have received bribes in order to perform abortion after 10 weeks of gestation without approval from the konzilium or ethical committee which is mandatory at that point.
Spain	Yes	No	Yes	Yes		Yes	Yes	
Sweden	Yes		Yes					It is written in the abortion act that providers can be sanctioned; the abortion act references the penal code.
Switzerland	Yes	Yes	Yes	Yes		No	No	The criminal law sets out the conditions under which abortion is not a criminal offence and is therefore used to set out the legal framework under which abortion is permitted.
Tajikistan	Yes		Yes			Yes	Yes	
Turkey	Yes	Yes	Yes	Yes		Yes	Yes	
Ukraine	Yes		Yes				No	
UK: Great Britain	Yes	Yes	Yes	Yes		Yes	Yes	
UK: Northern Ireland	No							Abortion was decriminalised on 22 October 2019

Annex III

Grounds on which Women and Girls Can Access Abortion Care and Time limits Imposed

	Abortion On Request	Time Limit from LMP	Economic Or Social Grounds	Time Limit from LMP	Foetal Malformation ¹	Time Limit from LMP	Rape Or Incest	Time Limit from LMP	Health	Time Limit from LMP	Life	Time Limit from LMP
Albania	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks
Armenia	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks
Austria		16 weeks (practice mostly 12 weeks)	✓		✓	no limit	✗	n/a	✓	no limit specified	✓	no limit specified
Azerbaijan	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	no limit specified	✓	no limit specified
Belgium	✓	14 weeks + 6 days	✗		✓	no limit	✗	n/a	✓	no limit specified	✓	no limit specified
Bosnia And Herzegovina	✓	10 weeks	✓	20 weeks	✓	no limit	✓	no limit	✓	no limit specified	✓	no limit specified
Bulgaria	✓	12 weeks	✗		✓	no limit	✓	no limit	✓	20 weeks	✓	no limit specified
Croatia	✓	12 weeks	✗		✓	20 weeks	✓	unclear	✓	no limit specified	✓	no limit specified
Cyprus	✓	12 weeks	✗		✓	no limit	✓	19 weeks	✓	no limit specified	✓	no limit specified
Czech Republic	✓	12 weeks	✗		✓	24 weeks	✓	12 weeks	✓	no limit specified	✓	no limit specified
Denmark	✓	12 weeks	✓	22+6	✓	22+6 (foetal viability)	✓	22+6	✓	no limit specified	✓	no limit specified
Estonia	✓	12 weeks	✓	22 weeks	✓	22 weeks	✗	n/a	✓	22 weeks	✓	
Finland	✓	12 weeks	✓	12 weeks in some cases 20	✓	24 weeks	✓	12 weeks in some cases 20	✓	24 weeks	✓	24 weeks

¹ Countries can differ regarding interpretation of this ground: some will restrict use to fatal foetal malformation only.

	Abortion On Request	Time Limit from LMP	Economic Or Social Grounds	Time Limit from LMP	Foetal Malformation ¹	Time Limit from LMP	Rape Or Incest	Time Limit from LMP	Health	Time Limit from LMP	Life	Time Limit from LMP
France	✓	14 weeks	✗		✓	no limit	✗	n/a	✓	no limit specified	✓	no limit specified
Georgia	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks
Germany	✓	14 weeks	✗		✗	n/a	✓	14 weeks	✓	no limit specified	✓	no limit specified
Greece	✓	12 weeks	✗		✓	24 weeks	✓	19 weeks	✓	no limit specified	✓	no limit specified
Hungary	✓	12 weeks	✗		✓	24 weeks	✓	12 or 18 weeks	✓	12 weeks +no limit specified in emergencies	✓	no limit specified
Ireland	✓	12 weeks	✗		✓	n/a	✗	n/a	✓	Viability, defined as the point in a pregnancy at which, in the reasonable opinion of a medical practitioner, the foetus is capable of survival outside the uterus without extraordinary life-sustaining measures	✓	viability
Israel	✗	no data	✓	24 weeks	✓	24 weeks or no limit	✓	no limit	✓	no limit specified	✓	no limit specified
Italy	✓	90 days (12 weeks)	✗		✓	not specified	✗	n/a	✓	12 weeks	✓	no limit specified
Kazakhstan	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	no limit specified	✓	no limit specified
Kyrgyzstan	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks
Latvia	✓	12 weeks	✗		✓	22 weeks	✓	12 weeks	✓	22 weeks	✓	no limit specified
Lithuania	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks

	Abortion On Request	Time Limit from LMP	Economic Or Social Grounds	Time Limit from LMP	Foetal Malformation ¹	Time Limit from LMP	Rape Or Incest	Time Limit from LMP	Health	Time Limit from LMP	Life	Time Limit from LMP
Luxembourg	✓	14 weeks	✗		✓	no limit	✗	n/a	✓	no limit specified	✓	no limit specified
Montenegro	✓	10 weeks	✓	20 weeks	✓	32 weeks	✓	20 weeks	✓	32 weeks	✓	32 weeks
Netherlands	✓	24 weeks (woman with doctor must attest to distress)	✗		✓	24 weeks or no limit	✗	n/a	✓	24 weeks	✓	24 weeks
North Macedonia	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	no limit specified
Norway	✓	12 weeks	✓	18 weeks, but matter of interpretation	✓	22 weeks	✓	22 weeks	✓	22 weeks (+ no limit if serious threat to health)	✓	no limit specified
Portugal	✓	10 weeks	✗		✓	24 weeks	✓	16 weeks	✓	12 weeks	✓	no limit specified
Romania	✓	14 weeks	✗		✓	24 weeks or more	✗	n/a	✓	no limit specified	✓	no limit specified
Russia	✓	12 weeks	✗		✓	not specified	✓	22 weeks	✓	no limit specified	✓	no limit specified
Republic of Serbia	✓	10 weeks	✗		✓	no limit	✓	no limit	✓	no limit specified	✓	no limit specified
Spain	✓	14 weeks	✗		✓	22 weeks or no limit	✗	n/a	✓	22 weeks	✓	22 weeks
Sweden	✓	18 weeks	✗		✓	21+6	✓	21+6	✓	21+6	✓	no limit specified
Switzerland	✓	12 weeks	✗		✗	n/a	✗	n/a	✓	no limit specified	✓	no limit specified
Tajikistan	✓	7 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	no limit specified
Turkey	✓	10 weeks	✗		✓	not specified	✓	20 weeks	✓	no limit specified	✓	no limit specified
Ukraine	✓	12 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks	✓	22 weeks

	Abortion On Request	Time Limit from LMP	Economic Or Social Grounds	Time Limit from LMP	Foetal Malformation ¹	Time Limit from LMP	Rape Or Incest	Time Limit from LMP	Health	Time Limit from LMP	Life	Time Limit from LMP
UK: Great Britain	X	n/a	✓	24 weeks	✓	no limit	X	n/a	✓	no limit specified	✓	no limit specified
UK: Northern Ireland	X	n/a	X		✓	28 weeks	X	n/a	✓	no limit specified	✓	no limit specified

Annex IV

Access to Abortion Care in Cases of Rape and Incest

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure medical certificate	Demonstrate link to court proceedings	
Albania	✓	22 weeks	✓	✓	✓ Must prove rape and mental distress as a result of the incest.		A woman's personal statement is required.	✓	22 weeks		✓	✓ Must prove incest and mental distress as a result of the incest.		In line with the law.
Armenia	✓	22 weeks	✓		✓		Generally accepted and implemented in practice.	✓	22 weeks		✓	✓ Must prove incest and mental distress as a result of the incest.		Generally accepted and implemented in practice.
Austria	✗							✗						
Azerbaijan	✓	22 weeks	✓	✓	✓			✓	22 weeks		✓	✓ Doctor must provide information to the police.		Care is based on the decision of the council of physicians. Usually the documentation process is not available and it is solved by verbal appeal.
Belgium	✗							✗						

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure medical certificate	Demonstrate link to court proceedings	
Bosnia and Herzegovina	✓	no limit		✓	✓		In line with the law: 'if conception is a result of a crime'.	✓	no limit		✓			In line with the law: 'if conception is a result of a crime'.
Bulgaria	✓	no limit		✓	✓		Although rape is not specifically mentioned as grounds, the law stipulates that pregnancies that result from an act of violence are grounds. This has no gestational limits attached and only requires a medical certificate and a police report.	✓	no limit specified			✓		
Croatia	✓	no limit		✓	✓		Since the protocol for sexual violence is not implemented very thoroughly it is difficult to qualify for an abortion on these grounds. Legislation covers this as "pregnancy is a result of intercourse with the abuse of one's authority or with a child".	✓	no limit					Since the protocol for sexual violence is not implemented very thoroughly it is difficult to qualify for an abortion on these grounds. Legislation covers this as "pregnancy is a result of intercourse with the abuse of one's authority or with a child".

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Cyprus	✓	19 weeks	✓				A woman's personal statement is required.	✓	19 weeks			✓		A woman's personal statement is required. In cases of minors and women with mental disabilities written consent is needed from a parent or guardian.
Czech Republic	✓	12 weeks	✓	✓				✓	12 weeks					n/a
Denmark	✓	22+6	✓		✓		The doctor states that the pregnancy is a result of rape and refers the woman. Also centres that take care of rape survivors can refer.	✓	22+6			✓		The doctor states that the pregnancy is a result of rape and refers the woman. Also centres that take care of rape survivors can refer.
Estonia	X						Rape is not a grounds in and of itself however a pregnancy as the result of rape could be discontinued under the same regulations as an abortion on request, therefore no additional requirements are in place.	X						Rape is not a grounds in and of itself however a pregnancy as the result of rape could be discontinued under the same regulations as an abortion on request, therefore no additional requirements are in place.

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Finland	✓	12 weeks	✓	✓	✓ Two providers need to sign for approval		Abortion available until 20 weeks in practice; review of the Valvira (the National Supervisory Authority for Welfare and Health) is required for all cases between 13-20 weeks.	✓	12 weeks		✓	✓ Two providers need to sign for approval		If the patient is under 17 years only one doctor's signature is needed in case of termination between 0-12 weeks. Review of the Valvira (the National Supervisory Authority for Welfare and Health) is required for all cases between 13-20 weeks
France	✗							✗						
Georgia	✓	22 weeks				✓		✗						
Germany	✓	12 weeks	✓				The majority of women prefer not to indicate a rape has taken place (which would exempt them from mandatory counselling).	✓	12 weeks					If the pregnant woman is the victim of an illegal act (child sexual abuse, sexual assault, rape, sexual abuse or person incapable of resistance).
Greece	✓	19 weeks	✓	✓				✓	19 weeks		✓			

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Hungary	✓	12 weeks	✓	✓	✓		The time limit can be increased to 18 weeks, if the woman is a minor, somehow limited in ability to act or if she has not previously recognized her pregnancy due to reasons beyond her control such as illness or medical error.	✗	n/a					
Ireland	✗							✗						
Israel	✓	no limit	✓	✓ Some abortion committees might require a document from a rape crisis centre or the police.	✓		It is difficult to know how many cases occurred where a woman was denied an abortion based on the category of rape as this is reported with the "social"-category of pregnancies outside of marriage.	✓	no limit					All women who state that the pregnancy was the result of incest receive approval for an abortion.

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Italy	X						Rape is not grounds in and of itself. However, abortion is available up to 90 days if a woman experiences physical or psychological distress from the circumstances of conception which would include rape.	X						Incest is not grounds in and of itself. However, abortion is available up to 90 days if a woman experiences physical or psychological distress from the circumstances of conception which would include incest.
Kazakhstan	✓	22 weeks	✓	✓	✓			✓	22 weeks	✓				
Kyrgyzstan	✓	22 weeks	✓		✓ Required in second trimester		Up to 12 weeks can be performed on the request of the woman. When gestational age is beyond 12 weeks then approval from the medical commission is needed.	X						
Latvia	✓	12 weeks		✓	✓		The abortion procedure has to be paid by the victim.	✓	12 weeks					No special requirements; woman decides whether she wants to inform the service providers.

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Lithuania	✓	22 weeks				✓	A woman requires a court decision after 12 weeks gestation.	✓	22 weeks				✓ A woman requires a court decision after 12 weeks gestation.	
Luxembourg	✗							✗						
Montenegro	✓	20 weeks						✓	20 weeks					
Netherlands	✗							✗						
North Macedonia	✓	no limit					A woman's personal statement is required. The ground is specified as pregnancy following sexual abuse of a child, sexual misconduct or pregnancy through misuse of position of authority.	✓	no limit					A woman's personal statement is required. The ground is specified as pregnancy following sexual abuse of a child, sexual misconduct or pregnancy through misuse of position of authority.

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Norway	✓	22 weeks	✓				When a woman has become pregnant under conditions that are mentioned in the criminal code, a termination after 12 weeks gestation can be granted, on the review of the Abortion Committee based on the woman's personal statement.	✓	22 weeks					When a woman has become pregnant under conditions that are mentioned in the criminal code, a termination after 12 weeks gestation can be granted, on the review of the Abortion Committee based on the woman's personal statement.
Portugal	✓	16 weeks			✓		The law refers to the grounds as "pregnancy resulted from a crime against freedom and sexual self-determination".	✗						
Romania	✗							✗						
Russia	✓	22 weeks		✓			Rape is listed as a social reason for a termination (if the pregnancy occurred due to a criminal act).	✓	22 weeks		✓			Incest listed as a social reason for a termination (if the pregnancy occurred due to a criminal act).

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Serbia Republic of	✓	no limit			✓		On the grounds of conception as a result of a crime, pregnancies can be terminated between 10-20 weeks with the approval of a council of doctors (3). When the termination of pregnancy takes place after 20 weeks of gestation (very rare) an authorization of the ethical committee is needed.	✓	no limit			✓		On the grounds of conception as a result of a crime, pregnancies can be terminated between 10-20 weeks with the approval of a council of doctors (3). When the termination of pregnancy takes place after 20 weeks of gestation (very rare) an authorization of the ethical committee is needed.
Spain	✗							✗						There is no known case of abortion after rape or incest beyond 14 weeks (limit of abortion on request).
Sweden	✓	21 + 6	✓		✓ Must attest to mental distress as a result of the rape		The time limit is 18 weeks and 21+6 with special permission for specific reasons (rape is included).	✓	21 + 6			✓ Must attest to mental distress as a result of the rape		The time limit is 18 weeks and 21+6 with special permission for specific reasons (incest is included).
Switzerland	✗							✗						

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Tajikistan	✓	22 weeks	✓	✓				✓	22 weeks	✓	✓	✓ Although abortion on these grounds should be provided directly, women are often required to undergo medical examinations.		
Turkey	✓	20 weeks			✓	✓ A court order is needed to authorize an abortion on the grounds of rape if the gestational age is beyond 10 weeks.	Obtaining the required court order takes time, in most cases taking the pregnancy beyond the 20-week time limit, making the grounds essentially inaccessible.	✗						Incest is not defined in the Turkish Penal Code as a separate sexual offence, the procedures defined in pregnancies as a result of rape shall apply in such cases.

