

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

Bojovic, Neva; Stanisljevic, Jovana; Giunti, Guido

DOI

[10.1016/j.healthpol.2021.05.005](https://doi.org/10.1016/j.healthpol.2021.05.005)

Publication date

2021

Document Version

Accepted author manuscript

Published in

Health Policy

Citation (APA)

Bojovic, N., Stanisljevic, J., & Giunti, G. (2021). The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom. *Health Policy*, 125(7), 841-858.
<https://doi.org/10.1016/j.healthpol.2021.05.005>

Important note

To cite this publication, please use the final published version (if applicable).
Please check the document version above.

Copyright

Other than for strictly personal use, it is not permitted to download, forward or distribute the text or part of it, without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license such as Creative Commons.

Takedown policy

Please contact us and provide details if you believe this document breaches copyrights.
We will remove access to the work immediately and investigate your claim.

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

Dr. Neva Bojovic*

Kedge Business School, France

Neva.bojovic@kedgebs.com

Dr. Jovana Stanisljevic

Grenoble Ecole de Management, France

Jovana.stanisljevic@grenoble-em.com

Dr. Guido Giunti

University of Oulu, Oulu, Finland

TU Delft, Delft, The Netherlands

Guido.giunti@oulu.fi

*The first two authors have contributed equally and share the first authorship.

Acknowledgments:

We thank to the Editor and two anonymous reviewers for their constructive comments in improving this paper. We also thank Dr. Dejan Zec and Dr. Jakov Bojovic for their valuable feedback.

HIGHLIGHTS

- COVID-19 has affected access to abortion care, with difficulties reported across the world
- Many European countries adjusted policies and protocols related to abortion access
- These adjustments either facilitate abortion care or make it more restricted
- Telemedicine supported early medical abortion can make abortion more accessible

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

Abstract

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

Introduction

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

COVID-19 not only presented itself as a health hazard, but also as a cause for great social and economic impact, especially for women[5]. Among the many areas affected by COVID-19, Sexual and Reproductive Health and Rights (SRHR) have faced significant disruption. The family-planning organization Marie Stopes International estimates that there could be up to 2.7 million additional unsafe abortions performed as a consequence of COVID-19[5]. The organization reports that increased barriers to abortions appeared everywhere due to lockdowns, restrictions of movement, lack of information, overwhelmed health system and supply chain disruptions. The time-sensitive nature of access to abortion was highlighted as a particular concern in a joint report by the European Parliamentary Forum (EPF) for reproductive rights and the International Planned Parenthood Federation European Network (IPPF EN)[6]. According to the report, over 5.633 static and mobile clinics, and community-based care outlets across 64 countries were closed because of COVID-19 restrictions, directly affecting access to abortion. Similar events have led the United Nations Population Fund to raise concern over a global surge of up to 7 million unwanted pregnancies as a consequence of lockdowns and lack of access to contraceptives[7].

Access to abortion and public policy related to SRHR have been the subject of heated debates between various actors for decades[8,9]. Many have a claim in this discussion, including governments, policy makers, patients, the medical community, religious institutions, patient advocacy groups and other interest groups. Furthermore, policy decisions “do not happen in a vacuum” of a nation state, but in a transnational setting[9]. Looking into the settings such as the European Union (EU) or the United Kingdom (UK), in which member states share certain goals, decisions and resources, is important for understanding policy decisions and public debates around abortion during the time of crisis that COVID-19 imposed.

1
2
3
4 Policy making is said to be path dependent[10], so to understand how and why certain
5 countries changed, or decided not to change their policy on abortion access, previous policy
6 decisions need to be taken into account. Previous studies explored the topic of abortion access and
7 its evolution in the EU and the UK) before the pandemic[9,11]; and certain studies analyze policy
8 responses during the pandemics, partially covering EU countries and the UK[12–17]. Keeping this
9 in consideration, we decided to explore the following research questions: What were the reported
10 difficulties to abortion access during the COVID-19 pandemic in the EU and the UK? How did
11 relevant actors approach the difficulties, and what kind of policy or protocol changes were made
12 (or not) on access to abortion? What kind of public debate followed these reported difficulties or
13 changes?
14
15
16
17
18
19
20
21
22

23 Generally, Europe is considered to be among the most advanced regions in the world for
24 issues of SRHR. Abortion policy in Europe has been gradually developing since 1960s, making
25 access to abortion more liberal[9]. According to a recent report by the Center for Reproductive
26 Rights, “over 95% of women of reproductive age live in countries that allow abortion on request
27 or on broad social grounds”[18]. However, the situation between European countries is disparate,
28 and different levels of restrictions are in place in various countries. Several studies compare
29 abortion access and public policy in Western Europe, and have found that approaches range from
30 very permissive to very restrictive[9,19]. There are different dimensions to this issue, such as the
31 autonomy of the medical community, the dimension of patient access and the dimension of public
32 health care coverage[19].
33
34
35
36
37
38
39
40

41 Over the past decades, abortion care has seen developments that have facilitated the
42 practice of “medical abortion” through pharmacological drugs such as mifepristone and
43 misoprostol, enabling more convenient early abortion procedures[11]. The use of medical abortion
44 offers access to safe, effective and acceptable abortion care[11,20–22]. Further, the advent of
45 digital technologies opened up the possibility of telemedicine, which allows provision of
46 healthcare services without having health professionals and patients in the same place. In the
47 context of abortion care, telemedicine is being used for counselling, distributing abortion
48 medication prescriptions, and guidance on the abortion process[23]. The use of technology is a
49 further step towards making early medical abortion (EMA) easier and more accessible, presenting
50 a service option where some or all of the abortion care can take place remotely[24].
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 measures. We consulted synthetic reports produced by different global and regional organizations
5 and bodies such as WHO, EPF, IPPF EN, and others. We specifically focused on reports published
6 in the wake of the pandemic, such as a joint report by EPF & IPPF EN on “Sexual and
7 Reproductive Health and Rights during the COVID-19 pandemic”. We also consulted information
8 published by different NGOs, such as bulletin reports provided by The Center for Reproductive
9 Rights, an institution that continually monitors the treatment of sexual and reproductive health care
10 in Europe. We corroborated these findings with recently published studies that covered access to
11 abortion during COVID-19. The European countries’ media coverage on abortion helped us
12 understand more closely whether abortion remained accessible during the sanitary crisis, as well
13 as to pinpoint specific issues in the field in case of disrupted access.
14
15
16
17
18
19
20
21
22

23 **Findings**

24
25 We started our analysis by examining the state of abortion access in the pre-pandemic times
26 for each country (including access to both surgical abortion and EMA), the reported difficulties in
27 access during pandemic, the actions of policy-makers and reported changes in protocols and
28 practices. Details for each country are summarized in Table 1.
29
30
31
32

33 --- Insert Table 1 here ---
34
35

36 As a result of further analysis, we found two dimensions by which the explored countries
37 differed in relation to abortion access during the COVID-19 pandemic: the extent of changes to
38 policies and protocols within the country, and the extent of difficulty in access to abortion during
39 the pandemic. Based on these two dimensions, we identified four groups of countries: (1)
40 Countries that initiated or implemented policy or protocol changes that facilitated access to
41 abortion, (2) Countries that initiated or implemented policy or protocol changes that restricted the
42 access to abortion, (3) Countries with no policy or protocol change, with no or minor reported
43 difficulties in abortion access indicated in the sources during COVID-19, and (4) Countries with
44 no policy or protocol change with reported difficulties in abortion access during COVID-19
45 Figure 1 illustrates these dimensions and groups. We note that for some countries we could not find
46 substantial data, therefore we labeled them as “unclassified”, as we could not categorize them in
47 any of the above-mentioned groups.
48
49
50
51
52
53
54
55
56
57
58

59 --- Insert Figure 1 here ---
60
61
62
63
64
65

1
2
3
4 Each of these categories is described in further detail in the sections below.
5
6

7 **1. Countries that initiated or implemented policy or protocol changes that facilitate access to** 8 **abortion** 9

10
11 This group includes countries that recognized the shortcomings of current procedures and
12 policies to abortion care during the pandemic and implemented policy or protocol changes to
13 facilitate access to abortion. The main changes identified in this group relate to one or a
14 combination of the following measures: replacing face-to-face visits with the introduction of
15 different types of telemedicine options (e.g. France, England, Wales, Scotland, Ireland, Germany,
16 Austria, Portugal, Belgium), first-time introduction of EMA (e.g. Northern Ireland, with a note
17 that abortion regulation changes were adopted before the pandemic, while the implementation of
18 these coincided with the period of the pandemic), further facilitation of access to EMA in countries
19 where it already existed by allowing self-administration of both medical pills at home (e.g. France,
20 England, Wales, Scotland, Ireland), postal delivery of EMA medications (e.g. England, Wales,
21 Scotland), extension of the gestational limit for EMA (e.g. Scotland, France, Italy, Belgium,
22 Finland - Helsinki region), elimination of mandatory waiting period (e.g. Portugal), and others.
23 We summarize the situation in individual countries below.
24
25
26
27
28
29
30
31
32
33
34
35

36 In pre-pandemic France, surgical abortion was available on request until the 12th week of
37 pregnancy (7th week for EMA). The lockdown initiated concerns about women not being able to
38 follow gestational limits due to the challenges that travelling presented during lockdown[30].
39 France implemented measures to prolong access to EMA at home from 7 to 9 weeks of pregnancy
40 and allowed doctors and midwives to prescribe medicine by teleconsultation during the
41 pandemic[31]. The amendments to the existing regulation came into effect with the *Decree of*
42 *Minister of Solidarity and Health* adopted on April 14th 2020[32]. Furthermore, a detailed set of
43 recommendations called “*COVID-19 rapid responses*” were published by the High Health
44 Authority on how to conduct EMA in 8th and 9th week of pregnancy outside of the hospital
45 setting[33]. In addition, the abortion medicaments could now be acquired in pharmacies[14]. The
46 debate around access to abortion continued after the first lockdown. In October 2020, the French
47 Parliament re-initiated a debate about the new abortion regulations (which was previously delayed
48 in 2019) that would extend the gestational limit from 12 to 14 weeks, enable midwives to conduct
49 surgical abortion up to the 10th week, and remove the clause by which doctors and providers could
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 deny abortion care based on personal beliefs [34]. On January 20th 2021, the Senate rejected the
5 proposed extension of the gestational limit and the bill was sent back to the National Assembly for
6 further examination[35].
7
8
9

10 In England, Wales and Scotland, the grounds on which abortion is considered lawful are
11 stipulated in the Abortion Act 1967[36] and require two doctors to certify that one of the grounds
12 has been met, to justify the termination of the pregnancy [37]. British Pregnancy Advisory Services
13 (BPAS) reported in March 2020 that nearly one quarter of their abortion clinics were forced to
14 shut down due to staff sickness[38]. On March 30th 2020, the UK Department of Health and Social
15 Care issued the Approval Order[39] to facilitate access to abortion care in England, while similar
16 Approval Orders followed from Welsh[40] and Scottish governments[41] on March 31st 2020.
17 These policy changes introduced telemedicine consultations via phone, video call or other
18 electronic means, as well as facilitated access to EMA by allowing self-administration at home of
19 both mifepristone and misoprostol (previously possible for misoprostol only). For England and
20 Wales this was allowed until up to 9 weeks and 6 days of pregnancy[12], while for Scotland it was
21 extended to 11 weeks and 6 days of gestation[42]. Additionally, postal delivery of the “home
22 package” containing abortion medications is now possible, once home abortion has been
23 approved[14]. The duration of the above-mentioned Approvals for England[39] and Wales[36] is
24 limited to two years or until the expiry of the temporary provisions of the *Coronavirus Act 2020*;
25 while the Scottish Government did not set an expiration date, but merely indicated its limited time
26 validity until such a time that there is no longer need for a pandemic response, at which point the
27 previous Approval (from October 2017) will be reinstated [41]. It should be noted that public
28 consultations are underway in England[43] and Wales[44]to keep the Approval Orders in place
29 permanently, while they have already been finalized in Scotland[45].
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

48 Northern Ireland (NI) is also placed in this group in the light of the recent implementation
49 of the new abortion legislation, which finally decriminalized abortions. Although the bill was
50 approved in July 2019, the fact that it came into force in the wake of the pandemic seemed as a
51 very relevant step when it comes to facilitating abortion access in the country. Abortions in NI
52 were previously illegal and only permitted if there was a risk to the woman’s life. The new
53 legislation[46] legalizes surgical abortion within the first 12 weeks of pregnancy, and it introduces
54 EMA up to 9 weeks and 6 days gestation, with the possibility for self-administration of misoprostol
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 at home. The law came into force on March 31st 2020, however abortion services were not
5 routinely available in the region before April 9th and there were reported difficulties in access. The
6 NI health authorities initially declined to order the health services to provide abortions,
7 commission information campaigns, which left some women with the only option to travel to
8 England for the procedure during the early days of lockdown in March 2020[47]. In addition, the
9 government has decided not to follow the emergency measures introduced in the other UK
10 countries concerning the use of telemedicine. This caused several abortion providers to openly
11 express their intention to help pregnant women in NI[12]. In partnership with NI healthcare
12 professionals, the BPAS launched the Emergency Abortion Pills by Post for women in NI[48].
13
14
15
16
17
18
19
20

21 The government of Ireland has also facilitated access to abortion procedures. There was no
22 change to the abortion regulation as such, but an implementation of the revised model of care to
23 the existing legislation in section 12[49], as it previously did not exclude the possibility of the
24 examination through telemedicine or video conference[50]. Two mandatory personal visits to
25 general practitioners were waived by allowing remote consultations prior to abortion, as well as
26 self-administration at home of the two EMA pills during the pandemic, up to 9 weeks of pregnancy
27 (home-use previously possible for misoprostol only). However, obtaining the *Home Care Pack*
28 was still subject to collection from a clinic[51].
29
30
31
32
33
34
35
36

37 In Italy, the oversaturation of medical facilities was particularly evident, as the country was
38 one of the hardest hit EU countries by the pandemic. Although the Italian ministry of Health
39 published the *Guidelines on Organization of Hospital and Territorial Services during an*
40 *emergency COVID-19*[52] in March 2020, clarifying that abortion should not be postponed, it
41 failed to explain how to preserve access to voluntary interruption of pregnancy[53]. According to
42 the pre-pandemic abortion legislation, EMA is allowed, but requires hospitalization throughout the
43 entire procedure[54]. Before the pandemic, the EMA accounted less than one fifth of abortions
44 done in Italy[53]. The Pro-Choice Network[55], an Italian contraception and abortion NGO, urged
45 the government to favor EMA by extending the limit for drug administration from 7 to 9 weeks,
46 as well as to de-hospitalize EMA to consultants and outpatient clinics to reduce risk of infection
47 and congestion in hospitals, but the authorities firstly rejected to do so. Nevertheless, on August
48 13th 2020, Italian Ministry of Health introduced the updated *Guidelines*[56] regarding EMA,
49 removing the obligatory 3-day stay at the hospital, increasing the limit for EMA to 9 weeks, and
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 allowing for them to take place outside of the hospital setting - in local, public health centers and
5 family planning services[57].
6
7

8
9 Surgical abortion in Spain is legal and available on request until 14 weeks of pregnancy,
10 with a mandatory waiting period of 3 days[58], while EMA is possible in a hospital or clinical
11 setting, or at home for the self-administration of the 2nd pill[59]. Since the beginning of the health
12 crisis, reports indicate that abortions were treated as essential healthcare, without delays in
13 consultations or cancellations of appointments[60]. Abortion clinics in the country, continued to
14 operate during the state of the emergency[61]. However, the process to request abortion was not
15 sufficiently streamlined in terms of the amount of paperwork and the number of visits required.
16 Spanish women normally need 3 or 4 in-person appointments with healthcare providers before
17 being cleared for the procedure[62]. One of such appointments is called “face-to-face information
18 package” during which a woman needs to collect in person an envelope containing prepared
19 information, and then there is legal requirement of a 3-day mandatory waiting period. This was
20 particularly problematic for women who had to travel long distances during the national lockdown
21 to reach abortion clinics. Most of the country continued following existing procedures requiring
22 physical visits except for Catalonia, which enabled electronic delivery of the “face-to-face
23 information package” since early April[63]. According to the latest reports in the media, the
24 Spanish government wants to amend the abortion legislation to allow 16 and 17-year-olds to seek
25 an abortion without parental permission[59].
26
27
28
29
30
31
32
33
34
35
36
37
38
39

40 Current legislation in Germany allows abortions on request following mandatory
41 counseling and an obligatory waiting period of 3 days[64]. During the COVID-19 pandemic,
42 different organizations and parliamentary groups appealed to the government to recognize surgical
43 abortion as an essential procedure, allow EMA at home, and waive the mandatory waiting period
44 and counseling requirement[65]. Telemedicine support for counseling was introduced to regulate
45 the situation, in a modality via phone with a digital certification[14,66]. Despite these measures,
46 access to abortion was still reported as restricted across the country as many doctors had to close
47 their practices since they belonged to the high-risk age group, and many hospitals refused
48 procedures due to being overwhelmed with COVID-19 patients, with reports of waiting time for
49 an abortion appointment rising up to two weeks[67].
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 In Austria, surgical abortion was available on request before COVID-19. While EMA was also
5 available, the pill mifepristone had to be taken at the hospital or a dedicated abortion clinic[68]. During
6 COVID-19, already existing issues with abortion access were highlighted, such as traveling to a
7 designated clinic and access to abortion in rural areas[69,70]. In addition, as Austria is one of the rare
8 EU countries where abortion is payed out-of-pocket, the financial and economic crisis in the pandemic
9 presented an additional burden[71]. Reports indicated that only five hospitals in Austria continued to
10 provide abortions[72]. Family-planning centers, women-rights and pro-choice organizations mobilized
11 the political actors to propose a parliamentary motion and allow the delivery of mifepristone by
12 gynecologists at their practice[73]. Federal Office for Safety in Health Care has granted approval and
13 since July 2nd 2020 it is possible to take the abortion pill at the gynecologists, a practice which
14 facilitates access[74].
15
16
17
18
19
20
21
22
23

24 Abortions in Belgium before the pandemic were allowed on request, but a woman had to go
25 through a waiting period and mandatory counseling[18]. Just before the lockdown, Belgium was about
26 to vote on the modernization of abortion regulations, but this was postponed[75,76]. Abortions are
27 usually handled in hospitals and family panning centers, the latter being the dominant provider,
28 with only 25% of the procedures done in hospitals[77]. Belgium maintained access via family
29 planning centers, which have focused all their available resources on abortion care and urgent
30 gynecological consultations during the pandemic[78]. As explained by Caroline Watillon, project
31 manager at the Secular Federation of Family Planning Centers, *"in general, we practice the drug
32 method for up to 7 weeks in the centers. The woman receives a drug and can take it at home. We
33 have received, in particular from the Erasmus hospital, a new protocol which would favor this
34 method up to 10 weeks of pregnancy, because of the current crisis. Each planning center will
35 choose its approach"*[78]. Another new practice was introducing telemedicine for prescriptions
36 and abortion counseling pre-meetings[79].
37
38
39
40
41
42
43
44
45
46
47

48 Reports indicate that the number of pregnancy terminations in public hospitals and private
49 clinics in Portugal decreased by 40% in the period from March to June 2020, in comparison to the
50 same period in the previous year[80]. Although there was no official policy change[14] with
51 regards to abortion access facilitation, the Portuguese Society of Contraception and Clinicians
52 issued in March 2020 a set of recommendations with proposed strategies for health professionals
53 for ensuring access to abortion as essential health care[81]. These included elimination of face-to
54 face visits and encouragement of telemedicine options, postponement of post-abortion visits or
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 making them available via telemedicine, and the option to eliminate mandatory 3-day waiting
5 period (to be decided between the doctor and the user). Reports indicate that hospitals in the
6 National Health System (NHS) were not using uniform approaches – some decided to temporarily
7 suspend abortion consultations to make room for other, more urgent procedures and directed
8 patients towards the private clinics, according to the NHS protocol[80].
9

10
11
12
13
14 Under the current law, abortion in Finland is available on broad social grounds, and a
15 woman is required (except in specific cases) to justify her decision to terminate pregnancy with a
16 testimonial from two doctors and social or financial justification[82]. A citizen initiative gathered
17 more than 50.000 signatures during the COVID-19 crisis to support the regulation change[83].
18 During the pandemic, there had been a change in the local practice for the region of Helsinki,
19 where the home-use of misoprostol is now allowed up to 10 weeks (previously 9 weeks) [14].
20
21
22
23
24
25

26 **2. Countries that initiated or implemented protocol changes that restrict access to abortion**

27

28 This group is characterized by the fact that abortion access during the pandemic was
29 severely disrupted or even completely blocked for women due to actions of the government. In
30 summary, the governments of Poland[84] and Slovakia[85] have initiated legislation changes to
31 further restrict abortion access during the COVID-19 pandemic, while in Romania[86] and
32 Lithuania[87] the procedure was not considered essential healthcare, implying that hospitals could
33 simply refuse to conduct interventions during the pandemic, which many of them did.
34
35
36
37
38
39

40 Poland has one of the most restrictive abortion laws in the EU. It is one of the two EU
41 member states where abortion on request or broad social grounds is not permitted (along with
42 Malta) [88]. Prior to the COVID-19 pandemic, abortion was considered illegal, except in
43 circumstances such as fetal abnormality, risk to the mother’s health, or when the pregnancy results
44 from rape or incest[89]. Even then, finding a doctor willing to conduct the procedure remains
45 complicated. In the wake of the COVID-19 pandemic, Polish Parliament debated a “Stop
46 Abortion” legislative proposal, which attempts to additionally limit access to abortion care. This
47 government initiative has generated massive online protests in the country in April 2020, accusing
48 the Polish government of taking advantage of the pandemic to pass this controversial bill[84]. On
49 October 22nd 2020, the Polish Constitutional Tribunal ruled in favor of the motion initiated by the
50 deputies of the ruling “Law and Justice” party, confirming that abortions on the grounds of fetal
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 abnormality are no longer considered constitutional[90]. This almost completely blocks abortion
5 access to women in the country, taking into account that abortions on the grounds of fetal
6 abnormality represented nearly 98% of all abortion procedures in Poland in 2017[91]. The ruling
7 triggered massive protests, assembling over 100,000 people in Warsaw[92], which culminated in
8 the violence between the protestors and the police forces. Although the government initially
9 delayed the publication and the implementation of the Tribunal’s ruling, it came into effect on
10 January 27th 2021, three months after the initial ruling [93].
11
12
13
14
15
16
17

18 Similar trends were present in Slovakia and Lithuania. One of the measures to deal with
19 the COVID-19 pandemic was to postpone all non-essential procedures in hospitals and abortion
20 was not labeled as “life-saving procedure”[85]. The consequence of such action was that many
21 hospitals in both countries stopped providing them. Controversial rhetoric from government
22 officials accompanied their public addresses. Lithuanian health minister declared that this could
23 be an opportunity for women to “*reconsider their choice*” [87], while the Slovakian health
24 minister warned that he “*does not recommend*” having an abortion during the crisis[94]. As a
25 response to the restricted access to abortion services, representatives of the civil society and the
26 Slovak Ombudsperson have urged the health minister to ensure women’s access to safe and timely
27 abortion care[95]. The debate became more intense as several members of the parliament from the
28 current Prime Minister Igor Matovic’s party, announced their intentions to push for a full ban on
29 abortions in Slovakia[85]. In September 2020, four legislative proposals aiming to further restrict
30 abortion access in the country were sent to the Parliament[96]. Three proposals advocated for a
31 complete ban of abortions on request, but were not approved for further negotiations. The final
32 proposal (no. 154) came from the ruling OLANO party, with amendments to the existing Health
33 Care Act and Abortion Act. Among other things, the amendments targeted the increase of the
34 mandatory waiting period to 96h (instead of current 48h), introduction of two mandatory medical
35 opinions when resorting to abortion due to medical reasons (instead of one), as well as an
36 obligation for women to disclose the reason for the requested abortion, along with other private
37 information[97]. On October 20th 2020, the Slovak Parliament rejected the proposal by one
38 vote[98].
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56

57 Different reports indicate that access to abortion remains restricted during the pandemic in
58 Romania[31]. Under normal conditions, abortion on request is possible within the first 14 weeks
59
60
61
62
63
64
65

1
2
3
4 of pregnancy, while the Medical College's Code of Medical Ethics allows doctors to refuse the
5 procedure on the basis of “conscientious objection” [99]. As part of COVID-19 emergency
6 measures, the Ministry of the Interior issued the Order on March 23rd 2020, suspending all non-
7 essential medical procedures, hospitalizations and consultations in public health facilities[86]. On
8 April 7th 2020, the Order was updated, expanding the suspension to private health facilities.
9 Consequently, numerous abortion and ob-gyn services were discontinued in hospitals in early
10 April 2020. On 15th April 2020, a group of pro-choice Romanian advocates called upon Romanian
11 Ministry of Health to reinstate abortions as part of essential health care on a national level[100].
12 As a response to this public outcry, the Obstetrics & Gynecology Commission of the Romanian
13 Ministry of Health issued a circular to all District Health Authorities, with a recommendation to
14 include abortion among the emergency services to be provided during the pandemic. However,
15 this recommendation was apparently a subject to free interpretation by health institutions since
16 only 11% of public hospitals in the country were providing abortions on request in April 2020
17 [101]. The BBC news confirmed that the situation continued throughout the month of May 2020
18 [102], with the latest media reports from November 2020 indicating that only 40% of state
19 hospitals in Romania provide abortions on request. Reasons for refusal are related to COVID-19
20 pandemic, inadequate equipment, but “conscientious objection” seemed to be the main cause to
21 deny women the right to abortion[103].

3. Countries with no policy or protocol change where no or minor reported difficulties in abortion access during COVID-19

22 A series of countries did not make major policy changes, while maintaining abortion
23 accessible during the pandemic, at least partially in the same way that it would under normal
24 circumstances. However, within these countries, there are still differences, mostly due to the state
25 of abortion care before the pandemic, and availability and familiarity with EMA.

26 In the Czech Republic, the authorities have ordered that the provision of health services
27 should be limited to essential and necessary, but “the measure did not explicitly prohibit
28 abortions”, as the representatives of the Ministry of Health indicated[104]. Reports state that some
29 hospitals may have stopped abortion care for a while due to focus on COVID-19 patients, but
30 indicated that this did not seem to have a big negative impact, as a large part of abortions was

1
2
3
4 already done through EMA, and doctors were encouraged to use telemedicine to conduct necessary
5 consultations[105].
6
7

8
9 In Estonia, both medical and surgical abortion remained accessible, as confirmed by major
10 health clinics in the country[106]. In order to reduce risk of contagion, women were encouraged
11 to prioritize EMA when possible, as indicated in the “*Frequently Asked Questions for COVID-19*”
12 on the website of the East Tallinn Central Hospital[107]. However, some organizations criticized
13 the Estonian government for not providing enough elaborated information for women seeking
14 abortions and pregnant women in general, while the elaboration on other health issues on the state
15 website kriis.ee was notable[108].
16
17
18
19
20
21

22 Abortions were considered as an emergency procedure in Slovenia, and the National
23 Institute of Public Health confirmed that no major difficulties are encountered[109]. It has to be
24 noted that differences in approach depending on judgement calls from the healthcare provider
25 could be observed in the field, as one doctor pointed out: “*in some cases, we issue an e-referral*
26 *for hospital treatment, while in others the woman undergoes a preliminary examination by her*
27 *gynecologist*” [110].
28
29
30
31
32
33

34 In Denmark and Sweden, where EMA constitutes at least 70% of all abortion procedures[6]
35 the situation was less debated. In both countries abortion was supported by telemedicine, in
36 Sweden for Stockholm region specifically even prior to pandemic[14], with no major reports
37 during COVID-19 on difficulties in access.
38
39
40

41 The Netherlands is one of the countries with lowest abortion rates in the world[111]. Surgical
42 abortions are performed on request until 24 weeks of pregnancy with a mandatory 5-day waiting
43 period [112]. EMA is allowed up to 9 weeks[113] of pregnancy using a 2-pill combination, and
44 the first one needs to be taken in clinics. Although there were no major reported problems in access,
45 in the wake of the pandemic calls were made to the authorities to liberalize the current regulations
46 and use the support of telemedicine[114]. There was an instance in which two women who wanted
47 to have an EMA presented a case against the Dutch government on the grounds that the imposed
48 national lockdown and movement restrictions do not permit women to access their abortion
49 rights[115]. The matter reached the Court of Hague when two pro-abortion organizations joined
50 the legal proceeding. One of the women in the lawsuit, for example, could not leave her household
51 to reach the clinic since her family member was infected with COVID-19 and she was quarantined
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 as a result of it. The plaintiffs requested for an alternative solution to be enabled, such as receiving
5 abortion pills via post, or making them available in pharmacies or with general practitioners. The
6 Court of Hague rejected the case by publishing the *judgment*[116]in which it refused to allow
7 access to EMAvia alternative methods and invited the plaintiffs to comply with the existing
8 abortion regulations.Abortions in Greece are available on request until the 12th week of pregnancy.
9 It has been reported that during the pandemic, many Greek women choose to see a private
10 gynecologist to avoid delays that are common with the public system[117]. Difficulties for migrant
11 woman in access are also highlighted [118].However, even though Greece does not have official
12 data on abortions, reports indicate that EMA was a method that many women used with the
13 possibility to buy the prescribed medication in the pharmacy and take it at home[119].
14
15
16
17
18
19
20
21
22

23 **4. Countries with no policy or protocol changes, with many reported difficulties in abortion** 24 **access during COVID-19 crisis** 25

26
27 In this group, we find countries in which there were no policy changes initiated during the
28 health crisis to make abortion more accessible, and the already existing difficulties remained and
29 became more complex due to the national lockdowns and disruptions of health systems.
30
31
32

33
34 Malta is the only EU member state where there are no instances in which abortion is legally
35 permitted. Estimates indicate that over 500 women in Malta find ways to access abortions each
36 year[15], either by travelling abroad or ordering medical abortion pills online. A report from the
37 Doctors of Choice organization highlights that around 200 women in the country purchase medical
38 abortion pills online each year[120]. However, due to the COVID-19 pandemic the probability for
39 higher rates of unsafe abortions has risen, as women had to resort to alternative practices[15].
40 There has also been evidence of unreliable and potentially dangerous online websites selling fake
41 abortion pills, with symptomatic emergence of these vendors between March and May 2020[121].
42
43
44
45
46
47
48

49 Even before the pandemic, the access to abortion in Hungary was problematic, following
50 several controversies in the period between 2010 and 2013. These controversies include instances
51 by the government, such as different anti-abortion campaigns, modification of the Constitution to
52 include right to protection of life since conception, obstructions to the licensing of abortion pill,
53 and providing state funding to hospitals who agreed not to perform abortions[122]. Hungarian law
54 allows pregnancy to be terminated up to the 12th week if the woman's life is in danger, if there is
55 fetal impairment, a situation of a crisis for a woman or if the pregnancy is outcome of a criminal
56
57
58
59
60
61
62
63
64
65

1
2
3
4 act. Before the abortion, a woman has to go to Family Planning center twice to receive information
5 about state support and adoption. During the pandemic, the government did not ease these
6 requirements. Furthermore, Hungary was one of the two EU countries (along Poland) that signed
7 an US-led anti-abortion declaration in October 2020[123]. Hungary’s Family Affairs Minister
8 reportedly said that Hungary joined to “show the value of life” [124].
9

10
11
12
13
14 As pointed out by the Open Democracy organization, the Balkans region has been
15 particularly affected by clinic closures, and reports from the IPPF EN and the EPF found that some
16 services for Roma girls and women have been suspended across Bulgaria[125]. Additionally, it is
17 stated that the number of abortions decreased in the country in comparison with the same time last
18 year, which was attributed to difficulties in access[126]. In Croatia, local media inform of rising
19 difficulties, predominantly as a result of increasing abortion fees and rising number of refusals of
20 care by individual providers, as well as hospitals[127]. The abortion policy during COVID-19
21 times in Cyprus was not elaborated. However, the challenges in accessing abortions remained,
22 since although abortions on request are allowed in Cyprus, only private hospitals perform these
23 procedures, and they were demanded to also treat the COVID-19 patients[128].
24
25
26
27
28
29
30
31

32 33 **Unclassified countries**

34
35
36 Academic studies indicate that abortion access was difficult in Latvia and Luxembourg in
37 a way that women who were suffering from COVID-19 were denied access to hospitals[14].
38 Luxembourg allows termination of pregnancy only for risks related to physical and mental health
39 since 1978[129]. In Latvia, surgical abortion is allowed on request until the 12th week and EMA
40 is available. No other specific information was found on the access during COVID-19 crisis, and
41 no major debates were found in the media. Hence, due to a lack of evidence these countries
42 remained unclassified within the four groups.
43
44
45
46
47
48

49 **Discussion**

50
51 In this paper, we set out to explore the state of abortion access within the EU and the UK
52 during the COVID-19 pandemic. By comparing the countries within this transnational setting, we
53 identified the diverse impact of COVID-19 on abortion access and the policy measures that
54 countries can take to facilitate abortion access.
55
56
57
58
59
60
61
62
63
64
65

Impact of COVID-19 on Abortion Access

Abortion has always been a political issue [9], and COVID-19 affected how EU member states and the UK carried on with their public health policies in various ways, making access to abortion differ even more than before. Obstacles to safe abortion have existed in normal times, but particular social, political and geographical barriers have risen in several EU countries during the pandemic, in contrasts with other member states. This makes the impact of COVID-19 to the lives of women seeking abortion differ significantly. The differences between right and left, conservative and liberal, pro-choice and against, became more explicit during the COVID-19 crisis, while inequities to abortion access were highlighted, and the debates around abortion heated up.

