ACCESS TO ABORTION:

An Annotated Bibliography of Reports and Scholarship

Second edition (as of April 1, 2020)

prepared by

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Updates: Kindly send suggestions for the next edition of this bibliography to:
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ACCESS TO ABORTION:
An Annotated Bibliography of Reports and Scholarship, 2020

AN INTRODUCTION TO THE ANNOTATED BIBLIOGRAPHY:

Widespread evidence indicates that abortion services remain inaccessible and inequitably available for many people despite legal entitlement.[1] This is true in jurisdictions that permit abortion for specific indications (e.g. rape or fetal malformation), and in those that permit abortion on request within a specified period.

India, Zambia and Guyana are examples of countries where legal reform has proven insufficient to guarantee access to safe abortion. India and Zambia permit abortion on broad indications into the second trimester, with required provider authorization.[2] Meanwhile, Guyana permits abortion upon request, and even from mid-level healthcare professionals, but only during the first trimester.[3] Despite differing legal regimes and geographic locations, abortion-seeking individuals face similar barriers to access safe and legal services.[4] Access barriers are often hidden within seemingly liberal laws or result from a failure to ensure the law's effective operation in practice. These barriers lead to the widespread practice of unsafe abortion and high levels of abortion-related maternal mortality, as well as extended wait periods, high costs of obtaining services and denial of care.

United Nations treaty monitoring bodies have called on states to ensure that people can effectively access legal abortion.[5] In 2017, the Committee on the Elimination of Discrimination

1 See e.g. Susheela Singh et al., "Abortion Worldwide 2017: Uneven Progress and Unequal Access" (2018) New York: Guttmacher Institute, Available online.

2 For India see The Medical Of Pregnancy Act, 1971 (Act No 34, 1971); India, The Medical Termination of Pregnancy (Amendment) Bill, 2020 (Bill No 55, 2020); For Zambia see The Termination of Pregnancy Act: Chapter 304 of the Laws of Zambia (1972); Zambia, Standards and Guidelines for Comprehensive Abortion Care in Zambia (Ministry of Health, 2017);

3 See Guyana, Medical Termination of Pregnancy Act 1995 (Act No 7, 1995), Act online.

4 See e.g., For India: Singh et al., "Abortion Worldwide 2017," supra note 1, at 16; Siddhivinayak S Hirve, "Abortion Law, Policy and Services in India: A Critical Review" (2004) 12:(Suppl 24) Reproductive Health Matters, 114-21, Available online; For Zambia: Marte E.S. Haaland et al., "Shaping the abortion policy – competing discourses on the Zambian termination of pregnancy act," (2019) 18.20 International Journal for Equity in Health 1-11, at 2. https://doi.org/10.1186/s12939-018-0908-8. PDF online; For Guyana: Fred Nunes, "Legal but Inaccessible: Abortion in Guyana," 61:3 (2012) Social and Economic Studies 59-94, Article online at SSRN; Tivia Collins, "Reproductive Rights and Citizenship: Understanding the State's Inability to Implement the Abortion Laws of Guyana," (2016) 41.2/3 Journal of Eastern Caribbean Studies 139-165.

5 See e.g. the United Nations Committee on the Elimination of Discrimination against Women, Concluding Observations on Poland, CEDAW, UN Doc. CEDAW/C/POL/CO/6 (2007), at para. 25; Report on Mexico, CEDAW, UN GAOR, 61st sess., supp. no. 38 (A/61/38) part III (2006), at paras. 613-614; Report on Saint Lucia, CEDAW, UN GAOR, 61st sess., supp. no. 38 (A/61/38) part II, at paras. 154, 181-182; Concluding Comments on Colombia, CEDAW, UN Doc. CEDAW/C/COL/6 (2007), at paras. 22-23; Concluding Observations on Trinidad and Tobago, CEDAW/C/TTO/CO/4-7 (2016), paras. 32-33; Concluding Observations of the Committee on the Federated States of Micronesia, CEDAW/C/FSM/ CO/1-3 (2017), para. 37(b); UN Human Rights Committee, Concluding Observations on Argentina, HRC, UN Doc. CCPR/CO/70/ARG (2000), at para. 14; Concluding Observations on Poland, HRC, UN Doc. CCPR/CO/82/POL/Rev.1 (2004), at para. 8; Concluding Observations on Poland, CCPR/C/POL/CO/7 (2016) para. 24; Concluding Observations on Jordan, CCPR/C/JOR/CO/5 (2017), para. 21.31; Concluding observations on Argentina, CCPR/C/ARG/CO/5 (2016), para. 12; Concluding Observations on Bangladesh, CCPR/C/BGD/CO/1 (2017), paras. 15-16; UN Committee on Economic, Social, and Cultural Rights, Concluding Observations on Poland,

against Women (CEDAW) stated that "Violations of women's sexual and reproductive health and rights, such as … criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy … are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment."[6] According to CEDAW, "gender-based violence against women constitutes discrimination against women," which is condemned in all its forms and must be eliminated without delay by State Parties, pursuant to Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979.[7]

The Annotated Bibliography

This annotated bibliography collates government reports, non-government reports, and secondary literature that investigate access to legal abortion services under different legal regimes. Access reports do not document the incidence or legality of induced abortion but rather examine the implementation or effects of laws regulating access to abortion. Access reports have proven critical in some countries by strengthening the evidentiary basis upon which governments and courts rely to show how abortion laws restrict access and limit the equitable availability of induced abortion. For example, the 1977 Badgley Report in Canada provided the necessary evidence to show inequitable access to abortion services leading to the Supreme Court decision in the *R v Morgentaler* decision.[8]

The purpose of this annotated bibliography is to improve understanding of existing gaps between the formal legal regulation of abortion and the operation of laws in practice. The annotations seek to extrapolate: (1) barriers to access safe and legal abortion and (2) recommendations for reform identified by the report.

The reports in this annotated bibliography are listed in reverse chronological order by region and country. Where multiple reports are available in the same year, the reports are listed alphabetically within that year. Where reports are unavailable, annotations are based on secondary material.

This second edition of the annotated bibliography builds upon the first edition published in 2008 and slightly updated in 2009.[9] Due to a limitation on time, this bibliography does not promise to

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CESCR, UN Doc. E/CN.12/1/Add.82 (2002), at para. 29; Concluding Observations on Philippines, E/C.12/PHL/CO/5-6, paras. 51-52; UN Committee on the Rights of the Child, Concluding Observations on Chad, CRC/C/15/Add.107 (1999), para. 30; Concluding Observations on Bhutan, CRC/C/BTN/CO/3-5 (2017), paras. 52-53; UN Committee against Torture, Concluding Observations on Peru, CAT/C/PER/CO/4 (2006), para. 23. See also, A/HRC/31/57, para. 72. (b). 32.

6 General recommendation No 35 – sixty-seventh session on gender-based violence against women, updating general recommendation No 19, CEDAW, UN, CEDAW/C/GC/35 (2017), at para 18.

7 Convention on the Elimination of All Forms of Discrimination against Women, CEDAW, Article 2.

8 See Canada, Report of the Committee on the Operation of the Abortion Law, (Ottawa: Ministry of Supplies and Services, 1977), (Chair: Robin Badgley) [Badgley Report]; R v Morgentaler [1988] 1 SCR 30, 44 DLR (4th) 385; See description of the Badgley Report in R v Morgentaler [1988] 1 SCR 30 at paras 43-46, 44 DLR (4th) 385.

9 First edition published in 2008 available online at http://www.law.utoronto.ca/documents/reprohealth/abortionbib2008.pdf http://www.law.utoronto.ca/documents/reprohealth/abortionbib2008.pdf

be comprehensive and does not include every relevant report. We also recognize that English-language reports are over-represented. As this bibliography remains a work in progress, suggestions for further publications for inclusion of additional reports and articles are most welcome. Please send all comments and suggestions to Professor Joanna Erdman, MacBain Chair of Health Law and Policy at Dalhousie University (joanna.erdman@dal.ca).

New Developments in Access due to Technological Advances

Since the first edition of this bibliography was published in 2008, technological advances, particularly the increased use of medical abortion and the expansion of internet access, have shifted the landscape of abortion access.

The increased use of medical abortion has helped reduce existing barriers to access abortion care. For example, administering medical abortion requires relatively little training and few resources, expediating the expansion of abortion provision to mid-level providers and rural clinics.[10] In addition, providers report feeling removed from medical abortion procedures, therefore decreasing the need to object on grounds of conscience.[11]

The safe and wide-spread use of medical abortion coupled with internet expansion has led to an increase in self-managed abortion (SMA). Used here, SMA refers to the self-sourcing of medical abortion drugs (mifepristone and misoprostol) followed by self-administration of the drugs. Initiatives such as *Women on Web*, a non-profit organization which delivers mifepristone and misoprostol and provides consultation on how to administer the drugs, have been instrumental in increasing access to SMA.[12]

SMA has helped reduce geographic barriers to abortion and increase privacy, allowing people to undergo abortion at home, helping to avoid stigma and provider judgment. The safe employment of SMA has highlighted the need to ensure laws and policies are congruent with current technologies. Even seemingly liberalized laws that require people to be in the physical presence of a doctor when undergoing abortion or specifically refer to abortion as a surgical procedure now represent limitations to obtaining safe abortion. For example, in the United States, the Risk Evaluation and Mitigation Strategies (REMS) for mifepristone require healthcare providers to be certified by the Mifepristone REMS Program and for mifepristone to be dispensed only in certain healthcare settings under the supervision of a certified provider.[13] To ensure equitable access to abortion these laws and regulations must adapt to accommodate the changing landscape of abortion availability.

Collective Report Findings on Access Barriers to Legal Abortion

10 See e.g. Singh et al., "Abortion Worldwide 2017," supra note 1, at page 23.

11 *Ibid.*

12 See Women on Web. Available online at: https://www.womenonweb.org/en/

13 USA Food and Drug Administration (FDA), Approved Risk Evaluation and Mitigation Strategies (REMS), Mifepristone. Available online at: https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=RemsDetails.page&REMS=390.

Annotating the collected reports revealed many barriers to access legal abortion and offered a series of recommendations for reform. While these barriers and recommendations were often country-specific, common threads emerged and are collated here:

(1) Barriers to Access

Political Barriers

- Lack of priority for abortion law reform (uninterested, predominantly male politicians and difficulty garnering political support)
- Lack of supportive policies for implementation and accountability

Legal Barriers

- Complex or ambiguous laws (lack of explicit guidance for providers or judicial officers)
- Inconsistent interpretation of abortion laws by judicial officers
- Competing or conflicting laws and policies (e.g. medical abortion not accounted for by surgery specified abortion law)
- Fear of persecution or imprisonment

Provider Barriers

- Lack of trained providers (geographic disparity, lack of adequate training)
- Unnecessary provider restrictions (restricted to gynecologists or doctors, lack of authorization or training for mid-level providers)
- Provider refusal (conscientious objection, fear of criminal prosecution) and failure to regulate refusal
- Failure to refer and lack of duty to refer
- Duty to report people seeking postabortion care to police or misconception of duty to report
- Lack of professional advice for people seeking unsupervised medical termination
- Mistreatment by healthcare providers (disapproval of abortion, doubt as to reason for abortion)

Facility Barriers

- Geographic disparity (limited access in rural areas or outside major urban centers)
- Failure to accredit sufficient number of facilities
- Facility restrictions (restricted to hospitals, gynecology wards or specialized health centers)
- Restrictive hospital policies (gestational limits, age of consent, mandatory counselling)

Commodity Barriers

- Lack of available options for method of abortion (e.g. mifepristone/misoprostol very expensive or not provided by national drug registry)
- Unmet contraceptive need (lack of access to contraceptives, limited range of available contraceptives)

Procedural Barriers

- Mandatory wait periods
- Mandatory pre-abortion counselling (often dissuasive counselling) and intrusive interviews
- Rape administrative protocols (gestational limits, judicial authorization) [. . .]

Procedural Barriers (continued)

- Provider requirements (abortion must take place in hospitals, abortion must be performed by gynecologists or doctors)
- Third party authorization requirement (authorization by multiple doctors, judicial officers, woman's spouse, minor's parents) and lack of mechanism to review denied authorization
- Gestational limits

Economic Barriers

- Affordability (service costs, additional patient fees, extortion, artificially high fees)
- Failure to commit adequate public resources
- Inequitable access to different methods of abortion (cost disparity between methods, mifepristone/misoprostol not on national drug registry)
- Abortions only provided in the private sector, not at public facilities

Information Barriers

- Lack of knowledge among providers of abortion laws and policies (fear of prosecution); lack of knowledge and training on provision of safe abortion
- Lack of knowledge among those seeking services of abortion laws and policies, status of their rights and how to obtain safe and legal abortion
- Failure to disseminate information on safe and legal abortion
- No policy mandating reporting of data on abortion provision or failure to report data (no ability to study trends and understand where to allocate resources)
- Lack of comprehensive sexual education within and outside of schools

Societal Barriers

- Stigma, myths, misconceptions and stereotypes about abortion
- Cultural and religious beliefs
- Community Norms and Attitudes (historically patriarchal social and legal structures)
- Privacy concerns
- Pro-life harassment and intimidation
- Lack of culturally appropriate procedures (especially for Indigenous populations)

(2) Recommendations for Reform include:

Political Recommendations

- Reform policies and legislation to ensure it is in line with current best practices
- Implement policies to ensure greater access to abortion (including telemedicine policies)
- Ensure non-discriminatory access to abortion, especially for vulnerable populations

Legal Recommendations

- Clarify laws and policies to provide clear guidelines for women, law enforcement and healthcare providers
- Decriminalize abortion
- Create an independent appeals mechanism to allow women to access the justice system

Provider Recommendations

- Authorize and train mid-level providers to provide abortions
- Implement guidelines and regulations for conscientious objection, including duty to refer
- Discipline providers who are abusive or neglectful in the provision of services
- Publicize treatment regimen for medical abortion

Facility Recommendations

- Improve abortion and post-abortion care at hospitals and clinics
- Eliminate unnecessary and restrictive hospital policies
- Accredit small hospitals and rural clinics to provide abortions

Commodity Recommendations

- Ensure authorization and accessibility of mifepristone and misoprostol
- Increase accessibility of contraception (provide wide range of free or affordable contraceptives)

Procedural Recommendations

- Remove arbitrary requirements for waiting periods, counselling and third-party authorization
- Remove restrictions on where abortions can be performed and who can perform abortions
- Extend gestation limits

Economic Recommendations

- Provide free or affordable family planning and abortion services
- Provide equitable access to all methods of abortion services (surgical and medical)

Information Recommendations

- Disseminate information on abortion laws and access to safe abortion to the public
- Increase data collection on abortion (both safe and unsafe)

Societal Recommendations

- Challenge existing societal norms and values about abortion through active engagement and advocacy
- Implement sensitivity training for medical providers
- Implement safe-access zones

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GENERAL

"Global Abortion Policies Database," United Nations, World Health Organization & Human Reproduction Programme (2017), Available online.

