ABORTION CARE AND COSTS IN EUROPE AND CENTRAL ASIA

IPPF European Network

The economic burden for women of accessing abortion care

IPPF EN carried out research[1] via our network of national Member Associations and Collaborative Partners in Europe and Central Asia on access to abortion care in their countries[2], with a particular focus on the economic burden. This is a snapshot of the findings.

1. LIMITED COVERAGE IN THE NATIONAL HEALTH INSURANCE SYSTEM

Women can only access abortion care if it is financially affordable. Countries should ensure equitable access for everyone by covering abortion care in their national health insurance (or equivalent), just like for any other essential healthcare provision.

But although almost all the countries surveyed legally allow abortion on request (30 countries), nearly half of them **fail to cover it through national health insurance** (14 countries*, including 6 EU Member States). This forces many women to pay out-of-pocket to access essential healthcare.

When governments fail to cover abortion care, they place the **greatest burden** on people least able to afford to pay out-of-pocket, hampering access and creating and exacerbating **inequalities**.

They also contribute to **stigmatisation** of abortion care, implying that women do not deserve care unless they pay for it themselves.

*Austria, Bulgaria, Croatia, Germany, Latvia, Montenegro, Romania, Bosnia & Herzegovina, North Macedonia, Georgia, Kosovo, Serbia, Tajikistan and Uzbekistan

[1]Data was collected via a survey from August 2023-April 2024

[2]Organisations from 33 countries took part: Albania, Austria, Belgium, Bosnia & Herzegovina, Bulgaria, Croatia, Denmark, Estonia, France, Georgia, Germany, Hungary, Ireland, Israel, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Republic of North Macedonia, Romania, Serbia, Slovenia, Sweden, Switzerland, Tajikistan, Turkey, Uzbekistan.

2. FAILURE TO COVER CARE EVEN IN URGENT AND DRAMATIC CASES

Shockingly, many countries **deny women financial support** for abortion care even when it is needed in the following specific cases:

To save a woman's life
24% of countries surveyed

To preserve a woman's health
27% of countries surveyed

In cases of fetal impairment
30% of countries surveyed

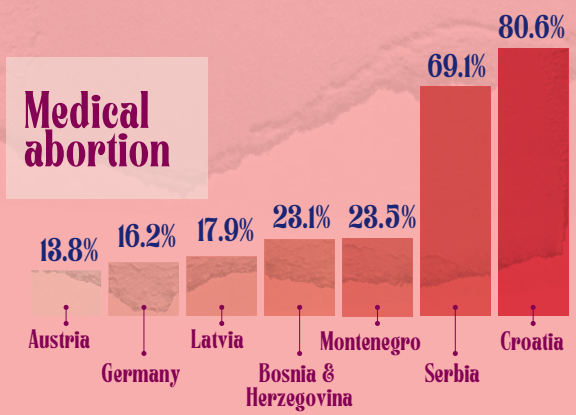
When a woman is a victim/ survivor of rape
39% of countries surveyed

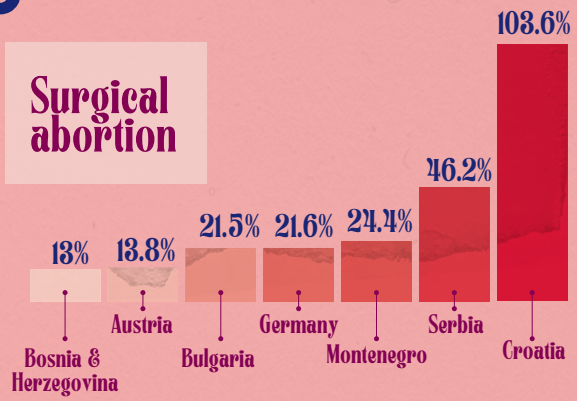
This failure to remove the economic burden and to ensure there is no financial barrier to accessing healthcare even in the most urgent or dramatic circumstances, strongly undermines **women's health and safety**, and the **well-being of their families**. It is unacceptable that a **large number of countries abandon women** to fend for themselves.

3. WOMEN FACE HIGH DIRECT COSTS TO ACCESS CARE

In countries where governments do not cover access to abortion care on request in national health insurance, **women, their families and communities, are left to pick up the cost**.