On one hand, the COVID-19 pandemic acted as a trigger in some countries to update their abortion policy to a more liberal version during and potentially even beyond the pandemic. As our analysis shows, policy changes such as those implemented or initiated in Austria, Finland, Belgium, Italy, England, Wales, Scotland and France can significantly improve lives of women seeking abortion during and after pandemic. On the other hand, several EU countries, such as Slovakia and Poland pushed for restrictions. Some of the previous attempts to restrict the abortion access were renewed during the pandemic, for example in Slovakia where after six bill drafts concerning abortion rights were rejected in 2019, four of them again found their way into parliament in this crisis period. It is also important to note that the lockdown and borders closure affected access in unexpected ways since women from more restricted countries could not travel to countries with liberal access. Medical tourism, that is traveling to another country for medical care[130], was a common solution for these women before the lockdown (for example from Poland and Slovakia to Czech Republic, Austria and Germany; from Croatia to Slovenia). Access to safe abortion became impossible for women from Malta who then resorted to imported “abortion pills”[15].

Media backlashes emerged from feminist, women rights and pro-choice organizations, warning about “conservative revolution” and leading to protests of abortion activists after the lockdown in the streets[131]. Over 100 organizations united in a joint civil society initiative to draft an open letter to EU policymakers to denounce actions that further endanger women’s rights, and potentially put their lives at risk[132]. Reactions were coming also from other countries within

1
2
3
4 the EU, such as for example from Czech Republic and Denmark, where certain organizations and
5 parliament members asked from their governments to facilitate abortion access for Polish women
6 in these countries[133].
7
8

9
10 Nevertheless, even countries with more liberal policies saw difficulties in abortion access.
11 While the lack of reaction from certain countries clearly shows that the governments did not place
12 a high priority to solving the issues of women seeking abortions, even in countries that took steps
13 to ensure the normal functioning of service and provision, women still experienced many
14 difficulties, as our findings have shown.
15
16
17
18

19 20 **Policy Recommendations for Improving access to abortion** 21

22 Through our analysis of the reactions of different countries to COVID-19 in terms of access
23 to abortion, and the reported difficulties in the field, we found three kinds of policy measures that
24 countries can decide to pursue and combine to make abortion more accessible during (and beyond)
25 a pandemic situation. We illustrate these measures in Figure 2. This framework can help policy
26 makers to identify areas where the abortion access can be facilitated.
27
28
29
30

31
32 --- Insert Figure 2 here ---
33
34

35 The first measure is declaring abortion as part of essential healthcare. Many countries have
36 proclaimed that the provision of care during the pandemic will be limited to essential and urgent
37 procedures. While some explicitly included abortion as such (e.g. France, England and Wales,
38 Scotland, Ireland, Italy, Spain, Portugal), others failed to do so (e.g. Germany, Austria, Croatia,
39 Romania), or even claimed that abortion should not be counted among the essential procedures
40 (e.g. Slovakia, Lithuania). Abortion is a time-sensitive procedure, and by classifying it as “non-
41 essential”, or failing to classify it as “essential” limits reproductive choices of women and
42 endangers their situation[134]. This is especially important in cases where abortion cannot be done
43 through EMA, and a woman needs surgical intervention.
44
45
46
47
48
49
50

51
52 The second measure refers to the introduction or prioritization and facilitation of EMA. As
53 our data show, the access to abortion was easier within countries in which EMA was a standard
54 before the pandemic. These countries did not have to go through major changes in policy and
55 protocols. However, in some EU countries EMA is still not regulated (e.g. Lithuania, Poland,
56 Slovakia, Malta, and Hungary). Policy makers in these countries could improve access if they
57
58
59
60
61
62
63
64
65

1
2
3
4 recognize medical abortion as a highly effective and safe procedure[11,20,21]. During pandemic
5 times, EMA can save time and resources at the level of the healthcare system, while providing
6 necessary care for women in a timely and safe manner[135]. The third set of measures relates to
7 improving accessibility to abortion by removing impediments to timely and secure access, and
8 introducing innovations to facilitate abortion. In many of the EU countries women must go through
9 mandatory waiting periods, counseling, mandatory hospital stays or efforts to obtain necessary
10 justifications for abortion. During the pandemic, these types of barriers can mean unnecessary
11 exposure to unsafe environments or prolonging the procedure to the point where the potential
12 abortion falls out of the legal gestational period. Some countries recognized these issues, and either
13 reduced or removed completely different kinds of obstacles, such as gestational limit (e.g.
14 Scotland, France, Italy, Belgium, and Finland - Helsinki region extended gestational limit for
15 EMA), mandatory waiting period (e.g. Portugal), mandatory hospitalization for EMA (e.g. Italy)
16 or mandatory visits (e.g. Ireland), or facilitated the process through telemedicine counseling (e.g.
17 Belgium, Portugal, Germany, Austria). Conscientious objection from healthcare workers is
18 recognized within some EU countries, such as Italy and Spain, but its rise was also reported in
19 Croatia during COVID-19 crisis. These are issues that health policy makers need to tackle.
20
21
22
23
24
25
26
27
28
29
30
31
32

33
34 In addition to introducing or prioritizing EMA, health institutions can facilitate access to
35 EMA through support of telemedicine. This can minimize the need for women to travel from home,
36 facilitate medication prescription, or introduce the model of care that enable abortion at home (e.g.
37 in England, Wales, Scotland, France, Ireland). Studies on abortion through telemedicine services
38 found that the need for surgical intervention, the presence of adverse events, and overall patient
39 satisfaction are not statistically different to face-to-face care[136]. In fact, patients often prefer
40 telemedicine-supported services because of the decreased travel and greater availability[137].
41 However, while evidence suggests that telemedicine abortion services are safe and highly
42 acceptable to those who use it[138], women must seek medical treatment locally if any
43 complications arise. Hospitalization is very rare, but extreme circumstances can require blood
44 transfusions and antibiotic treatments, which, if left untreated, can be life threatening[139].
45 Availability of telemedicine-supported abortion at home could also potentially facilitate abortion
46 within EU countries where the access is restricted or got restricted during the pandemic.
47 Nevertheless, while clinical aspects of telemedicine are being explored[23], the regulatory issues
48 lag behind[140,141]. When legal local abortion services are not available, women travel to other
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 countries or recur to online purchasing of abortion pills[142]. Transnational trade agreements on
5 services cover situations in which the service itself crosses a border. Under the EU law, at least in
6 theory, health professionals from one country can provide service to patients in another
7 country[140]. In this way, a patient seeking to terminate a pregnancy could use an online medical
8 service to be prescribed abortion pills, which could be then shipped to them. Nevertheless, this is
9 an area that still requires clarification and elaboration from the regulatory bodies. Going further
10 with telemedicine will also require making sure that this does not creates more inequities, as the
11 access to such services may be limited across different social groups. Important actions in
12 facilitating access also lie in the existence and communication of clear, transparent, and detailed
13 protocols and policies, and careful monitoring and adapting to the reported challenges in the field.
14 Through conducting this study, we found that not many countries had explicit instructions on what
15 a woman can do if she needs an abortion during a pandemic situation, while information on many
16 other health procedures was provided. It is easy to imagine that the lack of information can be
17 confusing, and that it could impede women from properly understanding how to access abortion..
18 Issues such as sexual and reproductive health care are important, and require more efforts,
19 communication, and coordination. Furthermore, as the reported challenges from this study show,
20 the difficulties in abortion access were very much present even in countries where specific
21 measures were taken to facilitate access. Governments and institutions should commit and dedicate
22 resources not only to provide new guidelines and protocols, but also to carefully monitor
23 challenges and adapt policy where and if necessary.

41 **Limitations and areas for further research**

42
43
44 This study has limitations that open up areas for further research. The EU and the UK
45 consist of an array of countries that differ in means of official communication, making it difficult
46 to capture all possible briefings. Additionally, the study did not perform an in-depth analysis of
47 specificity of regions in each country, making it possible that specific region level policy changes
48 were not discovered in our search. Further research could investigate regional level difficulties in
49 access.
50
51

52
53
54
55
56 Analysis and interpretation were done using the retrieved information. Since the
57 submission of this manuscript, it is possible that newer data could be available through internal
58 channels and publications of each institution or country.
59
60
61
62

1
2
3
4 Finally, an interplay of varying complex factors affects policy making, implementation,
5 reporting and dissemination such as local, national, and regional needs, legislations and ruling
6 legal frameworks, political leadership and visions, public discourse around abortion, strength of
7 religious institutions, among many others. Further research could delve into the impact of some of
8 these specific factors on health policy in crisis.
9

14 **Conclusion**

15
16 COVID-19 shook the health systems worldwide, making abortion care and access
17 problematic in many countries. Our study revolved around three research questions related to the
18 reported difficulties to abortion access during the COVID-19 pandemic in the EU and the UK,
19 how the relevant actors approached the difficulties through policy and protocol changes, and what
20 kind of public debate this yielded. Through an exploratory study of policy responses, we found
21 evidence of major inequities in access to abortion. This study shows that difficulties in access were
22 dependent on the set of measures that Governments decided to take (or not take), in addition to the
23 regulation on abortion already in place. In general, we found that access to abortion was facilitated
24 in countries that recognized abortion as an essential health procedure, prioritized EMA and
25 initiated changes to protocols and policies to remove barriers and improve access. On the other
26 hand, some countries did not facilitate access, but restricted access to abortion.
27
28
29
30
31
32
33
34
35
36

37 The decisions of different Governments have created a significant debate in the public. Pro-
38 life groups and abortion-access activist and organizations had heated discussions on the impact of
39 different policies. On the other hand, the temporary measures of some countries made access to
40 abortion easier than it was before the pandemic, empowering women to take care of their health
41 and their bodies in their own homes. The opportunity exists that these temporary measures can be
42 extended to a more permanent state. Further action by the policy makers, and the cooperation
43 between countries, as well as the close collaboration between the Governments and the NGO sector
44 are needed to make it happen.
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

References

- [1] WHO. WHO Director-General's opening remarks at the mission briefing on COVID-19. [Online]. Available from: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19> [Accessed on 1st March 2020]. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> 2020. <https://doi.org/10.1181/11-march-2020>
- [2] Sandford A. Coronavirus: Half of humanity now on lockdown as 90 countries call for confinement. Euronews 2020. <https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hou>. (accessed May 1, 2020).
- [3] Bal R, de Graaff B, van de Bovenkamp H, Wallenburg I. Practicing Corona – Towards a research agenda of health policies. Health Policy (New York) 2020. <https://doi.org/10.1016/j.healthpol.2020.05.010>.
- [4] Forman R, Atun R, McKee M, Mossialos E. 12 Lessons learned from the management of the coronavirus pandemic. Health Policy (New York) 2020. <https://doi.org/10.1016/j.healthpol.2020.05.008>.
- [5] Wenham C, Smith J, Davies SE, Feng H, Grépin KA, Harman S, et al. Women are most affected by pandemics — lessons from past outbreaks. Nature 2020;583:194–8. <https://doi.org/10.1038/d41586-020-02006-z>.
- [6] International Planned Parenthood Federation European Network. Sexual and Reproductive Health and Rights during the COVID-19 pandemic. 2020. https://doi.org/10.1007/978-981-13-9467-6_6. (accessed November 1, 2020)
- [7] UNFPA. Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan 2020:10.
- [8] Engeli I. Policy Struggle on Reproduction: Doctors, Women, and Christians. Polit Res Q 2012. <https://doi.org/10.1177/1065912910395323>.
- [9] Levels M, Sluiter R, Need A. A review of abortion laws in Western-European countries. A cross-national comparison of legal developments between 1960 and 2010. Health Policy (New York) 2014;118:95–104. <https://doi.org/10.1016/j.healthpol.2014.06.008>.
- [10] Greener I. The Potential of Path Dependence in Political Studies. Politics 2005;25:62–72. <https://doi.org/10.1111/j.1467-9256.2005.00230.x>.

- 1
2
3
4 [11] Parsons JA. 2017–19 governmental decisions to allow home use of misoprostol for early medical
5 abortion in the UK. *Health Policy (New York)* 2020;124:679–83.
6 <https://doi.org/10.1016/j.healthpol.2020.04.014>.
7
8
9
10 [12] Romanis EC, Parsons JA, Hodson N. COVID-19 and reproductive justice in Great Britain and the
11 United States: ensuring access to abortion care during a global pandemic. *J Law Biosci* 2020;7:1–
12 23. <https://doi.org/10.1093/jlb/ljaa027>.
13
14
15 [13] Romanis EC, Parsons JA. Legal and policy responses to the delivery of abortion care during
16 COVID- 19. *Int J Gynecol Obstet* 2020;ijgo.13377. <https://doi.org/10.1002/ijgo.13377>.
17
18
19 [14] Moreau C, Shankar M, Glasier A, Cameron S, Gemzell-Danielsson K. Abortion regulation in
20 Europe in the era of COVID-19: A spectrum of policy responses. *BMJ Sex Reprod Heal* 2020.
21 <https://doi.org/10.1136/bmjsex-2020-200724>.
22
23
24 [15] Caruana-Finkel L. Abortion in the time of COVID-19: perspectives from Malta. *Sex Reprod Heal*
25 *Matters* 2020. <https://doi.org/10.1080/26410397.2020.1780679>.
26
27
28 [16] Bateson DJ, Lohr PA, Norman W V., Moreau C, Gemzell-Danielsson K, Blumenthal PD, et al. The
29 impact of COVID-19 on contraception and abortion care policy and practice: experiences from
30 selected countries. *BMJ Sex Reprod Heal* 2020. <https://doi.org/10.1136/bmjsex-2020-200709>.
31
32
33 [17] Aiken ARA, Starling JE, Gomperts R, Scott JG, Aiken C, Rubin J, et al. Demand for Self-Managed
34 Online Telemedicine Abortion in Eight European Countries During the COVID-19 Pandemic A
35 Regression Discontinuity Analysis. *MedRxiv* 2020.
36
37
38 [18] Center for Reproductive Rights. European Abortion Laws A Comparative Overview. *Cent Reprod*
39 *Rights* 2019. [https://reproductiverights.org/sites/default/files/documents/European abortion law a
40 comparative review.pdf](https://reproductiverights.org/sites/default/files/documents/European%20abortion%20law%20a%20comparative%20review.pdf) (accessed November 24, 2020).
41
42
43 [19] Engeli I. The challenges of abortion and assisted reproductive technologies policies in europe. *Comp*
44 *Eur Polit* 2009. <https://doi.org/10.1057/cep.2008.36>.
45
46
47 [20] Fiala C, Winikoff B, Helström L, Hellborg M, Gemzell-Danielsson K. Acceptability of home-use
48 of misoprostol in medical abortion. *Contraception* 2004;70:387–92.
49 <https://doi.org/10.1016/j.contraception.2004.06.005>.
50
51
52 [21] Raymond EG, Shannon C, Weaver MA, Winikoff B. First-trimester medical abortion with
53 mifepristone 200 mg and misoprostol: A systematic review. *Contraception* 2013.
54 <https://doi.org/10.1016/j.contraception.2012.06.011>.
55
56
57
58
59
60
61
62
63
64
65

- 1
2
3
4 [22] World Health Organisation (WHO). Medical management of abortion. 2018. (accessed November
5 1, 2020)
6
7
8 [23] Endler M, Lavelanet A, Cleeve A, Ganatra B, Gomperts R, Gemzell- Danielsson K. Telemedicine
9 for medical abortion: a systematic review. BJOG An Int J Obstet Gynaecol 2019;126:1094–102.
10 <https://doi.org/10.1111/1471-0528.15684>.
11
12
13
14 [24] Fok WK, Mark A. Abortion through telemedicine. Curr Opin Obstet Gynecol 2018;30:394–9.
15 <https://doi.org/10.1097/GCO.0000000000000498>.
16
17
18 [25] Eurostat. EU population in 2020. 2020.
19 [https://ec.europa.eu/eurostat/documents/2995521/11081093/3-10072020-AP-EN.pdf/d2f799bf-](https://ec.europa.eu/eurostat/documents/2995521/11081093/3-10072020-AP-EN.pdf/d2f799bf-4412-05cc-a357-7b49b93615f1)
20 [4412-05cc-a357-7b49b93615f1](https://ec.europa.eu/eurostat/documents/2995521/11081093/3-10072020-AP-EN.pdf/d2f799bf-4412-05cc-a357-7b49b93615f1) (accessed November 1, 2020)
21
22
23
24 [26] European Commission. Healthcare personnel statistics - physicians. vol. 28. 2017.
25 [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20EU%2D27%20was%20balanced)
26 [_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20EU%2D27%20was%20balanced)
27 [EU%2D27%20was%20balanced](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20EU%2D27%20was%20balanced). (accessed November 24, 2020)
28
29
30
31 [27] Looi M-K. Covid-19: Is a second wave hitting Europe? BMJ 2020;371:m4113.
32 <https://doi.org/10.1136/bmj.m4113>.
33
34
35 [28] EU Health Programme. Overview of the national laws on electronic health records in the EU
36 Member States and their interaction with the provision of cross-border eHealth services. 2013.
37 https://ec.europa.eu/health/ehealth/projects/nationallaws_electronichealthrecords_en (accessed
38 November 24, 2020)
39
40
41
42 [29] World Health Organization. From Innovation to Implementation - eHealth in the WHO European
43 Region. Innovation 2016. <https://doi.org/10.1016/j.jacc.2014.10.008>. (accessed November 24,
44 2020)
45
46
47
48 [30] Tribune. Il faut « protéger les droits des femmes et maintenir l'accès à l'avortement ». Le Monde
49 2020. [https://www.lemonde.fr/idees/article/2020/03/31/il-faut-protoger-les-droits-des-femmes-et-](https://www.lemonde.fr/idees/article/2020/03/31/il-faut-protoger-les-droits-des-femmes-et-maintenir-l-acces-a-l-avortement_6034997_3232.html)
50 [maintenir-l-acces-a-l-avortement_6034997_3232.html](https://www.lemonde.fr/idees/article/2020/03/31/il-faut-protoger-les-droits-des-femmes-et-maintenir-l-acces-a-l-avortement_6034997_3232.html) (accessed November 24, 2020)
51
52
53
54 [31] Center for Reproductive Rights. News in brief on COVID-19 & SRHR in Europe. 2020.
55 <https://reproductiverights.org/document/news-brief-covid-19-and-srhr-europe-10-april-3-may>
56 (accessed November 24, 2020)
57
58
59
60 [32] République française. Décret n° 2020-314 du 25 mars 2020 complétant le décret n° 2020-293 du 23
61
62
63
64
65

1
2
3
4 mars 2020 prescrivant les mesures générales nécessaires pour faire face à l'épidémie de covid-19
5 dans le cadre de l'état d'urgence sanitaire | Legifrance 2020:15–8.
6 [https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C004](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplglfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510)
7
8 [49CD.tplglfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&catego](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplglfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510)
9
10
11 [rieLien=id&idJO=JORFCONT000041755510](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplglfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510). (accessed November 24, 2020)
12

13 [33] Santé HA de. Interruption Volontaire de Grossesse (IVG) médicamenteuse à la 8ème et à la 9ème
14 semaine d'aménorrhée (SA) hors milieu hospitalier. Haute Autorité de Santé 2020. [https://www.has-](https://www.has-sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier)
15 [sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-](https://www.has-sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier)
16 [et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier](https://www.has-sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier) (accessed November 24, 2020)
17
18

19 [34] Charrier L. Avortement : vers un prolongement du délai légal de l'IVG en France ? Tv5monde 2020.
20 [https://information.tv5monde.com/terriennes/avortement-le-delai-legal-passe-de-12-14-semaines-](https://information.tv5monde.com/terriennes/avortement-le-delai-legal-passe-de-12-14-semaines-pour-recourir-une-ivg-en-france-353085)
21 [pour-recourir-une-ivg-en-france-353085](https://information.tv5monde.com/terriennes/avortement-le-delai-legal-passe-de-12-14-semaines-pour-recourir-une-ivg-en-france-353085) (accessed November 24, 2020)
22
23
24

25 [35] Le Parisien avec AFP. IVG : le Sénat refuse d'allonger le délai légal. Le Paris 2021.
26 [https://www.leparisien.fr/societe/ivg-le-senat-refuse-d-allonger-le-delai-legal-20-01-2021-](https://www.leparisien.fr/societe/ivg-le-senat-refuse-d-allonger-le-delai-legal-20-01-2021-8420304.php)
27 [8420304.php](https://www.leparisien.fr/societe/ivg-le-senat-refuse-d-allonger-le-delai-legal-20-01-2021-8420304.php) (accessed January 21, 2021)
28
29
30

31 [36] Ministry Health and Social Services. The Abortion Act 1967 – Approval of a Class of Place for
32 Treatment for the Termination of Pregnancy (Wales) 2020. Wales: 2020.
33 [https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf)
34 [treatment-for-the-termination-of-pregnancy-wales-2020.pdf](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf) (accessed November 24, 2020).
35
36
37

38 [37] Department of Health and Social Care. Guide to Abortion Statistics, England and Wales: 2019.
39 London, United Kingdom: 2019.
40 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891337/guide-to-abortion-statistics-2019.pdf)
41 [891337/guide-to-abortion-statistics-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891337/guide-to-abortion-statistics-2019.pdf) (accessed January 21, 2021)
42
43
44
45

46 [38] British Pregnancy Advisory Service. Healthcare professionals call on Boris Johnson to intervene to
47 protect women's health - reckless failure to listen to scientific advice is putting vulnerable women
48 at severe risk. Br Pregnancy Advis Serv 2020. [https://www.bpas.org/about-our-charity/press-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
49 [office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
50 [ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
51 (accessed November 24, 2020).
52
53
54
55

56 [39] Department of Health and Social Care. The Abortion Act 1967 - Approval of a Class of Places 2020.
57 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/
58
59
60
61

1
2
3
4 876740/30032020_The_Abortion_Act_1967_-_Approval_of_a_Class_of_Places.pdf (accessed
5
6 November 24, 2020)

7
8 [40] Ministry for Health and Social Services. The Abortion Act 1967-Approval of a Class of Place for
9 Treatment for the Termination of Pregnancy (Wales) 2020 2020.
10 [https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf)
11 [treatment-for-the-termination-of-pregnancy-wales-2020.pdf](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf) (accessed November 24, 2020).
12
13

14
15 [41] Scottish Governmentt. Abortion: Covid-19: Approval for Mifepristone to be taken at home and other
16 contingency measures 2020. [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)09.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf) (accessed
17
18 November 24, 2020).
19
20

21 [42] Parsons JA, Romanis EC. 2020 developments in the provision of early medical abortion by
22 telemedicine in the UK. *Health Policy (New York)* 2020;15:36–42.
23 <https://doi.org/10.1016/j.healthpol.2020.11.006>.
24
25

26
27 [43] Department of Health and Social Care. Home use of both pills for early medical abortion up to 10
28 weeks gestation 2020. [https://www.gov.uk/government/consultations/home-use-of-both-pills-for-](https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation)
29 [early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-](https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation)
30 [gestation](https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation) (accessed February 1, 2021).
31
32

33
34 [44] Welsh Government. Termination of pregnancy in Wales. Making permanent the temporary approval
35 allowing home use of both pills for Early Medical Abortion up to 9 weeks and 6 days gestation.
36 Wales: 2020. [https://gov.wales/sites/default/files/consultations/2020-12/termination-of-pregnancy-](https://gov.wales/sites/default/files/consultations/2020-12/termination-of-pregnancy-arrangements-in-Wales_1.pdf)
37 [arrangements-in-Wales_1.pdf](https://gov.wales/sites/default/files/consultations/2020-12/termination-of-pregnancy-arrangements-in-Wales_1.pdf) (accessed January 21, 2021)
38
39

40
41 [45] Scottish Government. Consultation on Future Arrangements for Early Medical Abortion at Home.
42 2020. <https://consult.gov.scot/population-health/early-medical-abortion-at-home/> (accessed
43
44 January 21, 2021)
45
46

47
48 [46] UK Statutory Instruments. The Abortion (Northern Ireland) Regulations 2020 2020:6–7.
49 <https://www.legislation.gov.uk/uksi/2020/345/regulation/8/made> (accessed November 24, 2020)
50
51

52 [47] Ferguson A. Northern Ireland drags feet on abortion a year after UK orders roll-out. *Reuters* 2020.
53 [https://www.reuters.com/article/us-britain-nireland-abortion/northern-ireland-drags-feet-on-](https://www.reuters.com/article/us-britain-nireland-abortion/northern-ireland-drags-feet-on-abortion-a-year-after-uk-orders-roll-out-idUSKBN23V1LC)
54 [abortion-a-year-after-uk-orders-roll-out-idUSKBN23V1LC](https://www.reuters.com/article/us-britain-nireland-abortion/northern-ireland-drags-feet-on-abortion-a-year-after-uk-orders-roll-out-idUSKBN23V1LC) (accessed November 24, 2020)
55
56

57 [48] British Pregnancy Advisory Service. BPAS launches Emergency Abortion Pills by Post for women
58 in Northern Ireland amid shameful political gameplay with women’s health during the Covid-19
59
60
61

- 1
2
3
4 pandemic. Br Pregnancy Advis Serv 2020. [https://www.bpas.org/about-our-charity/press-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
5 [office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
6 [ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
7 (accessed November 24, 2020).
8
9
10
11 [49] Government of Ireland. Health (Regulation of Termination of Pregnancy) Act 2018. Ireland: 2018.
12 <http://www.irishstatutebook.ie/eli/2018/act/31/section/12/enacted/en/html#sec12> (accessed
13 November 24, 2020)
14
15
16
17 [50] Ryan V. Telemedicine abortion consultations permitted — Health Minister. Irish Med Times 2020.
18 [https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-](https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-27-03-2020/)
19 [27-03-2020/](https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-27-03-2020/) (accessed November 24, 2020)
20
21
22
23 [51] Irish Family Planning Association. Step by Step Guide 2020. [https://www.ifpa.ie/get-care/step-by-](https://www.ifpa.ie/get-care/step-by-step-guide/)
24 [step-guide/](https://www.ifpa.ie/get-care/step-by-step-guide/)(accessed November 24, 2020).
25
26
27 [52] Ministero della Sallute. Chiarimenti: Linee di indirizzo per la rimodulazione dell’attività
28 programmata differibile in corso di emergenza da COVID-19. Dir Gen Della Program Sanit 2020.
29 [http://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=73775&part](http://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=73775&parte=1%20&serie=null)
30 [e=1%20&serie=null](http://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=73775&parte=1%20&serie=null) (accessed November 24, 2020)
31
32
33
34 [53] Bellizzi S, Ronzoni AR, Pichierra G, Cegolon L, Salaris P, Panu Napodano CM, et al. Safe abortion
35 amid the COVID- 19 pandemic: The case of Italy. Int J Gynecol Obstet 2020;150:254–5.
36 <https://doi.org/10.1002/ijgo.13233>.
37
38
39
40 [54] Visser F. ‘Absurd’ rules obstruct abortion access in Italy during COVID-19. OpenDemocracyNet
41 2020. <https://www.opendemocracy.net/en/5050/italy-access-abortion-during-covid/>(accessed
42 November 24, 2020).
43
44
45
46 [55] di Eleonora C. Coronavirus, diritto all’aborto a rischio nell’emergenza: “Favorire quello
47 farmacologico per non congestionare gli ospedali.” Fatto Quotid 2020.
48 [https://www.ilfattoquotidiano.it/2020/03/26/coronavirus-diritto-allaborto-a-rischio-nellemergenza-](https://www.ilfattoquotidiano.it/2020/03/26/coronavirus-diritto-allaborto-a-rischio-nellemergenza-favorire-quello-farmacologico-per-non-congestionare-gli-ospedali/5748851/)
49 [favorire-quello-farmacologico-per-non-congestionare-gli-ospedali/5748851/](https://www.ilfattoquotidiano.it/2020/03/26/coronavirus-diritto-allaborto-a-rischio-nellemergenza-favorire-quello-farmacologico-per-non-congestionare-gli-ospedali/5748851/)(accessed November
50 24, 2020).
51
52
53
54
55 [56] Ministero della Salute. Aggiornamento delle “Linee di indirizzo sulla interruzione volontaria di
56 gravidanza con mifepristone e prostaglandine.” Rome: 2020.
57
58
59 [57] IPPF EN. Italy: New rules on medical abortion a breakthrough for reproductive freedom. Int Plan
60
61
62
63
64
65