This database provides information on abortion laws and policies for 197 countries, as of 2017. It is updated at regular intervals. All information on abortion laws and policies contained in the Database, as well as the archives of questionnaires and source documents, are available for download. For an overview of the database, see this article.
Global Barriers to Access Identified in the Database Overview:

- Restrictive legal grounds for abortion
- Policies that limit the provision of abortion care to only OBGYNs working at high-level care facilities
- Conscientious objection by health-care providers
- Requirements for third-party authorization
- Unnecessary medical tests
- Mandatory counselling
- Mandatory waiting periods

WHO recommendations (from "Safe abortion: technical and policy guidance for health systems" Geneva: World Health Organization (2012), Available online):

- Implement laws and policies on abortion that protect women's health and their human rights
- Remove regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care
- Provide an enabling regulatory and policy environment to ensure that every woman who is legally eligible has ready access to safe abortion care

"Abortion Worldwide 2017: Uneven Progress and Unequal Access," Susheela Singh, Lisa Remez, Gilda Sedgh, Lorraine Kwok & Tsuyoshi Onda (2018) New York: Guttmacher Institute, 1-64, Available online.

This report provides current information on abortion and recognizes trends since 1990. It reviews the evolution of abortion laws around the world and the safety of abortion provisions in countries. The report also outlines barriers to access and impacts of unsafe abortion on women.
Global Barriers to Access Identified:

- Low awareness of liberalized laws among healthcare providers and women, especially in resource-poor countries with low literacy, and among disadvantaged women (young, single, poor, recent immigrants)
- Cost, especially in countries without national health insurance
- Stigma, especially in countries where abortion was recently legalized
- Conscientious objection, sometimes including refusal to refer women to willing providers nearby
- Outdated laws or guidelines that permit only doctors to provide abortions, or that require abortions to be provided only in certain levels of health facilities (often date from when operating-room surgical abortions were the norm)
- Services tend to be proportionately less available in the rural areas where the majority of reproductive-age women live

Recommendations for reform include:

- Stop using surgical dilation & curettage (D&C) abortion procedure, no longer recommended by WHO, but still common in former Soviet bloc.
- Shift to medical abortion, to address providers' psychological barriers to timely care, especially soon after legal reform
- Provide counseling on and provision of contraceptive options following an abortion
- Allow midlevel, public-sector health professionals to provide medical abortion, which lowers costs of personnel and clinic space and allows women to have abortions at home

"Global Abortion Laws relating to Self-Managed Abortion," Patty Skuster, Policy Surveillance Program & Ipas (June 1, 2019), Available online.

This dataset displays key features of abortion laws as they relate to self-managed abortion in 180 countries and 40 sub-national jurisdictions, all in effect as of June 1, 2019
Global Barriers to Access Identified:

- Legislation mandating who may provide an abortion
- Tests that health professionals are required to administer before an abortion
- Laws that mandate where an abortion is legally permitted to take place
- Criminal penalties imposed on individuals who participate in unlawful abortion

Unsafe Abortion and Women's Health: Change and Liberalization, Colin Francome, 1st ed (London, UK: Routledge, 2016), Available online for institutional login.

> This book raises the issue of unsafe abortion and proposes measures to reduce the number of maternal deaths. The author analyzes situations in all countries for which information is available and which have populations over 10 million. Basic facts and a discussion of contraception and abortion is provided for each country.

"Understandings of self-managed abortion as health inequity, harm reduction and social change," Joanna N Erdman, Kinga Jelinsky & Susan Yanow (2018) 26:54 Reproductive Health Matters, 13-19, Available online.

> This report explores how self-managed abortion (SMA) has transformed understandings and discourse on abortions. It specifically examines three understandings of the relationship between SMA and safe abortion: SMA as health inequality, SMA as harm reduction and SMA as social change.

AFRICA

Ethiopia

"'An uneasy compromise': strategies and dilemmas in realizing a permissive abortion law in Ethiopia," Getnet Tadele, Haldis Haukanes, Astrid Blystad & Karen Marie Moland (2019) 18 International Journal for Equity in Health 138, 1-13, Available online.

> Barriers to access:
> - Government silence & absence of publicity leading to general ignorance of the law and confusion about eligibility and access to legal abortions
> - Ambiguities in the law leading to interpretive discretion by healthcare practitioners
> - Geographical barriers - much less access in rural areas

> Recommendations for reform include:
> - Educate the public about the law
> - Promote awareness of and access to safe abortion services
> - Challenge existing norms and values in Ethiopian culture

"Playing it Safe: Legal and Clandestine Abortions Among Adolescents in Ethiopia," Elizabeth Sully, Yohannes Dibaba, Tamara Fetters, Nakeisha Blades & Akinrinola Bankole (2018) 62:6 Journal of Adolescent Health, 729-736, Available online.

> Barriers to access:
> - Access to and use of contraceptives
> - Gaps in knowledge
> - Cost concerns
> - Privacy concerns
> - Judgment from providers

> Recommendations for reform include:
> - Promote policies and programs that reach vulnerable adolescents, including less educated and married adolescents
> - Understand the processes through which adolescents' access legal services and others do not
> - Address unmet need for family planning among adolescents
> - Expand knowledge of abortion services

Ghana

"Contributing factors to unsafe abortion practices among women of reproductive age at selected district hospitals in the Ashanti region of Ghana," Confidence Alorse Atakro, Stella Boatemaa Addo, Janet Sintim Aboagye, Awube Menlah, Isabella Garti, Kwaku Gyimah Amoa-Guarteng, Theresa Sarpong, Peter Adatara, Kwasi Junior Kumah, Bernard Bediako Asare, Ami Korkor Mensah, Squiter Hans Lutterodt & George Sedinam Boni (2019) 19 BMC Women's Health 60, 1-17, Available online.

Barriers to access:

- Lack of knowledge on safe abortion services by women, healthcare personnel and counsellors
- Socio-economic conditions
- Religious and cultural taboo
- Stigma of unplanned pregnancies
- Desire to bear children after marriage
- Privacy concerns - avoiding parental disappointment

Recommendations for reform include:

- Adopt evidence-based public health education approaches to publicize the safe abortion policy of Ghana
- Concentrate on reducing maternal mortality and morbidity and harm reduction as pioneered in Uruguay
- Disseminate information on the 2003 abortion policy amendment to health professionals and health program managers.
- Provide sex education, including abortion law and contraception info, for young people through parents and in schools
- Publicize the treatment regimen for medical abortion (mife/miso dosages)
- Explore telemedicine options
- Task shift to mid-level providers such as nurses, midwives and pharmacists other than doctors only
- Promote safe abortion information telephone hotlines such as Aunty Jane in Malawi and Kenya and Ms. Rosy in Nigeria

"Predictors of Unsafe Induced Abortion among Women in Ghana," Michael Boah, Stephen Bordotsiah & Saadogrmeh Kuurdong, [2019] Journal of Pregnancy, 1-8, Available online.

Barriers to access:

- Lack of knowledge
- Lack of media exposure
- Cost of services.

Recommendations for reform include:

- Educate the public on the policy of legal abortion in Ghana
- Implement education campaigns on contraceptives

South Africa

"Safe abortion in South Africa: 'We have wonderful laws but we don't have people to implement those laws,'" Mary Favier, Jamie M.S. Greenberg & Marion Stevens (2018) 143:(Suppl 4) International Journal of Gynecology and Obstetrics, 38-44, Available online.

Barriers to access:

- Competing health priorities (e.g. HIV/AIDS)
- Conscientious objectors
- Geographic issues - abortion is not readily available in rural areas
- Lack of available information on where women can obtain an abortion
- Stigma

Recommendations for reform include:

- Continued advocacy
- Population-wide education of the Act and what it means
- Stricter guidelines relating to conscientious objection.

"Briefing: Barriers to Safe and Legal Abortion in South Africa," (2017) London, UK: Amnesty International, 1-16, Available online.

Barriers to access:

- Failure to regulate conscientious objection
- Inequalities experienced by poor and marginalized communities
- Lack of access to information on sexual and reproductive rights.

Recommendations for reform include:

- Fulfill international obligations
- Ensure implementation of relevant legislation so that abortion rights of women are respected

"Women's experiences seeking informal sector abortion services in Cape Town, South Africa: a descriptive study," Caitlin Gerdts, Sarah Raifman, Kristen Daskilewicz, Mariette Momberg, Sarah Roberts & Jane Harries (2017) 17 BMC Women's Health 95, 1-10, Available online.

Barriers to access:
- Privacy concerns
- Mistreatment at public centers
- Stigma

Recommendations for reform include:
- Address concerns in the public system to help prevent self-induced and unsafe abortion

"Abortion in a Progressive Legal Environment: The Need for Vigilance in Protecting and Promoting Access to Safe Abortion Services in South Africa," Karen A Trueman & Makgoale Magwentshu (2013) 103:3 American Journal of Public Health, 397-99, Available online.

Barriers to access:
- Conscientious objection
- Lack of policy guidance on abortion
- Burden of service-delivery on health facilities
- Community based stigma
- Unmet contraceptive needs
- Socio-economic status

Recommendations for reform include:
- Increase training for medical professionals so that service providers are not burned out
- Advocate for full implementation of the law

Uganda

"Uganda Country Report: Needs Assessment on Safe Abortion Advocacy," by Jenipher Twebaze Musoke & Bianca Tolboom (2019) Uganda Obstetrical and Gynaecological Society (AOGU) & International Federation of Gynaecology and Obstetrics (FIGO), 1-38, Available online.

Barriers to access:
- Cultural and religious beliefs
- Lack of a supportive policy for abortion

Recommendations for reform include:
- Advocate for a policy that allows health care professionals to provide safe abortion care without fear of legal implications

"Fact Sheet: Abortion and Postabortion Care in Uganda," (2017) New York: Guttmacher Institute, Center for Health, Human Rights and Development (CEHURD) & Makerere University School of Public Health, 1-2, Available online.

Barriers to access:
- Inconsistent interpretation of abortion laws by law enforcement and the judicial system
- Unmet contraceptive needs

Recommendations for reform include:
- Provide free or affordable family planning services
- Expand and improve postabortion care services and facilities
- Clarify abortion laws and policies

"Facing Uganda's Law on Abortion: Experiences from Women & Service Providers," (2016) Center for Reproductive Rights & Center for Health, Human Rights and Development (CEHURD), 1-36, Available online.

Barriers to Access:
- Criminalization of "unintended termination of a pregnancy"
- Complex and confusing laws
- Lack of information on access to safe abortion services and contraceptives
- Stigma, myths, misconceptions and stereotypes
- Cost
- Limited range of available contraceptives
- Conflicting policies and laws - legal defense for abortion only excuses "surgical operations" while policies permit medical abortion
- Conscientious objection
- Lack of facilities, training & staff

Recommendations for reform include:

- Amend laws to clarify in which circumstances women have access to legal abortion
- Expand legal indications for abortion to comply with the Ugandan Constitution and human rights obligations and to reflect the experience of women
- Distribute information through awareness-raising campaigns to address misperceptions and lack of information
- Interpret laws consistently and clearly in accordance with the Constitution and human rights obligations
- Sufficiently train law enforcement agencies on abortion law, human rights obligations and appropriate investigative and interrogatory practices

"The Stakes are High: The Tragic Impact of Unsafe Abortion and Inadequate Access to Contraception in Uganda," (2013) Center for Reproductive Rights, The International Women's Human Rights Clinic & The O'Neil Institute for National and Global Health Law, 1-39, Available online.

Barriers to access:

- Stigma
- Fear of persecution and imprisonment
- Lack of knowledge of the relevant laws among women and healthcare providers

Recommendations for reform include:

- Address stigma surrounding abortion
- Publicize exceptions to criminalized abortion, so that the public, healthcare providers and law enforcement officials are aware of the state of the law
- Provide sensitivity training to medical staff.

Zambia

"Conscientious objection to abortion: Zambian healthcare practitioners' beliefs and practices," Emily Freeman & Ernestia Coast (2019) 221 *Social Science & Medicine* 106-14., Available online.

Barriers to access:

- Unregulated conscientious objection leading to difficulty tracking referrals and abortion services
- Limited data on rates and prevalence of conscientious objection in the nation

"Shaping the abortion policy – competing discourses on the Zambian termination of pregnancy act," Marte ES Haaland, Haldis Haukanes, Joseph Mumba Zulu, Karen Marie Moland, Charles Michelo, Margarate Nzala Munakampe & Astrid Blystad (2019) 18 International Journal for Equity in Health 20, 1-11, Available online.

Barriers to access:

- Procedural obstacles – signatures of three doctors required and abortion only in registered hospitals (reduced to 1 doctor approval in some settings in 2017 guidelines, but guidelines not disseminated to healthcare system)
- Ongoing shortage of doctors (less than 1 doctor per 10,000 inhabitants in 2016)
- Lack of knowledge about how to access legal abortion
- Conscientious objection
- Doctor approval required for mid-level providers (midwives, nurses or clinical officers) to perform abortions
- Lack of data on both legal and illegal abortions
- Ambiguous laws leaving room for interpretation

"Zambia Country Report: Needs Assessment on Safe Abortion Advocacy," Nana Zulu & Irene de Vries (2018) International Federation of Gynaecology and Obstetrics (FIGO).

