STATUS OVERVIEW

of

ABORTION

IN EUROPE

Updated version
September 2024


SLOVENIA
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LATVIA

At the beginning of the 21e century, many countries were beginning to legalise termination of pregnancy and the trend in favour of women's rights seemed to be continuing in Europe, but it has to be said that we are currently facing a significant setback in the right to abortion.

Since the creation of the Abortion Right platform[1] in 2011, we have been sounding the alarm about the overt or insidious attacks limiting access to abortion in a number of European countries, thereby undermining women's right to life*[2] , self-determination and integrity. This situation is simply unacceptable in a political area such as the European Union, whose Charter of Fundamental Rights establishes equality between men and women.

In June 2022, a general awakening was triggered by the **US Supreme Court**'s decision **to reverse the federal guarantee of the right to abortion**, leaving it up to states' authorities to legislate on access to abortion. Since then, many states have restricted or banned abortion, including in cases of foetal malformations or pregnancies resulting from rape, with dramatic consequences for women. Those who can afford it have no choice but to buy abortion pills from Mexico, while others are subjected to unimaginable ordeals, as was the case for Deborag Dorbert, a 33-year-old American woman who had to carry to term a baby without kidneys that died in her arms shortly after birth.

For decades, the strategies implemented by fundamentalist and conservative movements have fuelled the stigmatisation and criminalisation of abortion. In so doing, they are undermining the fundamental rights of half of Europe's population.

1 Abortion Right is a platform for monitoring and taking action that brings together French and Dutch-speaking partner associations working in the field of sexual and reproductive rights. If you wish to learn more, visit the platform's site: https://www.abortionright.eu/en/

2 The term woman* refers to women and pregnant people.

On the European continent, abortion remains totally illegal in **Andorra and Liechtenstein**. In January 2023, **Malta** slightly opened up access to abortion if the woman's life is in danger. In **Poland**, the Catholic Church's rhetoric on the "culture of death" has succeeded in virtually banning abortion, resulting, since 2020, in the deaths of six pregnant women because they refused hospital care! Who can accept this? In **Hungary**, since Viktor Orbán came to power, the law requires pregnant women who wish to have an abortion to prove, by means of a medical certificate, that they have listened to "the heartbeat of the foetus". **Spain** is also facing the rise of a threatening extreme right: the Vox party advocates a confessional state with Christian and family values, calling into question acquired rights in terms of abortion and sexual health. In **Italy**, the President of the Council and leader of the *Fratelli d'Italia* party, Giorgia Meloni, has repeatedly stated that she wants to boost the birth rate and has now allowed anti-choice militants to access abortion clinics. There have also been setbacks in recent years in **Latvia**, **Lithuania** and **Croatia**, as well as in **Bulgaria**, **Georgia** and **Romania**, where Orthodox priests support bills to protect embryos from the moment of conception, even when a woman's life is in danger. The same is true of the increasingly influential evangelical Protestant churches, particularly the Pentecostal ones. The formal alliances forged between the various religious currents in the 2000s have consolidated an anti-choice front, in line with Pope Francis, who compared abortion to a "hired killer".

The criminalisation of abortion and the restrictions on access to care limit the ability of healthcare professionals to use good medical practices and respect their professional ethics. They have a **dissuasive effect on doctors** and healthcare professionals, who are exposed to legal consequences by the simple act of providing care, including in cases of medical abortions or the collection of foetal tissue after miscarriages. Furthermore, the lack of clarity in the texts specifying the conditions for decriminalisation of abortion further dissuades doctors from performing abortions. This leads to situations of serious violence that can result in the death of pregnant women in full view

of the doctors. This criminalisation also has a **dissuasive effect on women** who do not dare to seek treatment in the event of complications linked to pregnancy or due to an unsafe abortion.

The obstacles to women's sexual and reproductive autonomy bear witness to **institutionalised sexism** and must be combated as factors of inequality and injustice. The economic, health and environmental crises exacerbate these obstacles, leading to the closure of abortion centres, longer waiting times and lack of access to information.

Some EU countries are exceptions to this trend, however, such as Denmark, Sweden, Luxembourg, the Netherlands and France, which has now enshrined the freedom to terminate a pregnancy in its Constitution. The European Union must build on these proactive policies and implement the resolution adopted by the European Parliament on 11 April 2024 calling for the right to abortion to be included in the Charter of Fundamental Rights.

The European Union must abide by the WHO recommendations so that abortion is treated as a matter of public health and respect for the human person, in this case women. It must guarantee equal rights to life, health and self-determination for all women, regardless of their nationality or country of residence.

This brochure provides a country-by-country overview of the threats and obstacles, as well as the progress made in terms of legislation and access to abortion in Europe [3].

3 The EU 27 plus Iceland, Norway, the United Kingdom and Switzerland.

AUSTRIA

Since 1975, abortion has been authorised up to the **14th week of pregnancy**, at the woman's request following a medical consultation. There is no **waiting period** between the consultation and the abortion. After 14 weeks, abortion remains possible in specific cases: life-threatening or possible physical/psychic after-effects for the pregnant woman, risk of mental/physical disability for the child or when the person is under 14 years of age at the time of conception.

Minors aged between 14 and 18 are the **only ones who can give their consent to an abortion,** provided they are capable of deciding. Minors under the age of 14 need the consent of a parent or legal guardian.

Abortion is **not reimbursed** by health insurance (except for medical reasons) and is **available** to all women, whether resident or not. Fees vary between 300 and 900 euros.

No doctor, nurse or paramedic is obliged to perform or participate in an abortion, except to save a pregnant woman from imminent danger of death. These professionals are **not obliged to refer** the woman to a facility that performs abortions.

Medical abortion is permitted up to 9 weeks of pregnancy.

All the information on abortion is available and updated on the **government's health website**.

BELGIUM

Abortion is permitted up to **since conception (14 weeks since the last menstrual period)**, with a **mandatory** 6-day **waiting period** between the first consultation and the procedure, and is **reimbursed** by the health insurance scheme. Medical termination of pregnancy is authorised **beyond 12 weeks** only on medical grounds.

Minors do not need parental consent to have an abortion.

