



Legal and Policy Barriers to Self-Managed Abortion

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Introduction and Methodology

We envision a world where individuals seeking abortion care can exercise full reproductive autonomy without any impediments or gatekeepers. This includes the ability of individuals to have self-managed abortions, which are those performed through self-care interventions or without clinical supervision, particularly early in pregnancy through medication abortion. Self-managed abortion is grounded in an array of human rights, including the rights to health, equality and non-discrimination, information, privacy, and to benefit from scientific progress.

This mapping aims to better understand the global legal landscape on self-managed abortion, with a focus on medication abortion¹ as the safest form of self-managed abortion. The World Health Organization (WHO) recommends that individuals have the option to self-manage abortion using medication abortion at least during their first 12 weeks of pregnancy². The WHO recognizes that individuals can safely and effectively self-assess their eligibility for abortion and self-administer abortion medication, demonstrating that self-managed abortion is a critical tool for enabling individuals to safely exercise reproductive freedom.

Yet, as this mapping shows, even in countries with liberal abortion laws, guaranteeing access to medication abortion and enabling individuals to self-manage abortion care requires a reconceptualization of legal and policy frameworks on abortion.

Methodology: We undertook an extensive analysis of national-level laws and policies on abortion in eight countries: Canada, Colombia, Great Britain (England, Scotland, and Wales)³, India, Mexico⁴, the Netherlands, New Zealand, and South Africa. In selecting these countries, we took into account the need for countries with relatively well-developed guidance on abortion, geographic diversity, and an interest in ensuring varying legal frameworks are represented (encompassing both liberal and more restrictive abortion laws), to ensure a comprehensive overview of the legal landscape. From this research, we identified seven key indicators to assess individuals' ability to self-manage abortion and mapped the current status of each indicator in the respective countries. The legal research was initially conducted with extensive pro bono support by Dentons and supplemented with additional research by attorneys at the Center for Reproductive Rights.

An Enabling Legal Framework for Self-Managed Abortion

At a minimum, an enabling legal framework that promotes patients' autonomy to self-manage an abortion:

- **Does not require a healthcare provider's involvement in all abortions,** but instead requires that healthcare providers are available for those who prefer to access services through the formal healthcare system. This includes:
 - a) removing requirements that providers determine legal and medical eligibility for abortion; and
 - b) removing restrictive regulations on who can administer medical abortion pills.
- **Ensures medication abortion is widely available,** at a minimum, by ensuring medication abortion pills are on the national drug registry and approved by the pharmaceutical regulatory body. Ideally, this should include both mifepristone and misoprostol, as this has been shown to be the most effective regimen for medication abortion.⁵ These pills should specifically be registered for abortion use.
- **Ensures that medication abortion pills can be obtained without a prescription at least in the first 12 weeks of pregnancy.**
- **Explicitly recognizes that medication abortion can be carried out at least during the first 12 weeks of pregnancy.**
- **Removes in-person requirements for abortion,** such as requiring an in-person consultation, and **enables individuals to terminate a pregnancy in the location of their choosing,** by removing requirements that medication abortion pills be administered in a specific facility.
- **Enables individuals who so desire to consult with a provider via telemedicine or other telehealth services.**

There are other measures that are necessary for a fully enabling legal environment that are beyond the scope of this mapping. For instance, ensuring affordability of medication abortion pills; making pregnancy tests available, accessible, and affordable to all; and widely distributing information (adaptable to language and literacy needs) on medication abortion and self-managed abortions, including on the dosage, side effects, correct use, determination of the stage of pregnancy, contraindications, and when to visit a healthcare facility.

Medical Approval of Eligibility for Abortion

Removal of requirements that providers determine legal and/or medical eligibility for abortion

Individuals are in the best position to determine if and when they need abortion services and they should not be restricted by laws or policies that require healthcare providers or other authorities to determine that they legally qualify for abortion services.⁶ An enabling environment does not require medical providers to determine a pregnant person's eligibility to access an abortion.

INDICATORS

- The country's legal framework enables individuals to access abortion care without requiring medical approval or determination of eligibility for accessing an abortion.
- The country's legal framework requires medical approval or determination of eligibility for accessing an abortion.
- The country's legal framework does not require medical approval to access an abortion within a certain time frame, but after this period of time, some of the grounds under which abortion is permitted require medical approval.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

Canadian legislation does not require the involvement of healthcare providers when determining a pregnant person's eligibility to access abortion.