Barriers to access:

- Procedural requirements
- Lack of knowledge surrounding legal abortion
- Financial cost of procuring an abortion
- Religious and social stigma
- Strong anti-choice movement within Zambia

Recommendations for reform include:

- Strengthen advocacy on safe abortion within the healthcare sector
- Create awareness within the public on the law of abortion and on the consequences of unsafe abortion

ASIA PACIFIC

Australia

South Australia: "Abortion: A Review of South Australian Law and Practice," John Williams, David Plater, Anita Brunacci, Sarah Kapadia & Melissa Oxlad (2019) South Australian Law Reform Institute, Adelaide, 1-554, Available online.

Barriers to access:

- Residency requirement of two months
- Third party authorization requirement
- Distance to prescribed hospitals as the only venue where abortions can be completed
- Availability of staff
- Conscientious objection and no duty to refer
- Abortion provision limited to doctors
- Facility barriers
- Doctor's lack of knowledge on legal abortion
- Lack of safe access zones.

Recommendations for reform include:

- 29 reforms listed in report varying from how abortion should be conceptually dealt with, to specific legislative provisions allowing abortion, regulation of conscientious objection, data collection and safe access zones
- Remove residency requirement
- Implement culturally sensitive procedures
- remove the prescribed hospital limit
- Expand the list of practitioners who can take part in abortion procedures
- Implement legislative limits on conscientious objection
- Implement safe access zones
- Ensure privacy in data collection
- Ensure information is up to date and readily accessible to women and providers

Queensland: Australia, Queensland, Law Reform Commission, *Review of Termination of Pregnancy Laws* (Report No 76) (State of Queensland, Law Reform Commission, 2018), 1-324. Available online.

Barriers to access under the old penal based law:

- Abortion not available on request
- Procedural hoops required to obtain a legal abortion
- Lack of choice of method
- Gestational limits
- Approved medical facilities not readily available in rural areas
- Threat of criminal sanction
- Conscientious objection and lack of regulatory framework concerning it
- Travel for Aboriginal communities

Recommendations for reform included in the New Act:

- Expand abortion on request up to 22 weeks, post 22 weeks with approval by two medical practitioners with legislative guidance on the factors they must consider
- Increase who may assist in the abortion procedure to include nurses, midwives and pharmacists
- Remove the criminal code provision
- Duty to refer in cases of conscientious objection; practitioner cannot conscientiously object in an emergency
- Implement safe access zones.

Australian Capital Territory, Victoria, Tasmania and Northern Territory: "Decriminalization and Women's Access to Abortion in Australia," Barbara Baird (2017) 19:1 Health and Human Rights Journal, 197-208. Available online.

Barriers to access:

- Lack of legal clarity on abortion once decriminalization occurs leading to lack of understanding.

Northern Territory: Australia, Northern Territory, Department of Health, *Termination of Pregnancy Law Reform; Improving access by Northern Territory women to safe termination of pregnancy services* (Northern Territory Government. Women's Health Strategy Unit, Department of Health, 2016), 1-15, Available online.

Barriers to access:
- Current definition of termination of pregnancy does not account for medical abortion
- Lack of available medical practitioners to assist with abortions
- Requirement that procedures have to take place in hospitals creating distance, travel and cost barriers
- Conscientious objection

Recommendations for reform include:
- Repeal Section 11 of the *Medical Services Act* and enact termination of pregnancy legislation with a broad definition of termination of pregnancy, allowing abortion to take place from 1-23 weeks when requirements are met (informed consent, information and counseling provided on current choices and future contraceptive options)
- Consider the woman's current and future circumstances
- Limit requirement to one medical practitioner involved for abortions up to 14 weeks, and two between 14-23 weeks
- Increase use of medical abortion
- Implement legislative guidance on conscientious objection
- Provide safe access zones

Victoria: Australia, Victoria, Law Reform Commission, *Law of Abortion: Final Report* (Report No 15) (Victorian Law Reform Commission, 2008), 1-196. Available online.

Barriers to access:
- Procedural barriers within the law including counselling and cooling off periods

Recommendations for reform include:
- Remove information, counselling and cooling off periods
- Remove restrictions on where abortions can be performed
- Require mandatory reporting of abortions and outcomes by both public and private providers

Western Australia: Australia, Western Australia, Department of Health, *Report to the Minister for Health on the Review of Provisions of* The Health Act 1911 *and* The Criminal Code *Relating to Abortion as Introduced by the* Acts Amendment (Abortion) Act 1998 (Department of Health of Western Australia, 2002), 1-71. Available online.

Barriers to access:
- Intimidation from protestors at abortion facilities
- Provider refusal to give information on abortion services for personal, moral or religious reasons
- Refusal to refer patients seeking abortion

Recommendations for reform include:
- Review effectiveness of information provided to medical practitioners
- Monitor medical practitioners' knowledge of legal requirements for informed consent
- Consider implementing specially trained Advanced Practice Nurses for medical risk counselling
- Produce evidence-based guidelines concerning medical risks of abortion
- Investigate, strategize and address gaps in availability of counselling/support services
- Conduct audit addressing quality of care for women requiring an abortion

Australia. See: Chapter 4 (Abortion) in Australia, Royal Commission on Human Rights, *Royal Commission on Human Relationships: Final Report*, Volume 3, Part IV, Sexuality and fertility (Canberra: Australian Government Publishing Service, 1977), (Commissioners: Elizabeth Evatt, Felix Arnott and Anne Deveson), 134-220, Available online.

Fiji

Republic of Fiji, Ministry of Health and Medical Services, *Family Planning and Reproductive Health Commodities Needs Assessment* (Ministry of Health and Medical Services, UNFPA Pacific Sub-Regional Office, 2014), 1-66, Available online.

Barriers to access:
- Weak health system
- Weak coordination within the health system
- Inadequate human and financial resources
- Outdated existing policies which obstruct program implementation

Recommendations for reform include:
- Family planning, to prevent abortion

Indonesia

"Compounding Trauma: Indonesia's Abortion Law," Aisyah Llewellyn, *The Diplomat* (August 14, 2018), Available online.

Barriers to access:
- Abortion for pregnancies due to rape must be within 40 days (6 weeks) gestation even though sexual abuse of children is common, and parents of raped girls cannot detect pregnancy till 10-12 weeks
- Lack of sex education, so raped girls unaware of pregnancy until outside of gestational period
- Religious stigma
- Conscientious objection
- Dissuasive counselling by health professionals
- Uninterested, predominantly male politicians

Recommendations for reform include**:**
- Extend gestation limits for rape
- Provide sex education
- Publicize abortion law
- Liberalize abortion law

"Indonesia girl jailed for abortion after being raped by brother: 15-year-old sentenced to six months for terminating pregnancy after six-week limit," *The Guardian* (July 21, 2018), Available online.

Barriers to access**:**
- restrictive abortion laws include 40-day gestational limit for abortion after rape

"In Brief: Abortion in Indonesia" (2008) New York: Guttmacher Institute, 2008 Series, No 2, 1-6, Available online.

Barriers to access:
- Unmet need for contraception
- Physical access to clinics in rural areas
- Cost of legal abortion by licensed professionals compared to traditional methods by traditional providers
- Religious views on abortion
- Lack of research on incidence of abortion

Recommendations for reform include:
- Increase contraceptive services to include full range of methods, education on use and counselling for women
- Increase research on abortion, maternal morbidity/mortality, women's experiences and cost of abortion
- Identify steps needed to end the stall in family planning uptake, reduce the unmet need for contraception and promote investment in family planning services
- Educate young men and women on reproductive health and sexuality
- Increase training for providers on safe and aseptic abortion practices
- Ensure availability of equipment and supplies
- Promote medical abortion and vacuum aspiration
- Expand abortion law to include other legal abortion conditions
- Increase accessibility of post-abortion care
- Increase medical school training for abortion
- Ensure all facilities have access to assistance and equipment

New Zealand

New Zealand, Ministry of Justice, *Report of the Abortion Supervisory Committee* (Ministry of Justice, Abortion Supervisory Committee, 2019), 1-31, Available online.

> Report identifies ideas for abortion law reform, areas for research and statistical data and analysis related to abortions that took place within the previous year. The 2019 Report was the last by the Abortion Supervisory Committee (ASC) because in 2020 new legislation transferred the oversight and monitoring of abortion services from the Ministry of Justice to the Ministry of Health disestablishing the ASC.

"Sociodemographic factors associated with attitudes towards abortion in New Zealand," Yanshu Huang, Danny Osborne & Chris G Sibley (2019) 132:1497 New Zealand Medical Journal, 9-20, Abstract available online.

> Barriers to access:
> - Time delays between seeking and receiving an abortion
> - Geographical barriers – abortion services often unavailable in a given region, resulting in lengthy travel to another region
> - Numerous consultations before a woman can successfully obtain an abortion
> - Legislative restrictions [reformed as of 2020]
> - Stigma

> Recommendations for reform include:
> - Legislative reform [reformed as of 2020]

New Zealand, Law Commission, *Alternative Approaches to Abortion Law: Ministerial Briefing Paper* (New Zealand Law Commission, 2018), 1-243, Available online.

> Barriers to access:
> - Time-consuming procedural hoops including requirements of two clarifying consultants, abortion only performed at licensed institutions, abortion only performed by a doctor
> - Lack of culturally appropriate services for Māori
> - No strict guidelines for duty to refer

> Recommendations for reform included:
> - Treat abortion as a health issue instead of a criminal issue
> - Adopt a new model for abortion legislation - report identified three possible models:
>   - Model A: no restrictions on when an abortion could be performed – the decision would be made by a woman in consultation with her health practitioner
>   - Model B: contains a statutory test modeled in health legislation such that the health practitioner would need to reasonably believe that abortion is appropriate in the circumstances having regard to the woman's physical and mental health and well-being
>   - Model C: hybrid approach that has no restrictions for abortions up to 22 weeks; beyond 22 weeks' gestation, the statutory test would need to be met [Model C adopted in New Zealand as of 2020]

"The fragility of de facto abortion on demand in New Zealand Aotearoa," Alison McCulloch & Ann Weatherall (2017) 27:2 Feminism & Psychology, 92-100, Available for institutional login.

> Barriers to access:
> - Fear of the criminal system
> - Stigma

> Recommendations for reform include:
> - Cast abortion in a medical light so it is destigmatized and viewed as a routine part of sexual and reproductive health

New Zealand, Abortion Supervisory Committee, *Report of the Abortion Supervisory Committee for 1998* (Wellington: Abortion Supervisory Committee, 1998).

New Zealand, Royal Commission of Inquiry, *Contraception, Sterilisation and Abortion in New Zealand*: *Report of the Royal Commission of Inquiry* (Wellington, New Zealand: Government Printer, 1977), (Chair: McMullin).

CARIBBEAN

Barbados

"Capturing the Moment: The Barbados Experience of Abortion Law Reform – An Interview with Dame Billie Miller" Dame Billie Miller & Nicole Parris (2012) 61:3 Social and Economic Studies, 39-58, Available online.

Barriers to access:
- Societal ambivalence and political tentativeness
- Difficulty garnering political support for controversial issues, including abortion
- Lack of education on family planning

Recommendations for reform include:
- Implement inclusive & age-appropriate family life education for both women and men, especially at the school level
- Focus on abstinence in sexual education

Barbados, National Committee on the Law of Abortion, *Report of the National Committee on the Law of Abortion*, (Bridgetown: Barbados, 1975).

"Perspectives on Abortion Law Reform in Barbados," William C Gilmore (1979) 8:3 Anglo-American Law Review, 191-209, Available for institutional login.

Guyana

"Guyana: Midwives, nurses & pharmacists can provide abortion pill," Rebecca Cook (10 March 2016) Available online (Reprohealthlaw blog).

Barrier to access:
- Unclear legislation

Legal Reform:
- Mid-level providers allowed to provide medical abortion within 8 weeks' gestation

"Reproductive Rights and Citizenship: Understanding the State's Inability to Implement the Abortion Laws of Guyana," Tivia Collins (2016) 41:2/3 Journal of Eastern Caribbean Studies, 139-65. Available online.

Barriers to access:
- Socio-economic status
- Rural status
- Failure to report data on abortion and abortion complications
- Mandatory counselling
- Mandatory waiting periods
- Intrusive interviews
- Social and cultural norms relating to the proper role of women as caregivers and mothers in the home

Recommendations for reform include:
- Include feminist discourses to help address socio-religious norms that seek to control women's bodies
- Increase access to abortion in public hospitals
- Train more health professionals in abortion procedures
- Keep up to date records on doctors that perform abortion.

"Legal but Inaccessible: Abortion in Guyana," Fred Nunes (2012) 61:3 Social and Economic Studies, 59-94. Available online.

Barriers to access:
- Lack of governmental leadership in implementing abortion law
- Conscientious objection
- Lack of staff, capacity, electricity, water, transportation, equipment and drugs
- Stigma and religious values and lack of programs to combat health worker's personal biases [. . .]

- Lack of political will or capacity to hold Government accountable
- Unclear legislation and lack of guidelines for hospitals/clinics and women on rights/obligations
- Lack of data on terminations making trends impossible to track
- Misoprostol available for women at pharmacies but lack of protocol for how to use it leading to incomplete abortions
- Women's reproductive health not seen as a priority by a male-dominated Ministry
- Requirement that terminations after 8 weeks must be completed in an approved institution
- Lack of counsellors
- Contraception seen as a female burden (vasectomies not promoted)
- Financial burden for poor women as most abortions performed at private institutions
- Mid-level providers (nurses & mid-wives) not trained to perform abortions

Recommendations for reform include:

- Create allies and partnership among various service areas and providers
- Create administrative and technical supports for new institutions
- Train midwives and nurses to provide abortion services (divest from strictly doctors providing services)
- Increase data collection by hospitals and clinics
- Shift from surgical abortion to manual vacuum aspiration (MVA) and medical abortion
- Shift from hospitals to clinics
- Persist in working with the media to disseminate abortion information to the public and ensure women know their rights

Trinidad and Tobago

"The Case of Unsafe Abortion in Trinidad and Tobago: An NGO Perspective" Glennis Hyacenth & Crystal Brizan (2012) 61:3 Social and Economic Studies, 167-186, Available for institutional login.