Medically induced abortion is possible at home for up to 9 weeks

The 2018 law amended the partial decriminalisation law of 1990. In addition to making **physical obstruction** of an abortion clinic a punishable **offence**, the new legislation abolished the notion of distress and obliges a doctor who refuses to perform an abortion on the grounds of the conscience clause to **inform and refer** the patient to another practitioner or establishment. Since January 2024, this **obligation has been reinforced** in Brussels hospitals, which must either deal directly with the request for an abortion or offer to deal with the request in another hospital in their network.

Prior to 2018 abortion was considered a criminal offence "against family order and public morality". Since the 2018 law, if there is an urgent medical reason, the 6-day waiting period can be shortened. If the patient has her first consultation just before 14 weeks, the abortion can still be performed 6 days later (therefore, in practice, up to a maximum of 15 weeks).

Abortion is still the subject of **numerous attacks**: anti-choice demonstrations take place every year in Brussels and several misleading campaigns have been broadcast on public transport. In 2019, 7 parties co-signed a **bill to fully decriminalise abortion**, extend the waiting period to 18 weeks of pregnancy and reduce the mandatory waiting period from 6 days to 48 hours. Despite a parliamentary majority in favour of the bill, it failed to pass due to opposition from nationalist, Christian and far-right parties. In addition, the formation of the government in September 2020 was conditional on the abandonment of the parliamentary debates on abortion. The government asked for the 2018 law to be evaluated by a committee of experts in order to reach a consensus between the majority parties. The committee delivered its final report in April 2023, containing 25 recommendations and an in-depth analysis of the situation in Belgium. The experts' conclusions corroborated the terms of the 2019 bill, but debates did not resume in Parliament until the end of the legislature in May 2024. After the elections on 9 June, 4 parties (PS, PTB, Ecolo-Groen and Open VLVD) each tabled a bill following the experts' recommendations. These were given urgent procedure in the House on 18 July 2024. The debate should therefore be relaunched at the start of the new parliamentary term.

Every year, **several hundred women have to travel to the Netherlands**, because the waiting period in Belgium is too short and does not take into account the different life situations that women may face (rape, denial of pregnancy, etc.). Others do not have the means (financial or otherwise) to travel and therefore have to continue an unwanted pregnancy.

BULGARIA

Since 1990, abortion has been authorised up to **12 weeks of pregnancy** at the woman's request, and up to **20 weeks** after approval by a medical committee if the woman is suffering from an illness that could endanger her life or that of the foetus. **After 20 weeks**, abortion is authorised if the woman's life is in danger or for severe foetal malformation. **Medical abortion** is possible at home. There is no legal basis for **conscientious objection**, which is therefore not legally permitted.

Abortion is free for under-16s and over-35s, on medical indication and in cases of rape.

Despite this legal framework, demographic decline has become an obsession for the state, which restricts access to abortion: teenagers considering terminating a pregnancy are **denigrated** in the media, **sex education** is lacking and **the negative influence of the Orthodox Church** exacerbates the prevailing social conservatism.

CROATIA

In this country, where 90% of the population is Catholic, abortion has been permitted **up to the 10th week** of pregnancy since 1978, at the woman's request. The pregnant woman must provide a written justification for her request, which must then be validated by the doctor.

After 10 weeks, an expert committee made up of doctors and social workers must certify that the woman's health is in danger, that there is a physical or mental malformation of the foetus or that the pregnancy is the result of rape or incest.

The **cost** of an abortion - which is never covered by the state - varies from region to region, but is still very high compared to the average salary.

Since independence in 1991, religious organisations and the Catholic Church have acquired a strong influence in society, leading to the law on free abortion being called into question from 2000 onwards. Since then, access to abortion has been under increasing threat and the country is facing a **shortage of doctors**, leading to a drastic fall in the number of abortions, from 40,000 in 1989 to around 3,000 in 2022.

The **conscience clause** was introduced in 2003 and allows healthcare staff to refuse to perform an abortion unless the woman's life is in danger. If the professional refuses, he or she must refer the woman to a doctor who performs the abortion. Around **60% of gynaecologists refuse to perform abortions**, which is the result of anti-choice campaigns and the influence of conservative circles. In Croatia, modern contraception methods are also little used, as a result of **poor sex education**.

In 2017, the **Constitutional Court rejected an appeal by several conservative groups** calling for a ban on abortion. The Court then called on Parliament to prepare new legislation, ruling that the 1978 law had become obsolete. Many defenders of the right to abortion fear that this will lead to more restrictions. Indeed, demonstrations have taken place since 2021, when thousands of people marched in Zagreb against abortion.

In 2022, one case in particular shook Croatia: a woman who was 6 months pregnant and whose foetus was suffering from a serious brain tumour, leaving it with little chance of survival, was **refused access to a medical abortion by several hospitals**. She finally won her case thanks to a strong grassroots campaign.

In 2024, religious and conservative groups are still stepping up the pressure in Croatia by organising vigils outside clinics and marches attracting thousands of people, as well as groups of men kneeling to pray in public squares

CYPRUS

In March 2018, after years of debate in the face of one of the most restrictive legal regimes on abortion, a **new law** makes it possible to terminate a pregnancy within 12 weeks after a medical consultation without justifying a risk to one's health.

The period is extended to **19 weeks** in cases of rape and incest and to **24 weeks** in cases of serious foetal anomalies. **Medical abortion** is permitted.

Abortion is permitted for unmarried women aged 18 and over. If the pregnant woman is married, **her husband's consent is required**.

In the case of pregnancy in **a minor**, the written consent of the parents (or legal guardian) is required.

Healthcare staff have the right to refuse to perform abortions unless the life of the pregnant woman is in danger.

Under the country's health system, abortion is free only for patients who are eligible for reimbursed medical care. As most abortions are carried out in private clinics, the **cost** is too high for many women.

Previously, abortion was illegal and could only be carried out if two doctors certified that the pregnancy presented a risk for the woman or the unborn child.

In Cyprus, where abortion is a sensitive issue, **the influential Orthodox Church** is firmly opposed to decriminalisation. Young girls have very little access to **sex education** in schools and few women know about or have access to modern methods of **contraception**.

