WHEN RIGHTS AREN'T REAL FOR ALL

The struggle for abortion access in Europe

AMNESTY INTERNATIONAL

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Cover photo: *Amnesty International placard supporting abortion rights during the 8th of March protest, Luxembourg 2024*
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INTRODUCTION

Over the past decade, there have been major strides in advancing abortion rights across Europe, with laws changing for the better in several European countries. Overall, although all too slowly, the general trend in the region has been towards reforming abortion laws to improve state compliance with human rights international standards on abortion care provision and delivery, significantly expanding access to abortion care for millions of women, girls and people who can become pregnant. Notably, and largely due to the relentless campaigns of abortion rights activists and those most cruelly affected by abortion service denial rather than government-initiated reforms, Ireland, Northern Ireland and San Marino have repealed near-total abortion bans. Other countries like Denmark, Finland, Norway and Spain have also taken steps to remove some key practical barriers to accessing abortions. Meanwhile, France has enshrined abortion as a guaranteed freedom in its constitution, following a similar precedent set by former Yugoslavia and upheld by Slovenia in 1991 to constitutionally protect the right to choose in childbearing.

However, legal reforms alone don't tell the whole picture. In practice, access to abortion is far from a reality for everyone. Even in countries with positive legislative and policy reforms, medically unjustified requirements, refusals of care based on personal beliefs, a shortage of trained professionals, gestational time limits and high costs persist with marginalized groups bearing the brunt. Moreover, the continued criminalization of abortion adds to the stigma and undermines the treatment of abortion as a right and essential healthcare.

At the same time, a well-resourced global anti-gender movement is spreading fear and misinformation to maintain restrictions and roll back access to abortion and gender equality more broadly. These efforts are not new, but they are unfolding within a broader wave of regressive political agendas and authoritarian practices across the region that are deepening social, economic and political inequalities, which in turn prevent people (and particularly those from disadvantaged communities) from exercising their human rights, including their sexual and reproductive rights.

Amidst this unsettling context, abortion rights activists and women rights' group are resisting and intensifying efforts to mobilise an existing majority that supports greater access to abortion across Europe. They are helping people in need as well as defending hard-won gains from harmful and retrogressive roll back on existing access to abortion.

Access to abortion is a human right. It is essential to ensuring bodily and reproductive autonomy, enabling women, girls, and all people who can become pregnant to have control over their own lives, health, and futures. European governments and institutions must act decisively to decriminalize, eliminate existing access barriers, and guarantee safe, legal, and equitable access to abortion for everyone.

An immense dress with the slogan "Abortion is a human right" in front of the Belgian federal Parliament as part of Amnesty International Belgium's campaign, 4 July 2024
© Bonjour / Amnesty International

METHODOLOGY

This briefing provides a general overview of the continuous barriers to accessing safe abortion in Europe, despite significant progress in law and practice over the past decade. It covers 40 countries, i.e. the 27 EU Member States*, Andorra, Bosnia and Herzegovina, Iceland, Kosovo, Liechtenstein, Monaco, Montenegro, Norway, San Marino, Serbia, Switzerland, Türkiye, and the United Kingdom. The publication draws on existing research and data such as the "Europe Abortion Laws 2025" elaborated by the Centre for Reproductive Rights, the updated version of the 'European Abortion policy Atlas' compiled by the European Parliamentary Forum for Sexual and Reproductive Rights, the World Health Organization (WHO)'s Global Abortion Policies Database, as well as Amnesty International's own regional and country-specific research over the last decade. It is further enriched by the insights Amnesty International sought from 11 abortion rights activists and sexual and reproductive rights organizations based in Austria, Belgium, Croatia, Czech Republic, Germany, Italy, and the UK, interviewed by the organization between May and September 2025. Some references to countries were selected to reflect Amnesty International's ongoing national campaigns on access to abortion.

The briefing does not claim to be a comprehensive study of all barriers that prevent pregnant people from accessing abortion in a timely manner in each country. Rather through highlighting examples of relevant legislation, policies and practices, it attempts to showcase some of the existing gaps and barriers, which often remain less visible, particularly in countries where such obstacles exist despite abortion being legal under specific circumstances and/or partially decriminalized. The barriers on which this publication focuses have been selected by taking into consideration the 2022 WHO Abortion Care Guideline, which contains a complete set of recommendations and best practice statements relating to abortion care, as well as first-hand experiences shared with Amnesty International during interviews by the organizations and activists involved in abortion provision or facilitating access to abortion. These barriers include the criminalization of abortion, gestational time limits, mandatory waiting and reflexion periods, conscience-based refusals of care, insufficient or lack of access to medical abortion and self-managed abortions, costs and abortion stigma.

Women of the Non Una di Meno movement in front of the Senate in Rome to defend the right to abortion and against "conscientious objectors" in the clinics in April 2024
© Simona Granati – Corbis/Getty Images

Devised as a supplementary resource, the publication aims to support campaigners, activists, and advocates determined to defend the right of women, girls and people who can become pregnant† to freely make decisions over their own lives and bodies and make abortion rights a reality for all in Europe.

* Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

† In this and other publications, Amnesty International refers to both 'women and girls' and 'people who can become pregnant' and 'pregnant people/persons'. This recognises that while the majority of personal experiences with abortion relate to cisgender women and girls (i.e. women and girls whose sense of personal identity and gender corresponds with the sex they are assigned at birth), intersex people, transgender men and boys, and people with other gender identities may have the reproductive capacity to become pregnant and may need and have abortions. Linked to this, references to 'women and girls' refers to those women and girls who have the capacity to become pregnant, which generally applies to cisgender women and girls.

PERSISTENT ATTACKS ON ABORTION RIGHTS FOR POLITICAL GAIN

"I really feel that the combination of queerphobia and abortion is the perfect match for anti-choice and anti-gender movements. It's something they can agree on and use to create a big enemy image because of their stand on what a family should look like"
Member of Doctors for Choice Germany and queer activist, Taleo Stüwe.[1]

Year after year, anti-gender groups have rallied political and public support and mobilised resources to roll back human rights and gender equality gains in Europe. Often under the guise of protecting 'traditional' family values and gender roles, these groups have framed their efforts as "moral imperatives" in an attempt to justify restrictions on abortion and reproductive rights, control women's bodies and reshape societal norms.[2] The efforts by these groups to influence and gain traction is expanding in Europe (and globally), evolving into a well-funded, transnational anti-gender movement that comprises conservative and religious groups and institutions, think tanks, civil society organizations and social media influencers. [3] They seek to reshape society, restore patriarchal power, reinvent traditional and conservative social norms, take away human rights and autonomy, and punish those individuals who transgress patriarchal norms, especially women and LGBTIQ+ people, by weaponizing morality and religion.[4]

Some politicians and governments with anti-rights agendas have found some fertile ground in anti-gender narratives for their political gain.[5] They often use gender and sexuality as ideological battlegrounds. Indeed, across Europe, attacks on gender equality and the rights of women and LGBTIQ+ people are increasingly intertwined within a broader pattern of 'authoritarian practices' orchestrated by governments that instil fear, create divisions and restrict civic space to evade accountability, suppress dissent by targeting marginalized groups, and entrench their political support in society.[6]

In Croatia, for instance, the influence of anti-rights politicians in government, combined with a growing alliance between anti-abortion advocates and the Catholic Church, has led to repeated attempts to impose barriers to abortion access.[7] Similarly, in Slovakia, there have been repeated attempts in parliament to restrict or ban access to abortion, with at least 20 anti-abortion bills tabled between 2018 and 2021 amid a rise in anti-gender discourse that has intensified over the past two decades.[8] Moreover, in September 2025, the Slovak parliament passed a series of amendments to the Constitution that will significantly erode gender equality and sexual and reproductive rights.[9] These developments are part of a broader authoritarian shift in the country, marked by an intensified crackdown on civil society, including LGBTIQ+ groups and organizations supporting minorities and marginalized communities, mirroring patterns long seen in neighbouring Hungary and, in previous years, Poland.[10]

Meanwhile, in 2025, Poland elected a new President, Karol Nawrocki, who was openly supported by the former ruling Law and Justice party (PiS), responsible for the erosion of the judicial independence and the 2020 Constitutional Tribunal's ruling that further curtailed abortion rights in the country.[11] This new political scenario is seen by many as jeopardising potential for progress in advancing gender equality, LGBTIQ+ people's rights, and reproductive rights on the legislative level. Even more worryingly, it raises alarming prospects of further regressions in the years to come. In Andorra, abortion is totally banned, and efforts of abortion groups such as *Stop Violencies* are frustrated by the powerful resistance of the co-head of State, a Catholic Bishop opposed to guaranteeing access to abortions in the country.

Restrictions on abortion rights are often framed in terms of rhetoric around 'protection of the family values' or justified with the need of pro-natalist policies coupled with anti-immigration discourses and practices. For instance, the current Italian Prime Minister, Georgia Meloni, who rose to power with the slogan "God, fatherland, and family,"[12] and her political

Polish activist Justyna Wydrzynska talks to the press after being found guilty of helping a pregnant woman with abortion pills in March 2023
Justyna © WOJTEK RADWANSKI/Gettty Images

party have led legislative initiatives to allow anti-abortion groups and those "supporting motherhood" to access mandatory counselling centres for pregnant people seeking a legal abortion.[13] Similarly, Hungary has in recent years added barriers to accessing abortion, contraception, and family planning, further limiting reproductive choices.[14] In these cases, the authorities have justified the measures with arguments including low birth rates or false and racist rhetoric about migrants 'replacing', as they framed it, white "native-born" population in the countries.[15]

Anti-abortion initiatives are not restricted to policies, laws or constitutional reforms. They are happening on the streets, in traditional media and digital spaces, and through well-resourced campaigns that spread division, false fears and misinformation. For instance, aggressive and sometimes violent anti-abortion protests and pickets outside sexual and reproductive health clinics have increasingly become a barrier to abortion access.[16] This has prompted the introduction of 'safe' or 'buffer' zones in a few countries, including in England and Wales, Scotland, Northern Ireland, Germany and Spain, to protect individuals from experiencing intimidation, harassment, assault, or other human rights violations while exercising their right to abortion healthcare. Also, in the UK, a media investigation shed light onto the existence of the so-called, 'crisis pregnancy centres', established by anti-abortion groups, often disguised as impartial organizations to support those people considering their pregnancy options, but that in reality spread dangerous misinformation about abortion with the aim of attempting to dissuade women and pregnant people from accessing abortion care.[17]

Abortion rights defenders, including abortion providers, are being stigmatized, intimidated, attacked and subjected to unjust prosecutions.[18] Troubling examples can be found in several countries. In Poland, Human Rights Defender, Justyna Wydrzyńska, was convicted to eight months' community service in 2023 for helping a woman access abortion pills.[19] More recently, in April 2025, a Polish member of the European Parliament and presidential candidate stormed a hospital in the south of Poland and threatened a doctor with a "citizen's arrest" for performing a legal third trimester abortion.[20] In Warsaw, users, the local community and activists running ABOTAK, a new abortion centre set up by the Abortion Dream Team, are regularly facing harassment and intimidation by anti-abortion groups protesting outside the building.[21] In Austria, abortion healthcare providers are facing stigmatization and intimidation even in front of their clinics.[22] Family planning centres in France and centres providing mandatory counselling in Germany have also been attacked by anti-rights groups,[23] while activist Vanessa Mendoza Cortés faced a protracted judicial process that lasted more than four years after she brought concerns about the impact of the total abortion ban in Andorra to the attention of the United Nations.[24]

Many activists and organizations who campaign for or work on the right to access abortion services are struggling to secure adequate funding, hindered by limited support from private donors and public institutions, and exacerbated by U.S. policy decisions such as cutting funds for sexual and reproductive health and withdrawing support from the WHO.[25] In contrast, the anti-gender movement have seen a surge in financial backing between 2019 and 2023, including significant financial support from the U.S. and Russian anti-rights actors as revelled by European Parliamentary Forum for Sexual and Reproductive rights.[26]

Protest against legislation restricting access to safe abortion care in Bratislava, Slovakia, 2018
© Dorota Holubova

Demonstrators hold a banner reading "abortion is a basic right" in front of the Eiffel Tower as they take part in a rally calling for the right to abortion to be protected in Constitution, July 2022 © Christophe Archambault/Getty Images

On the back of these constraints, those who defend the right to abortion in Europe do not give up. They are part of an unstoppable movement that keeps campaigning tirelessly to counter misinformation and push for greater access to abortion for all.[27] At a grassroots level, activists and volunteers provide information and practical help to people seeking abortion care in their own countries or, when necessary, across borders, often operating with limited resources.

Silvana Agatone, gynaecologist and president of Laiga, a group of doctors that coordinates efforts to provide legal abortions in Italy, stressed the need for funding and civil society coordination: *"those who want to prevent access to abortion have organized strategies and funds to implement this agenda. So, it's really a difficult battle. With other organizations, we created a manual called "IVG senza ma – abortion with zero obstacles," where we collected questions and obstacles reported by women, and we asked lawyers to find legal solutions. We distribute it every time a woman calls us, for example when a hospital tells her she cannot have an abortion until the foetal heartbeat is heard. We try to build networks with lawyers, but for that we had to seek funding. The real challenge for us is securing funds to continue these activities, because those working from the top have plenty of funding."*[28]

Mara Clarke, co-founder of Supporting Abortions for Everyone (S.A.F.E), which provides assistance and support to people seeking abortions across Europe and beyond, outlined in 2023 what lack of funding means for grassroots activists and frontline organizations enabling access to abortion: *"Until we have more funding, burnout is going to be a massive problem because the majority of people doing the most immediate, necessary work are doing so unpaid. In some cases, they are unpaid on purpose because they don't want to be a registered NGO [to keep themselves safe in hostile and restrictive environments]. But there needs to be respect and there needs to be more unrestricted funding so that the people who are doing frontline work don't also have the headaches of raising the money to pay their phone bills, and web domain registration and in a perfect world they would also receive therapy or supervision. These are things that need to be provided to keep ourselves and the work we are doing is safe."*[29]

ABORTION LAWS IN EUROPE: A MAP OF HARD-WON PROGRESS

In recent years, many European countries have introduced major reforms to decriminalize abortion, legalise it, and overturn existing bans. These advances have been driven by activists and by women and girls who, after experiencing rights violations when seeking abortion care, courageously took their governments to court. Their bravery, combined with the tireless work of abortion rights groups advocating for the bodily and reproductive autonomy of women, girls, and all people who can become pregnant has been instrumental in driving positive change.