● COLOMBIA

Case C-055-22 (2022) provides that access to abortion cannot be criminalized in the first 24 weeks of the pregnancy. After this period, some of the grounds under which abortion is permitted require a medical certificate, but the Constitutional Court has noted that this is only a requirement, and not an authorization.

● GREAT BRITAIN

Generally, abortions may only be carried out by a registered medical practitioner and eligibility is pursuant to the good faith opinion⁷ of two registered medical practitioners that at least one of the statutory conditions applies⁸. Where a doctor "is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman" the opinion of a second registered medical practitioner is not required. For pregnancies of less than 10 weeks, medication abortion is permitted when the registered medical practitioner terminating the pregnancy is of the opinion, formed in good faith, that if the medicine is administered in accordance with their instructions, the pregnancy will not exceed ten weeks at the time when the medicine is administered.⁹

● **INDIA**

If the pregnancy is under 20 weeks of gestation, one registered medical practitioner must recognize in good faith that the continuation of the pregnancy involves a risk to the life of the pregnant person or would result in grave injury to their physical or mental health, or there is a substantial risk that if the fetus is born it will be seriously “handicapped.”¹⁰ Between 20 and 24 weeks gestation, authorization from two registered medical providers is required.

When making this decision, the medical practitioner must consider the pregnant person’s actual or reasonably foreseeable environment. In emergency situations where a registered medical practitioner determines that an abortion is immediately necessary to save the pregnant person’s life, the approval requirement is waived, and they do not need to seek approval from another practitioner. After the 24th week, a Medical Board is responsible for approving the abortion in accordance with the grounds established by law.

● **MEXICO**

In Mexico City, doctors need to issue an opinion on the health of the pregnant person and on the gestational age.¹¹

● **THE NETHERLANDS**

Abortion is available on request until viability, which is about 24 weeks gestation, but pregnant people need to attest that the continuation of the pregnancy will cause them distress in order to be legally eligible. After 24 weeks, there are certain grounds that require medical involvement when determining eligibility to abortion access.¹²

● **NEW ZEALAND**

Although provider involvement is not required in determining a pregnant person’s eligibility for abortion services for individuals who are less than 20 weeks pregnant, for abortions after 20 weeks gestation, a health practitioner may provide abortion services if they believe it is clinically appropriate in the circumstances. The practitioner must consult with at least one other qualified health practitioner before providing an abortion after 20 weeks, but they do not need to agree.¹³

● **SOUTH AFRICA**

South African legislation does not require a provider’s involvement in determining a pregnant person’s eligibility to have an abortion within the first 12 weeks. After 12 weeks, medical providers must be involved to determine and approve eligibility for certain grounds permitted under the law.

Restrictions on Who Can Administer Medical Abortions

An enabling environment does not require that healthcare providers administer abortion pills. Pregnant persons should be able to administer the abortion pills themselves, without the supervision of a healthcare provider.

INDICATORS

- The country's legal framework enables individuals to self-administer medication abortion pills, independently of whether abortion pills require a prescription.
- The country's legal framework requires healthcare providers to administer at least one of the abortion pills.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

Although mifepristone and misoprostol are only available with a prescription, Canada does not require healthcare providers administer the medication.

● COLOMBIA

Following a consultation (including via telemedicine) with a healthcare provider, pregnant persons can self-administer abortion medication.¹⁴

● GREAT BRITAIN

Following a consultation (including via telemedicine) with a healthcare provider, pregnant persons can self-administer abortion medication.¹⁵

● INDIA

Only a registered medical practitioner can administer abortion services, including prescribing medication abortion pills. Mifepristone must be administered at the practitioner's clinic, provided they have access to an approved medical facility.¹⁶

● MEXICO

Mexican legislation does not require a healthcare provider administer medication abortion.

● THE NETHERLANDS

Mifepristone needs to be administered by a healthcare provider.¹⁷

● NEW ZEALAND

Healthcare providers do not need to administer medication abortion pills.

