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**SUBMISSION TO THE  
CITIZENS' ASSEMBLY**

FROM

**AMANDA MELLET**

AND

**THE CENTER FOR  
REPRODUCTIVE RIGHTS**

**16 DECEMBER 2016**

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# INTRODUCTION

This submission is respectfully presented to the Citizens' Assembly by the Center for Reproductive Rights. It also includes a personal testimony to the Assembly from Amanda Mellet, who took a successful complaint against Ireland to the United Nations Human Rights Committee.

## What is the Center for Reproductive Rights?

The Center for Reproductive Rights is a legal human rights non-governmental organisation that works across the world to advance laws and policies that promote women's reproductive health and rights. It works throughout Europe, Asia, Africa, Latin America and the United States of America and has offices in Geneva, Kathmandu, Nairobi, Bogota, New York and Washington. It works on a broad range of reproductive health issues. These include ensuring women's access to quality maternity care, access to affordable contraception goods and services, freedom from coercive sterilisation, the prevention of child marriage, and access to safe and legal abortion.

## Who is Amanda Mellet?

Amanda Mellet is a dual Irish and American citizen living in Ireland with her husband James Burke. When she was pregnant in 2011, she received a diagnosis in the Rotunda Hospital of a fatal foetal impairment and she travelled out of Ireland to access abortion services in the UK.

In 2013, with legal support and assistance from the Center for Reproductive Rights, Ms. Mellet filed a complaint against Ireland with the United Nations Human Rights Committee. In June 2016, the Human Rights Committee issued its Views in the case of *Amanda Mellet v. Ireland*. It found that by prohibiting her from obtaining an abortion in Ireland, the Irish State had violated Ms. Mellet's rights under the International Covenant on Civil and Political Rights, an international treaty ratified by Ireland in 1989. The Committee outlined that Ireland is obliged, under international law, to change its laws on abortion so as to ensure that similar violations do not occur in the future.

## What is the purpose of this submission?

The purpose of this submission is as follows:

- (i) First, to submit to the members of the Citizens' Assembly a personal testimony from Ms. Mellet.
- (ii) Second, to provide the members of the Citizens' Assembly with an overview of the content of the Human Rights Committee's decision in Ms. Mellet's case and a summary of what the Committee determined Ireland now has to do in order to comply with international law.

- (iii) Third, to present the members of the Citizens' Assembly with factual information on other European countries' laws on abortion, and when and why they allow abortion.
- (iv) Fourth, to present some basic information to the members of the Citizens' Assembly on international public health and clinical guidelines and evidence on abortion.
- (v) Fifth, to present some general and very basic information to the Citizens' Assembly about the international human rights legal and policy requirements regarding abortion.

## **What is the structure of this submission?**

This submission is divided into two parts. Part I addresses the *Amanda Mellet v. Ireland* decision. Part II addresses critical considerations for law reform following that decision.

The submission seeks to provide a lot of information in a clear and succinct manner and to this end is structured around a series of questions and answers.

## **What are the sources for the information in the submission?**

All of the information in the submission is factual or legal information drawn from publicly available and verifiable primary legal or public health sources.

In order to retain an easy-to-read format, the submission does not include footnotes. However, at the beginning of each sub-section the sources for all of the information in that section are listed clearly. In the annexes web-links to all the European countries' laws are provided as are web-links to public health information. The Human Rights Committee's decision in *Amanda Mellet v. Ireland* is also attached.

## **Are we available to present more details and information in follow-up presentations?**

Yes. If more information or details are requested we can provide these to the Citizens' Assembly through further written materials and oral presentations. We are available, and would be pleased to, discuss the information outlined in this submission with the Citizens' Assembly in person at one of its meetings, and to provide more detailed and specific information.

# PART I

## MELLET v. IRELAND

# PERSONAL TESTIMONY FROM AMANDA MELLET

My name is Amanda Mellet. My case was brought before the UN Human Rights Committee and I'm sure you will have been made aware of the Committee's determination. The Government had until December 2016 to take certain steps. The steps outlined by the Committee included reparations to me personally, which the Government has done, and for which I am grateful. However, for me the most important part of the ruling is that the Committee said the Irish Government must make changes to the law to effectively ensure these kinds of human rights abuses against women will not continue to occur. The Government's current response to that part of the ruling is that because of Article 40.3.3 they cannot change the law on abortion at present and so by having formed the Citizen's Assembly on which you sit, they are allowing the possibility of steps being taken towards this change.

It has been five years since my loss of Aoife. It was a situation I had never dreamed, even in my worst nightmares, that I might find myself in. I had never even heard of Edward's syndrome, never realised there could be such a diagnosis as 'incompatible with life'. I have since learned many painful lessons both through the experience itself, but also by the choice I made after to go public with my story. I realise now that doing so delayed the grieving process for me, tied up my anger and hurt with my loss in a way that took years to untangle.

I have, at times, felt so hurt by the lack of change and so exposed that I felt like leaving this country. But that will not solve things. So many women have now gone public with their stories of traveling to end a pregnancy, and I am grateful to see that stigma of speaking out is lifting, but I also believe that we should not have had to expose ourselves repeatedly in this way to see change. So I ask you please, let's not make any other women have to go public with their pain. Let's accept as a society that we have heard enough to know that change is beyond due, and that this is not an issue that we can continue to allow politicians to kick down the road. It breaks my heart to hear of more women going through a similar situation, a similar lonely journey.

As I write to you, I am twenty weeks pregnant, after nearly five years of trying for another baby. I am excited, so excited, but in all honestly I am also terrified. I have, at times, felt such panic, such fear that something may go wrong, that I may find myself somehow unsupported and lost to the Irish maternity system again. I have had to pay privately for scans and genetic testing, and am attending a hospital that does not offer anomaly scans, so I am referred up to Dublin. It is only in knowing from my past what can go wrong that I am able to self-advocate, and luckily I am also able to pay for the kind of care that I require in this pregnancy if I am to have any hope of some reassurance.

Choosing to end a pregnancy is a highly personal and individual decision that should be made with the aid of unbiased, honest medical opinions, along with quality, and again, unbiased counselling services which can help women make informed choices. Highly restricted legislation does little good for the women of Ireland. Unfortunately, there often seems to be an attitude in Ireland that if we have to have it here, let's make it difficult enough to access that women will still just go to England. Women continuing to have to travel to England is no solution, and it is only adding to the shame and trauma of the experience for the women of Ireland.

I am at peace with the decision I made. I feel I made the decision which was the only protective measure open to me for my much wanted baby girl Aoife. I had to come to terms with the reality of her diagnosis, and from that decide what was best for her. I feel I did that, though the reality is I did so in the face of not just a lack of support or information on options, but in an environment of shame and judgement at times in the harshest of terms.

Having pointed out the difficulties with going public, I must say that the response from the public and from politicians for myself and for other women who have shared their stories of deciding to leave the country to end a pregnancy has been overwhelmingly supportive. There does appear to be a shift in understanding of these issues in Ireland. It can happen to you, or someone you love. These situations are not black and white, and what women require is a supportive, compassionate health care system in their own country, one that can face the realities of their circumstances with them, not in judgement, but with an open heart. I ask you to play in your part in helping make this day come for Ireland by recommending the repeal of the eighth amendment.

# THE HUMAN RIGHTS COMMITTEE DECISION

The *Mellet v. Ireland* complaint was filed with the United Nations Human Rights Committee in 2013 by Amanda Mellet, who claimed that her human rights were violated when she was prohibited by law from obtaining an abortion in Ireland.

On 9 June 2016 the **Human Rights Committee** issued its Views on Ms. Mellet's case. It held that Ireland had violated her human rights as enshrined in the International Covenant on Civil and Political Rights (ICCPR) because its laws prohibited her from obtaining an abortion in Ireland.

In its decision the Committee closely considered what happened to Ms. Mellet and outlined in some detail why this gave rise to violations of Ireland's international human rights obligations. It also clearly explained that in order to redress these violations and ensure that they do not reoccur in the future, Ireland is obliged to change its laws on abortion.

The purpose of this section of the submission is to provide the Citizens' Assembly with:

- A **summary of the facts** of Ms. Mellet's case.
- An **overview of the process** before the Committee.
- A **summary of the Committee's findings** and the reasons for those findings.
- A description of **what steps the Committee determined Ireland is obliged to take** as a result of this case.