	Grounds of Rape	Time limit	Requirements				How implemented	Grounds of Incest	Time limit	Requirements				How implemented
			Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings				Notify service provider	Report to police	Secure Medical certificate	Demonstrate link to court proceedings	
Ukraine	✓	22 weeks		✓	✓ The medical certificate for a case of rape needs to be provided by a forensic specialist.		All second trimester abortions must be approved by a medical commission/ council (at the department of healthcare).	✗						
UK: Great Britain	✗							✗						
UK: N. Ireland	✗							✗						

Annex V

Additional Obstacles to Care - Forced Waiting Periods and Mandatory Counselling

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics								Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available			
Albania	✓	7 days	Written consent of the pregnant woman up to 12 weeks gestation; written request and written consent are required after 12 weeks gestation. Visit to OB/ GYN.	If the time span of 7 days between the initial request and the written confirmation would surpass the legal limit, the physician may decide to reduce the waiting period to 2 days.	The reflection period is not respected, mostly because women are not informed about their rights. Neither social workers nor health practitioners inform women on the legal requirements (eg waiting period).	✓	✗	✗	✗	✗	✗	✗	✓	✗		Obligatory pre- and post-abortion counselling are not always provided.	
Armenia	✓	3 days only for abortion over 12 weeks on specific social or medical reasons.	visit to OB/GYN	When the pregnancy is close to the legal time limit and when it is a medical emergency.	In 2016 a law banning Gender Biased Sex Selection was introduced which requires mandatory counselling before an abortion and introduced a three-day waiting period. The law has been criticized as using sex-selective abortion as pretext to restrict access.	✓	✗	✓	✓	✓	✓	✓	✓	✓		Usually implemented	

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics								Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available			
Austria	X				There is no mandatory waiting period but there can be delay in service provision especially in public hospitals.	✓	X									The procedure differs strongly between providers. Private providers, for instance, include psychological counselling as well as medical counselling.	
Azerbaijan	X				There is no mandatory waiting period - when a woman requests an abortion beyond 12 weeks of gestation for specific social or medical reasons the committee has a period of three days in which to make their decision.	✓	X			✓	✓		✓		Also, information about the following must be provided: a less than 5% probability for the need for the surgical abortion because of a failed medical abortion; no association between induced abortion and breast cancer risk; no increased risk of infertility, subsequent ectopic pregnancy and placental abruption as a result of induced abortion.	In practice, there are cases when OB/GYNS and physicians do not provide pre-abortion counselling, specifically information about contraceptives.	

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics								Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available			
Belgium	✓	6 days	A visit to abortion clinic.		There needs to be a unity of place - counselling and abortion need to take place in the same clinic/ hospital.	✓	✗		✓		✓	✓	✓	✓		The decision of the woman is respected. In the consultation, adoption is not discussed as an alternative (unless the woman indicates that she would want to discuss it)	
Bosnia and Herzegovina	✗					✓	✗			✓	✓	✓	✓	✓		Counselling is only mandatory in Republika Srpska.	
Bulgaria	✗					✗											
Croatia	✗					✗										Some anti-choice organisations advertise 'counselling' in leaflets distributed in churches.	
Cyprus	✗					✗											
Czech Republic	✗					✓	✗	✓		✓	✓	✓	✓				
Denmark	✗				There is no mandatory waiting period but there can be a delay in service provision.	✗										A woman is entitled to counselling but it is not compulsory.	

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Topics								Other	What Happens In Practice?
							Dissuasive	Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available		
Estonia	X					✓	X			✓	✓	✓	✓	✓		
Finland	X					✓	X	✓	X	X	✓	✓	✓	X		
France	X				There is no mandatory waiting period but women need several visits and certificates to qualify for an abortion. Women may also be confronted with delays in securing the first consultation.	X										Minors are required to go through a mandatory psychological counselling session after the first consultation.
Georgia	✓	5 days	A visit to abortion clinic.	✓ In medical emergencies	The waiting period can be reduced to 3 days when necessary to allow women to receive the procedure within the 12 weeks legal limit.	✓	✓		✓	✓	✓	✓	✓	✓		Although counselling does not need to contain dissuasive elements, in practice it usually does. Pre-abortion counselling does not always take place.

	What Happens In Practice?	Other	Topics										In Practice	Exemptions	How is the Initial Request Defined	How Long	Forced Waiting Period		
			Support & Care Available	Contraception	Possible Long-Term Side-Effects	Possible Immediate Side Effects	Procedure	Alternatives	Reasons For Abortion	Dissuasive	Mandatory Counselling								
Germany	Counselling happens only in state approved places with specially trained professional counselors. Women have the right to get a date for the counselling very fast. It must be free of charge. Women must come to the centre to secure the required certificate but have the right to get the document (Beratungsschein) even when they have refused to talk about their reasons for the abortion during the counselling session. The institutions as a whole must represent the variety and diversity of population regarding religion and conviction of life.			✓								✓	✗		Waiting period starts after counselling. The procedure can take place 3 days after the counselling was provided.	✓ In medical emergencies		3 days	✓

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics							Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception	Support & Care Available		
Greece	X					✓	X			✓	✓	✓	✓	✓		The counselling procedure takes place when there is personnel available. Counselling is sometimes not provided due to an increased work burden (budget cuts leading to a heavier workload) or the lack of a psychologist.
Hungary	✓	3 days (between two counselling sessions)			If a woman applies for an abortion invoking a serious crisis situation, she has to take part in two counselling sessions at the Family Protection Services. The second counselling session can only take place the third day after the first consultation.	✓	✓		✓	✓		✓		✓		The first one is focused on persuading the woman to continue the pregnancy. Although the law does not require the woman's partner to be present, their presence is considered desirable. The woman can request for the first counselling to be anonymous.

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics								Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception	Support & Care Available			
Ireland	✓	3 days for up to 12 weeks gestation	Certification of gestation by doctor.	The waiting period only applies to early abortion (no exemptions) (up to 12 weeks), not in case of risk to health/ life or fatal foetus impairment.		X											
Israel	X					X											
Italy	✓	7 days	Telephone call scheduling the appointment.	✓ In medical emergencies.	The law is applied strictly.	✓	X	✓	✓						Each family counselling centre has an autonomous protocol on the kind of counselling to offer to women. Usually the public centres are too crowded and/or the personnel not well trained to offer this service. There is no mandatory contraception counselling.		
Kazakhstan	X					✓	X	✓	X	✓	✓	✓	✓				
Kyrgyzstan	X					✓	X	✓	✓	✓	✓	✓	✓	Methods of abortion and advantages and disadvantages of each method.			

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Topics								Other	What Happens In Practice?
							Dissuasive	Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available		
Latvia	✓	3 days (72 hours)	Visit to OB/GYN	X		✓	X	✓	✓	✓	✓	✓	✓	X		The gynaecologist provides the counselling.
Lithuania	X					X										Pre-abortion counselling is not mandatory but some health institutions recommend it.
Luxembourg	✓	3 days	Visit to OB/GYN	X	There are no exemptions to this waiting period.	X										Counselling is mandatory for minors only.
Montenegro	X					X										
Netherlands	✓	5 days	First contact with a doctor and first request for an abortion or referral to another clinic.	In emergency situations or when the interruption falls before 7 weeks LMP.	If the first doctor contacted will not refer after 3 days have passed, the waiting period can be shortened by one day.	✓	X	✓	✓				✓	✓		
North Macedonia	X					X									Counselling is not mandatory but if a woman agrees, the doctor will inform her of the procedure, what to expect after the procedure and methods of contraception.	

What Happens In Practice?	Other	Topics										How is the Initial Request Defined	How Long	Forced Waiting Period	
		Support & Care Available	Contraception	Possible Long-Term Side-Effects	Possible Immediate Side Effects	Procedure	Alternatives	Reasons For Abortion	Dissuasive	Mandatory Counselling	In Practice				
Information is provided to ensure informed consent. The doctor gives information about the medical procedure and about available support. It must be given in an objective manner without the doctor expressing their personal view. If the woman would like another type of counselling, not from the doctor, the doctor can inform her about other institutions that can provide this.															

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics										Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available					
Portugal	✓	3 days (it can be more if the woman needs).	The waiting period starts after the first consultation is complete which should also include an ultrasound to measure the start of the pregnancy. The first appointment should take place maximum 5 days from the moment the woman made her request on the phone or face-to-face.	X		X										Women are given the option to have psychological or social counselling (this should be available in all services) during the reflection period.			
Romania	X					X													
Russia	✓	Before 7 weeks and between 11-12 weeks - it is 48 hours; between 8-11 weeks - it is 7 days.	Visit to the Obstetrician - Gynaecologist.	X		✓	✓	X	X	✓	✓	✓	X	X		Mostly pre-abortion counselling is directed at changing the women`s mind and to persuade her to continue the pregnancy.			

	Forced Waiting Period	How Long	How is the Initial Request Defined	Exemptions	In Practice	Mandatory Counselling	Dissuasive	Topics								Other	What Happens In Practice?
								Reasons For Abortion	Alternatives	Procedure	Possible Immediate Side Effects	Possible Long-Term Side-Effects	Contraception Available	Support & Care Available			
Republic of Serbia	X					✓	X	X	X	✓	✓	✓	✓	X		The counselling is not meant to be explicitly dissuasive but informs women of the possible consequences and risks of abortion which can be dissuasive for some women. Contraception is usually not covered.	
Spain	✓	3 days	Visit to authorised centres for performing abortions (private or public sector).	It is not mandatory beyond 14 weeks (when the medical indication is needed). Exemptions in cases of emergency.		✓	✓		✓	✓	✓	✓		✓			
Sweden	X				In practice there is a delay in service provision which can be up to 2 weeks.	X										Counselling is available on request of the woman but not mandatory.	
Switzerland	X					X										Pre-abortion counselling is not compulsory - only for women under 16 years of age.	

	What Happens In Practice?	Other	Topics											Support & Care Available	Contraception	Possible Long-Term Side-Effects	Possible Immediate Side Effects	Procedure	Alternatives	Reasons For Abortion	Dissuasive	Mandatory Counselling	In Practice	Exemptions	How is the Initial Request Defined	How Long	Forced Waiting Period
Tajikistan	When women request an abortion, they are first asked about their reasons and later the methods, possible side effects and future contraception is discussed. It is required to secure the informed consent of the woman prior to the abortion.	Abortion methods to choose from.	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						X
Turkey	There were discussions to make pre-abortion consultations mandatory (2012-2013), however the law was not amended. Notwithstanding, these discussions have resulted in a perception by some doctors that 'persuasion' should be made and there have been cases of women being forced to listen to an ultrasound.																				X						X

	What Happens In Practice?	Other	Topics											In Practice	Exemptions	How is the Initial Request Defined	How Long	Forced Waiting Period
			Support & Care Available	Contraception	Possible Long-Term Side-Effects	Possible Immediate Side Effects	Procedure	Alternatives	Reasons For Abortion	Dissuasive	Mandatory Counselling							
Ukraine	Because of lack of time (from both the woman & provider) counselling does not always cover all information.		✓	✓	✓	✓	✓	✗	✗	✗	✗	✓					✗	
UK: Great Britain												✗					✗	
UK: N. Ireland	Guidance in Northern Ireland states that counselling must support women to come to their own decision. Support and advice must respect the personal views of the woman and enable her to make her own informed choices. FPA is the only organisation to provide non-directive pregnancy choices counselling of all options.											✗					✗	

Annex VI

Third-Party Approval Restrictions on Access to Care

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Albania	In some cases	For an abortion on medical grounds, a health commission consisting of three physicians has to authorise the procedure after examination and consultation. For abortions on social grounds including rape and incest, women need the approval of a commission of three specialists.	Yes Up to 16 years for unmarried girls		Written authorisation from two parents are needed for unmarried girls up to 16 years. For those who are married and under 16, the requirement is not clear.	No	In some cases	If there is a serious risk to the woman's life, if the pregnancy is the result of rape, if the pregnancy is requested on mental health grounds, social grounds, including sexual crimes.
Armenia	In some cases	Abortions after 12 weeks (which are provided for a limited number of grounds: woman's life, health, foetal malformation, rape or incest and if the woman is a minor) require approval from Commission. The commission consists of local physicians of the licensed health facility. The authorisation needs to be in writing but can be exempted in emergency cases to save the woman's life.	Yes Up to 18 Years		Written authorisation from one of the parents is needed and a minor must be accompanied by an adult of her choice. Another family member can also consent to the procedure. Parental consent is not required for interruptions on the grounds to protect a woman's life, physical or mental health or when it is not possible to receive parental consent. In this case approval from a relevant medical commission can be a substitute for parental consent. Usually women requesting abortion attend with an adult of their choice.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Austria	In some cases	Approval from ethics commission or gynaecological team is needed in cases of risk to health or life, foetal impairment, or if woman is minor (younger than 14) This approval needs to be in writing and can be exempted in emergency case.	Yes Up to 14 years		Children under the age of 14 need to be accompanied by one legal guardian. Another adult can provide consent - this would be the person entrusted in law to represent the minor in matters of care and education. In case of unaccompanied minors the Youth Welfare Office is in charge. In cases of emergency where there is a risk to the woman's life this requirement can be waived.	No	Never	
Azerbaijan	In some cases	In law, for abortions past 12 weeks. The Law on the Protection of Public Health refers to "medical recommendations" as being required for an abortion regardless of the duration of the pregnancy. Medical approval must be in writing. In practice, medical proof is required or the abortion is performed after a mandatory examination. There have been cases where women were submitted to a re-examination and additional testing despite having documentation albeit from a different medical institution.	Yes Up to 18 years			No	In some cases	In case there is no tutor/guardian of a woman with cognitive disability.
Belgium	In some cases	Where the abortion is requested on the grounds of foetal impairment or if there is a risk to the life of the woman the opinion of a second doctor is asked.	No	No	Parental consent for minors is not mentioned in the law.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Bosnia and Herzegovina	In some cases	<p>Abortions after 10 weeks need approval from the Commission of First Instance. These abortions can only be provided on limited grounds: risk to life or health of the woman; foetal impairment; if the pregnancy is a result of rape or incest or of other listed sex crimes. The Commission consists of two doctors and one nurse or social worker who work in a medical organisation that provides abortion care. It decides in non-emergency contexts on the medical need for an abortion for pregnancies exceeding 10 weeks.</p> <p>The Commission of Second Instance comes into force when there is a complaint against the Commission of First Instance's decision - the Commission of Second Instance consists of five people: two gynaecologists, one doctor specialist in a relevant field a social worker and a judge. In the Republika Srpska - terminations of pregnancies between 10-20 weeks are authorised by a medical commission and after 20 weeks by an ethical committee. The medical approval can be exempted in cases of emergency to protect the woman's life.</p>	Yes Up to 16 years		<p>The written authorisation of one parent or guardian or guardianship authority is needed. There are no regulations for young people that have no parents or guardians. In practice the law is interpreted to require parental authorisation up to 18 years of age, with an exception of persons older than 16 that have a legal capacity. Legislation on what constitutes legal capacity are conflicting - therefore the law is interpreted to mean that women 16-18 years do not need parental authorisation if they have full legal capacity: those with judicial permission to get married or when already a parent. In case the pregnant person does not have legal capacity, the authorisation is provided by a guardian.</p>	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Bulgaria	In some cases	<p>For all interruptions over 12 weeks. These are provided on limited grounds: pregnancy was result of an act of violence, to protect a woman's health or life and for foetal impairment.</p> <p>The authorisation is provided by a Commission of four members: the Head of the Obstetrics and Gynaecology Department, an OB/GYN, a specialist in the relevant medical condition and a secretary. The Commission will also include a genetics specialist if the grounds relate to foetal malformation. Authorisation must be in writing.</p>	Yes Up to 18 years		<p>Written authorisation from one parent and the minor needs to be accompanied by an adult of her choice. Another family member is also allowed to provide consent. Women with a mental disability need the consent of their legal representative.</p> <p>The authorisation is not needed when the girl's life or her physical health are at risk.</p>	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Croatia	In some cases	<p>All interruptions after 10 weeks must be approved by a Commission of First Instance consisting of two physicians (including one gynaecologist) and a social worker or registered nurse who work in the medical organisation where the abortion is to be performed. They decide in a non-emergency context on the medical need from both the woman & provider (these are available for limited grounds risk to woman's life or health and when the pregnancy is a result of rape, incest or other listed sexual crime or in the case of a foetal malformation). The Commission of Second Instance decides when there is a complaint against the decision of the Commission of First Instance (this Commission consists of five people: two gynaecologists, one doctor specialist in a relevant medical field a social worker and a judge). The authorisation needs to be in writing and can be exempted in emergency cases.</p>	Yes Up to 16 years		<p>Written authorisation is needed for minors under 16 years of age. A guardian or guardianship body can also provide the consent in lieu of a parent. This is not needed in cases of emergency to protect a woman's life or physical health or when the abortion was already initiated. There is no specific procedure for undocumented minors - and they would not legally be allowed to receive abortion care in a public hospital (which is the only institution where legally abortions can be provided). In practice, although gynaecologists do not need parental authorisation for abortions of women aged 16 – 18, they must receive parental or guardian consent for permitting full/general anaesthetic which is usually used in the case of abortions for minors (Law on Protection of Patient's rights in article 17). This leaves space for manipulation.</p>	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Cyprus	All	The authorisation of one medical practitioner is needed.	Yes Up to 18 years		Written authorisation from one parent or legal guardian is needed. For young people without parents, their guardianship usually falls under the state (e.g. Social Welfare Services).	No	Never	
Czech Republic	All	Need approval from the OB/GYN of the health establishment in the woman's area.	Yes Up to 16 years		Parental consent is needed until the young women is 16, between 16 and 18 the health establishment is required to notify her legal representative.	No	Never	
Denmark	In some cases	Abortions after 12 weeks require approval by the Danish Abortion Council. The Abortion Council consists of three professionals: two medical doctors (one specialist in OB/GYN), one in psychiatry, the third person is a lawyer or social worker. This authorisation can be exempted in emergency cases to protect the woman's life.	Yes Up to 18 years		Written authorisation from the person with custody is necessary. The young person has the signature with her or the person who signs accompanies her. The Committee can authorize abortion even if parental consent has been refused.	No	Never	
Estonia	In some cases	Abortions undertaken for medical reasons between 12 and 22 weeks need written approval from three doctors (which need to include two gynaecologists). A medical approval can be waived in an emergency situation to protect the women's life.	Yes Up to 18 years			No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Finland	All	<p>Depending on gestational age and on the grounds for the abortion, one or more service providers are required to sign for approval. The authorisation is provided in writing and can be exempted in emergency cases.</p> <p>One doctor's signature is needed for abortions from 0-12 weeks when the applicant is younger than 17 years or over 40 years or when the applicant already has given birth to 4 children or more. Otherwise two doctors' signatures are needed. A woman can appeal to the Valvira (National supervisory Authority for Welfare and Health) for review of their case if the doctor rejects an abortion application. Two doctors' signatures are required when abortion is requested on the grounds that there is potential physical or mental stress if the pregnancy runs to term, if the pregnancy is a result from a serious crime (e.g. rape or incest) or if an illness of either parent would make it difficult to provide a normal upbringing for the child. An additional reference to Valvira is needed in all cases where the gestational age is between 13-20 weeks or when there are grounds of foetal abnormality (when the time limit is extended to 24 weeks) or in any case where the doctor has given a negative decision.</p>	No	No	<p>If the woman is mentally challenged and not capable of making a valid request of the termination of the pregnancy - consent is needed from the guardian or a specially appointed trustee.</p>	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
France	In some cases	Two doctors need to approve terminations after 12 weeks. Two physicians need to certify that the continuation of the pregnancy jeopardizes the woman or that there is a high probability that the unborn child will be afflicted with a particularly serious condition recognised as incurable at the time of the diagnosis. Doctors need to explain and inform the woman before the decision.	No		Minors do not need parental consent but they must be accompanied by an adult person over 18 years of age throughout the procedure. This adult has to support the minor during one or all appointments.	No	In some cases	If the termination of the pregnancy is requested on mental health/disability grounds. A judge with a psychiatrist and a neurologist form a commission that needs to approve it with a written authorisation. This commission can sometimes approve late abortions if the pregnancy is the result of a rape even though it is not mentioned in the law.
Georgia	In some cases	Abortions after 12 weeks require approval from a physician committee at a medical facility. This committee should include a gynaecologist, a lawyer and a medical specialist if the woman is afflicted with a medical ailment. Their authorisation must be in writing. Women are exempted from medical approval when the pregnancy is a consequence of rape or if the woman is under 15 or over 49 years of age.	Yes Up to 14 years		Written authorisation from one parent or guardian is needed. If the parent or guardian cannot be found or does not agree with the care, medical providers make a decision based on the best interest of the patient.	No	In some cases	Judicial approval is required for pregnancies resulting from rape. A judge needs to provide their written authorisation.

