

CENTER *for*
REPRODUCTIVE
RIGHTS

EUROPE ABORTION LAWS 2025

POLICIES, PROGRESS AND CHALLENGES



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Foreword

As we mark another year of progress and challenges in the global struggle for reproductive rights, the landscape in Europe offers reason for both optimism and continued vigilance. Across the continent, most countries have now legalised abortion and are steadily removing harmful access barriers from their laws, moving toward greater alignment with international human rights standards and public health guidelines. Where highly restrictive laws and policies remain in place, they represent exceptions to the norm.

However, progress in the region is not without challenge. In some countries, laws and policies still heavily restrict access to essential reproductive healthcare, and a small number have introduced regressive new barriers.

Europe Abortion Laws 2025: Policies, Progress and Challenges offers a critical examination of abortion law and policy across Europe and provides a timely analysis of the legal frameworks that govern abortion across the region. It offers a clear, data-driven snapshot of where laws and policies stand, highlighting recent reforms, ongoing gaps, and the legislative trends shaping the regional landscape. In doing so, it serves as an essential resource for understanding how laws and regulations shape access to abortion care across the European continent today. It is designed to equip lawmakers, officials, advocates and legal experts with the knowledge they need to drive reforms forward, hold governments accountable and champion reproductive rights for all.

As we reflect on how far we have come and remind ourselves of the work to be done, we hope this resource will serve as a catalyst for stronger advocacy, deeper collaboration and more effective policy development across the region.

Leah Hctor

Vice President for Europe, Center for Reproductive Rights

Executive Summary

As reproductive rights protections continue to evolve across Europe, this regional analysis presents a comprehensive legal overview of abortion access throughout **49 countries** in the region. It examines the current state of abortion laws, highlights recent legal progress and setbacks, and points to the kind of legal and policy reform that is still needed to ensure universal access to good quality abortion care.

Over several decades, Europe has experienced a steady trend towards the legalisation of abortion and repeal of restrictive laws and barriers. As of 2025, abortion is now legal in almost all European countries, with most allowing abortion on request at least during the early stages of pregnancy. Only **5 countries** in the region now retain what are referred to as highly restrictive abortion laws.

This progressive trend is ongoing, as many European countries continue to take meaningful legislative steps to advance access to abortion, by removing harmful procedural and regulatory barriers and criminal penalties.

However, there is much still to be achieved. In many countries, harmful legal and procedural barriers continue to obstruct access to good quality abortion care. Mandatory waiting periods, biased counselling requirements, restrictive time limits, residual criminal penalties and financial barriers still impede access to good quality and timely abortion care for too many women. Some women in Europe still have to travel to foreign countries for abortion care or have to access abortion care through illegal pathways. Meanwhile, a handful of countries have sought to roll back entitlements to abortion care, introducing new regressive barriers and removing grounds for access to abortion.

This resource documents legal and policy progress, regression and enduring barriers across the continent with a view to providing decision makers, human rights advocates and legal experts with a comprehensive guide to abortion law and policy in Europe and clear recommendations for reform. ■

Recommendations for Decision Makers



Legalise abortion on request and repeal highly restrictive laws



Decriminalise abortion and related care



Remove mandatory waiting periods and counselling requirements



Ensure free abortion care or coverage under public health insurance schemes



Reform restrictive time frames for abortion on request



Guarantee access to medication abortion in line with WHO guidelines



Ensure access to abortion care for adolescents in line with human rights standards



Eliminate harmful third-party authorisation requirements



Ensure people seeking abortion and abortion care providers are protected from harassment and violence

Methodology

This analysis is based on an in-depth review of primary legal sources and supporting policies and regulations in 49 European countries.¹ It draws on a comprehensive review of each country's national laws and regulations governing abortion to ensure the most accurate and up-to-date information possible. The analysis also refers to international human rights law and public health guidelines from the World Health Organization.

The sections below focus on legal entitlements to abortion care as defined in national laws, policies and regulations. They are designed to provide a clear comparative overview of the legal and policy frameworks governing abortion in Europe, and do not provide an in-depth assessment of how laws and policies are implemented in practice.

Although legal and regulatory frameworks are very important components in the building blocks needed to create an enabling environment for access to abortion care, they are not the only factor that must be considered when seeking to determine whether good quality abortion care is accessible in practice. ■

Note on terminology: The term “woman” is used throughout this publication in an inclusive and non-exclusionary manner to refer to all persons who can become pregnant, including women, girls, non-binary persons and trans men.



Abortion Policy in Europe: A Progressive Landscape

Over recent decades, the majority of European countries have made significant strides towards the adoption of laws and policies that enable access to good quality abortion care, reflecting a commitment to remove harmful access barriers and increasingly align abortion care with modern clinical practice and human rights guarantees. Almost all European countries have now repealed highly restrictive laws and bans on abortion, and many have taken steps to eradicate at least some medically unnecessary barriers that impede access to care.

In the past 10 years alone, **20 countries** across the region have enacted meaningful reforms designed to improve access to abortion.

Some examples include:

Legalisation of abortion on request: Cyprus, Finland, Iceland, Ireland, Northern Ireland, San Marino.

Extension of time frames for abortion on request: Denmark, France, North Macedonia, Norway.

Repeal of some procedural barriers: Denmark, Estonia, France, Finland, Germany, Luxembourg, Netherlands, North Macedonia, Norway, Spain.

Expanded access to medication abortion: Armenia, France, Ireland, Italy, Lithuania, Netherlands, United Kingdom.

At the time of publication, further reforms designed to repeal access barriers are currently under consideration in more than **10 countries**.



20
countries in
Europe have
removed some
abortion
restrictions in the
last decade

Decision makers have a critical role to play in order to ensure that the trend across the region remains one of continuous, principled progress.

Regressive Threats

Despite immense progress, the risk of regression remains a pressing concern in some parts of Europe, as a small group of countries have moved to restrict access to abortion in the last decade. Decision makers who are committed to reproductive rights must remain vigilant to ensure that access to abortion care is protected and not undermined.

Regressive legal and policy measures contravene states' international human rights obligations, which prohibit retrogressive measures that reduce or roll back human rights protections and legal entitlements, including in the healthcare sphere. Laws, policies and practices that introduce new restrictions on abortion care, or that erect new barriers to access, immediately call into question compliance with international human rights standards. ■

7 countries in Europe have introduced retrogressive legal and policy barriers in the last 10 years:



Armenia

New mandatory counselling and mandatory waiting period requirements.



Georgia

Expanded mandatory counselling and mandatory waiting period requirements and new restrictions on where and how abortion care can be provided.



Hungary

New mandatory ultrasound requirements for women to listen to the foetal ultrasound prior to abortion.



Italy

New regulations allowing anti-abortion actors access to public clinics.



Moldova

Restrictions on the use of telemedicine for medication abortion.



Poland

Eliminated a legal ground for access to abortion, introducing a near-total ban on abortion.



Russia

Restrictions on where abortion care can be provided and the availability of medication abortion.

Abortion Reform in Europe

In the last decade, 20 countries have taken progressive steps to expand access to abortion care by removing restrictions. In contrast, 7 countries have introduced regressive measures that create new barriers to access. Poland is the only country in Europe, and one of only 4 countries globally, to have removed a ground for legal abortion from its laws in the past 30 years.



Legality of Abortion in Europe

Abortion is now legal in a range of circumstances in almost every country in Europe.

Today, **43 countries** in Europe have legalised abortion on request, at least during early pregnancy. All these countries also allow access to abortion care later in pregnancy when necessary to protect the health or life of a pregnant woman and in other situations.