The **source** for the information provided in this section is the Human Rights Committee's decision itself. All the information outlined can be found in the decision. A copy of the decision is annexed to this submission so that members of the Citizens' Assembly can read it in full themselves. The Committee's findings on the merits are outlined in Paragraphs 7.1–10 of the decision.

## What is the Human Rights Committee?

In 1989 Ireland ratified the **International Covenant on Civil and Political Rights (ICCPR)**. This is a binding international treaty that protects a range of civil and political rights. States that have ratified the treaty are obliged to ensure that individuals within their jurisdiction can enjoy these rights. As a result, everyone who lives in Ireland is entitled to those rights, and under international law Ireland is bound to guarantee them.

The **Human Rights Committee** is the independent expert body established under the ICCPR. It is tasked with monitoring States' compliance with the treaty. The Committee has 18 members who serve as independent experts. These members are elected every four years in a secret ballot by the States that have ratified the ICCPR.

## Who can file a complaint with the Committee?

When Ireland ratified the ICCPR in 1989 it also ratified another binding international treaty called the **First Optional Protocol to the ICCPR**. The Optional Protocol allows the Human Rights Committee to adjudicate complaints of human rights violations. Only an individual who lives in a country that has ratified the Protocol can file a complaint.

Having considered the claims and evidence before it the Committee will issue a decision as to whether the individual's rights were violated and what the remedial obligations on the State involve.

## WHAT HAPPENED TO AMANDA MELLET IN 2011?

In 2011, following a scan in the Rotunda Hospital during her 21<sup>st</sup> week of pregnancy, Amanda Mellet found out that her pregnancy involved a fatal impairment. Her doctors explained that even if the pregnancy survived until term, the baby would most likely die shortly after birth.

This news was devastating for Ms. Mellet. The prospect of continuing the pregnancy became unbearable for her and she asked for an abortion. However, her doctors and nurses explained that because termination of pregnancy is prohibited in Ireland in all situations (except where the life of a pregnant woman is at risk), if she remained in Ireland she would have to continue the pregnancy. In order to have an abortion she would have to leave Ireland and go to another country where abortion was legal.

In the days that followed, Ms. Mellet decided to go to the UK to end her pregnancy. Staff at the Rotunda could not refer her to doctors in the UK, as this is prohibited by Irish abortion law. They provided no information as to where or how to make the medical appointment and did not explain what the procedure involved or what she could expect.

Ms. Mellet and her husband contacted Liverpool Women's Hospital and made an appointment and travel arrangements. Approximately two weeks after her scan, Ms. Mellet and her husband flew to Liverpool. They had to travel back to Dublin 12 hours after the procedure, while she was still weak and bleeding, because they could not afford to stay longer. They had to leave their baby's remains behind and they received the ashes three weeks later by post.

## WHY DID SHE FILE A COMPLAINT WITH THE HUMAN RIGHTS COMMITTEE?

Having to travel to another country for abortion services placed Ms. Mellet under significant strain. It made her feel isolated, abandoned, stigmatised, anxious and very alone. She felt cast out of the Irish health care system and isolated from family care and her support structures. She was unable to obtain the medical services and information she sought from doctors and nurses she knew and trusted in Ireland. She was unable to have her extended family and support systems near herself and her husband while she underwent the procedure. She was unable to easily go home after the procedure. Throughout, because the medical treatment she sought would have been a criminal offence if carried out in Ireland, she felt a severe sense of moral judgment.

Ms. Mellet believed that the prohibition of abortion in Ireland and the suffering it caused her was wrong. She believed that her decision to end her pregnancy was a deeply personal decision and an immensely private matter, and something that she should have been permitted to do in Ireland under the care of her own doctors. She wanted to do everything she could to help bring about legal change so that other women would not have to go through similar experiences. To this end she decided to file a case with the Human Rights Committee.

## WHAT WAS THE PROCESS BEFORE THE COMMITTEE?

The complaints process before the Committee is set out in the **Optional Protocol to the ICCPR**. It involves the exchange of legal briefs and written evidence between the individual concerned and the Government in question. The Committee deliberates on the complaint, considers the evidence before it and arrives at a decision.

Ms. Mellet's written complaint was filed with the Human Rights Committee in November 2013. She alleged that by prohibiting her from obtaining abortion services in Ireland, Ireland had violated her rights under the ICCPR.

The complaint she submitted sets out the facts of Ms. Mellet's case and the arguments as to how her human rights were violated. The complaint also included a number of legal and medical affidavits and reports from psychologists and other medical professionals. The Government subsequently submitted a detailed written response arguing against Ms. Mellet's claims.

Ms. Mellet submitted a follow-up response to rebut the Government's arguments. The Government then submitted its own follow-up response.

## WHAT WERE THE CENTRAL CLAIMS AT THE HEART OF MS. MELLET'S CASE?

- Violation of the **Right to Freedom from Torture or other Cruel, Inhuman or Degrading Treatment or Punishment** (Article 7 of the ICCPR): This right means that individuals may not be treated in a way that inflicts intense pain and suffering, anguish or humiliation on them. The prohibition of this kind of treatment is absolute. This means that there are no circumstances in which this kind of treatment can be justified. There are no reasons a State can invoke to excuse this kind of treatment.
- Violation of the **Right to Privacy** (Article 17 of the ICCPR): This right means that an individual's personal life—their autonomy, personal integrity and ability to make decisions for themselves about personal matters—should be free from State interferences. If a State restricts someone's right to privacy it has to justify doing so: it must show that the restriction is for a good reason, is fair and proportionate and is actually an effective means to its end.
- Violation of the **Right to Equality before the Law** (Article 26 of the ICCPR): This right means that all individuals must be treated equally. It means that States should *not* treat persons in similar situations differently, but also that they *should* treat differently persons whose situations are significantly different. Differences in treatment will never be allowed if they are not for good reasons and are not proportionate.

## WHAT DID THE GOVERNMENT ARGUE? DID THE COMMITTEE AGREE?

GOVERNMENT'S ARGUMENT	COMMITTEE'S DETERMINATION
<p>The Constitutional and legislative framework on abortion reflects a nuanced and proportionate approach to the question of the extent to which the rights of a foetus should be balanced against the rights of a woman. The Constitution protects the 'right to life of the unborn' and equates it with the right to life of a pregnant woman.</p> <p>As a result, Irish law prohibits abortion except where necessary to avert a real and substantial risk to the life of the pregnant woman. In doing so, Irish law strikes a fair balance between the rights of the foetus and the rights of the pregnant woman.</p>	<p>It is never permissible under international law to 'balance' an individual's right to freedom from cruel, inhuman or degrading treatment with any other considerations. Treatment that amounts to cruel or inhuman treatment can never be justified.</p> <p>Additionally, the 'balance' between Ms. Mellet's right to privacy and the 'right to life of the unborn' was not fair or proportionate. Instead Irish law gave disproportionate weight to the 'right to life of the unborn.'</p>
<p>Irish medical professionals acted in accordance with Irish law when they refused to provide abortion services to Ms. Mellet.</p>	<p>Under international law, States cannot excuse violations of international human rights by pointing to their domestic laws. As a result, it is not relevant that state employees in the health care system acted in accordance with Irish law. The fact that a medical procedure is illegal in a country cannot justify a human rights violation under international law.</p>
<p>Article 40.3.3, which was adopted pursuant to a public referendum, and democratic process, reflects the profound moral views of the Irish people.</p>	<p>Public referenda and democratic processes must not be used by Governments as mechanisms by which to sanction acute human rights violations. The human rights of an individual person, in particular the right to freedom from cruel, inhuman or degrading treatment, cannot be subject to majority views.</p>

## WHAT WERE THE COMMITTEE'S FINDINGS?

The Committee reached the conclusion that Ms. Mellet's rights had been violated by Ireland's laws and practices on abortion, and that Ireland was therefore in breach of its obligations under the ICCPR.

It found that the legal prohibition on abortion, and the fact that Ms. Mellet had to choose between carrying her pregnancy to term or leaving Ireland and travelling to another country to access abortion services, violated Ms. Mellet's rights to freedom from cruel and inhuman treatment, to privacy and to equality before the law. As a result, the Committee ruled that Ireland had contravened Articles 7, 17 and 26 of the ICCPR.

