IN-DEPTH ANALYSIS

Requested by the FEMM committee

European Parliament

# Access to abortion services for women in the EU

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## Croatia


Policy Department for Citizens' Rights and Constitutional Affairs
Directorate-General for Internal Policies
PE 659.923– October 2020

EN

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**Abstract**

An In-depth Analysis commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee.

The paper is divided into six parts. The first part of the paper defines what is meant by the term sexual and reproductive health and rights (SRHR) according to the most important international and regional human rights instruments. The second part analyses the legal framework of the EU Member States regarding access to abortion services while the third part focuses on the problems caused by the COVID - 19 pandemic in access to abortion. The fourth part deals with the problems caused by the pandemic in the two countries with the most restrictive abortion regimes in the EU, Poland and Malta. The fifth part of the paper sheds light on the importance of civil society in the protection of women's SRHR. Finally, the sixth part of the paper assesses the importance of the solutions adopted in the protection of access to abortion services during the COVID -19 pandemic. In this context, telemedicine for early medical abortions is particularly important.

This document was requested by the European Parliament's Committee on Women's rights and Gender Equality.

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Original: EN

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Manuscript completed in October 2020


This document is available on the internet at:
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# CONTENTS

# 1. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE SERVICES

Since the adoption of the International Conference on Population and Development Programme of Action in 1994,[1] which linked reproductive rights to human rights under international law (Thijssen at al. 2019), international and regional human rights standards and jurisprudence with regard to sexual and reproductive health and rights (SRHR) have experienced constant improvement.

Based on the analysis of various international and regional documents created in the last few decades, in May 2018, the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights prepared a report[2] with the proposed integrative definition of SRHR. The experts of the Guttmacher-Lancet Commission understood SRHR as an umbrella term for four different components – sexual health, sexual rights, reproductive health and reproductive rights, and they proposed the following SRHR definition:

"Sexual and reproductive health is a state of physical, emotional, mental and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunctions, or infirmity." (Stars et al., 2018)

Additionally, as an integrative part of the definition, it is stated that "essential sexual and reproductive health services" should meet appropriate "public health and human rights standards, including the 'Availability, Accessibility, Acceptability, and Quality' framework of the right to health" (Stars et al., 2018).

Under international human rights law and standards, the right to sexual and reproductive health, as "an integral part of the right of everyone to the highest attainable physical and mental health" (Committee on Economic, Social and Cultural Rights, General Comment No. 22, 2 May 2016) enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights, entails a set of freedoms and entitlements. Thereby, "the entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of the Covenant" (General Comment No. 22, 2 May 2016). Furthermore, states should ensure access to sexual and reproductive healthcare services "to all individuals and groups without discrimination and free from barriers".

In this context, the equality between women and men in the implementation of the access to sexual and reproductive healthcare services is, or should be, an imperative. According to Article 12 of the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), the signatory states are expected to eliminate discrimination against women in the field of healthcare in order to ensure access to healthcare services. Furthermore, acceptable services are those that ensure that a woman provides her fully informed consent, her dignity is respected and all actors are sensitive to her needs and perspectives (CEDAW General Recommendation No. 24). Pursuant to Article 2 of the Consolidated version of the Treaty on European Union, the Union is founded on fundamental principles of "liberty, democracy, respect for human rights and fundamental freedoms, and the rule of law". The Charter on of Fundamental Rights of the European Union prohibits any discriminations on the ground

[1] See: https://www.unfpa.org/publications/international-conference-population-and-development-programme-action

[2] See: Stars et al., Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, available on: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext

of sex and requires equality of the sexes (Articles 21 and 23). The Council Directive 2004/113/EC is "a framework for combating discrimination based on sex in the access to and supply of goods and services".

However, despite the progress made in the area of a woman's access to sexual and reproductive healthcare services, the practical access varies significantly across the EU. According to a study called "Sexual and Reproductive Health Rights and the Implication of Conscientious Objection" (European Parliament's Policy Department for Citizen's Rights and Constitutional Affairs, 2018),[3] many barriers restrict individual access to SRHR services, including legal (for example, restrictive legal conditions limiting access to abortion in Poland), financial (for example, high abortion fees), cultural (for example, deep social stigma in the context of accessing abortion) and information obstacles (for example, lack of available information about SRHR in Croatia, Italy, Poland).

