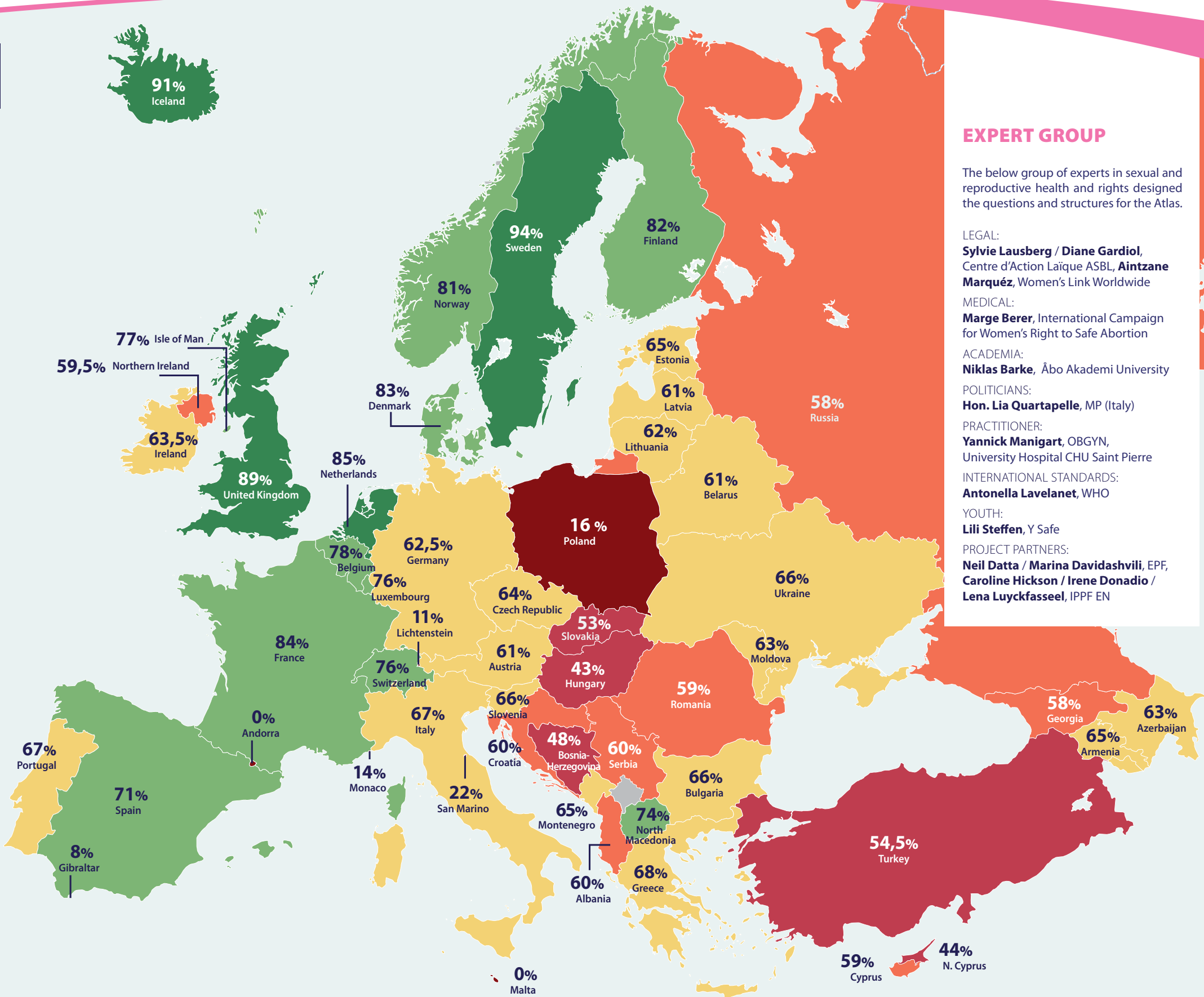


# EUROPEAN ABORTION POLICIES ATLAS

SEPTEMBER 2021

## RANKING POINTS SCALE

Sweden	94 %
Iceland	91 %
UK	89 %
Netherlands	85 %
France	84 %
Denmark	83 %
Finland	82 %
Norway	81 %
Belgium	78 %
Isle of Man	77 %
Luxembourg	76 %
Switzerland	76 %
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.<sup>1</sup>

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<sup>3</sup>.

