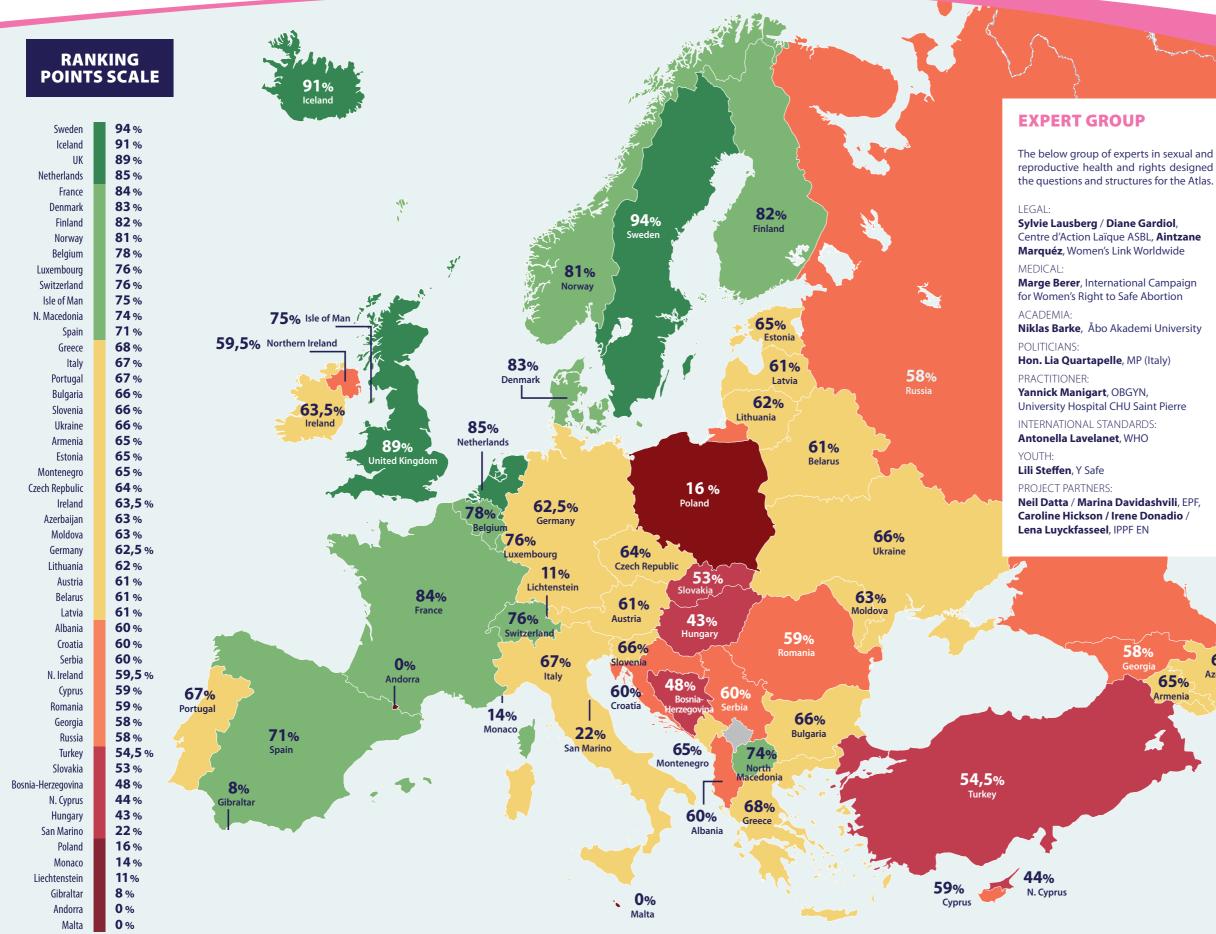
# **EUROPEAN ABORTION POLICIES ATLAS**





63%

Azerbaijar



### **NORLD 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.

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.<sup>2</sup>

## **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

### CIL 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<sup>4</sup>

# **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.

EUROPEAN ABORTION	*	8		<u></u>				<			•	•	<b>‡</b>			*			•	<b>*</b>		ŵ.	<u>C</u>	₽Ж		۲		Ó		•	<b></b> +	-+ <	<b>-</b>	
POLICIES ATLAS	lbania	ndorra rmenia	ustria	zerbaijan elarus	elgium	osn Herziv.* ulgaria	roatia	yprus zechi Republic	enmark	inland	rance	ermany	ibraltar	ungary	eland eland	le of Man alv	ary atvia	iechtenstein ithuania	uxembourg	lalta loldova	lonaco	lontenegro etherlands	. Cyprus	. Ireland . Macedonia	orway	oland ortugal	omania	ussia an Marino	erbia	lova kia lovenia	pain weden	wizerland	urkey kraine	JK (E, S & W)
EGAL STATUS OF ABORTION CARE (TOTAL SCORE)	₹	<ul><li>&lt; </li><li>&lt; </li><li></li></ul> <li><li></li><li></li></li>	<b>9</b> 1	× ∞	12	s s 9 12	12	9 12	12 1	2 12	12 12	29	3 9	9 ±	<u> </u>	<u>∽</u> ±	2 12	6 12	12 (	≥ ≥ 0 12	≥ : 3 1	≥ z  2 15	9	z z 9 12	12	29	<u>ح</u>	2 v 12 3	12 1	29	12 15	5 9	≓ ⇒ 9 12	⊃ a 15 '
and alone abortion law legalising abortion/policy or part of the general health law: progressive law (15 pt)/regular law (12 pt)/regressive law (9 pt) penal/criminal code: de-penalised; allowing abortion under certain grounds (6 pt)/many grounds (9 pt) penal/criminal code: penalised; under all circumstances (6 pt)/allowed under restrictive conditions (0-3pt)		0		12 12	12	9 12	12	9	12 1	2 12	12 12	2 9	9		15 9	12 12	2 12	12 6	12	12 0	3	12 15	9	9 12	12	9	9	12 3	12 1	29	12 15	9	9 12	15 1
CCESS (TOTAL SCORE)	31	0 30	35 2	29 30	37 2	22 32	32 2	28 27	41 3	1 38	38 2	6 32	3 3	5 23 4	44 32	35 37	7 21	3 32	36 (	0 29	4 3	4 41	20 2	8,5 33	40	7 33	30	32 19	29 2	8 33	35 44	36	30 32	43 4
bortion is widely available; i.e. on request; up to nr weeks since LMP: 3-24 week (10 pt); 13-18 weeks (8 pt); 10-12 weeks (6 pt); 0-10 weeks (4 pt)	6	6	8	6 6	8	4 6	4	6 6	6	6	8 6	8	6	6	10 6	8 6	<u>6</u>	6	8	6		4 10	4	66	6	0 4	8	6 6	4	64	8 10	) 6	4 6	10
ditionally, abortion is available on request up to specific limit and beyond this limit for the following reasons:									2	2					2	2 2				2				2	2						2			
onomic or social reasons (3 pt) edical reasons; ie. Impairment of foetus or threat woman's health/life, mental health (2pt)	3 2	3 2		3 3 2 2	2	2 2	2	2 2	2	2 2	2 2	2	2 2	2	2 2	2 2	2 2	3 2 2			2		2	1 2	2	2 2	2	2 2	2	2 2	2 2	2	2 2	3 2