[3] See: European Parliament's Policy Department for Citizen's Righs and Constitutional Affairs, Sexual and reproductive health rights and the implication of conscientious objection, October 2018, available on: https://www.europarl.europa.eu/RegData/etudes/STUD/2018/604969/IPOL_STU(2018)604969_EN.pdf

# 2. ACCESS TO ABORTION SERVICES IN THE EU MEMBER STATES

Starting from the fact that termination of pregnancy is an extremely complex and controversial issue, connected with a wide range of moral, medical, philosophical, scientific, religious, legal and other issues, it is clear that normative regulation of such an issue represents a great challenge for any legislator. Still, the comparative analysis of abortion laws shows that "there is a high level of agreement in the EU Member States with respect to a woman's right to abortion", though Poland and Malta appear to be "the only exceptions to the liberal abortion regime in Europe" (Tucak & Blagojević, 2020). In the last few decades, legislative solutions in most European countries have been liberalized and constitutional courts have not brought into question their constitutionality. In addition, the constitutionality of some liberalized abortion laws were tested and confirmed by constitutional courts at the beginning of 21st century (Portugal 2010, France 2001, 2014, 2016, Slovakia 2007).

Abortion is absolutely forbidden in Malta while Poland has restrictive laws that "allow abortion only when there is a risk to a woman's health or life, a severe foetal impairment or the pregnancy results from a sexual assault". However, it should be mentioned that in relation to Poland, the European Court of Human Rights found that the rights protected by the Convention for the Protection of Human Rights and Fundamental Freedoms had been violated (Articles 3 and 8).[4] In general, restrictive laws and practices that endanger a women's life and health have been criticized by relevant international bodies (for example, the United Nations Human Rights Committee).[5]

Other Member States permit termination of pregnancy on request and/or for medical and socioeconomic reasons. Most states do not require women to reveal their reasons for an abortion, three states (Belgium, the Netherlands and Rumania) require women to lay down their unfavourable living conditions as reasons for an abortion, one state (Italy) prescribes "reference to unfavourable social, economic or family circumstances" and one state (Hungary) obliges women to indicate their state of a severe crisis (CESI Expert opinion, 2016).[6] Furthermore, most states that permit termination of pregnancy on request make such a termination conditional on an earlier stage of pregnancy, usually up to the 10th (Croatia, Portugal, Slovenia), 12th (Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, France, Greece, Lithuania, Luxembourg, Hungary, Germany, Slovakia) or 14th week (Romania, Spain), rarely up to the 18th (Sweden) and 24th week (Netherlands) (CESI Expert opinion, 2016). Termination of pregnancy may be performed even after the expiration of the above period, in later stages of pregnancy, if there is a danger to the woman's life, her physical and mental health, and in case of serious or fatal malformations of the foetus. In some cases, the "period of deliberation" and counselling (non-compulsory or compulsory) is required. Termination of pregnancy in case of minors is usually permitted with consent of the parents (except in Belgium). According to the above mentioned study "Sexual and Reproductive Health Rights and the Implication of Conscientious Objection',' the cost of termination of pregnancy differ from state to state. For example, the average price of termination of pregnancy in Croatia is approximately 330 EUR while in Italy, abortions are

[4] See: *Tysiac v. Poland* (2007), App. No. 5410/03, 20, *R. R. v. Poland* (2011), App. No. 27617/04, *P. and S. v. Poland* (2012), App. No. 57375/08.

[5] See, for example: *Mellet v. Ireland* (2017), available on: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2F116%2FD%2F2324%2F2013, and *Whelan v. Ireland* (2017), available on: https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/IRL/CCPR_C_119_D_2425_2014_25970_E.pdf.

[6] CESI (Center for Education, Counselling and Research), Expert opinion to the Constitutional Court of the Republic of Croatia in reviewing the constitutionality of the Act on Health Measures for the Realization of the Right to Freely Decide on the Childbirth, November 2016, available on: http://stari.cesi.hr/en/expert-opinion-to-the-constitutional-court-of-the-republic-of-croatia-in-reviewi/index.html.

completely covered by the national health system. In most states, abortion shall take place in an authorized healthcare facility.[7]

In the event abortion is legal, the appertaining Member State shall this right practical and effective. The relevant case-law of the European Court of Human Rights stresses the positive duties that the states have in adopting measures to make abortion possible – as stated in *Tysiac v. Poland*, "once the legislator had decided to allow abortion, it must not structure its legal framework in such a way as to limit the use of that possibility".[8]