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Germany	In some cases	The grounds (health, life and rape) must be established by a physician, written in the form of a certificate and presented to the physician that will carry out the procedure (who must be different from the physician that has established the grounds).	Yes Up to 16 years		<p>There are no specific requirements related to parental consent for abortion but there are regulations for parental consent for medical procedures in general. Under 16 years of age it is usually required but it depends on the doctor's decision. As for any medical treatment, doctors must be convinced that the young woman is capable of making an informed decision and is aware of and comprehends the potential risks. It is a question of professional discretion of the doctors but is challenging because abortion care is still rooted in the penal code and remains a contentious issue. In practice, women aged 16-17 years can make their own decisions and do not need parental consent. Under 16 it is debatable. It is not a requirement and depends on the individual women and the individual doctor. Under 14 parental notification of at least one parent will usually be requested. The Youth Welfare Office can consent instead of a parent. Parental notification can be exempted in cases where there is an emergency to protect the woman's life.</p>	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Greece	In some cases	Healthcare professionals are required to provide medical certificates attesting to the unavoidable risk to the life of the pregnant woman or of serious and permanent harm to her physical or mental health in order to proceed with an abortion on these grounds. The medical approval can be exempted in emergency cases where there is a risk to the life of the woman. In these cases, the authorisation is given after the emergency.	Yes Up to 18 years		Minors need the written authorisation of one parent or appointed guardians. This can be exempted in extremely urgent cases and in order to protect the woman's life. Most of the abortions provided to minors take place in private clinics as the bureaucracy is less heavy and the service providers have less judgmental attitudes.	No	In some cases	Judicial Approval can be provided when the woman/girl is an unaccompanied minor and her custody has not been appointed to a guardian or an institution - The minors district attorney can then provide authorisation for the procedure in absence of their parents.
Hungary	In some cases	For abortions requested on health indications (foetal malformation, life or health grounds) the unanimous opinion of two medical specialist doctors is required	Yes Up to 16 years	Yes Up to 18 years	Parental consent is needed until 16 years. From 16 - 18 years the health establishment is required to notify their legal representatives that an abortion was provided.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Ireland	In some cases	No approval is needed before 12 weeks; a doctor only has to certify the gestation. Two doctors must certify the eligibility regarding the risk to health/life and FFA. Exceptions in emergencies to protect a woman's life and health. No official or anecdotal evidence regarding how this is implemented as yet.	No		No special consent provisions apply to abortion differently from other forms of healthcare in terms of parental consent. But the contours of parental consent in Ireland are unclear. According to the Health Service Executive Model of Care (governmental guidance) "Young people, aged under 18 years, are encouraged to involve their parents or another supportive adult. If the person is 15 years or under, and chooses not to involve an adult, a doctor can offer an abortion if there are exceptional circumstances and an assessment has been completed. The person can talk to their doctor about this if they have any queries. If the person is aged between 16 and 17 years, and chooses not to involve an adult, a doctor can offer an abortion but this is only if the doctor is confident that they understand the information can give valid consent.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Israel	In some cases	<p>Abortions on the grounds of risk to the woman's life/ health, mental health grounds, in case of foetal impairment need written medical approval. There is an exemption for emergency cases to protect a woman's life. (Abortions on social grounds do not need medical authorisation/ approval). The committee of three shall be composed of – (1) a qualified physician who is specialist in obstetrics and gynaecology; (2) an additional qualified physician who practices one of the following specialisations: obstetrics and gynaecology, internal medicine, psychiatry, family medicine, public health; (3) a person registered as a social worker. At least one of the committee's members shall be a woman. If a woman meets all criteria, including the provision all documentation/ tests, she will receive authorisation.</p>	No			No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Italy	All	All abortion requests must be approved by a doctor. This authorisation must be in writing and can be exempted in emergencies where the women's life is at risk.	Yes Up to 18 years		Written authorisation from one parent is needed. If the parents no longer have guardianship, then the legal guardians must provide authorisation. The law specifies that the need for parental consent can be waived when there is danger to the health of the minor. Young people without parent or legal guardians can be assisted by a "Tutelary Judge"	No	In some cases	If the pregnancy is requested on mental health grounds. If the woman is a minor and there is not consent by or involvement of parents. A judge needs to provide a written authorisation but this can be exempted in emergency cases (eg when women's life is at risk).
Kazakhstan	In some cases	All abortions beyond 12 weeks need approval from a committee of three OB/GYN (department head and two doctors). Abortions beyond 12 weeks can be requested when there is a risk to life or health, pregnancy is a result of rape/incest, the woman is a minor or in case of foetal malformations.) The authorisation must be in writing and can be exempted only in emergencies to protect the woman's life.	Yes Up to 18 years		Written authorisation from one parent is required. A minor must be accompanied by an adult of her choice. Can be exempted in cases of emergency to protect a woman's life.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Kyrgyzstan	In some cases	All abortions beyond 12 weeks need approval from a committee of three OB/GYN (department head and two doctors). Abortions beyond 12 weeks can be requested when there is a risk to life or health, pregnancy is a result of rape/incest, the woman is a minor or in case of foetal malformations.) The authorisation must be in writing and can be exempted only in emergencies to protect the woman's life.	Yes Up to 18 years		Written authorisation of one parent, guardian or elder relative is needed and a minor must be accompanied by an adult of her choice.	No	Never	
Latvia	In some cases	Medical approval in writing by a council of doctors including an OB/GYN required for cases of risk to health, mental health grounds, risk to life and foetal impairment	Yes Up to 16 years		The written authorisation of one of the parents is needed - If there is a dispute between the woman and her parents the Orphan's Court or parish can consent. The Orphan's Court provides consent in cases where the young person does not have a legal guardian or parents. Parental consent can be exempted in emergency cases to protect the woman's life. In case the woman has limited capacity the written consent of a guardian is needed	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Lithuania	All	A gynaecologist (one doctor) has to confirm that the grounds for an abortion are met. A medical concillium of four or five doctors has to approve all abortions on medical grounds. This authorisation must be in writing and can be exempted in cases of emergency to protect a woman's life.	Yes Up to 16 years		Written authorisation of one of the parents (foster parent or guardian) is needed. This is not needed in cases of emergency to protect a woman's life. Although legally parental consent is not required for 16-18 year olds there have been cases in practice where this was requested.	No	In some cases	In case that the pregnancy is a result of rape or incest and tthe pregnancy is over 12 weeks - a court decision is needed to terminate the pregnancy.
Luxembourg	In some cases	Abortions after 12 weeks need written medical approval. Exemptions when there is a serious threat to woman's health or in cases fatal foetal malformation	Yes Up to 18 years		A minor needs the written authorisation of one of their parents and must be accompanied by an adult of her choice. If the minor prefers to keep the abortion a secret any other adult chosen by the minor can provide the authorisation.	No	Never	
Montenegro	In some cases	Medical approval is needed if there is a serious risk to the woman's health and life; if the pregnancy is the result of rape, incest or other listed sexual crime and in case of foetal impairment. Authorisation needs to be written. It can be exempted if when woman's life is at risk.	Yes Up to 18 years		Written authorisation from one parent or legal guardian. A guardianship body can also authorise the procedure.	No	Never	
Netherlands	In some cases	Medical approval is needed for pre-term delivery (over 24 weeks) - a special commission needs to ensure that all the requirements are met.	No parental consent needed		In some cases approval of a medical doctor or professional is also deemed sufficient - in cases of emergency or in cases that the woman does not want to inform her parents parental consent can be waived.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
North Macedonia	In some cases	The Commission for approval of abortion after 22nd weeks that is established by the Ministry of Health, also include one member who has significant gender expertise (5 years) to ensure that decisions made by the Commission really reflect the needs of the women and that her opinion is taken into consideration when Commission is making the decision.	Yes Up to 18 years		Written authorisation of the parent or legal guardian is required.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Norway	In some cases	All abortions beyond 12 weeks need to be approved by an 'abortion committee'. The board is composed of two medical doctors. One of them must be employed by the department that carries out abortions at the hospital. The law requires that the abortion board takes into consideration how the woman assesses her situation and the abortion board's decision must be reached in consultation with her. The woman can be present but her presence is not mandatory. After the end of 18 weeks (17 weeks + 6 days), the pregnancy cannot be terminated except on grounds of grave risk. If a woman's application is denied, it is automatically referred to the Norwegian national appeals board for abortion applications ('klagenemnda for abortsaker'). Two Doctors (specialty not specified), one should be employed in the department of the hospital that provides abortions, the other cannot be employed at the department. This authorisation must be in writing and can be exempted in emergencies to protect the women's health and life.	Yes Up to 16 years		If there is no guardian, the governor can appoint a guardian to provide the authorisation or consent can be provided by the county medical officer. Parental consent can be exempted to protect a woman's life and if the minor does not get parental or guardian consent the abortion can still be authorised by the county medical officer.	No	No data	No data

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Portugal	In some cases	Medical approval is needed for abortions over 10 weeks. These can be requested on limited grounds (risk to health or life of the woman, pregnancy is a result of rape or in cases of foetal impairment). Two doctors are needed to authorise the procedure. One of the authorising doctors must be different from the doctor providing the procedure. This authorisation must be in writing and can be exempted in emergencies to protect a woman's life. In cases where the unborn child will suffer from incurable serious illnesses or congenital malformation the required certification is done by a technical committee at the level of the health institution.	No	Yes Up to 16 years	Notification of one parent or guardian is needed. In cases where women have a mental disability the written consent of their parent or guardian is needed.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Romania	In some cases	A procedure for medical approval is not specified in the law and therefore rules and regulations of every health institution apply. In general, written medical authorisation is needed in cases where abortion is sought on the grounds of a serious risk to the woman's health (incl. mental health grounds) and life, when a woman is a minor and in cases of foetal impairment.	Yes Up to 18 years		Written authorisation from one parent is needed. A social worker can also consent for the procedure in lieu of a parent. The law on healthcare reform provides an exception when minors can express their consent in the absence of their parents or their legal representative: 16 year old minors in all cases when it comes to "medical conditions related to the diagnosis and/or treatment of sexual and reproductive problems at the express request of the minor" but this is not implemented for abortion as it is a surgical intervention. For abortion, parental consent is therefore effectively necessary up to 18 years old.	No	Never	
Russia	In some cases	If there is a serious risk to the woman's life or health, if the pregnancy is a result of rape	Yes Up to 15 years		A parent or guardian should give their consent. Minors need to be accompanied by an adult of their choice.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Serbia Republic of	In some cases	For abortions between 10-20 weeks (which are available on a limited number of grounds) the approval of a Konzilium is needed (a council of three doctors). This approval can be exempted if there is an emergency situation to protect the woman's life. The approval procedures are usually respected in practice. For abortions over 20 weeks an ethical commission must provide authorisation.	Yes Up to 16 years		Written authorisation from one of the parents or guardians is needed. This can be exempted to protect the woman's life. Unaccompanied minors will be placed under guardianship as soon as possible and authorisation from this guardian will be needed. If the woman is assessed as a person who does not have legal capacity, authorisation must be provided by the guardian.	No	Never	
Spain	In some cases	Abortions after 14 weeks need medical approval. A written authorisation by one doctor or specialist is required in case of serious risk to the life or health of the woman - except in emergencies. Two specialists must issue an opinion in case of risk of serious anomalies in the foetus or when foetal anomalies are incompatible with life after the birth.	Yes Up to and including 17 years		Written authorisation from one parent is needed. Judicial approval can be sought if parental consent is not possible.	No	In some cases	Minors seeking abortion need judicial approval when they cannot secure parental consent. The authorisation needs to be in writing.
Sweden	In some cases	Abortions after 18 weeks require approval from National Board of Health and Welfare. This is not needed in emergencies to protect the woman's life.	No		Parental consent will not be requested but young people will be encouraged to talk to their parents.	No	Never	

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Switzerland	In some cases	A physician needs to assess that the termination of pregnancy is necessary to prevent serious physical and psychological injury to the woman.	No		No parental consent or notification is requested - young women under 16 years of age are obliged to go for a consultation before abortion in a recognised counselling centre. If a woman is under 16 usually the physician will ask that one adult in the network of the young girl is informed about the abortion. Consent from a woman's legal guardian is required if the woman is incapable of discernment.	No	Never	
Tajikistan	In some cases	Medical approval needed in case of risk to health, risk to life or foetal impairment. In case of risk to physical or psychological health of the woman, a medical report of a doctor specialised in this area is required. In case of foetal impairment approval of the supervising OB/GYN and two other OB/GYN doctors is needed. This authorisation must be in writing. In emergencies when the woman's life is in danger no approval is required.	Yes Up to 18 years		Written authorisation from one of the parents or guardians is needed. This can be exempted when there is an emergency to protect the woman's life. Young women under 16 need judicial and parental approval for the abortion. Young women between 16 and 18 years need only parental authorisation. In the case where a woman has an intellectual disability, her legal guardian or trustee gives consent.	No	In some cases	If pregnancy is result of rape or if the pregnant woman is under 18. A judge or prosecutor when the case of rape is still going through the judicial process. When the woman is under 18 years old and has been raped- a criminal investigation needs to be conducted.