CZECH REPUBLIC

Abortion at the woman's request is authorised up to **12 weeks of pregnancy**, in compliance with a **period of at least six months between two abortions**, unless the woman is aged above 35 years, already has two children or has been the victim of rape. The woman's written consent along with the approval of a doctor and a consultation before and after the abortion are mandatory.

Beyond 12 weeks, only medical indications are retained, for which the state assumes the cost.

Parental consent is required **up to the age of 16 years**, and **between 16 and 18 years**, the abortion clinic is obliged to inform the parents.

Thousands of Polish women travel to the Czech Republic each year to have an abortion, usually in private clinics. Though Poland would prefer to prevent it, the Czech Republic amended its **legislation in order to allow EU citizens to obtain an abortion in the country**.

DENMARK

Abortion is permitted up to the **12th week of pregnancy**. Abortion is only possible up to **22 weeks** in the case of rape, incest or for medical or social reasons. A commission made up of gynaecologists, social workers and psychologists must then give its approval.

Minors must obtain their parents' consent. Recent debates have considered authorising abortion without parental consent from the age of 15.

The **cost** of an abortion is fully covered by the State.

Since 2004, abortion has also been **available** to women who are not resident in Denmark. .

In the Faroe Islands, an autonomous region, the Danish parliament was officially responsible for legislation on abortion until 2018.

It was only recently that Faroese MPs regained responsibility for legislation on their territory. According to the Minister for Social Affairs, Mr Nolsø, this is the main reason why the local government should soon amend the rules on abortion, even though this is not a government priority.

In May 2024, the government reached three major political agreements aimed at **extending the legal time limit for abortion to 18 weeks** and replacing the five regional consultations on abortion with a national council, which will increase women's legal certainty by guaranteeing uniform and transparent practice throughout the country for decisions on late-term abortion, thereby avoiding regional differences. At the same time, the agreements provide that young people aged 15 to 17 will now be able to have an abortion without their parents' consent.

These new rules on abortion will be implemented by amending the Health Act.

The bill will be introduced during the period 2024-25 and will come into force on 1 June 2025.

ESTONIA

Abortion is authorised up to **12 weeks of pregnancy** after a compulsory medical consultation. The woman must sign a document detailing the risks associated with the abortion. The period is extended to 22 weeks for certain medical reasons, as well as for girls **under 15 and women over 45**.

Parental consent is required for young women **under the age of 18**.

Voluntary termination of pregnancy is a **chargeable** procedure in Estonia. If the woman is insured by the Health Insurance Fund, the person seeking an abortion must pay 50% of the price of an authorised medical abortion and 30% of the price of a surgical abortion. If there is no insurance, the full cost is payable.

FINLAND

Abortion is authorised at the patient's request for up to **12 weeks of pregnancy** for a variety of reasons: the woman's age, health, family or economic situation.

Beyond that, abortion is authorised:

- **Up to 20 weeks** in certain cases of rape or incest or for minors under 17 for social reasons;
- Up to **24 weeks** in the case of foetal risk ;
- There is no time **limit** if the woman's health is in danger.

Finland is one of the few countries **that does not allow** healthcare professionals to refuse to carry out an abortion.

The **cost of** an abortion is fully covered by the State, and minors do not need parental authorisation.

Following an "OwnWill2020" citizens' initiative which attracted over 50,000 signatures, the Finnish Parliament passed a **new law** abolishing the obligation to provide reasons for requesting an abortion and limiting the procedure to a consultation with a single doctor.

Before this reform, the doctor had the right to enquire about the reason for the abortion and any woman less than 12 weeks pregnant who requested an abortion had to have an abortion on the advice of two doctors.

The revised law on abortion does not apply to pregnancies lasting more than 12 weeks. The opinion of two doctors is still required for women who have exceeded this period.

In Finland, 95% of abortions performed are carried out using drugs.

FRANCE

Decriminalised since the 1975 Veil law, abortion on request has been authorised up to the **14th week of pregnancy** (post-conception,16 weeks since the last menstrual period) since 2022 and can also be carried out by **midwives**. **After 14 weeks,** abortion is accessible on medical indications and following an advisory opinion from a multidisciplinary team. Since **4 March 2024**, a woman's freedom to have an abortion has been **enshrined in the Constitution**.

For minors, a psychological interview is required, but parental consent is not.

Since 2013, abortion has been **fully covered** by Social Security and by State Medical Aid for women without social security. The Vallaud-Belkacem law of 4 August 2014 strengthened the right to abortion: removal of the "proven distress" condition required by the 1975 law and penalties for any **obstruction of information** on abortion. At the end of 2016, the Senate adopted **the extension of the offence of hindering** abortion with a view to combating misinformation practices, particularly **on the Internet**, and the exertion of psychological pressure on women and those around them with regard to abortion.

Medically induced abortion is authorised at home via teleconsultation up to 7 weeks of pregnancy.

In August **2020**, the National Assembly voted in favour of the bioethics bill including **"psychosocial distress"** as a cause of "serious threat to health" justifying an abortion on medical grounds. Prior to the extension of the legal duration of abortion to 14 weeks, voted for in 2022 between 3,000 and 5,000 women travelled abroad each year to have an abortion. **On 4 March 2024**, the Congress (both Houses of Parliament gathered) voted to **enshrine in the Constitution** "the freedom guaranteed to women to have recourse to a voluntary interruption of pregnancy" (art. 34). France has become the first country in the world to constitutionalise voluntary termination of pregnancy.

Anti-choice movements are still very much alive in France. Every year on the anniversary of the 1975 Veil law, a "March for Life" is organised by Catholic and conservative groups. In 2015, the French Bishops' Conference publicly criticised the government's abortion information campaign. In 2023, the "Survivors" movement put anti-choice stickers on Parisian bicycles.

Few professionals perform abortions, which exacerbates the number of **medical deserts** and hinders access to abortion for many women living outside urban centres. 17.2% of abortions in France are carried out outside a woman's département of residence.

GERMANY

Abortion is authorised up to **12 weeks of pregnancy** at the woman's request, following a compulsory socio-medical interview at an approved counselling centre, except in the case of rape. On the basis of a consultation certificate, the procedure is authorised after **a period of 3 days**. **After 12 weeks**, two doctors must certify that "the physical or moral health of the mother is in danger". Parental consent is required for **minors**.