Important achievements on this front include the referendum in Ireland in 2018 repealing a near-total abortion ban and the reform of the law in Northern Ireland in 2020 that ended over a century of exceptionally restricted access to abortion in the country. Similarly, two years later, San Marino legalised abortions in the first 12 weeks of pregnancy, overturning a 150-year-old law that banned abortions in all circumstances. In 2022, Germany repealed a provision in the criminal code that used to prohibit doctors from providing information about abortion services, and all judgments issued under that provision were annulled. Meanwhile, between 2023 and 2025, Denmark, Norway and Spain reformed their laws to extend the permitted time limits for abortion on request, among other measures, while in Finland, since 2023, pregnant people are no longer required to provide a reason for terminating a pregnancy within the first 12 weeks. In 2024 France enshrined abortion as a guaranteed freedom in its constitution and the parliament in Luxembourg passed similar legislation in October 2025.

Today, obtaining an abortion on request (or abortion by choice) is legal or exempt from punishment in the great majority of European countries* within defined gestational limits, typically during the first trimester of the pregnancy.† Moreover, in the Netherlands, abortion is widely accessible during the first 24 weeks of pregnancy, albeit technically not on request, as the pregnant person must declare it an emergency. In Great Britain (England, Scotland and Wales), abortion is also permitted during the first 24 weeks on specific grounds, including risks to the physical or mental health of the pregnant person or their existing children. In practice, this allows for relatively wide access to abortion in the country. In Italy, abortions are allowed during the first 90 days of pregnancy on physical or mental health or social and economic grounds, among other reasons, while the law in Hungary establishes that abortions can be performed on several grounds during the first 12 weeks of pregnancy, including when pregnant women are "in a severe crisis situation". In Switzerland, abortions are also not penalised during the first 12 weeks of pregnancy if the woman states in writing that she is in a situation of distress or without time limit if a doctor establishes that the pregnancy causes "serious physical injury or serious psychological distress".

Most countries allow for abortions on specific grounds beyond the initial gestational time limits, such as medical grounds and in cases when the pregnancy is the result of a rape or incest, with time limits that differ from country to country. Almost all countries allow abortions to safeguard the life (and often health) of the pregnant person at any stage of the pregnancy.[30]

The positive legislative trends contrast with the draconian and highly restrictive laws in a small number of countries. In Poland, abortion is permitted only when the woman's life or health is at risk, or in cases of rape or incest. In Malta, abortion is extremely restricted, only allowed in situations involving serious risk to the pregnant person's life and upon the approval of three doctors. Faroe Islands (self-governing autonomous territory within Denmark) and Liechtenstein also restrict abortion to limited grounds, such as risk to the pregnant woman's health or life, foetal impairment, or when the pregnancy is the result of rape.* In Monaco, pregnant people undergoing abortions are not criminalized but access to legal abortion is highly restricted. Andorra remains the only European country that upholds a complete ban on abortion.

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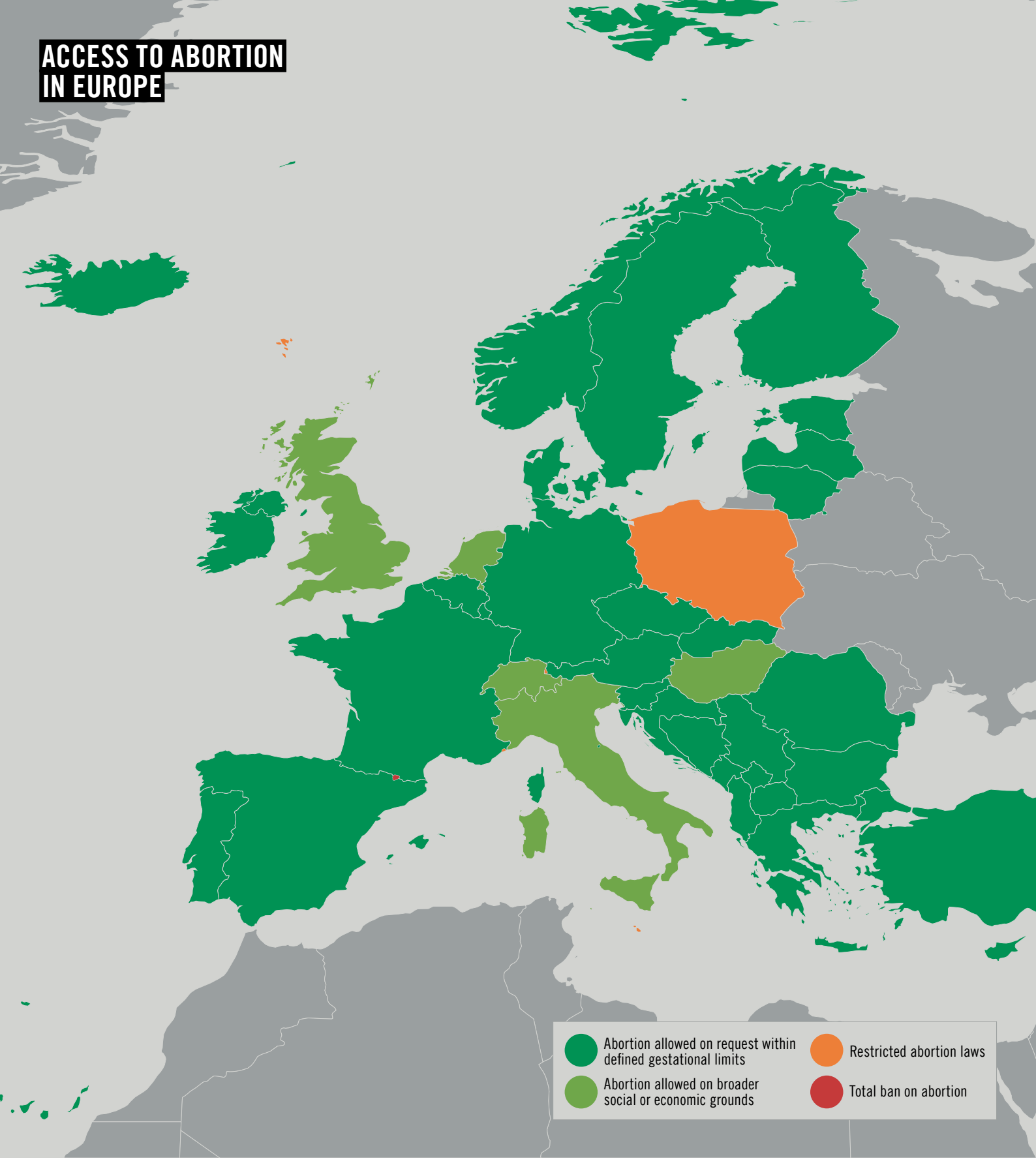
* See map on page 9.

† Gestational limit refers to the gestational age by with an abortion is legally permitted. Gestational age is the common term used during pregnancy to describe the stage of development of one's pregnancy. It is generally measured in weeks, from the first day of the woman's last menstrual cycle to the current date.

* Liechtenstein only allows abortions if pregnancy proses serious threat to the life or health of the pregnant woman, the pregnancy is the result of a sexual offence (e.g., rape or incest) or the woman is underage at the time of conception. In Faroe Island, abortion is legal on the following grounds: "is deemed unfit to care for a child".

ACCESS TO ABORTION IN EUROPE



ABORTION ALLOWED ON REQUEST WITHIN DEFINED GESTATIONAL LIMITS
Albania, Austria, Belgium, Bosnia Herzegovina, Bulgaria, Croatia, Czech Republic, Cyprus, Denmark, Finland, France, Greece, Germany, Ireland, Iceland, Latvia, Lithuania, Luxembourg, Montenegro, Northern Ireland, Norway, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Türkiye

ABORTIONS ALLOWED ON BROADER SOCIAL OR ECONOMIC GROUNDS
Great Britain (England, Scotland and Wales), Italy, Hungary, Netherlands, Switzerland

RESTRICTED ABORTION LAWS
Liechtenstein, Faroe Islands, Malta, Monaco, Poland

TOTAL BAN ON ABORTION
Andorra

ESSENTIAL HEALTHCARE, YET CRIMINALIZED

Criminalizing abortion endangers the lives, health, and well-being of women, girls, and all people who can become pregnant. Criminalization exceptionalises abortion by artificially placing it outside of standard medical care, reinforcing stigma and creating unnecessary barriers to access. This is why UN human rights bodies, which are mandated to oversee compliance by states with international human rights treaties, as well as international organizations, including Amnesty International and the World Health Organization, call for the full decriminalization of abortion. Full decriminalization includes ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortions, for all relevant actors.

Abortion care should be treated like any other healthcare service, delivered with respect for the dignity, autonomy and human rights of pregnant persons, and free from stigma or judgment, not regulated through criminal laws. Yet across Europe, abortion is commonly regulated -to varying degrees- in national criminal laws.[31] These regulations are sometimes combined with general health laws or abortion-specific laws.[32] This harmful situation flies in the face of international human rights law and WHO guidelines, fuels stigma around abortion care, and exposes healthcare providers, advocates, and others supporting access to abortion to the risk of fines or imprisonment. In at least 20 European countries, pregnant people themselves can face criminal penalties for having an abortion outside the scope of the law.*

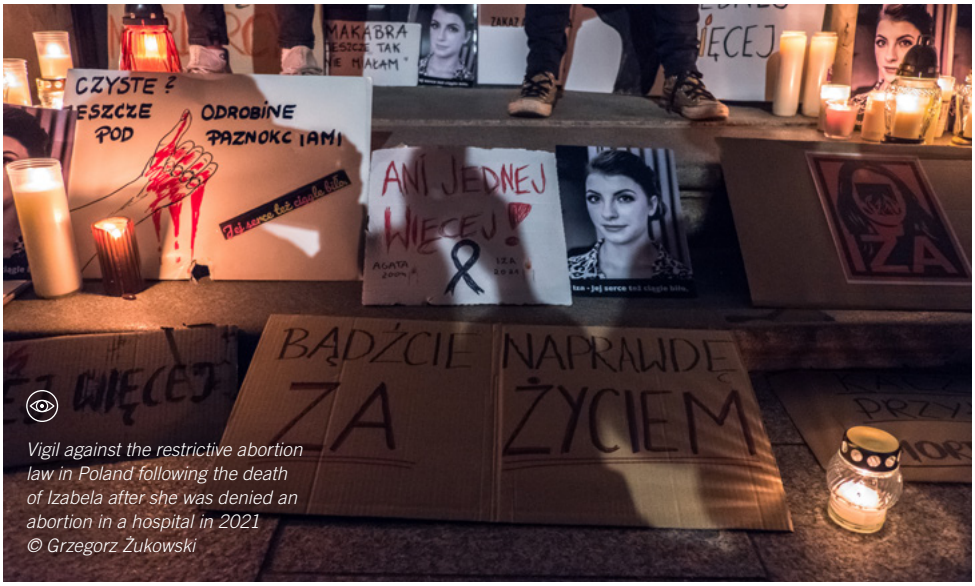
IMPACT OF CRIMINALIZATION

The fact that abortion is largely criminalized is not a hypothetical concern drawn from outdated laws. It is a breach of international law which requires states decriminalize abortion and has tangible harmful consequences that affect people's lives.

In Great Britain (England, Scotland and Wales), having an abortion, providing or procuring one is a crime but allowed during the first 24 weeks of pregnancy under certain circumstances and with the approval of two doctors. According to the law, people can end their own pregnancy at home with abortion pills during the first 10 weeks of pregnancy following a telephone or online consultation with a clinician. Failure to comply with the requirements of the law carries prison sentences and even life in prison for having an 'illegal' abortion or providing one.