We compared the **cost of this essential healthcare** in public medical facilities to women's median monthly income in these countries. It ranged from 13.8% of the monthly income in Austria for medical abortion, up to 103.6% in Croatia for surgical abortion:*





In 10 countries, direct costs are further increased by **mandatory tests and examinations** as part of pre- or post-abortion care, making the burden even more significant. Lack of access to care in public facilities may also force women to seek **more costly care in the private healthcare sector**.

NB – the true picture for many people is harsher than these figures indicate, since median income figures do not include women and girls without their own income, and since many low earners will fall far below the median income level.

* Costs of medical and surgical abortion at gestation age less than or equal to 12 weeks

4. THOSE EXCLUDED FROM HEALTH INSURANCE COVERAGE FACE GREATEST BURDEN

In 17 out of 29 countries that do cover abortion care in the national healthcare system, either on request or in certain cases, **women and girls who are excluded** from national health insurance coverage are still forced to pay to access abortion care. Typically, this **affects people from marginalised groups**, such as **undocumented immigrants** and some **refugees**, as well as **people who cannot afford to pay for health insurance**, and **young people** who don't yet have their own health insurance and don't want their legal guardians to know they had an abortion.

In most of these countries, the cost of abortion for those without health insurance is below 20% of women's monthly median income.

But in some - **PORTUGAL, SERBIA, UZBEKISTAN AND SWITZERLAND - IT RISES TO ABOVE 50%, WITH THE HIGHEST COST IN HUNGARY** (UP TO **87%**) **AND NORTH MACEDONIA** (**149%**).

In reality, the impact on access for women from marginalised groups is likely to be even greater than this indication suggests.

Excessive medical bills can clearly exacerbate and lead to **impoverishment**, forcing people to reduce spending on other **basic living expenses such as food, shelter and clothing**. Lack of reimbursement may also force people to seek abortion care **outside the formal healthcare system**.

5. INDIRECT COSTS AND UNNECESSARY BARRIERS FURTHER LIMIT ACCESS

In addition to direct costs, women also face indirect costs when accessing abortion care. Indirect costs have a significant impact on the accessibility of care.

They include:

- Travel Costs
- Overnight Accommodation
- Childcare
- Taking Time off Work
- Toiletries/ Hygiene Articles
- Unofficial Payments to Healthcare Providers

Some countries exacerbate these indirect costs by imposing additional **unnecessary barriers** that force women to travel more.

Among these are:

- Mandatory waiting periods
- Mandatory counselling
- Multiple referrals or follow-up appointments
- Lack of access in some regions
- Refusal of care by doctors
- Lack of confidentiality and abortion stigma, which shame women into traveling further from home.

Indirect costs further **accentuate inequalities** between women with different socio-economic situations and add to the heavy burden faced by many.

6. TELEMEDICINE AND SELF-MANAGEMENT REDUCE OBSTACLES AND BOOST ACCESS

Telemedicine, meaning the possibility to access consultations with healthcare professionals and treatment through **remote communication technologies**, increases the accessibility and affordability of abortion care, by removing the need for travel to medical facilities, together with other indirect costs. **Self-management techniques**, whereby women can self-manage any component of a medical abortion at home, can also help to **reduce obstacles** to care.

CURRENTLY ONLY 6 OF THE COUNTRIES SURVEYED, INCLUDING ESTONIA, FRANCE AND IRELAND AMONG EU MEMBER STATES, ALLOW TELEMEDICINE, WHILE 14, INCLUDING 9 EU COUNTRIES, ALLOW SOME COMPONENT OF SELF-MANAGEMENT.
OTHER GOVERNMENTS SHOULD FOLLOW SUIT.

7. POLICY RECOMMENDATIONS

Governments have a responsibility to safeguard free and safe reproductive lives without economic barriers.

We call on decision-makers to:

- Expand national health insurance coverage to include abortion care
- Ensure abortion policies include coverage of indirect costs of care and remove any unnecessary obstacles that may exacerbate them
- Guarantee consistent availability throughout the country in the public system and regulate fees in private facilities
- Prioritise equitable access for marginalised groups by removing insurance and language barriers and establish specific schemes to provide financial and social support for those without health insurance
- Centre availability, accessibility, acceptability and quality in abortion care regulation

At the regional level, we call on the **EU institutions to support initiatives aimed at improving access to abortion care through the EU4Health Programme**, and support a possible **solidarity mechanism between Member States** to cover access to abortion care for women who live in EU countries where access is limited or impossible, as proposed by the **My Voice, My Choice European Citizens Initiative.**

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