For a full overview of grounds for legal abortion in Europe, see the table on page 17.

What is “Abortion on Request”?

Abortion on request means that the decision to end a pregnancy rests with a pregnant woman, and doctors are not required to approve her decision or certify that specific conditions exist, such as health risks or specific social circumstances. Abortion on request is now legal in almost all of Europe at least for a specific time frame.

Distress Requirements

In **4 countries** that have legalised abortion on request—**Albania, Hungary, the Netherlands** and **Switzerland**—those seeking abortion services are still required to explain that they are seeking an abortion because of their social or family circumstances or because continuing the pregnancy would cause them distress. Such rules stigmatise abortion, undermine autonomous decision-making and should be removed. In recent years, **France** and **Belgium** adopted reforms to remove previously existing distress requirements. ■



43
countries
in Europe
have legalised
abortion on
request

European Abortion Bans

Only **5 countries** in Europe still do not allow abortion on request or on broad socio-economic grounds. These countries retain highly restrictive, near-total bans on abortion. Such laws cause grave and systematic violations of women's human rights and immense pain and suffering. Women who need abortion care in these countries are almost always forced to obtain care through criminalised care pathways or to travel to other countries to access legal care.

Andorra maintains Europe's only remaining total ban on abortion. In **Malta**, abortion is permitted in highly restrictive circumstances when a pregnant woman's life is in grave jeopardy due to a medical complication that may lead to death or when her life is at immediate risk. **Liechtenstein** and **Poland** allow abortion exclusively in cases where a woman's life or health is at risk or when the pregnancy results from sexual violence. In **Monaco**, abortion is legal when a pregnant woman's life or health is at risk, in cases of sexual violence, or where there is a diagnosis of severe foetal impairment. ■

Countries That Don't Allow Abortion on Request



Abortion Law in the UK

In most of **the United Kingdom**, abortion on request is still not legal, with laws only allowing abortion on broad socio-economic grounds and following approval by two doctors. In 2020, abortion on request was legalised in **Northern Ireland**, and is now legal in the first 12 weeks of pregnancy, and thereafter on broad socio-economic grounds, making it the only part of the UK where regulations allow abortion on request. As a result, the law in most of the UK is out of step with most other European countries and global best practice. However, because of the way the law is interpreted, in practice most women in **England, Scotland** and **Wales** can obtain abortion care when they need it. ■

Reform Pathways

Cyprus, Finland, Iceland, Ireland, Northern Ireland and **San Marino** are all examples of countries that have repealed highly restrictive abortion laws and legalised abortion on request since 2018. These reforms were achieved through a range of pathways, including legislative processes in parliaments and public referenda. ■

Further Reading



To learn more about how groundbreaking change came about in Ireland, see **Pathways to Change: Building Stronger Legal Guarantees for Sexual and Reproductive Health and Rights**, which tells the stories of how progress on sexual and reproductive rights was made in several countries across the world.



Click to read



Abortion on Request: Data and Evidence

Ensuring the legality of abortion on request is essential to safeguard the health and rights of pregnant women. Legalising abortion on request is a vital step towards ensuring that laws and policies on abortion respect women's autonomy, dignity and agency, and recognise that decisions to have an abortion are personal healthcare decisions.

Data from across Europe clearly shows that in countries where abortion is legal on request, the vast majority (at least 90–95%) occur within the first 12 weeks of pregnancy.²

European public health data also shows that highly restrictive laws on abortion which prohibit abortion on request do not reduce women's need for abortion care. Instead, they merely delay women's access to timely, affordable and good quality care.³ These laws also disproportionately affect certain groups of women, including those at risk of financial hardship and domestic violence, adolescents, rural women, single parents, refugees and asylum seekers.⁴

Where abortion on request is not legal, women may be forced to seek alternative pathways to care and be exposed to serious human rights violations. Public health data outlines that legalising access to abortion on request contributes directly to the prevention of maternal morbidity and mortality.⁵ ■

90-95%

of abortions
occur in the
first 12 weeks
of pregnancy

**Prohibiting
or severely
restricting
abortion does
not reduce the
need for
abortion care**

Other Grounds for Legal Abortion

Once the timeframe for abortion on request ends, most European countries allow abortion in a range of specific circumstances.

Risks to a Woman's Life

In Europe, all countries except **Andorra** now allow abortion to protect the life of the pregnant woman or in situations of a life-threatening emergency. In most contexts there is no time limit on the provision of abortion care in such circumstances.



Risk to a Woman's Health

In these countries' laws, "health" is interpreted broadly to include both physical and mental health. Time limits for health grounds vary across Europe: while a few countries impose a legal timeframe for access to abortion in these circumstances, most do not impose a time limit when abortion care is necessary due to a serious risk to a woman's health. In almost all cases, access requires certification by one or more medical and other professionals.



Severe and Fatal Foetal Impairment

Andorra, Liechtenstein, Malta and **Poland** are the only countries in Europe that do not allow abortion on the ground of fatal foetal impairment. Almost all others allow abortion in situations of both severe and fatal impairments, although **Ireland** allows abortion only in situations of fatal diagnoses. In **Germany, Slovenia, Sweden** and **Switzerland**, although the law does not include an explicit ground for access to abortion on grounds of foetal impairment, it is allowed under health grounds.



Sexual Violence

In the 43 European countries where abortion on request is legal, individuals who become pregnant as a result of sexual violence can access abortion under this entitlement and there is no need for them to report the violence or explain their reason for seeking abortion care. This means that survivors of sexual violence in these 43 countries can access abortion care should they need it.

For this reason, many of these countries' laws do not include a separate or explicit ground for abortion in cases of sexual violence. Allowing abortion on request ensures that survivors of sexual violence are not forced to disclose or report the assault in order to obtain care if they do not wish to do so.

In **more than 20 of these countries**, laws also provide that access to abortion in situations of sexual violence can still be obtained after time periods for abortion on request come to an end, thereby allowing survivors of sexual violence additional time to seek care if needed. ■



Legal Abortion in Europe

● Yes

✗ No

Country	Abortion on Request	Life	Health	Sexual Violence	Foetal Impairment	Socio-Economic
Albania	●	●	●	●	●	●
Andorra	✗	✗	✗	✗	✗	✗
Armenia	●	●	●	●	●	●
Austria	●	●	●	✗	●	✗
Azerbaijan	●	●	●	●	●	●
Belarus	●	●	●	●	●	●
Belgium	●	●	●	✗	●	✗
Bosnia and Herzegovina - FBiH and Brčko District	●	●	●	●	●	✗
Bosnia and Herzegovina - Republika Srpska	●	●	●	●	●	●
Bulgaria	●	●	●	●	●	✗
Croatia	●	●	●	●	●	✗
Cyprus	●	●	●	●	●	✗
Czech Republic	●	●	●	✗	●	✗
Denmark	●	●	●	●	●	●
Estonia	●	●	●	✗	●	●
Finland	●	●	●	●	●	●
France	●	●	●	✗	●	✗
Georgia	●	●	●	●	●	●
Germany	●	●	●	●	●	✗
Greece	●	●	●	●	●	✗
Hungary	●	●	●	●	●	✗
Iceland	●	●	✗	✗	●	✗
Ireland	●	●	●	✗	●	✗
Italy	●	●	●	✗	●	✗
Kosovo	●	●	●	●	●	✗
Latvia	●	●	●	●	●	✗
Liechtenstein	✗	●	●	●	✗	✗
Lithuania	●	●	●	●	●	✗
Luxembourg	●	●	●	✗	●	✗
Malta	✗	●	✗	✗	✗	✗
Moldova	●	●	●	●	●	●
Monaco	✗	●	●	●	●	✗
Montenegro	●	●	●	●	●	●
Netherlands	●	●	●	✗	●	✗
North Macedonia	●	●	●	●	●	●
Norway	●	●	●	●	●	●
Poland	✗	●	●	●	✗	✗
Portugal	●	●	●	●	●	✗
Romania	●	●	●	✗	●	✗
Russia	●	●	●	●	●	✗
San Marino	●	●	●	●	●	✗
Serbia	●	●	●	●	●	✗
Slovakia	●	●	●	✗	●	✗
Slovenia	●	●	●	✗	●	✗
Spain	●	●	●	✗	●	●
Sweden	●	●	●	✗	●	●
Switzerland	●	●	●	✗	●	✗
Türkiye	●	●	●	●	●	✗
Ukraine	●	●	●	●	●	✗
United Kingdom (Great Britain)	✗	●	●	✗	●	●
United Kingdom (Northern Ireland)	●	●	●	✗	●	●