- 1
2
3
4 Parent Fed Eur Netw 2020. <https://www.ippfen.org/news/italy-new-rules-medical-abortion-breakthrough-reproductive-freedom> (accessed November 24, 2020)
5
6
7
8 [58] ABORT report. SPAIN – ABORT report 2020. <https://abort-report.eu/spain/> (accessed November
9 24, 2020).
10
11 [59] abortion-news.info. Spain abortion: Government works to repeal parental consent rule 2020.
12 <https://abortion-news.info/spain-abortion-government-works-to-repeal-parental-consent-rule/>
13 (accessed November 24, 2020).
14
15
16
17 [60] Cuesta AC. El acceso al aborto en tiempos de COVID-19: un reto para las mujeres. Ameco Press
18 2020. [https://amecopress.net/El-acceso-al-aborto-en-tiempos-de-COVID-19-un-nuevo-reto-para-](https://amecopress.net/El-acceso-al-aborto-en-tiempos-de-COVID-19-un-nuevo-reto-para-las-mujeres)
19 [las-mujeres](https://amecopress.net/El-acceso-al-aborto-en-tiempos-de-COVID-19-un-nuevo-reto-para-las-mujeres) (accessed November 24, 2020).
20
21
22
23 [61] Asociación de Clínicas Acreditadas para la Interrupción del Embarazo. SPAIN – Association of
24 Accredited Abortion Clinics of Spain says all clinics remain open. Int Campaign Women’s Right to
25 Safe Abort 2020. [https://www.safeabortionwomensright.org/news/spain-association-of-accredited-](https://www.safeabortionwomensright.org/news/spain-association-of-accredited-abortion-clinics-of-spain-says-all-clinics-remain-open/)
26 [abortion-clinics-of-spain-says-all-clinics-remain-open/](https://www.safeabortionwomensright.org/news/spain-association-of-accredited-abortion-clinics-of-spain-says-all-clinics-remain-open/) (accessed Novemebr 24, 2020)
27
28
29
30 [62] Kohan M. La crisis del coronavirus provoca que abortar sea aún más difícil e inseguro. Publico
31 2020. [https://www.publico.es/sociedad/aborto-coronavirus-crisis-coronavirus-abortar-sea-dificil-e-](https://www.publico.es/sociedad/aborto-coronavirus-crisis-coronavirus-abortar-sea-dificil-e-inseguro.html)
32 [inseguro.html](https://www.publico.es/sociedad/aborto-coronavirus-crisis-coronavirus-abortar-sea-dificil-e-inseguro.html) (accessed November 24, 2020).
33
34
35
36 [63] Blackmon S, Benavides L. Abortion is a protected right in Spain. But the govt blocked a website
37 that provides abortion info and pills. Abort News 2020. [https://www.pri.org/stories/2020-07-](https://www.pri.org/stories/2020-07-16/abortion-protected-right-spain-govt-blocked-website-provides-abortion-info-and)
38 [16/abortion-protected-right-spain-govt-blocked-website-provides-abortion-info-and](https://www.pri.org/stories/2020-07-16/abortion-protected-right-spain-govt-blocked-website-provides-abortion-info-and) (accessed
39 November 24, 2020).
40
41
42
43 [64] ABORT report. GERMANY – ABORT report 2020. <https://abort-report.eu/germany/> (accessed
44 November 24, 2020).
45
46
47
48 [65] BR24. Corona: Fachverbände für Schwangerschaftsabbruch zu Hause | BR24. BR24 2020.
49 [https://www.br.de/nachrichten/bayern/corona-fachverbaende-fuer-schwangerschaftsabbruch-zu-](https://www.br.de/nachrichten/bayern/corona-fachverbaende-fuer-schwangerschaftsabbruch-zu-hause,RvlzTxr)
50 [hause,RvlzTxr](https://www.br.de/nachrichten/bayern/corona-fachverbaende-fuer-schwangerschaftsabbruch-zu-hause,RvlzTxr) (accessed November 24, 2020).
51
52
53
54 [66] Aerzteblatt. Schwangerschafts-beratung soll auch online möglich sein. Aerzteblatt 2020.
55 [https://www.aerzteblatt.de/nachrichten/111392/Schwangerschaftsberatung-soll-auch-online-](https://www.aerzteblatt.de/nachrichten/111392/Schwangerschaftsberatung-soll-auch-online-moeglich-sein)
56 [moeglich-sein](https://www.aerzteblatt.de/nachrichten/111392/Schwangerschaftsberatung-soll-auch-online-moeglich-sein) (accessed November 24, 2020).
57
58
59 [67] taz. Schwangerschaftsabbruch während Corona: Warten auf die Abtreibung - taz.de. TazDe 2020.
60
61
62
63
64
65

- 1
2
3
4 <https://taz.de/Schwangerschaftsabbruch-waehrend-Corona/!5684989/> (accessed November 24,
5 2020).
6
7
8 [68] Abortion Clinics in Europe. Countries with easy access – Abortion Clinics in Europe. Abort Clin
9 Eur n.d. <https://abortion-clinics.eu/abortion-europe/easy-access-foreign-women/> (accessed
10 November 24, 2020).
11
12
13 [69] von Eja Kapeller. Schwangerschaftsabbrüche während der Corona-Pandemie: “Ansonsten werden
14 wir bald Szenen wie vor 1975 erleben” | Wienerin. Wienerin 2020.
15 [https://wienerin.at/schwangerschaftsabbruche-waehrend-der-corona-pandemie-ansonsten-werden-](https://wienerin.at/schwangerschaftsabbruche-waehrend-der-corona-pandemie-ansonsten-werden-wir-bald-szenen-wie-vor-1975)
16 [wir-bald-szenen-wie-vor-1975](https://wienerin.at/schwangerschaftsabbruche-waehrend-der-corona-pandemie-ansonsten-werden-wir-bald-szenen-wie-vor-1975) (accessed November 24, 2020).
17
18
19 [70] Von Ambra Schuster. Ungewollt schwanger während der Corona-Krise. Fm4ORFAt 2020.
20 <https://fm4.orf.at/stories/3001224/> (accessed November 24, 2020).
21
22
23 [71] derStandard.at. Coronavirus-Krise verschärft die Lage ungewollt Schwangerer. DerStandardAt
24 2020. [https://www.derstandard.at/story/2000116461152/coronavirus-krise-verschaerft-die-lage-](https://www.derstandard.at/story/2000116461152/coronavirus-krise-verschaerft-die-lage-ungewollt-schwangerer)
25 [ungewollt-schwangerer](https://www.derstandard.at/story/2000116461152/coronavirus-krise-verschaerft-die-lage-ungewollt-schwangerer) (accessed November 24, 2020).
26
27
28
29 [72] Winkler J. Corona-Krise schafft neue Hürden bei Abtreibung. Salzburg24 2020.
30 [https://www.salzburg24.at/news/salzburg/schwangerschaft-corona-krise-schafft-neue-huerden-bei-](https://www.salzburg24.at/news/salzburg/schwangerschaft-corona-krise-schafft-neue-huerden-bei-abtreibung-86319571)
31 [abtreibung-86319571](https://www.salzburg24.at/news/salzburg/schwangerschaft-corona-krise-schafft-neue-huerden-bei-abtreibung-86319571)(accessed November 24, 2020).
32
33
34 [73] IPPF EN. HOW OUR MEMBERS STOOD UP FOR ACCESS TO ABORTION CARE DURING
35 COVID-19 THE CRUCIAL ROLE OF CIVIL SOCIETY ORGANISATIONS IN TIMES OF
36 CRISIS. 2020. [https://www.ippfen.org/sites/ippfen/files/2020-](https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID-19_0.pdf)
37 [08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20](https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID-19_0.pdf)
38 [during%20COVID-19_0.pdf](https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID-19_0.pdf) (accessed November 24, 2020).
39
40
41
42 [74] dieStandard. “Abtreibungspille” Mifegyne wird in Österreich leichter zugänglich . DerStandardAt
43 2020. [https://www.derstandard.at/story/2000118462893/gynaekologen-duerfenabtreibungspille-](https://www.derstandard.at/story/2000118462893/gynaekologen-duerfenabtreibungspille-mifegyne-verschreiben)
44 [mifegyne-verschreiben](https://www.derstandard.at/story/2000118462893/gynaekologen-duerfenabtreibungspille-mifegyne-verschreiben) (accessed November 24, 2020).
45
46
47 [75] Sudinfo avec Belga. Dépénalisation de l’avortement: le débat à la Chambre ne reprendra pas avant
48 le mois de juin. Sudinfo 2020. [https://www.sudinfo.be/id190707/article/2020-05-15/depenalisation-](https://www.sudinfo.be/id190707/article/2020-05-15/depenalisation-de-lavortement-le-debat-la-chambre-ne-reprendra-pas-avant-le-mois)
49 [de-lavortement-le-debat-la-chambre-ne-reprendra-pas-avant-le-mois](https://www.sudinfo.be/id190707/article/2020-05-15/depenalisation-de-lavortement-le-debat-la-chambre-ne-reprendra-pas-avant-le-mois) (accessed November 24,
50 2020).
51
52
53 [76] Johanna Bouquet. Loi sur l’avortement : les partis politiques affûtent leurs arguments, 5 questions
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 pour tenter de démêler le vrai du faux. RTBF 2020. https://www.rtb.be/info/societe/detail_loi-sur-l-avortement-les-partis-politiques-affutent-leurs-arguments-5-questions-pour-tenter-de-demeler-le-vrai-du-faux?id=10542654 (accessed November 24, 2020).

5
6
7
8
9
10 [77] Lahssaini L. Coronavirus et droits des femmes : L'accès à l'avortement fragilisé. Solidaire 2020.
11 <https://www.solidaire.org/articles/coronavirus-et-droits-des-femmes-l-acces-l-avortement-fragilise>
12 (accessed November 24, 2020).

13
14
15 [78] Wernaers C. Comment le coronavirus affecte les avortements. RTBF 2020.
16 [https://www.rtb.be/info/dossier/les-grenades/detail_comment-le-coronavirus-affecte-les-](https://www.rtb.be/info/dossier/les-grenades/detail_comment-le-coronavirus-affecte-les-avortements?id=10468457)
17 [avortements?id=10468457](https://www.rtb.be/info/dossier/les-grenades/detail_comment-le-coronavirus-affecte-les-avortements?id=10468457). (accessed November 24, 2020).

18
19
20
21 [79] JULIEN WINKE. Avorter en plein Covid-19. Alter Echos 2020. [https://www.alterechos.be/avorter-](https://www.alterechos.be/avorter-en-plein-covid-19/)
22 [en-plein-covid-19/](https://www.alterechos.be/avorter-en-plein-covid-19/) (accessed November 24, 2020).

23
24
25 [80] CHRISTIANA MARTINS. Aborto cai 40% durante a pandemia. Expresso 2020.
26 <https://expresso.pt/coronavirus/2020-10-03-Aborto-cai-40-durante-a-pandemia> (accessed
27 November 24, 2020).

28
29
30
31 [81] SPDC. Comunicado SPDC: O acesso à Saúde Sexual e Reprodutiva em fase de pandemia COVID-
32 19. Soc Port Contraceção 2020. [https://www.spdc.pt/index.php/11-noticias/200-comunicado-da-](https://www.spdc.pt/index.php/11-noticias/200-comunicado-da-spdc-sobre-o-acesso-a-saude-reprodutiva-tempos-de-covid-19)
33 [spdc-sobre-o-acesso-a-saude-reprodutiva-tempos-de-covid-19](https://www.spdc.pt/index.php/11-noticias/200-comunicado-da-spdc-sobre-o-acesso-a-saude-reprodutiva-tempos-de-covid-19) (accessed November 24, 2020).

34
35
36
37 [82] Aila Tiitinen. Raskauden keskeytys. Terveyskirjasto 2020.
38 https://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00166 (accessed November
39 24, 2020).

40
41
42 [83] Yle. 50K signatures for citizens' initiative on abortion law reform. Yle Uut 2020.
43 [https://yle.fi/uutiset/osasto/news/50k_signatures_for_citizens_initiative_on_abortion_law_reform/](https://yle.fi/uutiset/osasto/news/50k_signatures_for_citizens_initiative_on_abortion_law_reform/11600889)
44 [11600889](https://yle.fi/uutiset/osasto/news/50k_signatures_for_citizens_initiative_on_abortion_law_reform/11600889) (accessed November 24, 2020).

45
46
47
48 [84] Holroyd M. Poland holds virtual protests against abortion bill during COVID-19 lockdown.
49 Euronews 2020. [https://www.euronews.com/2020/04/14/poland-holds-virtual-protests-against-](https://www.euronews.com/2020/04/14/poland-holds-virtual-protests-against-abortion-bill-during-covid-19-lockdown)
50 [abortion-bill-during-covid-19-lockdown](https://www.euronews.com/2020/04/14/poland-holds-virtual-protests-against-abortion-bill-during-covid-19-lockdown). (accessed November 24, 2020).

51
52
53
54 [85] Stephens J. New Slovak Government Uses Coronavirus Crisis To Target Abortion Rights. BRNO
55 Dly 2020. [https://brnodaily.com/2020/05/27/news/politics/new-slovak-government-uses-](https://brnodaily.com/2020/05/27/news/politics/new-slovak-government-uses-coronavirus-crisis-to-target-abortion-rights/)
56 [coronavirus-crisis-to-target-abortion-rights/](https://brnodaily.com/2020/05/27/news/politics/new-slovak-government-uses-coronavirus-crisis-to-target-abortion-rights/).(accessed November 24, 2020).

57
58
59 [86] Neag M. Ordin dat de Raed Arafat: De azi, se interzic consultațiile și internările pentru tratamente
60

1
2
3
4 sau operații non-urgente, inclusiv la privați Citește întreaga știre: Ordin dat de Raed Arafat: De azi,
5 se interzic consultațiile și internările pentru tratamente. Libertatea 2020.
6 [https://www.libertatea.ro/stiri/ordin-dat-de-raed-arafat-se-interzic-consultatiile-si-internarile-](https://www.libertatea.ro/stiri/ordin-dat-de-raed-arafat-se-interzic-consultatiile-si-internarile-pentru-tratamente-sau-operatii-non-urgente-in-spitalele-private-2945390)
7 [pentru-tratamente-sau-operatii-non-urgente-in-spitalele-private-2945390](https://www.libertatea.ro/stiri/ordin-dat-de-raed-arafat-se-interzic-consultatiile-si-internarile-pentru-tratamente-sau-operatii-non-urgente-in-spitalele-private-2945390). (accessed
8 November 24, 2020).
9
10
11
12

13 [87] LRT. Lithuanian health minister tells women to ‘reconsider’ having abortion. Liet Nac Radijas Ir
14 Telev 2020. [https://www.lrt.lt/en/news-in-english/19/1163688/lithuanian-health-minister-tells-](https://www.lrt.lt/en/news-in-english/19/1163688/lithuanian-health-minister-tells-women-to-reconsider-having-abortion)
15 [women-to-reconsider-having-abortion](https://www.lrt.lt/en/news-in-english/19/1163688/lithuanian-health-minister-tells-women-to-reconsider-having-abortion). (accessed November 24, 2020).
16
17
18

19 [88] Center for Reproductive Rights. Poland’s Constitutional Tribunal Rolls Back Reproductive Rights.
20 Cent Reprod Rights 2020. [https://reproductiverights.org/press-room/polands-constitutional-](https://reproductiverights.org/press-room/polands-constitutional-tribunal-rolls-back-reproductive-rights)
21 [tribunal-rolls-back-reproductive-rights](https://reproductiverights.org/press-room/polands-constitutional-tribunal-rolls-back-reproductive-rights) (accessed November 24, 2020).
22
23
24

25 [89] Eşençay S. When COVID-19 Becomes a Political Ally: Poland’s Law on Abortion. London Sch
26 Econ Polit Sci 2020. [https://blogs.lse.ac.uk/gender/2020/06/24/when-covid-19-becomes-a-political-](https://blogs.lse.ac.uk/gender/2020/06/24/when-covid-19-becomes-a-political-ally-polands-law-on-abortion/)
27 [ally-polands-law-on-abortion/](https://blogs.lse.ac.uk/gender/2020/06/24/when-covid-19-becomes-a-political-ally-polands-law-on-abortion/) (accessed November 24, 2020).
28
29

30 [90] BBC News. Poland abortion: Top court bans almost all terminations. BBC News 2020.
31 <https://www.bbc.com/news/world-europe-54642108> (accessed November 24, 2020).
32
33

34 [91] Rady Ministrów. Sprawozdanie Rady Ministrów z wykonywania oraz o skutkach stosowania w
35 2017 r. ustawy z dnia 7 stycznia 1993 r. o planowaniu rodziny, ochronie płodu ludzkiego i
36 warunkach dopuszczalności przerywania ciąży. 2019.
37 [http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?documentId=6F82FBB36BAA945CC125839200434](http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?documentId=6F82FBB36BAA945CC125839200434FC7)
38 [FC7](http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?documentId=6F82FBB36BAA945CC125839200434FC7) (accessed November 24, 2020).
39
40
41
42

43 [92] Christian Davies. Pro-choice supporters hold biggest-ever protest against Polish government. Guard
44 2020. [https://www.theguardian.com/world/2020/oct/30/pro-choice-supporters-hold-biggest-ever-](https://www.theguardian.com/world/2020/oct/30/pro-choice-supporters-hold-biggest-ever-protest-against-polish-government)
45 [protest-against-polish-government](https://www.theguardian.com/world/2020/oct/30/pro-choice-supporters-hold-biggest-ever-protest-against-polish-government) (accessed November 24, 2020).
46
47
48

49 [93] The Guardian. Poland to implement near-total ban on abortion imminently, The Guardian, 2021
50 [https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-](https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465)
51 [imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4](https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465)
52 [C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465](https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465)
53 (accessed February 1, 2021) (accessed February 2, 2021).
54
55
56
57

58 [94] Gabrizova Z. COVID-19 restricts access to abortions in Slovakia. Euroactiv 2020.
59 https://www.euractiv.com/section/all/short_news/covid-19-restricts-access-to-abortions-in-
60
61
62
63
64
65

- slovakia/. (accessed November 24, 2020).
- [95] Public defender of Rights. Access to sexual and reproductive health services during the COVID-19 pandemic. Bratislava: 2020. <http://odz.sk/en/public-defender-of-rights/> (accessed November 24, 2020).
- [96] Olga Pietruchova. Access to Abortion Services for Women in the EU - Slovakia. Eur Parliam Think Tank 2020. [https://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_IDA\(2020\)659922](https://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_IDA(2020)659922) (accessed November 24, 2020).
- [97] Center for Reproductive Rights. Breaking: Slovakia's Parliament Rejects Harmful Restrictions on Abortion Care. Cent Reprod Rights 2020. <https://reproductiverights.org/press-room/breaking-slovakias-parliament-rejects-harmful-restrictions-abortion-care> (accessed November 24, 2020).
- [98] Center for Reproductive Rights. Europe Update: Abortion Rights at Risk in Poland and Slovakia. Cent Reprod Rights 2020. <https://reproductiverights.org/story/europe-update-abortion-rights-risk-poland-and-slovakia> (accessed November 24, 2020).
- [99] Lăutaru A, Neag M, Tolontan C. Femeile din România, aproape de epoca lui Ceaușescu: criza COVID-19 suspendă întreruperile de sarcină la cerere Citește întreaga știre: Femeile din România, aproape de epoca lui Ceaușescu: criza COVID-19 suspendă întreruperile de sarcină la cerere. Libertatea 2020. <https://www.libertatea.ro/stiri/criza-covid-19-suspenda-intreruperile-de-sarcina-la-cerere-2945917>. (accessed November 24, 2020)
- [100] International Campaign for Women's Right to Safe Abortion. ROMANIA – At least a small improvement, one hospital more is doing abortions. SafeabortionwomensrightOrg 2020. <https://www.safeabortionwomensright.org/news/romania-at-least-a-small-improvement-one-hospital-more-is-doing-abortions/> (accessed November 24, 2020).
- [101] Cilibiu A. Pandemia e și a femeilor pe care statul le obligă să nască împotriva voinței lor. Doar 11% din spitalele din România mai fac avorturi la cerere. În București, nici unul Citește întreaga știre: Pandemia e și a femeilor pe care statul le obligă să nască împ. Libertatea 2020. <https://www.libertatea.ro/stiri/femei-avorturi-la-cerere-spitale-romania-2965019>. (accessed November 24, 2020).
- [102] Jean Mackenzie. Coronavirus: Women denied abortions because of the pandemic. BBC News 2020. <https://www.bbc.com/news/av/stories-53158162> (accessed November 24, 2020).

- 1
2
3
4 [103] Diana Meseşan. 60% Din Spitalele De Stat Din România Nu Fac Avorturi La Cerere. “Sunt
5 Comunități în Care O Mătură și Un Pat Se Consideră Metodă Contraceptivă.” Libertatea 2020.
6 <https://www.libertatea.ro/stiri/spitale-stat-avorturi-la-cerere-3227064> (accessed November 24,
7 2020).
8
9
10
11 [104] iDNES.cz. Pandemie plodí nechtěné děti. Potrat není akutní zákrok, soudí některé země. IDNESCz
12 2020. [https://www.idnes.cz/zpravy/zahranicni/koronavirus-covid-19-zenska-prava-](https://www.idnes.cz/zpravy/zahranicni/koronavirus-covid-19-zenska-prava-interruptce.A200509_181543_zahranicni_vlc)
13 [interrupce.A200509_181543_zahranicni_vlc](https://www.idnes.cz/zpravy/zahranicni/koronavirus-covid-19-zenska-prava-interruptce.A200509_181543_zahranicni_vlc) (accessed November 24, 2020).
14
15
16
17 [105] iDNES.cz. Ilegální potraty ženám ubližují, zákaz je nevymýtí, říká gynekolog. IDNESCz 2020.
18 [https://www.idnes.cz/zpravy/domaci/rozhovor-ondrej-simetka-gynekolog-lekari-bez-hranic-](https://www.idnes.cz/zpravy/domaci/rozhovor-ondrej-simetka-gynekolog-lekari-bez-hranic-nelekarske-potraty-polsko.A201103_175437_domaci_vlc)
19 [nelekarske-potraty-polsko.A201103_175437_domaci_vlc](https://www.idnes.cz/zpravy/domaci/rozhovor-ondrej-simetka-gynekolog-lekari-bez-hranic-nelekarske-potraty-polsko.A201103_175437_domaci_vlc) (accessed November 24, 2020).
20
21
22
23 [106] Oja L. Sexual and reproductive health and rights in time of the COVID-19 pandemic.
24 WwwLiiriojaCom 2020. <https://www.liirioja.com/srhr-writings> (accessed November 24, 2020).
25
26
27 [107] East-Tallinn Central Hospital. Frequently Asked Questions on COVID-19 2020.
28 <https://www.itk.ee/en/news/all-news/2020/5/frequently-asked-questions-on-covid-19> (accessed
29 July 1 2020)
30
31
32
33 [108] Mari Peegel. Liiri Oja ja Marie Abel: meil kõigil on õigus seksuaal- ja reproduktiivtervisele, see
34 pole luksuskaup. Feministeerium 2020. [https://feministeerium.ee/meil-koigil-on-oigus-seksuaal-ja-](https://feministeerium.ee/meil-koigil-on-oigus-seksuaal-ja-reproduktiivtervisele-see-pole-luksuskaup/)
35 [reproduktiivtervisele-see-pole-luksuskaup/](https://feministeerium.ee/meil-koigil-on-oigus-seksuaal-ja-reproduktiivtervisele-see-pole-luksuskaup/) (accessed November 24, 2020).
36
37
38 [109] Bibaleze.si. Tudi to je posledica koronavirusa: nezaželene nosečnosti in splav na domu . BibalezeSi
39 2020. [https://www.bibaleze.si/novice/splav-koronavirus-nijz-ginekologija-izbira-ginekoloski-](https://www.bibaleze.si/novice/splav-koronavirus-nijz-ginekologija-izbira-ginekoloski-pregled-tabletka-nosecnost-prekinittev-nosecnosti.html)
40 [pregled-tabletka-nosecnost-prekinittev-nosecnosti.html](https://www.bibaleze.si/novice/splav-koronavirus-nijz-ginekologija-izbira-ginekoloski-pregled-tabletka-nosecnost-prekinittev-nosecnosti.html) (accessed November 24, 2020).
41
42
43
44 [110] Mihevc Ponikvar B. “Moje telo, moja izbira”: splav v koronačasu. Media 24 2020.
45 [https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu)
46 [koronacasu.](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu) [https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu)
47 [splav-v-koronacasu](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu) (accessed November 24, 2020).
48
49
50
51 [111] Angloinfo. Termination of Pregnancy in the Netherlands. Angloinfo n.d. <https://www.angloinfo.com/how-to/netherlands/healthcare/pregnancy-birth/termination-abortion>
52 <https://www.angloinfo.com/how-to/netherlands/healthcare/pregnancy-birth/termination-abortion>
53 (accessed November 24, 2020).
54
55
56
57 [112] ABORT report. THE NETHERLANDS – ABORT report. Abort Rep n.d. [https://abort-](https://abort-report.eu/netherlands/)
58 [report.eu/netherlands/](https://abort-report.eu/netherlands/) (accessed November 24, 2020).
59
60
61
62
63
64
65

- 1
2
3
4 [113] Abortuskliniek Amsterdam. Abortion treatment. Abort Amsterdam n.d. <https://abortuskliniek-amsterdam.nl/en/unwanted-pregnancy/abortion-treatment/> (accessed November 24, 2020).
5
6
7
8 [114] Ploumen L. Health minister urged to guarantee abortion pill access amid corona restrictions. Dutch
9 News 2020. <https://www.dutchnews.nl/news/2020/04/health-minister-urged-to-guarantee-abortion-pill-access-amid-corona-restrictions/>.(accessed November 24, 2020).
10
11
12
13
14 [115] Salama, S, Baarsma H, Abdulrahman M. COVID-19 and Human Rights: Under pressure. Univ
15 Rotterdam 2020. <https://www.amsterdamlawhub.nl/en/amsterdam-law-practice/clinics/blogposts-by-students/covid-19-and-human-rights-under-pressure.html?cb>. (accessed November 24, 2020).
16
17
18
19
20 [116] Rechtbank den Haag. Women on Waves, Proefprocessenfonds Bureau Clara Wichmann, Rebecca
21 Gomperts v. Staat der Nederlanden (het Ministerie van Volksgezondheid, Welzijn en Sport). 2020.
22 (accessed November 24, 2020).
23
24
25 [117] Tsakiridis I, Mamopoulos A, Athanasiadis A, Dagklis T. Trends in Induced Abortions in Greece: A
26 Cross-sectional Study. *J Pediatr Adolesc Gynecol* 2020;33:149–52.
27 <https://doi.org/10.1016/j.jpag.2019.11.006>.
28
29
30
31 [118] Fahrinisa Campana. Coronavirus outbreak puts pregnant refugees in Greece at increased risk |
32 Europe| News and current affairs from around the continent. DW 2020.
33 <https://www.dw.com/en/coronavirus-outbreak-puts-pregnant-refugees-in-greece-at-increased-risk/a-53046578> (accessed November 25, 2020).
34
35
36
37
38 [119] Iefimerida. Αμβλώσεις: Τι ισχύει στην Ελλάδα -Οι διαφοροποιήσεις στην Ευρώπη. Iefimerida 2016.
39 <https://www.iefimerida.gr/news/294496/amvloseis-ti-ishyei-stin-ellada-oi-diaforopoiiseis-stin-eyropi> (accessed November 25, 2020).
40
41
42
43
44 [120] Gravino G. Impact of COVID-19 on women in Malta seeking abortion: An overview. Dr Choice
45 2020. <https://www.doctorsforchoice.mt/post/impact-of-covid-19-on-women-in-malta-seeking-abortion-an-overview> (accessed November 25, 2020).
46
47
48
49
50 [121] Agius M. Fake abortion pills targeting Maltese women on Facebook, activists warn. Malta Today
51 2020.
52 https://www.maltatoday.com.mt/news/national/102369/fake_abortion_pills_targeting_maltese_women_on_facebook_activists_warn#.XyrO1hMzZAb. (accessed November 25, 2020).
53
54
55
56
57 [122] Vida B. New waves of anti-sexual and reproductive health and rights strategies in the European
58 Union: the anti-gender discourse in Hungary. *Sex Reprod Heal Matters* 2019;27:13–6.
59
60
61
62
63
64
65

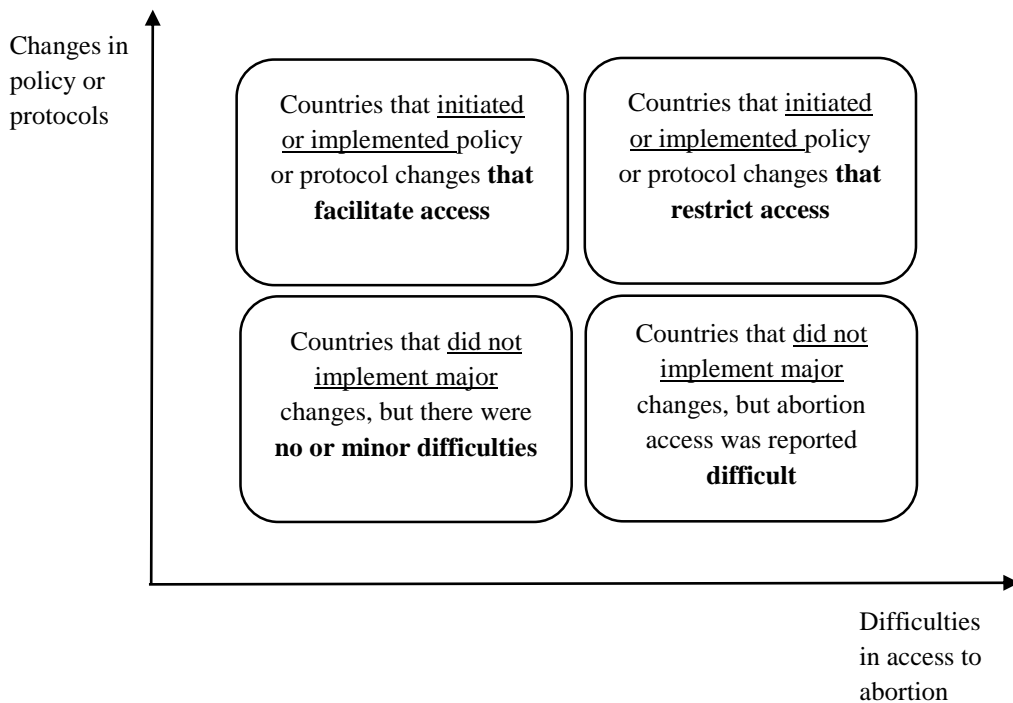
- 1
2
3
4 [123] Julian Borger. US signs anti-abortion declaration with group of largely authoritarian governments.
5
6 Guard 2020. [https://www.theguardian.com/world/2020/oct/22/us-trump-administration-signs-anti-](https://www.theguardian.com/world/2020/oct/22/us-trump-administration-signs-anti-abortion-declaration)
7
8 abortion-declaration (accessed November 25, 2020).
9
- 10 [124] Péter Cseresnyés. Hungary Signs Trump’s Anti-Abortion Declaration with Poland and Belarus.
11
12 Hungary Today 2020. [https://hungarytoday.hu/hungary-signs-trumps-anti-abortion-declaration-](https://hungarytoday.hu/hungary-signs-trumps-anti-abortion-declaration-poland-and-belarus-us/)
13
14 poland-and-belarus-us/ (accessed November 25, 2020).
15
- 16 [125] Sinoruka F, Curic A, Visser F. Balkans women face closed clinics and unsafe abortions under
17
18 COVID-19. OpenDemocracyNet 2020. [https://www.opendemocracy.net/en/5050/balkans-women-](https://www.opendemocracy.net/en/5050/balkans-women-face-closed-clinics-and-unsafe-abortions-under-covid-19/)
19
20 face-closed-clinics-and-unsafe-abortions-under-covid-19/ (accessed November 25, 2020).
21
- 22 [126] Victoria Getova. More than 4,700 abortions were performed during the Bgonair state of emergency.
23
24 Bulg Air 2020. [https://www.bgonair.bg/a/2-bulgaria/201036-nad-2600-balgarki-sa-pozhelali-abort-](https://www.bgonair.bg/a/2-bulgaria/201036-nad-2600-balgarki-sa-pozhelali-abort-po-vreme-na-izvanrednoto-polozhenie)
25
26 po-vreme-na-izvanrednoto-polozhenie (accessed November 25, 2020).
27
- 28 [127] Hina. Pobačaj još nedostupniji i skuplji: Cijene i do 3000 kuna, sve veći broj liječnika u prizivu
29
30 savjesti. RTLHr 2020. [https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3807661/pobacaj-zbog-](https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3807661/pobacaj-zbog-pandemije-jos-nedostupniji-cijene-i-do-3000-kuna-sve-veci-broj-lijecnika-u-prizivu-savjesti/)
31
32 pandemije-jos-nedostupniji-cijene-i-do-3000-kuna-sve-veci-broj-lijecnika-u-prizivu-savjesti/
33
34 (accessed November 25, 2020).
35
- 36 [128] Financial Mirror. Private hospitals to handle urgent non-COVID-19 patients. Financ Mirror 2020.
37
38 [https://www.financialmirror.com/2020/04/08/private-hospitals-to-handle-urgent-non-covid-19-](https://www.financialmirror.com/2020/04/08/private-hospitals-to-handle-urgent-non-covid-19-patients/)
39
40 patients/ (accessed November 25, 2020).
41
- 42 [129] Gissler M, Fronteira I, Jahn A, Karro H, Moreau C, da Silva M, et al. Terminations of pregnancy in
43
44 the European Union. *BJOG An Int J Obstet Gynaecol* 2012;119:324–32.
45
46 <https://doi.org/10.1111/j.1471-0528.2011.03189.x>.
47
- 48 [130] Horowitz, M. D., Rosensweig, J. A., & Jones, C. A. (2007). Medical tourism: globalization of the
49
50 healthcare marketplace. *Medscape General Medicine*, 9(4), 33.
51
- 52 [131] Sirotnikova MG. Right Power: Slovakia mulls new laws limiting abortion. *Balk Insight* 2020.
53
54 [https://balkaninsight.com/2020/07/13/right-power-slovakia-mulls-new-laws-limiting-](https://balkaninsight.com/2020/07/13/right-power-slovakia-mulls-new-laws-limiting-abortion/)
55
56 abortion/(accessed November 25, 2020).
57
- 58 [132] Human’s Right Watch. Joint Civil Society Statement: European governments must ensure safe and
59
60 timely access to abortion care during the COVID-19 pandemic. 2020.
61
62 <https://www.hrw.org/news/2020/04/08/joint-civil-society-statement-european-governments-must->
63
64
65

