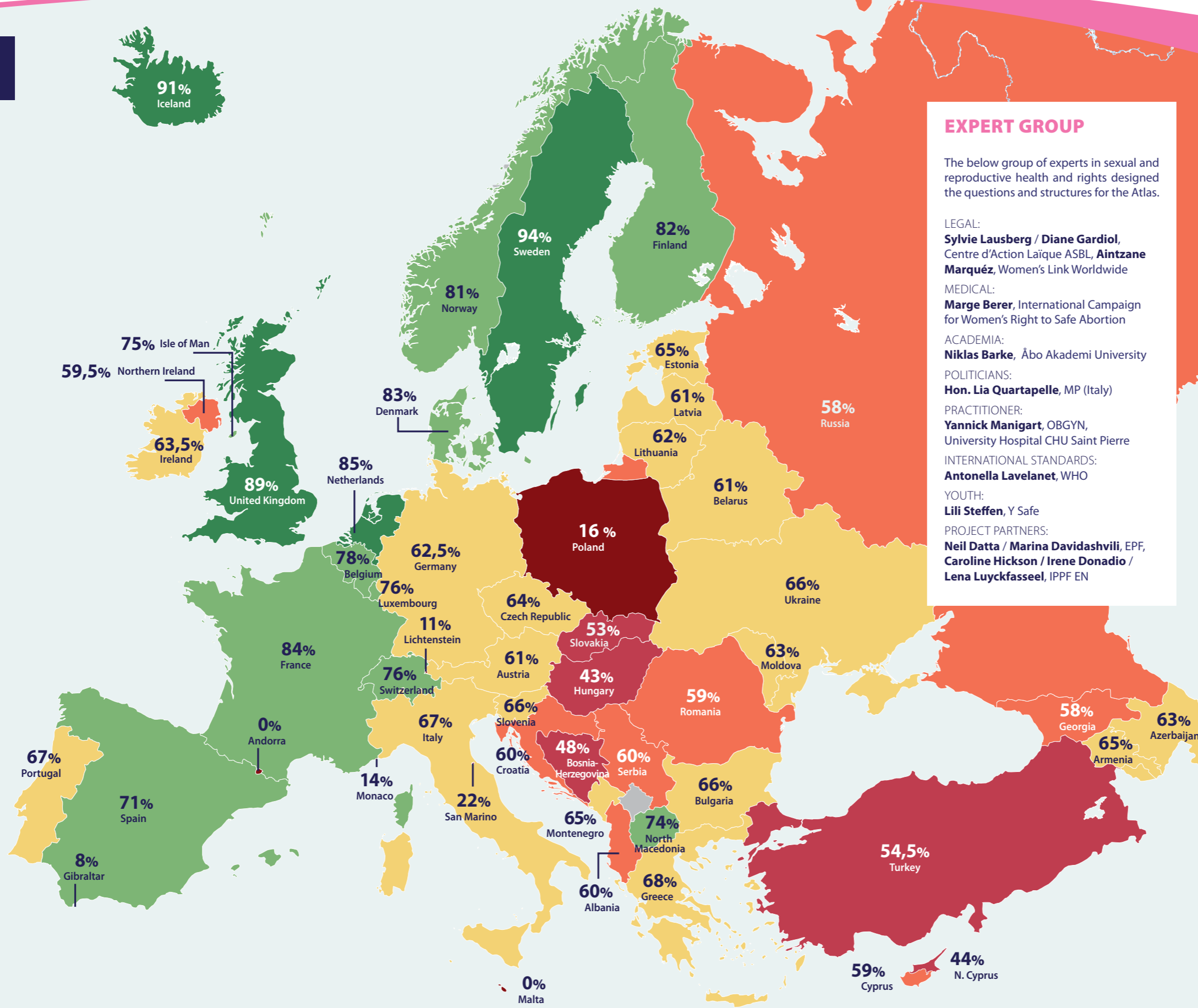


EUROPEAN ABORTION POLICIES ATLAS

SEPTEMBER 2021

RANKING POINTS SCALE

Sweden	94%
Iceland	91%
UK	89%
Netherlands	85%
France	84%
Denmark	83%
Finland	82%
Norway	81%
Belgium	78%
Luxembourg	76%
Switzerland	76%
Isle of Man	75%
N. Macedonia	74%
Spain	71%
Greece	68%
Italy	67%
Portugal	67%
Bulgaria	66%
Slovenia	66%
Ukraine	66%
Armenia	65%
Estonia	65%
Montenegro	65%
Czech Republic	64%
Ireland	63,5%
Azerbaijan	63%
Moldova	63%
Germany	62,5%
Lithuania	62%
Austria	61%
Belarus	61%
Latvia	61%
Albania	60%
Croatia	60%
Serbia	60%
N. Ireland	59,5%
Cyprus	59%
Romania	59%
Georgia	58%
Russia	58%
Turkey	54,5%
Slovakia	53%
Bosnia-Herzegovina	48%
N. Cyprus	44%
Hungary	43%
San Marino	22%
Poland	16%
Monaco	14%
Liechtenstein	11%
Gibraltar	8%
Andorra	0%
Malta	0%



EXPERT GROUP

The below group of experts in sexual and reproductive health and rights designed the questions and structures for the Atlas.

LEGAL:
Sylvie Lausberg / Diane Gardiol, Centre d'Action Laïque ASBL, **Aintzane Marquéz**, Women's Link Worldwide

MEDICAL:
Marge Berer, International Campaign for Women's Right to Safe Abortion

ACADEMIA:
Niklas Barke, Åbo Akademi University

POLITICIANS:
Hon. Lia Quartapelle, MP (Italy)

PRACTITIONER:
Yannick Manigart, OBGYN, University Hospital CHU Saint Pierre

INTERNATIONAL STANDARDS:
Antonella Lavelanet, WHO

YOUTH:
Lili Steffen, Y Safe

PROJECT PARTNERS:
Neil Datta / Marina Davidashvili, EPF, **Caroline Hickson / Irene Donadio / Lena Luyckfasseel**, IPPF EN

INTERNATIONAL STANDARDS

WORLD HEALTH ORGANISATION:
 Access to legal, safe and comprehensive abortion care, including post-abortion care, is essential for the attainment of the highest possible level of sexual and reproductive health.¹

In countries where abortion is legally highly restricted, **unequal access** to safe abortion may result. In such contexts, abortions that meet **safety requirements** can become the privilege of the rich, while poor women have little choice but to resort to **unsafe providers**, which may cause disability and death.²

