



**Doc. 11576**

15 April 2008

## Access to safe and legal abortion in Europe

### Committee Opinion<sup>1</sup>

Social, Health and Family Affairs Committee

Rapporteur: Ms Christine McCAFFERTY, United Kingdom

### A. Committee conclusions

1. The Social, Health and Family Affairs Committee thanks the Committee on Equal Opportunities for Women and Men and its rapporteur, for its excellent report, which highlights the significant challenges that Europe faces, in providing access to safe and legal abortions, for women.
2. The committee recognises that a number of countries within Europe are making ongoing improvements to some aspects of reproductive health services, and urges all member states to work to improve access to all family planning methods, thereby improving maternal health, reducing the number of unwanted pregnancies and subsequent abortions in Europe.
3. The committee fully endorses the recommendations made and underlines the public health impact of criminalisation of abortion; unsafe abortion; unmet need of contraception and the lack of proper information and education on sexual and reproductive health.

### B. Explanatory memorandum, by Mrs McCafferty

1. Europe has one of the lowest maternal mortality rates in the world. Abortion rates are lowest in western Europe and fairly low in northern and southern Europe. In these geographical areas, most abortions are legal, and the incidence of abortions has been low for decades.<sup>2</sup> The committee stresses that the best way to reduce the need for an abortion is to help women avoid unwanted pregnancies in the first place.
2. In Europe, the estimated number of unsafe abortions varies from 500 000 to 800 000 annually.<sup>3</sup> The reasons behind these high numbers are a lack of access to information, education and services, and restrictive abortion laws.
3. Eastern European countries have a high incidence of both safe and unsafe abortions. The fairly restrictive abortion legislation and a lack of access to safe abortion services have led to high maternal mortality.
4. In the Republic of Moldova in 2003, 50% of maternal deaths were caused by unsafe abortions, and between 1990 and 2002, 30% of all maternal deaths were related to abortions. In Ukraine in 1998, 35% of maternal deaths were due to unsafe abortions. In 2002, this was reduced to 23%, and in 2003 there were no registered maternal deaths due to unsafe abortions.

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1. See [Doc. 11537](#) of the Committee on Equal Opportunities for Women and Men.

2. Source: p. 5 "Abortion in Europe", *Entre-Nous – the European magazine for sexual and reproductive health*, No. 59, WHO Europe and UNFPA, 2005.

3. *Idem*.



5. In the former Soviet Union countries, the efforts of international donors and governmental agencies has resulted in improved access to family planning information and commodities.<sup>4</sup>
6. These findings confirm the need for continued improvements and expansion of family planning information and services. They also confirm that there is no correlation between the fertility rate and an access to abortion, as fertility rates have remained constant while the abortion rate has decreased.
7. The committee has concerns that restrictive abortion legislation causes many women to travel abroad to access safe abortion services – the phenomenon called “abortion tourism”. In Ireland abortion is illegal. According to the statistics of the Irish Family Planning Association, in 2006, 5 042 Irish women travelled to the United Kingdom for an abortion.<sup>5</sup>
8. In Poland where abortion is illegal, abortion tourism is also a problem. However, many private clinics in Poland offer women safe abortions which ensures low maternal mortality. This appears to be unofficially condoned by both church and state.
9. Restrictive abortion legislation does not reduce the incidence of abortions; instead it leads to either “abortion tourism”, illegal abortions in private clinics, or unsafe abortions and subsequent high maternal mortality.
10. Restricting access to abortion services does not result in fewer abortions, but only in fewer options for women. These in turn delay unnecessarily the timing of an abortion.
11. In addition, the committee notes that when abortion is illegal and women resort to unsafe abortions, there is often a need for obstetric emergency care. Obstetric emergency care places an enormous human and financial strain on existing health systems.
12. Decriminalising abortion will ultimately preserve life, reduce cost to existing health systems and adapt better to the real needs of women.
13. The committee further notes that according to national statistics, unsafe and safe abortions largely correlate with illegal and legal abortions.<sup>6</sup> Findings indicate that liberal abortion laws are not associated with a higher incidence of abortions, and equally, highly restrictive abortion laws are not associated with a lower incidence of abortions.<sup>7</sup>
14. Similarly, there is a strong correlation between access and uptake of affordable, appropriate and acceptable family planning and a reduced incidence of abortions. Abortion incidence declines as family planning use increases. An analysis of trends in eastern Europe confirms this pattern.
15. A crucial ingredient is age-appropriate, gender-sensitive sexuality education in schools and access to counselling and services that are non-judgmental and affordable – this ensures avoidance of unwanted pregnancies and therefore abortion.
16. The Netherlands is a prime example. The Netherlands has very liberal abortion laws, good age-specific sexuality education in schools, outstanding family planning information and services, and consequently, the lowest incidence of abortions in Europe.
17. The committee congratulates the rapporteur on the recommendations to decriminalise abortion; to guarantee women’s choice and reproductive right to an abortion; and to adopt appropriate sexual and reproductive health strategies and policies, including access to affordable, appropriate and acceptable family planning information, education and services, with specific reference to the introduction of compulsory age-appropriate sex education for young people.
18. The committee recommends that the principles, set out in the 1994 International Conference on Population and Development (ICPD) Programme of Action in Cairo, where 179 countries agreed.<sup>8</sup>