In recent years there has been a surge of police investigations of women suspected of obtaining abortion pills and ending their pregnancies outside the scope of the law, including after premature labour and miscarriages in England and Wales.[33] Abortion rights groups and the media have reported that at least six women have appeared in court accused of 'illegally" ending or attempting to end their own pregnancy in the past three years.[34] That included a mother of three who was given a 28-month (2.3 years) prison sentence in 2023 after procuring her own abortion with pills during the third trimester of her pregnancy. She was only released from prison after a month on 'compassionate' grounds and her sentence was reduced at appeal.[35] Even when no charges are filed, criminal investigations have caused those targeted severe psychological distress. Women have reported being detained after pregnancy loss, subjected to invasive police surveillance in hospitals, and separated from their children. Some of those investigated or convicted are survivors of domestic abuse or violence, compounding their trauma.[36] In May 2025 a woman was acquitted after a criminal justice process that went on for over four years.[37]

In response to these criminal investigations, in June 2025 the UK Parliament (House of Commons) voted in favour to decriminalize pregnant people's self-administered abortions through an amendment to the Crime and Policing Bill.[38] This is certainly an important development that will provide relief to many pregnant people seeking an abortion. However, the measure will be an exception to the rule, meaning that despite international standards requiring abortion be provided as healthcare and not regulated by criminal law, abortion will remain a crime in the UK and those who provide or assist with an abortion outside the scope of the law will continue to be at risk of being



Vigil against the restrictive abortion law in Poland following the death of Izabela after she was denied an abortion in a hospital in 2021
© Grzegorz Żukowski

* This is the case is Andorra, Austria, Belgium, Cyprus, Estonia, Iceland, Finland, Germany, Greece, Hungary, Italy, Liechtenstein, Luxemburg, Malta, Portugal, San Marino, Spain, Switzerland, Türkiye and Great Britain (England, Scotland and Wales). See WHO, Global Abortion Polices.

prosecuted. Moreover, decriminalization of pregnant people will take place through an amendment to a specific bill, the Crime and Policing Bill, that contains other unrelated provisions that if passed will have harmful consequences for the right to protest in the country.[39] With regard to the bill, Camille Kumar, Managing Director of Abortion Support Network, an organization based in the UK to help pregnant people access safe abortions stressed that:

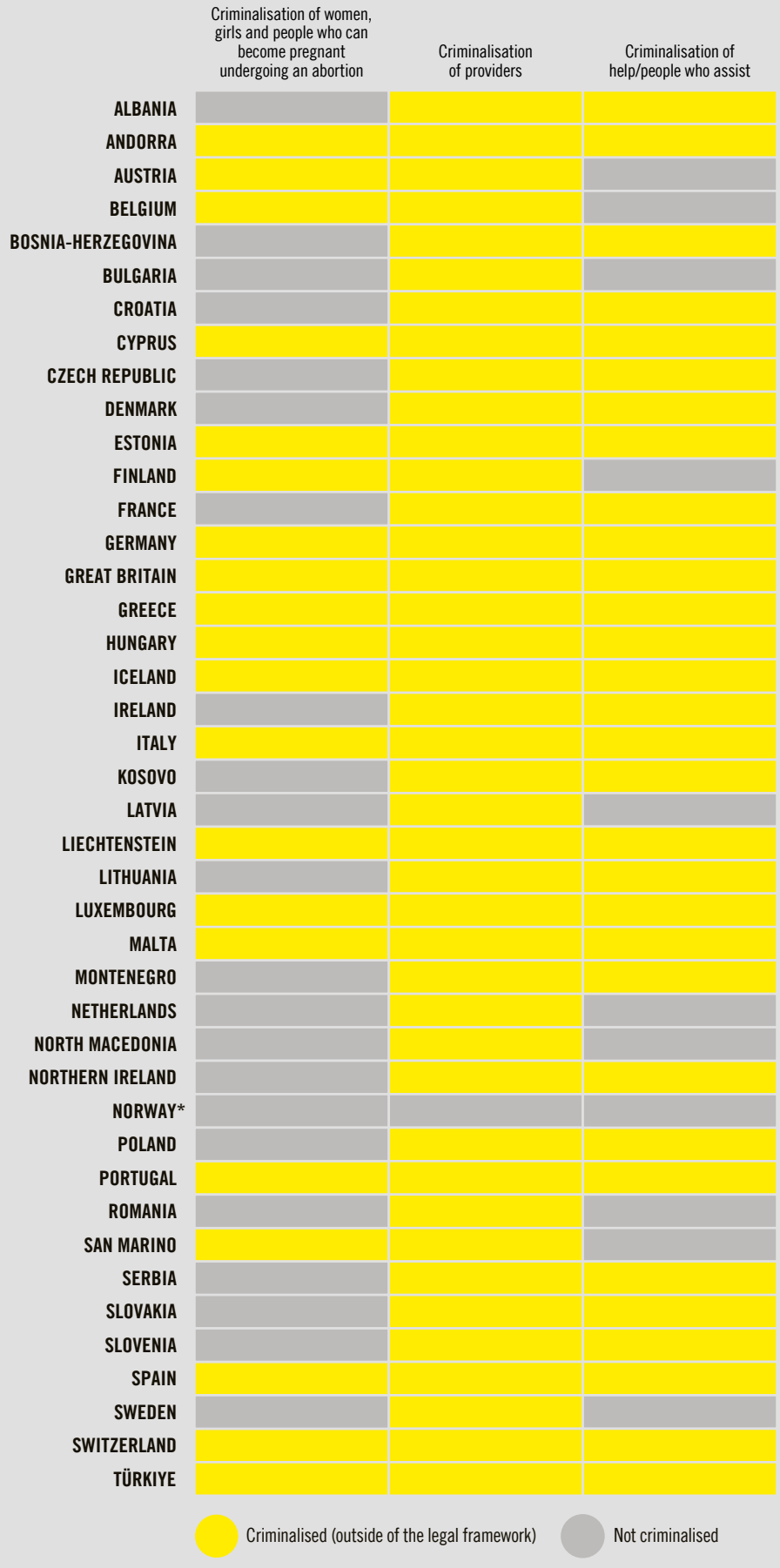
> ***"the reality is that investigating abortion providers, helpers or doulas will necessarily require the involvement of abortion seekers themselves. They will still be subjected to the investigative process and the humiliation and judgement they face through that process will still happen. They might not end up with a criminal conviction, but the trauma will still inevitably be there."***[40]

Moreover, new guidelines issued by the National Police Chiefs Council (NPCC) that strengthen police powers to investigate women and pregnant people who experience unexpected pregnancy loss will remain in place. This means that police officers will still be allowed to search homes and seize phones to access menstrual tracking apps if there is a suspicion that a miscarriage, stillbirth or early labour was the result of an abortion committed outside the law, even if they won't be facing criminal charges, because procuring or providing an abortion remains a crime.

Fear of criminal liability also results in delays or denials of lawful abortion care and can deter health professionals from providing abortion services entirely. In a shocking case in Poland, a 30-year-old woman died after she went to a hospital in September 2021 after suffering pregnancy complications and according to the family was denied treatment because hospital staff prioritized the continuation of the pregnancy over her own health and life.[41] She is one of at least six women to have died in similar circumstances in Poland between January 2021 and September 2023.[42] In July 2025, in an unprecedented ruling in Poland, three doctors were found guilty of endangering her life and were given prison sentences.[43]

Also in Poland, in July 2023, Joanna, a 32-year-old woman, spoke to the media about the distressing and humiliating treatment she faced at a hospital in Kraków. According to her testimony, during a consultation with her psychiatrist about anxiety in April 2023, she mentioned that she had had an abortion. Shortly thereafter police showed up at Joanna's apartment. The police confiscated

CRIMINALISATION OF ABORTION IN EUROPE



*The abortion law adopted in 2024 does not include an old provision on punishment for performing an abortion.

Source: WHO Global Abortion Policies Database and Amnesty International research

her laptop and cell phone and escorted her to a hospital, where female officers made her undress, squat, and cough, while she was still bleeding. Managing one's own abortion is not a crime in Poland but helping someone else with an abortion outside the limited permitted legal grounds and a medical setting is. The police were looking for evidence about who helped Joanna with her abortion. Joanna filed a complaint against the ill-treatment she was subjected to by the police. The proceedings are ongoing.[44]

Criminalization of abortion reinforces stigma which in turn affects the availability of the services as fewer healthcare professionals are willing to provide abortion care even when it would be lawful due to fear of liability. For example, in Austria, abortion is a crime. It is exempted from penalties -including imprisonment- if it is performed within the first three months of pregnancy following a medical consultation with a doctor, then after that gestational date on medical grounds or if the pregnancy poses a risk to the life or health of the pregnant person. Health professionals have expressed concerns about being stigmatized or ostracised and how this affects the availability of abortion care. Several health professionals interviewed by Amnesty International shared that it is quite hard to find a successor to local abortion providers when a vacancy arises, particularly in rural areas where it is harder to protect providers' anonymity.[45]

Similarly, in Germany, anyone who terminates a pregnancy is committing a criminal offence. Abortion is included within the section of the criminal code dealing with "offences against life" alongside murder and manslaughter. As an exception, abortion on request is unlawful but exempt from punishment when the following conditions are met: it (a) takes place within the first 12 weeks of pregnancy, (b) is performed or supervised by a doctor depending on whether the abortion is surgical or medical with pills (c) takes place after the pregnant person has sought a so called 'pregnancy conflict counselling', which is required by law with the purported objective to protect the 'unborn child', at authorised counselling centres and (d) is carried out in compliance with the three-day waiting period between the counselling and the abortion procedure. These regulations affect pregnant people and medical personnel as well as any other party involved.[46]

In August 2025, the findings of a multi-year research project commissioned by a previous government in Germany showed important deficiencies in abortion care for pregnant people and medical personnel, partly connected with the fact that abortion is a crime. Low pay, lack of standardized training of medical professionals, and the absence of clear clinical guidelines, were among the shortcomings identified, in turn, discouraging healthcare providers from offering abortion services, further widening the gaps in comprehensive and geographical coverage and high-quality abortion care in Germany. Physician and board member of Doctors for Choice Germany, Taleo Stüwe, explains that because abortion is still a crime and therefore not recognized as part of healthcare, there is no official curriculum on abortion as part of the mandatory studies for general medicine nor for the specialization in gynecology and obstetrics in Germany. According to him, *"It would be more likely that more doctors provide abortions if they were not criminalized, if you learn about abortions through your studies, if you want to become a gynaecologist, and if you are legally safe"*. Taleo Stüwe's concerns are based on the number of health professionals performing abortions, which, according to official data, is declining, as well as the number of facilities reporting abortions to the Federal Statistical Office.

In the past two years there have been some important attempts to decriminalize abortion in a number of countries, including Germany where a cross-party draft law to partially legalize abortion was introduced in Parliament in December 2024. However, the bill stalled in a committee and was not voted upon before a snap election in February 2025. According to Taleo Stüwe, with the current government *"it won't be possible to fully legalize abortion, but the coalition agreement includes a commitment to ensure access for those who need it. Still, we should keep pushing for full rights—polls show that the majority of Germans wants abortion decriminalized and improvements in abortion care, and we must keep the issue in the public discourse."*[47]

In Switzerland, following a campaign by Sexual Health Switzerland, an umbrella for centres for sexual health, a parliamentary debate to remove abortion from the Criminal Code ended with the lower chamber narrowly rejecting the reform in 2023.[48] Nevertheless, the Parliament mandated the Federal Council (federal government of Switzerland) to present a report on the implementation of the legislation in Switzerland and an assessment on whether the current legal framework is in line with the WHO guidelines on abortion care. Meanwhile, Belgium removed abortion from its Criminal Code in 2018, but its standalone law still imposes criminal penalties for abortions performed outside legal parameters. In September 2024, a progressive bill to expand access was voted down, as parties negotiating a new government coalition agreed it could jeopardize ongoing negotiations, including those related to abortion.[49]

CRIMINALISATION OF ABORTION AND SEX WORK

Criminalization of abortion disproportionately harms individuals and groups who are already marginalized, including people with low incomes, refugees and migrants, LGBTIQ+ individuals, and racialised or Indigenous communities.[50] Sex workers, who are severely affected by punitive laws around sexuality, face specific barriers to exercising their sexual and reproductive health and rights, including access to abortion. Stigma and discrimination compounded by laws that often criminalize sex work across Europe lead to denial of healthcare, disrespectful or abusive treatment by providers, and in some cases, discourage individuals from seeking healthcare altogether.

Research conducted by European Sex Workers Alliance (ESWA) about sex workers' experiences in healthcare settings in Europe in December 2023 revealed widespread negative attitudes toward sex work and sex workers among healthcare providers across the region, contributing to significant barriers in accessing health care in general. These include poor treatment by medical personnel, concerns over privacy, inconvenient service logistics, and stigma related to sex work, HIV, STIs, and drug use. Fear of judgment and expectations of rejection often lead sex workers to conceal their occupation, limiting their ability to receive appropriate care.[51]

President of the ESWA interviewed in June 2025, Sabrina Sanchez, said: *"In the end, the criminalization and control of our bodies greatly affect our access to healthcare services in general. As sex workers, we always face this barrier. There are [colleagues] who don't take the risk and think, well, rather than going to jail, I'll continue with the pregnancy and figure things out later [...] Also, we always know that sex workers might end up with a doctor full of prejudices, who practically says, 'You deserve [the pregnancy] for being a slut.' I mean, all this kind of stigma—ultimately, to avoid feeling discriminated against, insulted, or judged—sex workers don't seek out quality healthcare services, whether it's access to abortion, HIV treatment or gender affirming care."*[52]

ACCESS TO ABORTION: AVAILABLE ON PAPER, STILL INACCESSIBLE TO MANY

On paper, abortion is widely available throughout Europe, with the notable exceptions of Poland, Malta, and Andorra, countries that continue to enforce highly restrictive abortion laws, with Andorra imposing a complete ban. As previously mentioned, significant progress has been made in legalising and partially decriminalizing abortion across much of the region resulting in wider access for many women, girls, and people who can become pregnant.

However, legal reforms alone only explain part of the story. The latest analysis of the European abortion laws by the Centre for Reproductive Rights (CRR) exposes the progress but also the challenges to access abortion services in Europe. Katrine Thomasen, Associate Director for Europe of the CRR explains that: *"across Europe, there is growing momentum behind progressive reforms to expand access to abortion care and remove harmful barriers. In the past decade alone, 20 European countries have taken meaningful steps to improve their legal and policy frameworks on abortion. Today, only a handful of European countries maintain highly restrictive laws. However, significant challenges remain. Mandatory waiting periods, restrictive time periods, and residual criminal penalties along with other barriers persist across many European countries. Meanwhile a small number of countries have taken alarming steps backward rolling back existing protections and introducing new barriers"*.[53]

These barriers combined with the already mentioned various degrees of criminalization of abortion in the region, result in the procedure being stigmatized, causing delays or even preventing access to essential healthcare, in turn infringing upon people's human rights including the right to make free decisions about their own bodies.

The 2025 updated version of the European Abortion Policy Atlas, compiled by the European Parliamentary Forum for Sexual and Reproductive Rights, also shows that some countries are not as progressive as it might seem. The Atlas presents the different regulatory legal frameworks and exposes existing obstacles that prevent pregnant people from fully accessing abortion across the region.