The cost of an abortion is **borne by the woman**, except in certain special cases (rape, danger to the woman's life, etc.). Some Länder cover the cost for people who cannot afford an abortion or for minors.

Medical abortion is possible up to 9 weeks under medical supervision and control.

Health professionals who refuse to perform an abortion on the basis of **a conscience clause** are not obliged to inform women or refer them.

After a few relaxations in 2019, in June 2022 the German parliament repealed Article 219a of the 1933 Criminal Code, which made the **promotion and advertising** of abortion a criminal offence. Several health professionals had been fined for breaching this ban.

On 5 July 2024, the Bundestag (Parliament's lower house) passed a law banning harassment of women having abortions. This offence of obstruction prohibits anti-choice demonstrations near surgeries, clinics and advice centres, as well as any obstruction of access to these establishments. In addition, it is forbidden to impose one's opinion on pregnancy on a pregnant woman against her will, to put pressure on her or to influence her with false information.

Despite these developments, abortion remains **illegal** (article 218), but decriminalised up to 12 weeks of pregnancy if and only if the procedures mentioned above are followed. However, in March 2023, the German government convened a commission of experts to **examine the current regulation of abortion**. On 15 April 2024, the commission published its findings in a final report. They are clear: abortion in the early stages of pregnancy should be legal.

Access to abortion varies from region **to** region, and is becoming more complex as the number of practices and clinics providing abortions declines. According to the Federal Statistical Office, their number fell by 46% between 2003 and 2021. Some patients have to travel 150 kilometres to find a doctor, particularly in rural and Catholic regions such as Bavaria. But even in some large cities, such as Stuttgart and Münster, the situation is critical.

GREECE

Abortion is authorised on request up to the **12th week of pregnancy**.

Beyond that, it is possible:

- Up to **19 weeks** in the case of rape or incest ;
- Up to **24 weeks** in case of foetal anomaly ;
- There is no time limit if the woman's health is in danger or if there is a serious foetal problem.

In the case of a medical abortion, a certificate is required.

Minors must obtain parental consent.

Abortion is **free** in the public sector and **partially covered** by Social Security in the private sector.

Women often resort to abortion in secret in the face of negative public pressure. The conditions for abortion in Greece are described in the Penal Code, which demonstrates **moral disapproval**.

In early 2020, posters with **anti-abortion messages** were put up in the Athens metro with the slogan "Choose life - Let me live". Following a public outcry, the government decided to remove the posters. According to the Greek media, the advertising campaign was paid for by groups linked to the Orthodox Church. The Orthodox Church has also introduced a day for the unborn child.

As part of its pro-birth policy, Kyriakos Mitsotakis' right-wing government has promised a **subsidy** of €2,000 for each child born in Greece and €1,000 for mothers under the age of 30.

HUNGARY

Abortion is permitted up to **12 weeks of pregnancy**. The woman making the request must define the "serious crisis" she is experiencing and attend **two interviews** with the social services, **3 days apart**.

Beyond that point, abortion is possible on medical or social grounds, following an advisory opinion from two doctors.

Young women **under the age of 16** must have their parents' consent, and for patients aged between **16 and 18**, their parents must be informed.

Abortion is free of charge only for women from vulnerable groups who receive financial assistance from the State, or who reside in a public institution.

The Conservatives in power **do not authorise medical abortion** and the morning-after pill is only available on prescription.

In practice, abortion is very badly perceived and access is increasingly restricted. Since 2012, the Orbán government has enshrined "the **protection of life** from the moment of conception" in the Constitution, and since 2017 it has been pursuing a **pro-natalist policy** based on promoting the "traditional family" and supporting "childbirth": Celebration of the housewife in school textbooks, subsidies granted to hospitals that refuse to perform abortions, anti-abortion campaign in the metro in violation of the rules of the European funding programme, political pressure on clinics performing medical abortions considered "too easy", harassment of NGOs defending women's rights... To no avail, in 2023 the **CEDAW** - the United Nations Committee on the Elimination of Discrimination Against Women - called on Hungary to provide all women with access to abortion, pointing out that "limiting women's rights to a family view would be tantamount to supporting stereotypes that it is precisely the responsibility of States to combat".

Since 2022, women who wish to have an abortion have been obliged to be exposed to the **vital functions of the foetus**, by listening to the foetal heartbeat before the abortion is carried out.

Every year, several hundred Hungarian women travel to Vienna to have an abortion with medication, or a surgical abortion up to 14 weeks.

ICELAND

In September 2019, a historic law on abortion authorising abortion **up to 22 weeks of pregnancy**, regardless of the circumstances, came into force.

It also improves the situation for **minors**, who are no longer required to provide parental consent. **After 22 weeks**, abortion is possible on medical grounds (for example, in the case of foetal abnormalities or a threat to life or health) with the authorisation of two doctors.

The **cost of an abortion** is fully covered by social security, but the visit to the doctor is not reimbursed.

IRELAND

In January 2019, parliament passed a law allowing abortion **up to 10 weeks of pregnancy unconditionally** with a **mandatory three-day reflection period** between the two consultations. Minors over the age of 16 may decide to have an abortion on their own. Below this age, the consent of a parent is required, unless the health professional considers that the minor is capable of giving consent on her own.

Up to 24 weeks, abortion is possible in the event of danger to the life of the pregnant woman, or of abnormalities that could lead to death in utero.

The cost of abortion is fully covered by the State for women resident in the country.

Prior to 2019, Irish legislation was one of the most restrictive in Europe, with the 8th Amendment to the Constitution recognising the right to life of the foetus on an equal footing with that of the mother. Abortion was even prohibited for victims of rape or incest, and for pregnant women whose babies had serious deformities or were non-viable. Penalties ranged up to 14 years' imprisonment. Several thousand women travelled to England each year to have an abortion, at great cost.

The 2019 Act was passed following the referendum on 25 May 2018, in which almost 70% of voters opted for legalisation. This law has just been evaluated and the published report raises numerous shortcomings in care. Debates are due to resume shortly and will focus on the reflection period, the lack of practitioners, etc.