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Turkey	In some cases	When there is a risk to the health or life of the woman, cases of rape or when abortion is requested on the grounds of foetal malformation, confirmation of the grounds must be provided by two specialists. In case that there is an emergency and to protect the woman's life this authorisation can be exempted - after the emergency abortion is provided, the doctor needs to inform the health institution at the town or state level and provide justification. What is considered a medical emergency, or a threat to the women's life is interpreted much less flexible as previously.	Yes Up to 18 years		Written authorisation from one parent is required. In the case of minors under legal guardianship, the consent of the legal guardian, as well as the permission of a Justice of the Peace, are required. To protect a woman's life, this requirement can be waived but parents will be notified of the emergency abortion after the procedure. Much of the time, young underage women are not able to get an abortion or to go to a medical institution because they fear violence and harassment from their parents - for these reasons they sometimes revert to illegal and sometimes unsafe methods. There have been cases where doctors informed parents even though the woman was over 18. Parental consent is not needed when life is in danger, but the parents are notified afterwards.	Yes. Written authorisation of the spouse is required. There have been cases where unmarried women were denied abortions (in state hospitals) because the hospital claimed that they would not be able to get consent from the "father of the baby" (even though partner's consent is not required by the law when the woman is unmarried). Some private offices forego the spousal consent for married women in a discreet manner.	Yes, in cases of rape, or if woman is under legal guardianship (a minor and/or being mentally incompetent)	Because the processing times in legal matters is quite slow, most of the time this results in the passing of the 10 weeks limit for voluntary abortions and 20 weeks for the abortions for pregnancies that resulted from rape. It can be waived if there is an imminent danger to life or a vital organ.

	Medical Approval	Specifications & Implementation	Parental Consent	Parental Notification	Specification & Implementation	Spousal Consent	Judicial Approval	Specifications & Implementation
Ukraine	In some cases	Medical approval needed in case of risk to health, risk to life, rape or foetal impairment. A medical committee at the level of the department of healthcare needs to provide approval, and this must be in writing. In case of rape, a forensic physician must provide a written report. In case of foetal impairment both an OB/GYN and a prenatal screening centre need to provide a document testifying to the level of foetal impairment established.	Yes Up to 14 years		A parent or legal representative needs to provide their consent. Abortions for patients with special needs can be conducted at the request (application) of her legal representatives.	No	Never	
UK: Great Britain	All	The Abortion Act makes abortion legal where the pregnancy is terminated by a registered medical professional (RMP) and, except in emergencies, where two RMPs are of the opinion formed in good faith that one of the lawful grounds specified in the Act are met. This medical approval is not needed in emergencies where the woman's life is at risk.	No			No	Never	
UK: Northern Ireland	All	Although not required by law it is recommended that where practicable, two doctors with the appropriate competence, knowledge and experience should undertake the clinical assessment. This authorisation should be in writing - due to the very restrictive nature of the law in N. Ireland.	No			No	Never	

Annex VII

Restrictions on Free Abortion Care

	Free of Charge?		Inc. in National Health Insurance	Must Possess Citizenship	Must Possess Health/Social Insurance	Must Be a Member of a Vulnerable Group	Must Be Below or Above a Certain Age	Life or Health Must be at Risk	Must Be a Case of Rape or Incest	Cases of Foetal Impairment	Comments, inc those who cannot access free care by law or in practice
	for all	for some									
Albania		✓	✓		✓		✓				Women living in rural areas and Roma women often cannot access free care in practice because they are not covered by the national health insurance.
Armenia		✓				Low -income and poor women, adolescents, refugees, HIV- positive and other vulnerable groups are provided services free of charge.		✓	✓		There is a state programme to provide services free of charge for poor women, adolescents, refugees, HIV-positive women and survivors of rape, but most of these women cannot access the program due to complex criteria and bureaucratic procedures. The fear that confidentiality will not be maintained also deters many woman and in particular young unmarried women from seeking healthcare services and drives them to clandestine providers or to self-induce abortion.
Austria		✓				In Vienna women in social need (Mindestsicherung) get all costs covered.		✓			
Azerbaijan		✓		✓							Currently a mandatory health insurance is running as a pilot project in three regions, abortion services are included in the basic benefits package.

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	for all	for some									
Belgium	X	X	✓		✓						Women who are not regularly insured will pay 460€ (520\$).
Bosnia and Herzegovina	X	X									
Bulgaria		✓				Woman who are officially registered as socially vulnerable.	Under-aged women (under 16 years of age), for women over 35	✓	✓		
Croatia		✓						✓			There is no official data on 'illegal' abortion. Some doctors will perform abortions after hours in private clinics although abortion in private clinics is against the law.
Cyprus		✓				Free of charge for patients that are eligible for free medical care, usually people who belong to vulnerable groups and are recognised as such by the Social Welfare Services.					The national health insurance will be implemented in 2019. It is not clear how abortion care will be covered and if there will be people who will not be insured.

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	for all	for some									
Czech Republic		✓	Abor-tions on request are not covered by health insurance but those that are applied to for other grounds are covered.		✓						
Denmark		✓	✓		✓						99% of all abortions are provided free of charge.
Estonia	✗	✗	Those with health insurance have to pay 30%-50% of the total cost of the abortion.					✓			Those without health insurance have to pay 100% of the cost.
Finland	✓		✓								

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	for all	for some									
France	✓		Women can receive a full reimbursement of the costs if they are living in France.		✓	Women with CMU-C (Supplementary Universal Health Coverage) or "Aide Médicale de l'Etat" (State medical aid) are exempted from advancing any costs for the procedure.	Minors without parental consent are exempted from advancing any costs for the procedure			Costs are reimbursed by the state after the procedure.	New migrants might not be covered.
Georgia	✗	✗									
Germany		✓	There is health insurance coverage for abortions for medical indications and rape. These are free of charge.			State covers the costs for women under a certain income level.			✓		
Greece		✓	✓								Abortion is free of charge only in state hospitals. Under the table payments do take place.
Hungary		✓	✓			If the woman receives state financial support or is living in a state institution.		✓	✓		

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	for all	for some									
Ireland		✓	✓	Must live in Ireland				✓		✓	All grounds eligible under law (up to 12 weeks, risk of serious harm to health/life, fatal foetal abnormality. Women and girls who cannot show that they are ordinarily resident in Ireland, women from Northern Ireland (no hospital care pathway) and women in some counties with poor provision often cannot access free care.
Israel		✓	✓				An abortion is free of charge when a woman is under 33 years of age.	✓	✓	✓	Asylum seekers and refugees cannot access free care.
Italy		✓	✓		✓						Illegal immigrants without documents would not be covered by national health insurance.
Kazakhstan		✓	✗	✓				✓	✓		All abortions for medical and social reasons are covered.
Kyrgyzstan	✗	✗	✓		✓						Women who do not have medical social insurance (e.g. unemployed, housewives, youth that are not working and not studying) often cannot access free care in practice.
Latvia		✓	✗					✓		✓	Occasionally, municipalities may cover abortion costs for women from vulnerable groups. There are no under the table payments however additional tests may be requested and added to the cost of an abortion procedure.
Lithuania		✓	✗					✓			

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	for all	for some									
Luxembourg		✓	✓		✓						For services provided in family planning centres there are no requirements. For services provided in hospitals women need health insurance in order to be covered. Medical abortion is free of charge. There are social workers who can assist in finding the necessary funds. Those who are in non-legal situations or outside of the social security system cannot access free care.
Montenegro		✓						✓	✓		Abortion is free when it is performed after the 10th week of pregnancy. Abortion on request is never free of charge.
Netherlands		✓	✓	✓	✓						Women from other countries and women with no insurance (e.g. undocumented women) have to pay.
North Macedonia	✗	✗	✗								
Norway	✓		✓								All women even without legal permit can receive abortion care at no cost.
Portugal		✓	✓								Some migrants cannot access free care .
Romania	✗	✗	✗			For women with difficult socio-economic situations.					The abortion on demand it is not covered by the medical insurance. Hospitals have taxes to cover expenses, but this does not cover payment of the doctor.
Russia		✓	✓		✓						Foreigners cannot access free care.

	Free of Charge?		Inc. in National Health Insurance	Must Possess Citizenship	Must Possess Health/ Social Insurance	Must Be a Member of a Vulnerable Group	Must Be Below or Above a Certain Age	Life or Health Must be at Risk	Must Be a Case of Rape or Incest	Cases of Foetal Impairment	Comments, inc those who cannot access free care by law or in practice
	for all	for some									
Serbia Republic of		✓	✓		✓			✓			There are increased cases reported of doctors demanding bribes. Women from vulnerable groups (e.g. Roma women) often turn to illegal abortions and the black market as they do not meet requirements for obtaining national health insurance.
Spain		✓	✓								Even when abortions are performed in private authorized clinics (the most frequent), women are not charged due to agreements between the clinic and the regional health service. Non-residents/ foreigners and women who do not want to/cannot wait the 3 days provided by law before the abortion cannot access free care.
Sweden	✗	✗	✓								Women need to pay hospital fees which vary from county to county. They range from 220 EUR to 350 EUR.
Switzerland	✗	✗	✓								Undocumented women (sans-papiers) cannot access free care.
Tajikistan		✓	✗			✓		✓	✓		Abortion is free of charge for people with disabilities, when the minor is an orphan, for low-income families and for emergencies. However, even at state clinics informal payments are often requested.
Turkey		✓	✓		✓						Refugees as well as people who are not able to pay the monthly fee for the National Health Insurance (but cannot prove the lack of funds to pay these monthly fees) are not covered by insurance.

	Free of Charge?		Inc. in National Health Insurance	Must Possess Citizenship	Must Possess Health/ Social Insurance	Must Be a Member of a Vulnerable Group	Must Be Below or Above a Certain Age	Life or Health Must be at Risk	Must Be a Case of Rape or Incest	Cases of Foetal Impairment	Comments, inc those who cannot access free care by law or in practice
	for all	for some									
Ukraine		✓	✓								A woman must pay the cost of the medication.
UK: Great Britain	✓		✓								
UK: Northern Ireland	✓										

Annex VIII

Institutional and Provider Requirements for Abortion Care

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor- tion Be- yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require- ments Negatively Affect Ac- cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor- tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man- datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Albania	Yes Medical abortion was intro- duced in Albania through a pilot proj- ect imple- mented in the Tirana Maternity Hospitals. Although many OB/ GYNs use Mifepristone to provide medical abortion, it is not legalised. There is no amend- ment or law approved on medical abortion.	Not officially regis- tered (al- though it is pro- vided in different facilities, public and private health institu- tions)	In public and private health institu- tions	In pub- lic and private health institu- tions	In public and private health institu- tions	A little	Medical abortion is provided in both private and public institutions, although Mifepristone is not regis- tered yet.	Not officially regis- tered (al- though it is pro- vided in differ- ent facil- ities)	Spe- cialist doctor, includ- ing OB/ GYN	Spe- cialist doctor, includ- ing OB/ GYN	Yes	Nurses, General Doctors, OB/GYN, Midwives	Agree	The new law in- tro- duces medical abortion up to 9 weeks which will be per- formed by primary healthcare gynaecol- ogists. It is aimed to overcome the barrier of access and make it available to all women equally. Hospitals remain the main facilities in which late abortion can be per- formed.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Armenia	Yes Up to 12 weeks Medical procedures are more frequently used. Home-use medical abortion is possible.	Licensed outpa-tient repro-ductive health facili-ties of second-ary and tertiary level.	Licensed outpa-tient repro-ductive health facili-ties of second-ary and tertiary level.	Li-censed outpa-tient repro-ductive health facili-ties of second-ary and tertiary level.	Licensed outpa-tient repro-ductive health facili-ties of second-ary and tertiary level.	A moderate amount	There are location related, financial and legal barriers for accessing abortion care.	Licensed OB/GYN	Licensed OB/GYN	Li-censed OB/ GYN	Yes	OB/ GYNs	Agree	There are more than 900 OB/ GYN in Armenia. Most of them are willing and able to provide abortion services.
Austria	Yes Up to 5 weeks for private providers 6-7 weeks in public hospitals.	Only in hospital and clinics. The Austrian regulation for Medical Abortion (Mife-gyne) allows the use of the medication only in hospitals and clinics.	Public and private health institutions, medical practices of estab-lished gynae-cologists and general practitioners.	Law: Hos-pitals, clinics, estab-lished gynae-cologists and general practitioners. In prac-tice: few pro-viders offer abor-tion up to 14 weeks.	Public and private health in-stitutions, medical practices of estab-lished gynae-cologists and general practitioners . Late-term abortion only in hospitals.	A great deal	Only allowing medical abor-tion in clinics really restricts access. The cost of abor-tion consti-tutes quite a big financial barrier. There are long waiting pe-riods in public hospitals (the cheapest providers), as no doctor can be forced to provide abortion.	General practi-tioners and gynae-cologists in hos-pitals or day clinics	General practi-tioners and gynae-cologists	Gynae-colo-gists in hospi-tals	No	Not includ-ed as a manda-tory part of any training pro-gramme.	Strongly disagree	In public hospitals only few doctors provide abortion care due to refusal of care.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Azerbaijan	Yes Up to 9 weeks Home-use medical abortion is possible.	Medical abortion should be provided by OB/GYN in facilities that have a special medical license. Abortions until 6-7 weeks can be provided in Women’s counselling centres with special conditions.	Health-care facilities (public and private) that have gynaecology cabinets.	Health-care facilities (public and private) that have gynaecology cabinets.	Public health-care institutions (including maternal welfare centres).	None at all	The requirements in relation to performing institutions are not an obstacle for accessing abortion care.	Doctors (OB/GYN)	Doctors (OB/GYN)	Doctors (OB/GYN)	Yes	OB/GYN	Agree	Currently there are enough service providers. The number of OB/GYNs (for the last 10 years) is declining. For the year of 2017 there was 3.8 OB/GYNs per 10.000 women (15-49).

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Belgium	Yes Up to 9 weeks Relative-ly low proportion of abor-tions are medical abortions in Belgium (about 22%) because of the mandatory waiting period.	Spe-cialised clinics or general hospitals that fulfil requirements of the abortion law.	Spe-cialised clinics or general hospi-tals that fulfil requirements of the abortion law.	Hospi-tals	Most abortions are per-formed in private clinics (man-aged by non-prof-it organi-sations).	None at all	Most abor-tions are provided in a private clinic (managed by non-profit organi-sations).	General practi-tioners and OB/ GYN	General practi-tioners and OB/ GYN	OB/ GYN	No	Not includ-ed as a manda-tory part of any training pro-gramme.	Agree	

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Bosnia and Herzegovina	No Medical abortion is not regulated by law nor registered as a method.	n/a	Public and private health gynaecological services registered for abortion delivery.	Public and private health gynaecological services registered for abortion delivery.	In public and private health institutions registered for abortion delivery.	None at all		n/a	A specialist in gynaecology and obstetrics of a health institution.	A specialist in gynaecology and obstetrics of a health institution.	No	OB/GYN	Agree	Within public health clinics the majority of gynaecologists are providing abortion services. The only area in the country that this is an issue is in Herzegovina where some gynaecologists don't want to perform abortions due to the Catholic influence. However, there are enough service providers in private clinics who are performing it.

