

HOW OUR MEMBERS STOOD UP FOR ACCESS TO ABORTION CARE DURING COVID-19 THE CRUCIAL ROLE OF CIVIL SOCIETY ORGANISATIONS IN TIMES OF CRISIS

The COVID-19 pandemic and its consequences have endangered everyone's health. But in almost all European countries, women have been particularly affected by a significant restriction in access to sexual and reproductive health (SRH) care, and abortion care in particular.

Due to the COVID-19 restrictions imposed at the beginning of the crisis, many healthcare facilities had to close down or reduce their activities. 94% of IPPF European Network members reported a decrease in the number and frequency of their services and outreach activities including abortion care, and 78% of their clinics and community care points had to close down¹. This put many women at risk of being forced to continue pregnancies against their will.

Despite the difficulties they encountered, IPPF EN members and partners stepped up to protect people's reproductive safety from the very start of the crisis. As **healthcare providers**, they innovated and adapted their own service-delivery models to continue to provide care to the most vulnerable. As **advocates**, they pushed their governments to take the necessary policy and legislative measures to guarantee access to care for all. 95% of our members reported having carried out advocacy during the pandemic².

When the COVID-19 crisis struck, it exacerbated the many unnecessary remaining obstacles to abortion care. Several governments collaborated with our members and partners, and, following their advice, swiftly adopted positive measures to remove barriers and ensure that care remained accessible.

¹ Data based on a survey carried out by IPPF on its Member Associations, finalised on 10 April 2020.
² Data based on a second survey carried out by IPPF, finalised on 8 June 2020.

Other countries did not pay sufficient attention to women's reproductive health at the onset of the crisis, and only started considering the devastating impact of restrictions on access to abortion care after our members drew their attention to it. Some of our members and partners were working in much more challenging environments, where coercive governments used the crisis as a pretext to trample on women's reproductive freedom, including by proposing laws to limit access to abortion care further.

The following examples highlight the crucial role IPPF EN members and partners played in the early months of the pandemic, both as healthcare providers and as advocates. Whether preventing regressive measures, safeguarding access to SRH, or even achieving progress towards greater reproductive safety, our network stood up to defend people's right to a safe reproductive life, free from coercion.



1

LEADING BY EXAMPLE: PILOTING INNOVATIVE HEALTHCARE DELIVERY MODELS

Our members rolled up their sleeves and set up systems to ensure nobody was left behind. They quickly adapted their own healthcare delivery models, piloting and implementing innovative methods to continue to provide care to the most underserved. 50% of our members reported that they provided SRH programmes through innovative approaches like telemedicine or online platforms. These methods were particularly useful for the provision of clinical consultation and counselling services, and the delivery of information on SRH as well as comprehensive sexuality education (CSE).

In **Bulgaria**, like in many other countries, the Bulgarian Family Planning and Sexual Health Association started online counseling during the pandemic, and also used new technologies to refer those in need of abortion to providing healthcare facilities, when their own clinics were forced to close. Some members started stationary/mobile clinics to serve those most in need.

In North **Macedonia**, after having had to close all clinics during the first two weeks of the pandemic, with only digital support and telemedicine for STI treatment available, HERA focused on providing healthcare to those, such as survivors of sexual violence, Roma women, men who have sex with men and sex workers, who needed it the most. They also reopened their stationary clinics for one day per week and through online appointment.

In **Serbia**, the Serbian Association for Sexual and Reproductive Health and Rights decided to use online consultations to serve those in greatest need as well. More than one third of our members explored different digital platforms to find alternative ways to deliver CSE.

In **Estonia**, the Estonian Sexual Health Association reported that by participating in online schooling taking place in the country through Zoom, it reached more young people than ever before.





2

ACHIEVING PROGRESS DESPITE HIGHLY CHALLENGING CIRCUMSTANCES

Some of our members and partners worked closely with their governments to ensure that the provision of healthcare was adapted to meet the needs of women and vulnerable groups. They managed to advance reproductive freedom by pushing their governments to remove unnecessary existing barriers to abortion care and implement new healthcare delivery methods to guarantee access for all. These changes are promising and governments should consider making them permanent, where relevant and sustainable. These examples show that progress is possible even in difficult contexts, and that a crisis can create opportunities for improvements.