iminal grounds (rape/incest) (1pt) rtain motivations are prohibited (such a sex selection): Yes (0 pt)/ No (-1 pt) yes: specific the limit:	1	1		1		1 1	1	1	1	1	1		1	1	1	1	1	1 1		1	1	1		1	1	1 1		1	1	1	1		1 1	1
ove 18 weeks or no limit in exceptional circumstances (4pt); 18 weeks (3 pt); 12 weeks (2 pt); 4-12 weeks (1 pt) gibility of women in accessing abortion services:	4	4	4	4 4	4	4 4	4	4 4	4 4	4 4	4 4	4	2 4	3	4 2	4 4	4 4	0 4	4	4	1	4 4	4	2 4	4	1 4	4	4 4	4	4 4	4 4	4	4 4	4
restriction (5 pt); if not specified, we assume there is no restriction stricted to nationals/residents; ie. not accessible to non-residents (2 pt) or non-nationals/residents can access abortion but with conditions (3 pt)	5	5	5	5 5	5	5 5	5	5 2	5 3	5 5	5 5	5	5	2	5 5	2 5	5	5	5	5		5 5	5 2	2,5 5	5	0 5	5	5 5	5	5 5	5 5	5	5 5	5
ditional unnecessary mandatory medical procedures: additional requirement to access safe abortion (4 pt) - deduct for each restriction	4	4	4	4 4	4	4 4	4	4 4	4	4 4	4 4	4	0 4	4	4 4	4 4	1 4	4	4	4		4 4	2	4 4	4	0 4	4	4 2	4	4 4	4 4	4	4 4	4
mpulsory interaction between woman and foetus; ultrasound prior to abortion* (-1 pt) mpulsory dissuasive counselling (-1 pt) and/or compulsory waiting period (-1 pt) and/or compulsory additional medical tests; eg. HIV, STI (-1 pt)																-1																		
dministrative obstacles; rating legally accessible abortions: one (5 pt) - deduct for each restriction	5	ξ	5	ς τ	5	5 5	5	ς τ	5	5 5	5 6	Ę	0 4	5	5 5	5 6	5 5	5	5	0	0	ς τ	5	5 5	5	5 5	5	5 0	5	5 5	5 5	5	5 5	5
nse (p) - occurrent restriction insent/approval from more than one medical practitioner for regular abortions (-1 pt) ird party authorisation; judicial or parental for minors (-1 pt) and/or provide legal proof of rape/incest; police or judicial proof (-1 pt) ousal consent (-2 pt) and/or Other; e.g medical certificate in case of rape (-1 pt)	J	J	J	, C	J		J	, c						J				J	J	0	0	, ,	-2	, ,	J		J	5 0	J .	L C C	, ,	J	-2	,
ational health system coverage:					10				10	10	10		1		10 10	10 10	0		10			10		10	10	10		10		10	10 10	10	10	10
vered differently:					10				10	10	10			)	10 10		0		10			10		10	10	10		10		10	10 10	10		10
ater coverage; (10 pt + up to 5 points for each additional coverage; women without health insurance/non residents) s coverage:																	-								1						1			
ly certain types of abortion procedures are covered (6 pt) and/or only certain situations allow for coverage (5 pt) verage only for certain groups, ie. vulnerable women (3 pt) coverage at all under any circumstance (0 pt)	3	3	5 3	3			5 3	3	:	5	0	5 3		5			5	5		5	0	5 3		5			3 0		5	5			5	