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	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Bulgaria	Yes Up to 10 weeks Home-use medical abortion is possible.	Second-ary dist-rikt-level public health-care facilities, special-ised in abortion care.	Second-ary dist-rikt-level public health-care facilities, special-ised in abortion care.	Second-ary dist-rikt-level public health-care facilities, special-ised in abor-tion care.	In out-patient clinics, hospitals and in general in medi-cal units.	None at all		Spe-cialist doctor includ-ing general practi-tioner and OB/ GYN.	Spe-cialist doctor includ-ing general practi-tioner and OB/ GYN.	Spe-cialist doctor includ-ing general practi-tioner and OB/ GYN.	No	General doctors, OB/ GYNs and mid-wives	Agree	Only gynae-cologists provide abortions in Bulgaria, there are enough providers.

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	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Croatia	Yes Up to 10 weeks	Hospitals that ensure an organ-ised unit of gynae-cology and obstet-rics.	Hospi-tals that ensure an or-ganised unit of gynae-cology and ob-stetrics.	Hospi-tals that ensure an or-ganised unit of gynae-cology and obstet-rics.	In hospi-tals au-thorised for this service. Abortions are also provided in private practices although legally prohibi-ted due to abortion stigma and condem-nation of women having abor-tions.	A lot	There is no mechanism for monitor-ing and control to ensure that abor-tion care is provided by designated healthcare fa-cilities in the same man-ner in which they are providing any other health services. The availability of abortion care varies due to refusal of care.	A spe-cialist in gynae-cology and obstet-rics of an au-thorised health institu-tion.	A spe-cialist in gynae-cology and obstet-rics of an au-thorised health institu-tion.	A spe-cial-ist in gynae-cology and ob-stetrics of an au-thorised health institu-tion.	No	OB/GYN	Strongly disagree	Refusal of care has risen to 52% in 2014. There is no official register of people who refuse to perform abortions. Refusal of care is related to regional culture and standards which makes abor-tion care completely unavailable in some parts of the country.

	Institutional Requirements							Provider Requirements						
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	Where Care Is Usually Provided	Extent To Which requirements Negatively Affect Accessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Mandatory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Cyprus	No	n/a	Registered medical units in state hospitals or private clinics.	Registered medical units in state hospitals or private clinics.	Mostly provided in private clinics.	A lot	Since abortions are performed in private clinics, the cost is high, a lot of women do not have access to the choice of having an abortion.	n/a	General doctor, OB/GYN and an anaesthesiologist	General doctor, OB/GYN and an anaesthesiologist	No	OB/GYN	Agree	OB/GYN provide abortions in private clinics.
Czech Republic	Yes Up to 12 weeks	n/a	n/a	n/a	Mostly provided in OB/GYN departments	n/a		n/a	Specialised gynaecologists	Specialised gynaecologists	No	OB/GYN	Strongly agree	There are no problems.
Denmark	Yes Up to 12 weeks Home-use medical abortion is possible.	Practising private doctor specialist or OB-GYN in a hospital - dept of OB/GYN or Surgery	Practising private doctor specialist or OBGYN in a hospital - dept of OB/GYN or Surgery	According to law only in hospital - dept of OB/GYN or Surgery.	Early abortion (Medical, not very often surgical) 20% in specialist practice All other in hospital.	None at all	Every woman has access - if she does not have a Danish social security number she has to pay for the procedure - otherwise the service is free of charge.	Doctors	Doctors	Doctors in regional hospitals	Yes	OB/GYN	Strongly agree	All health personnel has the right to refuse to practice abortions as stated in the law but very few use this.

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Estonia	Yes Up to 12 weeks Home-use medical abortion is possible.	Any medical service provider who has the license to provide gynae-cological services.	Needs to have license to do gynae-cological surgical proce-dures.	Gy-naeco-logical surgical inpa-tient facility.	Gynae-cology departments of central and coun-ty hospi-tals on a day-care basis.	None at all		Gynae-cologists	Gynae-cologists	Gynae-colo-gists	No	OB/ GYNs and mid-wives	Strongly agree	There are no known cases of providers invoking refusal of care on ethical grounds.
Finland	Yes Up to 12 weeks The major-ity of abor-tions are medical abortions (89 % in 2017). Home-use medical abortion is possible.	Hospital which has been ap-proved for the purpose by the State Medical Board.	Hospital which has been ap-proved for the purpose by the State Medical Board.	Hospital which has been ap-proved for the purpose by the State Medical Board.	Most abortions are pro-vided in approved hospital setting, but home abortion is avail-able for early medical abortions too.	None at all		OB/GYN assisted by mid-wives	OB/GYN assisted by mid-wives	OB/ GYN assisted by mid-wives	Yes	OB/GYN, General Doctors, Nurses, Midwives	Strongly agree	

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	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	Where Care Is Usually Provided	Extent To Which requirements Negatively Affect Accessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Mandatory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
France	Yes Up to 7 weeks Home-use medical abortion is possible.	Public and private hospitals, health centres, family planning centres, private doctors and mid-wives.	Public and private hospitals and health centres	Public and private hospitals	Public and private hospitals, health centres, family planning centres and private doctors or mid-wives.	A lot	Lack of human and medical resources. Women have to wait a long time before their first appointment. Administrative requirements and refusal of care affects accessibility of the services in a negative way.	Doctors and mid-wives	Doctors	Doctors	Yes	general doctors, OB/GYNs and mid-wives	Disagree	There is a lack of doctors who provide abortion care.
Georgia	Yes Up to 12 weeks Medical abortion is the most common method.	Outpatient facilities	Outpatient facilities	Inpatient facilities	Abortions are usually carried out in primary or secondary care units.	A lot	The distribution of performing institutions throughout the country's regions is not equal - there are regions there is a high proportion of service providers/institutions refusing to provide abortion care.	OB/GYN	OB/GYN	OB/GYN	Yes	OB/GYN, Midwives	Disagree	A high number of providers and institutions are invoking refusal of care leading to high variability in access to services.

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	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Germany	Yes Up to 9 weeks Home-use medical abortion is possible.	Doctors need permission to offer medical abortion.	Clinic with permission to offer medical operations.	Clinic with permission to offer medical operations.	Abortions are usual-ly carried out in doctor's day clin-ics.	A mod-erate amount	There is a gap between the demand and offer of services for abortion. There are not enough doctors offer-ing abortion services.	OB/GYN	OB/GYN	OB/GYN	Yes	Not includ-ed as a manda-tory part of any training pro-gramme.	Disagree	There are not enough doctors providing abortion services across the country. There are structural barriers and the stigma for doctors providing abortions is contribut-ing to this issue.

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Greece	Yes Up to 7 weeks Home-use medical abortion is possible.	State hospi-tals and private clinics.	State hospi-tals and private clinics.	State hospi-tals and private clinics.	Most abor-tions are provided in state hospitals - state obstetric hospi-tals and private obstetric clinics.	None at all	The require-ments in the legal frame-work do not pose a threat to the accessibility of abortion care. The attitude from some medical and non-medical staff to cer-tain vulner-able groups (e.g. Roma) is an obstacle that affects accessibility to services that are avail-able for free by the State.	Spe-cialist doctor, incl. OB/ GYN	Spe-cialist doctor, incl. OB/ GYN	Spe-cialist doctor, incl. OB/ GYN	Yes	Nurses, general doctors, OB/GYN, and mid-wives.	Strongly agree	The number of trained personnel providing abortion care until recently was more than sufficient. Due to the financial crisis there was a significant reduction in the number of public servants, and this has affected the medical staff in pub-lic institu-tions. In the private sec-tor there is a sufficient number of the medical staff need-ed.

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Hungary	No	n/a	n/a	Abor-tions after 18 weeks can be per-formed only in the county level hospi-tals.	n/a	n/a		n/a	n/a	n/a	n/a	n/a	n/a	
Ireland	Yes The gesta-tional lim-its apply to grounds, not meth-ods. Home-use medical abortion is possible.	n/a	Hospi-tals	Hospi-tals	Early Medical Abortion before 9 weeks: GPs. Abortions 9-12 weeks, all surgical and all post 12 weeks: hospitals.	n/a	No provision in legislation	Regis-tered Medical Practi-tioners	Regis-tered Medical Practi-tioners	Obste-tricians and rel-evant special-ists (i.e. in the health condi-tion or foetal anom-aly)	No	Not includ-ed as a manda-tory part of any training pro-gramme.	Disagree	There is a significant problem of uneven distribution of providers of both ear-ly medical abortions (GPs) and health/life/fatal foetal abnormality abortions (hospitals).

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	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Israel	Yes Up to 9 weeks	Public and private hospitals	Public and private hospitals	Public hospitals only	Public and private hospitals	A mod-erate amount	Early medical abortion cannot be performed by a gynaecologist or doctor in the community it can only be practiced in a hospital which sometimes have long waiting periods before appointments. If community doctors could provide abortions women would not have to wait as long.	Doctors and sometimes nurses	Doctors only	Doctors only	No	OB/GYN and nurses	Agree	Although abortion care training is a part of training for OBGYNs and nurses in the public health system, there is still a problem with getting timely appointments as the need exceeds the number of doctors available in the public health system.
Italy	Yes Up to 7 weeks Medical abortion is used in around 15% of cases.	Public hospitals	Public hospitals	Public hospitals	Public hospitals	A lot	In Italy there is a high number of providers who refuse to provide abortion care and this impacts heavily the availability and accessibility of abortion services.	OB/GYN	OB/GYN	OB/GYN	No	Not included as a mandatory part of any training programme.	Disagree	Although there are a sufficient number of trained doctors there are not enough providers willing to provide abortion care services.

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Kazakhstan	Yes Up to 12 weeks Home-use medical abortion is possible.	Outpa-tient clinic	Hospi-tals	Outpa-tient clinic and hospi-tals	n/a	A mod-erate amount	For abortions beyond 9 weeks, the pregnancy is interrupted in the hos-pital. Most often these are provided using a surgi-cal abortion method and you need to pass certain test prior to the proce-dure. The examination may take 1 to 2 days.	OB/GYN	OB/GYN	OB/GYN	No	OB/GYN and mid-wives	Agree	Being certified as an OB/GYN suggests that the doctor has the right to provide abortion care.

	Institutional Requirements						Provider Requirements							
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Kyrgyzstan	Yes Up to 22 weeks Home-use medical abortion is possible.	Primary level health-care facilities	Primary level health-care facilities	Second-ary and tertiary levels of health-care	Most abor-tions are provided on the primary level of health-care facilities (state or private)	None at all		Trained and certified OB/GYN, nurses. Mid-wives and general doctors	Certified OB/GYN	Cer-tified OB/GYN	Yes	Nurses, General doctors, OB/GYN, Midwives have a general train-ing on abortion service provi-sion but without certifi-cates and practical skills.	Strongly disagree	In Kyrgyz- stan there are huge problems related to the pro- vision of abortion care due to a lack of trained service providers especially in rural areas. In most cases the training of the service providers is conducted by NGOs or internation- al organisa-tions and in some cases are by the Ministry of Health or Kyrgyz Medical State Institute on Post Diplo- ma (limited budget line and lack of funds).

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Latvia	Yes Up to 8 weeks	Certified institu-tions	Certified institu-tions	Hospi-tals	Outpa-tient cen-tres and hospitals	A mod-erate amount	Women in rural areas have to travel to access cer-tified institu-tions.	Gynae-cologist	Gynae-cologist	Gynae-cologist	No	OB/GYN	Agree	There are gynae-col-ogists that refuse to provide abortion procedures however women may choose another service pro-vider.
Lithuania	No	n/a	Inpa-tient and out-patient gynae-cological depart-ments.	Gy-naeco-logical clinics	In public and private clinics' gynae-cological depart-ments.	None at all		n/a	Doctors gynae-cologists	Doctors gynae-colo-gists	No	OB/GYN	Strongly agree	

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Luxembourg	Yes 9 weeks Home-use medical abortion is possible.	Private practice with a convention with a hospital Family Planning facility (with a convention with a hospital for any emergency).	Hospitals	Hospitals	Medical abortion (up to 9 weeks): private practice, hospitals or Family Planning facility Surgical abortion: hospitals	A moderate amount	Medical abortion is now available up to 9 weeks outside hospitals. The Family Planning has recently received an agreement to perform medical abortion up to 9 weeks. So do private doctors. However, there are no official guidelines.	Early medical abortions can be provided by any medical doctor after the ultrasound examination is performed by an OB/GYN	OB/GYN	OB/GYN	No	OB/GYN	Agree	In practice only OB/GYN provide this service and there are quite a few who refuse to do it. Medical doctors are not trained to provide medical abortion care. They are not allowed to provide surgical abortion.
Montenegro	No	n/a	Secondary (district-level) health-care facilities	Secondary (district-level) health-care facilities	Secondary (district-level) health-care facilities	n/a		n/a	Specialist doctor, including OB/GYN	Specialist doctor, including OB/GYN	n/a	n/a	n/a	

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Netherlands	Yes Up to 9 weeks Home-use medical abortion is possible.	Licensed abortion clinics and licensed hospitals (license granted by the Minister of Health Welfare and sports).	Licensed abortion clinics and licensed hospitals (license granted by the Minister of Health Welfare and sports).	Li-censed abor-tion clinics and licensed hos-pitals (license granted by the Minis-ter of Health Welfare and sports).	Most abortions (90%) are provided in spe-cialised abortion clinics - others in hospitals with a specific license. For abortions after 12 weeks clinics need a specific license.	A little	In 2017, some abor-tion clinics in the Nether-lands were forced to close due to financial reasons. As all remain-ing clinics increased capacity after the closure of several CASA clinics, capacity does not seem to be a prob-lem. There are ongoing initiatives to open more clinics (14 abortion clin-ics and sev-eral hospitals with a special license).	Doctors	Doctors	Doctors	No		Agree	

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
North Macedonia	Yes Up to 9 weeks	n/a	State health care facility that has an OBGYN Unit	State health care facility that has an OBGYN Unit	Abortion procedure up to 9 weeks can be performed at a gynaecological cabinet (primary level gynaecologist) that meets the requirements regarding space, equipment and personnel for performing OBGYN activity and has the necessary permits.	A great deal	Abortion is only provided in a few health care facilities in the country, woman from rural areas have difficulties accessing care and need to travel a few times in order to complete the abortion procedure.	Primary level gynaecologist	OB/GYN specialist and mid-wive or gynaecologists undergoing a special-isation in the hospital	OB/ GYN specialist and mid-wive or gynaecologists undergoing a special-isation in the hospital	No	OB/GYN	Neither agree nor disagree	Although there are enough services providers at the hospitals there are only a few hospitals providing abortion care. Primary healthcare gynaecologists are not allowed to provide abortions which creates a significant barrier to access care.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor- tion Be- yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require- ments Negatively Affect Ac- cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor- tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man- datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Norway	Yes Up to 15 weeks The most widely used method is medication, used in 88,6% of all abortions in 2017. Home-use medical abortion is possible.	Hospitals and other institutions as approved by the governor	Hospitals and other institutions as approved by the governor	Hospitals	At the hospitals. Most abortions in Norway are medicated, and second part of the medications can be taken at home.	A little	Since it is only hospitals and a few approved institutions outside hospitals that can perform abortion, the woman might have to travel a distance to access the service. Which wouldn't have been the case if, e.g. the general practitioner could have prescribed medication.	Doctor/ Gynae- cologist	Doctor/ Gynae- cologist	Doc- tor/ Gynae- cologist	No	OB/GYN	Agree	There are very few OB/GYN specialists who refuse to provide abortion care, which makes it easy in practice to offer the services. In late abortions midwives are sometimes involved.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Portugal	Yes Up to 10 weeks Home-use medical abortion is possible.	Public and private institutions allowed by national health services	Public and private institutions allowed by national health services	Public institu-tions	Data from 2016 shows that 72,15% from all abortions in Portu-gal are provided in public hospitals; 27,85% of abor-tions are provided in private services.	A mod-erate amount	We know that some-times wom-en want to avoid the services near their home as they are afraid of being recognised and to face the opinion of profes-sionals that they know (confidenti-ality can be a problem) Migrants face specific barriers when trying to access abortion services.	General doctors, OB/GYN	OB/GYN	OB/ GYN	No	Not includ-ed as a manda-tory part of any training pro-gramme	Disagree	Many pub-lic services don't pro-vide abor-tion care because of refusal of care by some health pro-fessionals, this makes it very diffi-cult to have a complete medical team for the pro- vision of abortion care. In these cases hos-pitals have a proto-col with another service that provide abortion (this is man-datory).