In practice, **access is generally assured** despite **geographical inequalities**. Only 11 of the country's 19 maternity units perform abortions, and fewer than 1 in 9 general practitioners. Some women still go to the UK, where the waiting period is longer and the conditions for access in the event of foetal malformation are less restrictive.

ITALY

Abortion is permitted **up to 90 days of pregnancy** - just under 12 weeks - on social or medical grounds, after consultation with a doctor.

Thereafter, it is authorised until the foetus is non-viable, unless the woman's life is in danger. Rape or incest are not grounds for exemption.

Minors must obtain their parents' consent, failing which a guardianship judge may intervene.

Women are **required to wait 7 days** between the first consultation and the abortion procedure, except in cases of medical emergency.

In August 2020, the Italian Ministry of Health changed the arrangements for access to **medically induced abortion**, abolishing the three-day hospital stay requirement. However, surgical abortion remains the main method used.

The **cost of an abortion** is fully covered by the State.

Nearly 3 out of 4 healthcare professionals refuse to perform abortions for reasons of conscience, which seriously hampers access to abortion: difficulty in finding a practitioner, longer waiting times, multiple humiliations and increased psychological distress. These obstacles are evident throughout the country and are almost generalised in the south. Women with sufficient financial means are forced to travel to other regions or countries to have an abortion.

Anti-choicers have a strong presence on the political scene: in May 2018, to justify a pro-natalist policy, Lorenzo Fontana, Speaker of the House and a member of the far-right Lega party, declared that "abortion is the leading cause of feminicide in the world". Since October 2022, Giorgia Meloni, leader of the post-fascist Fratelli d'Italia party, has been President of the Council of Ministers. She has repeatedly stated that she wants to boost the birth rate and preserve "Italianness". In April 2024, the Meloni government passed an **amendment allowing anti-choice groups access to abortion** clinics. This text was included in a decree on the implementation of the post-Covid European recovery plan. For the government, this measure meets the objective of the 1978 law by giving women the opportunity to reflect before deciding to terminate their pregnancy.

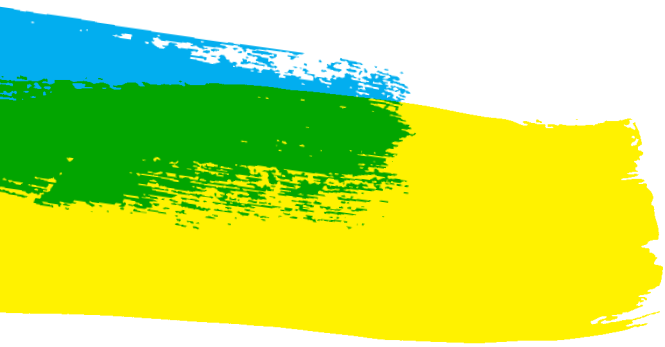
In 2020, **"foetus cemeteries"** caused controversy. These cemeteries are maintained by anti-choice movements without the consent of the women who have had an abortion. Their names are displayed for all to see on a tombstone, even though the law on abortion enshrines women's anonymity. In 2022, a far-right councillor in Piedmont proposed giving €4,000 to women who did not have an abortion. This proposal was criticised and ultimately rejected.

LATVIA

Abortion is legal up to **12 weeks of pregnancy** on request following a compulsory medical consultation. **Between 12 and 22 weeks**, medical justification and the agreement of a committee of doctors, as well as a written request from the woman, are required. There **must be a waiting period of 3 days** between the first consultation and the abortion.
Parental consent is required for young women **under the age of 16**.

The **costs of** an abortion are borne entirely by the woman, unless it is carried out on medical indications.

In May 2022, the archbishop of Riga congratulated Christians on their work: by promoting the **"culture of life"**, they had succeeded in reducing the number of abortions from 7,000 in 2002 to 2,000 in 2020.



LITHUANIA

Abortion is authorised up to **12 weeks of pregnancy** on request, following a medical consultation and a written request from the woman. The authorised period is **up to 22 weeks** for medical indications. The same period applies in cases of rape or incest, but beyond the 12 weeks, the woman must obtain a court order. The consent of the father is recommended, but not compulsory.

Parental consent is compulsory for **minors** aged 16 or under and recommended for those aged 16 to 18.

Medical abortion up to 9 weeks of pregnancy has been legal since January 2023.

The **cost of an abortion** is borne by the woman, but reimbursed by her (compulsory) health insurance when the abortion is carried out on medical indications.

In 2018, after several attempts, the Prenatal Life Protection Bill of 2013 was finally rejected. This bill aimed to ban abortion, in the name of Christian values and public morality, except where there was a risk to the life or health of the mother or where the pregnancy was the result of a crime. If the law had been adopted, any doctor who performed an abortion would be liable to three years' imprisonment.

In April 2015, the government bowed to pressure from the Lithuanian Bishops' Conference and approved a draft law on the fundamental principles of the **protection of children's rights, before and after birth**.

LUXEMBOURG

Abortion on request is permitted **up to 12 weeks of pregnancy**. **After 12 weeks**, medical reasons and the approval of two doctors are required. There is a **mandatory 3-day reflection period** between the consultation and the abortion.

Minors must obtain parental consent or be accompanied by an adult of their choice.

Abortion is **fully reimbursed** by the French social security system.

Since 2014, abortion has no longer been part of the Criminal Code and, in the new law, the requirement to be "in a situation of distress" has been removed. Similarly, the second psychosocial consultation has become optional for adult women, but remains compulsory for minors.

The Minister for Health recently announced that he would be holding consultation meetings with the field in order to **consider relaxing the law**.

MALTA

Prior to June 2023, abortion was illegal in all circumstances. Since the controversy surrounding the emergency exfiltration of an American tourist (see below), a **very restrictive law** authorises abortion only in cases where the mother's life is in danger and the foetus is not viable, in order to protect doctors from criminal penalties in the event of intervention. The conditions are very strict for these two situations. In addition, if the woman's life is not in imminent danger, the opinion of a team of three doctors is required. In the second situation, an abortion can only be carried out if the foetus is not viable and other authorised medical procedures have been ruled out.