Barriers to access:

- Criminalization of abortion
- Artificially high fees for termination of pregnancy
- Lack of or ambiguous policies and guidance creating confusion on the scope of lawful abortions for medical practitioners and women
- Intimidating power of religious institutions
- Lack of knowledge about how the law is administered in practice
- Underreporting of abortions in public health institutions
- Limited access to effective contraception

Recommendations for reform include:

- Clarify guidelines and protocols for abortion in hospital with the participation of the medical community
- Liberalize the current abortion law
- Implement quality, comprehensive sexuality education (CSE) and Health and Family Life Education (HFLE)
- Promote and provide access to contraceptive methods
- Increase data collection and statistics, including an updated Demographic and Health Survey (DHS)
- Increase availability of comprehensive sexual and reproductive health care

"Knowledge and Perception of Abortion and the Abortion Law in Trinidad and Tobago" Cedriann J Martin, Glennis Hyacenth & Lynette Seebaran Suite (2007) 15:29 Reproductive Health Matters, 97–107, Available online.

Barriers to access:

- Unsubstantiated impression that Trinidadians are opposed to abortion law reform
- Ambiguous law leading to conscientious objection
- Financial barriers for poor women who cannot access private clinics
- Lack of professional advice or follow up for unsupervised medical termination using misoprostol
- Prevalence and persistence of religious petitioning
- Lack of knowledge regarding the current state of abortion law

Recommendations for reform include:

- Give public health concerns and human rights greater weight than perceived public opinion

EUROPE

Ireland

"Abortion im/mobility: spatial consequences in the Republic of Ireland," Katherine Side (2020) 124 Feminist Review, 15-34

Barriers to access:

- Mid-level providers not permitted to provide abortion (criminal sanctions for mid-level providers who do so)
- Abortion only provided in hospital after 9 weeks
- Conscientious objection not required to be disclosed to the Department of Health
- Requirement of certification by two physicians after 12 weeks
- Abortion not allowed for fetal anomalies unless the anomaly will cause death within the first 28 days of birth
- Lack of clarity within the law
- Requirement that hospitals and practitioners must "opt-in" to provide abortion
- Unequal distribution of providers across Ireland requiring domestic travel
- Mandatory, non-medically necessary waiting period
- State seizure of imported pills from recipients, seeking to keep control of self-administered medical abortion
- Lack of ability to travel outside of Ireland to access abortion care for asylum seekers and other vulnerable populations
- Remaining stigma and shame surrounding abortion

"'A hope raised and then defeated?' the continuing harms of Irish abortion law," Fiona de Londras (2020) 134 Feminist Review, 33-50, Available for institutional login.

Barriers to access:

- Lack of serious engagement with questions of constitutional rights for pregnant people
- Lack of decisional security
- Significant amounts of medical judgment about whether someone "qualifies" for lawful abortion care or not included in act
- Act does not conceptualize women as rights-bearers
- Strict gestational limits and lack of a remedy where a person is denied abortion care (even if at the time of request, she was "qualified" under the act)
- Mandatory waiting period of three days

"Working in the shadows, under the spotlight – Reflections on lessons learnt in the Republic of Ireland after the first 18 months of more liberal Abortion Care," A Mullally, T Horgan, M Thompson, C Conlon, B Dempsey & MF Higgins (2020) Contraception, Available for institutional login.

Barriers to access:

- Geographic inequity
- Lack of standardized national referral pathways into and out of secondary care
- Counselling and mandatory waiting period

"Abortion care in Ireland: Developing legal and ethical frameworks for conscientious provision," Mary Donnelly & Claire Murray (2019) 148 International Journal of Gynaecology and Obstetrics, 127-132, Available online.

Barriers to access:

- Mandatory 3-day waiting period (especially for women who must travel long-distances to obtain abortion care and for women who seek abortions near the end of the 12-week gestational limit)
- Criminal sanctions for abortion providers
- Conscientious objection

Recommendations for reform include:

- Increase attention to the ethical context for conscientious provision
- Perceive the provision of abortion care not just as a legal/clinical issue but also as a matter of ethics and human rights
- Ensure proper training, guidance and support for providers of abortion care
- Amend 2018 Act to remove elements which are impeding the provision of care
- Ensure ongoing leadership by professional bodies

"From the Grassroots to the Oireachtas: Abortion Law Reform in the Republic of Ireland," Anna Carnegie & Rachel Roth (2019) 21:2 Health and Human Rights Journal, 109-120, Available online.

Barriers to access:

- Restrictions on abortions after the first trimester
- Mandatory waiting period
- Geographic disparity and poor public transportation
- Doctors only able to provide abortion care up to nine weeks from last menstrual period (after must refer patients to a hospital)
- Abortion law conceptualized as a criminal matter with exceptions carved out, leading to stigma
- Vague language within the laws
- The language of the new law personifies fetus's and stigmatizes the medical care

Netherlands

"Abortion Legislation and the Future of the 'Counseling Model'" Sjef Gevers (2006) 13:1 European Journal of Health Law, 27-40, Available for institutional login.

Barriers to access:

- Mandatory waiting period
- Overregulated counselling process

Recommendations for reform **of the counselling model** include:

- Amend law so that it does not mandate an explicit discussion of alternatives but rather obliges the physician to determine that there are no other viable alternatives for the woman
- Improve counseling process
- Carry out more extensive research on how counseling takes place and on best ways to improve it
- Further develop protocols
- Implement measures to enhance the competence of the professionals involved
- Consider measures to improve quality of counselling at short notice, including referral to psychosocial experts in the more complex cases
- Limit legislation to general rather than specific provisions, such as requiring careful decision making on the side of the woman and requiring the professionals involved that they see to it that the woman's request is discussed with her to the extent that her final decision is well considered
- Implement a variable, rather than mandatory, waiting period

Evaluatie van de Wet afbreking zwangerschap [Evaluation of the Termination of Pregnancy Act], MRM Visser, AJGM Janssen, M Enschedé, AFMN Willems, ThAM te Braake, K Harmsen, EMA Smets, JCJM de Haes, JKM Gevers (2005) ZonMw, The Hague, 1-318, Available online in Dutch.

Barriers to access:

- Separate permission for abortion required after 12th week
- Fixed deliberation period
- "Information about alternatives to abortion" does not always explicitly take place, unclear law
- Insufficient training of medical professionals
- Knowledge of abortion law and compliance could be improved, especially in hospitals
- Medical abortion restricted to licensed institutions, even though pills available on internet

Recommendations for reform include:

- Remove the waiting period for deliberation
- Train mid-level medical professionals in abortion measures
- Task shift to other trained medical professionals
- Clarify what the law means when it requires counselling
- Undertake more research on psychological effect long-term of decisions to abort
- Implement more consistent standards and practices for consent of minors?
- Improve knowledge of legal abortion and compliance, especially in hospitals

Poland

European Parliament, Policy Department for Citizens' Rights and Constitutional Affairs, *Sexual and reproductive health rights and the implication of conscientious objection* (European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs, 2018), 1-128, Available online.

Barriers to access:
- Restrictive anti-abortion laws
- Poorly regulated conscientious objection clause
- Discrimination, prejudice and socioeconomic disadvantage
- Geographic disparity
- Lack of data on provision of services
- No duty to refer
- Lack of information and data on the use of conscientious objection by medical practitioners
- Strong religious background and culture
- Anti-abortion agenda integrated into school curriculum, contributing to the stigma of abortion

Recommendations for reform include:
- Conduct comprehensive research at national level to assess the provision of services
- Ensure access to affordable, quality and equal treatment
- Ensure effective referrals and sufficient non-objector service providers to meet necessary demands

"Supplemental Information on Poland for the Periodic Review by the Human Rights Committee at its 118th Session (17 October 2016-4 November 2016)," Center for Reproductive Rights, Centrum Praw Kobiet, Federation for Women and Family Planning, Foundation Feminoteka, Foundation Pro Diversity, Foundaton Trans-Fuzja, Fundacja im. Izabeli Jarugi – Nowackiej, Fundacja TUS, Fundacja Wolontariat Równości, Fundację na rzecz Równości i Emancypacji STER, KARAT Coalition, Kongres Kobiet, Obserwatorium Równości Plci Instytutu Spraw Publicznych, Polskie Towarzystwo Prawa Antydyskryminacyjnegi, Queer at the University of Warsaw & Stowarzyszenia Miłość Nie Wyklucze (2016), 1-9, Available Online.

Barriers to access:
- Punitive and stigmatizing environment
- Lack of guidelines on abortion
- Lack of regulation of conscience-based refusal
- Hospital procedures and authorizations that are stricter than the law
- Requirement of prosecutorial sign-off on sexual assault to justify an abortion resulting from crime

Recommendations for reform include:
- Adopt new guidelines and legislation that promotes access to abortion
- Ensure all hospitals have doctors that will perform abortions
- Minimize delay in access to abortion
- Ensure adequate reporting and monitoring of conscience-based refusals.

"Reproductive Rights in Poland: The Effects of the Anti-Abortion Law - Report 2008," Wanda Nowicka (2008) Federation for Women and Family Planning, 1-100, Available online.

Barriers to access:
- Restrictive laws and policies
- More restrictive/traditional laws advocated for by politicians
- Lack of sensitivity to women's positions
- Medical Code of Ethics is not explicit in the case of conflict between the rights of the woman and the rights of the fetus and thus the priority is often given to the fetus
- Parental consent required for minors for contraception and abortion
- Requirement that abortion must be carried out in hospital
- Time limit of 12 weeks in cases of "criminal activity"
- Two doctors are required to give consent to the procedure
- Criminal punishments for abortion
- Conscientious objection

- Lack of knowledge of the conditions permitting termination of pregnancy and no attempts made by government to clarify these conditions
- Letter from public prosecutor required in cases of criminal activity
- Lack of research on the scale of underground abortions
- Cost of procedures
- Social stigma
- Limited sexual health education

Recommendations for reform include:

- Liberalized law
- Expand sexual health education
- Enforce duty to refer in cases of conscientious objection
- Oblige with international agreements for women's rights
- Clarify laws

"Clear and Compelling Evidence: The Polish Tribunal on Abortion Rights," Françoise Girard & Wanda Nowicka (2002) 10:19 Reproductive Health Matters, 22-30, Available online.

Barriers to access:

- Abortions must be performed by an OBGYN in a hospital
- Written consent of the woman/legal guardian required
- Criminal sanctions for people who assist a woman in obtaining an abortion
- Lack of state subsidies for most contraceptives
- High cost of illegal abortions
- Restrictive laws and more restrictive regulations
- Lack of knowledge of the content of the law by health providers and the public
- In "criminal act" abortions, criminality must be confirmed by a public prosecutor
- 12 weeks gestational limit on "criminal act" abortions
- Stigma towards doctors for performing legal abortions
- Disregard for the provisions of the Act and ethical and professional obligations to women by physicians
- Blanket refusal by hospitals to perform any abortion or creation of additional arbitrary requirements
- Lack of regulation on duty to refer
- Elimination of sexual education from school curriculum

Recommendations for reform include:

- Liberalize abortion law and practice
- Ensure medical practitioners and other health professionals meet ethical codes of conduct and abstain from imposing discriminatory practices relating to women's health status and needs

"The Effects of the Anti-Abortion Law (Report No. 2, 1996)" (1996) The Federation for Women and Family Planning.

Barriers to access:

- Absence of dispute resolution mechanisms
- Failure to regulate conscientious objection
- Failure to refer
- Community norms and attitudes
- Fear of prosecution.

"The Consequences of the Anti-Abortion Law (Report No. 1, 1994)" (1994) The Federation for Women and Family Planning.

Spain

"Obstacles and resistance: Barriers to achieve normalized, complete and equitable access to safe abortion within the Spanish Health System," Carolina Rivas Barrera (PowerPoint Presentation delivered at the All United for the Right to Abortion International Conference, June 21-22, 2018), Asociación de Clínicas Acreditadas para la Interrupción del Embarazo (ACAI), Available online.

Barriers to access:

- Lack of training for abortion in the public sector (especially for surgical abortion)
- Lack of regulation of conscientious objection leading to few providers

- Lack of qualified and motivated staff in the public sector, so abortions are outsourced to private clinics
- Anti-choice harassment at clinics, through political inspections and legal complaints against clinics
- Differing health regulations and public opinion depending on geographic area
- Parental consent required for women under 18

"La Interrupción de la Gestación: Un derecho sexual y reproductivo básico [Interruption of Pregnancy: A basic sexual and reproductive right]" (2008) Asociación de Clínicas Acreditadas para la Interrupción del Embarazo (ACAI) [The Association of Clinics Authorized for Interruption of Pregnancy (ACAI)], 1-59, Available online in Spanish.

Barriers to access:
- Spanish "anti-choice" movement supported by some politicians, judges and the media
- Legislative conditions and the omission of a clear definition of "health" in the law

Recommendations for reform include:
- Clarify the law in terms that do not question the basic health benefit of abortion
- Ensure provider's safety from prosecution
- Increase sexual health education
- Increase access to birth control
- Promote political prioritization of social consensus on abortion

United Kingdom

"The Decriminalisation of Abortion: An Argument for Modernisation" Sally Sheldon (2016) 36:2 Oxford Journal of Legal Studies, 334-65, Available online.

Barriers to access:
- Archaic legal framework in need of reform
- Arbitrary requirement for two doctors' authorization
- Legal requirements that abortions should be performed only by a doctor on approved premises
- Stigma, exacerbated by the current abortion law
- Reluctance of politicians to confront the issue of abortion (stagnation in statutory reform)

Recommendations for reform include:
- Decriminalize abortion
- Update laws in line with current medical practice and modern moral values

Health Select Committee's Third Report of Session 2002-03 on Sexual Health (2003) Secretary of State for Health by Command of Her Majesty, 1-120.