This table outlines the legal grounds on which abortion is permitted in Europe. Grounds may be either explicit and clearly stated in the law or implicit, such as when access in situations of risk to a woman's life is implicit in the ground allowing access where there is a risk to a woman's health. In addition, different countries use different terminology to refer to these grounds, for example some countries' laws use terms like "medical reasons" instead of health. The table lists countries in which access in situations of severe/fatal foetal impairment is allowed. However, it is important to note that in Germany, Slovenia, Sweden and Switzerland the law does not include an explicit ground but access in such situations is allowed under health grounds. Ireland only allows abortion in situations of fatal diagnoses.

Criminalisation

Although almost all European countries have now legalised abortion on request and in a broad range of additional circumstances, their laws still criminalise abortion that occurs outside the scope of the law. Indeed, every European country retains some form of criminal penalty for medical workers who provide abortion care outside of legal time limits and procedures.

Although prosecutions under these residual criminal laws are unusual, the existence of these outdated criminal penalties still has a harmful effect as these laws treat abortion care differently to all other forms of healthcare and stigmatise forms of healthcare that only women need. In some countries, these residual criminal laws actively discourage healthcare providers from providing care that is legal and can also deter individuals from seeking timely legal care. The World Health Organization and international human rights bodies have underlined that the criminalisation of abortion violates human rights, perpetuates gender-based discrimination, and undermines access to safe and timely healthcare.

Sanctions

Although criminal sanctions remain part of abortion regulation across Europe, the severity of penalties varies widely. In most cases, they are relatively low, but some jurisdictions retain particularly harsh sentences for abortion-related offences, including prison terms. These levels of punishment stand outside the regional norm. ■

Northern Ireland

To date, Northern Ireland has undergone the most significant shift in Europe away from the criminalisation of abortion towards almost full decriminalisation. Following the 2019 repeal of the near-total abortion ban and the implementation of new regulations in 2020, abortion is now legal on request up to 12 weeks and on a range of additional grounds thereafter.

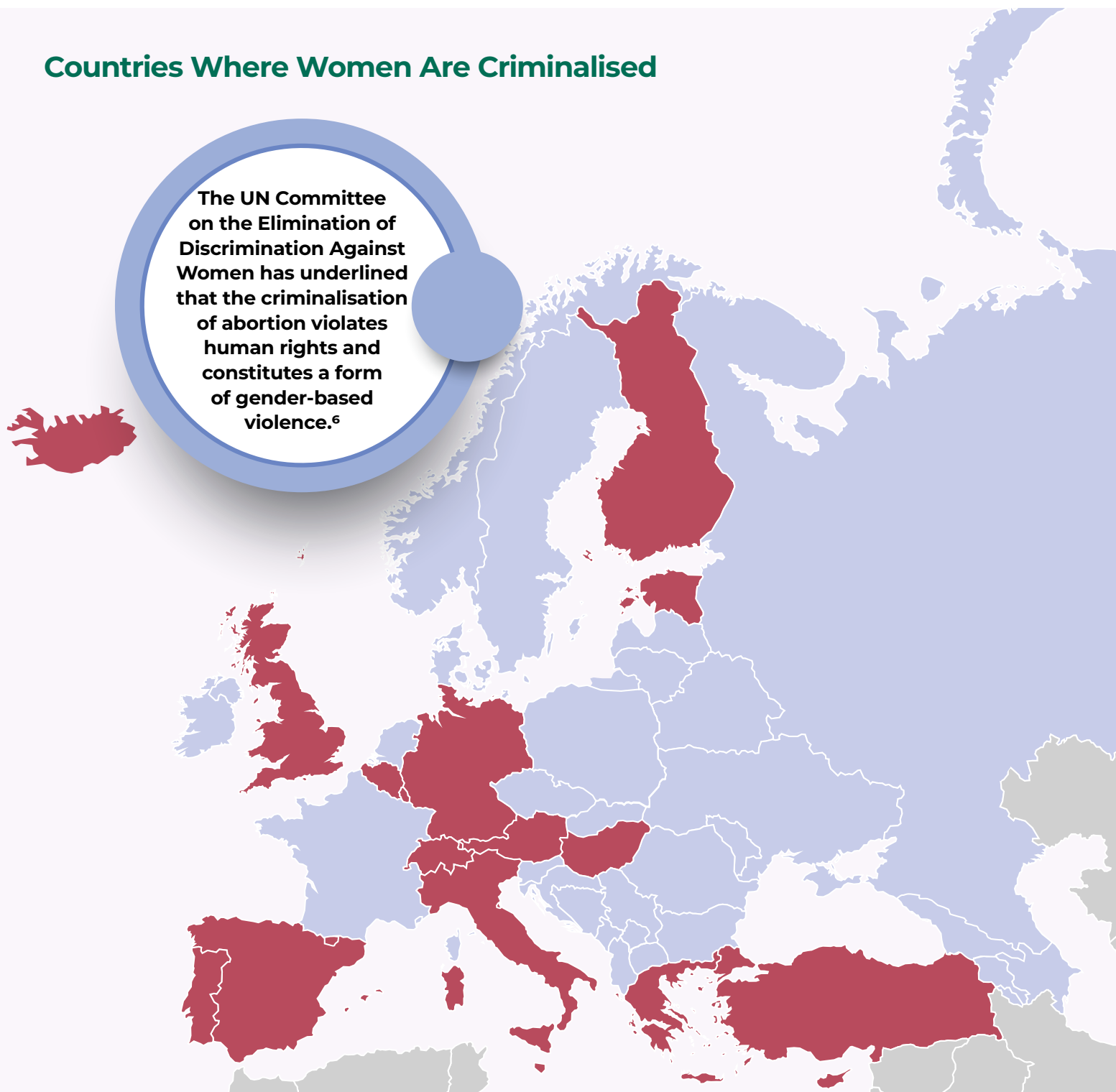
Now Northern Ireland has eradicated all criminal sanctions for women who have abortions outside of legal pathways, and imposes a small fine on medical professionals who provide abortion care outside of the regulated system.

Decriminalisation of Women

29 European countries no longer criminalise women who have abortions outside the scope of the law, and there is a growing trend towards removing all criminal sanctions for women in relation to their own abortions. However, in **20 European countries**, laws do still impose varying criminal penalties on women who obtain an abortion outside the scope of the law, with sanctions ranging from fines to prison sentences. ■

Countries Where Women Are Criminalised

The UN Committee on the Elimination of Discrimination Against Women has underlined that the criminalisation of abortion violates human rights and constitutes a form of gender-based violence.⁶





Access Barriers

Even though abortion is legal in most European countries, some of these countries still impose a range of procedural requirements on access. These requirements do not align with World Health Organization recommendations, international human rights standards and modern clinical practice.