LINICAL CARE AND SERVICE DELIVERY (TOTAL SCORE) ethods available:	17	0 20	14 1	19 16	22 1	14 19	13 1	19 22	23 1	9 27	24 17	7 16	2 2	14 2	25 15,5	21 14	4 16	2 15	21 (	0 19	7 1	6 19	15 1	19 19	19	10 19	17	16 0	19 1	3 21	19 25	21 1	5,5 19	21
rgical abortion (3 pt) and/or medical abortion (3 pt) ho can provide abortions services?	3	6	6	66	6	36	6	36	6 (	6	66	6	6	6	6 4,5	6 6	5 6	3	6	6		36	3	66	6	3 6	6	6	6	36	6 6	6 /	4,5 6	6
in can provide aborton's services: I-level provider; midwife/nurse (2 pt) and/or doctor; specialty not specified (2 pt) cialist; OBGYN (2 pt) F-management of medical abortion in a home setting (partially or completely); 12 weeks/partially (2 pt); less than 12 weeks (1 pt)	2	2			2		2	2 2	2		2 2	2					2 2	2 2	2 2 1			2 2	2	2 2		2 2				2 2	2 2	2	2 2 2 0 1	2
formation provision on family planning:																																		
ovision of info on family planning in the context of abortion care (2 pt) omen seeking abortion and abortion providers enjoy legal protection from anti-abortion activists:	2	2		2 2	2	2 2		2	2	2 2	2 2	2	2		2 2	2	2 2		2	2		2		2 2	2	2	0	2	2	2	2 2	2	2	2
/A (ie. not necessary as no anti-abortion activism in the country effectively limits womens access to abortion care (4 pt) nere is anti-abortion activism in the country (starting point is 0), has the central gov't; ie. not local gov'ts, taken action on the following:	4	0 0	2	4 0		4 0		4 4	4		2 0	2	0 4		4 0	0	0	0	4	0 0		4	0		0	0 0	0	0 0	0	0 2	0 4		0 0	0
uffer zones (1 pt)											1				1	1								-										-
ther harassment (1 pt) rivacy; names and addresses of abortion providers made public and social media targeting in abortion setting (1 pt) enalties for those who infringe women's legal access to abortion or abortion providers (1 pt) onscientious Objection (CO):					1						1				1	1 1 1																*		
t allowed for abortion/OBGYN (10 pt)										10								10													10	J		
llowed generally in medicine; also applicable to abortion (8 pt) o legal grounds for Conscientious objection (8 pt)		8		8		8	8	8			8	3			8					8		8	8	8			8		8	8 8		8	8	
vectific legal provisions to allow CO in field of abortion/SRHR (6 pt) oplies to potential abortion providers only (OBGYN, midwives, doctors, nurses): yes (0 pt)	6		6	6	6 0	6	0	0	6	5	6	6	66	6	6	6 6	5 6		6 0		6	6	0	6	6	6 6	0	6	0	0 0	6		0	6
pplies to all potentially involved; ie. administrative staff, pharmacists (-1 pt)				U	0	0	U	U	0 0	,	0 0	, 0	0 0	0	0 0	0 0	, ,		0		0	0 0	U	0 0	U	0 0	0	0	0	0 0	0		5	U