Barriers to access:
- Inadequate provision of NHS services
- Women must be referred to an OBGYN unit in a hospital
- Lengthy waiting periods
- Availability of medical abortion
- Doctors who specialize in sexual and reproductive health are required to follow specialist course in general OBGYN
- Overly bureaucratic procedure

Recommendations:
- According to the Sexual Health Strategy Implementation Plan, develop abortion services to provide:
  - a central booking service allowing direct access to series
  - termination within three weeks
  - a choice of methods
  - counselling
  - prevention of infection strategy
  - contraceptive provision
  - follow-up
- Reform services to facilitate self-referral and early abortions
- Allow non-medical health professionals to have a role in abortion provision
- Allow more freedom in where abortions may be carried out

United Kingdom, Report of the Committee on the Working of the Abortion Act (the Lane Report). Three volumes. (London: Secretary of the State for Social Services, 1974) (Chair: Justice Elizabeth Lane).

(Lane Report) described in: "'A Fifth Freedom' or 'Hideous Atheistic Expediency'? The Medical Community and Abortion Law Reform in Scotland, *c*. 1960-1975," Gayle Davis & Roger Davidson (2006) 50 *Medical History* 29-48, Available online.

Barriers to access in Scotland identified in the Lane Report:
- Dichotomy of medical opinion
- Impression that gynecological resources are dominated by abortion work
- Geographical variations in the interpretation of the act
- Space, resources and personnel
- Lack of leadership on this issue from policy makers
- Medical professional's personal interpretation of the policy

Recommendations for Reform included in the Lane Report:
- Regulate abortion in the private sector
- Improve counselling of patients
- Prevent pregnancy and abortion through education and contraception
- Lower the upper limit for termination from 28 weeks to 24

"The Lane Committee Report on the Abortion Act" by J. Temkin (1974) 37(6) *Modern Law Review* 657-663.

Ministry of Health, Home Office. Report of the Inter-Departmental Committee on Abortion (London, UK 1939) (Chair: Norman Birkett).

LATIN AMERICA

Argentina

"Challenges and opportunities for access to legal and safe abortion in Latin America based on the scenarios in Brazil, Argentina, and Uruguay," Beatriz Galli (2020) 36:(Suppl 1) Cadernos de Saúde Pública, 1-5, Available online.

Barriers to access:
- Restrictive laws, criminalization of women seeking abortion services
- Conscientious objection and outright denial to provide legal abortion services
- Lack of available services in sufficient number
- Persistent social stigma

Recommendations for reform include:
- Revise restrictive criminal laws that disproportionally affect the right to life and health for vulnerable groups of women
- Perform more studies to develop technical and scientific arguments to deepen the debate with moral and religious rhetoric

"Illusions of care: lack of accountability for reproductive rights in Argentina," (2010) New York: Human Rights Watch, 1-57, Available online.

Barriers to access:
- Access to contraceptives
- Conscientious objection/refusal to perform abortion
- Inaccurate, incomplete or entirely absent information
- Economic restraints
- Stigmatization of abortion
- Disparity between laws/policies and practices because of a lack of implementation and accountability
- Lack of data on abortion
- Lack of an independent complaint mechanisms so women may only resort to the criminal law system
- Discriminatory restrictions with arbitrary criteria
- Ambiguous legal framework causing confusion among providers
- Unnecessary procedural delays
- Hostile service providers

Recommendations for reform include:
To the President of the Republic of Argentina:

- Publicly endorse the National Program on Sexual Health and Responsible Procreation, and advocate for adequate financial support for this program within the government's budget
- Publicly support the right to immediate, unhindered access to safe abortion services where abortion is not criminalized and urge provincial governments to take immediate steps to guarantee this right

To the National Health Ministry:

- Adopt a resolution incorporating the Technical Guide for Comprehensive Legal Abortion Services into the standards of care, and distribute it to all public hospitals and health centers in Argentina
- Ensure training of all hospital directors with regard to the content of relevant laws, regulations and guidelines
- Gather data and information on the proper functioning of the National Program on Sexual Health and Responsible Procreation
- Analyze and publish this data in an annual public report on the implementation of the program
- Identify gaps and failures in the implementation of the program
    - Where due to individual neglect, proactively carry out administrative investigations and sanction health personnel who do not follow guidelines, laws or regulations
    - Where due to systemic neglect, devise and implement systemic solutions to overcome them
- Ensure that all health professionals know, understand and implement the guidelines to access to contraceptives
- Develop and implement regulations that enable women with disabilities to enjoy their reproductive rights
- File criminal charges against public officials who are criminally negligent in discharging their functions as related to reproductive health

To the Syndicate-General of the Nation:

- Examine the functioning of the National Program on Sexual Health and Responsible Procreation, and publish a comprehensive report
- Develop impact indicators to monitor the fulfillment of the result objectives of the National Program on Sexual Health and Responsible Procreation

To Congress:

- Examine the implementation of the National Law on Sexual Health and Responsible Procreation and take immediate and effective steps to overcome any shortcomings this review identifies
- Require the health minister to report annually on the functioning and effectiveness of the National Program on Sexual Health and Responsible Procreation
- Repeal penal code provisions that criminalize abortion

"Decisions Denied: Women's Access to Contraceptives and Abortion in Argentina" (2005) New York: Human Rights Watch, 1-87, Available online in English and in Spanish.

Barriers to access:

- Failure to implement existing abortion law
- Lack of guidelines or regulations to ensure women's access to legal abortion
- Lack of medical accountability
- Fear of criminal prosecution or of being reported to authorities/being imprisoned

Recommendations for reform include:

- Protect women's human rights to health, life, non-discrimination, privacy, physical integrity, information, liberty, freedom of religion and conscience, equal enjoyment of rights, equal protection under the law, and the right to make decisions about the number and spacing of children
- Undertake longer-term legal and policy reforms to legalize abortion and eradicate violence against women
- Ensure women's access to complete, accurate, and timely information about contraceptives
- Ensure women's access to a full range of contraceptives—including sterilization
- Guarantee access to voluntary safe abortion where the penal code waives the punishment
- Ensure access to humane post-abortion care

"Aborto en el Concurbano de Buenos Aires: opiniones, evidencias e interrogantes [Abortion in the Conurbano of Buenos Aires: opinions, indications and inquiries]," E López & A Masautis (1994) Encuentro de investigadores sobre aborto inducido en América Latina y el Caribe (Santafé de Bogotá Universidad Externado de Colombia, 1994), 16-30, Abstract available online.

Barriers to access:

- Income of residents and cost of services

Brazil

"Challenges and opportunities for access to legal and safe abortion in Latin America based on the scenarios in Brazil, Argentina, and Uruguay," Beatriz Galli (2020) 36:(Suppl. 1) Cadernos de Saúde Pública, 1-5, Available online.

Barriers to access:

- Restrictive laws, criminalization of women seeking abortion services
- Knowledge and data on abortion services;
- Financial inequality leading to limited coverage of services, low quality of care and more exposure to institutional racism and sexism
- Systematic refusal by physicians who doubt the victim
- Legislative push to deny women's access to abortion
- Conflicting judicial and legislative views
- Lack of services in sufficient number
- Persistent social stigma

Recommendations for reform include:

- Revise restrictive criminal laws that disproportionally affect the right to life and health for more vulnerable groups of women
- Perform more studies to help develop technical and scientific arguments to deepen the debate with moral and religious rhetoric

"Unsafe abortion in Brazil: a systematic review of the scientific production, 2008-2018," Rosa Maria Soares Madeira Domingues, Sandra Costa Fonseca, Maria do Carmo Leal, Estela ML Aquino & Greice MS Menezes (2020) 36:(Suppl 1) Cadernos de Saúde Pública, 1-40, Available online.

Barriers to access:

- Socio-economic status
- Education level
- Regional inequalities
- Stigma and racism
- Under-reporting of abortion complications
- Illegality of abortion
- Access to contraception, especially for low-income and low-education level women
- Limited available methods for termination
- Delays in obstetric care
- Lack of social support
- Difficulty accessing health care services

"Understanding the sexual and reproductive health needs in Brazil's Zika-affected region: placing women at the center of the discussion," by Debora Diniz, Luciana Brito, Ilana Ambrogi, Adriano Bueno Tavares & Moazzam Ali (2019) 147:2 International Journal of Gynaecology and Obstetrics, 268-70, Available for institutional login.

Barriers to access:

- Unmet contraceptive needs
- Inability to deliver proper information to women and girls who seek family planning services
- Lack of information about sexual and reproductive health

Recommendations for reform include:

- Place women and girls at the center of the discussion in order to understand their needs

"Zika and Reproductive Rights in Brazil: Challenge to the Right to Health," by Pablo K. Valente (2017) 107:9 *American Journal of Public Health.* 1376-80, Available online.

Barriers to access:

- Competing disability rights interest
- Criminalization of abortion
- Implementation of reproductive policies/laws
- Stigma
- Speed and adequacy of services

Recommendations for reform include:

- Decriminalize abortion
- Provide women carrying fetuses with birth defects access to information about disability services and supports, access to members of the disability community and access to other resources to address the complexity of such a decision
- Ensure women have the right to make an informed choice about whether the terminate the pregnancy without external pressures or constraint
- Guarantee access to disability rights and welfare benefits

Guatemala

"Induced Abortion and Unintended Pregnancy in Guatemala," Susheela Singh, Elena Prada & Edgar Kestler (2006) 32:3 International Perspectives on Sexual and Reproductive Health, 136-45, Available online.

Barriers to access:
- Lack of contraceptive services
- Lack of knowledge about contraception and sexual and reproductive health in the school system
- Extreme poverty
- Underuse of public health facilities (people who have access to resources tend to use private facilities).

Recommendations for reform include:
- Establish a campaign on access to information and services when it comes to contraceptives and their effective use with special attention paid to groups of poor, rural and indigenous women

"Abortion and Postabortion Care in Guatemala: A Report from Health Care Professionals and Health Facilities," Elena Prada, Edgar Kestler, Caroline Sten, Lindsay Dauphinee & Lilian Ramírez (2005) New York: Guttmacher Institute, Occasional Report No 18, 1-66, Available online.

Barriers to access:
- Shortage of well-trained providers
- Widespread practice of traditional medicine
- Inadequate provider resources
- Discriminatory access to abortion for poor, rural and indigenous women

Recommendations for reform include:
- Strengthen efforts to make family planning services accessible and affordable
- Work with education authorities to improve family planning knowledge and improve post-abortion care
- Undertake further research to document women's experiences and perspectives regarding unsafe abortion, as well as clinical aspects of post-abortion care
- Improve post-abortion care

Mexico

"Women's abortion seeking behaviour under restrictive abortion laws in Mexico" Fatima Juárez, Akinrinola Bankole & Jose Luis Palma (2019) 14 PLoS ONE 12, 1-22, Available online.

Barriers to access:
- Lack of trained providers
- Lack of knowledge about where to obtain a safe abortion
- Lack of knowledge on the applicable laws.

Recommendations for reform include:
- Increase access to Misoprostol as a way to advocate for safe abortions within Mexico on a self-induced basis
- Decriminalize abortion across all of Mexico's states
- Implement harm reduction strategies such as promoting accurate information about Misoprostol and self-use of it

"Education, Place of Residence and Utilization of Legal Abortion in Mexico City, 2013-2015," Leigh Senderowicz, Patricio Sanhueza & Ana Langer (2018) 44:2 International Perspectives on Sexual and Reproductive Health, 43-50, Available for institutional login.

Barriers to access:
- Lack of resources to travel and knowledge on safe and unsafe abortion for women with lower education levels

Recommendations for reform include:
- Extend policy frameworks to allow all Mexican women to have access to safe, high quality and affordable comprehensive abortion care, regardless of where they reside within the country

"Unintended Pregnancy and Induced Abortion in Mexico: Causes and Consequences," Fatima Juárez, Susheela Singh, Isaac Maddow-Zimet & Deirdre Wulf (2013) Guttmacher Institute & El Colegio de México, 1-102, Available online.

Recommendations for reform include:

- Strengthen contraceptive services (both information and access)
- Improve post-abortion care
- Improve provision of legal abortions
- Address specific needs of vulnerable groups like adolescents
- Get men involved so they know the consequences of complications from unsafe abortion

"The Second Assault: Obstructing Access to Legal Abortion after Rape in Mexico" (2006) New York: Human Rights Watch, Volume 18, No 1, 1-94 Available online.

Barriers to access:

- (1) States with no administrative guidelines for abortion after rape:
  - Non-existing or inaccurate information on legal abortions
  - Denial that cases of unwanted pregnancy after rape exist
  - Aversion to facilitating legal abortion after rape
  - Active discouragement abortion after rape
  - No legal abortion for incest and "estupro"
  - Undue delays
  - Intimidation in the justice sector
- (2) States with administrative or legal guidelines for abortion after rape:
  - Unduly complicated procedures
  - Illegal delays
  - Lack of information or biased information
  - "Covert" provision of abortion services and continued stigmatization
  - Intimidation in the health sector
  - Need for accompaniment
- Conscientious objection by medical professionals.

Recommendations for reform include:

- Proactively investigate and discipline public officials who are abusive or neglectful in their provision of services to victims of domestic and sexual violence
- Provide guidelines on access to legal abortion in states where they do not exist
- Review guidelines to ensure their effectiveness and appropriateness
- Provide adequate and continuous training for public officials on the obligation to facilitate access to adequate information regarding legal abortion and access to abortion services.

Uruguay

"Challenges and opportunities for access to legal and safe abortion in Latin America based on the scenarios in Brazil, Argentina, and Uruguay," Beatriz Galli (2020) 36:(Suppl. 1) Cadernos de Saúde Pública, 1-5, Available online.