Despite the fact that "abortion in Europe is well accessible in terms of abortion law" (Pinter et al., 2005), there are differences in the accessibility to abortion services between countries, even between some areas within a country (Pinter at al., 2005). Available studies on the accessibility and availability of abortion show that, on the one hand, Western European countries have recently improved the accessibility to abortion. However, simultaneously, in some Eastern European countries, there has been a tendency to limit this accessibility, which has been mainly influenced by religion (Pinter at al., 2005), or that tendency has resulted from negative demographic trends. In Poland, for example, legal access to abortion is very limited and many facilities financed by the National Health Fund refuse to perform an abortion. In addition, according to the aforementioned study "Sexual and Reproductive Health Rights and the Implication of Conscientious Objection", the accessibility to abortion varies geographically and there are entire regions with no access to legal abortion. Italy and Croatia also have problems with geographical disparities. One of the existing problems in those countries is a great number of conscientious objections by doctors and nurses. As a result, women seek private, or, in case of Croatia, cheaper service in Bosnia and Herzegovina or Serbia. In this context, the recent European Court of Human Rights case-law[9] stresses "the positive obligation of the state to arrange its health care system in a way that the exercise of the personal freedom of medical staff to manifest religion or belief does not interfere with their provision of medical services" (Tucak & Blagojević, 2020).

[7] See note 3.

[8] See: Judgement *Tysiac v. Polland* (2007), App. No. 5410/03.

[9] See: Judgement *Steen v. Sweden* (2020), App. No. 63726/17, Judgement *Grinmark v. Sweden* (2020), App. No. 63726/17.

# 3. ACCESS TO ABORTION DURING THE COVID-19 PANDEMIC

Although access to abortion is central to human rights, social justice and gender equality, pregnant women face numerous barriers before they can find a way to an abortion even in "normal" times (Michtal et. al, 2020). In normal circumstances, the main obstacles to the accessibility to abortion refer to limited availability of abortion services, a limited number of qualified practitioners, a lack of coverage of high abortion fees by health insurance and obligatory pre-abortion counselling (Pinter at al. 2005). However, the COVID-19 crisis has severely disrupted the health system in Europe and its impact on sexual and reproductive health and rights is enormous.

In particular, as stated by 100 NGO's in Europe in "A joint report by EPF & IPPF EN: Sexual and Reproductive Health and Rights during the COVID-19 pandemic", due to the lockdown, travel restrictions and the closure and reduction of activities of service-providers, women do not have access to essential medical services, for example, contraception and abortion care. Some countries that have categorized SRHR services as essential (Belgium, Sweden), still face numerous challenges such as staff shortages.

The accessibility and availability of abortion is of particular concern. According to the EPF & IPPF EN joint report, many women in Europe are facing a wide range of difficulties with regard to access to abortion during the pandemic. In some countries, such as Austria, Croatia, Germany, Italy, Lithuania, the Netherlands, Romania and Slovakia, there are reports on considerable challenges in the access to timely abortion care during the pandemic (Center for Reproductive Rights, April-May, 2020). In some cases, the pandemic has been seen through the prism of the excuse for unwilling doctors not to provide abortion at all, for example by describing abortion as non-essential care. The available reports demonstrate that in the early period of the pandemic, only five hospitals in Austria provided abortion care and women were facing challenges in accessing abortion. There were indications that in Croatia, the inaccessibility to abortion services has increased since the pandemic broke out, mainly due to increasing abortion fees and rising numbers of refusing care by individual providers. While some facilities in Lithuania and Slovakia have stopped providing abortion care during the pandemic, there are reports that only 10 % of public hospitals in Romania are still performing abortion on request in the first trimester (Center for Reproductive Rights, April-May, 2020).

In addition, some countries have even taken negative steps by using the pandemic for further coercive measures. For example, the Polish Parliament postponed making a final decision on the legislative proposal aimed to outlaw abortion on the grounds of serious foetal abnormalities, which is one of the three exception to a near total-ban of abortion. The legislative proposal was sent back to the parliamentary committee for further consideration. The proposal for this restriction originates from a citizens' initiative launched by a Catholic group who succeeded in gathering more than 100,000 signatures, which makes this topic eligible for discussion in the Parliament (Tucak & Blagojević, 2020). In Lithuania, reports indicate that some health care facilities have stopped providing abortion during the pandemic and the Health Minister suggested "that women seeking abortion services should use their time in the lockdown to re-think their decision" (Center for Reproductive Rights, April-May, 2020).