Nine out of ten Maltese are opposed to the legalisation of abortion, and therefore to a woman's right to control her own body as she sees fit. This conservatism is largely due to the considerable influence of the Catholic Church in Maltese society.

In December 2016, following a long battle, Malta legalised **the morning-after pill**, which is available in pharmacies without a doctor's prescription. In practice, many pharmacists refuse to dispense it for **"reasons of conscience"**.

Despite the country's resistance to reforming its legislation, civil society and independent health professionals are speaking out to raise public awareness and lobby for legal change. To help women, some doctors have resorted to performing abortions illegally, risking imprisonment and disbarment. In 2019, the country's first pro-choice coalition, **Voice for Malta**, was set up, and a group of independent doctors formed the **Doctors for Choice Malta** collective. Associations such as the **Abortion Support Network** also provide assistance and logistical support for abortions abroad and access to the abortion pill.

In **June 2022**, Andrea Prudente, an American tourist, suffered a miscarriage in Valletta when she was 16 weeks pregnant. Her life and health were seriously endangered without medical intervention. **The doctors refused her an abortion**, waiting for the foetus' heartbeat to stop or for her to have a potentially fatal infection that would prompt them to act. She had to be exfiltrated to Spain to be saved. This controversy reignited the debate on abortion and led to the adoption of the law in June 2023.

NETHERLANDS

Abortion is authorised at the woman's request, **without the law specifying a time limit**. However, the Penal Code defines killing a viable foetus as infanticide. The limit is generally estimated at 24 weeks, but in practice is often limited to **20 or 22 weeks of pregnancy**. After 24 weeks, medical approval by a special commission is required.

The **compulsory 5-day waiting period** will be abolished in 2022.

Minors under the age of 16 must obtain their parents' consent, although in practice a doctor's approval is deemed sufficient.

Since 2022, GPs have been able to prescribe **abortion pills**.

The **costs of abortions** are fully reimbursed by the health insurance funds. The country's clinics cater for European women who have passed the legal deadline in their own country, including several hundred women living in Belgium every year. Costs can exceed €1,000, depending on the type of abortion, plus travel and accommodation expenses, which limits access for some women.

In recent years, the country has seen **a growing wave of intimidation** and harassment of women at the entrances to abortion clinics - some even reporting several demonstrations a week. To counter these attacks, the Christian Democrat health minister has encouraged the **creation of buffer zones in front of clinics** in 2019.

NORWAY

Since 1978, abortion has been authorised up to the **12th week of pregnancy** at the woman's request. The law provides for exceptions **between the 12th and 18th week** depending on the woman's health or social situation, if the foetus is at risk of serious medical complications or if the woman became pregnant when she was a minor or as a result of sexual abuse. After the **18th week**, the reasons for terminating a pregnancy must be extremely serious.

After 12 weeks, a committee of two doctors decides whether or not to accept the application. If the application is rejected, it is automatically reassessed by a new committee called the "appeals committee".

Minors under the age of 16 must obtain their parents' consent.

Abortions are carried out in hospital and the procedure is free for all women, whether resident or not.

Political divisions emerged at the end of 2018 when Conservative Prime Minister Erna Solberg considered tightening abortion legislation in order to secure the Christian Democrat votes needed to maintain her government. In 2021, the former leader of the Christian Democrat party, Ropstad, spoke out against any relaxation of the law. The more left-wing parties are in favour of extending the time limit, abolishing the medical commissions, etc.

In March 2023, the liberal Venstre party tabled a proposal to enshrine the right to abortion in the Constitution.

In December 2023, the Abortion Committee examining the provisions of the law on abortion submitted a report to the Minister of Health, Ingvild Kjerkol, **recommending that the legal time limit for abortion be extended to 18 weeks**, at the woman's request. Around half of Norwegians would like to increase the limit for voluntary abortion to 18 weeks, according to a survey by the media NRK. The current Minister of Health, Jonas Gahr Støre, is expected to present a new law on abortion later this year.

POLAND

Abortion is **prohibited unless** the pregnancy is the result of an offence (rape or incest), or if the woman's life or health is at risk. However, Polish pro-choice organisations speak of an almost total de facto ban, as there is very strong pressure on doctors and hospitals not to perform abortions, even when they are legal. In the first case, abortion is only possible **up to 12 weeks of pregnancy**. In the second case, abortion is permitted until the foetus has reached the stage of being able to live independently outside the pregnant woman's body.

After 12 weeks, if medically indicated, abortion requires the authorisation of a doctor other than the one performing the procedure, unless the pregnancy poses a direct threat to the woman's life.

The national-conservative government in power between 2015-2023 considerably restricted access to abortion. In 2017, Poland's President endorsed a law making access to the morning-after pill conditional on doctor's prescription. In October 2020, the Polish Constitutional Court declared unconstitutional the exception of "serious and irreversible malformation of the foetus or incurable illness threatening the life of the foetus" that was included in the 1993 law. This led to **a ban on abortion in cases of foetal malformation**, which accounted for over 90% of abortions. This decision had a dissuasive effect on doctors. As a result, **6 pregnant women have died** since 2020 because doctors who were asked to intervene refused to do so.

A Polish activist, Justyna Wydrzyńska, risked 3 years in prison for "aiding the commission of an abortion". She was finally sentenced to community service.

Following the Russian invasion in February 2022, several Ukrainian refugees in Poland have been seeking an abortion, in particular because they had been raped. Very few had access to the procedure.

In June 2022, the Minister of Health made it compulsory for GPs **to record pregnancies in a digital medical register**. This tool is seen as a means of controlling and persecuting Polish women.

Following the elections in October 2023 and the appointment of Donald Tusk (Civic Coalition) as Prime Minister, new legislation was submitted to Parliament. The aim was to remove the article of the Criminal Code condemning abortion and those who help to carry it out. The text was rejected by Parliament on 12 July 2024 by just three votes: 218 votes against and 215 votes in favour. However, faced with this political stalemate, the government decided in August 2024 to issue instructions to doctors and prosecutors interpreting the law as liberally as possible, in order to allow access to abortion in practice.

