

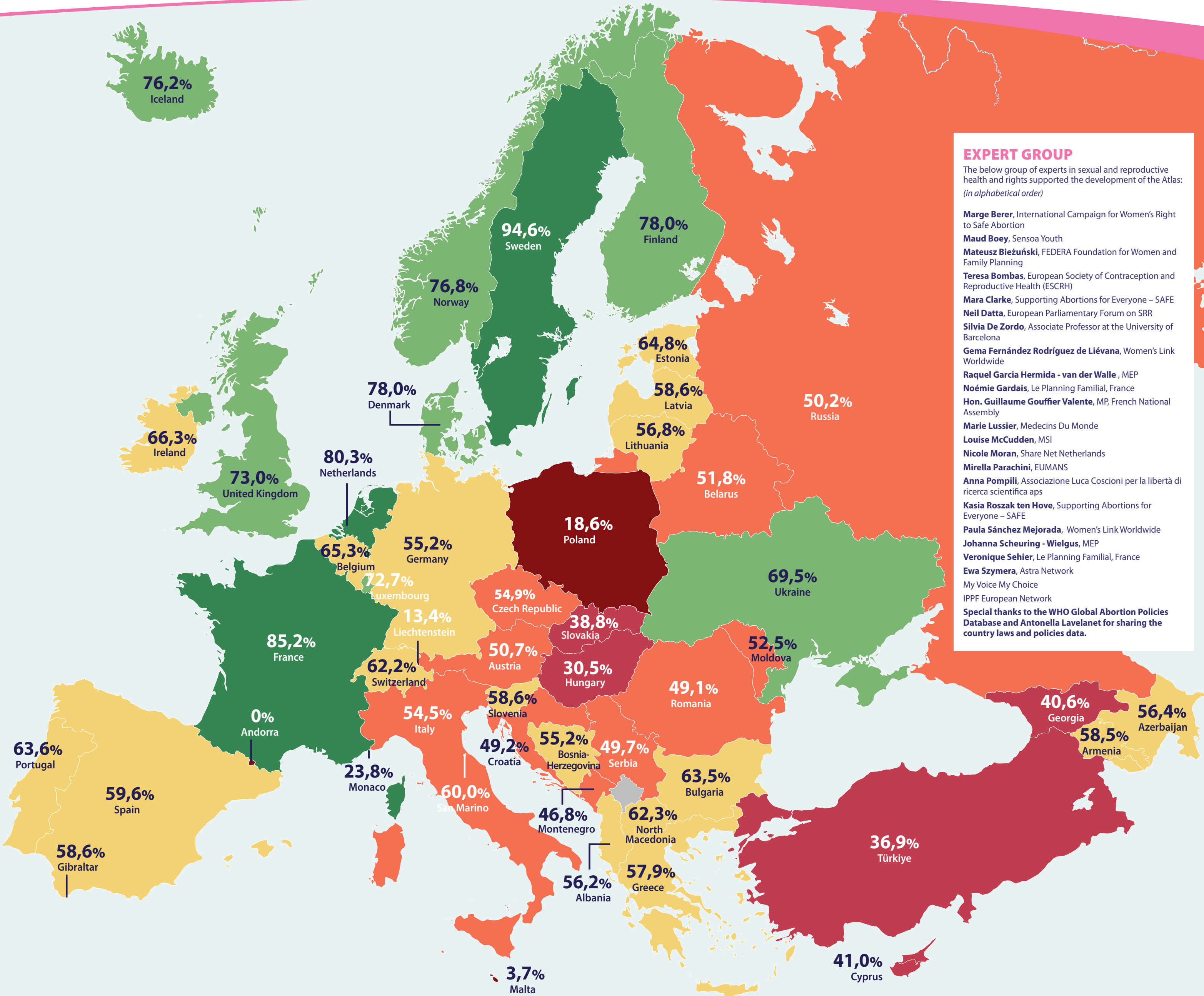
EUROPEAN ABORTION POLICIES ATLAS 2025

RANKING SCALE

Sweden	94,6%
France	85,2%
Netherlands	80,3%
Finland	78,0%
Denmark	78,0%
Norway	76,8%
Iceland	76,2%
United Kingdom	73,0%
Luxembourg	72,7%
Ukraine	69,5%
Ireland	66,3%
Belgium	65,3%
Estonia	64,8%
Portugal	63,6%
Bulgaria	63,5%
N. Macedonia	62,3%
Switzerland	62,2%
San Marino	60,0%
Spain	59,6%
Gibraltar	58,6%
Latvia	58,6%
Slovenia	58,6%
Armenia	58,5%
Greece	57,9%
Lithuania	56,8%
Azerbaijan	56,4%
Albania	56,2%
Bosnia-Herzegovina	55,2%
Germany	55,2%
Czech Republic	54,9%
Italy	54,5%
Moldova	52,5%
Austria	50,7%
Belarus	51,8%
Russia	50,2%
Serbia	49,7%
Croatia	49,2%
Romania	49,1%
Montenegro	46,8%
Cyprus	41,0%
Georgia	40,6%
Slovakia	38,8%
Türkiye	36,9%
Hungary	30,5%
Monaco	23,8%
Poland	18,6%
Liechtenstein	13,4%
Malta	3,7%
Andorra	0%

WHO IS BEHIND THE ATLAS?

This initiative is powered by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF). We are grateful to the numerous national organisations and country experts who contributed to gathering the data presented in the Atlas. The Atlas was produced in partnership with a group of experts in sexual and reproductive health and rights (see above) who designed the questions and structures. The scope and the content of the European Contraception Atlas is the sole responsibility of EPF.



EXPERT GROUP

The below group of experts in sexual and reproductive health and rights supported the development of the Atlas: (in alphabetical order)

- Marge Berer, International Campaign for Women's Right to Safe Abortion
 - Maud Boey, Sensoa Youth
 - Mateusz Biezuński, FEDERA Foundation for Women and Family Planning
 - Teresa Bombas, European Society of Contraception and Reproductive Health (ESCRH)
 - Mara Clarke, Supporting Abortions for Everyone – SAFE
 - Neil Datta, European Parliamentary Forum on SRR
 - Silvia De Zordo, Associate Professor at the University of Barcelona
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 - Noémie Gardais, Le Planning Familial, France
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 - Marie Lussier, Medecins Du Monde