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Romania	Yes Up to 8 weeks	Private clinics	Medical Facilities or offices authorised for the purpose of abortion.	Medical Facilities or offices authorised for the purpose of abortion	Public and private hospitals/clinics	A moderate amount		n/a	Those who have the capacity as a physician specialised in obstetrics and gynaecology and a license for medical practice in this specialty	Those who have the capacity as a physician specialised in obstetrics and gynaecology and a license for medical practice in this specialty	Yes	OB/GYN	Disagree	It depends on the location. There are an increasing number of abortion providers refusing to provide abortion. Moreover, some doctors refuse to perform abortions because the insurance for malpractice does not cover abortion. Abortion is not covered by the health insurance scheme and the taxes paid by the patients are only covering the materials, leaving the doctor's work unpaid.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Russia	Yes Up to 9 weeks Medical abortions are more frequently used.	Outpa-tient clinics	Hospital	Ma-ternity House or specialised Wom-en's Hospital	Most of them are con-ducted early, at the level of an out-pa-tient depart-ment.	A little	There are require-ments for psychological consultation and listening to the foetal ultrasound and a 2 to 7 days waiting period. These are barriers to abortion care.	OB/GYN	OB/GYN	OB/GYN	No	OB/GYN	Agree	There are enough doctors with the right qual-ifications who work for the late abortion depart-ments as well as for the outpa-tient de-partments at women's consulta-tions where operations themselves and prepa-ratory pro-cedures are conducted. There are limited number of cases of prac-titioners refusing to provide abortion care.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Republic of Serbia	Yes Up to 10 weeks Home-use medical abortion is possible.	Up to 10 weeks: first level medical insti-tution, gynae-cologist's / obste-trician's office	Up to 10 weeks: first level medical institu-tion, gy-naecol-ogist's / obste-trician's office	Up to 20 weeks: medical insti-tution with gynae-cological and ob-stetrics service, surgery room and service for blood transfusion. After the first 20 weeks: clinic, insti-tute, clin-ic-hos-pital centre or clinical centre.	Abortion mostly provided in private clinics.	A mod-erate amount	Accessibility of abortion care is mostly affected by the fact that abortion is not covered by health in-surance and woman have to pay out of pocket for the proce-dure.	Spe-cialist doctor, includ-ing OB/ GYN	Spe-cialist doctor, includ-ing OB/ GYN	Spe-cialist doctor, includ-ing OB/ GYN	No	Not includ-ed as a manda-tory part of any training pro-gramme	Disagree	The per-centage of doctors refusing to perform abortion has in-creased in comparison to previous years.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Spain	Yes Up to 9 weeks In theory medical abortion should be available in the whole country; in practice it is concentrated only in some regions. Home-use medical abortion is only avail-able in Catalonia	Private or public clinics, sexual and repro-ductive health centres or hospi-tals	Private or public clinics and hos-pitals.	Private sector centres (autho-rised to perform abor-tion be-yond 12 weeks (high risk abor-tions)) or hos-pitals	In practice abortion care is provided mostly in private clinics	A mod-erate amount	In Spain, there are clinics or sexual and reproductive health centres where medical abor-tion (until 9 weeks) or surgical abor-tion up to 12 weeks ("low risks abor-tions") can be provided; other institu-tions can pro-vide all types of abortion (incl. private sector or hospitals).	General practi-tioners and OB/ GYN	General practi-tioners and OB/ GYN	Special-ist or under the di-rection of a special-ist	Yes	Not includ-ed as a manda-tory part of any training pro-grammes	Disagree	

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Sweden	Yes No limit. Medical method is most com-mon and is used in 93% of all abortions in 2017. Home-use medical abortion is possible.	n/a	n/a	n/a	Abor-tions are provided mostly in general hospitals or private clinics approved by Na-tional Board of Health and Wel-fare		Most early abortions (less than 9 weeks) are medical abor-tions. In 96% of the cases this includes a meeting in the clinic for the first pill and the pro-cedure can be finalised at home.	Physi-cians accord-ing to the law but mid-wives usually meet women, provide an ultra-sound and give the pills if every-thing seems normal.	Physi-cians	Physi-cians, mid-wives will be assist-ing during the pro-cedure.	No	OB/GYN	Strongly agree	Sweden currently has many midwives and gynae-cologists leaving care due to retirement. Currently there still are enough services providers but there are many service providers who are close to retirement age.
Switzerland	Yes Up to 8 weeks Home-use medical abortion is possible.	Hospi-tals and private gynae-cologists	Hospi-tals and private gynae-cologists	Hospi-tals and private gynae-cologists	Public and private hospitals and by private gynae-cologists	None at all	Cantons provide a list of hospi-tals, private gynae-cologists doing abortions as well as access to counsel-ing in case of ambivalence.	n/a	n/a	n/a	Yes	OB/GYN and Mid-wives	Strongly agree	

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor- tion Be- yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require- ments Negatively Affect Ac- cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor- tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man- datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Tajikistan	Yes Up to 12 weeks Home-use medical abortion	In repro- ductive centres up to 7 weeks other- wise in materni- ty houses	In repro- ductive centres up to 7 weeks other- wise in mater- nity houses	Ma- ternity houses, mater- nity units of hospi- tals	In repro- ductive centres and maternity houses	A mod- erate amount	According to the local standards abortion after 7 weeks can be pro- vided only in maternity houses (for all methods), and women in remote areas may have difficul- ties with this. Since in those areas, only reproductive centres are available and maternity houses are located in big cities.	OB/GYN	OB/GYN	OB/ GYN	No	OB/GYN	Agree	TFPA and Partners have been training a number of specialists in abortion over the last three years - there is however still a lack of trained specialists in rural and remote areas. Most OB/GYN in rural areas require spe- cial training and skills upgrading.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor- tion Be- yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require- ments Negatively Affect Ac- cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor- tion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Man- datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Turkey	No	n/a	Up to 10 weeks: official medical institutions, private hospitals or the consultation rooms of gynaecologists or obstetricians. After 10 weeks: can be performed in official medical institutions with beds or in private hospitals.	Official medical institutions with beds or in private hospitals	Facilities providing abortions up to 10 weeks must be specialised in gynaecology and obstetrics. They can be official medical institutions, private hospitals or the consultation rooms of OB/GYN. Abortions beyond 10 weeks can be performed in official medical institutions with beds or in private hospitals.	A lot	Abortion was accessible even at primary care institutions before 2003, however it is not accessible now in primary care institutions called Family Health Centres which are mostly used by lower income women. It is also not accessible at secondary care institutions. This inaccessibility has created the perception that it might not be legal for most people. Only 7.8% out of the 431 public hospitals having gynaecology depts indicate that they provide abortion on request.	n/a	Up to 10 weeks: OB/GYN or by general practitioners who have studied in institutions opened by the Ministry, who have a license.	beyond 10 weeks: OB/ GYNs	Yes	OB/GYN	Strongly disagree	Abortion on request is not accessible in public hospitals since 2012. Personnel of Family planning and abortion services at primary care institutions were better trained to provide this care but since 2003 and the implementation of "Transformation in health services" project.

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	Where Care Is Usually Provided	Extent To Which requirements Negatively Affect Accessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Mandatory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
Ukraine	Yes Up to 9 weeks Home-use medical abortion is possible.	State & private accredited OB/ GYN facilities	State & private accredited OB/ GYN facilities	State & private accredited OB/ GYN facilities	State & private accredited OB/ GYN facilities	None at all		Special-ist, OB/ GYN only	Special-ist, OB/ GYN only	Special-ist, OB/ GYN only	No	OB/GYN, Midwives	Agree	

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	Where Care Is Usually Provided	Extent To Which require-ments Negatively Affect Ac-cessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abor-tion Be-yond 12 Weeks	License Needed	For Whom Abortion Care Is A Man-datory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
UK: Great Britain	Yes Up to 9 weeks	Unless per-formed in an emer-gency, the Abor-tion Act states that all abor-tions must take place in an NHS hospi-tal or a place ap-proved by the Secretary of State.	Unless per-formed in an emer-gency, the Abor-tion Act states that all abor-tions must take place in an NHS hospital or a place ap-proved by the Secretary of State.	Unless per-formed in an emer-gency, the Abor-tion Act states that all abor-tions must take place in an NHS hospital or a place ap-proved by the Secretary of State.	In England any treat-ment for the termi-nation of pregnancy must be carried out in an NHS hospital or in a place approved by the Secretary of State for that purpose. This restric-tion does not apply where a registered practitioner is of the opinion, formed in good faith, that to save the life or prevent grave permanent harm to the health of the pregnant woman it is necessary to carry out the ter-mination in another place	A great deal	This answer refers to En-gland where home-ad-ministration of part of the Medical Abortion drugs is not allowed, but under a new plan which will come in force in 2019 women will be allowed to administer the Miso-prostol at home for an Early Medical Abortion.	A medical practi-tioner	A medical practi-tioner	A medical practi-tioner	No	n/a	Neither agree nor disagree	

	Institutional Requirements						Provider Requirements							
	Availability and time restrictions on medical abortion	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	Where Care Is Usually Provided	Extent To Which requirements Negatively Affect Accessibility	Comments	Early Medical Abortion	Early Surgical Abortion	Abortion Beyond 12 Weeks	License Needed	For Whom Abortion Care Is A Mandatory Part Of Training	Extent To Which Sufficient Trained And Willing Service Providers	Comments
UK: Northern Ireland	Yes Medical Abortion is available as a method but only under the restrictive law.	n/a	n/a	n/a	In hospitals however a private Marie Stopes clinic did operate for 5 years in Northern Ireland before closing in December 2017. Hospitals in Northern Ireland provide abortion services if a woman meets the very narrow criteria.	n/a		n/a	n/a	n/a	No	This is unclear - health-care professionals training may vary depending on profession and can be limited or completely absent at University.	Neither agree nor disagree	As abortion is extremely limited it is hard to gauge as very few procedures take place.

Annex IX

Costs of Abortion Care

	1 st Trimester				2 nd Trimester				Comments
	Private		Public		Private		Public		
	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	
Albania	114	150	43	43	114	150	44	44	Although medical abortion is not officially registered, it is available in public and private facilities. Young women (under 16) often go to private clinics to circumvent parental consent. These clinics charge high fees for medical abortion - sometimes these clinics are not even legally allowed or licensed for abortion services. Sometimes medical abortion is recommended by pharmacists and administered by women at home.
Armenia	35-110 excl. cost of medication	35-110 excl. cost of general anaesthesia	35-44 excl. cost of medication	Approx. 35-44 without general anaesthesia; approx.; 52 with anaesthesia	264	264	264	264	If there is a risk to life of the pregnant woman than the abortion should be provided free of charge.
Austria	490-1000	500-1000	330-1000	330-1000					Some private clinics and private providers offer social tariffs (cost of surgical abortion starting from 430 EUR)
Azerbaijan			132-264	132-264			132- 264	132-264	Although abortions are officially free of charge some fees will still be charged this is usually between 150 and 300 USD (the cost also covers out of pocket payments and tests that need to perform an abortion procedure).
Belgium	3,6	3,6	3,6	3,6	Covered by national health insurance, co-payment similar to other medical procedures.	Covered by national health insurance, co-payment similar to other medical procedures.	Covered by national health insurance, co-payment similar to other medical procedures.	Covered by national health insurance, co-payment similar to other medical procedures	

	1 st Trimester				2nd Trimester				Comments
	Private		Public		Private		Public		
	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	
Bosnia and Herzegovina		89-182		59-76					
Bulgaria			154-262	89-206					
Croatia			124	137-347				137-347	Private clinics are not allowed to provide abortion care
Cyprus	n/a	Varies depending on clinic and doctor, can run up to 1000	n/a	Usually abortions in public hospitals are those cases referred by Social Welfare Services	n/a	Varies depending on clinic and doctor, can run up to 1000	n/a	Don't know	
Czech Republic	120	120	120	120	Covered by national health insurance	Covered by national health insurance	Covered by national health insurance	Covered by national health insurance	
Denmark	Clinic decides	Clinic decides	1608	1608	n/a	n/a	Free of charge	Free of charge	
Estonia	202	509	17.67 with insurance	41.75 with insurance	n/a	n/a	Free of charge	Free of charge	
Finland			35 (hospital fee)	94 (hospital fee)					
France	300 in hospital and 220 outside of the hospital	460-670 depending on the institution the length of stay and type of anaesthesia (local or general)	300 in hospital and 220 outside of the hospital	460-670 depending on the institution the length of stay and type of anaesthesia (local or general)					These costs are reimbursed by the state after the procedure.
Georgia	115-220	115-220	115-220	115-220	115-220	115-220	115-220	115-220	
Germany	300	400-700	300	400-700	Free of charge	Free of charge	Free of charge	Free of charge	

	1 st Trimester				2nd Trimester				Comments
	Private		Public		Private		Public		
	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	
Greece	Don't know	300-400	Almost free of charge, a small contribution is required for medication costs	Free of charge		700-800		Free of charge	
Ireland									
Israel	Depends on the clinic	Depends on the clinic	620	800	Depends on the clinic	Depends on the clinic	n/a	890 before week 18 and 1200 after	
Italy									
Kazakhstan	66-80	70-90	Inc. in guaranteed amount of free medical care	Inc. in guaranteed amount of free medical care			Inc. in guaranteed amount of free medical care	Inc. in guaranteed amount of free medical care	
Kyrgyzstan	45-90	18-70	2-4,5 (official fees) + 9-27 (non-formal fees)	1-13 (official fees) + 9-27 (non-formal fees)	45-117		4.5-18 (Official fees) + 9-27 (non-formal fees)		
Latvia	200-300	50-100	200-300	50-100	Later term abortions are free as only provided on medical grounds	Later term abortions are free as only provided on medical grounds	Later term abortions are free as only provided on medical grounds	Later term abortions are free as only provided on medical grounds	Occasionally, municipalities may cover abortion costs for women from vulnerable groups. There are no under the table payments however additional tests may be requested and added to the cost of an abortion procedure.
Lithuania	n/a	150-240	n/a	70-100		Abortion on medical grounds after 12 weeks is provided free of charge		Abortion on medical grounds after 12 weeks is provided free of charge	

	1 st Trimester				2nd Trimester				Comments
	Private		Public		Private		Public		
	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	
Luxembourg									
Macedonia	n/a	160-180	n/a	60-100	n/a	160-180	n/a	250-265	
Montenegro									
Netherlands			free for Dutch citizens living in the Netherlands	free for Dutch citizens living in the Netherlands	450 - 1000				
Norway	n/a	n/a	Free of charge	Free of charge	n/a	n/a	Free of charge	Free of charge	There is a special agreement that abortions shall be at no cost for all, inc. those who reside in the country after having been denied a legal permit and are therefore not covered by the general health insurance.
Portugal	500	575 with general anaesthesia, 475 with local anaesthesia	Free of charge	Free of charge					Because of a lack of information, obstacles in health services, feeling of embarrassment/guilt and the pregnancy is over 10 weeks there are still women using the pills 'illegally'
Romania	141	65-200	n/a	22-110					
Russia	208	236	105	140				1040	
Republic of Serbia	255 or more	255 or more	170	170	255 or more	255 or more	170	170	
Spain	400-450	400	Cost is not established but it can be 200. In Catalonia for instance, it is not more than 150.	n/a	n/a	400-2500	n/a	n/a	All costs are covered by the public health system except for foreigners or women who choose to pay.
Sweden									Abortion is fully covered but the woman does have to pay hospital fees which vary from county to county between 240-380 SEK