Still, some countries have taken important steps to protect access to abortion. According to the EPF & IPPF EN joint report, abortion has remained freely accessible in over 10 countries and eight countries have even facilitated access to abortion. For instance, in Italy and France, the health authorities have declared that access to abortion is a healthcare service that has to be maintained during the COVID-19 pandemic.

The French reaction to the pandemic with regard to access to abortion deserves particular attention. Thanks to the mobilization of more than a hundred abortion professionals and the pressure coming from women's rights organizations, parliamentary deputies and regional health agencies, the French government has reacted by issuing medical recommendations on the adaptation of abortion services. In this context, France has extended access to medical abortion at home from seven to nine weeks of pregnancy and "doctors and midwives have been allowed to prescribe medications over the phone or by video consultation". Furthermore, the planning of surgical abortion in hospital has been adapted in a way to promote local over general anaesthesia. Women can still choose their preferred procedure, but abortion providers now perform all examinations and consultations on one day, unlike the situation before the pandemic when everything lasted few days (Mishtal et al., 2020).

# 4. CASE STUDY: POLAND AND MALTA

As already pointed out, Poland and Malta are the countries with the strictest abortion regime in the European Union. However, since they are members of the European Union, they shall „in accordance with European law and relevant case-law, allow pregnant women to obtain information on undergoing abortion in countries with a more liberal abortion regime and grant them immunity from any sanctions when they return to their homeland (…) Due to such abortion regulation in the complex European constitutional structure, abortion has become part of cross-border reproductive care" (Tucak & Blagojević, 2020).

"In terms of the rigidity of its post-communist abortion regime, Poland permits abortion only in three exceptional cases" (Tucak & Blagojević, 2020):

"(1) if a physician, other than the one which performs the abortion, certifies that the pregnancy is endangering the mother's life or health; (2) up to viability (i.e., up to the twenty-fourth week), if the foetus is seriously impaired; or (3) up to the twelfth week, if pregnancy resulted from rape"[10] (Tucak & Blagojević, 2020).

The COVID 19 pandemic has led to the fear of growing authoritarianism, traditional worldviews and sexual constraints (Golec de Zavala et al, 2020). In Poland, as mentioned above, a few weeks after the outbreak of the COVID 19 pandemic, the Parliament began debating a legislative proposal to further restrict access to abortion (Guasti, 2020). There was also a debate on the criminalization of sex education with a sentence of up to 3 years for teachers (Guasti, 2020). Both legislative proposals stem from civic initiatives supposedly controversial and accompanied by widespread protests. As these proposals found their way into the daily work of the Parliament at the time of the pandemic, there were some opinions that authorities abused the moment when nationwide protests were not possible (Guasti, 2020; Eşençay, 2020). However, dissidents found ways to express their disagreement; online, at windows and in road congestion in large cities (Guasti, 2020).

This issue is extremely important for the protection of human rights.

"The official statistics reveal that only 1,000 induced abortions are performed in Poland on an annual basis while the real figures are much bigger, the estimates mention 150,000 abortions per year. Most of them are performed in foreign clinics and lots of women take the abortion pills" (Tucak & Blagojević, 2020).

In 2019, a pro-choice movement began to operate in Malta as well, but abortion is still highly stigmatized (Caruana-Finkel, 2020). Doctors in Malta are legally allowed to provide information on abortion, but many are reluctant to do so. Instead of expert opinions, women in Malta have access to misinformation about abortion from various traditional and social media, but such attitudes are also present in school education and religious institutions (Caruana-Finkel, 2020).

It is estimated that about 500 women a year undergo an abortion in Malta. They travel, like Polish women, to countries that have a more liberal abortion regime, which requires significant financial costs. This legal abortion regulation is unquestionably discriminatory in relation to women of lower financial status (Caruana-Finkel, 2020). Women in Malta have, although it is illegal in their country, the option to

[10] According to the Act on Family-Planning, Human Embryo Protection and Conditions of Legal Pregnancy Termination, Jan. 7, 1993, par. 4(a). Quoted according to Fabbrini, F., The European Court of Human Rights, the EU Charter of Fundamental Rights and the right to abortion: *Roe v. Wade* on the other side of the Atlantic? *Columbia Joumal of European Law*, Vol. 18, No. 1, 2011, 17-18.

purchase medical abortion pills online. In doing so, women are assisted by organizations such as Women Help Women, Women on Web and Abortion Support Network. On the other hand, there are pro-life organizations that spread misinformation in order to prevent access to abortion (Caruana-Finkel, 2020). Unverified online sources that offer abortion pills have also emerged, abusing these new circumstances to make a financial profit (Caruana-Finkel, 2020).