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 - Veronique Sehier, Le Planning Familial, France
 - Ewa Szymera, Astra Network
 - My Voice My Choice
 - IPPF European Network
- Special thanks to the WHO Global Abortion Policies Database and Antonella Lavelanet for sharing the country laws and policies data.

INTERNATIONAL STANDARDS

WORLD HEALTH ORGANISATION ABORTION CARE GUIDELINES: LAW AND POLICY RECOMMENDATIONS:

- Recommend the **full decriminalisation** of abortion (accessing, providing, assisting).
- Recommend against laws that restrict abortion to specific grounds. Abortion should be **available on request** of the pregnant person.
- Recommend against laws or regulations that prohibit abortion based on **gestational age** limits.
- Recommend against **mandatory waiting periods** for abortion.
- Recommend that abortion be available at the **request of the pregnant person without the authorisation** of any other individual, body, or institution (e.g., no parental, spousal, judicial authorisation).
- Recommend against regulations on **who can provide or manage** abortion that are inconsistent with WHO guidance.
- Recommend that access to and continuity of abortion care be protected against barriers created by **conscientious objection**.

EUROPEAN PARLIAMENT:

Member states should decriminalise abortion, as well as to remove and combat obstacles to legal abortion, and recalls that they have a responsibility to ensure that women have **access to the rights conferred on them by law**.¹

COUNCIL OF EUROPE PARLIAMENTARY ASSEMBLY:

- 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.²
- The denial of abortion care may constitute **torture or cruel, inhuman or degrading treatment**, and it underlines the importance of the absolute prohibition of torture and other forms of cruel, inhuman or degrading treatments.³

¹ 4th EP Resolution resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health (2020/2215(INI)) of 24 June 2021
² PACE Resolution 1607 (2008) Access to safe and legal abortion in Europe para 4
³ Access to abortion in Europe: stopping anti-choice harassment Res. 2439

SAFE ABORTION METHODS APPROVED BY WHO

METHODS UP TO 12–14 WEEKS SINCE THE LMP:

Manual or electric vacuum aspiration, or medical methods using a combination of mifepristone followed by misoprostol

METHODS AFTER 12–14 WEEKS SINCE THE LMP:

- Surgical method:** D&E, using vacuum aspiration and forceps.
- Medical method:** for abortions after 12 weeks since the LMP is mifepristone followed by repeated doses of misoprostol

WHO recommends that individuals in the first trimester (**up to 12 weeks pregnant**) can **self-administer** mifepristone and misoprostol medication without direct supervision of a health-care provider.³

¹ WHO Safe abortion: technical and policy guidance for health systems, Second edition
² WHO Recommendations on self-care interventions, Self-management of medical abortion

EUROPEAN ABORTION POLICIES ATLAS 2025

		1. POLICIES		2. ACCESS														3. CLINICAL CARE AND SERVICE-DELIVERY										4. INFORMATION					
				ABORTION AVAILABILITY				ELIGIBILITY AND COVERAGE				ADDITIONAL MEDICAL PROCEDURES				ADMINISTRATIVE OBSTACLES; RATING LEGALLY ACCESSIBLE ABORTIONS				CLINICAL CARE				LEGAL PROTECTIONS FROM ANTI-ABORTION HARASSMENT		CONSCIENTIOUS OBJECTION (CO)							
Countries (in alphabetical order)	Ranking index of countries	Where is abortion legally protected?	Criminalisation of abortion outside of legal framework (if different from WHO guidelines)	'De facto' available, on request, up to number of weeks since LMP	Available, beyond the on request limit, for the following reasons: economic or social	Available, beyond the on request limit, for the following reasons: medical grounds	Available, beyond the on request limit, for the following reasons: criminal grounds	Certain motivations are prohibited (such as sex selection)	Eligibility of non-resident/uninsured women in accessing abortion services	National health system coverage for residents/nationals	Unnecessary and mandatory: compulsory inter-action between woman and foetus; ultrasound prior to abortion	Unnecessary and mandatory: compulsory counselling	Unnecessary and mandatory: compulsory waiting period	Unnecessary and mandatory: compulsory additional medical tests (i.e. HIV, STIs...)	Consent/ approval from more than one medical practitioner for regular abortions	Third party authorisation; judicial or parental for minors	Spousal consent	Provide legal proof of rape/incest; police or judicial proof	Methods available	Who can provide abortions services?	Self-management of medical abortion in a home setting (partially or completely); 12 weeks/partially; < 12 weeks	Availability of medical abortion via telemedicine	Where services can be provided	Provision of information on family planning in the context of abortion care	Women seeking abortion and abortion providers enjoy protection from anti-abortion activists	State authorities actively obstruct access	Legal status of Conscientious Objection (CO)	To whom Conscientious Objection (CO) applies	Legal safeguards in case of Conscientious Objection (CO) in abortion care:	Government and public authorities provide authoritative, accurate information which is easily accessible to the public (ie. on-line)	Abortion providers and NGOs are legally allowed to provide information (methods, location of the provider, costs, reimbursement)	Government and public authorities take action against abortion disin-formation	Countries (in alphabetical order)
	Albania	56.2	Stand alone law / part of general health law	Criminalised	12 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	Only certain situations allow for coverage	No	No	Yes	No	Yes	No	No	Surgical abortion	Specialist; OBGYN	Not available	Yes	Available at several levels of health care	Yes	N/A ⁽¹⁾	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	N/A	Yes	No	No	Albania
	Andorra	0	Nowhere	Actively prosecuted	no abortion	N/A	N/A	N/A	No abortion available	No coverage at all	No abortion	No abortion	No abortion	No abortion	No abortion	No abortion	No abortion	No abortion	None	None	Not available	No	No abortion available	No	No	Yes	N/A	N/A	N/A	No	No	No	Andorra
	Armenia	58.5	Stand alone law / part of general health law	Decriminalised	14 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	Yes	Accessible but not covered / not reimbursed	Coverage only for certain groups, ie. vulnerable women	No	Yes	Yes	No	No	Yes	No	Surgical and medical abortion	Specialist; OBGYN	< 12 weeks	No	Secondary (district-level) health-care facilities	Yes	N/A ⁽¹⁾	No	No legal grounds for Conscientious Objection	N/A	N/A	No	Yes	No	Armenia