	1 st Trimester				2nd Trimester				Comments
	Private		Public		Private		Public		
	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	Medical (EUR)	Surgical (EUR)	
Switzerland	916	1825	916	1825	1825	3175	1825	3175	Health insurance covers all abortions – it works with what is referred to as a ‘deductible’ or ‘franchise.’ This is the amount one has to pay towards treatment costs every year. Once this amount is reached the insurance company starts to pay out the costs. To reduce the insurance premium one can increase their deductible. (Standard for adults is 275 EUR and for children up to the age of 18 the deductible is not applicable). Women with a higher ‘franchise’ will have to pay for their abortion without insurance covering part of the costs.
Tajikistan	5-11		5-11					31-32	Even at state clinics informal payments are often requested
Turkey	n/a	200-316 (however this ranges very much from clinic to clinic)	n/a		n/a	200-316 (however this ranges very much from clinic to clinic)	n/a		
Ukraine		27 or more	17, officially only costs for medication		service not provided widely	service not provided widely	Costs for medications	No clear information	
UK: Great Britain									
UK: Northern Ireland	No private clinics operate in NI	No private clinics operate in NI	Free of charge under very restrictive law	Free of charge under very restrictive law	No private clinics operate in NI	No private clinics operate in NI	Free of charge under very restrictive law	Free of charge under very restrictive law	

Annex X

Refusal of Care

	Refusal of Care					
	Regulations	Who Can Claim	Grounds	Exemptions	Significant Obstacle	Comments
Albania	✓	Doctors and OB/GYN	No need to specify	No specification	X	The cases reported by medical doctors collaborating with ACPD are low so might not be considered as obstacles to access abortion care for women.
Armenia	X				X	
Austria	✓	Doctors; OB/GYN; nurses assisting the abortion procedure	No need to specify	If woman's life is in danger	✓	Many doctors refuse care on the basis of personal beliefs
Azerbaijan	✓				X	No written rules or laws related to this. But physicians have a right to refuse of care except in the case of the need of preserving women's health and life. Some physicians refuse abortion care due to religious reasons/beliefs if there are not any grounds for abortion.
Belgium	✓	Doctors; OB/GYN; nurses assisting the abortion procedure; paramedics	No need to specify	n/a	X	80% of all abortions are carried out as outpatients, all the personnel of these services choose to work in abortion services, clients are not confronted with refusal of care
Bosnia and Herzegovina	✓	Doctors; OB/GYN	Personal beliefs	If woman's life or health is in danger	X	There are not many gynaecologists refusing care
Bulgaria	X				X	

	Refusal of Care					
	Regulations	Who Can Claim	Grounds	Exemptions	Significant Obstacle	Comments
Croatia	✓	Doctors; OB/GYN	Religious, moral and/or ethical grounds	If woman's health or life is at risk and/or it conflicts with the rules of the profession	✓	This varies on the region in Croatia, but overall it is an obstacle to accessibility. There is no data collected on the exercise of the right to refuse care by the hospital staff, only assessments based on research and surveys. In some hospitals, abortions are not performed at all
Cyprus	✗				=	
Czech Republic	✓	Doctors; OB/GYN	No need to specify	If the woman's life or health is at risk	✓	
Denmark	✓	Doctors; OB/GYN; nurses assisting the abortion procedure; medical students in training; midwives; medical assistants	Religious and ethical grounds	If the woman's life is in danger	✗	So seldom that it is not a problem.
Estonia	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure	No need to specify	n/a	✗	No known cases
Finland	✗				✗	
France	✓	Doctors; OB/GYN; institutions	No need to specify	If woman's life is in danger, for complication management following an abortion procedure	✓	A private health facility may refuse to have voluntary terminations of pregnancy performed on its premises.
Georgia	✗				✓	Institutions are not allowed to refuse care; however doctors have the right to refuse but there is no control
Germany	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure; medical students in training	Religious grounds	If woman's life is in danger; for complication management following an abortion procedure	✓	
Hungary	✓	n/a	n/a	n/a	n/a	

	Refusal of Care					
	Regulations	Who Can Claim	Grounds	Exemptions	Significant Obstacle	Comments
Ireland	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure; midwives.	No need to specify	No exemptions	n/a	Refusal of care forms an obstacle; we also see objection of convenience and outright obstruction. However, there are no clear data as yet and the service is very new.
Israel	✓	Doctors; OB/GYN; nurses assisting the abortion procedure	No need to specify	If woman's life is in danger, for complication management following the abortion procedure	X	There are a small percentage of doctors refusing care based on personal beliefs
Italy	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure; those handling administrative tasks relation to abortion; those handling foetal tissue; medical students in training; anaesthesiologists; midwives	No need to specify	If the woman's life is in danger.	✓	Number of gynaecologists refusing care has increased from 58.7% of 2005 to 70, 9% of 2016. The situation is even more critical in Southern Italy, where the number of gynaecologists refusing care exceeds 80%, with peaks of 86.1% in Puglia, 88.1% in Basilicata and 96.9% in Molise.
Kazakhstan	X				X	
Kyrgyzstan	X				X	
Latvia	X				X	
Lithuania	X				X	
Luxembourg	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure; those handling foetal tissue; medical students in training.	No need to specify		=	Referral is compulsory; There is a "positive" list of places where abortion is available; the list is available on the Ministry of Health portal; it is widely known that Family Planning centers offer abortion services; When it comes to "legal" late abortion, the access is very limited
Montenegro	✓	n/a	n/a	If the woman's life or health is at risk	n/a	

	Refusal of Care					
	Regulations	Who Can Claim	Grounds	Exemptions	Significant Obstacle	Comments
Netherlands	✓	Doctors; OB/GYN	n/a	n/a	X	Health authorities are responsible for organising abortion care and ensuring it can be provided when needed. If a healthcare professional has personal reasons to refuse care, he/she has to refer the patient to a colleague. However, access to abortion clinics is possible without referral from a practitioner/family doctor.
North Macedonia	✓	Health workers in general (except medical students in training)	Moral, ethical and other beliefs.	In emergency cases	X	Refusal of care is not common in practice, even though there is a legal provision for it. Under the law, a medical practitioner should inform the healthcare facility about his/her personal beliefs before the contract of employment is signed, so the facility is obliged to provide another professional that is willing to perform abortions.
Norway	✓	Service providers performing or assisting in terminations of pregnancy	No need to specify	If woman's life is in danger	X	Health authorities are responsible for organising abortion care and ensure it can be provided when requested/ needed. In organising abortion services, they need to take into account the number of healthcare professionals that refuse to provide care. To ensure that abortion care is accessible, hospitals can in their recruitment explicitly look for someone who is willing to provide abortion care.
Portugal	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure; assistants; anaesthetists	No need to specify	If woman's life is in danger, for complication management following an abortion procedure.	✓	Because of refusal of care, many hospitals do not have complete medical teams for abortion services, so they need to make a referral. In some cases, women have to go through many steps and professionals.
Romania	✓	Not mentioned	Personal reasons or strong professional ones	If woman's life is in danger.	=	Refusal of care is not an obstacle yet, but it increases rapidly.

	Refusal of Care					
	Regulations	Who Can Claim	Grounds	Exemptions	Significant Obstacle	Comments
Russia	✓	Doctors; OB/GYN	No need to specify	If woman's life is in danger.	X	There are very few doctors who refuse to conduct abortions.
Republic of Serbia	✓	Doctors; OB/GYN; nurses assisting in the abortion procedure.	No need to specify	When urgent health care has to be provided	✓	Number of doctors refusing care based on personal beliefs has increased over the past years.
Spain	✓	Doctors; OB/GYN	No need to specify	If woman's life is in danger.	✓	Obstacles are mostly in the public sector, but women are referred to private clinics where there are no problems. There are big discrepancies among regions. Sometimes women have to travel to another region to get an abortion.
Sweden	X				X	
Switzerland	X				X	
Tajikistan	X				X	
Turkey	X				=	While the law to allow refusal of care based on personal beliefs has been rejected at the parliamentary level, there are still doctors in state hospitals who say that they will not perform abortions. Some give the reason of lack of necessary medical equipment, while some do not elaborate and just say that they will not perform
Ukraine	X				=	
UK: Great Britain	✓	Doctors; OB/GYN	No need to specify	If woman's life is in danger.	=	The law states: no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment. In practise, "Participate" means taking part in a "hands-on" capacity'.
UK: Northern Ireland	X				X	Although there is no statutory right to refuse care based on personal beliefs, Health and Social Care Trusts should always seek to accommodate staff who have such beliefs, but this must not endanger the woman's life

Annex XI

IPPF EN Abortion Legislation and Update Survey



1. Introduction

1. Please enter the name of your country

2. Please enter your Organization's name

3. Person we can contact for more information on the topic of this survey

Name

Email Address

Phone number

2. Legislation

1. Is part of the legislation governing abortion included in the criminal/penal code or criminal law?

Yes

No

3.

1. Who can be sanctioned?

Woman obtaining an unlawful abortion

Providers

A person who assists can be sanctioned

Don't know

Other (please specify)

2. Have there been cases where people were investigated/prosecuted for not abiding by the law?

Yes

No

Don't know

3. Have there been cases where penalties/fines have been enforced for unlawful abortion or related activities?

Yes

No

Don't know

4. Any further information you want to share on this? if available please include links to articles or websites containing further information on cases

4. Grounds and Gestational Limits

ABORTION ON REQUEST

1. Abortion is * allowed on request?

Yes

No

5.

1. What is the gestational limit for abortion on request? # of weeks

2. Any further requirements for applying for abortion on this ground? e . g . does the request need to be framed in a certain way for instance distress?

3. In practice how is it interpreted and implemented?

ECONOMIC, SOCIAL OR PSYCHOLOGICAL GROUNDS

4. Is abortion available on economic, social or psychological grounds?

Yes

No

6.

1. What is the gestational limit for abortion on economic, social or psychological grounds?# of weeks

2. Any further specifications on what constitutes an economic, social or psychological ground?

3. Any further requirements for applying for an abortion on economic, social or psychological grounds?

4. In practice how is it interpreted and implemented?

RAPE

5. Is abortion legal if the pregnancy is * a result of rape?

Yes

No

7.

1. What is the gestational limits for abortion if pregnancy is the results of rape?# of weeks

2. Are any of the following needed for qualifying for an abortion on the ground of rape?p lease tick all that apply

Woman notifies the service provider that the pregnancy was a result of rape

A medical certificate is needed to prove the rape

A medical certificate required to prove mental distress as a result of rape and thereby permission for an abortion

The incident needs to be reported to the police as a requirement for accessing legal abortion

A case needs to be brought before a court of law to obtain a legal abortion

Other (please specify)

3. In practice how is this interpreted and implemented?

INCEST

4. Is abortion legal if the pregnancy is a result of incest?

☐ Yes

☐ No

8.

1. What are the gestational limits for abortion on the ground of incest? # of weeks

2. Are any of the following requirements needed for qualifying for an abortion on the grounds of incest? Please tick all that apply

☐ A medical certificate is needed to prove incest

☐ A medical certificate required to prove mental distress as a result of incest and thereby permission for an abortion

☐ The incident needs to be reported to the police as a requirement for accessing legal abortion

☐ A case needs to be brought before a court of law to obtain a legal abortion

☐ Other (please specify)

3. In practice how is this interpreted and implemented?

FOETAL IMPAIRMENT

4. Is abortion legal if the pregnancy is a foetal impairment?

☐ Yes

☐ No

9.

1. What are the gestational limit for abortions on the ground of foetal impairment?(# of weeks)

2. Is the type or level of impairment specified?

☒ Yes

☐ No

3. Please provide more information

4. Does a doctor need to establish the impairment?

☒ Yes

☐ No

5. Please provide more information: how many doctors, which qualifications do they need, etc.?

6. Is Medical Approval required for abortions on the ground of foetal impairment?

☒ Yes

☐ No

7. What care is provided to women when confronted with foetal impairment during their pregnancy?

8. Is there a referral system for abortion in cases of foetal impairment?

☒ Yes

☐ No

9. Please provide more information on the referral system?

10. In practice how is it interpreted and implemented?

WOMAN'S HEALTH

11. Is abortion legal to preserve a woman's health?

☒ Yes

☐ No

10.

1. What is the gestational limit for abortions on the ground to preserve a woman's health?(# of weeks)

2. How is health defined?

☒ Physical health

☐ Mental health

☐ Very narrow and specific conditions are defined that can constitute grounds for an abortion

☐ Health is broadly defined including well-being

☐ The legislation/policies don't include a specific definition

3. Please elaborate on your answer above.

4. In practice how is it interpreted and implemented

SAVING A WOMAN'S LIFE

5. Is abortion available on the ground of saving a woman's life

☒ Yes

☐ No

11.

1. What gestational limit is applied for abortion on the ground of saving a woman's life?

2. Is risk to life further defined?

Yes

No

12.

1. Please specify what definition is included

2. In practice how is this interpreted or implemented

WHEN THE WOMAN HAS A COGNITIVE OR INTELLECTUAL DISABILITY

3. Abortion is available when the woman has a cognitive or intellectual disability?

Yes

No

13.

1. What is the gestational limit in the case that the woman has a cognitive or intellectual disability?

2. In practice how is this interpreted or implemented

OTHER REASONS

3. Are there any other grounds specified in the law?

Yes

No

14.

1. Please specify which other reasons are considered as grounds or legal abortion?

2. What gestational limits are considered for these grounds?

3. In practice how is it interpreted and implemented?

MEASUREMENT OF GESTATIONAL AGE

4. How is gestational age measured?

- ☐ Since the of last menstrual period
- ☐ Since presumed ovulation
- ☐ Since implantation
- ☐ Gestational duration measurement is not specified
- ☐ Don't know

15.

PERFORMING INSTITUTIONS

1. Are the types of medical facilities in which abortion can be performed specified?

- ☒ Yes
- ☐ No

16.

1. Which institutions are allowed to provide abortion procedures?

- ☒ Early Medical Abortion
- ☒ Early Surgical Abortion
- ☒ Abortion beyond the first 12 weeks

2. Are patients generally required to stay overnight?

☒ Yes

☐ No

3. Please select an answer to the statement that according to you reflects the situation in country: **The requirements in relation to performing institutions affect the accessibility of abortion services in a negative way?**

☒ A great deal

☐ A little

☐ A lot

☐ None at all

☐ A moderate amount

4. Please explain why and how this affects accessibility of services?

5. Where are abortions usually performed ?

PERFORMING PERSONNEL

6. Are staff allowed to perform abortions specified in policy or legislation?

☒ Yes

☐ No

17.

1. Which providers are allowed to provide the following abortion procedures?

Early Medical Abortion

Early Surgical Abortion

Abortion beyond the first 12 weeks

2. Do practitioners need a special licence to perform abortions?

☐ Yes

☐ No

3. Is training on abortion service provision a mandatory part of training for the following service providers? tick all that apply

<input type="checkbox"/> Nurses	<input type="checkbox"/> Midwives	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> General Doctors	<input type="checkbox"/> Abortion service provision is not included as a mandatory part of any training programmes	
<input type="checkbox"/> Obstetricians Gynaecologists		

4. Please select an answer to the statement that according to you reflects the situation in country: **There are enough trained service providers that are willing and able to provide abortion services.**

<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Disagree
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly disagree
<input type="checkbox"/> Neither agree nor disagree	

5. Please elaborate on your answer provided above

6. Who usually provides abortions and what happens in practice

18. Third Party Approval

MEDICAL APPROVAL

1. Do medical practitioner need to approve (certain) abortions?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

19.

1. When is medical approval required? tick all that apply

<input type="checkbox"/> At all times	<input type="checkbox"/> If the pregnancy is a result of incest	<input type="checkbox"/> In case of foetal impairment
<input type="checkbox"/> If there is a serious risk to the woman's life	<input type="checkbox"/> If it is on mental health grounds	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> If the pregnancy is a result of rape	<input type="checkbox"/> if the woman is a minor	
<input type="checkbox"/> If it is on mental health grounds		

2. Please elaborate on who and how many people need to provide the medical approval.

3. Does the authorization need to be in writing?

Yes

No

4. Are there exceptions when medical approvals are not necessary

In an emergency to protect the women's life

Other (please specify)

5. What happens in practice?

JUDICIAL APPROVALS

6. Is judicial approval for (certain) abortions required?

Yes

No

7. When is judicial approval required?

At all times

If there is a serious risk to the woman's life

If the pregnancy is a result of rape

If it is on mental health grounds

If the pregnancy is a result of incest

If it is on mental health grounds

if the woman is a minor

In case of foetal impairment

Other (please specify)

8. Who can provide the judicial approval

A representative of the Ministry of justice

A Lawyer

A magistrate

A judge

Other

9. Does the authorization need to be in writing?

Yes

No

10. Are there exceptions to when judicial approvals are necessary?

in an emergency to protect the woman's life

Other (please specify)

11. What happens in practice

PARENTAL CONSENT/NOTIFICATION

12. Is parental authorization or notification required

Yes

No

20.