1
2
3
4 ensure-safe-and-timely (accessed July 25, 2020).
5

- 6
7 [133] Silvie Lauder. Česká teta jde na pomoc polským ženám. Zákon o interrupcích má však sporný
8 výklad. RESPEKT 2020. [https://www.respekt.cz/agenda/ceska-teta-jde-na-pomoc-polskym-](https://www.respekt.cz/agenda/ceska-teta-jde-na-pomoc-polskym-zenam-zakon-o-interrupcich-ma-vsak-sporny-vyklad)
9 [zenam-zakon-o-interrupcich-ma-vsak-sporny-vyklad](https://www.respekt.cz/agenda/ceska-teta-jde-na-pomoc-polskym-zenam-zakon-o-interrupcich-ma-vsak-sporny-vyklad) (accessed November 25, 2020).
10
11
12 [134] Robinson EF, Moulder JK, Zerden ML, Miller AM, Zite NB. Preserving and advocating for essential
13 care for women during the coronavirus disease 2019 pandemic. *Am J Obstet Gynecol* 2020;223:219-
14 220.e1. <https://doi.org/10.1016/j.ajog.2020.05.022>.
15
16
17 [135] Jayaweera RT, Moseson H, Gerds C. Misoprostol in the era of COVID-19: a love letter to the
18 original medical abortion pill. *Sex Reprod Heal Matters* 2020.
19 <https://doi.org/10.1080/26410397.2020.1829406>.
20
21
22 [136] Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and Acceptability of
23 Medical Abortion Provided Through Telemedicine. *Obstet Gynecol* 2011;118:296–303.
24 <https://doi.org/10.1097/AOG.0b013e318224d110>.
25
26
27 [137] Grindlay K, Lane K, Grossman D. Women’s and Providers’ Experiences with Medical Abortion
28 Provided Through Telemedicine: A Qualitative Study. *Women’s Heal Issues* 2013;23:e117–22.
29 <https://doi.org/10.1016/j.whi.2012.12.002>.
30
31
32 [138] Aiken A, Gomperts R, Trussell J. Experiences and characteristics of women seeking and completing
33 at-home medical termination of pregnancy through online telemedicine in Ireland and Northern
34 Ireland: a population-based analysis. *BJOG An Int J Obstet Gynaecol* 2017;124:1208–15.
35 <https://doi.org/10.1111/1471-0528.14401>.
36
37
38 [139] Cleland K, Smith N. Aligning mifepristone regulation with evidence: driving policy change using
39 15 years of excellent safety data. *Contraception* 2015;92:179–81.
40 <https://doi.org/10.1016/j.contraception.2015.06.016>.
41
42
43 [140] Hervey T, Sheldon S. Abortion by telemedicine in the European Union. *Int J Gynecol Obstet*
44 2019;145:125–8. <https://doi.org/10.1002/ijgo.12738>.
45
46
47 [141] Hervey T, Sheldon S. Abortion by telemedicine in Northern Ireland: patient and professional rights
48 across borders. *North Irel Leg Quaterly* 2017;68:1–33.
49
50
51 [142] Sedgh G, Bearak J, Singh S, Bankole A, Popinchalk A, Ganatra B, et al. Abortion incidence between
52 1990 and 2014: global, regional, and subregional levels and trends. *Lancet* 2016.
53 [https://doi.org/10.1016/S0140-6736\(16\)30380-4](https://doi.org/10.1016/S0140-6736(16)30380-4).
54
55
56
57
58
59
60
61
62
63
64
65

FIGURE 1

Reactions of countries within the EU and the UK in relation to abortion access during COVID-19 pandemic



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

FIGURE 2

Three sets of measures in improving access to abortion

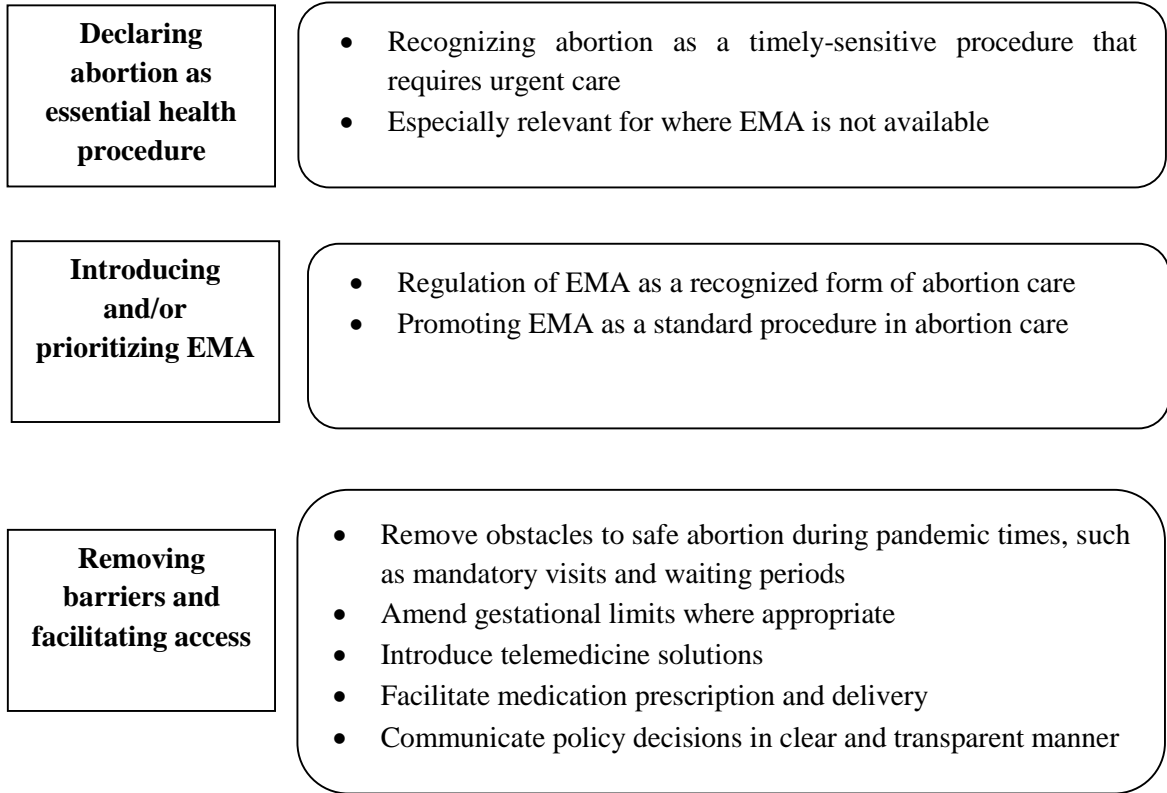


TABLE 1
Details of abortion access across the EU and the UK during COVID-19

Country	Abortion before COVID-19	EMA before COVID-19	EMA at home before COVID-19	% of EMA in Total Abortions before COVID-19	Reported difficulties in access during COVID-19	Changes in Access to Abortion during COVID-19	Description of changes	Availability of EMA during COVID-19	Telemedicine in facilitating abortion during COVID-19
Group 1: Countries that initiated or implemented policy or protocol changes that facilitate access									
France	On request	YES	YES, for the 2nd pill	64% in 2016	Mobilizing health facilities and staff in the fight against COVID, travel restrictions	Facilitated access through policy changes	Decree of Minister of Solidarity and Health adopted on April 14th 2020 Recommendations - "COVID-19 rapid responses", published by the High Health Authority. <ul style="list-style-type: none"> Extended gestational limit for EMA at home from 7 to 9 weeks Prescribing medications using telemedicine or phone consultations Administrating medicaments in pharmacy Re-debating a bill to improve access to abortion that extends the gestational limit from 12 to 14 weeks, enables midwives to perform surgical abortion up to 10 weeks, and disallows providers to deny abortion care based on personal beliefs. Bill currently waits for a vote in Senate.	YES	YES
UK (England and Wales)	Social & economic reasons, Medical Reasons (to save life or health of a woman), Foetal impairment	YES	YES, for the 2nd pill	73% in 2019	Abortion clinic closures due to staff sickness & isolation.	Facilitated access through policy changes	Approval Order of the Department of Health and Social Care of the UK Government on 30 March 2020 Approval Order of the Department of Health of the Welsh Government on 31 March 2020 <ul style="list-style-type: none"> Use of telemedicine and approval for home-use of both mifepristone and misoprostol up to 9 week + 6 days New guidelines support non-use of ultrasound at this gestation for example if LMP is certain and no significant risk of ectopic pregnancy. Approval for EMA home-use includes postal delivery of medication 	YES	YES
UK (Scotland)	Social & economic reasons, Medical Reasons (to save life or health of a woman), Foetal impairment	YES	YES, for the 2nd pill	83% in 2016	Abortion clinic closures due to staff sickness & isolation.	Facilitated access through policy changes	Abortions labelled as essential healthcare. Approval Order of the Scottish Government from 30 March 2020 <ul style="list-style-type: none"> Use of telemedicine and approval for home-use of both mifepristone and misoprostol up to 11 weeks+6 days as per Scottish guidelines. New guidelines support non-use of ultrasound at this gestation. Approval for home-use includes postal delivery of medication. The need to administer anti-D to a patient with a Rhesus negative blood group having medical abortion at 10–12 weeks has been suspended 	YES	YES
UK (Northern Ireland)	On request (after the legislation change from October 2019, which came into power on March 31 st 2020)	NO	NO	NO DATA	Difficulties in access in the early stages of the pandemic, belated implementation of the new abortion law by the Department of Health.	Facilitated access through implementation of policy changes	New abortion legislation passed in October 2019, came into force on March 31 st 2020; but implemented by the Department of Health of the Northern Ireland Government on 9 April 2020. <ul style="list-style-type: none"> Abortion services started to operate in April 2020 for first trimester abortions. Use of misoprostol at home currently up to 10 weeks 	YES	NO
Ireland	On request; with a Waiting Period	YES	YES, for the 2nd pill	NO DATA	Travel restrictions and social distancing measures; burden on hospitals.	Facilitated access through new protocol.	Revised Model of Care for Termination in Early Pregnancy issued by the Health Service Executive and Department of Health on 7 April 2020. <ul style="list-style-type: none"> Introduced model of remote service for the duration of the pandemic: Waived two mandatory visits Enabled administration of both medical pills at home up to 9 weeks of pregnancy 	YES	YES
Italy	On request; with a Waiting Period and Mandatory Counselling	YES	NO	17% in 2015	Over crowdedness of hospitals; travel restrictions; personal beliefs of doctors; problems in some hospitals	Facilitated access through policy changes	Guidelines on Organization of Hospital and Territorial Services during an emergency COVID-19 issued by the Ministry of Health in March 2020. Updated Guidelines of Health Ministry regarding EMA issued on August 13 th 2020: <ul style="list-style-type: none"> Change of gestational limit for EMA from 7 to 9 weeks Removal of a 3-day hospital stay in order to access EMA Provision of EMA extended outside the hospital setting - to local, public health centres and family planning services 	YES	NO
Spain	On request; with a Waiting Period	YES	YES, for the 2nd pill	19% in 2015	Regional inequality in access	Facilitated access through protocol changes	Order from the Ministry of Health decreed that delivery of the face-to-face information to be delivered electronically during the state of alarm in Catalonia.	YES	NO
Portugal	On request; with a Waiting Period	YES	YES, for the 2nd pill	71% in 2015	Some difficulties in accessing surgical abortions	Facilitated access through protocol changes	Recommendations by Portuguese Society of Contraception and Clinicians not officially approved but implemented by Obstetrician Services. <ul style="list-style-type: none"> Omit the waiting period. Only one visit with a doctor for ultrasound and abortion. Postponement of follow-up visit when possible or follow-up visit by telemedicine 	YES	Partial (for follow-up visit)

14
15
16
17
18
19

Country	Abortion before COVID-19	EMA before COVID-19	EMA at home before COVID-19	% of EMA in Total Abortions before COVID-19	Reported difficulties in access during COVID-19	Changes in Access to Abortion during COVID-19	Description of changes	Availability of EMA during COVID-19	Telemedicine in facilitating abortion during COVID-19
20 21 22 Belgium	On request; with a Waiting Period and Mandatory counselling	YES	NO	22% in 2011	Reduced staff, danger of infection, focus in some hospitals only on COVID-19 patients, reduction on the number of people who can accompany the person having abortion.	Facilitated access through protocol changes.	New protocol allowing EMA up to 10th weeks, depends from hospital to hospital (not a legal measure); ● Using telemedicine for prescriptions and abortion pre-meetings.	YES	Partial (for prescriptions and abortion pre-meetings)
23 24 25 Croatia	On request	YES	YES, for the 2nd pill	NO DATA, media indicates low.	Travel restrictions; few hospitals enabled access to abortions; economic difficulties; Abortion is not explicitly labelled as essential	Facilitated access through policy changes	Federal Office for Safety in Health Care has granted approval that all gynaecologists can prescribe the Mifegyne@ abortion pill.	YES	NO
26 27 28 Finland	On socio-economic grounds, Medical and Criminal reasons;	YES	YES, for the 2nd pill	96% in 2015	No specific challenges reported, but the current law stipulates that a woman needs testimonials from two doctors, as well as a social or financial justification to terminate her pregnancy (with some exceptions).	Facilitated access through policy changes	Change of local practices (Helsinki) ● Home-use of misoprostol extended up to 10 weeks+0 days (previously 9 weeks+ 0 days) in Helsinki ● Citizen initiative to reform the abortion law	YES	NO
29 30 31 Germany	On request; with a Waiting Period and Mandatory counselling	YES	NO	23% in 2016	Long delays to get appointments; not all hospitals provide abortion care; abortion is not explicitly labelled as essential.	Facilitated access through new protocol	Allowing counselling to be available via phone with a digital certification of the consultation.	YES	Partial (phone counselling)
32 33 34	Group 2: Countries that initiated or implemented policy or protocol changes that restrict access								
35 36 37 Lithuania	On request; Mandatory Counseling	EMA not defined by law	NO	NO DATA	Travel restrictions, hospitals postponing abortion procedures, women resorting to unsafe online means to access EMA.	Restricted access	● Abortions not labelled as essential healthcare. ● Some healthcare providers decided to suspend abortion services during quarantine or cancelled planned procedures due to other more urgent COVID-19 related health issues. ● Rhetoric of the Health Minister who encourages women to use quarantine time to reconsider their decision on abortion and consult psychologists.	YES - under prescription in a Clinic/hospital	NO
38 39 40 Poland	On the grounds of: foetal abnormality, rape, incest, and danger to mother's health.	NO	NO	NO DATA	Travel restrictions, doctors unwilling to conduct procedures	Almost completely restricted access to abortion	● Abortions on the grounds of "foetal abnormality" are no longer considered constitutional, as per ruling of the Polish Constitutional Tribunal from October 22, 2020	NO	NO
41 42 43 44 45 Romania	On request	YES	No information	NO DATA	Only a small number of public hospitals continues to provide abortions on request (only 40% in November 2020) - reasons for refusal: COVID-19 pandemic, inadequate equipment, but for majority of the hospitals it is related to doctors resorting to "conscientious objection"	Restricted access	● Abortions not labelled as essential healthcare. ● Order of the Ministry of the Interior issued on March 23rd 2020 suspending all non-essential medical procedures, hospitalizations and consultations in public health facilities. ● Updated Order on April 7th 2020, which expanded the suspensions of all non-emergency procedures to both public and private health facilities. ● On April 27th 2020, Romanian Ministry of Health (Obstetrics & Gynaecology Commission) issued a circular to all District Health Authorities, with a recommendation to include abortion among the emergency services during the pandemic	NO DATA	NO DATA
46 47 48 49 50 51 52 53 Slovakia	On request; with a Waiting Period and Mandatory counselling	NO	NO	NO DATA	Hospitals in Slovakia have stopped performing abortions following a government decision to postpone all planned surgeries except lifesaving ones. ● Unavailability of the EMA forces women to more risky procedures. ● The "conscientious objection" restricts access to abortion in some areas. ● Women in the risk of poverty and social exclusion cannot afford an abortion and contraceptives due to financial limitations. COVID-19 pandemic is used to restrict access to abortion services.	Restricted access	● Abortions not labelled as essential healthcare. ● Four legislative proposals aiming to restrict further abortion access in the country sent to the Parliament. ● Three proposals requesting the full abortion ban not approved for further negotiations. ● Fourth proposal from the ruling OLANO party, with amendments to the existing Health Care Act and Abortion Act debated and rejected by the Slovak Parliament, by one missing vote on October 20th 2020. ● Rhetoric of the Health Minister who "does not recommend" having an abortion during the crisis.	NO	NO
54	Group 3: Countries that did not implement major changes, but abortion access was ensured								
55 56 57 Czech Republic	On request	YES	NO	NO DATA	Some issues in access, as some hospitals did not do abortions.	No changes but abortion considered as essential healthcare.	NA	YES	Partial (for consultations)
58 59 Slovenia	On request - woman needs to have a clear judgement	YES	NO	NO DATA	No difficulties indicated in the sources, abortions treated as essential healthcare.	No changes	NA	YES	Partial (e-referrals)
60 Denmark	On request	YES	YES	70% in 2015	No difficulties indicated in the sources	No changes	NA	YES	YES

61
62
63
64
65

14
15
16
17
18
19

Country	Abortion before COVID-19	EMA before COVID-19	EMA at home before COVID-19	% of EMA in Total Abortions before COVID-19	Reported difficulties in access during COVID-19	Changes in Access to Abortion during COVID-19	Description of changes	Availability of EMA during COVID-19	Telemedicine in facilitating abortion during COVID-19
Sweden	On request	YES	YES - for the 2nd pill	92% in 2016	No difficulties indicated in the sources	No changes	NA	YES	YES
Estonia	On request	YES	YES, for the 2nd pill	80% in 2018	Recommendation to prioritize EMA due to difficulties in access to hospitals and medical facilities.	Minor changes	Recommendations	YES	Partial (for consultations)
Czechia	On request	YES	YES	NO DATA	Access difficulties for migrant women; delays in the public healthcare	No changes	NA	YES	NO
Netherlands	On request; with a Waiting Period and Mandatory counselling	YES	YES, for the 2nd pill	22% in 2015	No major difficulties indicated in the sources, with a note that: <ul style="list-style-type: none"> • Surgical abortions are less available • Some difficulties due to unavailability of Telemedicine (Court of Hague example) 	No changes	NA	YES	NO
Group 4: Countries that did not implemented major changes, but abortion access was difficult									
Bulgaria	On request	YES	NO	NO DATA	Fewer abortions in comparison to the same time last year, attributed to difficulties in access due to over crowdedness of hospitals. EMA is not accepted or promoted in Bulgaria. Some reports found that access was getting more difficult for Roma girls and women.	No changes	NA	YES	NO
Malta	Total ban	NO	NO	NO DATA	Travel restrictions, untimely access to abortions, and emergence of potentially dangerous websites selling fake abortion pills.	No changes	NA	NO	NO
Hungary	On request; with a Waiting Period and Mandatory Counselling	NO	NO	NO DATA	Many challenges even before the pandemic. No EMA available.	Ban on non-life threatening procedures	NA	NO	NO
Croatia	On request	YES	NO	NO DATA	Reduced staff, doctors rejecting abortion, only a few clinics performed abortions), expensive, travel restrictions <ul style="list-style-type: none"> • Attitude of doctors towards abortion is getting more severe and that the abortions are getting more expensive; • Abortion is not explicitly labelled as essential 	No changes	NA	YES	NO
Cyprus	On request	YES	NO	NO DATA	Abortions generally performed only in private hospitals, which during COVID-19 also were taking care of COVID-19 patients.	No changes	NA	YES	NO
Unclassified									
Latvia	On request; with a Waiting Period	YES	NO	NO DATA	Insufficient data	No changes	NA	YES	NO
Luxembourg	On request; with a Waiting Period	YES	YES - for the 2nd pill	NO DATA	Insufficient data	No changes	NA	YES	NO

20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

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

Abstract

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

Introduction

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

COVID-19 not only presented itself as a health hazard, but also as a cause for great social and economic impact, especially for women[5]. Among the many areas affected by COVID-19, Sexual and Reproductive Health and Rights (SRHR) have faced significant disruption. The family-planning organization Marie Stopes International estimates that there could be up to 2.7 million additional unsafe abortions performed as a consequence of COVID-19[5]. The organization reports that increased barriers to abortions appeared everywhere due to lockdowns, restrictions of movement, lack of information, overwhelmed health system and supply chain disruptions. The time-sensitive nature of access to abortion was highlighted as a particular concern in a joint report by the European Parliamentary Forum (EPF) for reproductive rights and the International Planned Parenthood Federation European Network (IPPF EN)[6]. According to the report, over 5.633 static and mobile clinics, and community-based care outlets across 64 countries were closed because of COVID-19 restrictions, directly affecting access to abortion. Similar events have ~~lead~~led the United Nations Population Fund to raise concern over a global surge of up to 7 million unwanted pregnancies as a consequence of lockdowns and lack of access to contraceptives[7].

Access to abortion and public policy related to SRHR have been the subject of heated debates between various actors for decades[8,9]. Many have a claim in this discussion, including governments, policy makers, patients, the medical community, religious institutions, patient advocacy groups and other interest groups. Furthermore, policy decisions “do not happen in a vacuum” of a nation state, but in a transnational setting[9]. Looking into the settings such as the European Union (EU) or the United Kingdom (UK), -setting- in which member states share certain goals, decisions and resources, is important for understanding policy decisions and public debates around abortion during the time of crisis that COVID-19 imposed.

1
2
3
4 Policy making is said to be path dependent[10], so to understand how and why certain
5 countries changed, or decided not to change, their policy on abortion access, previous policy
6 decisions need to be taken into account. Previous studies explored the topic of abortion access and
7 its evolution in the EU and the ~~United Kingdom (UK)~~ before the pandemic[9,11]; and certain
8 studies analyze policy responses during the pandemics, partially covering EU countries and the
9 UK[12–17]. Keeping this in consideration, we decided to explore the following research questions:
10 What were the reported difficulties to abortion access during the COVID-19 pandemic in the EU
11 and the UK? How did relevant actors approach the difficulties, and what kind of policy or protocol
12 changes were made (or not) on access to abortion? What kind of public debate followed these
13 reported difficulties or changes?
14
15
16
17
18
19
20
21
22

23 ~~Generally, For issues of SRHR,~~ Europe is considered to be among the most advanced
24 regions in the world ~~for issues of SRHR~~. Abortion policy in Europe has been gradually developing
25 since 1960s, making access to abortion more liberal[9]. According to a recent report by the Center
26 for Reproductive Rights, *“over 95% of women of reproductive age live in countries that allow*
27 *abortion on request or on broad social grounds”*[18]. However, the situation between European
28 countries is disparate, and different levels of restrictions are in place in various countries. Several
29 studies compare abortion access and public policy in Western Europe, and have found that
30 approaches range from very permissive to very restrictive[9,19]. There are different dimensions to
31 this issue, such as the autonomy of the medical community, the dimension of patient access and
32 the dimension of public health care coverage[19]. ~~On the EU level, there has been an increase in~~
33 ~~the EU’s involvement in the health policy of its member states, becoming a point of reference for~~
34 ~~comparative health policy in Europe~~[20,21].
35
36
37
38
39
40
41
42
43
44

45 ~~In the recent years~~~~Over the past decades~~, abortion care has seen developments that have
46 facilitated the practice of “medical abortion” through pharmacological drugs such as mifepristone
47 and misoprostol, enabling more convenient early abortion procedures[11]. The use of medical
48 abortion offers access to safe, effective and acceptable abortion care[11,20–22]. Further, the
49 advent of digital technologies opened up the possibility of telemedicine, which allows provision
50 of healthcare services without having health professionals and patients in the same place. In the
51 context of abortion care, telemedicine is being used for counselling, distributing abortion
52 medication prescriptions, and guidance on the abortion process[23]. The use of technology is a
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 further step towards making early medical abortion (EMA) easier and more accessible, presenting
5 a service option where some or all of the abortion care can take place remotely[24].
6
7

8
9 Regardless of the overall ease of access to abortion in the EU, the COVID-19 crisis made
10 public health policy disparities more visible[15]. We explore these disparities further.
11

12 **Materials and Methods**

13 **Data Collection**

14
15 We conducted a cross-national exploratory study of abortion policy responses and issues
16 related to abortion access in the field during the COVID-19 sanitary crisis in the EU and the UK.
17 The EU consists of 27 member states, with the estimated population of nearly 448 million in
18 2020[25] and almost 1.7 million practicing physicians as of 2018[26]. As of 31st January 2020, the
19 UK left the EU. However, considering that the transition period ~~will last~~lasted until the 31st
20 December 2020, we expanded the analysis to include measures taken within the UK. ~~We collected~~
21 ~~the data in the~~Data collection predominantly took place~~period~~ between March and November
22 2020 (where applicable some important information has been updated in January 2021). In March
23 2020, most countries had entered a state of emergency lockdown (or equivalent term),
24 progressively relaxing restrictions during the summer period. ~~At the time of writing, most~~ Some
25 Majority of countries in Europe ~~seem to~~ have entered a second-wave of pandemic around October
26 2020[27].
27
28
29
30
31
32
33
34
35
36
37
38
39

40 We collected the data from ~~sevensix~~ main types of sources: 1) current national legislations;
41 2) local policy decisions; 3) global and regional organizations' synthetic reports; 4) bulletin reports
42 from NGOs; 5) international media coverage; ~~and~~ 6) published peer-reviewed academic studies;
43 ~~and 7) -administrative data and statistics (-, including In addition, data data on EU~~ population
44 statistics, GDP per capita, state of telemedicine services and healthcare system structures); ~~-was~~
45 extracted from their respective official sources[26,28,29]. In all cases, we used the latest available
46 information, and disclosed where no information was available.
47
48
49
50
51
52
53

54 **Data analysis**

55
56 As a starting point, we consulted ~~current~~ the legislation of individual countries which was
57 in place prior to the pandemic, ~~abortion legislation of individual countries~~ in order to comprehend
58 the state of affairs on abortion access before the pandemic took place. We then proceeded to look
59
60
61
62
63
64
65

1
2
3
4 into changes of ~~the existing~~ abortion regulations by examining policy decisions taken across the
5
6 ~~EU~~ countries. We used official documents issued by governments and relevant ministries, which
7
8 we downloaded and translated where necessary. This allowed us to analyze the nature, mechanisms
9
10 and duration of the different governmental measures. We consulted synthetic reports produced by
11
12 different global and regional organizations and bodies such as WHO, EPF, IPPF EN, and others.
13
14 We specifically focused on reports published in the wake of the pandemic, such as a joint report
15
16 by EPF & IPPF EN on “Sexual and Reproductive Health and Rights during the COVID-19
17
18 pandemic”. We also consulted information published by different NGOs, such as bulletin reports
19
20 provided by The Center for Reproductive Rights, an institution that continually monitors the
21
22 treatment of sexual and reproductive health care in Europe. We corroborated these findings with
23
24 recently published studies that covered access to abortion during COVID-19. The European
25
26 countries’ media coverage on abortion helped us understand more closely whether abortion
27
28 remained accessible during the sanitary crisis, as well as to pinpoint specific issues in the field in
29
30 case of disrupted access.

31 Findings

32
33 We started ~~by our analysis by~~ ~~examined~~ ~~ing~~ ~~examining~~ the state of abortion access in the
34 pre-pandemic times for each country (including access to both surgical ~~abortion~~ and ~~medical~~
35 ~~abortion~~EMA), the reported difficulties in access during pandemic, the actions of policy-makers
36 and reported changes in protocols and practices. Details for each country are summarized in Table
37
38
39
40 1.