Marginalized communities, including people with low incomes, adolescents, people with disabilities, LGBTIQ+, sex workers, people seeking asylum or with precarious migration status, are disproportionately affected by multiple and compounded obstacles, even in countries where abortion is available on paper.

> ***"Barriers that are already there for other people they are more likely to be a bigger problem for queer people or other vulnerable or marginalized groups"**, said member of Doctors for Choice Germany, Taleo Stüwe.*

ABORTION RIGHTS AND LGBTIQ+ PEOPLE

Cisgender women and girls (women and girls who were assigned female at birth) are not the only people who need access to abortion. Anyone who can get pregnant, including intersex people, transgender men and boys, and people of diverse gender identities with the reproductive capacity to become pregnant may need abortion services.

Taleo Stüwe, who is also a member of the queer community stresses that there is a lot of queerphobia in the health system: "In Germany, like everywhere else, queer people sometimes even avoid going to doctors' appointments if they can, so I think that when it comes to abortion the clock is ticking, even more with the [legal] time limits, and the other requirements of the legal system, so you have no choice, you have to go, you have to get in touch with healthcare professionals, and as there are few providers".

According to him, many health professionals wrongly assume trans, non-binary and intersex people cannot get pregnant. In Germany, this happens, partly because they don't have knowledge on queer health and queer realities and are influenced by old legislation that forced people to be sterilized before being able to have their gender legally recognized and allowed surgeries on intersex children that had a huge impact on their fertility.

Growing hostility towards queer people results in higher rates of transphobic violence and sexual violence, increasing the risk of unwanted pregnancies while at the same time there is very limited research on queer people's experiences with abortion. *"The statistics show that the queerphobia, especially transphobic violence is getting worse, that the numbers are getting higher, and that the mindsets are getting more extreme. There are way more people with anti-trans, anti-gender queerphobic beliefs, including in the Parliament, and this is a real problem"*, added Taleo Stüwe.

Thousands of people gather on the Dam Square in Amsterdam to attend a rally for abortion rights worldwide in May 2022 © Pierre Crom/Getty Images

Head of the Berlin Office of DaMigra, an umbrella organization for migrant women's organizations in Germany, Ísis Fernandes, stressed the need to address the specific needs of migrant and refugee women and girls to access timely abortions, including through the legal frameworks: *"Many times, these women (the more vulnerable ones) are invisible for the sake of the whole group. In order to secure the rights for women in general, some specific needs of the most vulnerable ones are excluded, and this is not right. (…) For example, when we are negotiating laws, the specific paragraphs that are necessary to protect women -such as refugees- are always left out. The law is important, but these groups cannot be forgotten… in the end, the compromises affect the rights of the most vulnerable people."* [54]

President of European Sex Workers Alliance (ESWA), Sabrina Sanchez added: *"We only ask to be considered, and more involvement and openness from the health system institutions, that have the resources and the authority to carry out adequate programs to include our needs. We need to be included much more and be seen as part of the society as equal partners, who have opinions and knowledge about what we need"*.

COMPELLED TO SEEK HEALTHCARE ABROAD… BUT ONLY AN OPTION FOR THOSE WITH THE MEANS

Due to the different barriers in many countries, thousands of women and people who can become pregnant continue to travel domestically and internationally to access abortion services, frequently relying on underfunded grassroots networks and abortion rights activists that provide reliable information, practical support and act in solidarity. The need to undertake such a journey entails costs, additional stress, holding the legal documents or status to travel abroad, among other obstacles that may deprive some people, most notably those living in poverty, entirely of access to abortion.

A 2024 comprehensive journalistic cross-border investigation found that more than 5,000 pregnant people were compelled to travel abroad every year to seek the healthcare they needed due to the difficulties they face in accessing abortion care in their countries.* Many do so because of the restrictive laws, such as in Malta, Poland and Andorra, but not only. Others travel because they prefer a medical abortion (with pills), not available in their country, or are compelled to do so because their pregnancy have surpassed the legal gestational time limit in their country and fear criminalization, particularly if self-managed abortions with pills are not allowed or are unavailable to them.

Gestational time limits differ by country and by legal grounds, in most cases, the legal cutoff for abortions on request is set at the first trimester of the pregnancy.† In eight countries -Bosnia-Herzegovina, Croatia, Kosovo, Montenegro, Portugal, Serbia, Slovenia and Türkiye- the allowed time for an abortion on request is limited to the first 10 weeks of pregnancy. Such a short time limit often does not allow for people to access lawful abortion and forces them to travel abroad for abortion care. For example, in Portugal, official data obtained by Amnesty International reveals that between 2019 and 2023, 2,525 people living in Portugal sought abortion care in Spain. In the last two years of this period, 613 out of 1,327 procedures were performed within Spain's 14-week gestational limit and two-thirds of these occurred after 10 weeks, the legal limit for abortion on request in Portugal.[55]

In Croatia, access barriers such as short legal time limits or conscience-based refusals drive women and people abroad for care. In 2022 alone, 207 women living in Croatia sought abortion services in neighbouring Slovenia, a striking indicator of the systemic gaps in domestic reproductive healthcare provision and the state's failure to ensure the rights of women and pregnant people in the country.[56] According to the founder of the volunteer network Brave Sisters, Nada Topić, *"we have supported women who have even had to travel as far as the Netherlands, with longer time limits, to obtain safe and timely abortion care they need and have a right to"*.[57]

In countries such as Belgium and Germany, people who have the necessary resources

* See "Exporting Abortion", 2025, available at https://exportingabortion.com/ The journalists involved conducted research in 11 countries: Andorra, Czech Republic, France, Germany, Ireland, Malta, Netherlands, Poland, Portugal, Slovakia and Spain. They collected data between 2019 and 2023.

† WHO Global Abortion Policies Database. France, Luxembourg, Spain and Romania extend this time limit for abortions on request up to 14 weeks of pregnancy (after conception). In Sweden Norway and Denmark, the gestational time limit extends to the 18 weeks, and 22 weeks in Iceland. In the Netherlands and Great Britain abortions are legal up to 24 weeks of the pregnancy on broader social grounds.

Amnesty International Belgium during the 8 March 2024 protest © Brian May / Amnesty International

to do so are also compelled to travel each year to the Netherlands for accessing legal abortions because they are unable to meet the gestational time limits in their country due to the different barriers they experience.* The number has decreased over the years but around 400 people each year in the case of Belgium and over 1,300 from Germany still had to travel to the Netherlands in 2023 for an abortion.[58]

Abortion Support Network is an organization based in the UK that helps women and people who can become pregnant people accessing safe abortions, including those who are compelled to travel abroad. In 2024, in coordination with local groups, they supported over 1,000 people in 44 different countries. Most of them were from Poland (358), but also from countries that have experienced positive legal reforms in the last years, such as Ireland (196) and France (137).[59]

Managing director, Camille Kumar, explained the barriers some people experience in France and why they seek an abortion in the UK: *"The gestational limit in France creates a situation where many are forced to travel abroad. There are many reasons why people require second and third trimester abortions and gestational limits are arbitrary barriers that impact most on marginalized people. Many of the people we support in France have complex situations - insecure immigration, domestic abuse, substance use, homelessness, and/or are young people with limited resources. Many of them did not know about the gestational limit in France until they had passed the limit"*. More broadly she warned that the context was deteriorating as *"barriers to abortion care are increasingly difficult to navigate. For example, with increased border hostility, people with insecure or temporary immigration status, this can make abortion travel almost impossible."*

The need for people to travel abroad to obtain abortion care exacerbates abortion stigma. It also shows how abortion is not consistently recognized as an essential component of sexual and reproductive health care in European national health systems, and how imposed gestational limits can effectively serve as additional barriers to accessing healthcare. In fact, over the years public health and social science research has demonstrated that gestational limits may constitute an arbitrary and discriminatory barrier to accessing services, which has a disproportionate impact on those from poorer or marginalized communities.[60] The negative impact of gestational limits on access to quality health care has been recognized by the WHO. The WHO has pointed out that gestational age limits are not evidence-based and that a pregnancy can safely be terminated regardless of gestational age. It has also stressed that "gestational age limits have been found to be associated with increased rates of maternal mortality and poor health outcomes" and reminded states that "international human rights law requires states to reform law in order to prevent unsafe abortion and reduce maternal mortality and morbidity." Accordingly, the WHO recommends against laws and regulations that prohibit abortion based on gestational age limits.[61]

In Sweden, for example, organizations have raised concerns about obstacles in accessing abortions after the gestational age limit for abortion on request (up to the end of the 18 weeks of pregnancy) and before the point of 'foetal viability'.* These abortions may be granted, provided

* In both countries the gestational limit is 12 weeks after conception.

that there are "exceptional reasons" - either medical or social- and require the application to and approval from a board.[62] The boards' decision cannot be appealed and while it is formally possible to apply again, the reasons for rejection are not disclosed, making it virtually impossible for pregnant people to challenge the boards' decision in a new application. This raises a series of concerns about approval from a third party, including lack of transparency around the practice regarding decisions on 'late' abortions, legal certainty and the right to appeal against decisions by public authorities and constitutes a real barrier for pregnant people in difficult life circumstances and vulnerable situations, including those living in situations of domestic violence or homelessness, adolescent girls, drug or alcohol users.[63]

In addition to gestational limits and criminalization, the following sections expose other key barriers that continue to deny many people in Europe their right to accessible abortion care.

CONSCIENCE-BASED REFUSALS, EXPLOITED BY ANTI- ABORTION GROUPS

"We must resist. To resist even more than before, because if in the past we were already operating in an environment of saboteurs rather than objectors, now it's even worse because those who object feel supported and empowered, while non-objectors are increasingly isolated", Dr. Silvana Agatone, president of Laiga, Italy.

Conscience-based refusals†, where healthcare professionals object to providing abortion care due to moral, personal or religious views or beliefs, continue to operate as a barrier to access quality abortion care in Europe and globally.[64]

Several UN human rights bodies - that monitor states' compliance with human rights obligations- require that where States permit conscience-based refusals, they must adequately regulate it to ensure timely and effective access to abortions and other sexual and reproductive health services.[65] This includes ensuring timely referrals and an adequate number of healthcare providers willing and able to always provide such services available in both public and private facilities and within reasonable geographical reach.[66] Both the WHO and the International Federation of Gynaecology and Obstetrics (FIGO) have issued clear recommendations

* Foetal viability refers to a foetus's ability to survive outside the uterus, a process influenced by multiple factors including gestational age, organ maturity, and the availability of advanced neonatal care. It is important to note that according to medical standards, while gestational age can offer some insights into the likelihood of a foetus' possibility of survival, 'foetal viability' depends on many other complex factors. Therefore, even when all known variables are taken into account, accurately predicting survival remains uncertain. See American Society of Obstetricians and Gynaecologists, "Facts Are Important: Understanding and Navigating Viability", available at https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability.

† The practice of healthcare providers refusing to perform abortion services, which they object to on the grounds of their moral or religious views, is sometimes referred to as "conscience-based refusals" or "conscientious objection". Amnesty International avoid using the latter term as it conflates refusals to provide medical care with "conscientious objection to military service" – a different situation where individuals object to compulsory military service imposed by governments.

Abortion centre, Abotak, in Warsaw, founded by Abortion Dream Team © Amnesty International

for states and healthcare settings, including the requirement to ensure timely access to abortion care and accurate information and advice around all options available irrespective of the individual providers' beliefs.[67] Medical providers must always provide care, regardless of their personal beliefs or objections, in emergency circumstances when abortion services are necessary to save a woman's life or prevent serious harm, in cases of life-saving post-abortion care, or where a referral or continuity of care is not possible. States must never allow institutional refusals of care, including de facto institutional refusals, to ensure equal access to health services.[68]

There is no human right to refuse providing healthcare based on conscience or religion. In fact, UN human right bodies and experts have expressed concern that the growing numbers of healthcare personnel (globally) who refuse to make referrals or perform abortions on grounds of conscience are dangerously impinging on the rights to health and life of women's, girls and all people who can become pregnant, particularly those who have no access to alternative sources of care, such as those on low incomes living in rural areas or small towns.[69] Moreover, the WHO stresses that "if it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible."[70]

Many European countries recognise in law the practice of conscience-based refusals in relation to abortion care while few neither recognise it nor ban it.* For example, in Sweden this practice is not recognised in law. In 2020, the European Court of Human Rights (ECHR) issued a decision on a complaint brought against Sweden by two midwives who were denied employment due to their refusal to participate in abortion services on the grounds of their religious beliefs. The Court found Sweden's decision justified, citing the need to protect "the health of women seeking an abortion" and its "positive obligation to organize its health system in a way as to ensure that the effective exercise of freedom of conscience of health professionals in the professional context does not prevent the provision of such services." [71]In the case of Finland, healthcare professionals with authority to provide an opinion and those who perform abortions are not entitled to refuse to consider a request for an abortion.