EUROPEAN PARLIAMENT:
 Member States should **decriminalise abortion**, as well as to **remove and combat obstacles** to legal abortion, and recalls that they have a **responsibility to ensure** that women have access to the rights conferred on them by law.³

COUNCIL OF EUROPE PARLIAMENTARY ASSEMBLY:
 The lawfulness of abortion does not have an effect on a **woman's need for an abortion**, but only on her access to a safe abortion.

Advances in medical practice in general, and the advent of safe and effective technologies and skills to perform induced abortion in particular, could **eliminate unsafe abortions** and related **deaths entirely**, providing **universal access** to these services is available.⁴

¹ https://www.who.int/health-topics/abortion#tab=tab_1
² Safe abortion: technical and policy guidance for health systems, Second edition
³ EP Resolution resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health (2020/2215(INI)) of 24 June 2021
⁴ PACE Resolution 1607 (2008). Access to safe and legal abortion in Europe, para 4

SAFE ABORTION METHODS APPROVED BY WHO

METHODS UP TO 12-14 WEEKS SINCE THE LMP:
 Manual or electric vacuum aspiration, or medical methods using a combination of mifepristone followed by misoprostol

METHODS AFTER 12-14 WEEKS SINCE THE LMP:

- **Surgical method:** D&E, using vacuum aspiration and forceps.
- **Medical method:** for abortions after 12 weeks since the LMP is mifepristone followed by repeated doses of misoprostol

WHO recommends that individuals in the first trimester (**up to 12 weeks pregnant**) can **self-administer** mifepristone and misoprostol medication without direct supervision of a health-care provider.

(Source: Safe abortion: technical and policy guidance for health systems, Second edition - WHO recommendations on self-care interventions Self-management of medical abortion)