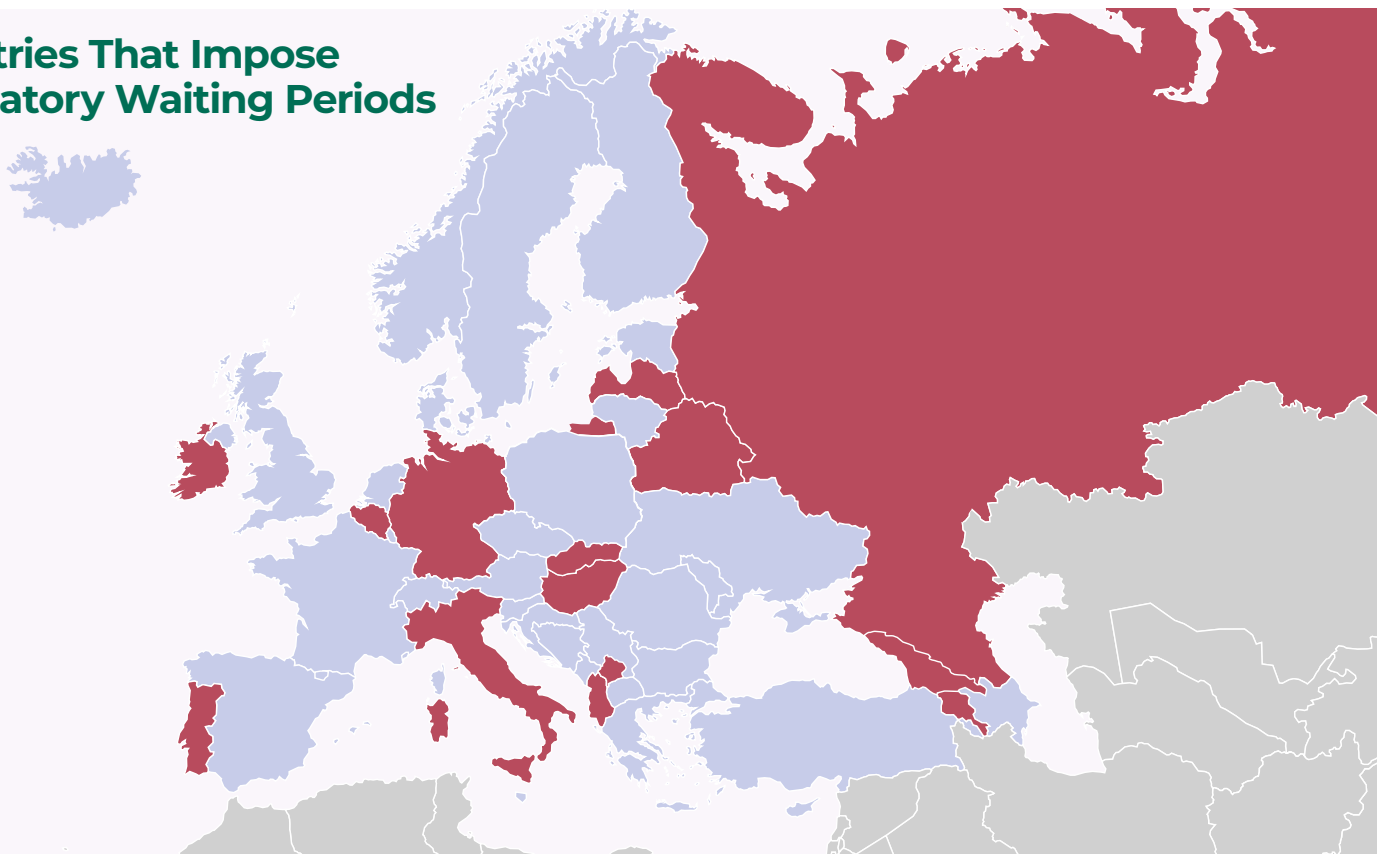
Mandatory Waiting Periods

A mandatory waiting period is an amount of time that must elapse between when an abortion is requested and when care can be provided. These requirements typically apply to abortions on request, rather than those provided in specific circumstances.

Most countries in Europe do not impose mandatory waiting periods for access to abortion care, and in recent years, **5 countries** have moved to eradicate these waiting periods. Of the 43 European countries that allow abortion on request, **29** do not impose any form of mandatory delay.

14 countries still do continue to require waiting periods with a duration ranging from 48 hours to 7 days, with most imposing a 3-day delay before care can be provided. ■

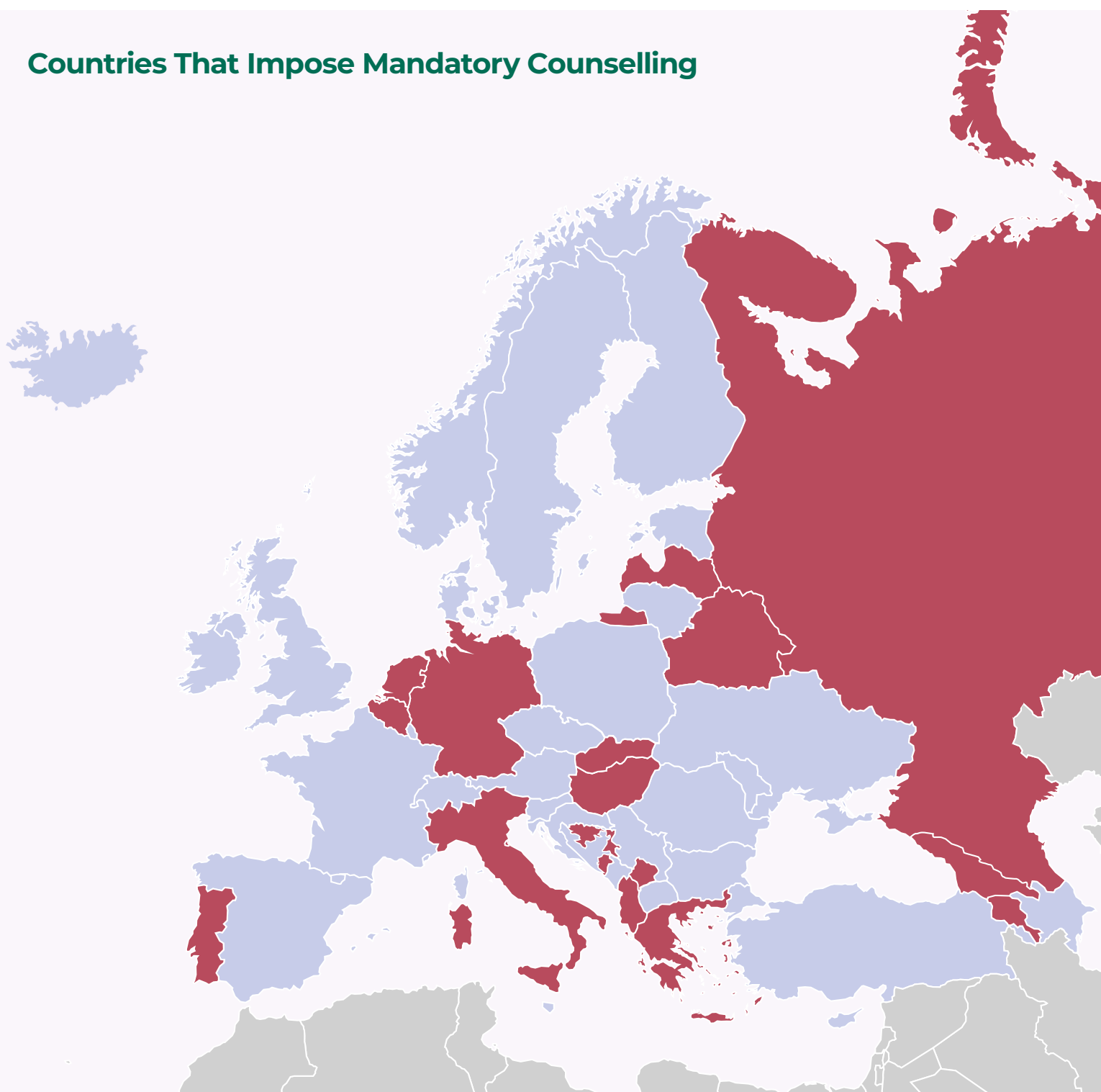
Countries That Impose Mandatory Waiting Periods