Regrettably, access to legal abortion care is increasingly compromised by the use of conscience-based refusals, partly driven by anti-abortion groups who promote such refusals as a tool to increase barriers to reproductive autonomy and impose patriarchal social norms grounded in discriminatory and harmful gender stereotypes. For instance, in Slovakia, the Code of Ethics of a Health Practitioner already allows health professionals to refuse to provide any medical service if performing the service "contradicts [their] conscience," except in situations posing an immediate threat to the life or health of a person. If a healthcare provider refuses to provide an abortion, the Act on Health Care entitles the patient to file a complaint to a regional self-governing body which is responsible for reviewing the complaint and identifying a provider who will provide the service and who is not located too far away from the person's place of residence or work.[72] Despite this legal provision, international human rights bodies have raised concerns about institutional refusals and the absence of policies and practices to monitor the extend and impact of conscience-based refusals. [73] Moreover, there have been recent attempts to enshrine the practice of refusal of care on the grounds of "conscience" in the constitution amid a growing rhetoric and support for anti-rights agendas, and efforts to undermine the rights of women and LGBTIQ+ people and gender equality.[74]

Conscience-based refusals by health professionals have significantly hindered access to abortion in Poland for many years, particularly since 2015 when the Constitutional Tribunal ruled in favour of removing the requirement for doctors who object to refer patients to another willing healthcare provider. Polish organizations and UN human rights bodies have repeatedly expressed concerns over the high number of conscience-based refusals -including by entire hospitals- and the lack of alternatives provided by the authorities to provide the service.[75] On a positive note, in June 2024 the Ministry of Health announced new regulations stating that "the conscience clause no longer exempts the hospital from the obligation to provide such services".[76]

Amnesty International's research in Northern Ireland has revealed a failure to comply with recommendations from UN human rights bodies, which emphasize that refusals of abortion care on grounds of conscience should be strictly limited to direct healthcare providers, and permitted only when timely access to alternative care is ensured.[77] In practice, a range of people who are not legally entitled to object, such as administrative staff and interpreters, refuse to assist patients seeking abortion services. This situation is exacerbated by the absence of official guidelines or oversight, amid concerns about the spread of misinformation on the permissible scope of conscience-based refusals among healthcare providers and those working to support people to access services.[78] Also, in Cyprus, the media shed light on a case of a woman who was subjected to a five-day wait for an abortion after the refusal of the anaesthesiologists working in a public hospital to participate in the surgical procedure in 2024.[79]

Figures on the number of medical providers engaged in care refusals are not always readily available and their availability differs from country to country as do their collection methods. In some cases, no official statistics are available, hindering effective policy responses and accountability. Nevertheless, over the years, non-governmental organizations have documented and alerted of an alarming number of countries, including Croatia, Germany, Italy, Romania and Spain, where abortion care is not provided by entire hospitals or within geographical areas because health professionals invoke conscience-based reasons, forcing pregnant people to travel long distances to access the healthcare they are entitled to. This situation disproportionally impacts those with less income, people with disabilities or those with an irregular migration status, among other disadvantaged groups.

* Red the Acceso al Aborto Seguro (REDAAS), "Global Map of Norms regarding Conscientious objection to abortion", available at https://redaas.org.ar/objecion-de-conciencia/global-map-of-norms-regarding-conscientious-objection-to-abortion/ According to their research, Belgium, Czech Republic, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Italy, Latvia, Luxembourg, Hungary, Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, United Kingdom recognise the right to objection of conscience. Bulgaria, Lithuania, Macedonia and Switzerland neither recognise it or ban it.

ITALY: THE HARMFUL IMPACT OF WIDESPREAD CONSCIENCE-BASED REFUSALS ON PEOPLE'S HEALTH AND LIVES

Under Italy's Law 194, healthcare professionals may refuse to perform abortions on the grounds of conscience if the refusal is declared in advance and applies only to the abortion procedure itself, not to pre- or post-abortion care. According to the law, health institutions must ensure that access to abortion is not compromised by such refusals.

Despite the limits imposed, the country has one of the highest rates of conscience-based refusals of care in Europe. More than 60% of all gynaecologists are registered "conscientious objectors", with peaks of over 84% in certain regions, including many hospitals that employ 100% objecting staff. [80] This results in a lack of abortion providers across entire geographical areas and places immense pressure on non-objecting professionals.

In 2014 The European Committee of Social Rights found evidence that the very few staff that do not object are discriminated against, as they faced excessive workloads, limited career development opportunities and poor working conditions, compared to those who refuse to perform abortions. More than a decade later, these concerns persist. Laiga is an organization of non-objecting doctors that works to uphold the law and ensure access to abortion. Its president, Dr. Silvana Agatone, highlighted systemic failures and the unfair burden placed on non-objecting healthcare providers: "The law says that the regions should manage referrals, but this system does not work. Non-objecting doctors are moved from one facility to another at their own expense. (…) Forcing non-objectors to move to provide this service is not a fair solution, and this is not what the law says. It should be objectors who are transferred to other facilities, not the opposite. In any case, it's about applying the law that already exists."

Dr. Agatone also criticised the broad interpretation of who can claim conscientious objection by the authorities and those running health care facilities: "In my opinion, there is a misinterpretation of the law because it doesn't specify the personnel who can invoke conscientious objection. Only those whose direct actions are directly relevant to the provision of the abortion, that is, gynaecologists, should be allowed to object. However, we see nurses, surgical assistants, and anaesthesiologists objecting, even though they are not involved in the actual procedure. (…) Conscientious objection cannot be invoked by healthcare personnel or auxiliary staff when, due to their particular circumstances, their personal intervention is indispensable to save the life of a woman in imminent danger. Yet many services are not provided because of this."

Laiga has created an interactive map of Italian facilities where abortions can be performed to cover for the lack of public and transparent information to assist pregnant people who need to act quickly to comply with the time limits in the law.

The work of Laiga and other groups remains critical at a time when anti-abortion groups, often aligned with the Catholic Church, exercise a lot of pressure to healthcare providers and abortion groups. "We must resist. To resist even more than before, because if in the past we were already operating in an environment of saboteurs rather than objectors, now it's even worse because those who object feel supported and empowered, while non-objectors are increasingly isolated, since the political environment is becoming more hostile", said Dr. Silvana Agatone.

Activists of the 'Non una di meno' (Not One Less) movement are marching during a demonstration for abortion rights in Rome, Italy, in 2025
© Andrea Ronchini/NurPhoto/Getty Images

In Croatia, access to safe and timely legal abortion services is also significantly hindered by the widespread use of conscience-based refusals by medical professionals. The Medical Act from 2003 allows doctors and other healthcare providers to refuse to perform abortions on moral or religious grounds. This provision is widely used amidst the authorities' failure to ensure access to alternative providers who are willing to perform the procedure. According to media reports in 2022, 195 out of 359 gynaecologists working in public hospitals in Croatia refuse to perform abortions.[81]

A member of the Association for Protection and Promotion of Human Rights "Sofija", which campaigns for greater access to contraception and abortion in Croatia, Ljerka Oppenheim, points out that *"women seeking abortions are often subjected to abuse in hospitals under the pretext of conscientious objection. In practice, this does not simply mean that a doctor refuses to perform the procedure. Instead, women are deliberately misled and manipulated: they are sometimes told falsely that the abortion cannot be done, or they encounter doctors who claim they "do not want" to perform it. These tactics are used to buy time and push women past the legal limit. For example, a woman at nine weeks may be deliberately delayed—sent from one hospital to another or given incorrect information—until it is too late to obtain the procedure legally. At that point, she is forced to seek care outside the country, such as in Slovenia."*[82] She added that this widespread objection creates significant geographical disparities in access, with women in smaller towns or rural areas often having no available provider within a reasonable distance. Even in cities, while hospital staff are technically required to refer patients elsewhere, there is no enforcement mechanism to ensure this happens.

> ***"In this climate it feels like abortion is not legal in Croatia when it actually is. It is not accessible, that's the problem, but it is legal"**, she added.*

Under the so-called 'Pregnancy Conflict Act' 'no one is obliged to co-operate in an abortion' in Germany unless the pregnant person faces the risk of death or serious damage to health. This means that medical professionals can refuse to provide abortion services on the grounds of freedom of conscience. As such, there are known cases of publicly funded hospitals with gynaecological departments deciding not to provide abortion care or provide it only under exceptional circumstances, thereby severely restricting abortion access in the area. Especially church-run but publicly funded hospitals are refusing to provide this essential healthcare for pregnant people and/or do not allow their employees to perform abortion.[83]

In Romania, NGOs have reported that many doctors in the public health system increasingly cite religious or moral objections to avoid performing abortions as per 2016 Romania's Professional Code for Medics, while at the same time they redirect people to their private practice where services are available at a higher cost.[84] Research done by the Independent Midwives Association in Romania found that over 80% of Romania's public medical facilities do not offer abortion services or information about abortion services was found to be inaccessible.[85] According to the same study, out of Romania's 41 counties, there are no hospitals performing abortions in 13 of them, leaving millions of people without direct access. In Türkiye, academic research from 2020, based on interviews in 295 state-run hospitals, showed that only in 10 of them were abortions on request provided, which compels many pregnant people to resort to expensive private clinics or unsafe abortions.[86]

Portugal codifies the 'right to conscientious objection' in its Constitution. In relation to abortion, a specific law establishes that a doctor who refuses to provide abortion care must express this option "in a signed document" to be delivered 'to the clinical director, nursing director or clinical director of the official health care facility (hospital or primary health care facility), where the objector provides services". Research conducted by the Ministry of Health on 38 health facilities shared with Amnesty International in 2024, found that conscience-based refusals were the main reason for not providing abortion in ten hospitals. The document notes the referral of pregnant people to other centres but also highlights the lack of coordination measures within the five regional health administrations that were inspected.[87] In Austria, gaps in abortion provision due to refusals of care on belief grounds remain inadequately addressed. According to the law, health professionals are not obliged to perform an abortion amid lack of regulations to guarantee access to abortion care except when it is necessary to save the life of the pregnant person.

In Spain -where conscience-based refusals remain a significant obstacle to access abortion care[88]- an amendment to the abortion law in 2023 established the creation of regional conscientious objection registers and the obligation to guarantee the right to abortion in public hospitals.[89] According to official data published in October 2025, 13 out of 17 Spanish autonomous communities have put in place registers but a high number of abortions continued to be performed in private clinics in 2024[90] sometimes located outside the patient's region or locality, as health professionals in public healthcare centres within the area refused to provide abortions on conscientious grounds.
In 2023, in a positive decision, the Spanish Constitutional Court ruled in favour of a woman who had been forced to travel from a public hospital in the region of Murcia to a private clinic in Madrid to terminate her pregnancy on medical grounds. The Court found that forcing a woman to travel to another region to access abortion services violated her human rights.

TIMELY ACCESS TO ABORTION COMPROMISED BY MEDICALLY UNNECESSARY REQUIREMENTS

At least 12 European countries continue to enforce a mandatory waiting period before accessing a legal abortion.* This requirement has been criticised by the UN human rights bodies and the WHO as putting rights at risk because it creates unnecessary delays, stress, pressure and additional costs if, for instance it involves traveling, without improving safety or quality of care. In Portugal, for instance, where there is a mandatory waiting period of no less than three days, former head of the Portuguese Contraception Society and a specialist in gynaecology and obstetrics at the Coimbra University Hospital, Dr. Teresa Bombas, stresses that in her experience mandatory waiting periods are totally unnecessary as *"most women who come to the hospital [for an abortion] have already made up their minds, and if they haven't, they have the autonomy to ask for information and more time to think."*[91]

* Albania, Belgium, Bosnia Herzegovina, Germany, Hungary, Ireland, Italy, Latvia, Montenegro, Poland, Portugal, Slovakia. See WHO, 'The Global Abortion Policies database".

March for the right to abortion in Berlin in front of the Brandenburg Gate, September 2024
© Amnesty International Deutschland /Stephane Lelarge

Some countries enforce compulsory counselling requirements,* sometimes combined with mandatory waiting periods, which are also problematic as they are not always evidence-based, are designed to impose guilt and false fears and add further delays to accessing safe and legal abortion services.

Removing mandatory waiting periods and compulsory counselling is in line with states' obligations, namely, to ensure that abortion care is respectful, timely, and based on trust in people's ability to make decisions about their own bodies. Provision of counselling to pregnant people should be voluntary, confidential, non-directive and by trained personnel.[92]

In recent years, some countries have taken steps to eliminate these unnecessary compulsory hurdles in accordance with their obligations under international law and standards and the 2022 WHO Abortion Care Guideline. For example, in 2023, Spain removed mandatory reflection periods and the requirement to provide information about maternity support. With the change of the law, information about available resources and assistance in case of continuing with the pregnancy will only be provided "if the woman requests it". In the Netherlands, as of 2023, the five-day waiting period has been removed, allowing patients and doctors to decide together what waiting time, if any, is appropriate. Recently, in July 2025, the parliament in Luxembourg passed legislation to remove the current 'reflection period' prior an abortion.

In contrast, at least six countries -Albania, Belgium, Germany, Hungary, Latvia and Portugal- retain both mandatory waiting periods and counselling. In Albania, counselling includes the provision of information regarding institutions and organizations that may offer the woman "moral and financial support" and "when possible", the "husband" should take part in the counselling. In Germany, pregnant people must attend a so-called "pregnancy conflict counselling" at authorized counselling centers, which by law serves to "protect the 'unborn child'" and is carried out in compliance with a three-day waiting period between the counseling and the abortion.

In Slovakia, the Health Care Act requires for the pregnant people to receive detailed explanations about the physical and psychological risks of abortion, the current developmental stage of the embryo or foetus, and alternatives to abortion, including adoption and support from civic and religious organizations.

Information approved by the Ministry of Health which the pregnant person receives during the mandatory counselling include unsubstantiated claims, such as that abortion may lead to infertility or cause feelings of anxiety, guilt, sadness, and depression. Additionally, there is a mandatory 48-hour waiting period before the abortion can take place. In Belgium, there is a compulsory 6-day waiting period and the obligation to discuss alternatives to an abortion.

Italy has the longest compulsory waiting period in Europe- seven days- unless there is an urgent medical need. Meanwhile, although Ireland made huge progress in 2019 by partly decriminalizing abortion, it still retains a mandatory three-day waiting period. Abortion Support Network, based in the UK, supports around 100 people every year who travel from Ireland to England and other countries for an abortion. The mandatory waiting period is one of the reasons why people contact them when this medically unnecessary requirement pushes them over the permitted time limit for accessing legal abortion care in the country.[93]

In Hungary, in addition to compulsory counselling and waiting periods, pregnant people seeking an abortion are compelled to listen to the foetal heartbeat, a medically unnecessary procedure designed with the sole intention of trying to deter them from having an abortion, further violating their dignity and human rights, including their right to privacy, personal integrity, autonomy in decision-making about healthcare and subjecting them to harmful stigma, humiliation and degrading treatment.[94] In July 2025, the Parliament in Portugal debated and rejected a bill with similar provisions.

