The below group of experts in sexual and reproductive health and rights designed the questions and structures for the Atlas.

**PROJECT PARTNERS:**
- Neil Datta, Marhina Davidashvili, EFP, Irene Donadio, Lena Luykxfasse, IPPF EN

**LEGAL:**
- Sylvie Lausberg / Diane Gardiol, Centre d’Action Laïque ASRL, Aintzane
- Marquiz, Women’s Link Worldwide

**MEDICAL:**
- Marge Berer, International Campaign for Women’s Right to Safe Abortion
- Academia
- Niklas Barke, Åbo Akademi University

**POLITICIANS:**
- Hon. Lila Quartapelle, MP (Italy)

**PRACTITIONERS:**
- Yannick Manigart, OBGYN, Hon. Lia Quartapelle

**INTERNATIONAL STANDARDS:**
- Antonella Lavelanet, WHO

**YOUTH:**
- Lili Steffen, Y Safe

**EXPERT GROUP**

**SAFE ABORTION METHODS APPROVED BY WHO**

**METHODS UP TO 12–14 WEEKS SINCE THE LMP**
- Manual or electric vacuum aspiration, or medical methods using a combination of mifepristone followed by misoprostol medication without direct supervision of a health-care provider.
- WHO recommends that individuals in the first trimester of pregnancy, who have access to the rights conferred on them by law, may choose to have a legal abortion, and that, while seeking such a service, women have access to the rights conferred on them by law.

**METHODS AFTER 12–14 WEEKS SINCE THE LMP**
- Surgical method: D&E, using vacuum aspiration and forceps.
- Medical method: abortion after 12 weeks since the LMP is misoprostol followed by repeated doses of misoprostol, according to WHO guidelines.

**ABORTION POLICIES**

**WORLD HEALTH ORGANISATION:**
- Access to legal, safe, and comprehensive abortion care, including post-abortion care, is essential for the attainment of the highest possible level of sexual and reproductive health.
- In countries where abortion is legally highly restricted, unequal access to safe abortion may result. In such contexts, abortions that meet safety requirements can become the privilege of the rich, while poor women have little choice but to resort to unsafe providers, which may cause disability and death.

**EUROPEAN PARLIAMENT:**
- Member States should decriminalise abortion, as well as to remove and combat obstacles to legal abortion, and recall that they have a responsibility to ensure that women have access to the rights conferred on them by law.

**COUNCIL OF EUROPE PARLIAMENTARY ASSEMBLY:**
- The lawfulness of abortion does not have an effect on a woman’s need for an abortion, but only on her access to a safe abortion.

**ADVANCES IN MEDICAL PRACTICE**
- In general, and the advent of safe and effective technologies and skills to perform induced abortion in particular, could eliminate unsafe abortions and misused deaths entirely, providing universal access to these services is available.

**INTERNATIONAL STANDARDS:**
- WHO recommends on self-care interventions Self-management of medical abortion.

**SAFE ABORTION METHODS APPROVED BY WHO**

**METHODS UP TO 12–14 WEEKS SINCE THE LMP**
- Manual or electric vacuum aspiration, or medical methods using a combination of mifepristone followed by misoprostol medication without direct supervision of a health-care provider.
- WHO recommends that individuals in the first trimester of pregnancy, who have access to the rights conferred on them by law, may choose to have a legal abortion, and that, while seeking such a service, women have access to the rights conferred on them by law.

**METHODS AFTER 12–14 WEEKS SINCE THE LMP**
- Surgical method: D&E, using vacuum aspiration and forceps.
- Medical method: abortion after 12 weeks since the LMP is misoprostol followed by repeated doses of misoprostol, according to WHO guidelines.
- WHO recommends that individuals in the first trimester of pregnancy, who have access to the rights conferred on them by law, may choose to have a legal abortion, and that, while seeking such a service, women have access to the rights conferred on them by law.
### European Abortion Policies Atlas

#### Legal Status of Abortion Care

<table>
<thead>
<tr>
<th>Country</th>
<th>Access</th>
<th>Legal Status of Abortion Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

#### Access

<table>
<thead>
<tr>
<th>Country</th>
<th>Access</th>
<th>Legal Status of Abortion Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

#### Coverage

<table>
<thead>
<tr>
<th>Country</th>
<th>Coverage</th>
<th>Legal Status of Abortion Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

#### Information and On-line Information

<table>
<thead>
<tr>
<th>Country</th>
<th>Information and On-line Information</th>
<th>Legal Status of Abortion Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

---

**Note:**

- **Legal Status of Abortion Care:**
  - **Access:**
    - 0 = Not allowed
    - 1 = Allowed in cases of rape or incest
    - 2 = Allowed for medical reasons
    - 3 = Allowed for social reasons
    - 4 = Allowed for any reason
  - **Coverage:**
    - 0 = No coverage at all
    - 1 = Only certain types of abortion procedures are covered
    - 2 = Greater coverage, (10 pt + up to 5 points for each additional coverage; women without health insurance/non residents)

- **Information and On-line Information:**
  - **Coverage:**
    - 0 = Not allowed
    - 1 = Allowed in cases of rape or incest
    - 2 = Allowed for medical reasons
    - 3 = Allowed for social reasons
    - 4 = Allowed for any reason
  - **Information and On-line Information:**
    - 0 = No information or online information available
    - 1 = Information or online information available
    - 2 = Detailed information or online information available

---

**Data extracted as of September 2021.**

**Notes:**

- **Access:**
  - **Coverage:**
    - 0 = No coverage at all
    - 1 = Only certain types of abortion procedures are covered
    - 2 = Greater coverage, (10 pt + up to 5 points for each additional coverage; women without health insurance/non residents)
- **Information and On-line Information:**
  - **Coverage:**
    - 0 = Not allowed
    - 1 = Allowed in cases of rape or incest
    - 2 = Allowed for medical reasons
    - 3 = Allowed for social reasons
    - 4 = Allowed for any reason
  - **Information and On-line Information:**
    - 0 = No information or online information available
    - 1 = Information or online information available
    - 2 = Detailed information or online information available