## WHAT WAS THE COMMITTEE'S REASONING?

At the heart of the Committee's decision is its finding that, by virtue of its laws on abortion, the Irish State subjected Ms. Mellet to conditions of intense mental and physical suffering. The Committee outlined a number of interconnected reasons for this conclusion:

### **Breach in the continuum of care and exclusion from a familiar environment**

The Committee found that Ms. Mellet's anguish and vulnerability were greatly exacerbated because she was not able to receive abortion services from within the Irish health care system. Instead, because she decided to end her pregnancy, she found herself entirely outside that system. It held that much of her suffering could have been avoided if she had not been prohibited from having an abortion in the familiar environment of her own country and under the care of health professionals she knew and trusted.

### **Lack of information from doctors and nurses she knew and trusted**

The Committee also considered that, once she decided to end her pregnancy, the trauma caused to Ms. Mellet by her exclusion from the Irish health care system was made worse because she could not obtain information about her medical options, or about what abortion procedures might be appropriate in her case, from medical providers that she knew and trusted.

### **Away from the support of family and bearing the financial, psychological and physical burden of leaving the country**

The Committee found that not only did Ms. Mellet bear considerable physical and financial burdens in having to travel to another country to access abortion services, but also that she bore an added emotional burden because she and her husband were deprived of the support and care of their extended family at a time when they were immensely vulnerable and in need of such support.

### **A long journey home when not fully recovered**

The Committee also held that not being able to easily travel to her own home after the procedure, but instead having to travel for a long distance, wait in an airport and board a plane, all while not fully recovered, increased Ms. Mellet's suffering.

### **Shame and stigma associated with criminalisation of abortion**

The Committee considered that the criminalisation of abortion in Ireland created a sense of shame and stigma, and the sense of judgment and anxiety that this caused Ms. Mellet aggravated the strain she was under and exacerbated its consequences.

## WHAT STEPS IS IRELAND NOW OBLIGED TO TAKE?

The Committee explained that under international law, the Government is obliged to provide Ms. Mellet with full reparation for the human rights violations she experienced.

Under international law, reparations to victims of human rights violations are made by providing two types of remedies. First, the Government must make amends to the person whose rights were violated (known as “individual measures”). Second, the Government must ensure that similar violations do not occur again to other women (known as “general remedial measures” or *guarantees of non-repetition*).

As a result, the Committee outlined that Ireland is obliged to do the following:

- **Individual measures:** Provide Ms. Mellet with adequate compensation and any psychological supports and counselling she needs. [The Government agreed to do this on 30 November 2016].
- **General measures:** Reform its law on voluntary termination of pregnancy, including if necessary it's Constitution, to ensure compliance with the ICCPR including ensuring effective, timely and accessible procedures for pregnancy termination in Ireland.

The Committee requested the Government to report back to it within 180 days on measures taken towards these reparations. In its report to the Committee in November 2016 the Government outlined that it cannot change Irish legislation on abortion until Article 40.3.3 of the Constitution has been dealt with. It stated that Constitutional change requires a public referendum and in this regard it has established the Citizens' Assembly to consider the matter.

The Committee has specified that the obligations on the Irish State to remedy and repair the violations Ms. Mellet endured are binding on Ireland under international law (Article 2 of the ICCPR). Whether Ireland has satisfied these obligations will be determined by the end result of reform efforts—in other words, it will depend on whether and how Ireland's laws are actually reformed.

## **PART II**

# **CRITICAL CONSIDERATIONS FOR LAW REFORM**

# OVERVIEW OF CRITICAL CONSIDERATIONS FOR LAW REFORM

Ireland's laws on abortion include both Constitutional and legislative provisions. If Ireland wishes to comply with the Committee's decision in *Mellet v. Ireland*, and also wishes to avoid similar human rights complaints being filed in future, then it must reform its laws on abortion. It must also ensure that effective, timely and accessible procedures for pregnancy termination are made available in Ireland.

The Government's view is that reform of abortion legislation to make abortion legally available in a broader set of circumstances than is currently legal cannot occur in Ireland while Article 40.3.3 of the Constitution is in place.

There are a number of critical legal and public health considerations that should inform decisions as to what kind of law reform Ireland should adopt. These include:

**The comparative legislative practice of other European countries in the regulation of abortion.**

**International public health and clinical guidelines on abortion.**

**General requirements of international and European human rights law regarding abortion.**

The purpose of this part of the submission is to provide the members of the Citizens' Assembly with a factual and evidence-based overview of these three critical elements. This part is divided into three sections:

**Section I** presents a summary of laws on abortion in other European countries. The summary is based entirely on **primary legal sources** (*i.e.*, the text of the laws of each country). An annex with the names of all the laws and links to them is provided.

**Section II** presents a summary of international public health and clinical evidence and guidelines on safe abortion. The **source** for all the information in this section is the **World Health Organization Safe Abortion Guidelines**. Almost all the text is lifted directly from these guidelines. An annex with links to this source and additional reading material is provided.

**Section III** presents a summary of general international human rights law and jurisprudence on abortion. The **sources** for this are cited directly in the text.

# COMPARATIVE EUROPEAN LAW ON ABORTION

Ireland's abortion laws and practices are among the most restrictive and strict in the world. In Europe, Ireland is joined only by Andorra and Malta in allowing abortion solely when a pregnant woman's life is at risk or not at all. Every other country in Europe allows abortion in a much broader range of circumstances.

The purpose of this section is to provide the Citizens' Assembly with a brief summary of laws and regulations on abortion in other European countries. The summary describes the circumstances in which other countries in Europe allow abortion and what time limits they impose.

The information provided in this submission is brief and succinct. If requested much more detailed and specific information can be provided in writing or through oral presentations.

## **Geographic Scope:**

### The other 27 EU member States:

- Austria, Belgium, Bulgaria, Croatia, Czech Republic, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

### Other Western European countries:

- Iceland, Norway, Switzerland and three of the Microstates (Andorra, Liechtenstein, Monaco).

### Other Eastern European countries:

- Bosnia and Herzegovina, Macedonia, Serbia.

The **sources** for this section are primary legal materials—*i.e.*, the laws and regulations of European countries. All the relevant laws and legal provisions are listed in an Annex and links are provided.

## ARE HIGHLY RESTRICTIVE LAWS LIKE IRELAND'S COMMON IN EUROPE?

No. Only Andorra and Malta's laws on abortion are as strict as Ireland's. Andorra also allows abortion only where a woman's life is at risk. Malta does not allow it at all.

Of the countries listed in the introduction, four other jurisdictions —Poland, Liechtenstein, Monaco and Northern Ireland—also have strict abortion laws. However, Poland, Monaco allow access to abortion in situations of risk to a woman's health or life, situations of sexual assault and situations of severe foetal impairment, and thus are broader than current Irish law. Northern Ireland and Liechtenstein allow access in situations of risk to a woman's health or life and as such their laws are also slightly broader than Ireland's current law. Nonetheless all four jurisdictions' laws are highly restrictive when viewed in the general European context.

## DO MOST EUROPEAN COUNTRIES ALLOW ABORTION IN MUCH BROADER SITUATIONS THAN IS CURRENTLY LEGAL IN IRELAND?

Yes. Except for the six jurisdictions listed above, laws in every other European country included in this analysis and listed in the introduction allow abortion, at least in early pregnancy, on a woman's request or on broad socioeconomic grounds.

- **What is legal abortion on a woman's request?** This means a woman can access abortion, usually in early pregnancy, when she requests it.
- **What is legal abortion on broad socioeconomic grounds?** This means a woman can access abortion if two doctors attest that certain social or economic or family circumstances are present.

Additionally, in all other European countries, doctors can also legally perform abortion later in pregnancy if there is a risk to a woman's health or life or if there is a severe or fatal foetal impairment.

## WHICH EUROPEAN COUNTRIES ALLOW ABORTION ON A WOMAN'S REQUEST AND WHAT TIME LIMITS DO THEY IMPOSE?

Laws in the following countries all allow women's access to abortion on request:

Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Macedonia, the Netherlands, Norway, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden and Switzerland.