Barriers to access:

- Restrictive laws, criminalization of women seeking abortion services
- Procedural barriers - woman must communicate her intent to terminate her pregnancy to a health professional, then must seek pre-abortion counselling from a three-person interdisciplinary team followed by a mandatory five-day period of reflection, then must have a follow-up post-abortion meeting for contraceptive counselling
- Conscientious objection
- Lack of services in sufficient number
- Persistent social stigma

Recommendations for reform include:

- Revise restrictive criminal laws that disproportionally affect the right to life and health for vulnerable groups of women
- Perform more studies to develop technical and scientific arguments to deepen the debate with moral and religious rhetoric

"Abortion, health and gender stereotypes: a critical analysis of the Uruguayan and South African abortion laws through the lens of human rights," Lucia Berro Pizzarossa (2019) University of Groningen, PhD Thesis, 1-305, Available online.

Barriers to access:
- Mandatory waiting periods
- Mandatory counselling with at least three professionals
- Limitations in terms of methods of abortion (medical abortion the only method readily available)
- Problems related to conscientious objection
- Abortion remains a crime under Uruguayan law with exceptions
- Gestational limits
- Specific requirements for nationality or residence for at least a year

"Legal barriers to access abortion services through a human rights lens: the Uruguayan experience," Lucia Berro Pizzarossa (2018) 26:52 Reproductive Health Matters, 151-58, Available online.

Barriers to access:
- Legal framework does not comply with international standards
- Abortion remains a crime under Uruguayan law but with exceptions
- Arbitrary requirements prescribed by law
- Gestational limits
- Mandatory counselling by multiple healthcare actors
- Unregulated conscientious objection

Recommendations for Reform:
- Bring abortion law in line with global human rights standards
- Remove waiting periods
- Eliminate counselling requirements
- Appropriately regulate conscientious objection and ensuring referrals

MIDDLE EAST AND NORTH AFRICA

Israel

"Wars of the Wombs: Struggles Over Abortion Policies in Israel," Rebecca Steinfeld (2015) 20 Israel Studies 2, 1-26, Available online.

Barriers to access:
- Women can legally abortion only if they fit one of the following criteria:
  - Be under 18 or over 40
  - Be pregnant as a result of criminal, extra-marital or incestuous relations
  - Fetus is likely to have a physical or mental defect
  - Continuation of the pregnancy is likely to endanger the woman's life or cause her physical or mental harm
- Women must receive permission from a 3-person termination committee of two doctors and one social worker; including one female member
- Conflicting societal views and interests on abortion
- Religious parties who register bloc votes against attempts to liberalize the abortion law
- Demographic opposition to abortion because of the shrinking Jewish population
- American-influenced "pro-life" organizations
- Financial barriers for women aged 33-40
- Lack of reproductive autonomy

Recommendations for reform include:
- Liberalize abortion law

"Israel: Reproduction and Abortion: Law and Policy" (2012) The Law Library of Congress, U.S.A., 1-31, Available online.

Barriers to Access:
- Permission from a 3-person termination committee
- Woman must provide informed consent for interruption of her pregnancy in writing

- Conscientious and religious objection
- Cultural approaches to family and parenthood
- Pro-nationalist policies

Israel, *Report of the Committee for the Study of the Ban on Induced Abortions*, (1974) 17(4) Briyut Hatsibur (Hebrew).

Occupied Palestinian Territories

"The Unique Landscape of Abortion Law and Access in the Occupied Palestinian Territories," Sarrah Shahawy (2019) 21:2 Health and Human Rights Journal, 47-56, Available online.

Barriers to Access:

- Difficulty interpreting and applying the law in a region without a government or nation; laws and practices differ between regions
- Restrictive laws
- Negative impact of the occupation on freedom of travel (both physical and political obstacles)
- Shortage of and geographic distribution of OBGYN doctors who are mostly concentrated in the private sector
- Lack of priority for sexual and reproductive health policies and programs given the worsening political situation and humanitarian crisis
- Historically patriarchal social and legal structures
- Laws implicating and penalizing health care providers contributing to a dearth of abortion services and a lack of referrals
- Procedural barriers - doctor must consult a committee of doctors and obtain a letter from the religious court to perform an abortion; husband's permission required
- Expense of private clinics
- Loyalty of Palestinian women to their laws and customs, even where more restrictive than Israeli laws
- Distrust and doubt of Israeli doctors who perform abortions by Palestinian women

Recommendations for reform include:

- Incorporate instruction on laws and policies related to sexual and reproductive health into the curricula of educational programs
- Gain a deeper understanding of the interplay between the political and historical context of occupation and its effects on reproductive rights and choice

Turkey

"How Do Pronatalist Policies Impact Women's Access to Safe Abortion Services in Turkey?," Pinar Telli, Tomris Cesuroglu & Feride Aksu Tanik (2019) 49:4 International Journal of Health Services, 799–816, Available for institutional login.

Barriers to access:

- Political disapproval - Legal access on request within 10 weeks radically reduced since 2012 when Prime Minister Erdogan voiced disapproval and Ministry of Health introduced "Draft law on reproductive rights," which was withdrawn amid public protest. Bill was defeated, but Ministry quietly removed the relevant procedure from the online registration and payment system in public hospitals.

"Politics, policies, pronatalism, and practice: availability and accessibility of abortion and reproductive health services in Turkey," Katrina A MacFarlane, Mary Lou O'Neil, Deniz Tekdemir, Elvin Çetin, Baris Bilgen & Angel M Foster (2016) 24:48 Reproductive Health Matters, 62-70, Available online.

Barriers to access:

- Lack of knowledge of abortion and reproductive health policy changes
- Influence of the anti-abortion political climate on practices and access
- Concern about abortion documentation and familial notification
- Negative political discourse, which associates abortion with negative connotations, creating fear surrounding the topic

"Abortion in Turkey: women in rural areas and the law," Fusun Artiran Igde, Rukiye Gul, Mahir Igde & Murat Yalcin (2008) 58:550 British Journal of General Practice, 370-73, Available online.

Barriers to access:

- Abortion must be performed or supervised by an OBGYN; shortage of OBGYNs in rural areas so women cannot obtain emergency care in time
- Lack of contraception use
- Limited access to and low utilization of health services by pregnant women in Eastern Turkey and rural areas

Recommendations for reform include:

- Increase the number of service delivery sites offering abortion care
- Revise law to allow GPs, family physicians and mid-level healthcare providers to perform abortions without the supervision of an OBGYN
- Train, supervise and support GPs and mid-level healthcare providers to offer abortion-related care

"Accessibility and availability of abortion in six European countries," B Pinter, E Aubeny, G Bartfai, O Loeber, S Ozalp & A Webb (2005) 10:1 The European Journal of Contraception & Reproductive Health Care, 51-58, Available for institutional login.

Barriers to access:

- Geographic distribution of services depending on the region
- Absence of training specialists in rural health facilities

NORTH AMERICA

Canada

"When there are no abortion laws: A case study of Canada," Dorothy Shaw & Wendy V Norman (2020) 62 Best Practice & Research Clinical Obstetrics and Gynaecology, 49-62, Available online.

Barriers to access:

- Cost: Canadian healthcare coverage excludes newly arrived refugees, undocumented immigrants, visitors to Canada and women with healthcare coverage under a parent or spouse who wish to keep their care confidential
- Geographic location: cost and hazards of travel from remote areas.
- Knowledge: understanding of abortion rights as decriminalized, which creates stigma and conscientious objection, instead of positive information about abortion access

"Court Decisions and Laws in Canada on Abortion" (Vancouver: Abortion Rights Coalition of Canada, April 2019), Available online.

"Abortion health services in Canada: Results of a 2012 national survey," Wendy V Norman, Edith R Guilbert, Christopher Okpaleke, Althea S Hayden, E Steven Lichtenberg, Maureen Paul, Katharine O'Connell White & Heidi E Jones (2016) 62 Canadian Family Physician, e209-e217, Available online.

Barriers to access.

- Mainly geographic, by province

"Reality Check: A close look at accessing abortion services in Canadian hospitals," Jessica Shaw (2006) Ottawa: Canadians for Choice, 1-72, Available online in English and in French.

Barriers to access

- Lack of trained providers (fear of harassment from anti-choice groups, decreased time spent in medical school training on abortion, hospital mergers with Catholic, anti-choice hospitals);
- Geographical disparity (accessibility of abortion services, wait-times, gestational limits and availability of counseling varies drastically across Canada);

- Affordability (unexpected costs, travel time and other expenses);
- Reciprocal billing issues (provinces refusing to cover costs of out of province abortions); unknowledgeable hospital staff (unaware of hospital's abortion policy, unable to refer women effectively);
- Judgmental healthcare professionals (antichoice staff who refuse to provide women with relevant information, treat women with disrespect and pass negative judgment);
- Conscientious objection clauses (doctor's refusal to refer women to abortion service providers because of personal beliefs);
- Bad referrals (from hospitals, doctors, individuals or organizations);
- Voicemail requirements (having to leave a voicemail message to schedule an abortion procedure acts as a barrier for women who do not have phones, do not want those living with them to know of the pregnancy, are in abusive relationships, or question confidentiality);
- Anti-choice organizations (present as 'crisis pregnancy centres' and purposely discourage, misinform, and coerce women into not exercising right to abortion)

"Protecting Abortion Rights in Canada: Legal, Safe Accessible: A Special Report to Celebrate the 15th Anniversary of the Decriminalization of Abortion," Timothy Wilson (2003) Ottawa: Canadian Abortion Rights Action League (CARAL).

Barriers to access:

- Geographic distribution (women in rural areas have to travel for procedure, and don't have access to follow-up services)
- Hospital policy (gestational limits, age of consent, options counselling)
- Long wait periods; "gatekeepers" to the information women need in order to access abortion services (switchboard operators)
- Anti-choice doctors: give misinformation, lie about services, don't refer to a provider, delay appointments until pregnancy is too far along
- Lack of information re: access to services, health care coverage, and legal rights
- Need for confidentiality (especially in rural areas)
- Anti-choice "counselling" centers
- Family/partner coercion
- Referral process: referrals to anti-choice organizations
- Referrals from family doctor is necessity which poses a problem when many doctors are anti-choice
- Information from hospitals is difficult to obtain because of security issues due to threats of violence and harassment

Recommendations for reform include:

- Implement a zero-tolerance policy for employees purposely denying access to abortion
- Cut funding to anti-abortion "pregnancy counselling centres"
- Ensure awareness of that hospital's policy and procedures regarding abortion services by all individuals involved
- Implement provincial regulations requiring publicly funded hospitals with surgical facilities to provide abortion services
- Ensure governments and hospitals make information on abortion easily available to the public
- Collect and publish information on the number and location of abortion facilities
- Establish a national information helpline on location of nearest abortion provider
- Ensure medical schools acknowledge that abortion is an integral part of reproductive health care and educate students on the importance of providing access
- Withhold transfer payments for New Brunswick, Nova Scotia, Quebec and Manitoba for their refusal to cover clinic abortions under Medicare
- Designate anti-abortion acts of violence and harassment as Hate Crimes under the Criminal Code

"Access Granted, Too Often Denied: A Special Report to Celebrate the Celebrate the 10th Anniversary of the Decriminalization of Abortion," Nancy Bowes, Varda Burstyn & Andrea Knight (1998) Ottawa: Canadian Abortion Rights Action League (CARAL).

British Columbia, Minister of Health and Minister Responsible for Seniors. *Realizing Choices: Report of the British Columbia Task Force on Access to Contraception and Abortion Services* (Victoria, B. C., Minister of Health and Minister Responsible for Seniors, 1994).

Northwest Territories, Department of Health. *Status Report: Implementation Plan for Recommendations of the Abortion Services Review Committee* (Yellowknife, NWT, 1993).

Northwest Territories, Ministry of Health, Abortion Services Review Committee. *Report of the Abortion Services Review Committee* (Yellowknife NWT, 1992).

Ontario Ministry of Health, Task Group of Abortion Service Providers. *Report on Access to Abortion Services in Ontario* (Toronto: Queens Park, 1992).

Ontario Ministry of Health. *Report on Therapeutic Abortion Services in Ontario* (Ottawa: Minister of Supply and Services, 1987) (Chair: Marion Powell).

Barriers to access:
- Availability of physicians willing to make referrals and perform procedure
- Availability of hospitals with therapeutic abortion committees
- Restrictive criteria of committee
- Availability of operating room time for procedure
- Costs, including charges to patients for non-insured services and travel and accommodations costs to facility
- Negative attitudes in the community and among health professionals

Recommendations for reforms include:
- Ensure use of trained general practitioners to provide services
- Ensure more effective use of techniques recognized for reducing the incidence of post abortion complications
- Provide a range of abortion services such as: multi-purpose women's clinics; regional centers affiliated with but not necessarily located in a hospital; inter-hospital counselling and referral centers; satellite medical services which travel to smaller communities
- Enhance and encourage existing abortion services
- Develop alternative means to reimburse physicians for abortion related services
- Increase funding to public health units to expand family planning programs, clinics, sex education, and counselling
- Recognize the need for financial assistance to cover transportation and accommodation costs for women who must travel to obtain abortion services
- Fund research projects examining alternate abortion techniques

Ontario Ministry of Health. *The Joint Provincial Committee on the Report of the Committee on the Operation of the Abortion Law. Report of the Committee on the Operation of the Abortion Law* (Chair: GG Caudwell, 1977).

Canada, *Report of the Committee on the Operation of the Abortion Law* (Ottawa: Minister of Supply and Services Canada, 1977) (Chair: Robin Badgley). Available online.

Barriers to access:
- Onerous referral process: delays, non-referral to hospitals with committee
- Restrictive criteria of committee (differ depending on hospital)
- Lack of accredited facilities
- Objection of providers to perform procedure
- Additional patient fees
- Uncertainty regarding terms of the law and concept of "health"
- Unequal geographic distribution (no access to services in rural areas).

Recommendations for reforms included:
- Establish a partnership with U.S. to list numbers of Canadian women going to U.S., determine the quality and safety of services provided and document reasons for not having procedure done in Canada
- Implement new and different approaches to sex education
- Ensure greater allocation of resources by all levels of government and voluntary associations for the support of family planning programs
- Find ways to reduce the social inequities which are associated with obtaining therapeutic abortions in Canada
- Provide abortions in specialized units with specially trained nurses and medical personnel

United States of America

"Abortion Incidence and Service Availability in the United States, 2017," Rachel K Jones, Elizabeth Witwer & Jenna Jerman (2019) New York: Guttmacher Institute, 1-24. Available online.