pplies to whole facilities; ie. entire hospital, administrative units (-1 pt) ) unregulated (-1 pt) or CO regulated/adequately enforced by government (0 pt)					0	0			0		0	0				0 0	0 0							0				0	0		0			0
bligation to inform the patient in a timely fashion about CO: yes (0 pt)/no (2 pt) bligation to provide a referral: yes (0 pt)/ no (-1 pt)			-2	-2	0.	-2	-2	0	-	2	0	-2	-2 0	0	-2 0	0 0	0 (		-2 0		0	0		-2 0	0	0 0	0	0	0	0	0	0		0
NFORMATION AND ON-LINE INFORMATION (TOTAL SCORE)	0	0 3	3	33	7	33	3	3 3	7	3 5	10 3	5.5	0 3	-3	77	7 4	¥ 7	0 3	7 (	03	0	3 10	0	3 10	10	-36	3.	-2 0	0	0 3	5 10	0 10	0 3	10
vernment and public authorities provide authoritative, accurate info, easily (on-line) accessible to the public (4 pt)					4				4	2	4	4			4 4	4 1	1 4		4			4		4	4	3					2 4	4		4
bortion providers and NGOs are legally allowed to provide all sorts of info (3 pt) overnment and public authorities take action against abortion disinformation (3 pt)		3	3	3 3	3	33 0	3	3	3	3 3	3 3 3	1,5	3 3		3 3	33	5 3	3	3	3		3 3 3		3 3 3	3 3	3	3	1	3	3 3		3	33	3 3
overnment is actively opposing abortions (-3pt)													-3	-3												-3		-3	-3 -	-3			-3	
VERALL TOTAL	60	0 65	61 6	53 61	78 4	18 66	60 5	59 64	83 6	5 82	84 58	8 62,5	8 6	3 43 9	91 63,5	75 6	7 56	11 62	76 (	0 63	14 6	5 85	44 5	9,5 74	81	6 67	59	58 22	60 5	3 66	71 94	76 5	4,5 66	89 1
	nia	orra nia	tria	jan rus	E S	ıv.* ıria	atia	blic	ark	put	nce	bių Vne	ltar Sco	ary	and ind	Man	via	ein nia	- Dun	alta DVa	aco	gro nds	rus .	and nia	vay	and gal	nia	ssia ino	bia	nia	ain ten	pur	key ine	Â
	Alba.	Armei	Ausi	Azerbai Bela	Belgi	Bosn Herz Bulga	Croa	Cyp zechi Reput	Denm	Finla	Frai	Germâ	Gibral	Hung	lcelċ Irela	Isle of Ma	Lat I	Liechtenst Lithua	Luxembo	Molde	Won	Montene Netherlar	N. Cyp	N. Ireli N. Macedoi	Norv	Poli	Roma	Ru: San Mari	Ser	Slove	Swed	Swizerla	Turke Ukrain	UK (E, S & W)
								0				10						10															ntry exper	





Who is behind the Atlas? This initiative is powered by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) and International Planned Parenthood Federation European Network (IPPF EN). We are grateful to the numerous national organisations and country experts who contributed to gathering the data presented in the Atlas. The Atlas was produced in partnership with a group of experts in sexual and reproductive health and rights (see overleaf) who designed the questions and structures. The scope and the content of the European Contraception Atlas is the sole responsibility of EPF and IPPF EN.