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The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom

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ABSTRACT

Government policies on abortion are a longstanding topic of heated political debates. The COVID-19 pandemic shook health systems to the core adding further to the complexity of this topic, as imposed national lockdowns and movement restrictions affected access to timely abortion for millions of women across the globe. In this paper, we examine how countries within the European Union and the United Kingdom responded to challenges brought by the COVID-19 crisis in terms of access to abortion. By combining information from various sources, we have explored different responses according to two dimensions: changes in policy and protocols, and reported difficulties in access. Our analysis shows significant differences across the observed regions and salient debates around abortion. While some countries made efforts to maintain and facilitate abortion care during the pandemic through the introduction or expansion of use of telemedicine and early medical abortion, others attempted to restrict it further. The situation was also diverse in the countries where governments did not change policies or protocols. Based on our data analysis, we provide a framework that can help policy makers improve abortion access.

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1. Introduction

On March 11th 2020, the World Health Organization (WHO) declared the state of pandemic for the novel coronavirus (COVID-19) [1], with Europe considered as the epicenter of the outbreak. By April 3rd 2020, more than 3.9 billion people (half of the world's population) were placed in some manner of lockdown or quarantine, as governments in more than 90 countries called on their citizens to stay at home to prevent the spread of the virus [2]. The year 2020 will likely be marked in history books as the time when a global pandemic shook modern health systems worldwide and changed our perceptions of healthcare [3,4].

COVID-19 not only presented itself as a health hazard, but also as a cause for great social and economic impact, especially for women [5]. Among the many areas affected by COVID-19, Sexual and Reproductive Health and Rights (SRHR) have faced significant disruption. The family-planning organization Marie Stopes Interna-

tional estimates that there could be up to 2.7 million additional unsafe abortions performed as a consequence of COVID-19 [5]. The organization reports that increased barriers to abortions appeared everywhere due to lockdowns, restrictions of movement, lack of information, overwhelmed health system and supply chain disruptions. The time-sensitive nature of access to abortion was highlighted as a particular concern in a joint report by the European Parliamentary Forum (EPF) for reproductive rights and the International Planned Parenthood Federation European Network (IPPF EN) [6]. According to the report, over 5.633 static and mobile clinics, and community-based care outlets across 64 countries were closed because of COVID-19 restrictions, directly affecting access to abortion. Similar events have led the United Nations Population Fund to raise concern over a global surge of up to 7 million unwanted pregnancies as a consequence of lockdowns and lack of access to contraceptives [7].

Access to abortion and public policy related to SRHR have been the subject of heated debates between various actors for decades [8,9]. Many have a claim in this discussion, including governments, policy makers, patients, the medical community, religious institutions, patient advocacy groups and other interest groups. Furthermore, policy decisions “do not happen in a vacuum” of a nation state, but in a transnational setting [9]. Looking into the settings

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