● SOUTH AFRICA

Abortions can only be performed by a qualified medical practitioner.¹⁸ However, pregnant persons who are less than 12 weeks gestation can request that the abortion is performed by a registered midwife or nurse who has completed the prescribed training course.¹⁹ Therefore, medical abortion pills must be administered by either a medical practitioner, or a registered midwife or nurse.

Registration of Medication Abortion

Misoprostol and mifepristone are on the national drug registry and are approved by the pharmaceutical regulatory body for abortion purposes

The WHO recommends the use of mifepristone and misoprostol for medication abortion.²⁰ If mifepristone is not available, misoprostol alone can be administered to procure a safe and effective abortion.²¹ Mifepristone and misoprostol have been included on the WHO List of Essential Medicines since 2005.²²

An enabling environment for medication abortion requires that countries include misoprostol and mifepristone in their national drug registries and approve both medications through all national pharmaceutical regulatory bodies to ensure accessibility in practice. Because these pills can also serve medical purposes unrelated to abortion, it is imperative that states register these medications specifically for abortion use and that both are included in states' lists of essential medicines.

INDICATORS

- Both pills are on the national drug registry and are approved by the country's pharmaceutical regulatory body for abortion purposes.
- One or both pills have not been approved by the pharmaceutical regulatory body nor are in the national drug registry.
- Both pills have been approved and included in the national drug registry, but at least one of them has not been registered for abortion use.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

● COLOMBIA

● GREAT BRITAIN

● INDIA

● MEXICO

● THE NETHERLANDS

Misoprostol has been included in the drug registry to treat stomach issues, not abortion. However, in practice, doctors often prescribe misoprostol for “off-label” use to procure an abortion.

● NEW ZEALAND

Misoprostol is an approved medicine in New Zealand, but is not approved for use in abortion care. However, it is still used “off-label” to procure abortions.

● SOUTH AFRICA

Availability of Medication Abortion without a Prescription

An enabling environment permits medication abortion pills to be available without a prescription. Removing prescription requirements on misoprostol and mifepristone enhances privacy by giving individuals the means to effectively terminate a pregnancy without undue interference and increases abortion access, especially in communities and geographic areas that lack healthcare facilities and medical professionals.

INDICATORS

- Both pills are available over the counter.
- A prescription is needed.
- At least one pill requires a prescription.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

In Ontario, however, pharmacists are allowed to sell and dispense mifepristone and misoprostol directly to patients. All other provinces require a prescription to access either pill.

● COLOMBIA

● GREAT BRITAIN

● INDIA

● MEXICO

Misoprostol is available over-the-counter, but mifepristone requires a prescription.

● THE NETHERLANDS

● NEW ZEALAND

● SOUTH AFRICA

Timeframe for Medication Abortion

Explicit recognition that medication abortion can be carried out during at least the first 12 weeks of pregnancy

In accordance with WHO guidelines, individuals should be able to self-manage their abortions up to 12 weeks gestation.²³ After 12 weeks, the WHO recommends administering medication abortion under the supervision of a healthcare provider. The WHO does not specify a gestational limit for medication abortion; instead, the WHO provides different guidelines depending on gestational age, particularly on the quantity of the dose, the frequency of administration of the drugs, and the method of administration (orally or vaginally).²⁴

An enabling legal environment recognizes that medication abortion can take place, at a minimum, within the first 12 weeks of pregnancy, as within this period pregnant persons can safely self-manage their abortion without healthcare supervision.

INDICATORS

- The country's legislation permits or does not prohibit medication abortion within the first 12 weeks of pregnancy.
- The country's legislation does not permit medication abortion throughout the first 12 weeks of pregnancy.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

In Canada, medication abortion is only permitted up to 63 days (9 weeks) of pregnancy.

● COLOMBIA

Colombia does not articulate a gestational limit for medication abortion.

● GREAT BRITAIN

Medication abortion is permitted up to 24 weeks, but pregnant persons can only take the pills at their homes (self-administer) when the pregnancy does not exceed 10 weeks.

● INDIA

In India, medication abortion is only permitted within the first 9 weeks of pregnancy.

● MEXICO

Mexico does not specify a gestational limit for medication abortion.

● THE NETHERLANDS

In the Netherlands, medication abortion is permitted during the first trimester (12 weeks).