In **Austria**, women could previously only get abortion medication in hospitals, at their own expense. Moreover, only a few hospitals provided this access, both before the pandemic and during its early days. But as soon as discussions began on a national lockdown, the Österreichische Gesellschaft für Familienplanung (ÖGF) gathered information on how to change the professional guidelines on abortion medication (mifepristone), which determine how it can be handed out, and initiated the process of changing them. ÖGF reached out to decision-makers and mobilised Austria's all-party-parliamentary group on SRHR to propose a parliamentary motion. It then supported an application by a pharmaceutical company, which led Austrian authorities to allow the delivery of abortion medication to all registered gynaecologists. From now on, women will be able to get the medication at their gynaecologist's practice instead of having to go to the hospital. This change, which will greatly facilitate access to reproductive care for Austrian women, would have not been possible without the action of our member.

Italian activists, supported by IPPF EN³, were also successful in pushing for easier access to medical abortion. Under the current national guidelines, women in need of a medical abortion in Italy are forced to be admitted to the hospital for three days and to go through up to four mandatory consultations. These requirements make access to care incredibly complicated, especially for women living in rural areas, in a country that lacks adequately trained and willing healthcare professionals due to high levels of denial of care based on doctors' personal beliefs. In the context of the pandemic, this status quo unnecessarily increased the risks faced by women and medical professionals. As a result of our joint mobilisation, the Minister for Health has now promised that these outdated guidelines will be changed in August 2020. If the government follows our partners' recommendations⁴, the guidelines will make access to medication abortion possible outside of hospital settings, reduce the number of consultations to one, and extend the time limit from 7 weeks since last menstruation to 9.

In **Ireland**, the Irish Family Planning Association (IFPA) urged its government to safeguard abortion access during the crisis and protect women and healthcare workers from unnecessary exposure to the virus. IFPA sent a letter calling on the Ministry of Health to adopt a revised model for care. Following the IFPA's guidance, the Health Service Executive issued new guidelines to allow teleconsultations for abortion care and to allow for early medical abortion at home (up until 9 weeks pregnancy). Our member then developed additional counselling and information materials for women in need of early medical abortion care, and supported the media in publishing accurate, non-stigmatising articles on the remote provision of abortion care in the context of the pandemic.

³ IPPF EN press release, Italian activists win on abortion care

⁴ 2 luglio 2020, presidio al Ministero della salute per aborto farmacologico e contraccezione gratuita

In **France**, the Mouvement Français pour le Planning Familial (MFPF) was a key advisor to the government. Partnering with journalists, supportive medical practitioners and other civil society organisations (CSOs), MFPF played a crucial role in monitoring the impact of the lockdown on SRHR, providing reliable information and promoting best practices for care to decision-makers. Despite online petitions and disinformation campaigns by opponents of SRHR, our member convinced the government to adopt a series of crucial measures. The Minister of Health declared abortion care an essential service and affirmed that medical centres for abortion would remain open during the crisis. The government also endorsed the practice of telemedicine for all

SRH consultations including medical abortion, and granted an extension of the time limit for early medical abortion care at home, from 7 weeks since last menstrual period to 9. Finally, the government authorised pharmacies to provide women with the contraceptive pill, even if their prescription was out of date. The role of our member was instrumental in all of these changes. But the fight continues: MFPF is continuing to push for an extension of the legal time limit for surgical abortion from 12 to 14 weeks. This measure, rejected until now, is necessary given that the number of women seeking abortion care after the current time limit has tripled since the onset of the crisis.



3

ENSURING CONTINUITY OF ACCESS DURING THE CRISIS

In more challenging contexts, our members fought to continue to guarantee reproductive care and remedy governmental negligence which endangered women's reproductive safety. For example, when **Romania's** government declared a state of emergency obliging healthcare facilities to limit their work to emergency procedures, it did not include women's reproductive healthcare in that category. In practice, this led to the postponement of prenatal care, the disruption of childbirth procedures, and the suspension of almost all abortion care on request in public and private

hospitals. Only 11% (12) of the public hospitals that used to provide abortion care on request continued to do so during the pandemic – and none of them in Bucharest.⁵ In light of these decisions, our member SECS joined forces with partner CSOs and activists to raise their concerns with the Ministry of Health, calling on the government to respect WHO Guidelines⁶. This rapid mobilisation prompted the government to amend its declarations and to re-classify prenatal check-ups and abortion care as essential - meaning they should therefore no longer be postponed or cancelled.