All opinion polls show that **a large majority of Poles are in favour of liberalising the right to abortion**. According to a poll published in March 2023, 83.7% of people are in favour of changing the law, and 56.8% are in favour of the right to unconditional abortion up to 12 weeks.

PORTUGAL

Since 2007, abortion has been authorised **up to 10 weeks** with the written consent of the woman, after an in-depth psychological interview and with a medical certificate from a doctor other than the one performing the abortion. A **3-day** reflection period **is compulsory**, unless the legal limit is exceeded.

After 10 weeks, abortion is authorised in cases of rape and on medical indications up to 16 weeks and up to 24 weeks for foetal anomalies and malformations.

There are no limits if the woman's life is in danger.

Minors under the age of 16 require parental authorisation to terminate their pregnancy.

Since 2015, abortion has no longer been covered by social security. The government has decided to **charge women for all the costs** associated with their request for an abortion.

Anti-choice and conservative Catholic **movements** still exert a strong influence in public debate. In February 2024, the vice-president of the People's Party (CDS-PP), Paulo Núncio, then a candidate for the Lisbon constituency in the March 2024 legislative elections, defended the need for measures to limit access to abortion and called for a new referendum on voluntary termination of pregnancy (IVG), during a debate promoted by the "Portuguese Federation for Life". Now elected as a Member of Parliament and appointed leader of his party's group in Parliament, he has nevertheless stated that changes to the law on abortion will not be an issue for this legislature.

ROMANIA

Abortion is authorised on request up to the **14th week of pregnancy** and beyond in the event of foetal risk or risk to the life of the woman. The pregnant woman must give her consent in writing.

Minors under the age of 18 must present parental authorisation.

The cost of an abortion is particularly high in Romania. It is not covered by social security, even in cases of rape or risk to the foetus. The cost can vary from 500 lei (100 euros) in public hospitals to 6,000 lei (1,200 euros) in private clinics, while the average net salary is 4,400 lei (880 euros).

In Romania, nearly **63% of public hospitals do not perform abortions on request**.

During the **COVID-19** pandemic, the country experienced an **alarming drop** in access to abortion. Hospitals were asked to stop performing elective surgery, including abortions. Data shows that at the height of the crisis, only 11 of the country's 280 hospitals were performing abortions.

In 2021, a study revealed that almost half of the 171 hospitals surveyed do not perform abortions, 51 of them for religious reasons. Access to abortion therefore remains restricted, especially for women in precarious situations. The pressure exerted by anti-choice groups is present everywhere: with doctors, the authorities, political parties and even in the public arena. **Crisis pregnancy centres** have also been set up. A more recent study carried out between November 2023 and February 2024 by the Association of Independent Midwives reveals higher figures: 63% of public hospitals do not perform abortions on request.

Romania has one of the highest rates of under-age mothers in the European Union. Sex education in schools and access to contraception are also sorely lacking.

SLOVAKIA

Abortion is authorised **up to 12 weeks** upon written request, after a compulsory consultation and a 48-hour waiting period. **A period of at least 6 months must elapse between two abortions**, unless the woman is over 35, already has two or more children, or has been raped. **After 12 weeks**, abortion is authorised on medical indications and **up to 24 weeks in the case of rape**.

Slovakia is one of the few countries in the European Union where **women still do not have access to abortion pills**.

Minors under the age of 16 must provide parental authorisation; between the ages of 16 and 17, parents must be informed.

The **cost** of an abortion on request is very high. Abortion is only covered by the state if it is carried out on medical indications.

In 2019, the country saw **several legislative attempts to limit access to abortion**, for example by forcing women to see images of the foetus and hear the heartbeat, increasing the compulsory waiting period from 48 to 96 hours, or requiring a certificate from two doctors (instead of one) for abortion in the case of foetal abnormalities. All were rejected, but the anti-choice movement remains very active.

When Slovakia was last examined by the CEDAW, the experts stressed that the illegality of the morning-after pill, the financial burden and other measures could restrict access to abortion.

During the COVID-19 crisis, women experienced **very worrying limitations** on the right to abortion. In March 2020, the Minister of Health, Marek Krajčí, stated that he "does not recommend" abortions during the crisis.

In 2024, the Ministry of Health presented a draft decree aimed at introducing the abortion pill in Slovakia; Minister Zuzana Dolinková said she wanted to open discussions as early as September.

SLOVENIA

Abortion is authorised **up to 10 weeks** on request, and **beyond that** on medical indications after being examined by a multidisciplinary committee made up of two doctors and a social worker.

Minors must present parental authorisation unless they have been recognised as financially independent.

Abortion is **not covered** by the State.

During the **COVID-19** crisis, requests for abortions in Slovenia were treated as **essential health care**. According to representatives of the country's various medical services, women were able to access abortion services in the best possible way despite the restrictions imposed by the pandemic.

SPAIN

Since 2010, abortion has been authorised up to the **14th week of pregnancy** and up to **22 weeks** in the event of foetal malformation (with the agreement of two doctors) or risk to the woman's health (with the agreement of one doctor). **After 22 weeks**, a pregnancy can only be terminated in the event of abnormalities or an extremely serious and incurable illness detected in the foetus. This diagnosis must be confirmed by a committee of doctors.

Minors under the age of 16 may have an abortion without their parents' permission.

Abortion is only **covered by the State** for residents and if it is carried out by public health services.

However, **major inequalities between the autonomous communities** make access to abortion more difficult for many women. Only 15% of abortions are performed in public hospitals, as around **80% of doctors invoke the conscience clause** to refuse to perform an abortion. However, agreements do exist between private clinics and public health services.

In 2022, a **new law** was passed making it an offence to **obstruct a woman's right to an abortion**. In other words, harassing a woman seeking an abortion is an offence punishable by a prison sentence or community service.

In 2023, a new law strengthened **equal access to abortion** in public hospitals in all autonomous communities. The law introduced measures such as guaranteeing the allocation of economic resources to public hospitals, creating a register of conscientious objectors in each community with the aim of improving the organisation and continuity of service within the same community, authorising minors from the age of 16 to have an abortion without their parents' consent and abolishing the compulsory reflection period. That same year, Spain's law on abortion, in force since 2010, was judged to be **in line with the Constitution** by the Spanish Constitutional Court, thus rejecting an appeal lodged by the centre-right Popular Party (PP) in 2010.