1. What is the age limit until when parental consent is needed

2. What is required specifically?

Written authorization
from one parent

Notification of
both parents

Other (please specify)

Written authorization
from two parents

A minor needs to be
accompanied by
an adult of her choice

Notification of
one parent

3. Can another adult authorize the procedure?

social worker

other family member

Other (please specify)

adult friend

4. When is parental consent not required

To protect a woman's life

To protect a woman's mental health

To protect a woman's physical health

Other (please specify)

5. Are there specific procedures or requirements for young people without parents or guardians (e.g. undocumented unaccompanied minors)?

6. What happens in practice

7. Is parental consent ever requested even through it's not required by law or policy?

PARTNER CONSENT OR NOTIFICATION

8. Is spousal authorization or notification * required?

Yes

No

21.

1. If the couple is unmarried is partner authorization also requested?

Yes

No

22.

1. What is requested?

Written authorization

Notification (spouse is required to be informed only)

Spouse/Partner needs to accompany the woman

Medical staff are required to encourage the client to seek spousal support, but the service is not denied to the client if spouse is not consulted

Other (please specify)

2. When is spousal authorization not requested?

To protect woman's life

To protect the woman's mental health

To protect the woman's physical health

Other (please specify)

3. What happens in practice?

4. Where consent is not required do providers still ask it in practice?

OTHER

5. Are there any other people that are required to provide authorization?

Yes

No

6. Who and for what reasons? Please elaborate.

23. Waiting period and counselling requirements

WAITING PERIOD

1. Is there a mandatory waiting period between the request for an abortion and the actual procedure?

Yes

No

24.

1. How long is the mandatory waiting period? (# of days)

2. How is the initial request defined? choose one

<input type="radio"/> Telephone call for scheduling an appointment	<input type="radio"/> Visit to the Obstetrician-Gynaecologist	<input type="radio"/> Other (please specify)
<input type="radio"/> Visit to the General Practitioner	<input type="radio"/> Visit to the abortion clinic	

3. When is a client exempt from the waiting period?

<input type="radio"/> When the pregnancy is close to the legal time limit permitted for abortion	<input type="radio"/> When it is a medical emergency	<input type="radio"/> Other (please specify)

4. Any other specifications in relation to the waiting period?

5. What happens in practice?

COUNSELLING REQUIREMENTS

6. Is pre-abortion counselling * mandatory?

<input type="radio"/> Yes
<input type="radio"/> No

7. Does this counselling need to contain dissuasive elements to prevent the woman from choosing an abortion?

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Other (please specify)

8. The following topics need to be covered (by law) in the mandatory pre-abortion counselling. tick all that apply

<input type="checkbox"/>	Reasons for abortion
<input type="checkbox"/>	Possible alternatives
<input type="checkbox"/>	Abortion procedure
<input type="checkbox"/>	Possible immediate effects
<input type="checkbox"/>	Possible long-term effects
<input type="checkbox"/>	Contraception
<input type="checkbox"/>	Support and Care available
<input type="checkbox"/>	Other (please specify)
<div></div>	

5. What happens in practice?

25. Refusal of care

1. Are there regulations dealing with Conscientious Objection?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Where are they set out?

<input type="checkbox"/>	Abortion law	<input type="checkbox"/>	In the Ministry of Health Guidelines	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Penal Code	<input type="checkbox"/>	In the guidelines of the Health Institutions	<div></div>	
<input type="checkbox"/>	Constitution				

3. Who is entitled to claim Conscientious Objection? tick all that apply

<input type="checkbox"/>	Practitioners	<input type="checkbox"/>	Those handling foetal tissue	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Nurses assisting in the abortion procedure	<input type="checkbox"/>	Medical Students in training	<div></div>	
<input type="checkbox"/>	Those handling administrative tasks relation to abortion	<input type="checkbox"/>	Institutions		

4. Who is not allowed to claim Conscientious Objection? tick all that apply

<input type="checkbox"/> Practitioners	<input type="checkbox"/> Those handling foetal tissue	<input type="checkbox"/> Other (please specify) <div></div>
<input type="checkbox"/> Nurses assisting in the abortion procedure	<input type="checkbox"/> Medical Students in training	
<input type="checkbox"/> Those handling administrative tasks relation to abortion	<input type="checkbox"/> Institutions	

5. On which grounds can Conscientious Objection be claimed?

<input type="checkbox"/> Religious	<input type="checkbox"/> They don't need to specify	<input type="checkbox"/> Other (please specify) <div></div>
<input type="checkbox"/> Moral		

6. Do people claiming Conscientious objection need to be certified and registered?

☐ Yes

☐ No

7. What are requirements related to duty of care when claiming Conscientious Objection?

<input type="checkbox"/> Clients need to be informed immediately	<input type="checkbox"/> post-abortion care needs to be provided
<input type="checkbox"/> A referral needs to be made	<input type="checkbox"/> Other (please specify) <div></div>
<input type="checkbox"/> Information and Advice on abortion needs to be provided	

8. When can conscientious objection not be claimed?

<input type="checkbox"/> if woman's life is in danger	<input type="checkbox"/> if there is a risk to the woman's mental health
<input type="checkbox"/> if there is a risk to the woman's physical health	<input type="checkbox"/> For complication management following an abortion procedure

9. Is the number of service providers claiming Conscientious Objection monitored?

☐ Yes

☐ No

10. Is the impact of Conscientious Objection on provision of care being monitored?

☐ Yes

☐ No

11. Please select an answer to the statement that according to you reflects the situation in country:
Conscientious Objection forms a significant obstacle when trying to access abortion care in my country:

☐ Strongly agree ☐ Disagree

☐ Agree ☐ Strongly disagree

☐ Neither agree nor disagree

12. Please elaborate on your choice above

26. Methods and Cost

METHODS

1. Is medical abortion available?

☐ Yes

☐ No

27.

1. What gestational limit is applied for Medical Abortion in the first trimester? (# of weeks)

2. Which Medical abortion methods are available?

☐ Misoprostol only

☐ Misoprostol and Mifepristone

☐ Other (please specify)

3. Can women administer a (part of the) medical abortion at home?

☐ Yes

☐ No

☐ Other (please specify)

3. Can women administer a (part of the) medical abortion at home?

Yes

No

Don't know

Other (please specify)

5. Which surgical abortion methods are used for the first trimester?

Manual Vacuum Aspiration

Electric Vacuum Aspiration

Dilatation & Curettage

Other (please specify)

6. Are protocols in place around pain management for abortion?

Yes

No

7. What happens in practice? Which procedures are most frequently used? Are clients able to choose between having a surgical or medical procedure

COST

8. Is abortion available free of charge?

Yes

No

28.

1. For which grounds is abortion available free of charge

☐ All grounds

☐ When a woman's life is at risk

☐ When a woman's health is at risk

☐ In case the pregnancy is a result of rape

☐ In case the pregnancy is the result of incest

☐ Other (please specify)

2. Are there any requirements specific to the woman that need to be fulfilled for her to receive an abortion free of charge? please list these requirements below (e.g. when the woman is below 18 years of age, etc.)

3. Is abortion covered by the national health insurance?

☐ Yes

☐ No

29.

1. Are there women who are not covered by the national health insurance?

☐ Yes

☐ No

2. Who is not covered by the national health insurance?

3. How much does a first trimester abortion cost? (consider the cost that a woman has to pay out of the pocket- please also include the costs for any additional costs that might be required)

Private clinic - Medical

Private clinic - Surgical

Public clinic - Medical

Public clinic - Surgical

4. How much does a later term abortion cost? (consider the cost that a woman has to pay out of the pocket- please also include the costs for any additional costs that might be required)

Private clinic - Medical

Private clinic - Surgical

Public clinic - Medical

Public clinic - Surgical

5. Is Medical Abortion available on the 'black market'

Yes

No

30.

1. What is the average cost of abortion on the 'black market' ? (please provide the cost in USD)

2. What happens in practice? (consider under the table payments, reflections on additional tests that are driving up the cost of an abortion procedure)

31.

OTHER REFLECTIONS ON DISPARITIES BETWEEN PRACTICE AND LAW

1. Are there any issues with accessibility of abortion care for vulnerable groups - please provide any relevant information

2. Are there any regional variability of accessibility of abortion care throughout the country - please provide any relevant information

3. Any other reflections on disparities between practice and law you wish to elaborate on?

32.

DATA ON INDUCED ABORTION

1. Is reporting on abortions provided required by law/policy?

☐ Yes

☐ No

2. Data is collected on (tick all that apply)

☐ Number of abortions provided

☐ Grounds for abortion requests

☐ Gestational ages

☐ Demographic characteristics of women

☐ Other (please specify)

3. The national statistics on abortion paint a realistic picture of abortion in country (capturing at least 80% of the true number of abortions)

☒ Yes

☐ No

4. Please briefly explain your choice above

Annex XII

Contributors to the IPPF EN Abortion Legislation and Practice Survey

Member or Partner's Name	Country
Albanian Centre for Population and Development (FPAA)	Albania
Pan-Armenian Family Health Care Union	Armenia
Österreichische Gesellschaft für Familienplanung (ÖGF)	Austria
Women's Association for Rational Development (WARD)	Azerbaijan
SENSOA	Belgium
Association for Sexual and Reproductive Health XY (Association XY)	Bosnia Herzegovina
Bulgarian Family Planning and Sexual Health Association (BFPA)	Bulgaria
PaRiter	Croatia
Cyprus Family Planning Association (CFPA)	Cyprus
Spolenost pro plánování rodiny a sexuální výchovu	Czech Republic
Sex og Samfund	Denmark
Eesti Seksuaaltervise Liit	Estonia
Väestöliitto	Finland
Mouvement Français pour le Planning Familial (MFPF)	France
Association HERA XXI (HERA XXI)	Georgia
Pro Familia	Germany
Family Planning Association (FPA)	Great Britain
Positive Voice	Greece
Patent Association	Hungary
Irish Family Planning Association (IFPA)	Ireland
Israel Family Planning Association (Open Door)	Israel
Associazione Italiana per l'Educazione Demografica (AIED)	Italy
Kazakhstan Association on Sexual and Reproductive Health (KMPA)	Kazakhstan
Reproductive Health Alliance of Kyrgyzstan (RHAK)	Kyrgyzstan
Latvian Association for Family Planning & Sexual Health (LAFPSH)	Latvia
Family Planning and Sexual Health Association of Lithuania	Lithuania
Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle	Luxembourg
CAZAS	Montenegro
Rutgers	Netherlands
Health Education and Research Association (HERA)	North Macedonia
Family Planning Association (FPA)	Northern Ireland
Sex og Politikk - Norwegian Association for Sexual and Reproductive Health and Rights	Norway
Associação Para o Planeamento da Família (APF)	Portugal
Societatea de Educatie Contraceptiva si Sexuala (SECS)	Romania
Russian Association for Population and Development (RAPD)	Russia
Serbian Association for Sexual and Reproductive Rights (SRHS)	Serbia, Republic of
Federación de Planificación Familiar Estatal (FPFE)	Spain
Riksförbundet för Sexuell Uppllysning (RFSU)	Sweden
SANTÉ SEXUELLE Suisse	Switzerland
Tajik Family Planning Association (TFPA)	Tajikistan
Women for Women's Human Rights (WWHR) - New Ways	Turkey
Women Health and Family Planning (WHFP)	Ukraine

Annex XIII

Glossary and Abbreviations

Abortion	The voluntary ending of a pregnancy
Access to Abortion on Request²	Countries recognise that women seek abortions on one, and often more than one of the above grounds, and they accept all of these as legitimate, without requiring a specific reason. This legal ground recognises the conditions for a woman's free choice.
ACHPR	African Charter on Human and Peoples' Rights (1981)
CAT	Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women (1979)
CESCR	Committee on Economic, Social and Cultural Rights
Concluding Observations³	Following submission of a State report and a constructive dialogue with the State party to the particular convention, treaty monitoring bodies issue concluding observations to the reporting State, which are compiled in an annual report and sent to the United Nations General Assembly.
CRC	Convention on the Rights of the Child (1989)
ECHR	European Convention on Human Rights (1950)
General Comments/Recommendations⁴	A treaty monitoring body's interpretation of the content of human rights provisions on thematic issues or its methods of work. General comments seek to clarify the reporting duties of State parties with respect to certain provisions and suggest approaches to implementing treaty provisions.
ICCPR	International Covenant on Civil and Political Rights (1966)
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination (1969)
ICESCR	International Covenant on Economic, Social and Cultural Rights (1966)
International Human Rights Treaty⁵	Also sometimes called a Covenant or a Convention, is adopted by the international community of States, normally at the United Nations General Assembly. Each treaty sets out a range of human rights, and corresponding obligations which are legally binding on States that have ratified the treaty
Least Safe Abortion⁶	Use of dangerous, invasive methods, such as ingestion of caustic substances, insertion of foreign bodies or use of traditional concoctions by untrained persons.
Less Safe Abortion⁷	Use of an outdated method by a trained provider, OR self-use of medical abortion drugs without adequate information or support from a trained person.
LMP	Last menstrual period
Medical Abortion⁸	Use of pharmacological drugs to terminate pregnancy
Safe Abortion⁹	Provided by healthcare workers and with a WHO-recommended method appropriate to the gestation.
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
Surgical Abortion¹⁰	Use of transcervical procedures for terminating pregnancy, including vacuum aspiration and dilatation and evacuation.

² Definition used in WHO (2012) Safe Abortion: Technical and Policy Guidance for Health Systems

³ Ibid

⁴ Ibid

⁵ Ibid

⁶ Ganatra B et al (2017) Global, Regional and Sub-regional Classification of Abortions by Safety in Lancet 390 (2010-2014) pp2372-81

⁷ Ganatra B et al (2017)

⁸ WHO (2012)

⁹ Ganatra B et al (2017)

¹⁰ WHO (2012)

Treaty Monitoring Body¹¹

Each of the international human rights treaties is monitored by a designated treaty monitoring body. The treaty monitoring bodies are committees composed of independent experts. Their main function is to monitor the States' compliance with the treaty in question, including through the examination of State reports.

UDHR

Universal Declaration of Human Rights (1948)

¹¹WHO (2012)

1. Display News (2016) Ireland Abortion Ban Subjected Woman To Suffering And Discrimination, UN Office of the High Commissioner of Human Rights, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20077>
2. IPPF-EN (2018) Abortion Legislation and Practice Survey
3. Ganatra B et al (2017) Global, Regional and Sub-regional Classification of Abortions by Safety in Lancet 390 (2010-2014) pp2372-81
4. Migration Data Portal (2019) <https://migrationdataportal.org/themes/irregular-migration>.
5. Official Journal of the European Union, Directive 2004/113/EC, <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:373:0037:0043:en:PDF>
6. PICUM (2016) The Sexual and Reproductive Health Rights of Undocumented Migrants: Narrowing the Gap Between their Rights and the Reality in the EU
7. Policy Department for Citizens' Rights and Constitutional Affairs (2018) Sexual and Reproductive Health Rights and the Implication of Conscientious Objection, Directorate General for Internal Policies of the Union
8. Report of Italy's Minister of Health on the implementation of law n.194 of 22/5/1978, submitted to the Parliament on December 29, 2017
9. Vekemans M (2008) First Trimester Abortion Guidelines And Protocols Surgical And Medical Procedures, IPPF
10. Walker M (2017) 'Abortion Parental Consent Laws Do More Harm than Good', American Academy of Paediatrics MedPage
11. WHO (2012) Safe Abortion: Technical and Policy Guidance for Health Systems
12. WHO (2014) Clinical Practice Handbook for Safe Abortion
13. World Bank (2017) Atlas method (USD), World Bank Data Catalogue, <https://data.worldbank.org>



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