● NEW ZEALAND

New Zealand does not articulate a gestational limit for medication abortion. In fact, it provides detailed guidance on the dose and form of administering medication abortion throughout pregnancy.²⁵

● SOUTH AFRICA

In South Africa, medication abortion is permitted for pregnancies that are less than 9 weeks.

Location-based Requirements for Medication Abortion

Removes in-person requirements for abortion, such as requiring an in-person consultation, and enables individuals to terminate a pregnancy in the location of their choosing, by removing requirements that medical abortion pills be administered in a specific facility.

Requirements that individuals physically visit a health facility for a consultation or ultrasound prior to accessing medication abortion pills, or that they ingest the pills in a facility or otherwise in the presence of a healthcare provider, undermine access to care and contradict guidance from health authorities. The International Federation of Gynecology and Obstetrics (FIGO) recognizes that in-person consultations are not essential to the provision of safe and effective abortions,²⁶ and the WHO recognizes that for pregnancies up to 12 weeks gestation, individuals should be able to take both medications at home without the direct supervision of a healthcare provider.²⁷ It also considers that service delivery with minimal medical supervision can significantly improve access to the abortion process without compromising safety or effectiveness.²⁸ Therefore, an enabling environment allows people to self-administer medication abortion without requiring an in-person visit to a healthcare provider and permits them to choose where they want to ingest the pills.

INDICATORS

- The legislation does not require an in-person visit and does not require medication abortion pills to be administered in a specific facility.
- The legislation requires an in-person visit or requires medication abortion pills to be administered in a specific facility.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

An in-person visit can be required at the discretion of the healthcare provider to determine gestational age and to rule out an ectopic pregnancy,²⁹ but is not required by law.

● COLOMBIA

Abortion can be provided by telemedicine without requiring an in-person visit.³⁰

● GREAT BRITAIN

A consultation with a registered medical practitioner, nurse, or midwife is required for terminating a pregnancy. However, this consultation does not need to be in-person and can be done by telephone or by electronic means, and the medicine may be self-administered by the pregnant person for pregnancies that do not exceed ten weeks.³¹

● INDIA

In India, only misoprostol can be allowed for self-administration at home following a dose of mifepristone at the medical facility.

● **MEXICO**

The legislation in Mexico City does not explicitly require an in-person visit, nor does it specify where medical abortion pills must be taken. However, it seems that pregnant people must approach a sexual and reproductive health clinic to request an abortion, so it is unclear if, in practice, it is compulsory to visit any of these clinics.

● **THE NETHERLANDS**

Mifepristone must be ingested at a hospital or health clinic. Misoprostol can be taken at home, but still must be prescribed by a doctor in a hospital or clinic.

● ***NEW ZEALAND**

Before the procedure, patients are required to have the gestational age of the fetus verified and documented, and heart rate and blood pressure recorded. However, during the coronavirus pandemic, protocols were developed to minimize in-person contact, including assessment and provision of early medication abortion via telehealth, and eliminating ultrasound and blood test requirements.³²

*The Ministry of Health is in the process of establishing a national abortion telehealth service. It will provide telemedicine consultations for an early medical abortion (less than 10 weeks).³³

● **SOUTH AFRICA**

No person can administer the medication used in the abortion process without first consulting a registered health professional. However, if the consultation is conducted via telemedicine, the consulting provider or the clinic has the discretion to determine whether to require an in-person visit based on individual circumstances.

Telemedicine

Enables individuals who so desire to consult with a provider via telemedicine or other telehealth services

The WHO has recommended telemedicine as an alternative to in-person interactions with health workers to deliver medication abortion services in whole or in part. Telemedicine can be used to assess eligibility for medical abortion, counseling and/or instruction relating to the abortion process, providing instruction for and active facilitation of the administration of medicines, and follow-up abortion care.³⁴ FIGO recognizes that telemedicine is a safe and private method to have an abortion without having to visit a clinic,³⁵ and that it improves patients' safety because it can reduce the gestational age at which abortion is carried out.³⁶

An enabling environment ensures that individuals can access sexual and reproductive health services, including abortion services, via telemedicine or other telehealth services. When countries enact laws and policies regulating telemedicine or other telehealth services, they should explicitly include sexual and reproductive health services to avoid uncertainties around whether they can be administered in this way. Telemedicine and telehealth policies should also include guidelines on how to adapt the country's abortion regulations to telemedicine. Moreover, policies and guidelines on telemedicine or other telehealth services should avoid restricting abortion and other sexual and reproductive health services to pre-existing patient/doctor relations or requiring in-person visits.