Travel restrictions have, due to the pandemic, led to an increase in the number of pregnant women who turn to various organizations that support access to abortion and pregnant women who buy medical abortion pills online (Caruana-Finkel, 2020).

It is important to note that a shortage of birth control pills and reproductive health supplies was observed in both countries during this period (A joint report by EPF & IPPF EN, p. 6). At the very beginning of the pandemic, the Maltese government did not include birth control pills in the list of essential medicines when creating an additional stock of medicines to prevent shortages (Caruana-Finkel, 2020).

# 5. THE ROLE OF CIVIL SOCIETY

Civil society organizations (CSOs), especially women's rights organizations, as the key factor in the promotion and exercise of human rights in general have been a very important instrument since the first day of the COVID-19 pandemic. This particularly concerns raising awareness on the impact of the pandemic to women's sexual and reproductive health. As advocates and watchdogs for human rights, they have played a critical role during the pandemic, particularly in the context of ensuring women's access to abortion.

Having in mind that the COVID-19 pandemic raises complex legal questions on the impact of the pandemic on SRHR services, which are supposed to be dealt with CSOs working in Europe, the Center for Reproductive Rights has established a Pro Bono Clearinghouse, which includes several global firms with legal expertise, providing pro bono legal assistance. This Center also issues few "news in brief on COVID-19 & SRHR in Europe".

Pursuant to the aforementioned, IPPF EN and EPF have issued joint reports with regard to sexual and reproductive health and rights during the pandemic, where they warned that many services across Europe are no longer available to women due to reduction or closures of service-providers.

Furthermore, 100 CSOs have issued a Joint Civil Society Statement on 8 April 2020: European governments must ensure safe and timely access to abortion care during the COVID-19 pandemic and called the governments, inter alia, "to ensure that abortion is treated as essential and time-sensitive health care", to authorize telehealth consultation for those seeking abortion, to allow individuals to allow abortion medication at home.[11]

A Canadian non-profit organization named Women on Web has mobilized its facilities in providing help and information on abortion in a way that it provides online consultations and after being reviewed by medical doctors, help deliver abortion pills to home via mail.[12]

On the other hand, anti-abortion groups in Italy, Slovakia and Spain are campaigning for abortion care to be suspended during the COVID-19 pandemic (Center for Reproductive Rights, April-May, 2020). Those groups were, of course, active before the pandemic too. In Spain, for example, there is a report revealing that anti-abortion groups (such as Hazte Oír, Derecho a Vivir) create obstacles for women trying to get abortion. For instance, they go to clinics in the morning and wait for women, giving them brochures or even calling them murders. According to Asociacion de Clinicas Acreditatas para la Interrupcion del Embarazo, a Spanish organization that runs abortion clinics, 89 % of women who have tried to undergo abortion have been pressured by anti-abortion groups.[13] In Croatia, a pro-life initiative called "40 Days for Life" whose members are pro-life activists praying outside hospitals and abortion clinics seven days a week, started a campaign on September 23. The campaign is expected to last until November 1.[14]

[11] See: European governments must ensure safe and timely access to abortion care during the COVID-19 pandemic, 9 April 2020, available on: https://www.ldh-france.org/european-governments-must-ensure-safe-and-timely-access-to-abortion-care-during-the-covid-19-pandemic/.

[12] See: Women on web, available on: https://www.womenonweb.org.

[13] See: The Olive Press, available on: https://www.theolivepress.es/spain-news/2020/02/24/nearly-9-out-of-10-pregnant-women-who-want-to-have-an-abortion-in-spain-get-harassed-by-anti-abortion-groups/.

[14] See: Molitve protiv pobačaja i ove godine ispred bolnica u Varaždinu i Čakovcu, 21 September 2020, https://regionalni.com/molitve-protiv-pobacaja-i-ove-godine-ispred-bolnica-u-varazdinu-i-cakovcu/.

# 6. THE WAY FORWARD

The COVID 19 pandemic primarily indicates issues present in countries with strict abortion regimes in which women have to travel secretly to have an abortion or secretly order abortion pills (Caruana-Finkel, 2020). Although in those regimes, women's right to abortion is protected in a certain way. Women have the right to information on foreign abortion providers, but such an arrangement still represents a blow to their dignity (Tucak & Blagojević, 2020). Abortion in those countries is still accompanied with anxiety and is deemed highly stigmatizing. Those strict abortion regimes result in "discrimination against women with low income, who cannot afford to travel abroad to have an abortion, which generally undermines the equality principle" (Tucak & Blagojević, 2020).