These countries establish different time frames within which access to abortion on request is legal. The vast majority limit access on request to early pregnancy, with 12 weeks being the most common time limit:

- **10 Weeks:** Bosnia Herzegovina, Croatia, Macedonia, Portugal, Serbia and Slovenia.
- **12 Weeks:** Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Norway, Slovakia and Switzerland.
- **14 Weeks:** Spain and Romania.
- **Later:** Sweden (18 weeks) and the Netherlands (22–24 weeks).

Women do not need to give any reason at all for a decision to end a pregnancy in the majority of these countries. In a small number of European countries a woman must explain to her physician that continuing the pregnancy would cause her distress (Belgium, Netherlands, Switzerland), that she is in crisis (Hungary), or that continuing the pregnancy would be difficult in her social, economic or family circumstances (Italy).

## WHICH EUROPEAN COUNTRIES ALLOW ABORTION ON BROAD SOCIOECONOMIC GROUNDS?

The text of laws in Iceland, Finland and the UK do not allow women's access to abortion on request. Instead they specify that certain socioeconomic reasons must exist and be certified by two doctors. In practice, these laws are interpreted and applied in a benevolent manner by the medical profession in the relevant country.

- Finland:** Two doctors certify that requiring a woman to continue a pregnancy would be unreasonable due to her personal, social, family, or economic situation. There is a 12-week limit with a possibility of extension to 20 weeks.
- Iceland:** Two doctors certify that a woman would be unable to cope with the pregnancy and birth of a child due to her social circumstances (such as economic situation, poverty, age, family responsibilities, or other factors) or mental health. There is a 12-week limit with a possibility of extension to 16 weeks.
- UK:** Two doctors attest that continuing a pregnancy involves risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of a woman or any existing children in her family. Account may be taken of a woman's actual or reasonably foreseeable environment. There is a 24-week limit.

## WHAT HAPPENS AFTER THE TIME LIMIT FOR ABORTION ON A WOMAN'S REQUEST ENDS? DO EUROPEAN COUNTRIES ALLOW ACCESS LATER IN PREGNANCY?

Yes, all the European countries that allow abortion on request or broad socioeconomic grounds in early pregnancy also explicitly permit abortion later in pregnancy in various exceptional situations:

- **Risk to a woman's health:** This always includes risks to both physical and mental health. Many countries' laws explicitly specify that a risk to a woman's health is an exceptional ground for abortion. Others instead include a provision legalising abortion for general 'therapeutic' purposes which is interpreted to include health reasons.
- **Severe and fatal foetal impairment:** Terminology can differ across jurisdictions, but both serious and fatal foetal impairments are always encompassed, either explicitly or implicitly. Most laws include an explicit provision to cover this situation, but a small number include this implicitly within grounds for 'therapeutic' abortion or risk to women's health.
- **Risk to a woman's life:** In some countries this is included as a distinct and additional ground to risk to health or 'therapeutic' abortion. In other countries risk to a woman's life is not specified explicitly in law but is interpreted as falling within provisions allowing abortion for general 'therapeutic' purposes or on grounds of risk to a woman's health.

## ARE THERE SPECIFIED PROCESSES THAT MUST BE FOLLOWED IN THESE EXCEPTIONAL SITUATIONS?

Yes. Most European countries' laws specify particular processes that must be followed to authorise abortion in these exceptional situations.

In almost all cases the process outlined requires certification of the existence of the medical justification by one or more clinicians, in consultation with colleagues.

## ARE TIME LIMITS APPLIED IN EXCEPTIONAL CASES? WHAT ARE THEY?

When it comes to gestational limits in these exceptional situations, European countries laws vary somewhat in their approach. Many impose no limits at all. Others impose some time limits in relation to certain grounds. In the cases where a time-limit is imposed it usually falls around 22-24 weeks of pregnancy.

## WHAT ABOUT PREGNANCIES THAT ARE THE RESULT OF SEXUAL ASSAULT?

At the time when most European countries legalised women's access to abortion on request, one of their reasons for doing so was to enable women who became pregnant as a result of sexual assault to end their pregnancy in the first trimester without having to obtain police, prosecutorial or judicial certification. As a result, because they have legalised abortion on a woman's request, a number of European countries do not specify an additional ground of legal access to abortion when a pregnancy is the result of sexual assault. However, some countries' laws do name it as a specific, additional ground, in addition to the legality of abortion on request.

In most countries, after the time-limit for abortion on request has passed, women's access to abortion in situations of sexual assault will also usually be permitted within the exceptional ground of risk to a woman's health, which always includes mental health.

## POLAND HAS LEGALISED ABORTION IN MORE SITUATIONS THAN IN IRELAND. HOWEVER IT IS VERY UNUSUAL IN EUROPE BECAUSE IT DOES NOT ALLOW ABORTION ON A WOMAN'S REQUEST. DO ITS LAWS FUNCTION WELL?

No. Although Poland's laws are broader than in Ireland and legalise abortion in situations of risk to a woman's health or life, serious or fatal foetal impairment and pregnancies resulting from sexual assault, its laws and practices have been widely and repeatedly criticised by European and international human rights Courts and Committees [*Sources listed below*].

These criticisms arise for two central reasons. First, because when seen in a European context Poland's laws are highly restrictive. Second, because although abortion is legal in certain specified circumstances, in practice and due to legal and procedural barriers, it is highly restricted in practice. This means that women who qualify for legal abortion services in exceptional circumstances are often unable to access services and end their pregnancies, despite meeting the legal requirements for abortion.

In fact, as a result Poland has been the subject of multiple judgments against it by the European Court of Human Rights because of the impact and practical failures of its restrictive abortion law and is under ongoing scrutiny by the Committee of Ministers of the Council of Europe.

### Sources:

- P. and S. v. Poland, Communication No. 57375/0 European Court of Human Rights (2012).
- Tysiąc v. Poland, Communication No. 5410/03 European Court of Human Rights (2007).
- R.R. v. Poland, Communication No. 27617/04 European Court of Human Rights, Paras. 159-160 (2011).
- Human Rights Committee, *Concluding Observations: Poland*, para. 12, U.N. Doc. CCPR/C/POL/CO/6 (2010).
- Committee on the Elimination of all forms of Discrimination Against Women, *Concluding Observations: Poland*, para. 37 (a), U.N. Doc. CEDAW/C/POL/CO/7-8 (2014).
- Committee Against Torture, *Concluding Observations: Poland*, para. 23, U.N. Doc. CAT/C/POL/CO/5-6 (2013).

# INTERNATIONAL PUBLIC HEALTH AND CLINICAL EVIDENCE AND GUIDELINES

The purpose of this section is to provide the Citizens' Assembly with a brief summary of what international public health and clinical evidence and guidelines say about abortion and the impact of restrictive abortion laws. To this end it asks and answers six basic questions. Again the information provided is brief and succinct. If requested far more detailed information can be provided in writing or through oral presentations.

In this section, all of the answers to the questions outlined below can be found in the **2012 WHO Safe Abortion Guidelines: *Safe abortion: technical and policy guidance for health systems***. These Guidelines were published by the WHO for the purpose of providing evidence-based best practices related to safe abortion care, with the goal of protecting the health of women.

Some additional reading materials with more detailed information and analysis are widely available and an Annex is provided with a list of some relevant materials.

## What is the WHO?

The World Health Organization (WHO) is a specialised agency of the United Nations that is mandated to deal with issues of international public health. It is governed by the World Health Assembly, which is comprised of the governments of the 194 countries, including Ireland, that are members of the WHO.

## DO RESTRICTIVE ABORTION LAWS RESULT IN FEWER ABORTIONS?

No. The WHO outlines that data and evidence demonstrate that restrictive laws on abortion do not help reduce abortion rates. Whether a country's laws on abortion are restrictive or permissive, a woman's likelihood of seeking an abortion is about the same. So strict abortion laws and legal barriers to accessing abortion do not reduce the numbers of women who seek abortion services. Instead, they push women to induce abortion themselves, to travel to another country for abortion services, or to seek abortion from unqualified providers.

## DOES LEGALISING ABORTION INCREASE THE NUMBER OF ABORTIONS?

No. The WHO states that data and evidence demonstrate that legalising access to safe abortion does not increase the rate or number of abortions. The major difference is that abortions that would take place secretly or in another country will instead take place in a regulated, safe environment in the woman's country of residence.