*“... to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion<sup>9</sup> as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate*

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4. *The Lancet*, Volume 370, No. 9595, pages 1283-1382 and 1341, 13-19 October 2007.

5. Irish Family Planning Association ([www.ifpa.ie/abortion/index.html](http://www.ifpa.ie/abortion/index.html)).

6. *Idem*.

7. *Idem*.

*counselling [...] In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions," be adhered to.*

**C. Proposed amendments to the draft resolution (words to be added to the draft resolution are in bold and deletions are in [...]).**

*Amendment A (to the draft resolution)*

Paragraph 2:

In most of the Council of Europe members states the law permits abortion in order to save the woman's life. Abortion is permitted in the majority of other European countries for a number of reasons including to preserve physical and mental health, rape and incest, foetal impairment, economic and social reasons and in some countries on request. [Although abortion is legal in the vast majority of the Council of Europe member states]. The Assembly is however concerned that in many of these states, numerous conditions are imposed and restrict the effective access to safe, affordable, acceptable and appropriate abortion services. These restrictions have discriminatory effects, since women who are well-informed and possess adequate financial means can often obtain legal and safe abortions more easily.

*Amendment B (to the draft resolution)*

Paragraph 3:

The Assembly also notes that, in member states where abortion is **permitted for a number of reasons** [legal], conditions are not always such as to guarantee women effective access to this right: the lack of local health care facilities, the lack of doctors willing to carry out abortions, the repeated medical consultations required, the time allowed for changing one's mind and the waiting time for the abortion all have the potential to make access to **safe, affordable, acceptable and appropriate abortion services** more difficult, or even impossible in practice.

*Amendment C (to the draft resolution)*

Paragraph 4:

The Assembly takes the view that abortion should not be banned. A ban on abortions does not result in fewer abortions, but mainly leads to clandestine abortions, which are more traumatic **and increase maternal mortality** [more dangerous] **and/or lead to abortion "tourism" which is costly and delays the timing of an abortion and results in social inequities.** The lawfulness of abortion does not have an effect on a woman's need for an abortion, but only on her access to a safe abortion.

*Amendment D (to the draft resolution)*

Paragraph 5:

At the same time, **evidence shows** [the Assembly is convinced] that appropriate sexual and reproductive health **and rights strategies and policies**, including compulsory **age-appropriate, gender-sensitive sex and relationships** [and sex] education for young people, results in [contribute to] less recourse to abortion. **Non-judgmental universal sex and relationships information and education and accessible family planning services, reduce the amount of unwanted pregnancies and subsequent abortions.**

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8. Paragraph 8.25 of Programme of Action of the International Conference on Population and Development available at: [www.unfpa.org/icpd/icpd\\_poa.htm](http://www.unfpa.org/icpd/icpd_poa.htm). Summary available at: [www.unfpa.org/icpd/summary.htm](http://www.unfpa.org/icpd/summary.htm).

9. Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (based on *The Prevention and Management of Unsafe Abortion*, Report of a Technical Working Group, World Health Organization, Geneva, April 1992 (WHO/MSM/92.5)).

*Amendment E (to the draft resolution)*

Paragraph 7.2:7.2. guarantee women's effective exercise of their right to health, including their right to a safe abortion.