Mandatory Counselling

In Europe, the norm is not to impose mandatory counselling prior to abortion. Although many countries do offer counselling on an optional basis, only **16** mandate it as a universal prerequisite for all individuals seeking an abortion. In this context, “mandatory counselling” is used to describe both formal counselling sessions and the mandatory provision of specific forms of non-medical information by doctors prior to abortion. ■

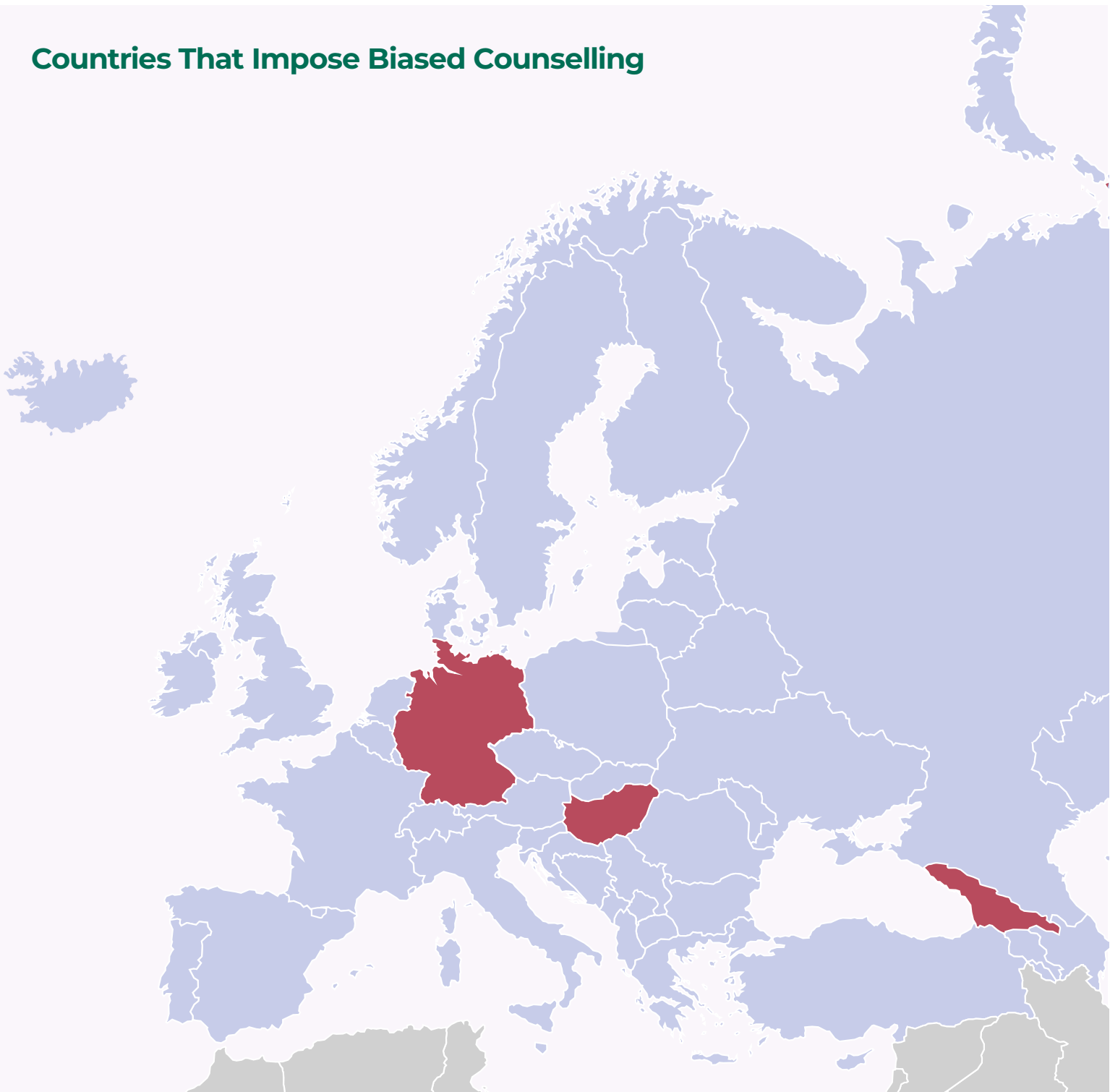
Countries That Impose Mandatory Counselling



Biased/Directive Counselling

The terms “biased” and “directive” counselling are used to describe the provision of counselling sessions that are designed to dissuade women from having an abortion. Many countries in Europe that impose mandatory counselling do not mandate biased counselling. However, **some countries** in Europe—for example **Germany, Georgia** and **Hungary**—impose this harmful requirement on women. Their laws mandate that women undergo directive or biased counselling explicitly aimed at discouraging abortion. ■

Countries That Impose Biased Counselling



Time Frames for Abortion on Request

In Europe, most countries allow abortion on request during early pregnancy, with legal limits typically falling somewhere between 10 and 14 weeks of pregnancy. Some countries' time limits run from the last menstrual period (LMP) whereas others start at conception.

Increasingly, countries are moving towards the extension of these time frames, with longer time frames now applicable in **Denmark, Norway and Sweden** (18 weeks), **Iceland** (22 weeks), and the **Netherlands** (22-24 weeks). Proposals to extend time frames for access to abortion on request are currently pending in **Albania** and **Belgium**. ■