## WHAT ARE SOME OF THE COUNTRIES WITH THE LOWEST RATES OF ABORTION? WHAT KIND OF LAWS DO THEY HAVE?

WHO evidence shows that worldwide rates of abortion are the lowest in countries in Western Europe in which abortion is legally available on a woman's request in early pregnancy and where modern contraceptives are readily available and widely used.

## WHAT IS THE PUBLIC HEALTH IMPACT OF RESTRICTIVE ABORTION LAWS?

The WHO explains that restrictive abortion laws do not decrease women's recourse to abortion, but instead:

- Increase the number of women who will seek illegal, clandestine and/or unsafe abortions, thereby increasing their risk of death, disability, or other medical complications.
- Increase the number of women, in developed countries like Ireland, who will travel to foreign countries in order to access safe and legal abortion services.

The WHO outlines that data shows that removing legal restrictions on abortion leads to fewer deaths among pregnant women. Often due to legal restrictions and the corresponding stigma associated with abortion in countries with restrictive abortion laws, women are reluctant to seek essential medical care if they suffer post-abortion complications.

In addition, when women live in a country with strict abortion laws and travel to neighbouring countries to obtain abortion care, the associated costs and delays in access to care can create social inequities and increase the likelihood of health complications. When abortion is severely restricted in law, women in different socioeconomic situations may not have equal access to safe abortion; women who face financial or social obstacles may not be able to obtain abortions that meet safety requirements.

## IS ABORTION SAFE WHEN IT IS LEGAL?

Yes. The WHO outlines that legal induced abortion is an extremely safe medical procedure when performed in a typical medical setting (*i.e.*, by trained providers under hygienic conditions, using correct medical techniques and medications). While the procedure is always safe when carried out by trained professionals in appropriate contexts, abortion is safest when carried out in early pregnancy. The WHO states that length of pregnancy helps determine the most appropriate abortion method, and affects what kind of information and counselling women should receive prior to abortion.

## DOES CONTRACEPTION ERADICATE WOMEN'S ACCESS TO ABORTION?

No. The WHO explains that access to contraception never completely ends women's access to abortion services. Contraceptive use leads to a reduced number of unintended pregnancies. However, no contraceptive method is 100% effective in preventing pregnancy.

## IN LIGHT OF THIS EVIDENCE, WHAT DOES THE WHO RECOMMEND?

The WHO recommends that abortion laws and services should be designed to protect the health and human rights of women and should be shaped accordingly.

In this regard it is important to recall that the WHO defines health broadly as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." [WHO Constitution, 1946]

The WHO outlines that when abortion is legal and practically accessible on broad socioeconomic grounds or on a woman's request, as is the case in most European countries, then the risks to women's health and human rights are reduced, and rates of unsafe abortion and maternal mortality and morbidity lower.

# GENERAL INTERNATIONAL HUMAN RIGHTS LAW

Part I of this submission outlined in some detail the content and implications of the Human Rights Committee's decision in *Mellet v. Ireland*. The purpose of this section is to briefly supplement that information by providing members of the Citizens' Assembly with a short summary of other international human rights legal and policy considerations of relevance to law reform on abortion in Ireland.

To this end three basic questions are outlined and answered. Central sources for each answer are listed in the text. The information provided is brief and succinct. If requested much more detailed information can be provided in writing or through oral presentations.

## What are the sources of international human rights law?

- International human rights law and standards encompass a range of sources and materials. **Primary sources of law** include the provisions of international human rights treaties which are binding on those States that have ratified them.
- **In Ireland's case these treaties include:** the European Convention on Human Rights, the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention against Torture; the Convention on the Rights of the Child; and the Convention on the Elimination of all forms of Discrimination Against Women.
- Each of these treaties establishes a **supervisory independent expert body** that is tasked with monitoring and overseeing implementation of the treaty. In the case of the European Convention the relevant body is the European Court of Human Rights. In the case of the international treaties the relevant bodies are the following Committees: the Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee Against Torture, the Committee on the Rights of the Child, and the Committee on the Elimination of Discrimination Against Women.
- These bodies have **different functions and mandates** that depend on the relevant treaty. However, most issue recommendations addressed to individual States as to how to improve compliance with the treaties. They also issue more general guidance regarding the obligations on States under the treaties. In some instances they are also all mandated to receive and adjudicate individual complaints and cases against States.

## CAN IRELAND INVOKE DOMESTIC LAW (EVEN ITS CONSTITUTION) TO EXCUSE VIOLATIONS OF INTERNATIONAL LAW? WHAT TAKES PRECEDENCE?

No. International law does not permit States that have ratified international human rights treaties to point to domestic law or even Constitutional provisions to justify violations of those treaties. In fact, it is a fundamental principle of international law that no provision of domestic law may be invoked as an excuse for non-compliance with international treaty obligations. As a result of this legal principle, when a State decides to ratify an international treaty it must do everything it can to bring its domestic laws and policies into line with the obligations set out under that treaty. Under international law, international treaties take precedence over domestic law.

### Sources:

- Article 26, Vienna Convention on the Law of Treaties: “Every treaty in force is binding upon the parties to it and must be performed by them in good faith.”
- Article 27, Vienna Convention on the Law of Treaties: “A party may not invoke the provisions of its internal law as justification for its failure to perform a treaty.”

## WHO HAS RIGHTS, INCLUDING A RIGHT TO LIFE, UNDER INTERNATIONAL HUMAN RIGHTS LAW?

Under the international human rights treaties ratified by Ireland the human rights enshrined accrue from birth. They do not apply prenatally. Human rights bodies have made it clear that a foetus, or earlier stages of prenatal life, do not enjoy the protection of international human rights law.

As such, all persons who are born and living have the full panoply of rights that are enshrined in international human rights treaties. These include the right to the highest attainable standard of health, the right to be free from ill-treatment, the right to non-discrimination.

### Sources:

- *Travaux Préparatoires* (drafting records) to the International Covenant on Civil and Political Rights: U.N. GAOR Annex, 12th Session, Agenda Item 33, ¶¶ 96, 113, 119, U.N. Doc. A/C.3/L.654.
- *Travaux Préparatoires* (drafting records) to the Convention on the Rights of the Child: Question of a Convention on the Rights of the Child: Report of the Working Group, U.N. Commission on Human Rights, 36th Sess., U.N. Doc. E/CN.4/L.1542 (1980). See also Report of the Working Group on a Draft Convention on the Rights of the Child, U.N. Comm’n on Human Rights, 45th Sess., at 11, U.N. Doc. E/CN.4/1989/48 (1989).
- *Travaux Préparatoires* (drafting records) to the Universal Declaration on Human Rights U.N. GAOR 3rd Comm., 99th mtg., paras. 110-124, U.N. Doc. A/PV/99 (1948).

## IS ENSURING WOMEN'S ABILITY TO ACCESS TO SAFE AND LEGAL ABORTION SERVICES SOMETHING THAT INTERNATIONAL HUMAN RIGHTS LAW REQUIRES?

Yes. International human rights bodies have consistently and repeatedly expressed concerns over the criminalisation of abortion, restrictive national laws and policies on abortion, and practical barriers that women face in their access to safe abortion care. They have specified that in order to comply with obligations under relevant human rights treaties States should decriminalise abortion, liberalise restrictive abortion laws and remove barriers that hinder women's access to safe abortion services.

They have repeatedly called upon States with restrictive abortion laws to reform them and they have outlined that failures to allow women's access to safe and legal abortion can jeopardise women's human rights to life, to freedom from torture and other forms of ill treatment, to health, privacy and to equality and non-discrimination in the enjoyment of rights.