4

COUNTERING THE BACKLASH AGAINST REPRODUCTIVE FREEDOM

In some countries, members and partners came up against pointed attacks on reproductive freedom. In **Poland**, which has one of the most restrictive abortion laws in Europe, the ruling party and anti-SRHR opponents attempted to limit women's access to abortion care even further. The

Polish Parliament discussed two bills which would have virtually banned access to abortion care and criminalised relationship and sexuality education (RSE)⁷. Anti-SRHR petitions and campaigns against the WHO and family planning were also reported. In response to these attacks, our Polish partners

⁵ I. Neagu, "You have to be alone": Romanian women recount traumatic COVID pregnancies", Open Democracy, 14/05/2020

⁶ WHO Guidelines, Coronavirus disease (COVID-19) and Sexual and Reproductive Health

⁷ https://en.federa.org.pl/poland_srh_bills/

organised powerful and innovative protests in the midst of the pandemic, blocking strategic areas in the cities, protesting from cars, bicycles or in shop queues, and reaching the wider public on social media⁸. They also mobilised the international community, with the support of IPPF EN and its members in other EU countries. This led to letters from MEPs and MPs⁹ across Europe, a statement

from the Council of Europe Commissioner for Human Rights¹⁰ calling on the Polish Parliament to reject the bills, and significant media coverage¹¹. The outcome was successful in the immediate term: the bans on RSE and abortion were put on hold – though they are likely to resurface again, along with other attempts to roll back women’s rights.

KEY LEARNINGS AND RECOMMENDATIONS

→ As highlighted by these examples, IPPF EN members’ dual and complementary roles as **healthcare providers** and **advocates** were vital to protect hard-won reproductive rights and advance reproductive freedom in challenging times.

→ As resilient, flexible and innovative **healthcare providers**, they quickly adapted their service-delivery models, to continue to provide care including to the most vulnerable. They piloted new service-delivery methods, which proved effective and could be used in the long term depending on their sustainability.

→ As **advocates** and **watchdogs for human rights**, and particularly for rights such as abortion care that are most vulnerable to attack, our members have played a critical role throughout the pandemic. In many countries, they were important interlocutors of their governments during the crisis. Their **well-established relationships with decision-makers**, combined with pre-existing **strong partnerships with other CSOs** and social movements at national, European and international level, as well as **communication efforts** on social and traditional media, were key to strengthening their voices and successfully influencing political responses. Our members will continue to advocate for long-term strategies,

policies and funding for sexual and reproductive health and rights (SRHR) as the crisis evolves and in its aftermath.

The SRHR sector as a whole – CSOs, donors and governments – should use this crisis as an opportunity to work together to **secure access to SRH care for all people**, using innovative solutions to reach those who are furthest behind. Governments should recognise SRH as **essential healthcare**, allocate **adequate financial resources** to its delivery, uphold their commitment to **universal health coverage**, and **strengthen their health systems**. Governments and donors must **support the activities of CSOs** that provide SRH care, advocate for SRHR and fight against the actions of its opponents, by giving these CSOs **political recognition and adequate funding**, and fostering an enabling civic space. They must **consult CSOs in their decision-making**, particularly those that defend SRHR, the human rights of women, young people and underserved groups; and adopt a **people-centered, rights-based, gender-transformative and intersectional approach** to address the needs of everyone, particularly the most vulnerable, in times of crisis and beyond.

⁸ <https://www.facebook.com/events/2735997669862128/>

⁹ 170 parliamentarians across Europe sign call to action as Poland exploits COVID-19 pandemic to pass bills against abortion rights and sexuality education; All of Us MEPs’ letter to Polish Parliament

¹⁰ Commissioner urges Poland’s Parliament to reject bills that restrict women’s sexual and reproductive health and rights and children’s right to sexuality education

¹¹ IPPF EN press release, Polish ruling party exploits the current health crisis to undermine women and young people’s safety