41
42
43 --- Insert Table 1 here ---

44
45 As a result of ~~further our analysis~~ further analysis, we found two dimensions by which ~~EU~~
46 countries and the UK differed ~~the explored countries differed~~ in relation to abortion access during
47
48 the COVID-19 pandemic: the extent of changes to policies and protocols within the country, and
49
50 the extent of difficulty in access to abortion during the pandemic. Based on these two dimensions,
51
52 we identified four groups of countries: (1) Countries that initiated or implemented policy or
53
54 protocol changes that facilitated access to abortion, (2) Countries that initiated or implemented
55
56 policy or protocol changes that restricted the access to abortion, (3) Countries with no policy or
57
58 protocol change, with no or minor reported difficulties in abortion access indicated in the sources
59
60 during COVID-19, and (4) Countries with no policy or protocol change with reported difficulties
61
62
63
64
65

1
2
3
4 in abortion access during COVID-19. Figure 1 illustrates these dimensions and groups. We note
5 that for some countries we could not find substantial data, therefore we labeled them as
6 “unclassified”, as we could not categorize them in any of the above-mentioned groups.
7
8
9

10 --- Insert Figure 1 here ---
11

12
13 Each of these categories ~~are is~~ described in further detail in the sections below. ~~Details for~~
14 ~~each group of countries are summarized in Table 1. We examined the state of abortion access in~~
15 ~~the pre-pandemic times for each country (including access to both surgical and medical abortion),~~
16 ~~the reported difficulties in access during pandemic, the actions of policy makers and reported~~
17 ~~changes in protocols and practices.~~
18
19
20
21

22 ~~--- Insert Table 1 here ---~~
23
24

25 **1. Countries that initiated or implemented policy or protocol changes that facilitate** 26 **access to abortion** 27

28
29 This group includes countries that recognized the shortcomings of current procedures and
30 policies to abortion care during the pandemic; and implemented policy or protocol changes to
31 facilitate access to abortion. The main changes identified in this group relate to one or a
32 combination of the following measures: replacing face-to-face visits with the introduction of
33 different types of telemedicine options (e.g. France, England, Wales, Scotland, Ireland, Germany,
34 Austria, Portugal, Belgium), first-time introduction of EMA (e.g. Northern Ireland, with a note
35 that abortion regulation changes were adopted before the pandemic, while the implementation of
36 these coincided with the period of the pandemic), further facilitation of access to EMA in countries
37 where it already existed by allowing self-administration of both medical pills at home (e.g. France,
38 England, Wales, Scotland, Ireland), postal delivery of EMA medications (e.g. England, Wales,
39 Scotland), extension of the gestational limit for EMA (e.g. Scotland, France, Italy, Belgium,
40 Finland - Helsinki region), elimination of mandatory waiting period (e.g. Portugal), and others.
41 We summarize the situation in individual countries below.
42
43
44
45
46
47
48
49
50
51
52
53

54 In pre-pandemic France, surgical abortion was available on request until the 12th week of
55 pregnancy (7th week for ~~medical abortion~~EMA). The lockdown initiated concerns about women
56 not being able to follow gestational limits due to the challenges that travelling presented during
57 lockdown[30]. France implemented measures to prolong access to EMA at home from 7 to 9 weeks
58
59
60
61
62
63
64
65

1
2
3
4 of pregnancy and allowed doctors and midwives to prescribe medicine by teleconsultation during
5 the pandemic[31]. The amendments to the existing regulation came into effect with the *Decree of*
6 *Minister of Solidarity and Health* adopted on April 14th 2020[32]. Furthermore, a detailed set of
7 recommendations called “*COVID-19 rapid responses*” were published by the High Health
8 Authority on how to conduct EMA in 8th and 9th week of pregnancy outside of the hospital
9 setting[33]. In addition, the abortion medicaments could now be acquired in pharmacies[14]. The
10 debate around access to abortion continued after the first lockdown. In October 2020, the French
11 Parliament re-initiated a debate about the new abortion regulations (which was previously delayed
12 in 2019) that would extend the gestational limit from 12 to 14 weeks, enable midwives to conduct
13 surgical abortion up to the 10th week, and remove the clause by which doctors and providers could
14 deny abortion care based on personal beliefs, [34]. ~~In November 2020, the bill is waiting for a vote~~
15 ~~in Senate. On January 20th 2021, the Senate rejected the proposed extension of the gestational limit~~
16 ~~and the bill was sent back to the National Assembly for further examination~~[35].

17
18
19
20
21
22
23
24
25
26
27
28
29
30 In England, Wales and Scotland, the grounds on which abortion is considered lawful are
31 ~~stipulated in the Abortion Act 1967~~[36] ~~and require two doctors to certify that one of the grounds~~
32 ~~has been met, to justify the termination of the pregnancy~~ [37]. ~~∴ saving the life of the pregnant~~
33 ~~woman, preserving woman’s physical or mental health (or health of any of the existing children of~~
34 ~~her family) from a grave permanent injury, or on the grounds of fetal impairment~~[37]. British
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

In England, Wales and Scotland, the grounds on which abortion is considered lawful are stipulated in the Abortion Act 1967[36] and require two doctors to certify that one of the grounds has been met, to justify the termination of the pregnancy [37]. ∴ saving the life of the pregnant woman, preserving woman’s physical or mental health (or health of any of the existing children of her family) from a grave permanent injury, or on the grounds of fetal impairment[37]. British Pregnancy Advisory Services (BPAS) reported in March 2020 that nearly one quarter of their abortion clinics were forced to shut down due to staff sickness[38]. On March 30th 2020, the UK Department of Health and Social Care issued the Approval Order[39] to facilitate access to abortion care in England, while similar Approval Orders followed from Welsh[40] and Scottish governments[41] on March 31st 2020. These policy changes introduced telemedicine consultations via phone, video call or other electronic means, as well as facilitated access to EMA by allowing self-administration at home of both mifepristone and misoprostol (previously possible for misoprostol only). For England and Wales this was allowed until up to 9 weeks and 6 days of pregnancy[12], while for Scotland it was extended to 11 weeks and 6 days of gestation[42]. Additionally, postal delivery of the “home package” containing abortion medications is now possible, once home abortion has been approved[14]. The duration of the above-mentioned Approvals for England[39] and Wales[36]— is limited to two years or until the expiry of the temporary provisions of the *Coronavirus Act 2020*:[43]; while the Scottish Government did not

1
2
3
4 set an expiration date, but merely indicated its limited time validity until such a time that there is
5 no longer need for a pandemic response, at which point the previous Approval (from October
6 2017) will be reinstated [41]. It should be noted that public consultations are underway in
7 England[43] and Wales[44]to keep the Approval Orders in place permanently[43][44], while they
8 have already been finalized in Scotland[45].
9
10
11
12
13

14 Northern Ireland (NI) is also placed in this group in the light of the recent implementation
15 of the new abortion legislation, which finally decriminalized abortions. Although the bill was
16 approved in July 2019, the fact that it came into force in the wake of the pandemic seemed as a
17 very relevant step when it comes to facilitating abortion access in the country. Abortions in NI
18 were previously illegal and only permitted if there was a risk to the woman’s life. The new
19 legislation[46] legalizes surgical abortion within the first 12 weeks of pregnancy, and it introduces
20 EMA up to 9 weeks and 6 days gestation, with the possibility for self-administration of misoprostol
21 at home. The law came into force on March 31st 2020, however abortion services were not
22 routinely available in the region before April 9th and there were reported difficulties in access. The
23 NI health authorities initially declined to order the health services to provide abortions,
24 commission information campaigns, which left some women with the only option to travel to
25 England for the procedure during the early days of lockdown in March 2020[47]. In addition, the
26 government has decided not to follow the emergency measures introduced in the other UK
27 countries concerning the use of telemedicine. This caused several abortion providers to openly
28 express their intention to help pregnant women in NI[12]. In partnership with NI health-care
29 professionals, -the BPAS launched the Emergency Abortion Pills by Post for women in NI[48].
30
31
32
33
34
35
36
37
38
39
40
41
42
43

44 The government of Ireland has also facilitated access to abortion procedures. There was no
45 change to the abortion regulation as such, but an implementation of the revised model of care to
46 the existing legislation in section 12[49], as it previously did not exclude the possibility of the
47 examination through telemedicine or video conference[50]. Two mandatory personal visits to
48 general practitioners were waived by allowing remote consultations prior to abortion, as well as
49 self-administration at home of the two EMA pills during the pandemic, up to 9 weeks of pregnancy
50 (home-use previously possible for misoprostol only). However, obtaining the *Home Care Pack*
51 was still subject to collection from a clinic[51].
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 In Italy, the oversaturation of medical facilities was particularly evident, as the country was
5 one of the hardest hit EU countries by the pandemic. Although the Italian ministry of Health
6 published the *Guidelines on Organization of Hospital and Territorial Services during an*
7 *emergency COVID-19*[52] in March 2020, clarifying that abortion should not be postponed, it
8 failed to explain how to preserve access to voluntary interruption of pregnancy[53]. According to
9 the pre-pandemic abortion legislation, EMA is allowed, but requires hospitalization throughout the
10 entire procedure[54]. Before the pandemic, the EMA accounted less than one fifth of abortions
11 done in Italy[53]. The Pro-Choice Network[55], an Italian contraception and abortion NGO, urged
12 the government to favor EMA by extending the limit for drug administration from 7 to 9 weeks,
13 as well as to de-hospitalize EMA to consultants and outpatient clinics to reduce risk of infection
14 and congestion in hospitals, but the authorities firstly rejected to do so. Nevertheless, on August
15 13th 2020, Italian Ministry of Health introduced the updated *Guidelines*[56] regarding EMA,
16 removing the obligatory 3-day stay at the hospital, increasing the limit for EMA to 9 weeks, and
17 allowing for them to take place outside of the hospital setting - in local, public health centers and
18 family planning services[57].
19
20
21
22
23
24
25
26
27
28
29
30
31

32 Surgical Aaortion in Spain is legal and available on request until 14 weeks of pregnancy,
33 with a mandatory waiting period of 3 days[58], while EMA is possible in a hospital or clinical
34 setting, or at home for the self-administration of the 2nd pill[59]. Since the beginning of the health
35 crisis, reports indicate that abortions were treated as essential healthcare, without delays in
36 consultations or cancellations of appointments[60]. Abortion clinics in the country, continued to
37 operate during the state of the emergency[61]. However, the process to request abortion was not
38 sufficiently streamlined in terms of the amount of paperwork and the number of visits required.
39 Spanish women normally need 3 or 4 in-person appointments with healthcare providers before
40 being cleared for the procedure[62]. One of such appointments is called “face-to-face information
41 package” during which a woman needs to collect in person an envelope containing prepared
42 information, and then there is legal requirement of a 3-day mandatory waiting period. This was
43 particularly problematic for women who had to travel long distances during the national lockdown
44 to reach abortion clinics. Most of the country continued following existing procedures requiring
45 physical visits except for Catalonia, which enabled electronic delivery of the “face-to-face
46 information package” since early April[63]. According to the latest reports in the media, the
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Spanish government wants to amend the abortion legislation to allow 16 and 17-year-olds to seek
5 an abortion without parental permission[59].
6
7

8
9 Current legislation in Germany allows abortions on request following mandatory
10 counseling and an obligatory waiting period of 3 days[64]. During the COVID-19 pandemic,
11 different organizations and parliamentary groups appealed to the government to recognize surgical
12 abortion as an essential procedure, allow EMA at home, and waive the mandatory waiting period
13 and counseling requirement[65]. Telemedicine support for counseling was introduced to regulate
14 the situation, in a modality via phone with a digital certification[14,66]. Despite these measures,
15 access to abortion was still reported as restricted across the country as many doctors had to close
16 their practices since they belonged to the high-risk age group, and many hospitals refused
17 procedures due to being overwhelmed with COVID-19 patients, with reports of waiting time for
18 an abortion appointment rising up to two weeks[67].
19
20
21
22
23
24
25
26

27 In Austria, surgical abortion was available on request before COVID-19. While EMA was also
28 available, the pill mifepristone had to be taken at the hospital or a dedicated abortion clinic[68]. During
29 COVID-19, already existing issues with abortion access were highlighted, such as traveling to a
30 designated clinic and access to abortion in rural areas[69,70]. In addition, as Austria is one of the rare
31 EU countries where abortion is payed out-of-pocket, the financial and economic crisis in the pandemic
32 presented an additional burden[71]. Reports indicated that only five hospitals in Austria continued to
33 provide abortions[72]. Family-planning centers, women-rights and pro-choice organizations mobilized
34 the political actors to propose a parliamentary motion and allow the delivery of mifepristone by
35 gynecologists at their practice[73]. Federal Office for Safety in Health Care has granted approval and
36 since July 2nd 2020 it is possible to take the abortion pill at the gynecologists, a practice which
37 facilitates access[74].
38
39
40
41
42
43
44
45
46

47 Abortions in Belgium before the pandemic were allowed on request, but a woman had to go
48 through a waiting period and mandatory counseling[18]. Just before the lockdown, Belgium was about
49 to vote on the modernization of abortion regulations, but this was postponed[75,76]. Abortions ~~in the~~
50 ~~country~~ are usually handled in hospitals and family panning centers, the latter being the dominant
51 provider, with only 25% of the procedures done in hospitals[77]. Belgium maintained access via
52 family planning centers, which have focused all their available resources on abortion care and
53 urgent gynecological consultations during the pandemic[78]. As explained by Caroline Watillon,
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 project manager at the Secular Federation of Family Planning Centers, *"in general, we practice*
5 *the drug method for up to 7 weeks in the centers. The woman receives a drug and can take it at*
6 *home. We have received, in particular from the Erasmus hospital, a new protocol which would*
7 *favor this method up to 10 weeks of pregnancy, because of the current crisis. Each planning center*
8 *will choose its approach"*[78]. Another new practice was introducing telemedicine for
9 prescriptions and abortion counseling pre-meetings[79].

10
11
12
13
14
15
16 Reports indicate that the number of pregnancy terminations in public hospitals and private
17 clinics in Portugal decreased by 40% in the period from March to June 2020, in comparison to the
18 same period in the previous year[80]. Although there was no official policy change[14] with
19 regards to abortion access facilitation, the Portuguese Society of Contraception and Clinicians
20 issued in March 2020 a set of recommendations with proposed strategies for health professionals
21 for ensuring access to abortion as essential health care[81]. These included elimination of face-to
22 face visits and encouragement of telemedicine options, postponement of post-abortion visits or
23 making them available via telemedicine, and the option to eliminate mandatory 3-day waiting
24 period (to be decided between the doctor and the user). Reports indicate that hospitals in the
25 National Health System (NHS) were not using uniform approaches – some decided to temporarily
26 suspend abortion consultations to make room for other, more urgent procedures and directed
27 patients towards the private clinics, according to the NHS protocol[80].
28
29
30
31
32
33
34
35
36
37

38
39 Under the current law, abortion in Finland is available on broad social grounds, and a
40 woman is required ~~conditioned~~ (unless-except in specific cases) to justify her decision to terminate
41 pregnancy with a testimonial from two doctors and social or financial justification[82]. A citizen
42 initiative gathered more than 50.000 signatures during the COVID-19 crisis to support the
43 regulation change[83]. During the pandemic, there had been a change in the local practice for the
44 region of Helsinki, where the home-use of misoprostol is now allowed up to 10 weeks (previously
45 9 weeks) [14].
46
47
48
49
50
51

52 **2. Countries that initiated or implemented protocol changes that restrict access to abortion**

53

54
55 This group is characterized by the fact that abortion access during the pandemic was
56 severely disrupted or even completely blocked for women due to actions of the government. In
57 summary, the governments of Poland[84] and Slovakia[85] have initiated legislation changes to
58 further restrict abortion access during the COVID-19 pandemic, while in Romania[86] and
59
60
61

1
2
3
4 Lithuania[87] the procedure was not considered essential healthcare, implying that hospitals could
5 simply refuse to conduct interventions during the pandemic, which many of them did.
6
7

8
9 Poland has one of the most restrictive abortion laws in the EU. It is one of the two EU
10 member states where abortion on request or broad social grounds is not permitted (along with
11 Malta) [88]. Prior to the COVID-19 pandemic, abortion was considered illegal, except in
12 circumstances such as fetal abnormality, risk to the mother’s health, or when the pregnancy results
13 from rape or incest[89]. Even then, finding a doctor willing to conduct the procedure remains
14 complicated. In the wake of the COVID-19 pandemic, Polish Parliament debated a “Stop
15 Abortion” legislative proposal, which attempts to additionally limit access to abortion care. This
16 government initiative has generated massive online protests in the country in April 2020, accusing
17 the Polish government of taking advantage of the pandemic to pass this controversial bill[84]. On
18 October 22nd 2020, the Polish Constitutional Tribunal ruled in favor of the motion initiated by the
19 deputies of the ruling “Law and Justice” party, confirming that abortions on the grounds of fetal
20 abnormality are no longer considered constitutional[90]. This almost completely blocks abortion
21 access to women in the country, taking into account that abortions on the grounds of fetal
22 abnormality represented nearly 98% of all abortion procedures in Poland in 2017[91]. The ruling
23 triggered massive protests, assembling over 100,000 people in Warsaw[92], which culminated in
24 the violence between the protestors and the police forces. Although the government initially
25 delayed~~The government has delayed~~ the publication and the implementation of the Tribunal’s
26 ruling, it came into effect on January 27th 2021, three months after the initial ruling [93].
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

43 Similar trends were present in Slovakia and Lithuania. One of the measures to deal with
44 the COVID-19 pandemic was to postpone all non-essential procedures in hospitals and abortion
45 was not labeled as “life-saving procedure”[85]. The consequence of such action was that many
46 hospitals in both countries stopped providing them. Controversial rhetoric from government
47 officials accompanied their public addresses. Lithuanian health minister Aurelijus Veryga declared
48 that this could be an opportunity for women to “*reconsider their choice*” [87], while the Slovakian
49 health minister, Marek Krajčí warned that he “*does not recommend*” having an abortion during
50 the crisis[94]. As a response to the restricted access to abortion services, representatives of the
51 civil society and the Slovak Ombudsperson have urged the Minister of Healthhealth minister to
52 ensure women’s access to safe and timely abortion care[95]. The debate became more intense as
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 several members of the parliament ~~of~~from the current Prime Minister Igor Matovic's party,
5 announced their intentions to push for a full ban on abortions in Slovakia[85]. In September 2020,
6 four legislative proposals aiming to further restrict abortion access in the country were sent to the
7 Parliament[96]. Three proposals advocated for a complete ban of abortions on request, but were
8 not approved for further negotiations. The final proposal (no. 154) came from the ruling OLANO
9 party, with amendments to the existing Health Care Act and Abortion Act. Among other things,
10 the amendments targeted the increase of the mandatory waiting period to 96h (instead of current
11 48h), introduction of two mandatory medical opinions when resorting to abortion due to medical
12 reasons (instead of ~~current~~ one), as well as an obligation for women to disclose the reason for the
13 requested abortion, along with other private information[97]. On October 20th 2020, the Slovak
14 Parliament rejected the proposal by one vote[98].

25 Different reports indicate that access to abortion remains restricted during the pandemic in
26 Romania[31]. Under normal conditions, abortion on request is possible within the first 14 weeks
27 of pregnancy, while the Medical College's Code of Medical Ethics allows doctors to refuse the
28 procedure on the basis of "conscientious objection" [99]. As part of COVID-19 emergency
29 measures, the Ministry of the Interior issued the Order on March 23rd 2020, suspending all non-
30 essential medical procedures, hospitalizations and consultations in public health facilities[86]. On
31 April 7th 2020, the Order was updated, expanding the suspension to private health facilities.
32 Consequently, numerous abortion and ob-gyn services were discontinued in hospitals in early
33 April 2020. On 15th April 2020, a group of pro-choice Romanian advocates called upon Romanian
34 Ministry of Health to reinstate abortions as part of essential health care on a national level[100].
35 As a response to this public outcry, the Obstetrics & Gynecology Commission of the Romanian
36 Ministry of Health issued a circular to all District Health Authorities, with a recommendation to
37 include abortion among the emergency services to be provided during the pandemic. However,
38 this recommendation was apparently a subject to free interpretation by health institutions since
39 only 11% of public hospitals in the country were providing abortions on request in April 2020
40 [101]. The BBC news confirmed that the situation continued throughout the month of May 2020
41 [102], with the latest media reports from November 2020 indicating that only 40% of state
42 hospitals in Romania provide abortions s on requests. Reasons for refusal are related to COVID-19
43 pandemic, inadequate equipment, but "conscientious objection" seemed to be the main cause to
44 deny women the right to abortion[103].

3. Countries with no policy or protocol change where no or minor reported difficulties in abortion access during COVID-19

A series of countries did not make major policy changes, while maintaining abortion accessible during the pandemic, at least partially in the same way that it would under normal circumstances. However, within these countries, there are still differences, mostly due to the state of abortion care before the pandemic, and availability and familiarity with EMA.

In the Czech Republic, the authorities have ordered that the provision of health services should be limited to essential and necessary, but “the measure did not explicitly prohibit abortions”, as the representatives of the Ministry of Health indicated[104]. Reports state that some hospitals may have stopped abortion care for a while due to focus on COVID-19 patients, but indicated that this did not seem to have a big negative impact, as a large part of abortions was already done through EMA, and doctors were encouraged to use telemedicine to conduct necessary consultations[105].

In Estonia, both medical and surgical abortion remained accessible, as confirmed by major health clinics in the country[106]. In order to reduce risk of contagion, women were encouraged to prioritize EMA when possible, as indicated in the “*Frequently Asked Questions for COVID-19*” on the website of the East Tallinn Central Hospital[107]. However, some organizations criticized the Estonian government for not providing enough elaborated information for women seeking abortions and pregnant women in general, while the elaboration on other health issues on the state website kriis.ee was significantnotable[108].

Abortions were considered as an emergency procedure in Slovenia, and ~~access was reported to be running with no major difficulties, as confirmed by~~ the National Institute of Public Health~~[109]confirmed that no major difficulties are encountered[109]~~. It has to be noted that differences in approach depending on judgement calls from the healthcare provider could be observed in the field, as one doctor pointed out: “*in some cases, we issue an e-referral for hospital treatment, while in others the woman undergoes a preliminary examination by her gynecologist*” ~~as explained by Barbara Mihevc Ponikvar, MD[110]~~.

In Denmark and Sweden, where EMA constitutes at least 70% of all abortion procedures[6] the situation was less debated. In both countries abortion was supported by telemedicine, ~~(in~~

1
2
3
4 Sweden for Stockholm region ~~specifically~~ specifically even prior to pandemic [14], with no major
5 reports during COVID-19 on difficulties in access.
6
7

8
9 The Netherlands is one of the countries with lowest abortion rates in the world [111].
10 ~~Surgical A~~ abortions ~~on request~~ are performed on request until 24 weeks of pregnancy with a
11 mandatory 5-day waiting period, ~~and can only be carried out by a doctor in a hospital or clinic~~
12 ~~licensed by the relevant ministry~~ [112]. EMA is allowed up to 9 weeks [113] of pregnancy using a
13 2-pill combination, and the first one needs to be taken in clinics. Although there were no major
14 reported problems in access, in the wake of the pandemic, ~~there were~~ calls were made to the
15 authorities to liberalize the current regulations and use the support of telemedicine [114]. There
16 was an instance in which two women who wanted to have an EMA presented a case against the
17 Dutch government on the grounds that the imposed national lockdown and movement restrictions
18 do not permit women to access their abortion rights [115]. The matter reached the Court of Hague
19 when two pro-abortion organizations joined the legal proceeding. One of the women in the lawsuit,
20 for example, could not leave her household to reach the clinic since her family member was
21 infected with COVID-19 and she was quarantined as a result of it. The plaintiffs requested for an
22 alternative solution to be enabled, such as receiving abortion pills via post, or making them
23 available in pharmacies or with general practitioners. The Court of Hague rejected the case by
24 publishing the ~~abbreviated judgment~~ [116] [116] in which it refused to allow access to EMA
25 ~~abortion~~ via alternative methods and invited the plaintiffs to comply with the existing abortion
26 regulations [116].
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41

42 Abortions in Greece are available on request until the 12th week of pregnancy. It has been
43 reported that during the pandemic, many Greek women choose to see a private gynecologist to
44 avoid delays that are common with the public system [117]. Difficulties for migrant woman in
45 access are also highlighted [118]. However, even though Greece does not have official data on
46 abortions, reports indicate that EMA was a method that many women used with the possibility to
47 buy the prescribed medication in the pharmacy and take it at home [119].
48
49
50
51
52
53

54 **4. Countries with no policy or protocol changes, with many reported difficulties in abortion** 55 **access during COVID-19 crisis** 56 57

58 In this group, we find countries in which ~~even prior to the COVID-19 pandemic different~~
59 ~~groups of women faced difficulties in accessing abortion services. There~~ there were no policy
60
61
62
63
64
65

1
2
3
4 changes initiated during the health crisis to make abortion more accessible, and the already existing
5 difficulties remained and became more complex due to the national lockdowns and disruptions of
6 health systems.
7
8
9

10 Malta is the only EU member state where there are no instances in which abortion is legally
11 permitted. Estimates indicate that over 500 women in Malta find ways to access abortions each
12 year[15], either by travelling abroad or ordering medical abortion pills online. A report from the
13 Doctors of Choice organization highlights that around 200 women in the country purchase medical
14 abortion pills online each year[120]. However, due to the COVID-19 pandemic the probability for
15 higher rates of unsafe abortions has risen, as women had to resort to alternative practices[15].
16 There has also been evidence of unreliable and potentially dangerous online websites selling fake
17 abortion pills, with symptomatic emergence of these vendors between March and May 2020[121].
18
19
20
21
22
23
24
25

26 Even before the pandemic, the access to abortion in Hungary was problematic, following
27 several controversies in the period between 2010 and 2013. These controversies include instances
28 by the government, such as different anti-abortion campaigns, modification of the Constitution to
29 include right to protection of life since conception, obstructions to the licensing of abortion pill,
30 and providing state funding to hospitals who agreed not to perform abortions[122]. Hungarian law
31 allows pregnancy to be terminated up to the 12th week if the ~~women~~woman's life is in danger, if
32 there is fetal impairment, a situation of a crisis for a woman or if the pregnancy is outcome of a
33 criminal act. Before the abortion, a woman has to go to Family Planning center twice to receive
34 information about state support and adoption. During the pandemic, the government did not ease
35 these requirements. Furthermore, Hungary was one of the two EU countries (along Poland) that
36 signed an US-led anti-abortion declaration in October 2020[123]. Hungary's Family Affairs
37 Minister reportedly said that Hungary joined to "show the value of life" [124].
38
39
40
41
42
43
44
45
46
47

48 As pointed out by the Open Democracy organization, the Balkans region has been
49 particularly affected by clinic closures, and reports from the IPPF EN and the EPF found that some
50 services for Roma girls and women have been suspended across Bulgaria[125]. Additionally, it is
51 stated that the number of abortions decreased in the country in comparison with the same time last
52 year, which was attributed to difficulties in access[126]. ~~As far as Croatia is concerned~~In Croatia,
53 local media inform of rising difficulties, predominantly as a result of increasing abortion fees and
54 rising numbers of refusals of care by individual providers, as well as hospitals[127]. ~~In Cyprus,~~
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 ~~while abortion is allowed on request,~~ The abortion policy during COVID-19 times in Cyprus was
5 not elaborated. However, the challenges ~~to-in~~ accessing to abortions remained, since-as although
6 abortions on request are allowed in in Cyprus, ~~while abortion is allowed on request,~~ only private
7 hospitals perform ~~abortionsthe~~ procedures, and they were demanded to also ~~take care of~~ treat the
8 COVID-19 patients[128].
9

14 Unclassified countries

16 Academic studies indicate that abortion access was difficult in Latvia and Luxembourg in
17 a way that women who were suffering from COVID-19 were denied access to hospitals[14].
18 Luxembourg allows termination of pregnancy only for risks related to physical and mental health
19 since 1978[129]. In Latvia, surgical abortion is allowed on request until the 12th week and EMA
20 is available. No other specific information was found on the access during COVID-19 crisis, and
21 no major debates were found in the media. Hence, due to a lack of evidence these countries
22 remained unclassified within the four groups.
23
24
25
26
27
28
29
30
31
32

33 **Discussion**

34
35 In this paper, we set out to explore the state of abortion access within the EU and the UK
36 during the COVID-19 pandemic. By comparing the countries within this transnational setting, we
37 identified ~~three themes that merit further discussion~~ the diverse impact of COVID-19 on abortion
38 access and the policy measures that countries can take to facilitate abortion access.
39
40
41
42

43 **Impact of COVID-19 on Abortion Access**

44
45 Abortion has always been a political issue [9], and COVID-19 affected how EU member
46 states and the UK carried on with their public health policies in various ways, making access to
47 abortion differ even more than before. Obstacles to safe abortion have existed in normal times, but
48 particular social, political and geographical barriers have risen in several EU countries during the
49 pandemic, in contrasts with other member states. This makes the impact of COVID-19 to the lives
50 of women seeking abortion ~~across the EU countries and the UK~~ differ significantly. The
51 differences between right and left, conservative and liberal, pro-choice and against, became more
52 explicit during the COVID-19 crisis, while inequities to abortion access were highlighted, and the
53 debates around abortion heated up.
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 On one hand, the COVID-19 pandemic acted as a trigger in some countries to update their
5 abortion policy to a more liberal version during and potentially even beyond the pandemic. ~~For~~
6 ~~example, as~~ As our analysis shows, policy changes such as those implemented or initiated in
7 Austria, Finland, Belgium, Italy, England, Wales, Scotland and France can significantly improve
8 lives of women seeking abortion during and after pandemic. On the other hand, several EU
9 countries, such as Slovakia and Poland, ~~used COVID-19 crisis to further politicize abortion care~~
10 ~~and pushed~~ for restrictions. Some of the previous attempts to restrict the abortion access were
11 renewed during the pandemic, for example in Slovakia where after six bill drafts concerning
12 abortion rights were rejected in 2019, four of them again found their way into parliament in this
13 crisis period. It is also important to note that the lockdown and borders closure affected access in
14 unexpected ways since women from more restricted countries could not travel to countries with
15 liberal access. Medical tourism, that is traveling to another country for medical care[130], was a
16 common solution for these women before the lockdown (for example from Poland and Slovakia
17 to Czech Republic, Austria and Germany; from Croatia to Slovenia). Access to safe [EMA-abortion](#)
18 became impossible for women from Malta who then resorted to imported “abortion pills”[15].
19
20
21
22
23
24
25
26
27
28
29
30
31

32 Media backlashes emerged from feminist, women rights and pro-choice organizations,
33 warning about “conservative revolution” and leading to protests of abortion activists after the
34 lockdown in the streets[131]. Over 100 organizations united in a joint civil society initiative to
35 draft an open letter to EU policymakers to denounce actions that further endanger women’s rights,
36 and potentially put their lives at risk[132]. Reactions were coming also from other countries within
37 the EU, such as for example from Czech Republic and Denmark, where certain organizations and
38 parliament members asked from their governments to facilitate abortion access for Polish women
39 in these countries[133].
40
41
42
43
44
45
46

47 Nevertheless, even countries with more liberal policies saw difficulties in abortion access.
48 While the lack of reaction from certain countries clearly shows that the governments did not place
49 a high priority to solving the issues of women seeking abortions, even in countries that took steps
50 to ensure the normal functioning of service and provision, women still experienced many
51 difficulties, as our findings have shown.
52
53
54
55
56

57 ~~Need for Elaborated and Coordinated Health Policy across the EU~~

58
59
60
61
62
63
64
65

1
2
3
4 European Parliament resolution from April 17th 2020 drafted a series of points of an EU
5 coordinated action to combat the COVID-19 pandemic and its consequences. It included access to
6 abortion rights, calling member states to “effectively guarantee safe and timely access to SRHR
7 and the necessary healthcare services for all women and girls during the COVID-19 pandemic,
8 especially access to contraception, including emergency contraception, and to abortion care;
9 strongly rejects any attempts to backtrack on SRHR and LGBTI rights, and in this context
10 condemns the attempts to further criminalize abortion care, stigmatize HIV positive people, and
11 undermine young people’s access to sexuality education in Poland, as well as the attack on
12 transgender and intersex people’s rights in Hungary”[133].
13
14
15
16
17
18
19
20

21 The recommendation of the European Parliament did not result in any kind of positive
22 reaction from the aforementioned states. Further calls have been made to the EU to react. For
23 example, IPPF EN has written a letter addressed to the President of the European Commission and
24 the President of the European Council in which they asked for more involvement of the EU
25 institutions in protection of SRHR during the COVID-19 pandemic. The letter called for the EU
26 not to tolerate the restrictive policies of its member states emphasizing that “it goes without saying
27 that individual Member States must refrain from exploiting the pandemic to consolidate
28 authoritarian power, to weaken democracy and the rule of law, or to trample on human rights,
29 including women’s reproductive freedom and the rights of transgender people. Collectively, the
30 EU should not tolerate any such abuses”[6]. European Women’s Lobby asked from the EU
31 policymakers to ensure “EU wide introduction of teleconsultations for prescription of the abortion
32 pill. This must be delivered by all Member States as abortion care must be considered urgent and
33 medically necessary, and recognizing the need to reduce burden and risk for doctors’ surgeries
34 and patients alike”[134].
35
36
37
38
39
40
41
42
43
44
45
46
47

48 The different calls to the EU representatives are in line with recommendations from
49 researchers that pose that the EU needs to take a greater role in health, and more decisive action[4].
50 The COVID-19 outbreak has highlighted the limitations of the EU in certain aspects, as there was
51 no comprehensive and coordinated response[135,136]. Even though because of its nature the EU
52 cannot guarantee a unified response to certain situations[137], cooperating with the organization
53 in the abortion care ecosystem at the EU level, along with following the success stories from
54 countries that made abortion accessible could pave the way forward.
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Furthermore, the Commissioner for Human Rights in the Council of Europe has issued a
5 statement in May that the rights of women are severely endangered across the EU[140,141]. In the
6 statement, the Commissioner asks Council of Europe member states to ensure full access to sexual
7 and reproductive health care, including abortions. Restrictions and barriers to abortion might have
8 broader implication to human rights[142], which can be further under scrutiny of European Court
9 for Human Rights. Studies emphasize substantive failures by certain governments to meet the
10 obligations under European Convention of Human Rights (ECHR) during COVID-19
11 pandemic[12]. The European Court of Human Rights has already ruled in the past on a number of
12 cases related to abortion access in the last 10 years, where member states violated the rights of
13 women by restricting them access to a legal health service[143]. In the case of some country's
14 decisions during COVID-19 pandemic there might be need for further involvement of the court.