### **The sources for this are listed in detail in:**

- Abortion, Information Series on Sexual and Reproductive Health and Rights, Office of the High Commissioner for Human Rights: [http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO\\_Abortion\\_WEB.pdf](http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf)
- Breaking Ground, Treaty Monitoring Bodies on Reproductive Rights, 2016: [https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP\\_TMB\\_Booklet\\_2016\\_Web.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP_TMB_Booklet_2016_Web.pdf)

# ANNEXES

# ANNEX I: RESOURCES ON INTERNATIONAL PUBLIC HEALTH AND CLINICAL EVIDENCE AND GUIDELINES

## WORLD HEALTH ORGANIZATION:

World Health Organization, Safe Abortion: Technical and Policy Guidance for Health Systems, Second Edition (2012)

[http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/9789241548434/en/](http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/)

## EUROPEAN COMMISSION REPROSTAT GROUP:

REPROSTAT Group, Terminations of Pregnancy in the European Union, 119(4) British J. Obstetrics & Gynaecology 516 (2011)

<http://www.cesruc.org/uploads/soft/130303/1-130303194T6.pdf>

## LANCET MATERIALS:

G. Sedgh et al., Induced Abortion: Incidence and Trends Worldwide from 1995 to 2008, 379 Lancet 625 (2012)

<http://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/Sedgh-Lancet-2012-01.pdf>

D. Grimes et al., Unsafe abortion: the preventable pandemic, 368 Lancet 1908 (2006)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69481-6/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69481-6/abstract)

## ANNEX II: NATIONAL LAWS ON ABORTION IN EUROPE

Country	Names of Laws	Link(s) to laws
<b>Andorra</b>	Penal Code of 11 July 1990, Title III, Chpt. I, Arts. 185-188 (Butllet Oficial del Principat d'Andorra, Vol. 2, No. 21, 21 July 1990, pp. 378-96)	<b>English translation:</b> <a href="https://www.hsph.harvard.edu/population/abortion/ANDORRA.abo.htm">https://www.hsph.harvard.edu/population/abortion/ANDORRA.abo.htm</a>
<b>Austria</b>	Bundesgesetz vom 23. Jänner 1974 über die mit gerichtlicher Strafe bedrohten Handlungen (Strafgesetzbuch [StGB]) [ <i>Federal Law of 23 January 1974 on Punishable Acts (Penal Code [StGB])</i> ]  (last amended by Bundesgesetzblatt [BGBl] I Nr. 106/214, Dec. 29, 2014, Part I, No. 1974/60, Stück 21, pp. 641–92)	<b>Official text</b> , Federal Law of 23 January 1974 (German): <a href="http://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&amp;Gesetzesnummer=10002296">http://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&amp;Gesetzesnummer=10002296</a>  <b>English translation:</b> <a href="http://cyber.law.harvard.edu/population/abortion/Austria.abo.html">http://cyber.law.harvard.edu/population/abortion/Austria.abo.html</a>
<b>Belgium</b>	Code pénal [ <i>Penal Code</i> ], art. 350, as amended in 1990 and 2000 Titre VII, Chapitre I, Arts. 348–352.	<b>Official text (French):</b> <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a>
<b>Bosnia and Herzegovina</b>	Law on the conditions and procedures for abortion, 20 March, 2008  Criminal Code (2003), Chpt. 16, Art. 171	<b>Official text, Law on the conditions and procedures for abortion (Bosnian):</b> <a href="https://www.hsph.harvard.edu/population/abortion/BOSNIAANDHERZEGOVINA.abo.htm">https://www.hsph.harvard.edu/population/abortion/BOSNIAANDHERZEGOVINA.abo.htm</a>  <b>Official text, Criminal Code (Bosnian &amp; English translation):</b> <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a>
<b>Bulgaria</b>	Decree No. 2 of 1 February 1990 on the conditions and procedures for the artificial termination of pregnancy, as amended in 2000 (Gazette No. 12 of 9 February 1990, as amended and supplemented in Gazette No. 89 of 31 October 2000)  Penal Code (as amended in 2010), Arts. 125-126	<b>Official text Decree No. 2 (Bulgarian and English translation):</b> <a href="http://www.reproductiverights.org/node/3633/map_popup">http://www.reproductiverights.org/node/3633/map_popup</a>  <b>Penal Code (English translation):</b> <a href="http://www.legislationline.org/documents/action/popup/id/8881/preview">http://www.legislationline.org/documents/action/popup/id/8881/preview</a>

<b>Croatia</b>	<p>Law No. 1252-1978 of 21 April 1978, Act concerning the medical measures for materialization of the right to freely decide on the birth of children, Arts. 1-2, 15-28, and 35-44 (inherited from former Yugoslavia)</p> <p>Penal Code, Art. 97</p>	<p><b>Official text:</b> Law No. 1252-1978 (Croatian and English translation): <a href="http://www.reproductiverights.org/world-abortion-laws/croatias-abortion-provisions#English">http://www.reproductiverights.org/world-abortion-laws/croatias-abortion-provisions#English</a></p> <p><b>Penal Code (English translation):</b> <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>
<b>Cyprus</b>	<p>Penal Code, Arts. 167-169A</p>	<p><b>English translation:</b> <a href="https://www.hsph.harvard.edu/population/abortion/Cyprus.abo.html">https://www.hsph.harvard.edu/population/abortion/Cyprus.abo.html</a></p>
<b>Czech Republic</b>	<p>Law on Abortion of October 20, 1986 (last amended September 8, 1992) on Implementation of the Law on Abortion</p> <p>Penal Code (2009, amended 2011), Part I Chpt. VIII, § 122, and Part II Chpt. I, §§ 159–163</p>	<p><b>Official text, Law on Abortion of October 20, 1986 (Czech):</b> <a href="http://www.cgps.cz/cgps/doc/75_1986_Sb.txt">http://www.cgps.cz/cgps/doc/75_1986_Sb.txt</a></p> <p><b>English translation:</b> <a href="https://www.hsph.harvard.edu/population/abortion/CZECHREPUBLIC.abo.htm">https://www.hsph.harvard.edu/population/abortion/CZECHREPUBLIC.abo.htm</a></p> <p><b>Penal Code (English translation):</b> <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>
<b>Denmark</b>	<p>Sundhedsloven, LBK nr. 1202 af 14/11/2014 (Health Act), Chpts. 25, 27-28, §§ 92-94, 97-103, 269</p>	<p><b>Official text, Health Act 2014 (Danish):</b> <a href="https://www.retsinformation.dk/forms/r0710.aspx?id=152710#Kap25">https://www.retsinformation.dk/forms/r0710.aspx?id=152710#Kap25</a></p> <p><b>English translation:</b> <a href="https://www.hsph.harvard.edu/population/abortion/DENMARK.abo.htm">https://www.hsph.harvard.edu/population/abortion/DENMARK.abo.htm</a></p>
<b>Estonia</b>	<p>Termination of Pregnancy and Sterilization Act (1998, as amended through 2015)</p> <p>Penal Code (2001, amended 2014), Chpt. 9, Div. 4, §§ 125–128</p>	<p><b>Official text, Termination of Pregnancy and Sterilization Act of 1998 (Estonian):</b> <a href="https://www.riigiteataja.ee/akt/120022015011">https://www.riigiteataja.ee/akt/120022015011</a></p> <p><b>Penal Code (English translation):</b> <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>