Time Frames for Legal Abortion in Europe



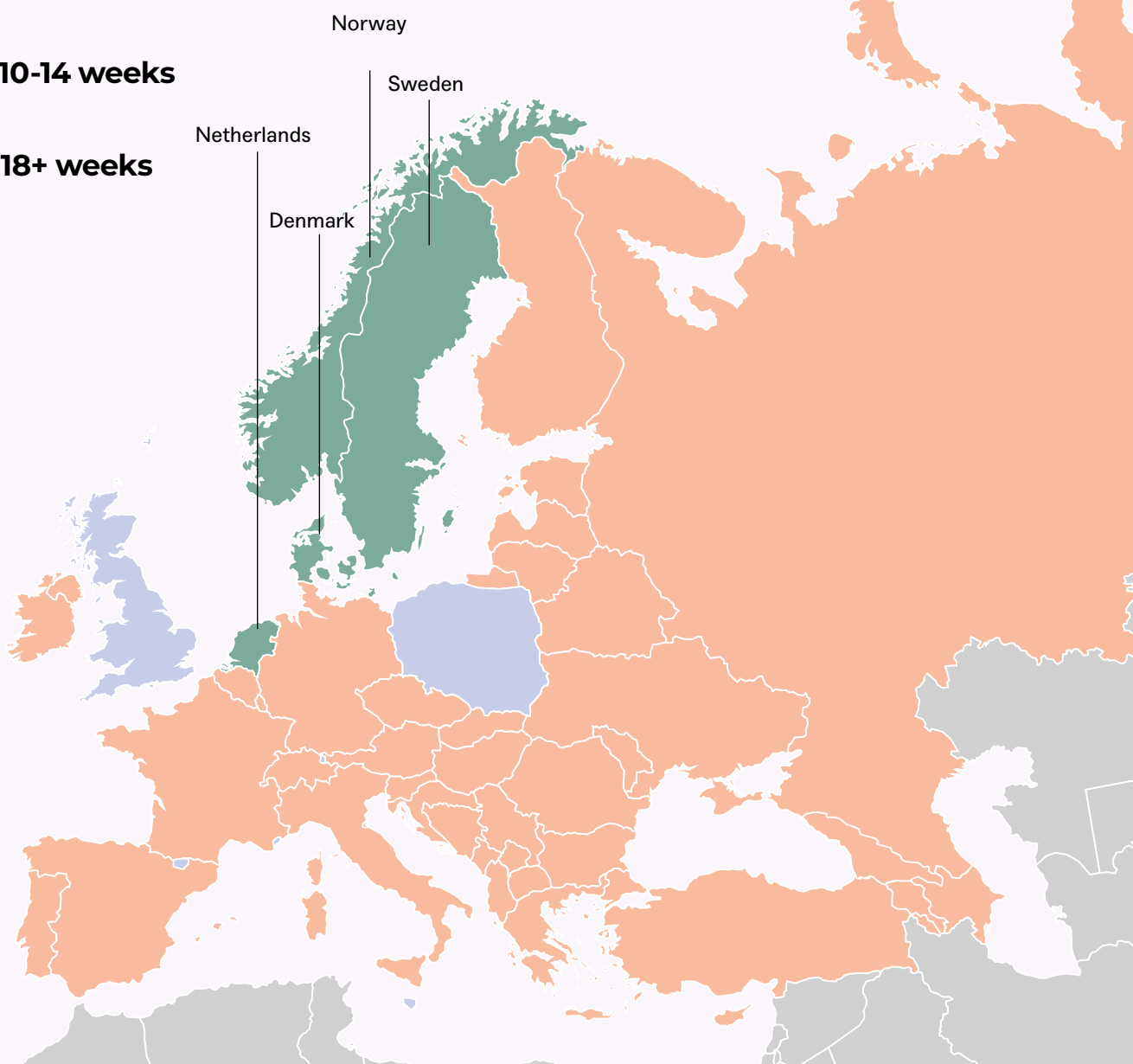
10-14 weeks



18+ weeks



Iceland



Financial Coverage and Affordability

Across Europe, financial constraints remain a key barrier for many women who need access to abortion care. In a number of countries, women still have to pay out of pocket for abortion care and the costs of care can be extremely high when compared to average monthly income. Only **21 European countries** provide abortion care free of charge in all circumstances or ensure it is covered under mandatory health insurance schemes. In some places where coverage is tied to basic public health insurance some women, such as undocumented migrants, will still incur very high costs as they may not be eligible for health insurance coverage.

While some additional countries do include abortion under national health insurance schemes in specific situations, such as when it is needed to protect a woman's health, this does not help most women who need abortion care, because abortion on request must still be paid for out of pocket and the costs will not be reimbursed. ■

Parental Consent

In most European countries, adolescents are still required to inform and obtain the consent of their legal guardian before they can obtain abortion care. Although age thresholds for these requirements vary by jurisdiction, most countries apply such rules to adolescents under the ages of 16 or 18, although some have limited these requirements to adolescents under 14.

At least **10 European countries** have moved their laws away from these kind of restrictions towards good practices in line with international human rights standards. Their laws enable alternative arrangements, such as permitting adolescents to be accompanied by a trusted adult of their choice if parental consent is not possible, or other arrangements where they wish to maintain confidentiality and do not wish their legal guardian to be informed. These include: **Belgium, Finland, France, Iceland, Luxembourg, Moldova, Slovenia, Switzerland, Sweden and the United Kingdom.** ■

Other Third-Party Authorisations

Beyond age-based authorisation requirements, third-party consent rules can also affect other groups, particularly women with disabilities, who often face additional legal or procedural hurdles in access to abortion care due to discriminatory restrictions on their legal capacity.

Moreover, when abortion is provided on specific grounds, this usually requires the authorisation of third parties, such as additional medical providers or special committees of medical and other professionals. Onerous third-party authorisation requirements have been recognised by the World Health Organization as access barriers as they are not evidence-based and can cause harmful delays. ■

Medication Abortion

In most European countries where abortion is legal, both medication and surgical methods are available.

Medication abortion, which is recommended by the World Health Organization as a safe and effective method, has become the standard of care across much of Europe for abortion in early pregnancy. At least **2 countries** in Europe that have legalised abortion on request—**Hungary** and **Slovakia**—have still not made medication abortion available.

Ensuring the availability of both medication and surgical abortion allows individuals to choose the method that best meets their needs.

While broadly available across the region, the conditions under which medication abortion can be accessed vary widely. For example, in some countries medication abortion is permitted up to 9 or 10 weeks of pregnancy, while some allow it up to 12 weeks or beyond.

An increasing number of countries in Europe also allow women to self-manage at least some elements of the medication abortion process.

- **At least 8 countries** allow full self-management at least in early pregnancy. This means that women in **Finland, France, Georgia, Ireland, Lithuania, Slovenia, Ukraine** and **parts of the United Kingdom** are able to take both medications outside of clinical settings in early pregnancy. Most of these countries also allow women to seek abortion care through telemedicine.
- Although a number of other countries allow some parts of the medication to be taken at home, they still require that initial medication be taken within clinical settings.

Self-management of medication abortion in early pregnancy is recognised by the WHO as safe and effective when accompanied by accurate information and access to medical care if needed. Where self-management is allowed, it can make a significant difference for many women, especially for those who live far from clinics or face caregiving or other logistical and financial barriers that impede their ability to make repeated visits to medical facilities. Enabling self-management in line with good clinical practice and public health guidelines empowers individuals to choose the method that best suits their circumstances and means women are not required to repeatedly take time off work, travel long distances, arrange childcare and bear additional costs. ■

Abortion Law in the European Union

EU Member State Policy Landscape on Abortion

25 out of 27

EU Member States allow abortion on request

Malta & Poland

are now the only Member States that retain highly restrictive abortion laws

In both countries, abortion is still legal in narrow circumstances

All Member States except Malta

allow abortion in situations where there is a risk to a woman's health

All Member States except Malta & Poland

allow abortion in cases of fatal foetal impairment

8

Member States

maintain a mandatory waiting period

Only Germany & Hungary

impose mandatory counselling sessions that are directive and aimed at influencing a woman's decision

15

Member States

provide abortion free of charge or fully covered by public health systems.

The remaining 12 provide partial coverage

13

Member States

retain criminal penalties for women who undergo abortion outside legal pathways

Current EU Action on Abortion

The European Union (EU) can support efforts to ensure that access to abortion is provided in EU Member States in line with international human rights obligations, clinical best practice and public health guidelines. Within its current mandate to promote public health, ensure equality and prevent discrimination, the EU has an important role to play in establishing guidelines, ensuring evidence-based regulation of access to medicines, funding improvements in healthcare, supporting and ensuring cross-border access to abortion care throughout the EU, recommending good practices to guide national policies and practices and responding to threats to roll back abortion rights.