**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<sup>4</sup>.

<sup>1</sup> [https://www.who.int/health-topics/abortion#tab=tab\\_1](https://www.who.int/health-topics/abortion#tab=tab_1)  
<sup>2</sup> Safe abortion: technical and policy guidance for health systems, Second edition.  
<sup>3</sup> 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  
<sup>4</sup> 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)

## 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.

# EUROPEAN ABORTION POLICIES ATLAS

																																																					
LEGAL STATUS OF ABORTION CARE <i>(TOTAL SCORE)</i>	12	0	12	9	12	12	12	9	12	12	9	12	12	12	12	12	12	9	3	9	9	15	9	12	12	12	6	12	12	0	12	3	12	15	9	9	12	12	2	9	9	12	3	12	12	9	12	15	9	9	12	15	15
Stand 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)	12		12		12	12	12	9	12	12		12	12	12	12	12	12		9		9	15	9	12	12	12		12	12		12		12		15	9	9	12		12		12		12		15	15						
In penal/criminal code: de-penalised; allowing abortion under certain grounds (6 pt)/many grounds (9 pt)		0		9							9							9		9																		9					9	12	15								
In penal/criminal code: penalised; under all circumstances (6 pt)/allowed under restrictive conditions (0-3pt)																			3								6				0		3				2		9		3												
ACCESS <i>(TOTAL SCORE)</i>	31	0	30	35	29	30	37	22	32	32	28	27	41	31	38	38	26	32	3	35	23	44	32	37	37	21	3	32	36	0	29	4	34	41	20	28,5	33	40	7	33	30	32	19	29	28	33	35	44	36	30	32	43	45
Abortion is widely available; i.e. on request; up to nr weeks since LMP:																																																					
18-24 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	6	8	6	8		6	6	10	6	8	6	6		6	8		6		4	10	4	6	6	6	0	4	8	6	6	4	6	4	6	10	10				
Additionally, abortion is available on request up to specific limit and beyond this limit for the following reasons:																																																					
Economic or social reasons (3 pt)	3		3		3	3							3		3		3					3		3	3			3		3	3				3	3								3		3	3	3					
Medical reasons; ie. Impairment of foetus or threat woman's health/life, mental health (2pt)	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	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
Criminal grounds (rape/incest) (1pt)	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					
Certain motivations are prohibited (such a sex selection): Yes (0 pt)/ No (-1 pt)			-1														-1																																				
If yes: specific the limit:																																																					
Above 18 weeks or no limit in exceptional circumstances (4pt); 18 weeks (3 pt); 12 weeks (2 pt); 4-12 weeks (1 pt)	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	0	4	4		4	1	4	4	4	2	4	4	1	4	4	4	4	4	4	4	4	4	4	4			
Eligibility of women in accessing abortion services:																																																					
No restriction (5 pt); if not specified, we assume there is no restriction	5		5	5	5	5	5	5	5	5	5		5	5	5	5	5	5		5		5	5		5		5	5		5	5	5	5	2,5	5	5	0	5	5	5	5	5	5	5	5	5	5	5	5				
Restricted to nationals/residents; ie. not accessible to non-residents (2 pt) or non-nationals/residents can access abortion but with conditions (3 pt)												2	3							2			2																														
Additional unnecessary mandatory medical procedures:																																																					
No 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	4		4	4		4		4	4	4	2	4	4	0	4	4	4	4	2	4	4	4	4	4	4			
Compulsory interaction between woman and foetus; ultrasound prior to abortion* (-1 pt)																																																					
Compulsory dissuasive counselling (-1 pt)																																																					
Compulsory waiting period (-1 pt)	-1		-1																																																		
Compulsory additional medical tests; eg. HIV, STI (-1 pt)																																																					
Administrative obstacles; rating legally accessible abortions:																																																					
None (5 pt) - deduct for each restriction	5		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	0	5	5	5	5	5	5	5		5	5		0	0	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5			
Consent/approval from more than one medical practitioner for regular abortions (-1 pt)																																																					
Third party authorisation; judicial or parental for minors (-1 pt)	-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	-1	-1	-1	-1	-1	-1	-1	-1				
Spousal consent (-2 pt)																																																					
Provide legal proof of rape/incest; police or judicial proof (-1 pt)																																																					
Other; e.g medical certificate in case of rape (-1pt)																																																					
National health system coverage:																																																					
Covered as any other medical services by national health insurance (10 pt)							10						10		10	10				10		10	10	10	10			10				10		10		10		10		10		10		10		10		10					
Covered differently:																																																					
Greater coverage, (10 pt + up to 5 points for each additional coverage; women without health insurance/non residents)																																																		11			
Less coverage:																																																					
Only certain types of abortion procedures are covered (6 pt)																																																					
Only certain situations allow for coverage (5 pt)																																																					
Coverage only for certain groups, ie. vulnerable women (3 pt)	3		3	3		3			3	3	3		5					3			5				5		5																					5					
No coverage at all under any circumstance (0 pt)					0			0									0																																				
CLINICAL CARE AND SERVICE DELIVERY <i>(TOTAL SCORE)</i>	17	0	20	14	19	16	22	14	19	13	19	22	23	19	27	24	17	16	2	21	14	25	15,5	21	14	16	2	15	21	0	19	7	16	19	15	19	19	19	10	19	17	16	0	19	13	21	19	25	21	15,5	19	21	30
Methods available:																																																					
Surgical abortion (3 pt)	3		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		3	3	3	1,5	3	3	3		3																									