INDICATORS

- Abortion is available via telemedicine, either because it is specifically permitted by law or policy, or it is not explicitly permitted but is used in practice.
- Abortion via telemedicine is not permitted.
- This indicator is used when the country's legal and policy framework does not prohibit abortion via telemedicine, but also does not provide regulations articulating how the country's telemedicine regulations apply to its abortion law.

COUNTRY-BY-COUNTRY ANALYSIS

● CANADA

Although abortion via telemedicine is not formally regulated through government guidelines, it is used in practice. The Society of Obstetricians and Gynecologists of Canada has adopted a protocol guiding abortion providers on how to perform all steps of medication abortion via telemedicine. The protocol also acknowledges circumstances in which telemedicine may not be possible, including when the pregnant person has certain health risks.³⁷

● COLOMBIA

Telemedicine is included in Colombia's national Social Security "as long as it [telemedicine] guarantees the service and gives a greater opportunity to deliver health care because of geographical access barriers or low offer availability."³⁸ Abortion pills can be prescribed via telemedicine.

● **GREAT BRITAIN**

Medication abortion via telemedicine is permitted for pregnancies that do not exceed 10 weeks at the time the medicine is administered (or in the case of a course of medicine, when the first medicine in the course is administered).³⁹

● **INDIA**

India passed regulations on telemedicine due to the coronavirus pandemic and declared abortion as an essential service. The list of medications that cannot be prescribed via telemedicine does not include medication abortion pills. Therefore, presumably medication abortion pills could be prescribed via telemedicine. But it is unclear whether the general requirements for accessing an abortion apply to telemedicine, and advocates have called for further clarity on regulations around abortion via telemedicine.

● **MEXICO**

There is no regulation on abortion via telemedicine, and telemedicine is not specifically regulated. In practice, abortion via telemedicine is practiced and permitted.

● **THE NETHERLANDS**

Abortion via telemedicine is permitted, but is limited to pre-existing doctor/patient relationships.⁴⁰

● **NEW ZEALAND**

Abortion via telehealth is permitted and practiced. During the coronavirus pandemic, protocols were developed to minimize in-person contact, including assessment and provision of early medication abortion via telehealth.⁴¹ The Ministry of Health is in the process of establishing a national abortion telehealth service that will provide telemedicine consultations for early medical abortions (less than 10 weeks).⁴²

● **SOUTH AFRICA**

Although abortion via telemedicine is practiced, telemedicine guidelines urge that services should involve a healthcare provider where there is an actual face-to-face consultation and physical examination of the patient in a clinical setting.⁴³

Conclusion

As this mapping demonstrates, legal and policy barriers to self-managed abortion remain pervasive, even in countries with relatively permissive abortion laws. All of the countries examined – including those that are generally perceived as leaders on access to safe and legal abortion, such as Canada and New Zealand – still have barriers to self-managed abortion in place. While the liberalization of abortion laws is an important step towards enabling individuals to safely terminate pregnancies, an enabling legal framework for self-managed abortion is essential for truly centering the experience of pregnant people in abortion care and ensuring their full autonomy in determining where and how to have an abortion. These indicators around self-managed abortion provide an important framework for evaluating progress and setbacks towards the development of truly enabling legal and policy environments on abortion.

Footnotes

¹ Medication abortion is the administration of misoprostol, or a combination of misoprostol and mifepristone, to terminate a pregnancy.

² World Health Organization (WHO), Abortion Care Guideline (2022), 98, <https://apps.who.int/iris/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=1&isAllowed=y> (recommendation 50).

³ In this initial mapping, we have not included Northern Ireland. Northern Ireland has its own regulation on abortion and despite the relatively strong law, barriers remain significant.

⁴ Mexico's federal system affords each state considerable leeway in regulating abortion. The Supreme Court of Justice of the Nation recently held that abortion needs to be broadly permitted early in pregnancy. Thus, in this mapping we have predominately focused on Mexico City's legislation and policies on abortion, except where federal law or policy is directly applicable, such as registration of drugs for medical abortion.