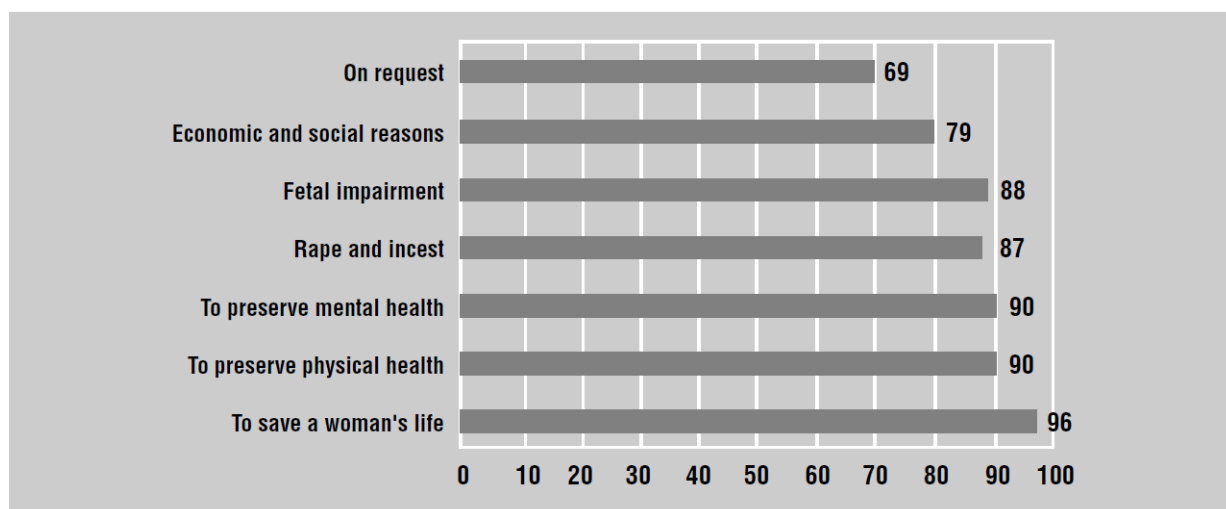
*Amendment F (to the draft resolution)*

Paragraph 7.5:7.5. adopt **evidence based** on appropriate sexual and reproductive health **and rights** strategies **and policies** [based on sound and reliable data], ensuring continued improvements and expansion of **non-judgmental sex and relationships information and education and** contraceptive services [provision] by increased investments from the national budgets into improving health systems, reproductive health supplies and information [provision].

*Amendment G (to the draft resolution)*

Paragraph 7.7:7.7. introduce compulsory **age-appropriate, gender-sensitive sex and** relationships [and sex] education for young people (*inter alia*, in schools), [so as] to avoid [as many] unwanted pregnancies (and therefore abortions) [as possible].

## Appendix

Table 1: Ground on which abortion is permitted – percentage of WHO member states in Europe<sup>10</sup>Table 2: Estimated number of safe and unsafe induced abortions by region and sub-region, 2003<sup>11</sup>

	Number of abortions (millions)			Abortion rate (abortions per 1 000 women aged 15-44 years)		
	Total	Safe	Unsafe	Total	Safe	Unsafe
Europe						
Eastern Europe	3.0	2.7	0.4	44	39	5
Northern Europe	0.3	0.3	+	17	17	++
Southern Europe	0.6	0.5	0.1	18	15	3
Western Europe	0.4	0.4	+	12	12	++
+ less than 0.05						
++ less than 0.5						

Table 3: Sub-regional estimated abortion ratios and percentages of pregnancies that ended in abortion, 2003

	Abortions ratio (per 1 000 births)			% of pregnancies ending in abortion		
	Total	Safe	Unsafe	Total	Safe	Unsafe
Europe						
Eastern Europe	105	92	13	45	39	5
Northern Europe	31	31	++	20	20	++
Southern Europe	38	31	7	24	19	4
Western Europe	23	23	++	16	16	++
++ Less than 0.5						

Reporting committee: Committee on Equal Opportunities for Women and Men.

Committee for opinion: Social, Health and Family Affairs Committee.

Reference to committee: [Doc.10802](#) and Reference No. 175

10. "Abortion in Europe", *Entre-Nous – the European magazine for sexual and reproductive health*, No. 59, WHO Europe and UNFPA, 2005 p. 4.

11. *The Lancet*, Volume 370, No. 9595, pages 1283-1382 and 1341, 13-19 October 2007.

*Doc. 11576 Committee Opinion*

of 27 January 2006.

Opinion approved by the committee on 14 April 2008. See 15th Sitting, 16 April 2008 (adoption of the draft resolution, as amended); and [Resolution 1607](#).