European Union Roadmap for Women's Rights

The European Commission's first ever Roadmap on Women's Rights, launched in March 2025, includes groundbreaking commitments to protect women's health by supporting and complementing Member States' actions regarding women's access to sexual and reproductive health and rights. The Roadmap is a key policy framework document for women's rights in the EU and will be operationalised in the forthcoming EU Gender Equality Strategy, expected in March 2026.

European Citizens' Initiative – “My Voice My Choice”

In April 2024, the “My Voice My Choice” European Citizens' Initiative was launched, calling on the EU to create a financing mechanism for cross-border access to abortion across Member States. Over **one million** EU citizens have supported the initiative. The European Commission is expected to provide a decision by the end of 2025 on whether and how it will take the initiative forward.

European Parliament Report on Sexual and Reproductive Health and Rights in the EU

In this **landmark June 2021 report**, the European Parliament affirmed that restrictive abortion laws constitute a violation of human rights and a form of gender-based violence. The European Parliament unequivocally called for universal access to safe and legal abortion across EU Member States, in line with WHO guidelines. ■

Recommendations to the EU

The EU has an important role to play in supporting efforts across Member States to advance the provision of quality sexual and reproductive healthcare, including abortion care. Within its area of competence, the EU can use a number of legislative, policy, funding and programmatic tools as well as its political voice to:

1

Ensure Access to Abortion Care for Survivors of Sexual Violence

Under EU law, every Member State except Malta and Denmark is now obliged to ensure that good quality abortion care is accessible in practice for survivors of sexual violence as part of the clinical management of rape.

2

Ensure Availability and Accessibility of Essential Abortion Medicines

EU institutions and Member States should work together to ensure critical medicines for the provision of abortion care are widely available, accessible and affordable across Member States at all times, including in times of crisis.

3

Issue Guidance Aligned with Human Rights and Public Health Standards

The European Commission should issue policy recommendations to Member States on the measures necessary to guarantee abortion care is accessible throughout the EU in line with international public health and human rights standards.

4

Monitor and Respond to Attempted Legal Rollbacks in Member States

EU institutions should proactively monitor law and policy initiatives on abortion in EU Member States with a view to quickly responding to threats of retrogression.

5

Support Civil Society Working on Abortion Rights

EU institutions should provide adequate and sustainable funding to civil society organisations across Member States working to promote better abortion regulation and universal access to abortion care in practice.



Adopt Treaty Reform to Protect Abortion as a Human Right

Member States should pursue a revision of the EU Treaties to ensure abortion rights are protected in the EU Charter of Fundamental Rights, and that universal access to sexual and reproductive health and rights becomes a shared competence between the EU and its Member States.



Promote Global Alignment with Human Rights and Public Health Standards

The EU and its Member States should consistently uphold international human rights and public health standards on abortion in their bilateral and multilateral engagements. ■



Public Health and Human Rights Standards

International public health and human rights standards on abortion provide extensive direction to governments and health systems on how to ensure abortion regulation aligns with clinical evidence and international human rights treaty obligations.

Human rights standards make it clear that ensuring women can access good quality abortion care when they need it is an essential component of many human rights guarantees, including the rights to health, life, equality, freedom from torture and other ill treatment, privacy and bodily autonomy. International human rights mechanisms have repeatedly called on European countries to decriminalise and legalise abortion, repeal restrictive laws and ensure access in practice.

To this end, they have specified that states must:

- Legalise abortion, repeal highly restrictive abortion laws and fully decriminalise abortion.
- Remove access barriers such as mandatory waiting periods, mandatory counselling and third-party authorisation requirements, and ensure that abortion care is evidence-based and good quality.
- Guarantee universal and equal access to care including by ensuring the affordability of abortion care and ensuring there are a sufficient number of adequately trained medical professionals to provide care.
- Avoid introducing new barriers to abortion care and prevent any rollback in existing entitlements, in line with obligations of non-retrogression.



In 2022, the World Health Organization (WHO) issued its **Abortion Care Guideline**, which recommends that governments create enabling environments for the provision of comprehensive abortion care.

The WHO recommends:

- Full decriminalisation of abortion.
- Legalisation of abortion on request and elimination of third-party authorisation requirements.
- Removal of regulatory barriers such as waiting periods, mandatory counselling and restrictive legal time frames and repeal of laws and regulations that restrict abortion based on grounds or time frames.
- Guarantee of access to medication abortion, including self-managed abortion in early pregnancy and provision via telemedicine.
- Removal of restrictions on providers that are inconsistent with WHO service delivery recommendations.
- Protection against care denial resulting from provider refusals that impede access.

The Guideline also provides extensive directions on how health systems should be organised to ensure the provision of good quality abortion care, accurate information and health system support. ■

Further Reading



To learn more about international human rights standards relating to women's sexual and reproductive health and rights, see the Council of Europe issue paper **Women's Sexual and Reproductive Health and Rights in Europe** and the follow-up paper **Sexual and Reproductive Health and Rights in Europe: Progress and Challenges**.

To learn more about the CEDAW Committee's findings on Poland's highly restrictive abortion law, see this joint fact sheet: **Committee on the Elimination of Discrimination against Women: Inquiry into Poland's Abortion Law**.



Recommendations for Decision Makers

European decision makers should take steps to reform abortion laws and policies to bring them into line with international human rights standards, public health guidelines, modern clinical evidence and comparative best practices. At a minimum, they should:

1

Legalise Abortion on Request and Repeal Highly Restrictive Laws

Abortion should be legal on request, at least for a certain time period, so that women can access care without the need to justify the decision or undergo third-party authorisation procedures.

2

Decriminalise Abortion and Related Care

Abortion should be treated as essential healthcare and criminal penalties for women seeking abortion, healthcare providers and those offering support must be removed.

3

Remove Mandatory Waiting Periods and Counselling Requirements

Mandatory delays and counselling requirements must be repealed. These measures serve no medical purpose, violate international human rights standards, and create harmful barriers to care. Policymakers should ensure that counselling and information is never biased or directive in nature.

4

Ensure Free Abortion Care or Coverage Under Public Health Insurance Schemes

Abortion must be provided free of charge or fully integrated into national healthcare insurance schemes including for abortion on request. Care should be taken to ensure that migrants, asylum seekers, and refugees do not face financial barriers in access to abortion care.

5

Reform Restrictive Time Frames for Abortion on Request

Arbitrarily restrictive and short time limits for access to abortion on request should be reformed, and laws should ensure that regulations on abortion access are grounded in the needs of pregnant women and decision of the pregnant person, guided by clinical best practice.

6

Guarantee Access to Medication Abortion in Line with WHO Guidelines

Medication abortion should be fully available and integrated into national healthcare systems as part of standard abortion care. Legal and regulatory frameworks should legalise self-management and allow care pathways that enable remote consultations in early pregnancy in line with WHO guidelines.

7

Ensure Access to Abortion Care for Adolescents in Line with Human Rights Standards

Adolescents should be able to access abortion care without being required to obtain parental consent. Laws and policies should instead guarantee adolescents confidentiality and prioritise the creation of support structures that ensure adolescents can access essential reproductive services without barriers.

8

Eliminate Harmful Third-Party Authorisation Requirements

Requiring approval from multiple doctors, medical committees, judicial authorities or family members undermines personal decision-making and delays access. These requirements should be replaced by patient-centred models of care that take account of each woman's personal circumstances.

