



Ensuring Access to Safe Abortion across Europe

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

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

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

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

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

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

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

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

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

- 1. Recognise abortion as essential, time-sensitive healthcare.**
- 2. Guarantee access to safe, legal abortion, with particular attention to under-served and vulnerable populations,** and with as little disruption as possible in times of crisis.
- 3. Allow self-managed abortion with pills at home in the first trimester of pregnancy.**
- 4. Support the use of telemedicine¹ when appropriate, to arrange abortions and for follow-up, including 24-hour support for those who self-manage abortion at home.**
- 5. Make aspiration abortions available at outpatient or primary-level facilities,** provided by trained mid-level providers (and during the Covid-19 pandemic in line with agreed protocols for prevention of risk in healthcare settings).
- 6. Allow second trimester medical abortions to take place in outpatient clinics,** managed by mid-level providers,⁴ with specialist back-up as required. This will remove the need for operating theatre conditions or a gynaecologist in the great majority of cases.
- 7. Train GPs, nurses and midwives to arrange and provide abortions as appropriate to meet demand** and to ensure a sufficient number of willing providers.³ Denial of care by healthcare professionals, e.g. due to their personal beliefs, must not delay or restrict women's right to access abortion care.
- 8. Train pharmacists and appropriate pharmacy staff** to provide medical abortion pills over the counter and by post to women for use at home.⁴
- 9. Simplify abortion regulations, removing all medically unnecessary requirements, so as to facilitate access to abortion without delay.**
- 10. Decriminalise abortion, including in the second trimester of pregnancy, and also in the rare cases after the second trimester** if the woman's life, health and well-being would be adversely affected if she were forced to continue the pregnancy.

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

SIGNATORIES

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

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

References

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

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

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

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

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

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