25 Policy Recommendations for Improving access to abortion

27 Through our analysis of the reactions of different European countries to COVID-19 in
28 terms of access to abortion, and the reported difficulties in the field, we found fourthree steps-kinds
29 of policy measures that countries can decide to pursue and combine take to make abortion more
30 accessible during (and beyond) a pandemic situation. We illustrate these steps-measures in Figure
31 24. This framework can help policy makers to identify areas where the abortion access can be
32 facilitated.

33 --- Insert Figure 24 here ---

34 The first step-measure is declaring abortion as part of essential healthcare. Many countries
35 have proclaimed that the provision of care during the pandemic will be limited to essential and
36 urgent procedures. While some explicitly included abortion as such (e.g. France, England and
37 Wales, Scotland, Ireland, Italy, Spain, Portugal), others failed to do so (e.g. Germany, Austria,
38 Croatia, Romania), or even claimed that abortion should not be counted among the essential
39 procedures (e.g. Slovakia, Lithuania). Abortion is a time-sensitive procedure, and by classifying it
40 as “non_essential”, or failing to classify it as “essential” limits reproductive choices of women and
41 endangers their situation[134]. This is especially important in cases where abortion cannot be done
42 through EMA, and a woman needs surgical intervention.

1
2
3
4 The second measure refers to the introduction or prioritization and facilitation of EMA. As
5 our data show, the access to abortion was easier within countries in which EMA was a standard
6 before the pandemic. These countries did not have to go through major changes in policy and
7 protocols. However, in some EU countries EMA is still not regulated (e.g. Lithuania, Poland,
8 Slovakia, Malta, and Hungary). Policy makers in these countries ~~need to~~ could improve access if
9 they recognize medical abortion as a highly effective and safe procedure[11,20,21]. During
10 pandemic times, EMA can save time and resources at the level of the healthcare system, while
11 providing necessary care for women in a timely and safe manner[135].

12
13
14
15
16
17
18
19
20 ~~Second~~The third set of measures relates to ~~step in~~ improving accessibility to abortion by ~~is~~
21 removing impediments to timely and secure access, and introducing innovations to facilitate
22 abortion. In many of the EU countries women ~~have to~~ must go through mandatory waiting periods,
23 counseling, mandatory hospital stays or efforts to obtain necessary justifications for abortion.
24 During the pandemic, these types of barriers can mean unnecessary exposure to unsafe
25 environments or prolonging the procedure to the point where the potential abortion falls out of the
26 legal gestational period. Some countries recognized these issues, and either reduced or removed
27 completely different kinds of obstacles, such as gestational limit (e.g. Scotland, France, Italy,
28 Belgium, and Finland - Helsinki region extended gestational limit for EMA), mandatory waiting
29 period (e.g. Portugal), mandatory hospitalization for EMA (e.g. Italy) or mandatory visits (e.g.
30 Ireland), or facilitated the process through telemedicine counseling (e.g. Belgium, Portugal,
31 Germany, Austria). ~~CAnother type of barrier to timely and safe abortion is~~ conscientious objection
32 from healthcare workers. ~~This kind of objection~~ is recognized within some EU countries, such as
33 Italy and Spain, but its rise was also reported in Croatia during COVID-19 crisis. ~~These are~~ It is
34 an issues that health policy makers need to tackle.

35
36
37
38
39
40
41
42
43
44
45
46
47
48 In addition to introducing or prioritizing EMA, health institutions can facilitate access to
49 EMA through support of telemedicine. This can minimize the need for women to travel from home,
50 facilitate medication prescription, or ~~move to the~~ introduce the model of care that enable abortion
51 at home (e.g. in England, Wales, Scotland, France, Ireland). Studies on abortion through
52 telemedicine services found that the need for surgical intervention, the presence of adverse events,
53 and overall patient satisfaction are not statistically different ~~than~~ face-to-face care[136]. In fact,
54 patients often prefer telemedicine-supported services because of the decreased travel and greater
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 [availability\[137\]. However, while evidence suggests that telemedicine abortion services are safe](#)
5 [and highly acceptable to those who use it\[138\], women must seek medical treatment locally if any](#)
6 [complications arise. Hospitalization is very rare, but extreme circumstances can require blood](#)
7 [transfusions and antibiotic treatments, which, if left untreated, can be life threatening\[139\].](#)
8 [Availability of telemedicine-supported abortion at home could also potentially facilitate abortion](#)
9 [within EU countries where the access is restricted or got restricted during the pandemic.](#)
10 [Nevertheless, while clinical aspects of telemedicine are being explored\[23\], the regulatory issues](#)
11 [lag behind\[140,141\]. When legal local abortion services are not available, women travel to other](#)
12 [countries or recur to online purchasing of abortion pills\[142\]. Transnational trade agreements on](#)
13 [services cover situations in which the service itself crosses a border. Under the EU law, at least in](#)
14 [theory, health professionals from one country can provide service to patients in another](#)
15 [country\[140\]. In this way, a patient seeking to terminate a pregnancy could use an online medical](#)
16 [service to be prescribed abortion pills, which could be then shipped to them. Nevertheless, this is](#)
17 [an area that still requires clarification and elaboration from the regulatory bodies. Going further](#)
18 [with telemedicine will also require making sure that this does not creates more inequities, as the](#)
19 [access to such services may be limited across different social groups.](#)

20
21
22
23
24
25
26
27
28
29
30
31
32
33
34 ~~The third step refers to the introduction or prioritization of EMA. As our data show, the access to~~
35 ~~abortion was easier within countries in which EMA was a standard before the pandemic. These~~
36 ~~countries did not have to go through major changes in policy and protocols. However, in some EU~~
37 ~~countries EMA is still not regulated (e.g. Lithuania, Poland, Slovakia, Malta, and Hungary). Policy~~
38 ~~makers in these countries need to recognize medical abortion as a highly effective and safe~~
39 ~~procedure[11,22,23]. During pandemic times, EMA can save time and resources at the level of the~~
40 ~~healthcare system, while providing necessary care for women in a timely and safe~~
41 ~~manner[145].The fourth step refers to facilitating access to EMA through support of telemedicine~~
42 ~~that can minimize the need for women to travel from home, facilitate medication prescription, or~~
43 ~~move to the model of care that enable abortion at home (e.g. England, Wales, Scotland, France,~~
44 ~~Ireland). Studies on abortion through telemedicine services found that the need for surgical~~
45 ~~intervention, the presence of adverse events, and overall patient satisfaction are not statistically~~
46 ~~different than face to face care[146]. In fact, patients often prefer telemedicine supported service~~
47 ~~because of the decreased travel and greater availability[147]. However, while evidence suggests~~
48 ~~that telemedicine abortion services are safe and highly acceptable to those who use it[148], women~~

1
2
3
4 must seek medical treatment locally if any complications arise. Hospitalization is very rare, but
5 extreme circumstances can require blood transfusions and antibiotic treatments which, if left
6 untreated, can be life threatening[149]. Availability of telemedicine supported abortion at home
7 could also potentially facilitate abortion within EU countries where the access is restricted or got
8 restricted during the pandemic. Nevertheless, while clinical aspects of telemedicine are being
9 explored[25], the regulatory issues lag behind[150,151]. When legal local abortion services are
10 not available, women travel to other countries or recur to online purchasing of abortion pills[152].
11 Transnational trade agreements on services cover situations in which the service itself crosses a
12 border. Under EU law, at least in theory, health professionals from one country can provide service
13 to patients in another country[150]. In this way, a patient seeking to terminate a pregnancy could
14 use an online medical service to be prescribed abortion pills, which could be then shipped to them.
15 Nevertheless, this is an area that still requires clarification and elaboration from the regulatory
16 bodies. Going further with telemedicine will also require making sure that this does not creates
17 more inequities, as the access to such services may be limited across different social groups.

18
19
20
21
22
23
24
25
26
27
28
29
30 Finally, the findings of this data show that across all of the steps, i

31
32
33 Important actions in facilitating access also lie in the existence and communication of
34 clear, transparenttransparent, and detailed protocols and policies, and careful monitoring and
35 adapting to the reported challenges in the field. Through conducting this study, we found that not
36 many countries had explicit instructions on what a woman can do if she needs an abortion during
37 a pandemic situation, but while information on many other health conditions-procedures was
38 availableprovided. It is easy to imagine that the lack of information can be confusing, and that it
39 could impede women from properly understanding how to access abortion.make finding a way to
40 understand-abortion-access-can-prove-difficult. Issues such as sexual and reproductive health care
41 are important, and require more efforts, communicationcommunication, and coordination.
42 Furthermore, as the reported challenges from this study show, the difficulties in abortion access
43 were very much present even in countries where specific measures were taken to facilitate access.
44 Governments and institutions should commit and dedicate resources not only to provide new
45 guidelines and protocols, but also to carefully monitor challenges and adapt policy where and if
46 necessary.

47 48 49 50 51 52 53 54 55 56 57 58 59 **Limitations and areas for further research**

1
2
3
4 This study has limitations that open up areas for further research. ~~The main limitation lies~~
5 ~~in the variety of data sources utilized that prevents a unified search strategy.~~ The EU and the UK
6 ~~consists~~ of an array of ~~member states~~countries that differ in means of official communication,
7 making it difficult to capture all possible briefings. Additionally, the study did not perform an in-
8 depth analysis of specificity of regions in each country, making it possible that specific region
9 level policy changes were not discovered in our search. Further research could ~~look into~~investigate
10 regional level difficulties in access.
11
12

13
14
15
16
17
18 Analysis and interpretation ~~was~~were done using the retrieved information. Since the
19 submission of this manuscript, ~~It~~ is possible that newer data could be available through internal
20 channels and publications of each institution or country.
21
22

23
24 Finally, an interplay of varying complex factors affects policy making, implementation,
25 reporting and dissemination such as local, ~~national~~national, and regional needs, legislations and
26 ruling legal frameworks, political leadership and visions, public discourse around abortion,
27 strength of religious institutions, among many others. Further research could ~~look into~~delve into
28 the impact of some of these specific factors on health policy in crisis.
29
30
31
32

33 34 **Conclusion**

35
36 COVID-19 shook the health systems worldwide, making abortion care and access
37 problematic in many countries. Our study revolved ~~over~~around three research questions related to
38 the reported difficulties to abortion access during the COVID-19 pandemic in the EU and the UK;
39 how, how the relevant actors approached the difficulties through policy and protocol changes, and
40 what kind of public debate this yielded. Through an exploratory study of policy responses, ~~within~~
41 ~~the EU (and the UK),~~ we found evidence of major inequities in access to abortion. ~~We emphasize~~
42 ~~several issues that need to be addressed by the policy makers at the EU level: problems with~~
43 ~~countries that used COVID-19 to restrict access, problems with incompatibility of such practices~~
44 ~~with the EU values, and issues of providing coherent guidelines on the abortion access and use of~~
45 ~~medical abortion and telemedicine across Europe.~~ This study shows that difficulties in access were
46 dependent on the set of measures that Governments decided to take (or not take), in addition to the
47 regulation on abortion already in place. In general, we found that access to abortion was facilitated
48 in countries that recognized abortion as an essential health procedure, prioritized EMA and
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 initiated changes to protocols and policies to remove barriers and improve access. On the other
5
6 hand, some countries did not facilitate access, but restricted access to abortion.
7
8

9 The decisions of different Governments have created a significant debate in the public.
10 ~~Both~~ Pro-life groups and abortion-access activist and organizations had heated discussions on the
11 impact of different policies. On the other hand, the temporary measures of some countries made
12 access to abortion easier than it was before the pandemic, empowering women to take care of their
13 health and their bodies in their own homes. The opportunity exists that these temporary measures
14 can be extended to a more permanent state. Further action by the policy makers ~~in the EU~~, and the
15 cooperation between countries, as well as the close collaboration between the Governments and
16 the NGO sector are needed to make it happen.
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

References

- [1] WHO. WHO Director-General's opening remarks at the mission briefing on COVID-19. [Online]. Available from: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19> [Accessed on 1st March 2020]. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19> [Accessed on 1st March 2020]. <https://doi.org/10.1181/11-March-2020> 2020. <https://doi.org/10.1181/11-March-2020>
- [2] Sandford A. Coronavirus: Half of humanity now on lockdown as 90 countries call for confinement. Euronews 2020. <https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hou>. (accessed May 1, 2020).
- [3] Bal R, de Graaff B, van de Bovenkamp H, Wallenburg I. Practicing Corona – Towards a research agenda of health policies. Health Policy (New York) 2020. <https://doi.org/10.1016/j.healthpol.2020.05.010>.
- [4] Forman R, Atun R, McKee M, Mossialos E. 12 Lessons learned from the management of the coronavirus pandemic. Health Policy (New York) 2020. <https://doi.org/10.1016/j.healthpol.2020.05.008>.
- [5] Wenham C, Smith J, Davies SE, Feng H, Grépin KA, Harman S, et al. Women are most affected by pandemics — lessons from past outbreaks. Nature 2020;583:194–8. <https://doi.org/10.1038/d41586-020-02006-z>.
- [6] International Planned Parenthood Federation European Network. Sexual and Reproductive Health and Rights during the COVID-19 pandemic. 2020. https://doi.org/10.1007/978-981-13-9467-6_6. (accessed November 1, 2020)
- [7] UNFPA. Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan 2020:10.
- [8] Engeli I. Policy Struggle on Reproduction: Doctors, Women, and Christians. Polit Res Q 2012. <https://doi.org/10.1177/1065912910395323>.
- [9] Levels M, Sluiter R, Need A. A review of abortion laws in Western-European countries. A cross-national comparison of legal developments between 1960 and 2010. Health Policy (New York) 2014;118:95–104. <https://doi.org/10.1016/j.healthpol.2014.06.008>.
- [10] Greener I. The Potential of Path Dependence in Political Studies. Politics 2005;25:62–72. <https://doi.org/10.1111/j.1467-9256.2005.00230.x>.

- 1
2
3
4 [11] Parsons JA. 2017–19 governmental decisions to allow home use of misoprostol for early medical
5 abortion in the UK. *Health Policy (New York)* 2020;124:679–83.
6 <https://doi.org/10.1016/j.healthpol.2020.04.014>.
7
8
9
10 [12] Romanis EC, Parsons JA, Hodson N. COVID-19 and reproductive justice in Great Britain and the
11 United States: ensuring access to abortion care during a global pandemic. *J Law Biosci* 2020;7:1–
12 23. <https://doi.org/10.1093/jlb/ljaa027>.
13
14
15 [13] Romanis EC, Parsons JA. Legal and policy responses to the delivery of abortion care during
16 COVID- 19. *Int J Gynecol Obstet* 2020;ijgo.13377. <https://doi.org/10.1002/ijgo.13377>.
17
18
19 [14] Moreau C, Shankar M, Glasier A, Cameron S, Gemzell-Danielsson K. Abortion regulation in
20 Europe in the era of COVID-19: A spectrum of policy responses. *BMJ Sex Reprod Heal* 2020.
21 <https://doi.org/10.1136/bmjsex-2020-200724>.
22
23
24 [15] Caruana-Finkel L. Abortion in the time of COVID-19: perspectives from Malta. *Sex Reprod Heal*
25 *Matters* 2020. <https://doi.org/10.1080/26410397.2020.1780679>.
26
27
28 [16] Bateson DJ, Lohr PA, Norman W V., Moreau C, Gemzell-Danielsson K, Blumenthal PD, et al. The
29 impact of COVID-19 on contraception and abortion care policy and practice: experiences from
30 selected countries. *BMJ Sex Reprod Heal* 2020. <https://doi.org/10.1136/bmjsex-2020-200709>.
31
32
33 [17] Aiken ARA, Starling JE, Gomperts R, Scott JG, Aiken C, Rubin J, et al. Demand for Self-Managed
34 Online Telemedicine Abortion in Eight European Countries During the COVID-19 Pandemic A
35 Regression Discontinuity Analysis. *MedRxiv* 2020.
36
37
38 [18] Center for Reproductive Rights. European Abortion Laws A Comparative Overview. *Cent Reprod*
39 *Rights* 2019. [https://reproductiverights.org/sites/default/files/documents/European abortion law a
40 comparative review.pdf](https://reproductiverights.org/sites/default/files/documents/European%20abortion%20law%20a%20comparative%20review.pdf) (accessed November 24, 2020).
41
42
43 [19] Engeli I. The challenges of abortion and assisted reproductive technologies policies in europe. *Comp*
44 *Eur Polit* 2009. <https://doi.org/10.1057/cep.2008.36>.
45
46
47 [20] Fiala C, Winikoff B, Helström L, Hellborg M, Gemzell-Danielsson K. Acceptability of home-use
48 of misoprostol in medical abortion. *Contraception* 2004;70:387–92.
49 <https://doi.org/10.1016/j.contraception.2004.06.005>.
50
51
52 [21] Raymond EG, Shannon C, Weaver MA, Winikoff B. First-trimester medical abortion with
53 mifepristone 200 mg and misoprostol: A systematic review. *Contraception* 2013.
54 <https://doi.org/10.1016/j.contraception.2012.06.011>.
55
56
57
58
59
60
61
62
63
64
65

- 1
2
3
4 [22] World Health Organisation (WHO). Medical management of abortion. 2018. (accessed November
5 1, 2020)
6
7
8 [23] Endler M, Lavelanet A, Cleeve A, Ganatra B, Gomperts R, Gemzell- Danielsson K. Telemedicine
9 for medical abortion: a systematic review. BJOG An Int J Obstet Gynaecol 2019;126:1094–102.
10 <https://doi.org/10.1111/1471-0528.15684>.
11
12
13
14 [24] Fok WK, Mark A. Abortion through telemedicine. Curr Opin Obstet Gynecol 2018;30:394–9.
15 <https://doi.org/10.1097/GCO.0000000000000498>.
16
17
18 [25] Eurostat. EU population in 2020. 2020.
19 [https://ec.europa.eu/eurostat/documents/2995521/11081093/3-10072020-AP-EN.pdf/d2f799bf-](https://ec.europa.eu/eurostat/documents/2995521/11081093/3-10072020-AP-EN.pdf/d2f799bf-4412-05cc-a357-7b49b93615f1)
20 [4412-05cc-a357-7b49b93615f1](https://ec.europa.eu/eurostat/documents/2995521/11081093/3-10072020-AP-EN.pdf/d2f799bf-4412-05cc-a357-7b49b93615f1) (accessed November 1, 2020)
21
22
23
24 [26] European Commission. Healthcare personnel statistics - physicians. vol. 28. 2017.
25 [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20EU%2D27%20was%20balanced)
26 [_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20EU%2D27%20was%20balanced)
27 [EU%2D27%20was%20balanced](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=497518#:~:text=There%20were%20approximately%201.7%20million,the%20EU%2D27%20was%20balanced). (accessed November 24, 2020)
28
29
30
31 [27] Looi M-K. Covid-19: Is a second wave hitting Europe? BMJ 2020;371:m4113.
32 <https://doi.org/10.1136/bmj.m4113>.
33
34
35 [28] EU Health Programme. Overview of the national laws on electronic health records in the EU
36 Member States and their interaction with the provision of cross-border eHealth services. 2013.
37 https://ec.europa.eu/health/ehealth/projects/nationallaws_electronichealthrecords_en (accessed
38 November 24, 2020)
39
40
41
42 [29] World Health Organization. From Innovation to Implementation - eHealth in the WHO European
43 Region. Innovation 2016. <https://doi.org/10.1016/j.jacc.2014.10.008>. (accessed November 24,
44 2020)
45
46
47
48 [30] Tribune. Il faut « protéger les droits des femmes et maintenir l'accès à l'avortement ». Le Monde
49 2020. [https://www.lemonde.fr/idees/article/2020/03/31/il-faut-protoger-les-droits-des-femmes-et-](https://www.lemonde.fr/idees/article/2020/03/31/il-faut-protoger-les-droits-des-femmes-et-maintenir-l-acces-a-l-avortement_6034997_3232.html)
50 [maintenir-l-acces-a-l-avortement_6034997_3232.html](https://www.lemonde.fr/idees/article/2020/03/31/il-faut-protoger-les-droits-des-femmes-et-maintenir-l-acces-a-l-avortement_6034997_3232.html) (accessed November 24, 2020)
51
52
53
54 [31] Center for Reproductive Rights. News in brief on COVID-19 & SRHR in Europe. 2020.
55 <https://reproductiverights.org/document/news-brief-covid-19-and-srhr-europe-10-april-3-may>
56 (accessed November 24, 2020)
57
58
59
60 [32] République française. Décret n° 2020-314 du 25 mars 2020 complétant le décret n° 2020-293 du 23
61
62
63
64
65

1
2
3
4 mars 2020 prescrivant les mesures générales nécessaires pour faire face à l'épidémie de covid-19
5 dans le cadre de l'état d'urgence sanitaire | Legifrance 2020:15–8.
6 [https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C004](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplgfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510)
7
8 [49CD.tplgfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&cat](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplgfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510)
9
10 [egorieLien=id&idJO=JORFCONT000041755510](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=DFB679D8DF43FC756CD6CDB0C00449CD.tplgfr30s_3?cidTexte=JORFTEXT000041755775&dateTexte=&oldAction=rechJO&categorieLien=id&idJO=JORFCONT000041755510). (accessed November 24, 2020)
11
12

13 [33] Santé HA de. Interruption Volontaire de Grossesse (IVG) médicamenteuse à la 8ème et à la 9ème
14 semaine d'aménorrhée (SA) hors milieu hospitalier. Haute Autorité de Santé 2020. [https://www.has-](https://www.has-sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier)
15 [sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-](https://www.has-sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier)
16 [et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier](https://www.has-sante.fr/jcms/p_3178808/fr/interruption-volontaire-de-grossesse-ivg-medicamenteuse-a-la-8eme-et-a-la-9eme-semaine-d-amenorrhée-sa-hors-milieu-hospitalier) (accessed November 24, 2020)
17
18

19 [34] Charrier L. Avortement : vers un prolongement du délai légal de l'IVG en France ? Tv5monde 2020.
20 [https://information.tv5monde.com/terriennes/avortement-le-delai-legal-passe-de-12-14-semaines-](https://information.tv5monde.com/terriennes/avortement-le-delai-legal-passe-de-12-14-semaines-pour-recourir-une-ivg-en-france-353085)
21 [pour-recourir-une-ivg-en-france-353085](https://information.tv5monde.com/terriennes/avortement-le-delai-legal-passe-de-12-14-semaines-pour-recourir-une-ivg-en-france-353085) (accessed November 24, 2020)
22
23

24 [35] Le Parisien avec AFP. IVG : le Sénat refuse d'allonger le délai légal. Le Paris 2021.
25 [https://www.leparisien.fr/societe/ivg-le-senat-refuse-d-allonger-le-delai-legal-20-01-2021-](https://www.leparisien.fr/societe/ivg-le-senat-refuse-d-allonger-le-delai-legal-20-01-2021-8420304.php)
26 [8420304.php](https://www.leparisien.fr/societe/ivg-le-senat-refuse-d-allonger-le-delai-legal-20-01-2021-8420304.php) (accessed January 21, 2021)
27
28

29 [36] Ministry Health and Social Services. The Abortion Act 1967 – Approval of a Class of Place for
30 Treatment for the Termination of Pregnancy (Wales) 2020. Wales: 2020.
31 [https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf)
32 [treatment-for-the-termination-of-pregnancy-wales-2020.pdf](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf) (accessed November 24, 2020).
33
34

35 [37] Department of Health and Social Care. Guide to Abortion Statistics, England and Wales: 2019.
36 London, United Kingdom: 2019.
37 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891337/guide-to-abortion-statistics-2019.pdf)
38 [891337/guide-to-abortion-statistics-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891337/guide-to-abortion-statistics-2019.pdf) (accessed January 21, 2021)
39
40

41 [38] British Pregnancy Advisory Service. Healthcare professionals call on Boris Johnson to intervene to
42 protect women's health - reckless failure to listen to scientific advice is putting vulnerable women
43 at severe risk. Br Pregnancy Advis Serv 2020. [https://www.bpas.org/about-our-charity/press-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
44 [office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
45 [ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
46 (accessed November 24, 2020).
47
48

49 [39] Department of Health and Social Care. The Abortion Act 1967 - Approval of a Class of Places 2020.
50 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/
51
52

1
2
3
4 [876740/30032020 The Abortion Act 1967 - Approval of a Class of Places.pdf](#) (accessed
5
6 [November 24, 2020](#))

7
8
9 [40] Ministry for Health and Social Services. The Abortion Act 1967-Approval of a Class of Place for
10 Treatment for the Termination of Pregnancy (Wales) 2020 2020.
11 [https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf)
12 [treatment-for-the-termination-of-pregnancy-wales-2020.pdf](https://gov.wales/sites/default/files/publications/2020-04/approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2020.pdf) (accessed November 24, 2020).
13
14

15 [41] Scottish Governmentt. Abortion: Covid-19: Approval for Mifepristone to be taken at home and other
16 contingency measures 2020. [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)09.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf) (accessed
17
18 November 24, 2020).
19
20

21 [42] Parsons JA, Romanis EC. 2020 developments in the provision of early medical abortion by
22 telemedicine in the UK. Health Policy (New York) 2020;15:36–42.
23 <https://doi.org/10.1016/j.healthpol.2020.11.006>.
24
25
26

27 [43] Department of Health and Social Care. Home use of both pills for early medical abortion up to 10
28 weeks gestation 2020. [https://www.gov.uk/government/consultations/home-use-of-both-pills-for-](https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation)
29 [early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-](https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation)
30 [gestation](https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation) (accessed February 1, 2021).
31
32
33

34 [44] Welsh Government. Termination of pregnancy in Wales. Making permanent the temporary approval
35 allowing home use of both pills for Early Medical Abortion up to 9 weeks and 6 days gestation.
36 Wales: 2020. [https://gov.wales/sites/default/files/consultations/2020-12/termination-of-pregnancy-](https://gov.wales/sites/default/files/consultations/2020-12/termination-of-pregnancy-arrangements-in-Wales_1.pdf)
37 [arrangements-in-Wales_1.pdf](https://gov.wales/sites/default/files/consultations/2020-12/termination-of-pregnancy-arrangements-in-Wales_1.pdf) (accessed January 21, 2021)
38
39
40
41

42 [45] Scottish Government. Consultation on Future Arrangements for Early Medical Abortion at Home.
43 2020. <https://consult.gov.scot/population-health/early-medical-abortion-at-home/> (accessed
44
45 [January 21, 2021](https://consult.gov.scot/population-health/early-medical-abortion-at-home/))
46
47

48 [46] UK Statutory Instruments. The Abortion (Northern Ireland) Regulations 2020 2020:6–7.
49 <https://www.legislation.gov.uk/uksi/2020/345/regulation/8/made> (accessed November 24, 2020).
50
51

52 [47] Ferguson A. Northern Ireland drags feet on abortion a year after UK orders roll-out. Reuters 2020.
53 [https://www.reuters.com/article/us-britain-nireland-abortion/northern-ireland-drags-feet-on-](https://www.reuters.com/article/us-britain-nireland-abortion/northern-ireland-drags-feet-on-abortion-a-year-after-uk-orders-roll-out-idUSKBN23V1LC)
54 [abortion-a-year-after-uk-orders-roll-out-idUSKBN23V1LC](https://www.reuters.com/article/us-britain-nireland-abortion/northern-ireland-drags-feet-on-abortion-a-year-after-uk-orders-roll-out-idUSKBN23V1LC) (accessed November 24, 2020)
55
56

57 [48] British Pregnancy Advisory Service. BPAS launches Emergency Abortion Pills by Post for women
58 in Northern Ireland amid shameful political gameplay with women’s health during the Covid-19
59
60
61
62
63
64
65

1
2
3
4 pandemic. Br Pregnancy Advis Serv 2020. [https://www.bpas.org/about-our-charity/press-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
5 [office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
6 [ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/](https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/)
7 (accessed November 24, 2020).
8
9

- 10
11 [49] Government of Ireland. Health (Regulation of Termination of Pregnancy) Act 2018. Ireland: 2018.
12 <http://www.irishstatutebook.ie/eli/2018/act/31/section/12/enacted/en/html#sec12> (accessed
13 [November 24, 2020](http://www.irishstatutebook.ie/eli/2018/act/31/section/12/enacted/en/html#sec12))
14
15 [50] Ryan V. Telemedicine abortion consultations permitted — Health Minister. Irish Med Times 2020.
16 [https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-](https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-27-03-2020/)
17 [27-03-2020/](https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-27-03-2020/) (accessed November 24, 2020)
18
19 [51] Irish Family Planning Association. Step by Step Guide 2020. [https://www.ifpa.ie/get-care/step-by-](https://www.ifpa.ie/get-care/step-by-step-guide/)
20 [step-guide/](https://www.ifpa.ie/get-care/step-by-step-guide/)(accessed November 24, 2020).
21
22 [52] Ministero della Sallute. Chiarimenti: Linee di indirizzo per la rimodulazione dell’attività
23 programmata differibile in corso di emergenza da COVID-19. Dir Gen Della Program Sanit 2020.
24 [http://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=73775&part](http://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=73775&parte=1%20&serie=null)
25 [e=1%20&serie=null](http://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=73775&parte=1%20&serie=null) (accessed November 24, 2020)
26
27 [53] Bellizzi S, Ronzoni AR, Pichierri G, Cegolon L, Salaris P, Panu Napodano CM, et al. Safe abortion
28 amid the COVID- 19 pandemic: The case of Italy. Int J Gynecol Obstet 2020;150:254–5.
29 <https://doi.org/10.1002/ijgo.13233>.
30
31 [54] Visser F. ‘Absurd’ rules obstruct abortion access in Italy during COVID-19. OpenDemocracyNet
32 2020. <https://www.opendemocracy.net/en/5050/italy-access-abortion-during-covid/>(accessed
33 November 24, 2020).
34
35 [55] di Eleonora C. Coronavirus, diritto all’aborto a rischio nell’emergenza: “Favorire quello
36 farmacologico per non congestionare gli ospedali.” Fatto Quotid 2020.
37 [https://www.ilfattoquotidiano.it/2020/03/26/coronavirus-diritto-allaborto-a-rischio-nellemergenza-](https://www.ilfattoquotidiano.it/2020/03/26/coronavirus-diritto-allaborto-a-rischio-nellemergenza-favorire-quello-farmacologico-per-non-congestionare-gli-ospedali/5748851/)
38 [favorire-quello-farmacologico-per-non-congestionare-gli-ospedali/5748851/](https://www.ilfattoquotidiano.it/2020/03/26/coronavirus-diritto-allaborto-a-rischio-nellemergenza-favorire-quello-farmacologico-per-non-congestionare-gli-ospedali/5748851/)(accessed November
39 24, 2020).
40
41 [56] Ministero della Salute. Aggiornamento delle “Linee di indirizzo sulla interruzione volontaria di
42 gravidanza con mifepristone e prostaglandine.” Rome: 2020.
43
44 [57] IPPF EN. Italy: New rules on medical abortion a breakthrough for reproductive freedom. Int Plan
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Parent Fed Eur Netw 2020. <https://www.ippfen.org/news/italy-new-rules-medical-abortion-breakthrough-reproductive-freedom> (accessed November 24, 2020)

5
6
7
8 [58] ABORT report. SPAIN – ABORT report 2020. <https://abort-report.eu/spain/> (accessed November
9 24, 2020).