9

Ensure People Seeking Abortion and Abortion Care Providers are Protected from Harassment and Violence

Policymakers should ensure the creation and enforcement of safe zones around clinics and facilities offering abortion care. Legal frameworks must protect individuals seeking abortion, healthcare providers, and those accompanying them from harassment, intimidation and violence. ■

Appendix

This Table and Data Table 2 outline the legal grounds on which abortion is permitted in Europe and in European Union Member States. Grounds may be either explicit and clearly stated in the law or implicit, such as when access in situations of risk to a woman's life is implicit in the ground allowing access where there is a risk to a woman's health. In addition, different countries use different terminology to refer to these grounds, for example some countries' laws use terms like "medical reasons" instead of health. The Tables list countries in which access in situations of severe/fatal foetal impairment is allowed. However, it is important to note that in Germany, Slovenia, Sweden and Switzerland the law does not include an explicit ground but access in such situations is allowed under health grounds. Ireland only allows abortion in situations of fatal diagnoses.

Data Table 1: Abortion Laws in Europe

Country	Abortion on Request	Life	Health	Sexual Violence	Foetal Impairment	Socio-Economic	Mandatory Waiting Period	Mandatory Counselling	Criminalisation of Women
Albania	●	●	●	●	●	●	●	●	×
Andorra	×	×	×	×	×	×	×	×	●
Armenia	●	●	●	●	●	●	●	●	×
Austria	●	●	●	×	●	×	×	×	●
Azerbaijan	●	●	●	●	●	●	×	×	×
Belarus	●	●	●	●	●	●	●	●	×
Belgium	●	●	●	×	●	×	●	●	●
Bosnia & Herzegovina – FBiH & Brčko District	●	●	●	●	●	×	×	×	×
Bosnia and Herzegovina – Republika Srpska	●	●	●	●	●	●	×	●	×
Bulgaria	●	●	●	●	●	×	×	×	×
Croatia	●	●	●	●	●	×	×	×	×
Cyprus	●	●	●	●	●	×	×	×	●
Czech Republic	●	●	●	×	●	×	×	×	×
Denmark	●	●	●	●	●	●	×	×	×
Estonia	●	●	●	×	●	●	×	×	●
Finland	●	●	●	●	●	●	×	×	●
France	●	●	●	×	●	×	×	×	×
Georgia	●	●	●	●	●	●	●	●	×
Germany	●	●	●	●	●	×	●	●	●
Greece	●	●	●	●	●	×	×	●	●
Hungary	●	●	●	●	●	×	●	●	●
Iceland	●	●	×	×	●	×	×	×	●
Ireland	●	●	●	×	●	×	●	×	×
Italy	●	●	●	×	●	×	●	●	●
Kosovo	●	●	●	●	●	×	●	●	×
Latvia	●	●	●	●	●	×	●	●	×

CONTINUED:

Appendix

Data Table 1: Abortion Laws in Europe

Country	Abortion on Request	Life	Health	Sexual Violence	Foetal Impairment	Socio-Economic	Mandatory Waiting Period	Mandatory Counselling	Criminalisation of Women
Liechtenstein	×	●	●	●	×	×	×	×	●
Lithuania	●	●	●	●	●	×	×	×	×
Luxembourg	●	●	●	×	●	×	×	×	●
Malta	×	●	×	×	×	×	×	×	●
Moldova	●	●	●	●	●	●	×	×	×
Monaco	×	●	●	●	●	×	×	×	×
Montenegro	●	●	●	●	●	●	×	×	×
Netherlands	●	●	●	×	●	×	×	●	×
North Macedonia	●	●	●	●	●	●	×	×	×
Norway	●	●	●	●	●	●	×	×	×
Poland	×	●	●	●	×	×	×	×	×
Portugal	●	●	●	●	●	×	●	●	●
Romania	●	●	●	×	●	×	×	×	×
Russia	●	●	●	●	●	×	●	●	×
San Marino	●	●	●	●	●	×	×	×	●
Serbia	●	●	●	●	●	×	×	×	×
Slovakia	●	●	●	×	●	×	●	●	×
Slovenia	●	●	●	×	●	×	×	×	×
Spain	●	●	●	×	●	●	×	×	●
Sweden	●	●	●	×	●	●	×	×	×
Switzerland	●	●	●	×	●	×	×	×	●
Türkiye	●	●	●	●	●	×	×	×	●
Ukraine	●	●	●	●	●	×	×	×	×
United Kingdom (Great Britain)	×	●	●	×	●	●	×	×	●
United Kingdom (Northern Ireland)	●	●	●	×	●	●	×	×	×

Appendix

Data Table 2: Abortion Laws in the European Union

Country	Abortion on Request	Life	Health	Sexual Violence	Foetal Impairment	Socio-Economic	Mandatory Waiting Period	Mandatory Counselling	Criminalisation of Women
Austria	●	●	●	✗	●	✗	✗	✗	●
Belgium	●	●	●	✗	●	✗	●	●	●
Bulgaria	●	●	●	●	●	✗	✗	✗	✗
Croatia	●	●	●	●	●	✗	✗	✗	✗
Cyprus	●	●	●	●	●	✗	✗	✗	●
Czech Republic	●	●	●	✗	●	✗	✗	✗	✗
Denmark	●	●	●	●	●	●	✗	✗	✗
Estonia	●	●	●	✗	●	●	✗	✗	●
Finland	●	●	●	●	●	●	✗	✗	●
France	●	●	●	✗	●	✗	✗	✗	✗
Germany	●	●	●	●	●	✗	●	●	●
Greece	●	●	●	●	●	✗	✗	●	●
Hungary	●	●	●	●	●	✗	●	●	●
Ireland	●	●	●	✗	●	✗	●	✗	✗
Italy	●	●	●	✗	●	✗	●	●	●
Latvia	●	●	●	●	●	✗	●	●	✗
Lithuania	●	●	●	●	●	✗	✗	✗	✗
Luxembourg	●	●	●	✗	●	✗	✗	✗	●
Malta	✗	●	✗	✗	✗	✗	✗	✗	●
Netherlands	●	●	●	✗	●	✗	✗	●	✗
Poland	✗	●	●	●	✗	✗	✗	✗	✗
Portugal	●	●	●	●	●	✗	●	●	●
Romania	●	●	●	✗	●	✗	✗	✗	✗
Slovakia	●	●	●	✗	●	✗	●	●	✗
Slovenia	●	●	●	✗	●	✗	✗	✗	✗
Spain	●	●	●	✗	●	●	✗	✗	●
Sweden	●	●	●	✗	●	●	✗	✗	✗

Endnotes

- ¹ This report covers countries that are Member States of the Council of Europe, as well as Belarus, Kosovo and Russia.
- ² This is confirmed by official national statistics from most European countries. See also: Anna Popinchalk & Gilda Sedgh, Trends in the method and gestational age of abortion in high-income countries, *BMJ Sexual & Reproductive Health* (2019) 45, p. 95-103; Evidence on Abortion Worldwide, Gilda Sedgh, Guttmacher Institute Presentation to the Oireachtas Joint Committee on the Eighth Amendment of the Constitution, Nov. 8, 2017.
- ³ WHO, Abortion care guideline (2022), p. 2; Safe Abortion: Technical and Policy Guidance for Health Systems (2012), p. 90.
- ⁴ To learn more about how restrictive abortion laws in Poland affect refugees from Ukraine, see **Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia.**
- ⁵ WHO, Abortion care guideline (2022).
- ⁶ Committee on the Elimination of Discrimination against Women, General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19, UN Doc CEDAW/C/GC/35 (26 July 2017), paragraph 18.



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