	Austria	50.7	In penal code (denationalised)	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	N/A	No	Accessible but not covered / not reimbursed	Limited conditional coverage	No	No	Yes	No	Yes	No	No	Surgical and medical abortion	Specialist; OBGYN	12 weeks - partially	No	Available at several levels of health care	No	No	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to all potentially involved, ie. administrative staff, pharmacists	Obligation to provide abortion to save person's life	Yes	Yes	No	Austria
	Azerbaijan	56.4	Stand alone law / part of general health law	Criminalised	12 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	No coverage at all	No	No	No	No	Yes	No	No	Surgical and medical abortion	Specialist; OBGYN	< 12 weeks	No	Available at several levels of health care	Yes	N/A ⁽¹⁾	No	No legal grounds for Conscientious Objection	N/A	N/A	No	Yes	No	Azerbaijan
	Belarus	51.8	Stand alone law / part of general health law	Criminalised	12 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	N/A	No	Accessible but not covered / not reimbursed	Fully covered or as any other medical service	No	Yes	Yes	No	No	Yes	No	Surgical and medical abortion	Specialist; OBGYN	Not available	No	Specialised abortion care public facilities	Yes	No	Yes	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide a referral	No	Yes	No	Belarus
	Belgium	65.3	Stand alone law / part of general health law	Criminalised	14 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	N/A	No	Accessible but not covered / not reimbursed	Fully covered or as any other medical service	No	No	Yes	No	No	No	No	Surgical and medical abortion	Specialist; OBGYN	< 12 weeks	No	Primary health-care centres/ GP/Outpatient services	Yes	Yes	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to all potentially involved, ie. administrative staff, pharmacists	Obligation to provide a referral	Yes	Yes	No	Belgium
	Bosnia-Herzegovina	55.2	Stand alone law / part of general health law	Criminalised	10 weeks	> 18 weeks or no limit* in exceptional circumstances	> 18 weeks or no limit* in exceptional circumstances	> 18 weeks or no limit* in exceptional circumstances	No	Accessible but not covered / not reimbursed	Only certain situations allow for coverage	No	No	No	Yes	No	Yes	No	Surgical abortion	Specialist; OBGYN	Not available	No	Secondary (district-level) health-care facilities	Yes	No	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide abortion to save person's life	No	Yes	No	Bosnia-Herzegovina
	Bulgaria	63.5	Stand alone law / part of general health law	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	Limited conditional coverage	No	No	No	No	No	Yes	No	Surgical and medical abortion	Specialist; OBGYN	Not available	No	Available at several levels of health care	Yes	N/A ⁽¹⁾	No	CO is not allowed for abortion/OBGYN	CO is not allowed for abortion/OBGYN	CO is not allowed for abortion/OBGYN	Yes	Yes	No	Bulgaria
	Croatia	49.2	Stand alone law / part of general health law	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	Limited conditional coverage	No	No	No	No	No	Yes	No	Surgical and medical abortion	Doctor; specialty not specified	Not available	No	Specialised abortion care public facilities	No	No	No	CO allowed generally in medicine, therefore also applicable to abortion	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide a referral	No	Yes	No	Croatia
	Cyprus	41.0	In penal code (denationalised)	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	Only certain situations allow for coverage	No	No	No	No	Yes	No	No	Surgical and medical abortion	Specialist; OBGYN	< 12 weeks	No	Specialised abortion care public facilities	No	No	No	No legal grounds for Conscientious Objection	N/A	N/A	No	No	No	Cyprus
	Czech Republic	54.9	Stand alone law / part of general health law	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	Up to 12 weeks	No	Not accessible	Partially covered in all situations	No	No	No	No	Yes	No	No	Surgical and medical abortion	Specialist; OBGYN	Not available	No	Secondary (district-level) health-care facilities	Yes	N/A ⁽¹⁾	No	CO allowed generally in medicine, therefore also applicable to abortion	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide a referral	No	Yes	No	Czech Republic