⁵ The World Health Organization's 2022 guideline also suggests the use of a combination regimen of leuprorelin plus misoprostol for pregnancies of less than 14 weeks. This memo has not included the drug leuprorelin and exclusively focuses on misoprostol and mifepristone because countries still require time to adopt the recommendations of the WHO and reflect these changes in their legal frameworks. Similarly, the recommendations on self-managed abortions made by the WHO are still for a combination regimen of mifepristone plus misoprostol, or the use of misoprostol alone. See WHO, Abortion Care Guidelines, *supra* note 2, at 68, 98.

⁶ For an overview of the legal landscape of abortion, see Center for Reproductive Rights, World's Abortion Laws, <https://reproductiverights.org/maps/worlds-abortion-laws/>.

⁷ This means that the doctor has not been negligent or dishonest in forming their opinion. Courts have generally considered that a doctor is acting in good faith if they have complied with accepted medical practice.

⁸ The statutory conditions are that (i) the pregnancy does not exceed 24 weeks and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family; (ii) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; (iii) the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or (iv) there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

⁹ Health and Care Act 2022, c. 31 § 178, <https://www.legislation.gov.uk/ukpga/2022/31/section/178/enacted#p00886>; The Abortion Act 1967—Approval of a Class of Place for Treatment for the Termination of Pregnancy 2022, (Wales), <https://gov.wales/sites/default/files/publications/2022-03/the-abortion-act-1967-approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2022.pdf>; the Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy) (Approval) 2022, (Scot.), [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)23.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)23.pdf).

¹⁰ Medical Termination of Pregnancy (Amendment) Rules, 2021, G.S.R. 730(E) (Ind.), <https://egazette.nic.in/WriteReadData/2021/226130.pdf>. The Center recognizes that terms such as “handicapped” are ableist and reinforce stereotypes about people with disabilities. This language is only included here to accurately reflect the legal provision in place.

¹¹ Aviso por el cual se da a conocer la actualización de los Lineamientos Generales de Organización y Op-

eración de los Servicios de Salud para la Interrupción del Embarazo en la Ciudad de México, Official Gazette of the Federal District, No. 308, Apr. 25, 2018, c. 2, s. 6, https://data.consejeria.cdmx.gob.mx/portal_old/uploads/gacetas/fe07c7dccc26cb21d214b463a9497203f.pdf

¹² Wet van 1 mei 1981, Stb. 1981 (Law on the termination of pregnancy), <https://wetten.overheid.nl/BWBR0003396/2020-03-19>.

¹³ Ministry of Health/Manatu Hauora, *Information on Abortion*, <https://www.health.govt.nz/your-health/healthy-living/sexual-health/information-abortion>.

¹⁴ Orientame para decidir, *Aborto con medicamentos en casa*, <https://orientame.org.co/aborto-con-medicamentos-en-casa/>.

¹⁵ Health and Care Act 2022, c. 31, § 178.

¹⁶ Center for Reproductive Rights, Safe Abortion through Medical Abortion and Self-Management in Select Asian Countries, 14, https://reproductiverights.org/wp-content/uploads/2021/10/Advancing-Public-Health-and-Human-Rights_Bangladesh_India_Nepal_Pakistan_Philippines_Sri-Lanka.pdf.

¹⁷ Wet van 1 mei 1981, Stb. 1981 (Law on the termination of pregnancy), <https://wetten.overheid.nl/BWBR0003396/2020-03-19>.

¹⁸ Choice on Termination of Pregnancy Act 92 of 1996 § 2(2) (S. Afr.).

¹⁹ Choice on Termination of Pregnancy Act 92 of 1996 § 2(2) (S. Afr.).

²⁰ WHO, Abortion Care Guideline (2022), *supra* note 2, at 67.

²¹ *Id.*

²² WHO, Safe Abortion: Technical and Policy Guidance for Health Systems, 95 (2012).

²³ The WHO recommends self-managed abortion with medicines as a method of abortion for persons who are less than 12 weeks pregnant and have “a source of accurate information and access to a health-care provider should they need or want it at any stage of the process.” WHO, WHO Consolidated Guideline on Self-Care Interventions for Health Sexual and Reproductive Health and Rights, 67 (2019).