<p><b>Finland</b></p>	<p>Law No. 239 of 24 March 1970 on the interruption of pregnancy, as amended through Law No. 374 of 29 May 2009 (1970, as amended), §§ 1-13</p> <p>Ordinance No. 359 of 29 May 1970 on the interruption of pregnancy, as amended through Ordinance No. 394 of 5 June 2008</p> <p>Criminal Code, Chpt. 22 (2015)</p>	<p><b>Official text, Laws No. 239 and 359 (Swedish/Finnish):</b>  <a href="http://www.finlex.fi/sv/laki/ajantasa/1970/19700239?search%5Btype%5D=pika&amp;search%5Bpika%5D=abort">http://www.finlex.fi/sv/laki/ajantasa/1970/19700239?search%5Btype%5D=pika&amp;search%5Bpika%5D=abort</a></p> <p><b>English translation:</b>  <a href="https://www.hsph.harvard.edu/population/abortion/Finland.abo.htm">https://www.hsph.harvard.edu/population/abortion/Finland.abo.htm</a></p> <p><b>Criminal Code (English translation):</b>  <a href="http://www.finlex.fi/en/laki/kaannokset/1889/en18890039.pdf">http://www.finlex.fi/en/laki/kaannokset/1889/en18890039.pdf</a></p>
<p><b>France</b></p>	<p>Code de la santé publique (Public Health Code), Partie législative, Deuxième partie, Livre II, "interruption volontaire de grossesse" [IVG]; most recently modified by the loi santé du 26 janvier 2016)</p>	<p><b>Official text (French):</b>  <a href="https://www.legifrance.gouv.fr/affichCode.do?cidTexte=LEGITEXT000006072665&amp;dateTexte=20160929">https://www.legifrance.gouv.fr/affichCode.do?cidTexte=LEGITEXT000006072665&amp;dateTexte=20160929</a></p> <p><b>English translation:</b>  <a href="https://www.reproductiverights.org/node/3928/map_popup">https://www.reproductiverights.org/node/3928/map_popup</a></p>
<p><b>Germany</b></p>	<p>Penal Code: § 218 a Abs. 1, § 219 Strafgesetzbuch StGB</p>	<p><b>Official text (German):</b>  <a href="http://www.buzer.de/s1.htm?g=StGB&amp;a=218-219b">http://www.buzer.de/s1.htm?g=StGB&amp;a=218-219b</a></p> <p><b>English translation:</b>  <a href="http://germanlawarchive.iuscomp.org/?p=752#218">http://germanlawarchive.iuscomp.org/?p=752#218</a></p>
<p><b>Greece</b></p>	<p>Law No. 3418/2005, the Code of Medical Ethics</p>	<p><b>Official text, Law No. 3418/2005 (Greek with English summary) &amp; Penal Code (English translation):</b>  <a href="https://www.hsph.harvard.edu/population/abortion/Greece.abo.html">https://www.hsph.harvard.edu/population/abortion/Greece.abo.html</a></p>
<p><b>Hungary</b></p>	<p>Act LXXIX of 1992 on the protection of fetal life;  Criminal Code § 163</p>	<p><b>Official text, Act LXXIX of 1992 (Hungarian &amp; English translation):</b>  <a href="https://www.reproductiverights.org/node/3929/map_popup">https://www.reproductiverights.org/node/3929/map_popup</a></p> <p><b>Official text, Criminal Code (Hungarian &amp; English translation):</b>  <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>

<b>Iceland</b>	Lög um ráðgjöf og fræðslu varðandi kynlíf og barneignir og um fóstureyðingar og ófrjósemisaðgerðir, 1975 nr. 25 [Act on Counselling and Education Regarding Sex and Childbirth and on Abortion and Sterilization Procedures], Section II, Arts. 8-16, 28	<b>Official text, Act on Counselling and Education (Icelandic):</b> <a href="http://www.althingi.is/lagas/nuna/1975025.html">http://www.althingi.is/lagas/nuna/1975025.html</a> <b>English translation:</b> <a href="https://eng.velferdarraduneyti.is/media/acrobats-enskar_sidur/Act_on_counselling_and_instruction_etc_No_25_1975_as_amended.pdf">https://eng.velferdarraduneyti.is/media/acrobats-enskar_sidur/Act_on_counselling_and_instruction_etc_No_25_1975_as_amended.pdf</a>
<b>Italy</b>	Legge 22 maggio 1978, n. 194, Norme per la tutela sociale della maternita' e sull'interruzione volontaria della gravidanza [Law No. 194 of May 22, 1978, Provisions on the Social Protection of Maternity and the Voluntary Interruption of Pregnancy], Gazzetta Ufficiale della Repubblica Italiana [G. U.] [Official Gazette] No. 140 (May 22, 1978)	<b>Official text, Law No. 194 (Italian):</b> <a href="http://www.salute.gov.it/imgs/C_17_normativa_845_allegato.pdf">http://www.salute.gov.it/imgs/C_17_normativa_845_allegato.pdf</a> <b>English translation:</b> <a href="https://www.hsph.harvard.edu/population/abortion/ITALY.abo.htm">https://www.hsph.harvard.edu/population/abortion/ITALY.abo.htm</a>
<b>Latvia</b>	Sexual and Reproductive Health Law of February 19, 2002, Chpt. 6 and Cabinet Reg. No. 590 on Organizational Procedures for the Termination of Pregnancy of October 28, 2003  Criminal Code of the Republic of Latvia, §§ 135–136	<b>Official text, SRHL (2002) (Latvian):</b> <a href="https://www.vestnesis.lv/ta/id/58982-seksualas-un-reproduktivas-veselibas-likums">https://www.vestnesis.lv/ta/id/58982-seksualas-un-reproduktivas-veselibas-likums</a> <b>Official text, Cabinet Reg. No. 590 (Latvian):</b> <a href="https://www.vestnesis.lv/ta/id/80585-grutniecibas-partrauksanas-organizatoriskakartiba">https://www.vestnesis.lv/ta/id/80585-grutniecibas-partrauksanas-organizatoriskakartiba</a> <b>SRHL (2002) &amp; Cabinet Reg. No. 590 (English translations):</b> <a href="https://www.hsph.harvard.edu/population/abortion/LATVIA.abo.htm">https://www.hsph.harvard.edu/population/abortion/LATVIA.abo.htm</a> <b>Official text, Criminal Code (English and Latvian):</b> <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a>
<b>Liechtenstein</b>	Penal Code, 24 June 1987, Art. 96	<b>English translation:</b> <a href="https://www.hsph.harvard.edu/population/abortion/LIECHTENSTEIN.abo.htm">https://www.hsph.harvard.edu/population/abortion/LIECHTENSTEIN.abo.htm</a>

<b>Lithuania</b>	<p>Order No. 50 of 28 January 1994 of the Ministry of Health of Lithuania, on procedures for performing a surgical termination of pregnancy</p> <p>Penal Code (1988), Arts. 142-143</p>	<p><b>Official text, Law 50/1994 (Lithuanian &amp; English translation):</b>  <a href="http://www.reproductiverights.org/world-abortion-laws/lithuanias-abortion-provisions">http://www.reproductiverights.org/world-abortion-laws/lithuanias-abortion-provisions</a></p> <p><b>Penal Code (English translation):</b>  <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>
<b>Luxembourg</b>	<p>Interruption volontaire de grossesse, la loi du 17 décembre 2014 (modifying articles 350, 351, 353 &amp; 353-1 of the Penal Code)</p>	<p><b>Official text (French):</b>  <a href="http://www.legilux.public.lu/leg/a/archives/2014/0238/a238.pdf">http://www.legilux.public.lu/leg/a/archives/2014/0238/a238.pdf</a></p>
<b>Macedonia</b>	<p>Law on the Termination of Pregnancy</p> <p>Penal Code, Art. 129 (1996, as amended Sept. 2009)</p>	<p><b>Law on the Termination of Pregnancy (Original Macedonian &amp; English summary):</b>  <a href="https://www.hsph.harvard.edu/population/abortion/MACEDONIA.abo.htm">https://www.hsph.harvard.edu/population/abortion/MACEDONIA.abo.htm</a></p> <p><b>Penal Code (English translation):</b>  <a href="http://www.legislationline.org/documents/action/popup/id/16066/preview">http://www.legislationline.org/documents/action/popup/id/16066/preview</a></p>
<b>Malta</b>	<p>Criminal Code, as amended through 2007</p>	<p><b>English translation:</b>  <a href="https://www.hsph.harvard.edu/population/abortion/MALTA.abo.htm">https://www.hsph.harvard.edu/population/abortion/MALTA.abo.htm</a></p>
<b>Monaco</b>	<p>Law No. 1359 of 20 April 2009 creating a Center for prenatal coordination and family support (amending Article 248 of the Penal Code and Article 323 of the Civil Code)</p>	<p><b>Law No. 1359 (French):</b>  <a href="https://www.hsph.harvard.edu/population/abortion/MONACO.abo.htm">https://www.hsph.harvard.edu/population/abortion/MONACO.abo.htm</a></p>
<b>Netherlands</b>	<p>Wet van 1 mei 1981, houdende regelen met betrekking tot het afbreken van zwangerschap (Wet afbreking zwangerschap [<i>Law on the Termination of Pregnancy</i>]) (as last amended May 17, 2010, in force Oct. 10, 2010), § 2 (inter alia, amending the Criminal Code, §296)</p> <p>Decree on the Termination of Pregnancy (last amended May 2009)</p>	<p><b>Official text, Law on the Termination of Pregnancy (Dutch):</b>  <a href="http://wetten.overheid.nl/BWBR0003396/geldigheidsdatum_14-01-2015">http://wetten.overheid.nl/BWBR0003396/geldigheidsdatum_14-01-2015</a></p> <p><b>Official text, Criminal Code (Dutch):</b>  <a href="http://wetten.overheid.nl/BWBR0001854/2016-01-01">http://wetten.overheid.nl/BWBR0001854/2016-01-01</a></p> <p><b>Law on the Termination of Pregnancy &amp; Criminal Code (English translations):</b>  <a href="http://www.hsph.harvard.edu/population/abortion/NETHERLANDS.abo.html">http://www.hsph.harvard.edu/population/abortion/NETHERLANDS.abo.html</a></p>