	Denmark	78.0	Stand alone law / part of general health law	Decriminalised	18 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	Fully covered or as any other medical service	No	No	No	No	Yes	No	No	Surgical and medical abortion	Doctor; specialty not specified	< 12 weeks	No	Available at several levels of health care	Yes	N/A ⁽¹⁾	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to all potentially involved, ie. administrative staff, pharmacists	Obligation to provide a referral	Yes	Yes	No	Denmark
	Estonia	64.8	Stand alone law / part of general health law	Decriminalised	12 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	N/A	No	Accessible but not covered / not reimbursed	Partially covered in all situations	No	No	No	No	No	No	No	Surgical and medical abortion	Specialist; OBGYN	12 weeks - partially	No	Available at several levels of health care	No	N/A ⁽¹⁾	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	N/A	No	Yes	No	Estonia
	Finland	78.0	Stand alone law / part of general health law	Criminalised	12 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Accessible but not covered / not reimbursed	Fully covered or as any other medical service	No	No	No	No	No	No	Police or judicial proof	Surgical and medical abortion	Doctor; specialty not specified	< 12 weeks	Yes	Available at several levels of health care	Yes	N/A ⁽¹⁾	No	CO is not allowed for abortion/OBGYN	CO is not allowed for abortion/OBGYN	CO is not allowed for abortion/OBGYN	Yes	Yes	No	Finland
	France	85.2	In constitution / highest normative act	Criminalised	16 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	Yes	Covered (as emergency procedure or not)	Fully covered or as any other medical service	No	No	No	No	No	No	No	Surgical and medical abortion	Mid-level provider; midwife/nurse	< 12 weeks	Yes	Available at several levels of health care	Yes	Yes	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to whole facilities (ie. entire hospital, administrative units)	Obligation to provide a referral	Yes	Yes	Yes	France
	Georgia	40.6	Stand alone law / part of general health law	Criminalised	12 weeks	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	Yes	Accessible but not covered / not reimbursed	No coverage at all	Yes	Yes	Yes	No	No	Yes	No	Surgical and medical abortion	Specialist; OBGYN	12 weeks - partially	No	Available at several levels of health care	Yes	No	Yes	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide a referral	No	No	No	Georgia
	Germany	55.2	In penal code (denationalised)	Criminalised	14 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	Up to 18 weeks	Yes	Accessible but not covered / not reimbursed	Limited conditional coverage	No	No	Yes	No	No	Yes	No	Surgical and medical abortion	Specialist; OBGYN	< 12 weeks	No	Available at several levels of health care	Yes	Yes	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to all potentially involved, ie. administrative staff, pharmacists	Obligation to provide abortion to save person's life	Yes	Yes	No	Germany
	Gibraltar	58.6	In penal code (denationalised)	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	N/A	Yes	Accessible but not covered / not reimbursed	Fully covered or as any other medical service	No	No	No	No	Yes	No	No	Surgical and medical abortion	Doctor; specialty not specified	12 weeks - partially	No	Available at several levels of health care	Yes	No	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide a referral	Yes	Yes	No	Gibraltar
	Greece	57.9	In penal code (denationalised)	Criminalised	12 weeks	N/A	> 18 weeks or no limit in exceptional circumstances	> 18 weeks or no limit in exceptional circumstances	No	Covered (as emergency procedure or not)	Fully covered or as any other medical service	No	No	No	No	Yes	No	Police or judicial proof	Surgical and medical abortion	Specialist; OBGYN	< 12 weeks	No	Available at several levels of health care	Yes	N/A ⁽¹⁾	No	Specific legal provisions to allow CO in field of abortion/SHRH	Applies to potential abortion providers only (OBGYN, midwives, doctors, nurses)	Obligation to provide abortion to save person's life	No	No	No	Greece
	Hungary	30.5	Stand alone law / part of general health law	Criminalised	No abortion	Up to 12 weeks	> 18 weeks or no limit in exceptional circumstances	Up to 12 weeks	Yes	Accessible but not covered / not reimbursed	Only certain situations allow for coverage	Yes	Yes	Yes	No	Yes	No	No	Surgical abortion	Specialist; OBGYN	Not available	No	Secondary (district-level) health-care facilities	Yes	No	Yes							