²⁴ WHO, Medical Management of Abortion 17, 21, 24, 25 (2018).

²⁵ Ministry of Health, New Zealand Aotearoa Abortion Clinical Guideline (2021), https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf.

²⁶ FIGO, FIGO endorses the permanent adoption of telemedicine abortion services (Mar. 18, 2021), <https://www.figo.org/FIGO-endorses-telemedicine-abortion-services>.

²⁷ WHO, Abortion Care Guideline, *supra* note 2, at xx, 2, 67.

²⁸ *Id.*

²⁹ Government of Canada Information update Health Canada approves updates to Mifegymiso prescribing information: Ultrasound no longer mandatory (Apr. 16, 2019), <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/69620a-eng.php>.

³⁰ Ministerio de Salud y Protección Social, Resolución Número 2654 de 2019 (Oct. 3, 2019) (Colomb.). https://www.minsalud.gov.co/Normatividad_Nuevo/Resoluci%C3%B3n%20No.%202654%20del%202019.pdf.

³¹ Health and Care Act 2022, c. 31, § 178; The Abortion Act 1967 – Approval of a Class of Place for Treatment for the Termination of Pregnancy 2022 (Wales), the-abor-

tion-act-1967--approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2022.pdf; the Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy) (Approval) 2022, (Scot.),

³² Ministry of Health, New Zealand Aotearoa Abortion Clinical Guideline, 13 (2021), https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf.

³³ Ministry of Health, DECIDE – national abortion telehealth service (Mar. 26, 2026), <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/abortion-legislation-information-health-practitioners/decide-national-abortion-telehealth-service>.

³⁴ WHO, Abortion Care Guideline, *supra* note 2, at 95 (recommendation 48).

³⁵ FIGO, FIGO endorses the permanent adoption of telemedicine abortion services, <https://www.figo.org/FIGO-endorses-telemedicine-abortion-services>.

³⁶ *Id.*

³⁷ Guilbert et al., Canadian Protocol for the Provision of Medical Abortion, <https://sogc.org/common/Uploaded%20files/CANADIAN%20PROTOCOL%20FOR%20THE%20PROVISION%20OF%20MA%20VIA%20TELE-MEDICINE.pdf>.

³⁸ Resolución 5521, diciembre, 2013, art. 13 (Colom.); Ministerio de Salud y Protección Social, Resolución Número 2654 de 2019 (Oct. 3, 2019) (Colom.), https://www.minsalud.gov.co/Normatividad_Nuevo/Resoluci%C3%B3n%20No.%202654%20del%202019.pdf.

³⁹ Health and Care Act 2022, c.31m § 178, <https://www.legislation.gov.uk/ukpga/2022/31/section/178/enacted#p00886>; The Abortion Act 1967 – Approval of a Class of Place for Treatment for the Termination of Pregnancy 2022 (Wales), the-abortion-act-1967--approval-of-a-class-of-place-for-treatment-for-the-termination-of-pregnancy-wales-2022.pdf; the Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy) (Approval) 2022, (Scot.).

⁴⁰ Dutch Medicines Act (Geneesmiddelenwet), Article 67 (prohibiting doctors to prescribe medicines to patients whom he or she has never physically met), <https://wetten.overheid.nl/BWBR0021505/2020-04-01>.

⁴¹ Ministry of Health, New Zealand Aotearoa Abortion Clinical Guideline, 13 (2021), https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf.

⁴² Ministry of Health, DECIDE – national abortion telehealth service (Mar. 26, 2026), <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/abortion-legislation-information-health-practitioners/decide-national-abortion-telehealth-service>.

⁴³ Health Professions Council of South Africa, Guidelines for Good Practice in Healthcare Professions, Booklet No. 10 (2014), 5, https://www.sada.co.za/media/documents/HPCSA_Booklet_10_Telemedicine.pdf; Health Professions Council of South Africa, Guidance on the Application on Telemedicine Guidelines during the Covid-19 Pandemic (Mar. 26, 2020), https://www.hpcsa.co.za/Uploads/Events/Announcements/APPLICATION_OF_TELEMEDICINE_GUIDELINES.pdf.

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