Third party authorization, including from parents, guardians, medical professionals, or institutions before accessing abortion services, remains an additional unnecessary requirement in many European countries. While third parties may have a role to play in the context of abortion, it is not their role to determine the pregnant person's eligibility for abortion or to make decisions

* Albania, Belgium, Bosnia-Herzegovina, Germany, Hungary, Latvia, Portugal, Slovakia and Isle of Man and Jersey in the UK. See WHO, "The Global Abortion Polices".

on their behalf. Many European countries[95] should review their legislation to end blanket requirements of parental authorization to recognise children and adolescents' evolving capacity and ability to take decisions that affect their lives.[96] People with disabilities have also a right to equal recognition before the law, which includes the ability to exercise legal capacity, and to make autonomous decisions about their sexuality and reproduction.[97]

In Türkiye, married women over the age of 18 are legally required to obtain spousal consent to terminate a pregnancy within the 10 week limit, and in Finland, the law mentions that the "father of the unborn child must be given an opportunity to express his opinion" if the pregnancy has surpassed the 12 weeks.[98] In both cases, the requirements are violating women's rights to reproductive autonomy and are discriminatory as they are grounded in harmful gender stereotypes that women cannot be trusted to make responsible decisions about their pregnancies.[99]

INACCESSIBLE AND UNAFFORDABLE FOR ALL

"This is a discriminating situation because abortion is the only medical procedure that you have to pay for", Ljerka Oppenheim, Association for Protection and Promotion of Human Rights "Sofija", Croatia

There is a growing recognition among the UN human rights bodies that abortion care should be subsidized, covered by public health insurance schemes, and always provided free of charge to those who otherwise cannot afford it.[100] The WHO has also recommended to governments to improve the affordability of abortion care.[101]

Yet, recent research by the IPPF-Europe Network across 33 countries in Europe and Central Asia- has found that nearly half of them do not include abortion care in their health insurance coverage or national health system, deepening existing inequalities in access to this essential healthcare service.*

Director of Member Association Support and Development in IPPF-Europe, Lena Luyckfasseel, explained that *"while legislative and policy barriers already tend to be well documented, we found fewer existing sources on economic barriers. And yet financial affordability is a determining factor in the accessibility of abortion care, particularly for women who are most marginalized. Data collected from our network clearly illustrated the arbitrary patchwork in access in Europe and Central Asia, across and within countries, based on where a person lives, how much money they have, and whether or not they are part of a marginalized group."*[102] She added:

> ***"No one should have to pay for essential healthcare. But when governments fail to ensure that all abortions, for all people who need them, are covered by national healthcare systems, the greatest impact is felt by those least able to afford to pay for care out-of-pocket. These include people living in poverty or with low incomes, and those from marginalized groups facing intersecting forms of discrimination, stigma, and legal obstacles, such as undocumented migrants, refugees, young people, the LGBTQI+ community, people with disabilities, and ethnic minorities."***

In Croatia, abortion on request is not covered by the national health system, except for people receiving welfare benefits. The high cost of abortion presents a significant barrier to access this essential healthcare procedure, particularly for individuals with lower incomes. In 2025, the procedure at Petrova Clinic, in Zagreb, costs between 392 EUR and 425 EUR, depending on whether same-day blood test results are required.[103] When compared to the country's 2025 minimum gross monthly wage of 970 EUR (approximately 750 EUR net)[104] and the average net monthly salary of 1,451 EUR (as of May 2025),[105] this expense represents a substantial financial burden. For those earning the minimum wage or without a stable income, the cost alone can make timely access to abortion care effectively unattainable.

In Germany, one of many harmful consequences of abortion continuing to be regulated through the criminal law is that it is treated as a criminal matter rather than a standard health service and is excluded from public health insurance coverage. Only procedures for those who qualify for financial assistance based on low income or accessing abortions on medical or criminological grounds (e.g. after rape) are covered. It is worth noting that several UN human rights expert committees have urged Germany to comply with the WHO Abortion Care Guideline, including by fully decriminalizing abortion and ensuring that safe and legal abortion services are reimbursed by health insurance. Similarly, in Austria, abortion services are not covered by the statutory health insurance, except in cases of terminations for medical reasons. Only the city of Vienna and the province of Tyrol offer financial support for abortions on request through a special fund.

A member of the volunteer-run association, CHANGES for Women, Isabel Tanzer, explained that they created a solidarity fund to support people who simply cannot afford an abortion in Austria. Even in Vienna, she says that only two hospitals offer abortions and hence, capacity is limited, and people end up paying for it privately. *"Prices are different depending on where you live. So, in Vienna for example, when you go to a state hospital you pay around 400 EUR for an abortion, no matter if it's medical (with pills). And if you go to the west [of the country], you pay between 700 EUR and 1,600 EUR and that's a lot of money for most people. We try to support them with as few barriers as possible. That's our main goal, that everyone who needs an abortion can get it no matter what the income of the person is"*, she added.[106]

According to Isabel Tanzer, affordability is closely intertwined with continued criminalization of abortion:

> ***"Removing abortion from the Penal Code would make it possible for abortions to be covered by health insurance, because at the moment, the health insurance cannot support something that is not legal (...) Even if abortion does not come with any punishment under certain circumstances, it's still illegal, and I think that's the real problem".***

In Cyprus, according to organizations in the country, in practice the national health system only covers costs of legal abortions in cases of sexual abuse or incest (up to 19 weeks) or medical grounds, while legal abortions on request during the first 12 weeks need to be paid out of pocket.[107] In the Czech Republic, statutory health insurance does not cover abortions on request and prices vary in different hospitals.[108] Moreover, the 1986 law, dating back to the former Czech Socialist Republic, establishes that abortions cannot be performed "on foreign women" who are

* IPPF, "Abortion Care and Costs in Europe and Central Asia", January 2025, available at https://europe.ippf.org/resource/abortion-care-and-costs-europe-and-central-asia The countries listed in the study are: Austria, Bulgaria, Croatia, Germany, Latvia, Montenegro, Romania, Bosnia & Herzegovina, North Macedonia, Georgia, Kosovo, Serbia, Tajikistan and Uzbekistan

in the country "only temporarily", effectively banning abortions for non-permanent residents. Jolanta Nowaczyk, co-founder of the Abortion Support Alliance Prague (A.S.A.P), an activists' group that advocates for greater accessibility of abortions in the Czech Republic, explained the impact of this provision on Ukrainian refugee women residing in countries such as Poland where the abortion law is highly restrictive: *"when the full scale invasion happened we got some emails, maybe around 20 emails from Ukrainian women who ended up in Poland and they needed an abortion. We couldn't help them because we couldn't find any hospital or clinic that would accept them"*.[109]

A further decree by the Ministry of Health from 1986 specifies that the residence of persons whose stay is permitted under special regulations and/or international treaties will not be considered "temporary".[110] The Ministry of Health has clarified that the Treaty on the Functioning of the European Union is considered an international treaty.[111] But in practice, according to A.S.A.P., access to abortion is not always an option for European Union (EU) citizens without permanent residency because some healthcare and medical institutions interpret the decree differently. "Our research showed that only 47% of hospitals will accept people from EU who don't have permanent residence in the Czech Republic", said Jolanta Nowaczyk.[112] And she added: *"What our research found out is that the hospitals very often don't know what the answer is. (…) I have to say that there is no consistent protocol, and you might find different answers from different hospitals"*.

For many people, especially those living in rural areas, low-income communities, or marginalized groups, abortion care remains both unaffordable and/or inaccessible. Roma communities for instance, continue to experience systemic discrimination and marginalization in many countries; consequently, they often have below-average income levels and live in segregated areas with limited access to healthcare services. Their challenges in accessing healthcare in general- including abortion care- are further exacerbated by systemic racism and stigma among healthcare providers and society in general.[113] They are also compounded by decades of human rights violations and reproductive oppression through forced sterilisation in several countries, e.g. Slovakia and Czechia, with their reproductive decisions and autonomy policed and controlled by the state.[114]

Ísis Fernandes, Head of the Berlin Office of DaMigra, the umbrella organization for migrant women in Germany, stressed that migrant and refugee women face additional barriers on top of the already existing ones for people with German nationality:

> ***"There are many factors that can force a refugee woman to take a long detour through a system that is theoretically the same for everyone, but in reality, is not. They have to go through a lot of bureaucracy, paperwork, find a translator, and they need specific assistance for their cases. And after going through all of this, it might already be too late for her to access an abortion".***[115] ***She stressed that "for refugee women living in collective accommodation, even basic self-determination is missing. They need official permission just to see a doctor. How can we talk about bodily autonomy when even that access depends on external approval?"***

According to Ísis Fernandes, women who are undocumented or have uncertain legal status do not always ask for help because they fear being reported. And those women who manage to navigate the system and secure financial coverage, including from the state, experience racism and discrimination. *"Many women have told me that, for example, as they race against the clock to meet the legal deadline for an abortion, they arrive at the clinic almost at the limit, believing that everything will be fine, that they will have the abortion and that everything will end well. But instead, they leave more traumatized because the medical staff discriminate against them, subject them to racism and prejudices. They endure yet another form of violence, because for me, the entire process, which is even longer for refugee and migrant women, is already a form of violence,"* she said.

In countries where abortion care is broadly covered or subsidised by their national health system, coverage might not include all people living in the country. For example, in The Netherlands, undocumented migrants are excluded from statutory coverage and must pay for medical care out of pocket. This is because abortions are covered via a national insurance scheme for exceptional medical expenses only available for people in paid employment in the country.[116] This is combined with the fact that they might not know where to seek help; in addition fear of deportations further delays or prevents access to timely abortion care.[117] In Spain, abortion access under the law is inclusive of undocumented migrants. However, this contrasts with laws regulating access to public health that in practice can limit their access to public healthcare services.[118]

Although asylum seeking women and EU migrants in theory should have access to necessary healthcare in Sweden on the same terms and the same cost that Swedish nationals, many vulnerable EU migrants, including Roma, lack health insurance in their home countries, are not covered by the relevant EU regulation and cannot access subsidized healthcare in Sweden. Some have been denied access to healthcare altogether because of their status as EU migrants without health insurance, including a Romanian woman who was denied access to abortion in the Region Skåne in 2017. Consequently, she was forced to conduct an unsafe abortion on her own.[119]

People with low income in Switzerland may find it hard to afford an abortion, even though it's covered by a basic health insurance. That's because they have to pay a set amount of medical costs themselves first, called a deductible, and a small part of the treatment cost. These upfront payments can be too expensive for people with few financial resources, making it harder to get the care they need. In a positive move, this could change as in August 2025 the Swiss parliament passed legislation to ensure Swiss insurance companies cover all costs from the outset of a pregnancy from 2027. This means that legal abortions will be covered by health insurances and legal abortions will be free of charge for people with any kind of legal residence status in Switzerland.[120] However, people with non-residence status do not have basic insurance and therefore their abortions will not be covered.

To respond to equality and affordability disparities in EU countries, the cross-country campaign 'My Voice, My Choice', which began in April 2024, aims at ensuring that all pregnant people in the EU have free access to safe abortion services, regardless of where they live. The campaign was registered as a "European Citizens' Initiative" within the European Commission, a mechanism that allows EU citizens to propose new laws. In April 2025, the campaign achieved the required one million signatures in support of an EU fund that would cover the costs of abortions for everyone in Member States that voluntarily join the scheme. On 1 September 2025, the initiative was formally submitted to the European Commission with 1,124,513 verified signatures, kicking off a formal process in the EU institutions determining which action the EU will take in response.

A projection on the Belgian federal parliament on the occasion of one year of inaction since the last legislative elections in Belgium, 9 June 2025
© Brian May/Amnesty International

BELGIUM: A CUMBERSOME PROCESS IMPEDING ACCESS TO ABORTION FOR THOSE PEOPLE LIVING IN THE MARGINS

In Belgium abortion on request is legal up to 12 weeks' gestation and there is a six-day period of compulsory "reflection" prior to termination as well as mandatory information to be given to the pregnant woman about alternatives to abortion, and various options for the "unborn child", including adoption. Abortions can be carried out at certain family planning centres or hospitals and are generally covered by the statutory healthcare insurance. On paper, Belgium has a specific service - *Aide Médicale Urgente (AMU)* or *Dringende Medische Hulp (DMH)* designed to ensure access to medical care for EU people who are not entitled to social assistance and people without a residence permit who do not have sufficient resources. This includes people experiencing homelessness and undocumented migrants. Access to this service can be requested from the local social welfare centre *(Centre Public d'Action Sociale, CPAS* or *Openbaar Centrum voor Maatschappelijk Welzijn, OCMW).*

Organizations working with marginalized communities have raised concerns about the obstacles these individuals face when trying to access abortion care via the AMU-DMH. Despite being legally entitled to such services, a combination of bureaucratic and complex processes and inconsistent interpretations of what constitutes "urgent" care across different local welfare services often results in delays or denial of care.[121] Chloë Ballyn, Advocacy Officer at Médecins du Monde Belgique, explained that the process is often too convoluted, which becomes a huge barrier for pregnant people. According to her: *"By the time individuals manage to complete the necessary steps, they are often at risk of exceeding the legal gestational limit of 12 weeks. There is a lot of bureaucracy. The process starts with a consultation with the midwife. That's day one. Then comes a consultation with the general practitioner and a contact with the social worker who will contact the CPAS [Centre Public d' Action Sociale] which have 30 days to respond. However, people do not always receive confirmation of their request, the process is not even traceable (…) And then they [CPAS] will do a social investigation in which they are literally asking 'what is your immigration status? What is your income? What is your address?'. The address is important because it determines which local branch of CPAS is responsible for the request (…) And after that, the CPAS will decide if they can be in charge of the abortion and will contact an abortion centre for the first consultation. There is a minimum of six days (mandatory reflexion period) between the consultation and the procedure. If the person reaches this stage, the entire process can take up to 66 days".*[122]

The system compels pregnant people from marginalized backgrounds to seek abortion care abroad, most often in the Netherlands, where abortion is legal up to 22 weeks of pregnancy for non-residents. However, the procedure can cost over 1,000 EUR for non-residents,[123] making it inaccessible for many unless they receive support from grassroots organizations and volunteers who help with travel and financial assistance.