<p><b>Norway</b></p>	<p>Lov om svangerskapsavbrudd [abortloven]          Lov No. 50 [Abortion Act, Law No. 50 of 13 June 1975 on the Termination of Pregnancy, as amended through 19 June 2009]</p> <p>Regulations for the Implementation of the Act Concerning Termination of Pregnancy</p>	<p><b>Official text, Abortion Act (Norwegian):</b>  <a href="https://lovdata.no/dokument/NL/lov/1975-06-13-50?q=abortlov">https://lovdata.no/dokument/NL/lov/1975-06-13-50?q=abortlov</a></p> <p><b>English translation (&amp; copy of original Norwegian-language Regulations for the Implementation of the Act Concerning Termination of Pregnancy):</b>  <a href="https://www.hsph.harvard.edu/population/abortion/norway.abo.html">https://www.hsph.harvard.edu/population/abortion/norway.abo.html</a></p>
<p><b>Poland</b></p>	<p>Act on Family Planning, Protection of the Human Fetus, and Conditions for Pregnancy Termination of 7 Jan. 1993</p>	<p><b>Official text (Polish):</b>  <a href="http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Polish%20Abortion%20Act%20(in%20Polish).pdf">http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Polish%20Abortion%20Act%20(in%20Polish).pdf</a></p> <p><b>English translation:</b>  <a href="http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Polish%20abortion%20act--English%20translation.pdf">http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Polish%20abortion%20act--English%20translation.pdf</a></p>
<p><b>Portugal</b></p>	<p>Código Penal, Decreto-Lei No. 48/1995, de 15 de Março, Articles 140-142</p>	<p><b>Official text, Código Penal (Portuguese):</b>  <a href="http://www.pgdlisboa.pt/pgdl/leis/lei_mostra_articulado.php?tabela=leis&amp;artigo_id=&amp;nid=109&amp;ficha=101&amp;pagina=&amp;nversao">http://www.pgdlisboa.pt/pgdl/leis/lei_mostra_articulado.php?tabela=leis&amp;artigo_id=&amp;nid=109&amp;ficha=101&amp;pagina=&amp;nversao</a></p> <p><b>Official text, Lei No. 16/2007 (Portuguese):</b>  <a href="http://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=913&amp;tabela=leis&amp;ficha=1&amp;pagina=1&amp;so_miolo">http://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=913&amp;tabela=leis&amp;ficha=1&amp;pagina=1&amp;so_miolo</a></p>
<p><b>Romania</b></p>	<p>Romanian Penal Code 2009 (last modified 2012, in force as of 2014), Chpt. IV (Assault on a fetus), Arts. 201 -202 on termination of pregnancy</p>	<p><b>Official text, Romanian Penal Code (Law no. 286/2009) (Romanian &amp; English, translation by govt. of the Netherlands):</b>  <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>
<p><b>Serbia</b></p>	<p>Law on the procedures for the termination of pregnancy in health institutions, 1995, as amended in 2005</p> <p>Penal Code Art. 120</p>	<p><b>1995 law (original Serbian &amp; English summary):</b>  <a href="https://www.hsph.harvard.edu/population/abortion/SERBIA.abo.htm">https://www.hsph.harvard.edu/population/abortion/SERBIA.abo.htm</a></p> <p><b>Official text, Penal Code (Serbian &amp; English translation):</b>  <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>

<p><b>Slovakia</b></p>	<p>Act No. 73/1986 Coll. on Artificial Interruption of Pregnancy, as amended by Act No. 419/1991 Coll.</p> <p>Act No. 345/2009 Coll. of Laws Amending Act No. 576/2004 Coll. on Healthcare, Healthcare-related Services and Amending and Supplementing Certain Acts, as amended</p>	<p><b>Official text, Acts No. 73/1986 &amp; 345/2009 (Slovak &amp; English translation):</b>  <a href="https://www.reproductiverights.org/node/2726/map_popup">https://www.reproductiverights.org/node/2726/map_popup</a></p>
<p><b>Slovenia</b></p>	<p>Law of 20 April 1977 on medical measures to implement the right to a free decision regarding the birth of children, arts. 17-18, 24-25</p> <p>Criminal Code, Chpt. 15, Criminal offences against life and limb, Art. 121 on illegal abortion</p>	<p><b>Law of 20 April 1977 (English translation):</b>  <a href="https://www.hsph.harvard.edu/population/abortion/SLOVENIA.abo.htm">https://www.hsph.harvard.edu/population/abortion/SLOVENIA.abo.htm</a></p> <p><b>Criminal code (English translation):</b>  <a href="http://www.legislationline.org/documents/section/criminal-codes">http://www.legislationline.org/documents/section/criminal-codes</a></p>
<p><b>Spain</b></p>	<p>Ley 2/2010 Orgánica de Salud Sexual y Reproductiva y de la Interrupción Voluntaria del Embarazo [Organic Law 2/2010 on Sexual and Reproductive Health and the Voluntary Interruption of Pregnancy], Capítulo I, Boletín Oficial del Estado [B.O.E.] Mar. 4, 2010</p>	<p><b>Official text, Organic Law 2/2010 (Spanish):</b>  <a href="http://www.boe.es/buscar/act.php?id=BOE-A-2010-3514">http://www.boe.es/buscar/act.php?id=BOE-A-2010-3514</a></p> <p><b>English translation:</b>  <a href="http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Organic%20law%202010%20on%20SRH%20and%20voluntary%20pregnancy%20termination%20-%20English%20Translation.pdf">http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Organic%20law%202010%20on%20SRH%20and%20voluntary%20pregnancy%20termination%20-%20English%20Translation.pdf</a></p>
<p><b>Sweden</b></p>	<p>Lag om abort [Abortlagen] (Svensk Författningssamling [SFS] 1974:595) [Abortion Act (as amended in 2013)]</p>	<p><b>Official text (Swedish):</b>  <a href="http://www.notisum.se/rnp/SLS/lag/19740595.html">http://www.notisum.se/rnp/SLS/lag/19740595.html</a></p> <p><b>English translation:</b>  <a href="https://www.hsph.harvard.edu/population/abortion/SWEDEN.abo.html">https://www.hsph.harvard.edu/population/abortion/SWEDEN.abo.html</a></p>
<p><b>Switzerland</b></p>	<p>Schweizerisches Strafgesetzbuch [StGB] [Criminal Code] Dec. 21, 1937 (status as of Jan. 1, 2015), Book Two, Specific Provisions, SR 311, arts. 118–120, as modified by Amended by No I of the Federal Act of 23 March 2001 (Abortion), in force since 1 Oct. 2002</p>	<p><b>Official law (French):</b>  <a href="https://www.admin.ch/opc/fr/official-compilation/2002/2989.pdf">https://www.admin.ch/opc/fr/official-compilation/2002/2989.pdf</a></p> <p><b>English translation:</b>  <a href="http://www.admin.ch/ch/e/rs/3/311.0.en.pdf">http://www.admin.ch/ch/e/rs/3/311.0.en.pdf</a></p>

<b>United Kingdom</b>	Abortion Act 1967, Chpt 87 (amending Offences Against the Person Act 1861, §§ 58-59)	<b>Official text, Abortion Act of 1967:</b> <a href="http://www.legislation.gov.uk/ukpga/1967/87/c/contents">http://www.legislation.gov.uk/ukpga/1967/87/c/contents</a>  <b>Official text, Offense Against the Person Act of 1861:</b> <a href="http://www.legislation.gov.uk/ukpga/Vict/24-25/100/crossheading/attempts-to-procure-abortion">http://www.legislation.gov.uk/ukpga/Vict/24-25/100/crossheading/attempts-to-procure-abortion</a>
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