Barriers to access:
- Restrictive laws in some states leading to a decline of clinics in that state
- Financial status and lack of health insurance to cover the procedure

Recommendations for Reform Include:
- Document abortion incidence, abortion rates and numbers of service sites to establish baselines and measure trends

"State Policy Trends 2019: A Wave of Abortion Bans, But Some States are Fighting Back," Elizabeth Nash, Lizamarie Mohammed, Olivia Cappello & Sophia Naide. (2019) New York: Guttmacher Institute, Available online.

Barriers to access:

- Wave of bans on abortion with regards to gestational age, method of abortion, patient's reason for seeking an abortion, "trigger ban" for if the Supreme Court overturns *Roe v Wade*
- Requirements for abortion providers to give patients misleading and inaccurate information about the potential to reverse a medication abortion as part of abortion counselling

"Disparities and change over time in distance women would need to travel to have an abortion in the USA: a spatial analysis," Jonathan M Berak, Kristen Lagasse Burke & Rachel K Jones (2017) 2 The Lancet Public Health, e493-e500, Available online.

Barriers to access:

- Distance woman must travel to access the nearest clinic (spatial inequality) creating other barriers including transportation costs, travel duration, time off work and arrangement of childcare
- Clinics concentrated in urban areas
- Stigma
- Restrictive laws resulting in the closure of clinics, exacerbating spatial inequality
- Financial constraints including lack of health insurance or inability to use health insurance to pay for the procedure
- State laws that exacerbate special inequality including mandatory in-person counselling followed by a waiting period of 24-72 hours

"Innovative models are needed for equitable abortion access in the USA," Ushma D Upadhyay (2017) 2 The Lancet Public Health e484-e485 Available online.

Barriers to access:

- Spatial inequality exacerbating financial inequalities – increased costs for transport, overnight stay, lost wages from time off work, childcare
- Abortion stigma leading to institutional prohibition, fear of retribution by protesters and internalized stigma
- FDA requirement that will only provide mifepristone to registered clinics
- State abortion laws that require abortion providers to be physically present with their patients

Recommendations for reform include:

- End abortion stigma to help integrate abortion more fully into regular health care
- Expand the type of qualified providers who can offer abortion to serve areas without physicians or where physicians object to treating abortion
- Remove restrictions on mifepristone to allow offices to occasionally contact a pharmacy with a prescription
- Amend state abortion laws to allow for the provision of telemedical abortion

"Abortion in the United States: Barriers to Access," Marlene Gerber Fried (2000) 4:2 Health Human Rights, 174-194, Available online.

Barriers to access:

- Lack of federal funding
- Restrictive laws requiring parental consent/notification
- Stigmatization and marginalization
- Decrease abortion services
- Shortage of abortion providers

SOUTH ASIA

India

"Reimagining Reproductive Rights Jurisprudence in India: Reflections on the Recent Decisions on Privacy and Gender Equality from the Supreme Court of India," Dipika Jain & Payal K Shah (2020) 39 Columbia Journal of Gender and Law 2, 1-53. Available online.

Barriers to access:

- Criminalization of abortion
- Statutes which create procedural barriers (such as requiring medical provider authorization in all cases)
- Supreme Court judgment and laws are more progressive than many statutes, creating conflict
- Right to privacy not constitutionally protected because it may be restricted by a compelling state interest
    - Including the right to abortion under the right to privacy is therefore not ideal as it may be restricted by state interest
- Caste and economic status
- Living in rural areas
- Discriminatory stereotypes about women and girls' primary role in society as mother and caregivers and the "natural" course of women and girls' lives as including reproduction

Recommendations for reform include:

- Re-evaluate the "conditional right" approach to abortion wherein abortion is only allowed under certain "conditions"
- Re-evaluate the continued criminalization of abortion in India
- Re-examine the gender stereotypes underlying the laws on abortion
- Incorporate a comprehensive equality-based analysis into the court's reproductive rights jurisprudence
- Amend India's constitutional jurisprudence to recognize reproductive rights are crucial elements of gender equality and reproductive rights as an engrained constitutional right
- Perform a comprehensive analysis of autonomy that accounts for the compounded discrimination resulting from various structures of oppression
- Eliminate legal barriers that compel pregnancy based on stereotypical notions of motherhood

"Conflicting abortion laws in India: Unintended barriers to safe abortion for adolescent girls," Dipika Jain & Brian Tronic (2019) 4:4 Indian Journal of Medical Ethics, 310-17, Available online.

Barriers to access:

- Lack of clarity in the legal regime providing conflicting guidance for adolescents and medical providers
- Abortion-related stigma and conservative views on pre-marital sex
- Obligation to report adolescent pregnancy penalizes adolescent consensual sex and fails to protect confidentiality
- Requirement for parental/guardian consent with no exceptions even where pregnancy may be the result of parental/guardian rape
- Fear of prosecution for providers created by legal ambiguities

Recommendations for reform include:

- Give adolescents the right to autonomous decision-making and ensure the best interests of adolescents are of primary concern
- Create streamlined, understandable and holistic laws on adolescent access to abortion

"Denial of Safe Abortion to Survivors of Rape in India," Padma Bhate-Deosthali & Sangeeta Rege (2019) 21:2 Health and Human Rights Journal, 189-98, Available online.

Barriers to access:

- Abortion denied if it is a woman's first pregnancy
- Misinformation of abortion pills
- Abortion only provided if the woman agreed to contraception or sterilization
- Insistence on spousal consent
- Insistence on outdated modes of abortion
- Refusal of abortion in the public sector and seeking abortion beyond the 20-week time limit

See Chapter 5 (Medical Termination of Pregnancy) in *Securing Reproductive Justice in India: A Casebook*, Aparna Chandra, Mrinal Satish & Center for Reproductive Rights (New Delhi: Center for Constitutional Law, Policy, and Governance, 2019), 111-226, Available online.

"Abortion & Unintended Pregnancy in Six Indian States: Findings and Implications for Policies and Programs," Susheela Singh, Rubina Hussain, Chander Shekhar, Rajib Acharya, Ann M Moore, Melissa Stillman, Manas R Pradhan, Jennifer J Frost, Harihar Sahoo, Manoj Alagarajan, Aparna Sundaram, Shveta Kalyanwala & Haley Ball (2018) New York: Guttmacher Institute, 1-32, Available online.

Recommendations for reform include:

- Expand capacity to provide abortions in facilities in India
- Broaden and strengthen the base of providers
- Improve the quality of abortion related services
- Improve access to and quality of post-abortion care
- Improve data collection

"Ensuring Reproductive Rights: Reform to Address Women's and Girls' Need for Abortion After 20 Weeks in India" (2018) New York: Center for Reproductive Rights, 1-56, Available online.

Barriers to access:

- Restrictive laws that limit post-20-week abortions, forcing women to obtain approval from the courts, which often defer to a government-established medical board, even though it is not required by law
    - Lack of clarity as to when a woman or girl is legally permitted to obtain a medical termination of pregnancy (MTP) beyond 20 weeks leading to fear of prosecution by providers and a denial of abortion services
    - Providers' misconceptions that abortions before 20 weeks also require judicial authorization
    - Procedural delays leading to the passing of the 20-week limit
    - Delays, stress and expense associated with medical board approval
- Requirement for two providers to give approval between 12- and 20-weeks' gestation
- Inadequate number of registered health care providers trained to provide abortion services
- Dearth of facilities that are properly equipped to perform the procedure
- Lack of awareness, confusion and misconceptions among women of the law and their legal rights
- Societal stigma surrounding abortion
- Improper requests by providers for spousal consent despite it not being required under the law
- Courts' imposition of requirements that rape survivors prove their allegations before being permitted to access abortion

Recommendations for Reform include:

- Amend the MTP Act to incorporate a rights-based and women-centric approach, remove the 20-week gestational limit, expand post-20-week requirement of "life" endangerment to include physical and mental health, remove requirement of judicial/third-party authorization for post-20-week abortions
- Decriminalize abortion
- Create clearly guidelines for abortion which are time sensitive, allows for MTP with the opinion of one provider at all stages of pregnancy, prioritizes women's and girls' own assessment of risk to their health
- Clarify that MTP can be performed safely beyond 20 weeks for practitioners and that practitioners will not be prosecuted for performing post-20-week abortions in good faith
- Create a permanent appeals process that allows women and girls to appeal denials of abortion in a timely manner
- Ensure that women and girls do not face delays or denials of MTP due to barriers in access by ensuring adequate numbers of trained registered health providers in all areas of India, proper facilities and resources for MTP procedures at various stages, local health works are trained to provide women and girls with information on where MTP can be provided
- Raise awareness amongst women and girls about the law and their rights
- Adopt a comprehensive sexuality education program
- Clarify guidelines on what factors are relevant in approving post-20-week abortions, so that decisions are not arbitrary and women know their rights
- Bring laws in line with international human rights obligations

"A Womb of One's Own: Privacy and Reproductive Rights," Arijeet Ghosh & Nitika Khaitan (2017) 52:42/43 *Economic & Political Weekly*, [9 pages], Available online.

Barriers to Access:

- Restrictive abortion laws (MTP Act) which are not in accordance with the 2017 *Justice KS Puttaswamy v Union of India* decision which extended the constitutional right of privacy to that of personal decisions, including reproductive decisions

Recommendations for reform include:

- Amend MTP (Amendment) Bill and possibly amend MTP Act to align with the *Puttaswamy* decision

"'If a woman has even one daughter, I refuse to perform the abortion': Sex determination and safe abortion in India," Pritam Potdar, Alka Barua, Suchitra Dalvie & Anand Pawar (2015) 23:45 *Reproductive Health Matters*, 114-125, Available online.

Barriers to access:

- Women's and physician's lack of awareness of the MTP Act and lack of information about safe, legal services
- Conflicting interests between a women's right to choose and underlying gender discrimination leading to sex-selective abortion
- Strict regulation of sex-selective abortion leading many physicians to refuse to provide abortion under any circumstance or refuse to provide abortions in the second trimester because of the probability that the woman underwent sex determination
- Physician's fear of being penalized for providing sex selection abortion

- Women's right to confidentiality under the MTP Act not being respected under the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act

Recommendations for reform include:

- Given the PCPNDT Act (which prevents sex selection) has failed to yield meaningful results, analyze the actual reasons for the deteriorating sex ration and take corrective action
- Ensure Government authorities review and access only those documents which fall within the PCPNDT Act, not encourage media publicity and not visit the clinic accompanied by the police
- Train medical practitioners in different aspects of the law so that they can deal effectively with the authorities and be able to defend the confidentiality of the woman and work with medical practitioners rather than against them
- Enact other laws to address gender inequality, rather than just the "save the girl child" mentality

"Integrating Mental Health Perspectives into the Legal Discourse on Reproductive Justice in India," Malavika Parthasarathy (2019) 6:1 *Journal of National Law University Delhi*, 21-88, Available online.

Barriers to access:

- Guardian consent for a mentally ill woman (Section 3(4)(a) of the Medical Termination of Pregnancy Act, 1971)

Recommendation for reform include:

- Strike down this archaic provision as it is not in accordance with contemporary legal developments in the field of disability law and mental health law

"Unintended Pregnancy and Abortion in India: Country Profile Report with focus on Bihar, Madhya Pradesh and Odisha," Mary Phillip Sebastian, M.E. Khan & Saliya Sebastian (2014) New Delhi, India: Population Council, 1-122, Available online.

Recommendations for reform include:

- Improve infrastructure
- Improve training of medical personnel
- Increase community awareness
- Monitoring and supervision
- Availability
- Public-private partnerships and financing mechanisms

"Medical Abortion in Bihar and Jharkhand: A Study of Service Providers, Chemists, Women and Men," Bela Ganatra, Vinoj Manning & Suranjeen Prasad Pallipamulla (2005) New Delhi: India: Ipas, 1-59, Available online.

Barriers to access:

- Delayed abortion care-seeking
- Stigmatization of unmarried abortion seekers
- Skepticism about efficacy of medication abortion
- Method not effective beyond seven to eight weeks
- Time and opportunity costs involved in making multiple doctor visits
- Difficulty in accessing doctor would could provide medication abortion
- Economic barriers (cost)
- Lack of physical access to trained providers
- Men as gatekeepers to access.

Recommendations for reform include:

- Provide accurate information to all categories of stakeholders
- Increase training for providers on appropriate use
- Introduce medical abortion into public-sector program
- Take steps to work with chemists
- Provide accurate information on the innumerable alternative drugs being marketed as abortifacients
- Promote pregnancy testing

"The Abortion Assessment Project – India: Key Findings and Recommendations," Ravi Duggal & Vimala Ramachandran (2004) 12:(Suppl 24) Reproductive Health Matters, 122-29, Available online.

Barriers to access:

- Gross public under-funding of abortion services
- Inadequate and inaccessible (geographical disparity) safe abortion facilities

- Dearth of medically approved abortion providers and registered facilities
- Inadequate post-abortion family planning counselling and services
- Unsafe abortion is often not perceived as a women's health issues
- Government's ''do nothing'' attitude.

Recommendations for reform include:

- Integrate abortion services into primary and community health centres
- Increase investment in public facilities
- Promote use of vacuum aspiration and medical abortion
- Convince providers to stop using curettage
- Broaden the base of abortion providers by training paramedics to do first trimester abortions
- Re-skilling traditional providers to play alternative roles that support women's access to safe abortion services

"Abortion Law, Policy and Services in India: A Critical Review," Siddhivinayak S Hirve (2004) 12:(Suppl 24) *Reproductive Health Matters*, 114-21, Available online.

Barriers to access:

- Poor regulation of both public and private sector services
- Physician-only policy that excludes mid-level providers
- Geographic disparity in facility availability
- Poor awareness of the law
- Unnecessary spousal consent requirements
- Contraceptive targets linked to abortion
- Economic barriers (informal and high fees)

Recommendations for reform include:

- Train more providers
- Simplify registration procedures
- De-link clinic and provider approval
- Link policy with up-to-date technology
- Undertake further research and ensuring good clinical practice

"Abortion Policy in India: Lacunae and Future Challenges," Siddhivinayak Hirve (2004) Mumbai, India: Center for Enquiry into Health and Allied Themes (CEHAT), 1-87, Available online.