With the anti-migrant rhetoric and policies from different spaces on the political spectrum dominating the current political context in many countries, things can get worse for some of the most disadvantaged people. *"The fact that [undocumented] people are anxious about being reported [to the immigration authorities] has also been identified as one of the biggest obstacles for them just to start the procedure. But also, the fact that people don't know that this process exists"*, adds Chloë Ballyn.

Médecins du Monde and other groups and organizations are calling for the harmonisation of the process to make it truly accessible to all women and pregnant people seeking abortion care in Belgium. Together with others, including Amnesty International Belgium, they are also campaigning to reform Belgian abortion law to bring it into compliance with international human rights standards and obligations, including through the removal of criminal sanctions, the removal of the mandatory waiting period of six days and of the compulsory information about alternatives to abortion, the extension of the current gestational limits for abortion on request, addressing the shortage of qualified abortion care practitioners and the geographical disparities and long delays in accessing abortion care.

MEDICAL ABORTIONS AND TELEMEDICINE: FAR FROM A REAL OPTION FOR EVERYONE

Abortion rights advocates have championed the expansion of medical abortion (abortion with pills) for those who prefer this option, combined with the availability of remote healthcare services, commonly referred to as telemedicine, that help reduce logistical and financial barriers making abortion more accessible to people in rural areas, those with mobility limitations, caregiving responsibilities, or those concerned about privacy and stigma.

These demands are in line with the WHO recommendations, which stress that abortion pills can be safely and effectively administered within the first trimester of the pregnancy either in a healthcare facility or self-administrated, provided that individuals have access to accurate information and quality-assured medication. UN human rights bodies also emphasize that healthcare services must be evidence-based and up to date, and that failure to adopt medical innovations like abortion pills undermines the quality of care.[124]

Access to medical abortion and the use of telemedicine within health systems varies across countries in Europe, including the adoption of positive steps in a few of them. In the Netherlands, for example, general practitioners can now prescribe abortion pills up to nine weeks of pregnancy that can be taken at home, expanding access beyond specialized clinics. Spain allows medical abortions also up to nine weeks, and the second pill can be taken at home, while France has removed the requirement to take the first pill in a health centre and allows remote consultations up to 7 weeks of pregnancy.

In Sweden, medical abortion was the method used in almost 97 percent of the reported abortions in 2024, and an increasing number of medical abortions are completed at home.[125] Telemedicine, however, is not yet developed and pills are not available for prescription. The first pill, mifepristone, must be taken at an abortion facility (hospital or clinic) where the second medication is given to be self-administered at home.

In Great Britain, the temporary introduction of telemedicine for early abortion care during the COVID-19 pandemic has since been made permanent, allowing pregnant people to receive some or all of their abortion care at home or in a clinic up to 10 weeks into the pregnancy and once the doctor has prescribed the medication.[126] This is a welcome measure but as previously noted, women who obtain abortion pills outside the formal healthcare settings and/or outside the time limits have been subjected to criminal investigations, which in turn discourages people from seeking timely medical care, for fear of criminalization. On the other hand, in Northern Ireland, healthcare professionals cannot provide for abortion pills in the post. The first tablet for early medical abortion must be taken in Health and Social Care premises. Moreover, it is the only part of the UK where telemedicine remains unavailable.

According to the WHO Global Abortion Policies Database at least nine countries do not list medication used for medical abortions -mifepristone and/or misoprostol- in the relevant national list of essential medicines.* Pregnant people seeking an abortion in Slovakia and Hungary often travel to Austria where they can access a medical abortion in hospitals, although this is only an option if they have the financial and travel documents as well as other means necessary to do so. In many other countries, while on paper medical abortions can be an option, they are not commonly offered. For instance, in the Czech Republic, medical abortions are limited to the first 49 days of pregnancy and can only be administered in health facilities.[127]

In Italy, the Ministry of Health issued a protocol on medical abortion provisions, but each region can decide whether or not to adopt it by issuing a regional protocol. Gynaecologist and founder of Laiga, Dr. Silvana Agatone explained to Amnesty International that: *"Only Tuscany, Emilia-Romagna, and Lazio have done so. We, gynaecologists, created national recommendations that were endorsed by scientific societies. This allows medical abortion to be offered even in the absence of a regional protocol, because your scientific society confirms you can do it. Setting up a medical abortion service should be in everyone's interest, not just non-objectors (doctors). But the reality is that non-objectors struggle to get a protocol approved within the hospital. It's not easy, for example, I managed to get it approved after two years"*.

Abortion pills at Abotak, abortion centre run by Abortion Dream Team in Warsaw, Poland © Amnesty International

* The countries listed are Albania, Bosnia Herzegovina, Malta, Montenegro, North Macedonia, Poland, Serbia, Slovakia and Turkey. In the case of Andorra and Liechtenstein, medication is recognised but not for the purpose of abortions.

SELF-MANAGED ABORTIONS OUTSIDE THE FORMAL HEALTHCARE SYSTEM

Studies show that self-management of medical abortion (i.e. self-administration of abortion medicines and management of the abortion process outside of a health-care facility and without the direct supervision of a trained health worker) is a safe and effective way to terminate an early pregnancy.[128] The WHO endorses self-managed abortions when women, girls and all pregnant people have access to accurate information, quality-assured medication, accompaniment and access to additional healthcare in case of complications.[129]Several groups provide people with information about self-managed abortions outside the formal healthcare system. For example, feminist abortion providers such as Women Help Women have been trailblazers in the provision of self-managed medical abortion, so much so that their protocols and counselling scripts have been adopted by providers in institutional medical settings in some countries.[130]

Self-managed medical abortion promotes autonomy and dignity when exercising one's sexual and reproductive rights and enables greater equality in access to abortion. It is also increasingly necessary in the face of access-based restrictions (including criminalization and discrimination in access to sexual and reproductive health services). Having an abortion, for example through ordering online and taking abortion pills, even if it doesn't fall within the lawful grounds, is not illegal in Poland. Abortion medication for the purpose of self-management of abortions is also not approved in the country and people who need it import it from abroad.* Abortion rights defenders, such as the Abortion Dream Team are instrumental in supporting people seeking to terminate their pregnancies by providing accompaniment and evidence-based information, advising on how to safely obtain quality medication outside Poland, what to expect during the abortion process and after it, and accompanying them in their experiences, in person, online or on the telephone and in the new abortion centre, ABOTAK.

In Germany, data collected by the Canadian non-profit organization Women on Web has found that vulnerable groups such as adolescents, women with low financial means, and undocumented migrants choose telemedicine outside the formal health sector due to the multiple barriers they face to access formal abortion care services. This includes those who need to keep their abortion secret, who experience abuse and rape, who struggle financially, and those who are foreigners or undocumented migrants.[131]

In countries where abortion is more accessible, such as the UK, anti-gender and anti-abortion groups are increasingly attempting to undermine and impede peoples' access to abortion. Camille Kumar, Managing Director of Abortion Support Network described the situation to Amnesty International:

> ***"The success of anti-gender movements means that, even in countries where abortion is accessible, barriers are once again increasing. These obstacles may arise from abusive relationships—where denying access to abortion becomes another form of control, such as saying 'I don't support abortion, so you won't get one,' or actively preventing access to abortion pills. Or a broader increase of abortion stigma, which means that people become more isolated, don't contact their GP (general practitioner) or do not take the necessary steps to access abortion care. For those of us in the abortion movement, this moment demands a deeper understanding of self-managed abortions."***

Protest outside the Polish Embassy in London against restrictive abortion laws in Poland, 2018 © Fotis Filipou

† While mifepristone is entirely not available in Poland, misoprostol is available as an anti-ulcer drug on prescription only access.

ABORTION IS A HUMAN RIGHT

Access to safe and legal abortion is a key element of reproductive autonomy, which includes the right to decide when and how to have children, whether and when to become pregnant, to end or continue a pregnancy, or any other decisions related to a person's body and reproductive health.

Laws that criminalize and restrict access to abortion violate a range of human rights, including the rights to life, to the highest attainable standard of physical and mental health, including sexual and reproductive health, to equality and non-discrimination, to privacy, to equal protection under the law, and to be free from torture or other cruel, inhuman or degrading treatment.[132] Criminalizing health services that only women and people who can become pregnant need, such as abortion, is a form of gender-based discrimination.[133]

Violations of women's sexual and reproductive health and rights, including forced abortion, criminalization of abortion, denial, or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls and all pregnant people seeking sexual and reproductive health information, goods, and services, are forms of gender-based violence[134] that may amount to torture and other ill-treatment.[135]

Evolving international human rights law and standards around sexual and reproductive rights increasingly recognise abortion as an integral component of sexual and reproductive healthcare, which is key to realizing individuals' reproductive autonomy and their full range of human rights. UN rights bodies and independent experts are positioning abortion access as fundamental to achieving gender equality and social and economic justice and critiquing abortion laws that restrict and undermine pregnant persons' rights to make autonomous decisions about their pregnancies. To this end, the UN Committee on Economic, Social and Cultural Rights -that monitors states' compliance with UN Covenant on Economic, Social and Cultural Rights- has explicitly identified increased access to abortion, as well as other sexual and reproductive health services, as part of states' obligation to "respect the right of women to make autonomous decisions" about their health.[136]

Along similar lines, the UN Committee on the Rights of the Child has called on states to ensure that the views of pregnant girls are always heard and respected in abortion decisions.[137] The UN Human Rights Committee, tasked with enforcement of the International Covenant on Civil and Political Rights, has also confirmed the right to abortion and recognized the states' obligation to protect women's and girls' lives against the mental and physical health risks associated with unsafe abortions, including by ensuring access to quality and evidence-based sexual and reproductive health information and education, to a wide range of affordable contraceptive methods, and to quality prenatal and post-abortion health care.[138]

A staff member of Amnesty International Italy, holds a sign that reads 'Abortion is a human right'
© Amnesty International

Laws and policies that regulate abortion must align with the long-standing principle of equality and non-discrimination. That is, they must not be discriminatory in purpose and effect based on sex and gender, or discriminatory in effect on the basis of age, race, ethnicity, geographic location and socioeconomic and other status. Abortion laws and other laws, policies and practices that impose legal and practical barriers on access to safe abortion have a disproportionate and discriminatory impact on the most marginalized groups, including people on low incomes, people living with HIV, adolescents, people with disabilities and people facing criminalization on other fronts, including sex workers, people who use drugs and refugees and migrants, among others. Such laws and policies further bolster and perpetuate intersectional discrimination and have a disparate impact on those facing multiple and compounded forms of discrimination, as well as multiple barriers to exercising their sexual and reproductive rights.[139]

ABORTION AS HEALTHCARE, A HUMAN RIGHTS APPROACH

There is growing consensus among UN human rights bodies and independent experts that if states wish to regulate abortion provision, it should be done in a way that does not undermine pregnant persons' reproductive autonomy and human rights but rather empowers pregnant people to make the best decisions for their health and lives.[140] Along those lines, legal and policy frameworks that address abortion as a criminal matter, as opposed to a health and human rights matter, are not human rights compliant.

The same applies to health systems and legal and policy frameworks that exceptionalize abortion by treating abortion services differently from other necessary health services. Such approaches are based on harmful gender stereotypes and reinforce and enable gender-based and other forms of discrimination, which jeopardize access to critical sexual and reproductive health services in general, and abortion services in particular. These approaches deny pregnant individuals' reproductive autonomy, discriminate against them, and undermine their access to health services and their ability to make decisions about their health and lives.

By contrast, human rights compliant abortion regulatory frameworks do not punish pregnant people, healthcare providers nor others who facilitate access to abortion, but rather empower pregnant people to realize their sexual and reproductive rights, as a core component of their full range of human rights. In other words, to comply with existing and evolving international human rights law and standards around abortion, regulatory frameworks should remove abortion from the criminal law entirely and treat abortion-related information and care as an essential component of sexual and reproductive healthcare.

The primary concern of abortion regulation and the clinical practice flowing from it should be the rights and well-being of all women, girls and individuals who seek abortions or need post-abortion care.[141] Once abortion is removed from the criminal realm, it can be treated as a key component of sexual and reproductive healthcare, and access barriers can be more easily identified and removed. All other legitimate regulatory and medical ethics concerns such as guidance on clinical service provision, the licensing of health professionals, protection from medical malpractice, and informed consent requirements, can be addressed as part of the overall regulation of healthcare services.

ABORTION RIGHTS AND THE EUROPEAN UNION

The EU treaties and legislation establish non-discrimination and equal treatment as fundamental principles. The EU also acts to ensure cooperation and harmonization in the fields of healthcare and criminal legislation. It is high time the EU steps up and uses all available means to protect the right to safe abortion.

Katrine Thomasen, Associate Director for Europe of the CRR explains that

> ***"The European Union has a vital role to play in supporting member states to address remaining abortion access barriers. In particular, it should issue guidance to member states in line with human rights and public health standards and support the vital work of human rights defenders and civil society organizations advocating for the right to abortion. Longer term the EU should work towards cementing abortion rights protections in the Charter of Fundamental Rights."***

The European Parliament has been calling on the European Commission to take action for many years. In 2021 an own initiative report on sexual and reproductive health (SRHR) in the EU was the first comprehensive report on this area in more than 20 years. It outlined concrete recommendations for EU policy and lawmaking on critical SRHR issues, such as comprehensive sexuality education, abortion care, contraception, assisted reproduction and maternal healthcare.