10
11
12 [59] abortion-news.info. Spain abortion: Government works to repeal parental consent rule 2020.
13 <https://abortion-news.info/spain-abortion-government-works-to-repeal-parental-consent-rule/>
14 (accessed November 24, 2020).
15
16

17
18 [60] Cuesta AC. El acceso al aborto en tiempos de COVID-19: un reto para las mujeres. Ameco Press
19 2020. [https://amecopress.net/El-acceso-al-aborto-en-tiempos-de-COVID-19-un-nuevo-reto-para-](https://amecopress.net/El-acceso-al-aborto-en-tiempos-de-COVID-19-un-nuevo-reto-para-las-mujeres)
20 [las-mujeres](https://amecopress.net/El-acceso-al-aborto-en-tiempos-de-COVID-19-un-nuevo-reto-para-las-mujeres) (accessed November 24, 2020).
21
22

23
24 [61] Asociación de Clínicas Acreditadas para la Interrupción del Embarazo. SPAIN – Association of
25 Accredited Abortion Clinics of Spain says all clinics remain open. Int Campaign Women’s Right to
26 Safe Abort 2020. [https://www.safeabortionwomensright.org/news/spain-association-of-accredited-](https://www.safeabortionwomensright.org/news/spain-association-of-accredited-abortion-clinics-of-spain-says-all-clinics-remain-open/)
27 [abortion-clinics-of-spain-says-all-clinics-remain-open/](https://www.safeabortionwomensright.org/news/spain-association-of-accredited-abortion-clinics-of-spain-says-all-clinics-remain-open/) (accessed Novemembr 24, 2020)
28
29

30
31 [62] Kohan M. La crisis del coronavirus provoca que abortar sea aún más difícil e inseguro. Publico
32 2020. [https://www.publico.es/sociedad/aborto-coronavirus-crisis-coronavirus-abortar-sea-dificil-e-](https://www.publico.es/sociedad/aborto-coronavirus-crisis-coronavirus-abortar-sea-dificil-e-inseguro.html)
33 [inseguro.html](https://www.publico.es/sociedad/aborto-coronavirus-crisis-coronavirus-abortar-sea-dificil-e-inseguro.html) (accessed November 24, 2020).
34
35

36
37 [63] Blackmon S, Benavides L. Abortion is a protected right in Spain. But the govt blocked a website
38 that provides abortion info and pills. Abort News 2020. [https://www.pri.org/stories/2020-07-](https://www.pri.org/stories/2020-07-16/abortion-protected-right-spain-govt-blocked-website-provides-abortion-info-and)
39 [16/abortion-protected-right-spain-govt-blocked-website-provides-abortion-info-and](https://www.pri.org/stories/2020-07-16/abortion-protected-right-spain-govt-blocked-website-provides-abortion-info-and) (accessed
40 November 24, 2020).
41
42

43
44 [64] ABORT report. GERMANY – ABORT report 2020. <https://abort-report.eu/germany/> (accessed
45 November 24, 2020).
46
47

48 [65] BR24. Corona: Fachverbände für Schwangerschaftsabbruch zu Hause | BR24. BR24 2020.
49 [https://www.br.de/nachrichten/bayern/corona-fachverbaende-fuer-schwangerschaftsabbruch-zu-](https://www.br.de/nachrichten/bayern/corona-fachverbaende-fuer-schwangerschaftsabbruch-zu-hause,RvlzTxr)
50 [hause,RvlzTxr](https://www.br.de/nachrichten/bayern/corona-fachverbaende-fuer-schwangerschaftsabbruch-zu-hause,RvlzTxr) (accessed November 24, 2020).
51
52

53
54 [66] Aerzteblatt. Schwangerschafts-beratung soll auch online möglich sein. Aerzteblatt 2020.
55 [https://www.aerzteblatt.de/nachrichten/111392/Schwangerschaftsberatung-soll-auch-online-](https://www.aerzteblatt.de/nachrichten/111392/Schwangerschaftsberatung-soll-auch-online-moeglich-sein)
56 [moeglich-sein](https://www.aerzteblatt.de/nachrichten/111392/Schwangerschaftsberatung-soll-auch-online-moeglich-sein) (accessed November 24, 2020).
57
58

59 [67] taz. Schwangerschaftsabbruch während Corona: Warten auf die Abtreibung - taz.de. TazDe 2020.
60
61

- 1
2
3
4 <https://taz.de/Schwangerschaftsabbruch-waehrend-Corona/!5684989/> (accessed November 24,
5 2020).
6
7
8 [68] Abortion Clinics in Europe. Countries with easy access – Abortion Clinics in Europe. Abort Clin
9 Eur n.d. <https://abortion-clinics.eu/abortion-europe/easy-access-foreign-women/> (accessed
10 November 24, 2020).
11
12
13 [69] von Eja Kapeller. Schwangerschaftsabbrüche während der Corona-Pandemie: “Ansonsten werden
14 wir bald Szenen wie vor 1975 erleben” | Wienerin. Wienerin 2020.
15 [https://wienerin.at/schwangerschaftsabbruche-waehrend-der-corona-pandemie-ansonsten-werden-](https://wienerin.at/schwangerschaftsabbruche-waehrend-der-corona-pandemie-ansonsten-werden-wir-bald-szenen-wie-vor-1975)
16 [wir-bald-szenen-wie-vor-1975](https://wienerin.at/schwangerschaftsabbruche-waehrend-der-corona-pandemie-ansonsten-werden-wir-bald-szenen-wie-vor-1975) (accessed November 24, 2020).
17
18
19 [70] Von Ambra Schuster. Ungewollt schwanger während der Corona-Krise. Fm4ORFAt 2020.
20 <https://fm4.orf.at/stories/3001224/> (accessed November 24, 2020).
21
22
23 [71] derStandard.at. Coronavirus-Krise verschärft die Lage ungewollt Schwangerer. DerStandardAt
24 2020. [https://www.derstandard.at/story/2000116461152/coronavirus-krise-verschaerft-die-lage-](https://www.derstandard.at/story/2000116461152/coronavirus-krise-verschaerft-die-lage-ungewollt-schwangerer)
25 [ungewollt-schwangerer](https://www.derstandard.at/story/2000116461152/coronavirus-krise-verschaerft-die-lage-ungewollt-schwangerer) (accessed November 24, 2020).
26
27
28
29 [72] Winkler J. Corona-Krise schafft neue Hürden bei Abtreibung. Salzburg24 2020.
30 [https://www.salzburg24.at/news/salzburg/schwangerschaft-corona-krise-schafft-neue-huerden-bei-](https://www.salzburg24.at/news/salzburg/schwangerschaft-corona-krise-schafft-neue-huerden-bei-abtreibung-86319571)
31 [abtreibung-86319571](https://www.salzburg24.at/news/salzburg/schwangerschaft-corona-krise-schafft-neue-huerden-bei-abtreibung-86319571)(accessed November 24, 2020).
32
33
34 [73] IPPF EN. HOW OUR MEMBERS STOOD UP FOR ACCESS TO ABORTION CARE DURING
35 COVID-19 THE CRUCIAL ROLE OF CIVIL SOCIETY ORGANISATIONS IN TIMES OF
36 CRISIS. 2020. [https://www.ippfen.org/sites/ippfen/files/2020-](https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID-19_0.pdf)
37 [08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20](https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID-19_0.pdf)
38 [during%20COVID-19_0.pdf](https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID-19_0.pdf) (accessed November 24, 2020).
39
40
41
42 [74] dieStandard. “Abtreibungspille” Mifegyne wird in Österreich leichter zugänglich . DerStandardAt
43 2020. [https://www.derstandard.at/story/2000118462893/gynaekologen-duerfenabtreibungspille-](https://www.derstandard.at/story/2000118462893/gynaekologen-duerfenabtreibungspille-mifegyne-verschreiben)
44 [mifegyne-verschreiben](https://www.derstandard.at/story/2000118462893/gynaekologen-duerfenabtreibungspille-mifegyne-verschreiben) (accessed November 24, 2020).
45
46
47 [75] Sudinfo avec Belga. Dépénalisation de l’avortement: le débat à la Chambre ne reprendra pas avant
48 le mois de juin. Sudinfo 2020. [https://www.sudinfo.be/id190707/article/2020-05-15/depenalisation-](https://www.sudinfo.be/id190707/article/2020-05-15/depenalisation-de-lavortement-le-debat-la-chambre-ne-reprendra-pas-avant-le-mois)
49 [de-lavortement-le-debat-la-chambre-ne-reprendra-pas-avant-le-mois](https://www.sudinfo.be/id190707/article/2020-05-15/depenalisation-de-lavortement-le-debat-la-chambre-ne-reprendra-pas-avant-le-mois) (accessed November 24,
50 2020).
51
52
53 [76] Johanna Bouquet. Loi sur l’avortement : les partis politiques affûtent leurs arguments, 5 questions
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 pour tenter de démêler le vrai du faux. RTBF 2020. https://www.rtb.be/info/societe/detail_loi-sur-l-avortement-les-partis-politiques-affutent-leurs-arguments-5-questions-pour-tenter-de-demeler-le-vrai-du-faux?id=10542654 (accessed November 24, 2020).

5
6
7
8
9
10 [77] Lahssaini L. Coronavirus et droits des femmes : L'accès à l'avortement fragilisé. Solidaire 2020.
11 <https://www.solidaire.org/articles/coronavirus-et-droits-des-femmes-l-acces-l-avortement-fragilise>
12 (accessed November 24, 2020).

13
14
15 [78] Wernaers C. Comment le coronavirus affecte les avortements. RTBF 2020.
16 [https://www.rtb.be/info/dossier/les-grenades/detail_comment-le-coronavirus-affecte-les-](https://www.rtb.be/info/dossier/les-grenades/detail_comment-le-coronavirus-affecte-les-avortements?id=10468457)
17 [avortements?id=10468457](https://www.rtb.be/info/dossier/les-grenades/detail_comment-le-coronavirus-affecte-les-avortements?id=10468457). (accessed November 24, 2020).

18
19
20
21 [79] JULIEN WINKE. Avorter en plein Covid-19. Alter Echos 2020. [https://www.alterechos.be/avorter-](https://www.alterechos.be/avorter-en-plein-covid-19/)
22 [en-plein-covid-19/](https://www.alterechos.be/avorter-en-plein-covid-19/) (accessed November 24, 2020).

23
24
25 [80] CHRISTIANA MARTINS. Aborto cai 40% durante a pandemia. Expresso 2020.
26 <https://expresso.pt/coronavirus/2020-10-03-Aborto-cai-40-durante-a-pandemia> (accessed
27 November 24, 2020).

28
29
30
31 [81] SPDC. Comunicado SPDC: O acesso à Saúde Sexual e Reprodutiva em fase de pandemia COVID-
32 19. Soc Port Contraceção 2020. [https://www.spdc.pt/index.php/11-noticias/200-comunicado-da-](https://www.spdc.pt/index.php/11-noticias/200-comunicado-da-spdc-sobre-o-acesso-a-saude-reprodutiva-tempos-de-covid-19)
33 [spdc-sobre-o-acesso-a-saude-reprodutiva-tempos-de-covid-19](https://www.spdc.pt/index.php/11-noticias/200-comunicado-da-spdc-sobre-o-acesso-a-saude-reprodutiva-tempos-de-covid-19) (accessed November 24, 2020).

34
35
36
37 [82] Aila Tiitinen. Raskauden keskeytys. Terveyskirjasto 2020.
38 https://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00166 (accessed November
39 24, 2020).

40
41
42 [83] Yle. 50K signatures for citizens' initiative on abortion law reform. Yle Uut 2020.
43 [https://yle.fi/uutiset/osasto/news/50k_signatures_for_citizens_initiative_on_abortion_law_reform/](https://yle.fi/uutiset/osasto/news/50k_signatures_for_citizens_initiative_on_abortion_law_reform/11600889)
44 [11600889](https://yle.fi/uutiset/osasto/news/50k_signatures_for_citizens_initiative_on_abortion_law_reform/11600889) (accessed November 24, 2020).

45
46
47
48 [84] Holroyd M. Poland holds virtual protests against abortion bill during COVID-19 lockdown.
49 Euronews 2020. [https://www.euronews.com/2020/04/14/poland-holds-virtual-protests-against-](https://www.euronews.com/2020/04/14/poland-holds-virtual-protests-against-abortion-bill-during-covid-19-lockdown)
50 [abortion-bill-during-covid-19-lockdown](https://www.euronews.com/2020/04/14/poland-holds-virtual-protests-against-abortion-bill-during-covid-19-lockdown). (accessed November 24, 2020).

51
52
53
54 [85] Stephens J. New Slovak Government Uses Coronavirus Crisis To Target Abortion Rights. BRNO
55 Dly 2020. [https://brnodaily.com/2020/05/27/news/politics/new-slovak-government-uses-](https://brnodaily.com/2020/05/27/news/politics/new-slovak-government-uses-coronavirus-crisis-to-target-abortion-rights/)
56 [coronavirus-crisis-to-target-abortion-rights/](https://brnodaily.com/2020/05/27/news/politics/new-slovak-government-uses-coronavirus-crisis-to-target-abortion-rights/).(accessed November 24, 2020).

57
58
59 [86] Neag M. Ordin dat de Raed Arafat: De azi, se interzic consultațiile și internările pentru tratamente
60

1
2
3
4 sau operații non-urgente, inclusiv la privați Citește întreaga știre: Ordin dat de Raed Arafat: De azi,
5 se interzic consultațiile și internările pentru tratamente. Libertatea 2020.
6 [https://www.libertatea.ro/stiri/ordin-dat-de-raed-arafat-se-interzic-consultatiile-si-internarile-](https://www.libertatea.ro/stiri/ordin-dat-de-raed-arafat-se-interzic-consultatiile-si-internarile-pentru-tratamente-sau-operatii-non-urgente-inclusiv-in-spitalele-private-2945390)
7 [pentru-tratamente-sau-operatii-non-urgente-inclusiv-in-spitalele-private-2945390.](https://www.libertatea.ro/stiri/ordin-dat-de-raed-arafat-se-interzic-consultatiile-si-internarile-pentru-tratamente-sau-operatii-non-urgente-inclusiv-in-spitalele-private-2945390) (accessed
8 November 24, 2020).
9
10
11
12

13 [87] LRT. Lithuanian health minister tells women to ‘reconsider’ having abortion. Liet Nac Radijas Ir
14 Telev 2020. [https://www.lrt.lt/en/news-in-english/19/1163688/lithuanian-health-minister-tells-](https://www.lrt.lt/en/news-in-english/19/1163688/lithuanian-health-minister-tells-women-to-reconsider-having-abortion)
15 [women-to-reconsider-having-abortion.](https://www.lrt.lt/en/news-in-english/19/1163688/lithuanian-health-minister-tells-women-to-reconsider-having-abortion) (accessed November 24, 2020).
16
17
18

19 [88] Center for Reproductive Rights. Poland’s Constitutional Tribunal Rolls Back Reproductive Rights.
20 Cent Reprod Rights 2020. [https://reproductiverights.org/press-room/polands-constitutional-](https://reproductiverights.org/press-room/polands-constitutional-tribunal-rolls-back-reproductive-rights)
21 [tribunal-rolls-back-reproductive-rights](https://reproductiverights.org/press-room/polands-constitutional-tribunal-rolls-back-reproductive-rights) (accessed November 24, 2020).
22
23
24

25 [89] Eşençay S. When COVID-19 Becomes a Political Ally: Poland’s Law on Abortion. London Sch
26 Econ Polit Sci 2020. [https://blogs.lse.ac.uk/gender/2020/06/24/when-covid-19-becomes-a-political-](https://blogs.lse.ac.uk/gender/2020/06/24/when-covid-19-becomes-a-political-ally-polands-law-on-abortion/)
27 [ally-polands-law-on-abortion/](https://blogs.lse.ac.uk/gender/2020/06/24/when-covid-19-becomes-a-political-ally-polands-law-on-abortion/) (accessed November 24, 2020).
28
29

30 [90] BBC News. Poland abortion: Top court bans almost all terminations. BBC News 2020.
31 <https://www.bbc.com/news/world-europe-54642108> (accessed November 24, 2020).
32
33

34 [91] Rady Ministrów. Sprawozdanie Rady Ministrów z wykonywania oraz o skutkach stosowania w
35 2017 r. ustawy z dnia 7 stycznia 1993 r. o planowaniu rodziny, ochronie płodu ludzkiego i
36 warunkach dopuszczalności przerywania ciąży. 2019.
37 [http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?documentId=6F82FBB36BAA945CC125839200434](http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?documentId=6F82FBB36BAA945CC125839200434FC7)
38 [FC7](http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?documentId=6F82FBB36BAA945CC125839200434FC7) (accessed November 24, 2020).
39
40
41
42

43 [92] Christian Davies. Pro-choice supporters hold biggest-ever protest against Polish government. Guard
44 2020. [https://www.theguardian.com/world/2020/oct/30/pro-choice-supporters-hold-biggest-ever-](https://www.theguardian.com/world/2020/oct/30/pro-choice-supporters-hold-biggest-ever-protest-against-polish-government)
45 [protest-against-polish-government](https://www.theguardian.com/world/2020/oct/30/pro-choice-supporters-hold-biggest-ever-protest-against-polish-government) (accessed November 24, 2020).
46
47
48

49 [93] ~~Shaun Walker. The Guardian. –Poland to implement near-total ban on abortion imminently, The~~
50 ~~Guardian, 2021 Poland delays abortion ban as nationwide protests continue. Guard 2020.~~
51 ~~[https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-](https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465)~~
52 ~~[imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4](https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465)~~
53 ~~[C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465](https://www.theguardian.com/world/2021/jan/27/poland-to-implement-near-total-ban-on-abortion-imminently?CMP=fb_gu&utm_medium=Social&utm_source=Facebook&fbclid=IwAR0mO4D4C-xmwr1Lj31ruMbnDpyLYFU4iY061L4vNoE_MDEqEb5qqK6iZpA#Echobox=1611780465)~~
54 ~~(accessed February 1, 2021)~~
55 ~~[https://www.theguardian.com/world/2020/nov/03/poland-stalls-](https://www.theguardian.com/world/2020/nov/03/poland-stalls-abortion-ban-amid-nationwide-protests)~~
56 ~~[abortion-ban-amid-nationwide-protests](https://www.theguardian.com/world/2020/nov/03/poland-stalls-abortion-ban-amid-nationwide-protests)~~ (accessed November 24, 2020)
57 ~~February 2, 2021).~~
58
59
60
61
62
63
64
65

- 1
2
3
4 [94] Gabrizova Z. COVID-19 restricts access to abortions in Slovakia. Euroactiv 2020.
5 [https://www.euractiv.com/section/all/short_news/covid-19-restricts-access-to-abortions-in-](https://www.euractiv.com/section/all/short_news/covid-19-restricts-access-to-abortions-in-slovakia/)
6 [slovakia/](https://www.euractiv.com/section/all/short_news/covid-19-restricts-access-to-abortions-in-slovakia/). (accessed November 24, 2020).
7
8
9
10 [95] Public defender of Rights. Access to sexual and reproductive health services during the COVID-19
11 pandemic. Bratislava: 2020. <http://odz.sk/en/public-defender-of-rights/> (accessed November 24,
12 2020).
13
14
15 [96] Olga Pietruchova. Access to Abortion Services for Women in the EU - Slovakia. Eur Parliam Think
16 Tank 2020.
17 [https://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_IDA\(2020\)659922](https://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_IDA(2020)659922)
18 (accessed November 24, 2020).
19
20
21
22
23 [97] Center for Reproductive Rights. Breaking: Slovakia’s Parliament Rejects Harmful Restrictions on
24 Abortion Care. Cent Reprod Rights 2020. [https://reproductiverights.org/press-room/breaking-](https://reproductiverights.org/press-room/breaking-slovakias-parliament-rejects-harmful-restrictions-abortion-care)
25 [slovakias-parliament-rejects-harmful-restrictions-abortion-care](https://reproductiverights.org/press-room/breaking-slovakias-parliament-rejects-harmful-restrictions-abortion-care) (accessed November 24, 2020).
26
27
28
29 [98] Center for Reproductive Rights. Europe Update: Abortion Rights at Risk in Poland and Slovakia.
30 Cent Reprod Rights 2020. [https://reproductiverights.org/story/europe-update-abortion-rights-risk-](https://reproductiverights.org/story/europe-update-abortion-rights-risk-poland-and-slovakia)
31 [poland-and-slovakia](https://reproductiverights.org/story/europe-update-abortion-rights-risk-poland-and-slovakia) (accessed November 24, 2020).
32
33
34 [99] Lăutaru A, Neag M, Tolontan C. Femeile din România, aproape de epoca lui Ceaușescu: criza
35 COVID-19 suspendă întreruperile de sarcină la cerere Citește întreaga știre: Femeile din România,
36 aproape de epoca lui Ceaușescu: criza COVID-19 suspendă întreruperile de sarcină la cerere.
37 Libertatea 2020. [https://www.libertatea.ro/stiri/criza-covid-19-suspenda-intreruperile-de-sarcina-](https://www.libertatea.ro/stiri/criza-covid-19-suspenda-intreruperile-de-sarcina-la-cerere-2945917)
38 [la-cerere-2945917](https://www.libertatea.ro/stiri/criza-covid-19-suspenda-intreruperile-de-sarcina-la-cerere-2945917). (accessed November 24, 2020)
39
40
41
42
43 [100] International Campaign for Women’s Right to Safe Abortion. ROMANIA – At least a small
44 improvement, one hospital more is doing abortions. SafeabortionwomensrightOrg 2020.
45 [https://www.safeabortionwomensright.org/news/romania-at-least-a-small-improvement-one-](https://www.safeabortionwomensright.org/news/romania-at-least-a-small-improvement-one-hospital-more-is-doing-abortions/)
46 [hospital-more-is-doing-abortions/](https://www.safeabortionwomensright.org/news/romania-at-least-a-small-improvement-one-hospital-more-is-doing-abortions/) (accessed November 24, 2020).
47
48
49
50
51 [101] Cilibiu A. Pandemia e și a femeilor pe care statul le obligă să nască împotriva voinței lor. Doar 11%
52 din spitalele din România mai fac avorturi la cerere. În București, nici unul Citește întreaga știre:
53 Pandemia e și a femeilor pe care statul le obligă să nască împ. Libertatea 2020.
54 <https://www.libertatea.ro/stiri/femei-avorturi-la-cerere-spitale-romania-2965019>. (accessed
55 November 24, 2020).
56
57
58
59
60 [102] Jean Mackenzie. Coronavirus: Women denied abortions because of the pandemic. BBC News 2020.
61
62
63
64
65

- 1
2
3
4 <https://www.bbc.com/news/av/stories-53158162> (accessed November 24, 2020).
5
6
7 [103] Diana Meseșan. 60% Din Spitalele De Stat Din România Nu Fac Avorturi La Cerere. “Sunt
8 Comunități în Care O Mătură și Un Pat Se Consideră Metodă Contraceptivă.” Libertatea 2020.
9 <https://www.libertatea.ro/stiri/spitale-stat-avorturi-la-cerere-3227064> (accessed November 24,
10 2020).
11
12
13
14 [104] iDNES.cz. Pandemie plodí nechtěné děti. Potrat není akutní zákrok, soudí některé země. IDNESCz
15 2020. [https://www.idnes.cz/zpravy/zahranicni/koronavirus-covid-19-zenska-prava-](https://www.idnes.cz/zpravy/zahranicni/koronavirus-covid-19-zenska-prava-interruptce.A200509_181543_zahranicni_vlc)
16 [interrupce.A200509_181543_zahranicni_vlc](https://www.idnes.cz/zpravy/zahranicni/koronavirus-covid-19-zenska-prava-interruptce.A200509_181543_zahranicni_vlc) (accessed November 24, 2020).
17
18
19
20 [105] iDNES.cz. Ilegální potraty ženám ubližují, zákaz je nevymýtí, říká gynekolog. IDNESCz 2020.
21 [https://www.idnes.cz/zpravy/domaci/rozhovor-ondrej-simetka-gynekolog-lekari-bez-hranic-](https://www.idnes.cz/zpravy/domaci/rozhovor-ondrej-simetka-gynekolog-lekari-bez-hranic-nelekarske-potraty-polsko.A201103_175437_domaci_vlc)
22 [nelekarske-potraty-polsko.A201103_175437_domaci_vlc](https://www.idnes.cz/zpravy/domaci/rozhovor-ondrej-simetka-gynekolog-lekari-bez-hranic-nelekarske-potraty-polsko.A201103_175437_domaci_vlc) (accessed November 24, 2020).
23
24
25
26 [106] Oja L. Sexual and reproductive health and rights in time of the COVID-19 pandemic.
27 WwwLiiriojaCom 2020. <https://www.liirioja.com/srhr-writings> (accessed November 24, 2020).
28
29
30 [107] East-Tallinn Central Hospital. Frequently Asked Questions on COVID-19 2020.
31 <https://www.itk.ee/en/news/all-news/2020/5/frequently-asked-questions-on-covid-19> (accessed
32 July 1 2020)
33
34
35 [108] Mari Peegel. Liiri Oja ja Marie Abel: meil kõigil on õigus seksuaal- ja reproduktiivtervisele, see
36 pole luksuskaup. Feministeerium 2020. [https://feministeerium.ee/meil-koigil-on-oigus-seksuaal-ja-](https://feministeerium.ee/meil-koigil-on-oigus-seksuaal-ja-reproduktiivtervisele-see-pole-luksuskaup/)
37 [reproduktiivtervisele-see-pole-luksuskaup/](https://feministeerium.ee/meil-koigil-on-oigus-seksuaal-ja-reproduktiivtervisele-see-pole-luksuskaup/) (accessed November 24, 2020).
38
39
40
41 [109] Bibaleze.si. Tudi to je posledica koronavirusa: nezaželene nosečnosti in splav na domu . BibalezeSi
42 2020. [https://www.bibaleze.si/novice/splav-koronavirus-nijz-ginekologija-izbira-ginekoloski-](https://www.bibaleze.si/novice/splav-koronavirus-nijz-ginekologija-izbira-ginekoloski-pregled-tabletka-nosecnost-prekinitev-nosecnosti.html)
43 [pregled-tabletka-nosecnost-prekinitev-nosecnosti.html](https://www.bibaleze.si/novice/splav-koronavirus-nijz-ginekologija-izbira-ginekoloski-pregled-tabletka-nosecnost-prekinitev-nosecnosti.html) (accessed November 24, 2020).
44
45
46
47 [110] Mihevc Ponikvar B. “Moje telo, moja izbira”: splav v koronačasu. Media 24 2020.
48 [https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu)
49 [koronacasu.](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu) [https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu)
50 [splav-v-koronacasu](https://novice.svet24.si/clanek/novice/svet/5ea68878c52b6/moje-telo-moja-izbira-splav-v-koronacasu) (accessed November 24, 2020).
51
52
53
54 [111] Angloinfo. Termination of Pregnancy in the Netherlands. Angloinfo n.d.
55 <https://www.angloinfo.com/how-to/netherlands/healthcare/pregnancy-birth/termination-abortion>
56 (accessed November 24, 2020).
57
58
59
60 [112] ABORT report. THE NETHERLANDS – ABORT report. Abort Rep n.d. [37](https://abort-
61
62
63
64
65</p></div><div data-bbox=)

- report.eu/netherlands/ (accessed November 24, 2020).
- [113] Abortuskliniek Amsterdam. Abortion treatment. Abort Amsterdam n.d. <https://abortuskliniek-amsterdam.nl/en/unwanted-pregnancy/abortion-treatment/> (accessed November 24, 2020).
- [114] Ploumen L. Health minister urged to guarantee abortion pill access amid corona restrictions. Dutch News 2020. <https://www.dutchnews.nl/news/2020/04/health-minister-urged-to-guarantee-abortion-pill-access-amid-corona-restrictions/>.(accessed November 24, 2020).
- [115] Salama, S, Baarsma H, Abdulrahman M. COVID-19 and Human Rights: Under pressure. Univ Rotterdam 2020. <https://www.amsterdamlawhub.nl/en/amsterdam-law-practice/clinics/blogposts-by-students/covid-19-and-human-rights-under-pressure.html?cb>. (accessed November 24, 2020).
- [116] Rechtbank den Haag. Women on Waves, Proefprocessenfonds Bureau Clara Wichmann, Rebecca Gomperts v. Staat der Nederlanden (het Ministerie van Volksgezondheid, Welzijn en Sport). 2020. (accessed November 24, 2020).
- [117] Tsakiridis I, Mamopoulos A, Athanasiadis A, Dagklis T. Trends in Induced Abortions in Greece: A Cross-sectional Study. *J Pediatr Adolesc Gynecol* 2020;33:149–52. <https://doi.org/10.1016/j.jpag.2019.11.006>.
- [118] Fahrinisa Campana. Coronavirus outbreak puts pregnant refugees in Greece at increased risk | Europe| News and current affairs from around the continent. DW 2020. <https://www.dw.com/en/coronavirus-outbreak-puts-pregnant-refugees-in-greece-at-increased-risk/a-53046578> (accessed November 25, 2020).
- [119] Iefimerida. Αμβλώσεις: Τι ισχύει στην Ελλάδα -Οι διαφοροποιήσεις στην Ευρώπη. Iefimerida 2016. <https://www.iefimerida.gr/news/294496/amvloseis-ti-ishyei-stin-ellada-oi-diaforopoiiseis-stin-eyropi> (accessed November 25, 2020).
- [120] Gravino G. Impact of COVID-19 on women in Malta seeking abortion: An overview. Dr Choice 2020. <https://www.doctorsforchoice.mt/post/impact-of-covid-19-on-women-in-malta-seeking-abortion-an-overview> (accessed November 25, 2020).
- [121] Agius M. Fake abortion pills targeting Maltese women on Facebook, activists warn. Malta Today 2020. https://www.maltatoday.com.mt/news/national/102369/fake_abortion_pills_targeting_maltese_women_on_facebook_activists_warn#.XyrO1hMzZAb. (accessed November 25, 2020).
- [122] Vida B. New waves of anti-sexual and reproductive health and rights strategies in the European