In 2024, a year after this reform, investigations showed that several public hospitals were **not complying with the law** and were still referring women to private clinics, some of which were located outside the community. These investigations also revealed that several autonomous communities were slow to establish a register of conscientious objectors.

There are still many **attempts to restrict access to abortion** as in the region of Castilla y León, where the conservative PP alliance with the far-right Vox party has announced its intention to oblige doctors to offer to listen to the foetus' heartbeat when a woman requests an abortion. This measure is intended to "encourage the birth rate and support families".

SWEDEN

Abortion is authorised up to **18 weeks of pregnancy** on request and **beyond that**, on the decision of a multidisciplinary committee, for "special reasons": very young age of the woman, psychological or addiction problems, malformation of the foetus.

Although parental consent is not required for minors, they are encouraged to talk to their parents.

Abortion is fully **covered by the state**, but women have to pay the cost of hospitalisation.

Sweden is one of the few European countries that **does not allow care providers to refuse to carry out abortions**.

In March 2020, the European Court of Human Rights declared inadmissible the complaint of two Swedish midwives who were not hired because they refused to perform abortions. With this decision, the ECHR has taken **an important step towards protecting women's sexual and reproductive health and rights**, including access to certain types of care or affordable contraception.

Since the 2022 elections, proposals to protect access to abortion have multiplied and gained ground, such as the proposal by the Christian Democratic Party (KD) to enshrine abortion in the Swedish Constitution.

SWITZERLAND

Abortion is authorised **up to 12 weeks** after compulsory consultation with a doctor at the written request of the woman, who must declare herself to be **in distress**. **Beyond that**, a medical opinion is required attesting to the risk of serious physical harm or a state of profound distress for the pregnant woman. All abortions must be reported to the relevant authorities for statistical purposes. The anonymity of the woman concerned is guaranteed and medical confidentiality must be respected.

Minors are not required to obtain their parents' authorisation, but they are obliged to attend a medical consultation before undergoing an abortion.

Abortion is **covered** by Social Security.

In 2019, Christian groups represented by the ***March for Life*** association submitted a petition with 24,000 signatures to the Swiss federal government, calling for awareness of the risks of abortion to be raised without "ideological blindness". In response, the government defended the current law.

In 2021, two members of the highly conservative UDC (Union démocratique du centre) party tabled **two initiatives to reduce the number of abortions**: introducing a one-day reflection period and granting the foetus a right to life from 22 weeks of pregnancy. These initiatives, which were open for signature until June, did not gather enough signatures to bring the proposals to fruition.

In March 2023, the parliamentary initiative to exclude abortion from the Criminal Code was rejected. Some people consider that this initiative was essentially symbolic, given that no criminal proceedings have been brought for 20 years. However, others feel that this is a sexual health issue and that keeping abortion in **the Criminal Code** carries a stigma.

UNITED KINGDOM

In Great Britain (England, Scotland and Wales), abortion is authorised up to 24 weeks of pregnancy on social and economic grounds, and beyond that on medical grounds. In this case, two doctors must certify that the woman's physical or mental health is in danger or that there is a risk to the foetus.

Minors under the age of 16 must obtain authorisation from one of their parents.

Home abortion has been fully legalised up to 10 weeks of pregnancy in 2022.

In Northern Ireland, abortion is permitted up to 10 weeks and up to 24 weeks if the pregnancy involves "a risk to the physical or mental health of the pregnant woman" and beyond in the case of serious foetal malformations. In reality, abortion is only possible up to 10 weeks, as the region has no surgical abortion service.

On the Isle of Man, abortion has been available up to 14 weeks since 2019.

Abortion is almost entirely covered by the public health service. Abortion is available to women who are not resident in the United Kingdom. This option is mainly used by women in Ireland.

In June 2023, the sentencing of a mother of three children to a two-year suspended prison sentence for taking abortion pills outside the legal time limit reignited the debate on decriminalising abortion outside the legal time limit. In April 2024, an amendment to the Criminal Justice Bill was tabled by an opposition MP to decriminalise abortion. At the same time, Conservative MPs tabled amendments to reduce the length of access to abortion to 22 weeks. None of these amendments were adopted before Parliament was renewed on 5 July 2024.

Despite the new law in Northern Ireland, 161 women had to travel to England in 2020 and 2021 to access an abortion. As Northern Ireland has taken no steps to increase its services since 2019, the UK government has taken legal steps to speed up the process. The British social security system reimburses abortion costs for women from Northern Ireland.

According to a 2022 survey by Amnesty International UK, half the population of Northern Ireland is unaware that abortion is legal and only 10% of women know where to go if they wish to have an abortion.

Things seem to be moving : sex and emotional education courses are now compulsory, and anti-choice demonstrations have been banned outside abortion clinics since September 2023.

ABORTION ON THE INTERNATIONAL LEVEL

At the international and human rights level, safe and legal access to abortion is vital to guaranteeing women's fundamental rights, including the right to life, to non-discrimination, to equality, to health and to a private life. With that in mind, in March 2022, the World Health Organization (WHO) published new guidelines on the care associated with abortion, with the aim of safeguarding the health of women and girls and helping to put a stop to the 25 millions unsafe abortions that are performed in the world every year.

The UN also expressed its concerns about the consequences of restrictive laws on abortion: risky clandestine abortions and high rates of maternal mortality and morbidity. UN criteria also define restrictive laws on abortion as inhuman and degrading treatment.

At the European level, the jurisprudence of the European Court of Human Rights states that when a state allows abortion in certain situations, it must not structure its legal framework so as to limit the actual possibilities for accessing it.

In international law, the right to abortion stems from multiple texts and agreements, which include:

- the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1979,
- the International Convention on the Rights of the Child of 1989,
- the International Conference on Population and Development (ICPD) of 1994,
- the International Covenant on Civil and Political Rights (ICCPR) of 1999,
- the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1979
- the Beijing Declaration and Platform for Action, the fourth United Nations global conference on women, of 1995.

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