In July 2022 a resolution by the European Parliament called on the EU and its Member States to "legally recognise abortion and to defend respect for the right to safe and legal abortion and other SRHR". The resolution also urged the European External Action Service, the EU Delegation to the US, the Commission and all EU Member States to "use all instruments at their disposal to strengthen their actions to counteract the backsliding in women's rights and SRHR, including by compensating for any possible reduction in US funding to SRHR globally, and by strongly advocating and prioritising universal access to safe and legal abortion and other SRHR in their external relations".

In April 2024 the European Parliament passed another relevant resolution condemning the backsliding on women's rights and all attempts to restrict or remove existing protections for sexual and reproductive health and rights and gender equality, including in the EU member states. The text urged member states to fully decriminalize abortion in line with the 2022 WHO Care Guideline, and to remove obstacles to abortion. The resolution called on the European Council to amend Article 3 of the EU Charter of Fundamental Rights of the European Union to state that "everyone has the right to bodily autonomy, to free, informed, full and universal access to SRHR, and to all related healthcare services without discrimination, including access to safe and legal abortion."

In May 2024, the EU Directive on combating violence against women and domestic violence was adopted. While not explicitly mentioning abortion, it created an obligation on member states to guarantee full access to support services of victims of sexual violence and to ensure the clinical management of rape, which should include abortion.

In March 2025, the European Commission presented a 'roadmap' 'for women's rights that includes a commitment to "the highest standards of health" through promoting women's and girls' physical and mental health, including through improving access to evidence-based information on women's health and sexuality; protecting women's health by supporting and complementing, in full respect of the Treaties, health action by the Member States regarding women's access to sexual and reproductive health and rights; ensuring respectful and high quality obstetric, gynaecological, antenatal, childbirth and postnatal care, free from discrimination and combatting harmful practices and access to affordable menstrual hygiene products and contraception". While not specifically mentioning abortion, the roadmap does create space for further action by the EU.

CHALLENGING STIGMA, RESISTING AND ORGANIZING

A 2023 global survey conducted by Ipsos across 29 countries found that a majority of people believe that abortion should be legal in all or most cases (56%). People in Europe showed more support than those in other regions, with 11 of the 15 most supportive countries located in Europe.* According to another survey commissioned by Amnesty International in Poland in 2023, despite its highly restrictive abortion law in the country, around 84% of people support greater access to abortion while in Belgium 92.5% of people support the right to abortion based on a 2025 survey conducted on behalf of by Amnesty International Belgium.

The results of these surveys might not show the full picture but are a strong indicator of a positive trend about people's views on abortion rights when they are asked about it individually and in private. At the same time, some people are reluctant to openly talk about abortion and show public support, mostly because of the social stigma attached to it. The results of a 2024 survey conducted by Planning Familial in France shed light on the persistent stigma surrounding abortion in the country. According to the findings, 41% of women who recently had an abortion said that they felt that the right to abortion was still considered a taboo, and 63% reported fearing being judged by those around them or by health professionals. Another study conducted in Germany also revealed that 84% of respondents who had an abortion experienced at least mild feelings of stigmatization, such as shame or guilt. For 30% of respondents, these feelings were very strong.

Abortion-related stigma can underlie and perpetuate myths around abortion, and lead to shame, bullying, harassment, and physical and mental harm to individuals who have abortions, their families and friends who support them, and those who provide abortion care and speak out about abortion rights. These people often face judgment, verbal and physical attacks or smear campaigns. This is because abortion challenges harmful social, cultural, and religious beliefs underpinned by gender stereotypes that deny pregnant people the right to make free decisions about their own bodies and sexuality. Barriers to accessing abortion including criminalization only exacerbate this stigma and prevent people from getting the healthcare they need.

Isabel Tanzer, member of the Austrian volunteer run group CHANGES for Women stressed the importance of addressing stigma by openly talking about abortions: "*It would be great if we as a community also can change how we talk about abortion; [abortion] is not something that happens to you because you're bad at taking contraception. It's something that happens. It's normal. If I talk to the people, I always tell them it's your right, it's your body. And I'm really encouraging people to talk about it. Because if we don't talk about it with our friends and in our community, we don't help to decrease the stigma around it. And I think that's very, very important".*

Abortion stigma is compounded by misinformation campaigns and fear-driven narratives aimed at spreading misleading information on sexual and reproductive health and rights to deter people from seeking abortion care. These efforts by anti-abortion groups and their allies can play a significant and harmful role in influencing views and shaping policies and laws to restrict access to abortion care across the region. This is happening globally, and Europe is not an exception. As a way of example, in May 2025 well-resourced anti-abortion organizations ran a big misinformation campaign in train stations across Switzerland and offered 24/7 free "counselling" to pregnant people who are considering an abortion.[142]

Abortion is essential healthcare. It is a safe and common medical procedure and a human right. Abortion rights activists across Europe are intensifying their efforts to promote alternative narratives, evidenced-based information and increase public support for reproductive rights and bodily autonomy. Many are also redoubling efforts to challenge the underlying social, economic and political barriers that prevent marginalized communities from fully exercising their sexual and reproductive rights.

For example, Supporting Abortions for Everyone (S.A.F.E), an organization that supports abortion access in Europe, particularly for people failed by their governments and healthcare services, has published a guide titled 'Abortion is always traumatic and other lies."† It targets journalists, researchers, politicians and anyone else who wants to talk about abortion without stigma. It debunks common myths and stereotypes around abortion and offers practical tools for writing and speaking about abortion care without exacerbating harm. 'How to talk about abortion' is another useful resource created by International Planned Parenthood Federation aimed at preventing stigmatization to serve others when developing abortion-related content.

Abortion activists and advocates, and feminist groups across Europe are resisting the backlash and organizing on the streets. In Austria, a civil society led initiative, #AusPrinzip, that campaigns for the decriminalization of abortion and free and accessible abortion care, successfully generated a momentum for abortion rights in the country, leading to the previous Minister for Social Affairs and Health

* The eleven European countries covered by the survey are: Sweden, France, Netherlands, Spain, Belgium Hungary, Italy, Ireland, Great Britain, Germany and Poland.

† The resource is available in English, Dutch and Czech.

to advocate for full decriminalization in 2024. In Germany, feminists, human rights, migrants, Muslim women's and LGBTIQ+ people's rights groups came together to push for a bill for better law before federal elections in February 2025.

In Poland, the Abortion Dream Team, a collective that in March 2025 opened the country's first abortion centre amidst a deeply hostile anti-abortion presence outside the building, has received an outpouring of solidarity and support in the country and abroad. In parallel, nine grassroot organizations in different countries work together under the umbrella of Abortion Without Borders to help people in Poland access safe abortions at home with pills or abroad in clinics. While in Belgium, the project 'Compagnon' formed by network of organization and abortion centres help people accessing abortions in The Netherlands, and travel across the border with them if needed.

The voluntary network Brave Sisters has become a lifeline for hundreds of women each year in Croatia, stepping in where the system fails. Since their founding in 2020, they have helped more than 1,300 women access safe abortion, offering 24/7 accompaniment—from navigating hospital bureaucracy to arranging travel as far as the Netherlands when care is denied locally. Women turn to Brave Sisters not only because of the high cost of abortion, but due to stigma, lack of information, and active disinformation. Many learn of their legal rights only after contacting the group.

> *"**Abortion rights on paper mean little without real access. The work of Brave Sisters is a testament to grassroots solidarity—but also a call to action. Reproductive healthcare must be publicly funded, free from stigma, and grounded in the truth that every woman is important.",** says the founder of Brave Sisters, Nada Topić.*

The abortion rights movement is unstoppable, ready to resist, challenge the threats, helping countless women, girls and all people who can become pregnant access their right to abortion.

Abortion Dream Team activists from left to right: Kinga Jelinska, Natalia Broniarczyk and Justyna Wydrzyńska.
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RECOMMENDATIONS

March for the right to abortion in Berlin in front of the Brandenburg Gate, September 2024 © Amnesty International Deutschland/Stephane Lelarge

European governments should ensure abortion and post-abortion is universally available, accessible, acceptable, affordable and of good quality. It should be provided with respect for pregnant persons' rights and needs, autonomy, dignity, privacy and confidentiality, with informed consent and without discrimination or coercion.

European governments should:

- **Fully decriminalize abortion (including self-administration of abortion medication)**. Remove abortion from criminal law and revoke any laws, policies and practices that directly or indirectly punish people for seeking, obtaining, providing or assisting with securing and/or obtaining an abortion.

- **Immediately drop criminal charges**, expunge resulting criminal records of all individuals who have been imprisoned for having an abortion, miscarriage, or another pregnancy-related complication or for having procured abortion medication, as well as healthcare providers and others punished solely for performing abortions or facilitating or helping people to obtain abortion medication or services.

- **Ensure equal and universal access to abortion care without discrimination**, including by providing abortion services within the public health system which are free of charge, subsidized or otherwise structured to ensure individuals and families are not disproportionately burdened with health expenses, and people without sufficient means receive the necessary support to cover the costs.

- **Take special measures to ensure that women and all pregnant people from disadvantaged groups can access abortion services and information without discrimination**. These include migrants and refugees, minority groups (e.g. Roma and Indigenous people), adolescents, people with disabilities, LGBTIQ+ people, sex workers, people with low incomes, and people living in remote and rural areas, among others.

- **Remove and/or refrain from introducing barriers to accessing abortion services**, including financial, geographical, physical, social, legal and administrative barriers such as mandatory counselling and waiting periods, and third-party authorisations or requirement for consent from spouses, judges, parents, guardians, or health authorities, and information barriers, among others.

- **Ensure that conscience-based refusals of abortion care are adequately regulated** and that there are enough healthcare providers willing and capable of providing abortion care within reasonable geographical reach. Such refusals should be limited to individual medical personnel directly performing abortions while institutional refusals should never be permitted. Refusals of care should not be permitted in the provision of post-abortion care and in emergency situations.

- **Ensure abortions are available as early as possible and as late as necessary**, so women, girls and pregnant people do not feel compelled to take unnecessary risks to terminate their pregnancies.

- **Ensure abortions are available in a range of settings, including through telemedicine, and through a range of abortion methods**, including medical abortion. Support self-managed abortion outside the formal healthcare systems to respond to the specific needs of pregnant people, in line with the WHO Abortion Care Guideline.

- **Ensure access to accurate, non-biased sexual and reproductive health information**. Ensure that up-to-date, accurate information on sexual and reproductive health, including abortion and post-abortion care, is publicly available and accessible to all individuals (including adolescents and youth), in appropriate languages and formats.

- **Ensure that healthcare providers receive training on the provision of abortion and post-abortion care and miscarriage treatment in a compassionate and ethical manner**, including on abortion rights, social determinants and medical necessity of abortion, providers' legal obligations and ethical and acceptable care.

- **Adopt legal and policy measures to guarantee all individuals' access to affordable, safe and effective contraceptives and comprehensive sexuality education** as part of the provision of comprehensive sexual and reproductive health services, goods and information for all.

- **Directly confront abortion-related stigma that impedes sexual and reproductive health and rights, autonomy and perpetuates gender inequality**. Raise public awareness about sexual and reproductive health and rights, reproductive autonomy, contraception and abortion as essential components of sexual and reproductive healthcare. Counter abortion-related misinformation through making publicly available scientifically accurate and evidence-based information about the procedure and available services.

- **Include civil society actors advocating for abortion rights in meaningful consultations about sexual and reproductive health policies and measures**, including human rights and abortion organizations, abortion providers, reproductive justice campaigners and groups from marginalized communities, such as sex workers, migrant rights, LGBTIQ+ and disability groups.

- **Publicly and unequivocally recognize that the work of abortion rights defenders is legitimate and integral to the promotion and realization of all human rights**. Put in place mechanisms for their effective protection, ensuring that any measures adopted are appropriate, take a gender-responsive, intersectional and holistic approach, and are consulted and elaborated through their meaningful participation.

To the European Union (EU):

- Fully utilise its existing competences to advance sexual and reproductive health in EU law and policy and issue clear guidelines to Member States in line with international standards

- Strengthen EU actions and funding to improve access to sexual and reproductive healthcare and reduce health inequalities in and across EU Member States.

- Heed calls from the European Parliament to enshrine the rights to abortion and bodily autonomy in the Charter of Fundamental Rights of the EU, and sexual and reproductive health in the EU Treaties.

- Ensure any rollbacks of existing entitlements and threats thereof be swiftly addressed and vehemently opposed as contrary to EU values.

- Put forward a legislative proposal for the creation of a cross-border solidarity mechanism to improve access to abortion care, based on the European Citizens' Initiative 'My Voice My Choice'.

- In line with the EU Directive on Combating Violence against Women and Domestic Violence, secure the rights of victims and survivors of gender-based violence. Victims of sexual violence must be guaranteed full access to support services, including comprehensive sexual and reproductive healthcare.

EXTERNAL RESOURCES

- **EUROPEAN ABORTION POLICY ATLAS 2025**
  (European Parliamentary Forum for Sexual and Reproductive Rights)
- **EUROPE ABORTION LAWS 2025**
  (Centre For Reproductive Rights)
- **GLOBAL ABORTION POLICIES DATABASE**
  (World Health Organization)
- **ABORTION WITHOUT BORDERS**
- **S.A.F.E**
  (Supporting Abortions For Everyone)
- **ABORTION CARE GUIDELINE**
  (World Health Organization)
- **WOMEN HELP WOMEN**
- **HOW TO TALK ABOUT ABORTION: A GUIDE TO STIGMA-FREE MESSAGING**
  (International Planned Parenthood Federation)
- **MY VOICE MY CHOICE**
- **ABORTION IS ALWAYS TRAUMATIC AND OTHER LIES**
  (S.A.F.E)
- **FRAMING ABORTION WITH PILLS**
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