Barriers to access:

- Over-medicalization of the MTP Act and its physician's only policy that reflect a strong medical bias and ignore the socio-political aspects of abortion
- Need for two doctors to certify opinion for a second trimester MTP and provider-dependent policy where the ultimate decision rests with the doctor
- Conscientious objection
- Clause that permits abortion due to "contraceptive failure" applies only to married women
- MTP rules do not provide technical guidelines for safe abortion care or for the privacy and dignity of the woman
- layers of bureaucratic procedures not required by policy added by states, leading to unnecessary administrative barriers
- Low awareness and misconceptions about abortion laws and policies amongst providers and women

Recommendations for reform include:

- Ensure abortion policy meets national and international guidelines for management of post-abortion complications
- Clarify polices to ensure that measures for preventing sex-selective abortion do not affect access to safe abortion care for the genuine abortion seeker
- Increase availability of abortion, train qualified providers and provide facilities
- Simplify the registration process
- Ensure policies are consistent with current technology and research and good clinical practice to provide comprehensive and quality abortion care
- Increase overall awareness about abortion laws and policies amongst women and dispel myths about abortion amongst policymakers and providers

"Formal and informal abortion services in Rajasthan India: results of a situation analysis," Sandhya Barge, Hillary Bracken, Batya Elul, Nikki Kumar & Khan Wu (2004) New Delhi, India: Population Council, Abstract available online.

Barriers to access:

- Abortion providers routinely refuse to perform abortions in a number of circumstances, including if a woman presents alone, is married but nulliparous or is unmarried
- Although not required by law, unnecessary consent of woman's husband and other family members is sought
- Geographic disparity in facility availability

- Greater accessibility to informal providers, especially in rural areas
- Economic barriers (affordability)

Recommendations for reform include:

- Improving the quality of abortion services in the formal sector;
- Address the need for appropriate post-abortion care;
- Adopt measures to encourage uncertified facilities to comply with legislative requirements;
- Increase opportunity for training in abortion.

"Informal Providers of Abortion Services: Some Exploratory Case Studies," Bela Ganatra & Leela Visaria (2004) Mumbai, India: Center for Enquiry into Health and Allied Themes (CEHAT), 1-43, Available online.

Barriers to access:

- Formal providers are not easily accessible, too costly, do not treat clients with respect or dignity

Recommendations for reform include:

- Formal providers need to maintain confidentiality and place the women's need at the fulcrum

India, Ministry of Health and Family Planning, Department of Family Planning. *Report of the Committee to Study the Question of Legalisation of Abortion* (New Delhi: Government of India Press, 1967), (Chair: Shantilal H Shab), Available online.

Nepal

"Abortion Care in Nepal, 15 Years after Legalization: Gaps in Access, Equity, and Quality," Wan-Ju Wu, Sheela Maru, Kiran Regmi & Indira Basnett (2017) 19:1 Health and Human Rights Journal, 221-30, Available online.

Barriers to access:

- Geography (mountainous areas result in women walking days to obtain safe abortion services)
- Cost
- Awareness of services and laws
- Stigma
- Gaps in quality of services

"Abortion Law Reform in Nepal," Melissa Upreti (2014) 126 International Journal of Gynecology and Obstetrics, 193–197, Available online.

Barriers to access:

- Inadequate rural health infrastructure and few trained service providers in rural areas
- Incidental costs associated with obtaining health services (i.e. travel)
- Lack of information about laws and policies
- Poor attitudes of health service providers towards socially disadvantaged and poor populations
- Stigma generated by fundamental patriarchal society and unequal power relations between men and women

Recommendations for reform include:

- Establish robust protocols that provide a clear framework for service provision and funding
- Enable midlevel providers to perform abortions
- Supply medical abortion drugs
- Change attitudes among policy makers and service providers through active engagement and advocacy

"Implementation of legal abortion in Nepal: a model for rapid scale-up of high-quality care," Ghazaleh Samandari, Merrill Wolf, Indira Basnett, Alyson Hyman & Kathryn Andersen (2012) 9 Reproductive Health 7, 1-11 Available online.

Recommendations for reform include:

- Simplify the facility certification process
- Ensure abortion services are affordable
- Improve training in medical, nursing and midwifery schools
- Expand training of community-based health-care providers
- Strengthen referral links between reproductive care generally and comprehensive abortion care

- Informative campaigns
- Better education of policymakers

"Service Providers' Perspective on Factors Denying Legal Abortion in Nepal: Reproductive Health Research Policy Brief" (2017) Kathmandu, Nepal: Center for Research on Environment Health and Population Activities (CREHPA) & the University of California San Francisco (UCSF), 1-4, Available online.

Barriers to access:
- Providers' lack of comprehensive understanding of the scope of the existing abortion law, especially mental health provisions
- Denial of services by providers and lack of a referral system, leading to no referrals
- Lack of adequately trained providers
- Irregular supply of medical abortion drugs
- Lack of facility space

Recommendations for reform include:
- Organize training of providers at all levels to provide comprehensive knowledge about abortion law and provisions
- Train providers to assess legal eligibility for abortion services, provide counselling and refer women to other facilities where they can obtain service
- Make the establishment of a referral network mandatory for all health facilities if they cannot provide abortion services
- Improve the supply of medical abortion drugs and information/education materials
- Implement recently announced policy of free abortion services in public facilities and consider expanding this policy to cover NGO and private facilities as well

Philippines

"Supplementary information on the grave human rights violations resulting from women's and girls' lack of effective access to safe and legal abortion in the Philippines" Catholics for Reproductive Health, Center for Reproductive Rights, EnGendeRights, Inc., Family Planning Organization of the Philippines, Filipino Freethinkers, Philippine Safe Abortion Network, WomanHealth Philippines, Women's Clinic Pilipinas & Women's Global Network for Reproductive Rights (January 31, 2020), 1-10, Available online.

Barriers to access:
- Lack of specific regulations on when an abortion is legally permitted (to protect the life and health of the pregnant woman)
- Fear of arrest and prosecution.

Recommendations for reform include:
- Decriminalize abortion
- Ensure access to quality abortion services
- Ensure access to quality post-abortion care in all health facilities regardless of the legal status of abortion

"Supplementary information to the List of Issues on the fifth periodic report of the Philippines for the consideration of the Committee in its 128th session on March 2-27, 2020" Catholics for Reproductive Health, Center for Reproductive Rights, EnGendeRights, Inc., Filipino Freethinkers, Philippine Safe Abortion Network, WomanHealth Philippines & Women's Global Network for Reproductive Rights Center (January 13, 2020), 1-18, Available online.

Barriers to access:
- Outdated and colonial penal laws on abortion which largely criminalize the procedure
- Absence of accurate data collection on abortion
- Legal uncertainty of abortion in the country as the penal laws conflict with Supreme Court decisions on when an abortion will be allowed
- Climate of fear of prosecution which means that health professionals will not complete legal abortions
- Lack of information and awareness about where post-abortion care can be accessed
- Negative treatment from health care providers
- Repeal of the 2016 Management of Abortion Complications National Policy before it was fully implemented
- Restricted access to contraception in the country
- Lack of access to emergency contraception

"The Philippines' Criminal Restrictions on Abortion and the CEDAW Committee's Role in Strengthening Calls for Reform," Jihan Jacob & Melissa Upreti (2018/2019) 33:1/2 Canadian Woman Studies, 231-37, Available online.

Barriers to access:

- Inadequate public funding for reproductive health services
- Ideological opposition to abortion
- Lack of access to contraceptive information and services
- Misconception by healthcare providers that they will be viewed as accomplices to the crime of abortion if they fail to report women seeking medical care for post-abortion complications
- Abortion restrictions and criminalization
- Discriminatory stereotypes of women as child-bearers

"The Philippines' New Post-Abortion Care Policy," Melissa Upreti & Jihan Jacob (2018) 141:2 International Journal of Gynecology and Obstetrics, 268-75, Available online.

Barriers to access postabortion care:

- Criminal prohibition of abortion
- Societal and medical stigma
- Poor treatment of women seeking services, including denial of care of unnecessary delays and lack of a redress mechanism for addressing this poor treatment
- Misconception that providers are legally obligated to report women seeking postabortion care to the authorities, even though providing postabortion care is legal
- Lack of resources and supplies for postabortion care at hospitals
- Inadequate training of medical providers in postabortion care
- Lack of privacy and confidentiality of patients
- Conscientious objection

Recommendations for reform include:

- Ensure women's access to quality postabortion care in all public health facilities, including access to misoprostol, development of a patient privacy policy and effective reporting procedures for women who are poorly treated
- Disseminate legal status of postabortion care to health service providers and ensure they understand they are legally bound to provide humane, compassionate and nonjudgmental postabortion care
- Provide training for health service providers aimed at promoting positive attitudes towards women seeking postabortion care and decreasing stigma
- Ensure providers of postabortion care are not negatively judged or scrutinized for providing quality postabortion care

"The Philippines rolls back recent advancements in Postabortion Care policy" Melissa Upreti & Jihan Jacob (2018) 142 International Journal of Gynecology and Obstetrics, 255–56, Available online.

Barriers to access postabortion care:

- Implementation of a regressive postabortion policy in 2018 that will be harmful to women:
  - Moves away from a holistic and ethical approach to women's reproductive health
  - Perpetuates existing abortion stigma and reinforces negative attitudes towards women who have abortions
  - Fails to mandate privacy and confidentiality
  - Limits the range of treatment available for postabortion complications
  - Fails to clarify the absence of a reporting requirement for women seeking medical attention for postabortion care
  - Does not prohibit conscientious objection

"Civil Society Organizations (CSOs) Report on the Phillipines for the UPR (3rd Periodic Review, 27th Session, Apr-May 2017)," Sexual Rights Network (Family Planning Organization of the Philippines & EnGende Rights, Inc) (2016), 1-21, Available online.

Barriers to access:

- Lack of access to modern contraceptives
- Absence of sex education guidelines
- Budget cuts to sexual health issues
- Non-registration of Misoprostol
- Lack of access to abortion and post-abortion care
- Parental consent for minors to access contraceptives.

Recommendations for reform include:

- Implement sexual education guidelines
- Improve access to reproductive health information
- Increase emergency obstetric facilities
- Reintroduce misoprostol
- Make emergency contraception available to rape victims as part of routine emergency health care
- Improve access to contraception to prevent unwanted pregnancies

"Policy Brief: Access to Safe and Legal Abortion and Post-Abortion Care Can Save Filipino Women's Lives," Clara Rita A Padilla (2016) EnGendeRights, Inc, 1-35, Available online.

Barriers to access:

- Restrictive abortion law causing women to seek unsafe abortion and to not seek medical attention, or only seek medical attention after significant delay when requiring post-abortion care
- Stigma including humiliation and threats of arrest and prosecution from health care providers

Recommendations for reform include:

- Decriminalize the restrictive and archaic penal laws
- Implement a law or jurisprudence allowing abortion on broad grounds including upon request of the woman, in cases of rape, risk to the life and health of the woman or serious fetal impairment

"Policy Brief: Access to the Life-Saving Drug Misoprostol to Prevent and Treat Postpartum Hemorrhage Can Save Filipino Women's Lives," Clara Rita A Padilla (2016) EnGendeRights, Inc, 1-24, Available online.

Barriers to access:

- Misoprostol is not currently registered or available in the Philippines.

Recommendations for reform include:

- Include misoprostol in the Philippine National Drug Formulary and the Food and Drug Administration List of Registered Drug Products for prevention of PPH
- Ensure that misoprostol is made widely available to skilled birth attendants for the prevention and treatment of PPH

"Supplementary information on the Philippines, scheduled for review by the Committee on the Elimination of Discrimination against Women during its 64th session," Catholics for Reproductive Health, Center for Reproductive Rights, EnGendeRights, Inc., International Women's Rights Action Watch Asia Pacific, Population Services Philipinas, WomanHealth & Women's Global Network for Reproductive Rights (June 7, 2016), 1-15, Available online.

Barriers to access:

- No action by the government to remove the de facto ban on contraception in a number of cities
- Budget cuts to reproductive health initiatives and care
- Lack of access to safe and legal abortion
- Lack of access to quality and humane post-abortion care
- Lack of steps taken with respect to age appropriate sexual education.

Recommendations for reform include:

- Ensure access to contraception
- Legalize abortion in cases of rape, incest, threats to the life, physical or mental health of the pregnant woman and in cases of serious fetal malformation
- Decriminalize abortion in all other cases
- Ensure access to humane, compassionate, non-judgmental and quality post-abortion care
- Ensure complaint mechanisms for women and girls who file complaints for violations of reproductive rights

South Korea

"Abortion in South Korea: The Law and the Reality," Woong Kyu Sung (2012) 26:3 International Journal of Law, Policy and the Family, 278–305, Available for institutional login.

Barriers to Access:

- Deep-seated disregard for women's rights and lack of discourse concerning women's right to choose, even among feminist groups
- Criminalization and fear of punishment by medical providers
- Narrow interpretation of the situations permitting abortion by the courts

- Stigma of rape and incest, such that women are unlikely to report these instances
- Spousal/parental consent
- Legal perception of fetus's right to life which begins at conception
- Low birth rates and political view that the abortion ban is necessary to increase fertility, leading to increased enforcement of Criminal Code

Recommendations for Reform Include:

- Increase discourse regarding a woman's right to her body and her freedom of choice

Vietnam

"Compendium of Research on Reproductive Health in Vietnam for the Period 2006-2010" (2012) Hanoi, Vietnam: United Nations Population Fund (UNFPA), 1-94, Available online.

Barriers to access:

- Unmet need for family planning among adolescents
- Shortage of skilled health providers in geographically remote regions
- Crowded clinics
- Unfriendly attitudes of health providers
- Incomplete provision of health information
- Lack of trained providers