This also calls into question gender equality since

"The right to abortion differs from other reproductive rights, such as the right to contraception, in that, unlike contraception, which is important for members of both sexes, the right to abortion directly affects only women" (Tucak & Blagojević, 2020).

The issue of abortion is related to "reproductive justice", the protection of personal autonomy with regard to an individual's decision as to whether or not to have children at all, or how many children he or she wishes to have (Romanis et al, 2020).

It is interesting in this context to dive into the solution that emerged in certain countries during the pandemic period. These solutions do not have to be only temporary. Thus, countries such as Great Britain, Ireland and France turned to "telemedicine for early medical abortions" (Caruana-Finkel, 2020). Telemedicine is referred to as "appropriate, safe, and essential" in abortion care (Romanis et al, 2020).

In Great Britain:

"Following the new approval order, pregnant persons can be prescribed both abortion medications by videolink, telephone, or any other electronic means and can take both medications in their homes where pregnancy has not 9 weeks and 6 days' gestation" (Romanis et al, 2020).

This new regulation is temporary and will last for two years or until the end of the pandemic, whichever comes first (Prandini Assis & Larrea, 2020). This recognizes that abortion is an essential health service that must be provided even in times of crisis (Prandini Assis & Larrea, 2020). This approach has many proponents who emphasize the need for other governments to follow suit (Prandini Assis & Larrea, 2020). This raises the question of whether to return to the old ways after the end of the pandemic and perform abortions in health care institutions (Prandini Assis & Larrea, 2020).

It is important to note that abortion "had been under people's control and happened within their intimate circles of care" until the 19th century (Prandini Assis & Larrea, 2020). Does such a practice still have its value today?

As Prandini Assis & Larrea point out:

"Extensive research today shows that self-administration of pills for early abortion with limited involvement of health professionals is effective and has similar outcomes to medical abortion administered by professionals in health facilities. Moreover, the use of abortion pills outside of formal systems is credited with the decrease of abortion complications and maternal mortality worldwide, but particularly in low- and middle income countries. For a vast number of women and pregnant people across the world, self-managed abortion is not a provisional solution; it is indeed the best option."

Women's care organizations, as we have seen in the example of Malta, have shown that "self-managed abortion" does not have to be just a temporary solution. Self-managed abortion guarantees privacy, autonomy and confidentiality. This approach allows pregnant women to choose the place where they will undergo an abortion. It can be in the privacy of their home where they are surrounded by their loved ones. Pregnant women thus have control over this event and can adapt it to their needs and preferences (Prandini Assis & Larrea). There is no doubt that medical professionals are indispensable in certain situations, but in some situations, their presence is not required (Prandini Assis & Larrea).

Thus, the pandemic could serve as a model for how to make things simpler with regard to abortion (A joint report by EPF & IPPF EN, pp. 8-9). This applies in particular to controversial provisions in certain legislation, such as mandatory pre-abortion counselling, which should be abolished from the aspect of protecting personal autonomy in decision-making (A joint report by EPF & IPPF EN, pp. 8-9).

States should guarantee non-discriminatory access to all SRHR services during the crisis, contraception, treatment of sexually transmitted diseases etc. (A joint report by EPF & IPPF EN, pp. 8-9).

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An In-depth Analysis commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee.
The paper is divided into six parts. The first part of the paper defines what is meant by the term sexual and reproductive health and rights (SRHR) according to the most important international and regional human rights instruments. The second part analyses the legal framework of the EU Member States regarding access to abortion services while the third part focuses on the problems caused by the COVID - 19 pandemic in access to abortion. The fourth part deals with the problems caused by the pandemic in the two countries with the most restrictive abortion regimes in the EU, Poland and Malta. The fifth part of the paper sheds light on the importance of civil society in the protection of women's SRHR. Finally, the sixth part of the paper assesses the importance of the solutions adopted in the protection of access to abortion services during the COVID -19 pandemic. In this context, telemedicine for early medical abortions is particularly important.

PE 659.923

Print ISBN 978-92-846-7364-3 | doi:10.2861/346011 | QA-03-20-669-EN-C
PDF ISBN 978-92-846-7363-6 | doi:10.2861/452 | QA-03-20-669-EN-N