- 1
2
3
4 Union: the anti-gender discourse in Hungary. *Sex Reprod Heal Matters* 2019;27:13–6.
5 <https://doi.org/10.1080/26410397.2019.1610281>.
6
7
8 [123] Julian Borger. US signs anti-abortion declaration with group of largely authoritarian governments.
9 *Guard* 2020. [https://www.theguardian.com/world/2020/oct/22/us-trump-administration-signs-anti-](https://www.theguardian.com/world/2020/oct/22/us-trump-administration-signs-anti-abortion-declaration)
10 [abortion-declaration](https://www.theguardian.com/world/2020/oct/22/us-trump-administration-signs-anti-abortion-declaration) (accessed November 25, 2020).
11
12
13 [124] Péter Cseresnyés. Hungary Signs Trump’s Anti-Abortion Declaration with Poland and Belarus.
14 *Hungary Today* 2020. [https://hungarytoday.hu/hungary-signs-trumps-anti-abortion-declaration-](https://hungarytoday.hu/hungary-signs-trumps-anti-abortion-declaration-poland-and-belarus-us/)
15 [poland-and-belarus-us/](https://hungarytoday.hu/hungary-signs-trumps-anti-abortion-declaration-poland-and-belarus-us/) (accessed November 25, 2020).
16
17
18 [125] Sinoruka F, Curic A, Visser F. Balkans women face closed clinics and unsafe abortions under
19 COVID-19. *OpenDemocracyNet* 2020. [https://www.opendemocracy.net/en/5050/balkans-women-](https://www.opendemocracy.net/en/5050/balkans-women-face-closed-clinics-and-unsafe-abortions-under-covid-19/)
20 [face-closed-clinics-and-unsafe-abortions-under-covid-19/](https://www.opendemocracy.net/en/5050/balkans-women-face-closed-clinics-and-unsafe-abortions-under-covid-19/) (accessed November 25, 2020).
21
22
23 [126] Victoria Getova. More than 4,700 abortions were performed during the Bgonair state of emergency.
24 *Bulg Air* 2020. [https://www.bgonair.bg/a/2-bulgaria/201036-nad-2600-balgarki-sa-pozhelali-abort-](https://www.bgonair.bg/a/2-bulgaria/201036-nad-2600-balgarki-sa-pozhelali-abort-po-vreme-na-izvanrednoto-polozhenie)
25 [po-vreme-na-izvanrednoto-polozhenie](https://www.bgonair.bg/a/2-bulgaria/201036-nad-2600-balgarki-sa-pozhelali-abort-po-vreme-na-izvanrednoto-polozhenie) (accessed November 25, 2020).
26
27
28 [127] Hina. Pobačaj još nedostupniji i skuplji: Cijene i do 3000 kuna, sve veći broj liječnika u prizivu
29 savjesti. *RTLHr* 2020. [https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3807661/pobacaj-zbog-](https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3807661/pobacaj-zbog-pandemije-jos-nedostupniji-cijene-i-do-3000-kuna-sve-veci-broj-lijecnika-u-prizivu-savjesti/)
30 [pandemije-jos-nedostupniji-cijene-i-do-3000-kuna-sve-veci-broj-lijecnika-u-prizivu-savjesti/](https://www.rtl.hr/vijesti-hr/novosti/hrvatska/3807661/pobacaj-zbog-pandemije-jos-nedostupniji-cijene-i-do-3000-kuna-sve-veci-broj-lijecnika-u-prizivu-savjesti/)
31 (accessed November 25, 2020).
32
33
34 [128] Financial Mirror. Private hospitals to handle urgent non-COVID-19 patients. *Financ Mirror* 2020.
35 [https://www.financialmirror.com/2020/04/08/private-hospitals-to-handle-urgent-non-covid-19-](https://www.financialmirror.com/2020/04/08/private-hospitals-to-handle-urgent-non-covid-19-patients/)
36 [patients/](https://www.financialmirror.com/2020/04/08/private-hospitals-to-handle-urgent-non-covid-19-patients/) (accessed November 25, 2020).
37
38
39 [129] Gissler M, Fronteira I, Jahn A, Karro H, Moreau C, da Silva M, et al. Terminations of pregnancy in
40 the European Union. *BJOG An Int J Obstet Gynaecol* 2012;119:324–32.
41 <https://doi.org/10.1111/j.1471-0528.2011.03189.x>.
42
43
44 [130] Horowitz, M. D., Rosensweig, J. A., & Jones, C. A. (2007). Medical tourism: globalization of the
45 healthcare marketplace. *Medscape General Medicine*, 9(4), 33.
46
47
48 [131] Sirotnikova MG. Right Power: Slovakia mulls new laws limiting abortion. *Balk Insight* 2020.
49 [https://balkaninsight.com/2020/07/13/right-power-slovakia-mulls-new-laws-limiting-](https://balkaninsight.com/2020/07/13/right-power-slovakia-mulls-new-laws-limiting-abortion/)
50 [abortion/](https://balkaninsight.com/2020/07/13/right-power-slovakia-mulls-new-laws-limiting-abortion/)(accessed November 25, 2020).
51
52
53 [132] Human’s Right Watch. Joint Civil Society Statement: European governments must ensure safe and
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 timely access to abortion care during the COVID-19 pandemic. 2020.
5 [https://www.hrw.org/news/2020/04/08/joint-civil-society-statement-european-governments-must-](https://www.hrw.org/news/2020/04/08/joint-civil-society-statement-european-governments-must-ensure-safe-and-timely)
6 [ensure-safe-and-timely](https://www.hrw.org/news/2020/04/08/joint-civil-society-statement-european-governments-must-ensure-safe-and-timely) (accessed July 25, 2020).
7
8
9

10 [133] Silvie Lauder. Česká teta jde na pomoc polským ženám. Zákon o interrupcích má však sporný
11 výklad. RESPEKT 2020. [https://www.respekt.cz/agenda/ceska-teta-jde-na-pomoc-polskym-](https://www.respekt.cz/agenda/ceska-teta-jde-na-pomoc-polskym-zenam-zakon-o-interruptcich-ma-vsak-sporny-vyklad)
12 [zenam-zakon-o-interruptcich-ma-vsak-sporny-vyklad](https://www.respekt.cz/agenda/ceska-teta-jde-na-pomoc-polskym-zenam-zakon-o-interruptcich-ma-vsak-sporny-vyklad) (accessed November 25, 2020).
13
14

15 [134] Robinson EF, Moulder JK, Zerden ML, Miller AM, Zite NB. Preserving and advocating for essential
16 care for women during the coronavirus disease 2019 pandemic. *Am J Obstet Gynecol* 2020;223:219-
17 220.e1. <https://doi.org/10.1016/j.ajog.2020.05.022>.
18
19
20

21 [135] Jayaweera RT, Moseson H, Gerds C. Misoprostol in the era of COVID-19: a love letter to the
22 original medical abortion pill. *Sex Reprod Heal Matters* 2020.
23 <https://doi.org/10.1080/26410397.2020.1829406>.
24
25
26

27 [136] Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and Acceptability of
28 Medical Abortion Provided Through Telemedicine. *Obstet Gynecol* 2011;118:296–303.
29 <https://doi.org/10.1097/AOG.0b013e318224d110>.
30
31
32

33 [137] Grindlay K, Lane K, Grossman D. Women’s and Providers’ Experiences with Medical Abortion
34 Provided Through Telemedicine: A Qualitative Study. *Women’s Heal Issues* 2013;23:e117–22.
35 <https://doi.org/10.1016/j.whi.2012.12.002>.
36
37

38 [138] Aiken A, Gomperts R, Trussell J. Experiences and characteristics of women seeking and completing
39 at-home medical termination of pregnancy through online telemedicine in Ireland and Northern
40 Ireland: a population-based analysis. *BJOG An Int J Obstet Gynaecol* 2017;124:1208–15.
41 <https://doi.org/10.1111/1471-0528.14401>.
42
43
44

45 [139] Cleland K, Smith N. Aligning mifepristone regulation with evidence: driving policy change using
46 15 years of excellent safety data. *Contraception* 2015;92:179–81.
47 <https://doi.org/10.1016/j.contraception.2015.06.016>.
48
49
50

51 [140] Hervey T, Sheldon S. Abortion by telemedicine in the European Union. *Int J Gynecol Obstet*
52 2019;145:125–8. <https://doi.org/10.1002/ijgo.12738>.
53
54

55 [141] Hervey T, Sheldon S. Abortion by telemedicine in Northern Ireland: patient and professional rights
56 across borders. *North Irel Leg Quaterly* 2017;68:1–33.
57
58

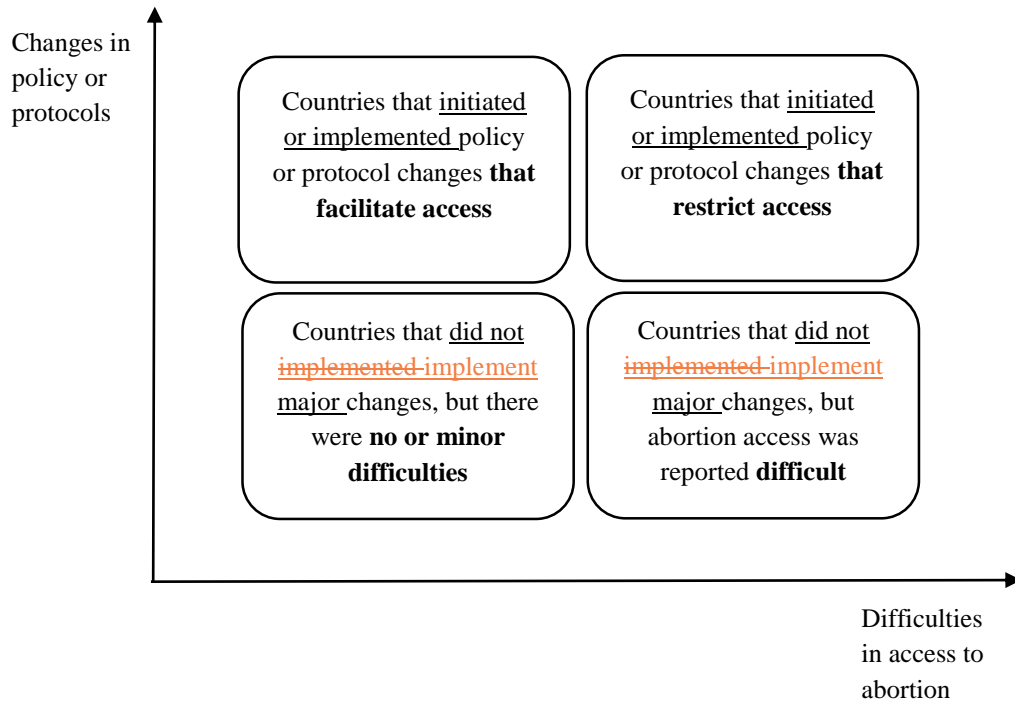
59 [142] Sedgh G, Bearak J, Singh S, Bankole A, Popinchalk A, Ganatra B, et al. Abortion incidence between
60
61
62
63
64
65

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1990 and 2014: global, regional, and subregional levels and trends. Lancet 2016.
[https://doi.org/10.1016/S0140-6736\(16\)30380-4](https://doi.org/10.1016/S0140-6736(16)30380-4).

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

FIGURE 1
Reactions of countries within the EU and the UK in relation to abortion access during COVID-19



1
2
3
4
5
6 **FIGURE 2**
7 Four steps-Three sets of measures in ensuring-improving access to abortion
8
9

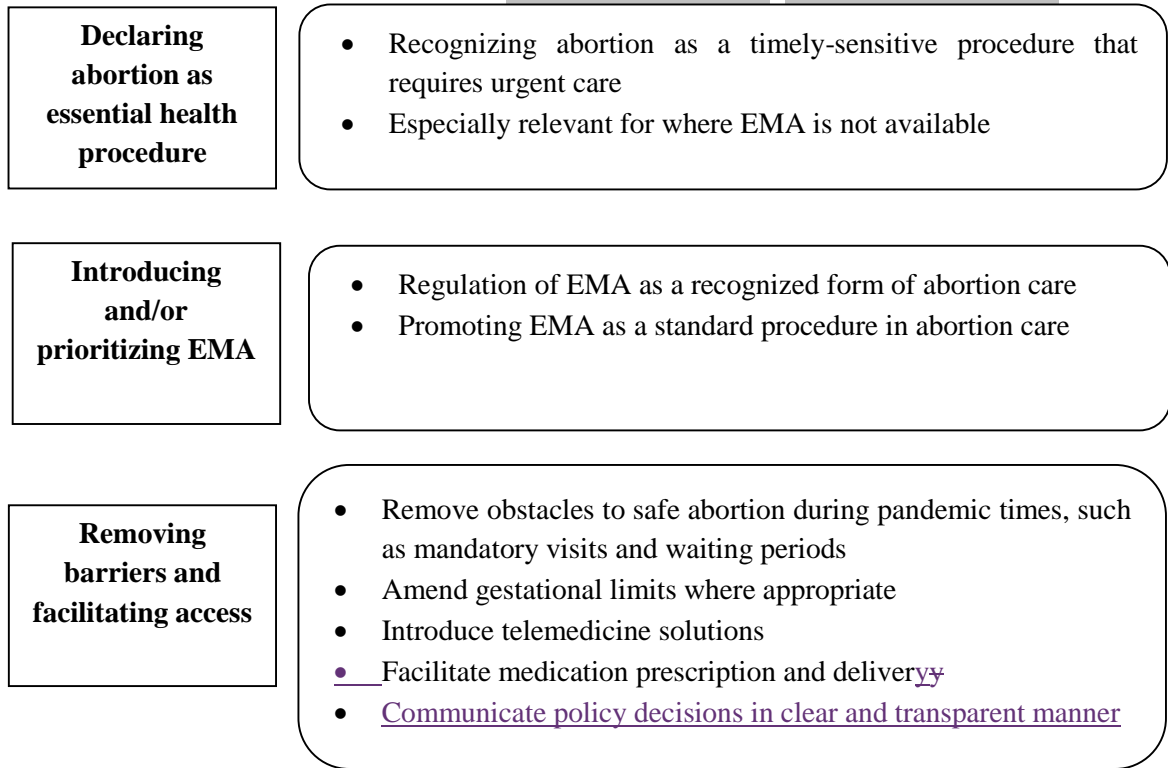


TABLE 1
Details of abortion access across the EU and the UK during COVID-19

Country	Abortion before COVID-19	EMA — before COVID-19	EMA at home before COVID-19	% of EMA in Total Abortions before COVID-19	Reported difficulties in access during COVID-19	Changes in Access to Abortion during COVID-19	Description of changes	Availability of EMA during COVID-19	Telemedicine in facilitating abortion during COVID-19
Group 1: Countries that initiated or implemented policy or protocol changes that facilitate access									
France	On request	YES	YES, for the 2nd pill	64% in 2016	Mobilizing health facilities and staff in the fight against COVID, travel restrictions	Facilitated access through policy changes	Decree of Minister of Solidarity and Health adopted on April 14th 2020 Recommendations - "COVID-19 rapid responses", published by the High Health Authority. <ul style="list-style-type: none"> Extended gestational limit for EMA at home from 7 to 9 weeks Prescribing medications using telemedicine or phone consultations Administrating medicaments in pharmacy Re-debating a bill to improve access to abortion that extends the gestational limit from 12 to 14 weeks, enables midwives to perform surgical abortion up to 10 weeks, and disallows providers to deny abortion care based on personal beliefs. Bill currently waits for a vote in Senate.	YES	YES
UK (England and Wales)	Social & economic reasons, Medical Reasons (to save life or health of a woman), Foetal impairment	YES	YES, for the 2nd pill	73% in 2019	Abortion clinic closures due to staff sickness & isolation.	Facilitated access through policy changes	Approval Order of the Department of Health and Social Care of the UK Government on 30 March 2020 Approval Order of the Department of Health of the Welsh Government on 31 March 2020 <ul style="list-style-type: none"> Use of telemedicine and approval for home-use of both mifepristone and misoprostol up to 9 week + 6 days New guidelines support non-use of ultrasound at this gestation for example if LMP is certain and no significant risk of ectopic pregnancy. Approval for EMA home-use includes postal delivery of medication 	YES	YES
UK (Scotland)	Social & economic reasons, Medical Reasons (to save life or health of a woman), Foetal impairment	YES	YES, for the 2nd pill	83% in 2016	Abortion clinic closures due to staff sickness & isolation.	Facilitated access through policy changes	Abortions labelled as essential healthcare. Approval Order of the Scottish Government from 30 March 2020 <ul style="list-style-type: none"> Use of telemedicine and approval for home-use of both mifepristone and misoprostol up to 11 weeks+6 days as per Scottish guidelines. New guidelines support non-use of ultrasound at this gestation. Approval for home-use includes postal delivery of medication. The need to administer anti-D to a patient with a Rhesus negative blood group having medical abortion at 10–12 weeks has been suspended 	YES	YES
UK (Northern Ireland)	On request (after the legislation change from October 2019, which came into power on March 31 st 2020)	NO	NO	NO DATA	Difficulties in access in the early stages of the pandemic, belated implementation of the new abortion law by the Department of Health.	Facilitated access through implementation of — policy changes	New abortion legislation passed in October 2019, came into force on March 31 st 2020; but implemented by the Department of Health of the Northern Ireland Government on 9 April 2020. <ul style="list-style-type: none"> Abortion services started to operate in April 2020 for first trimester abortions. Use of misoprostol at home currently up to 10 weeks 	YES	NO
Ireland	On request; with a Waiting Period	YES	YES, for the 2nd pill	NO DATA	Travel restrictions and social distancing measures; burden on hospitals.	Facilitated access through new protocol.	Revised Model of Care for Termination in Early Pregnancy issued by the Health Service Executive and Department of Health on 7 April 2020. <ul style="list-style-type: none"> Introduced model of remote service for the duration of the pandemic: Waived two mandatory visits Enabled administration of both medical pills at home up to 9 weeks of pregnancy 	YES	YES
Italy	On request; with a Waiting Period and Mandatory Counselling	YES	NO	17% in 2015	Over crowdedness of hospitals; travel restrictions; personal beliefs of doctors; problems in some hospitals	Facilitated access through policy changes	Guidelines on Organization of Hospital and Territorial Services during an emergency COVID-19 issued by the Ministry of Health in March 2020. Updated Guidelines of Health Ministry regarding EMA issued on August 13 th 2020: <ul style="list-style-type: none"> Change of gestational limit for EMA— from 7 to 9 weeks Removal of a 3-day hospital stay in order to access EMA Provision of EMA extended outside the hospital setting - to local, public health centres and family planning services 	YES	NO
Spain	On request; with a Waiting Period	YES	YES, for the 2nd pill	19% in 2015	Regional inequality in access	Facilitated access through protocol changes	Order from the Ministry of Health decreed that delivery of the face-to-face information to be delivered electronically during the state of alarm in Catalonia.	YES	NO
Portugal	On request; with a Waiting Period	YES	YES, for the 2nd pill	71% in 2015	Some difficulties in accessing surgical abortions	Facilitated access through protocol changes	Recommendations by Portuguese Society of Contraception and Clinicians not officially approved but implemented by Obstetrician Services. <ul style="list-style-type: none"> Omit the waiting period. Only one visit with a doctor for ultrasound and abortion. Postponement of follow-up visit when possible or follow-up visit by telemedicine 	YES	Partial (for follow-up visit)

14
15
16
17
18
19

Country	Abortion before COVID-19	EMA before COVID-19	EMA at home before COVID-19	% of EMA in Total Abortions before COVID-19	Reported difficulties in access during COVID-19	Changes in Access to Abortion during COVID-19	Description of changes	Availability of EMA during COVID-19	Telemedicine in facilitating abortion during COVID-19
20 21 22 Belgium	On request; with a Waiting Period and Mandatory counselling	YES	NO	22% in 2011	Reduced staff, danger of infection, focus in some hospitals only on COVID-19 patients, reduction on the number of people who can accompany the person having abortion.	Facilitated access through protocol changes.	New protocol allowing EMA up to 10th weeks, depends from hospital to hospital (not a legal measure); ● Using telemedicine for prescriptions and abortion pre-meetings.	YES	Partial (for prescriptions and abortion pre-meetings)
23 24 25 26 27 28 Croatia	On request	YES	YES, for the 2nd pill	NO DATA, media indicates low.	Travel restrictions; few hospitals enabled access to abortions; economic difficulties; Abortion is not explicitly labelled as essential	Facilitated access through policy changes	Federal Office for Safety in Health Care has granted approval that all gynaecologists can prescribe the Mifegyne@ abortion pill.	YES	NO
29 30 31 Finland	On socio-economic grounds, Medical and Criminal reasons;	YES	YES, for the 2nd pill	96% in 2015	No specific challenges reported, but the current law stipulates that a woman needs testimonials from two doctors, as well as a social or financial justification to terminate her pregnancy (with some exceptions).	Facilitated access through policy changes	Change of local practices (Helsinki) ● Home-use of misoprostol extended up to 10 weeks+0 days (previously 9 weeks+ 0 days) in Helsinki ● Citizen initiative to reform the abortion law	YES	NO
32 33 34 Germany	On request; with a Waiting Period and Mandatory counselling	YES	NO	23% in 2016	Long delays to get appointments; not all hospitals provide abortion care; abortion is not explicitly labelled as essential.	Facilitated access through new protocol	Allowing counselling to be available via phone with a digital certification of the consultation.	YES	Partial (phone counselling)
Group 2: Countries that initiated or implemented policy or protocol changes that restrict access									
35 36 37 38 39 40 41 42 43 44 45 Lithuania	On request; Mandatory Counseling	EMA not defined by law	NO	NO DATA	Travel restrictions, hospitals postponing abortion procedures, women resorting to unsafe online means to access EMA.	Restricted access	● Abortions not labelled as essential healthcare. ● Some healthcare providers decided to suspend abortion services during quarantine or cancelled planned procedures due to other more urgent COVID-19 related health issues. ● Rhetoric of the Health Minister who encourages women to use quarantine time to reconsider their decision on abortion and consult psychologists.	YES - under prescription in a Clinic/hospital	NO
46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 Poland	On the grounds of: foetal abnormality, rape, incest, and danger to mother's health.	NO	NO	NO DATA	Travel restrictions, doctors unwilling to conduct procedures	Almost completely restricted access to abortion	● Abortions on the grounds of "foetal abnormality" are no longer considered constitutional, as per ruling of the Polish Constitutional Tribunal - from October 22, 2020	NO	NO
61 62 63 64 65 Romania	On request	YES	No information	NO DATA	Only a small number of public hospitals continues to provide abortions on request (only 40% in November 2020) - reasons for refusal: COVID-19 pandemic, inadequate equipment, but for majority of the hospitals it is related to doctors resorting to "conscientious objection"	Restricted access	● Abortions not labelled as essential healthcare. ● Order of the Ministry of the Interior issued on March 23rd 2020 suspending all non-essential medical procedures, hospitalizations and consultations in public health facilities. ● Updated Order on April 7th 2020, which expanded the suspensions of all non-emergency procedures to both public and private health facilities. ● On April 27th 2020, Romanian Ministries of Health (Obstetrics & Gynaecology Commission) issued a circular to all District Health Authorities, with a recommendation to include abortion among the emergency services during the pandemic	NO DATA	NO DATA
66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 Slovakia	On request; with a Waiting Period and Mandatory counselling	NO	NO	NO DATA	Hospitals in Slovakia have stopped performing abortions following a government decision to postpone all planned surgeries except lifesaving ones. ● Unavailability of the EMA forces women to more risky procedures. ● The "conscientious objection" restricts access to abortion in some areas. ● Women in the risk of poverty and social exclusion cannot afford an abortion and contraceptives due to financial limitations. COVID-19 pandemic is used to restrict access to abortion services.	Restricted access	● Abortions not labelled as essential healthcare. ● Four legislative proposals aiming to restrict further abortion access in the country sent to the Parliament. ● Three proposals requesting the full abortion ban not approved for further negotiations. ● Fourth proposal from the ruling OLANO party, with amendments to the existing Health Care Act and Abortion Act debated and rejected by the Slovak Parliament, by one missing vote on October 20th 2020. ● Rhetoric of the Health Minister who "does not recommend" having an abortion during the crisis.	NO	NO
Group 3: Countries that did not implemented major changes, but abortion access was ensured									
99 100 Czech Republic	On request	YES	NO	NO DATA	Some issues in access, as some hospitals did not do abortions.	No changes but abortion considered as essential healthcare.	NA	YES	Partial (for consultations)
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332 1333 1334 1335 1336 1337 1338 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 1349 1350 1351 1352 1353 1354 1355 1356 1357 1358 1359 1360 1361 1362 1363 1364 1365 1366 1367 1368 1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1380 1381 1382 1383 1384 1385 1386 1387 1388 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1440 1441 1442 1443 1444 1445 1446 1447 1448 1449 1450 1451 1452 1453 1454 1455 1456 1457 1458 1459 1460 1461 1462 1463 1464 1465 1466 1467 1468 1469 1470 1471 1472 1473 1474 1475 1476 1477 1478 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488 1489 1490 1491 1492 1493 1494 1495 1496 1497 1498 1499 1500 1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512 1513 1514 1515 1516 1517 1518 1519 1520 1521 1522 1523 1524 1525 1526 1527 1528 1529 1530 1531 1532 1533 1534 1535 1536 1537 1538 1539 1540 1541 1542 1543 1544 1545 1546 1547 1548 1549 1550 1551 1552 1553 1554 1555 1556 1557 1558 1559 1560 1561 1562 1563 1564 1565 1566 1567 1568 1569 1570 1571 1572 1573 1574 1575 1576 1577 1578 1579 1580 1581 1582 1583 1584 1585 1586 1587 1588 1589 1590 1591 1592 1593 1594 1595 1596 1597 1598 1599 1600 1601 1602 1603 1604 1605 1606 1607 1608 1609 1610 1611 1612 1613 1614 1615 1616 1617 1618 1619 1620 1621 1622 1623 1624 1625 1626 1627 1628 1629 1630 1631 1632 1633 1634 1635 1636 1637 1638 1639 1640 1641 1642 1643 1644 1645 1646 1647 1648 1649 1650 1651 1652 1653 1654 1655 1656 1657 1658 1659 1660 1661 1662 1663 1664 1665 1666 1667 1668 1669 1670 1671 1672 1673 1674 1675 1676 1677 1678 1679 1680 1681 1682 1683 1684 1685 1686 1687 1688 1689 1690 1691 1692 1693 1694 1695 1696 1697 1698 1699 1700 1701 1702 1703 1704 1705 1706 1707 1708 1709 1710 1711 1712 1713 1714 1715 1716 1717 1718 1719 1720 1721 1722 1723 1724 1725 1726 1727 1728 1729 1730 1731 1732 1733 1734 1735 1736 1737 1738 1739 1740 1741 1742 1743 1744 1745 1746 1747 1748 1749 1750 1751 1752 1753 1754 1755 1756 1757 1758 1759 1760 1761 1762 1763 1764 1765 1766 1767 1768 1769 1770 1771 1772 1773 1774 1775 1776 1777 1778 1779 1780 1781 1782 1783 1784 1785 1786 1787 1788 1789 1790 1791 1792 1793 1794 1795 1796 1797 1798 1799 1800 1801 1802 1803 1804 1805 1806 1807 1808 1809 1810 1811 1812 1813 1814 1815 1816 1817 1818 1819 1820 1821 1822 1823 1824 1825 1826 1827 1828 1829 1830 1831 1832 1833 1834 1835 1836 1837 1838 1839 1840 1841 1842 1843 1844 1845 1846 1847 1848 1849 1850 1851 1852 1853 1854 1855 1856 1857 1858 1859 1860 1861 1862 1863 1864 1865 1866 1867 1868 1869 1870 1871 1872 1873 1874 1875 1876 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 19									

14
15
16
17
18
19

Country	Abortion before COVID-19	EMA before COVID-19	EMA at home before COVID-19	% of EMA in Total Abortions before COVID-19	Reported difficulties in access during COVID-19	Changes in Access to Abortion during COVID-19	Description of changes	Availability of EMA during COVID-19	Telemedicine in facilitating abortion during COVID-19
Sweden	On request	YES	YES - for the 2nd pill	92% in 2016	No difficulties indicated in the sources	No changes	NA	YES	YES
Estonia	On request	YES	YES, for the 2nd pill	80% in 2018	Recommendation to prioritize EMA due to difficulties in access to hospitals and medical facilities.	Minor changes	Recommendations	YES	Partial (for consultations)
Czechia	On request	YES	YES	NO DATA	Access difficulties for migrant women; delays in the public healthcare	No changes	NA	YES	NO
Netherlands	On request; with a Waiting Period and Mandatory counselling	YES	YES, for the 2nd pill	22% in 2015	No major difficulties indicated in the sources, with a note that: <ul style="list-style-type: none"> • Surgical abortions are less available • Some difficulties due to unavailability of Telemedicine (Court of Hague example) 	No changes	NA	YES	NO
Group 4: Countries that did not implemented major changes, but abortion access was difficult									
Bulgaria	On request	YES	NO	NO DATA	Fewer abortions in comparison to the same time last year, attributed to difficulties in access due to over crowdedness of hospitals. EMA is not accepted or promoted in Bulgaria. Some reports found that access was getting more difficult for Roma girls and women.	No changes	NA	YES	NO
Malta	Total ban	NO	NO	NO DATA	Travel restrictions, untimely access to abortions, and emergence of potentially dangerous websites selling fake abortion pills.	No changes	NA	NO	NO
Hungary	On request; with a Waiting Period and Mandatory Counselling	NO	NO	NO DATA	Many challenges even before the pandemic. No EMA available.	Ban on non-life threatening procedures	NA	NO	NO
Croatia	On request	YES	NO	NO DATA	Reduced staff, doctors rejecting abortion, only a few clinics performed abortions), expensive, travel restrictions <ul style="list-style-type: none"> • Attitude of doctors towards abortion is getting more severe and that the abortions are getting more expensive; • Abortion is not explicitly labelled as essential 	No changes	NA	YES	NO
Cyprus	On request	YES	NO	NO DATA	Abortions generally performed only in private hospitals, which during COVID-19 also were taking care of COVID-19 patients.	No changes	NA	YES	NO
Unclassified									
Latvia	On request; with a Waiting Period	YES	NO	NO DATA	Insufficient data	No changes	NA	YES	NO
Luxembourg	On request; with a Waiting Period	YES	YES - for the 2nd pill	NO DATA	Insufficient data	No changes	NA	YES	NO

20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65