Factsheet – 3rd cycle

Universal Periodic Review of Georgia

Right to Health: Safe Abortion

SUMMARY OF KEY ISSUES FROM PREVIOUS CYCLES

During the second UPR cycle, Georgia received recommendations regarding Sexual and Reproductive Health Rights (Denmark, Brazil). Government of Georgia is failing to comply with the **Recommendation 118.42 provided by Denmark** on the ensuring the accessibility information and services on SRHR including safe abortion.

The obstacles regarding accessibility and affordability of safe abortion services are in place. According to the statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights, unsafe abortion is a leading cause of maternal morbidity, states should provide women with access to quality post-abortion care, especially in cases of complications resulting from unsafe abortions ; States parties should further organize health services so that the exercise of conscientious objection does not impede their effective access to reproductive health care services, including abortion and post-abortion care.

NATIONAL FRAMEWORK

Nowadays, the State recognizes the need to address challenges associated with availability and accessibility of SRHR services including contraception and safe abortion, however, they fail in terms of implementation. Despite abortion is legal in Georgia, from 2015 no actions have been undertaken by the Government to improve access to safe abortion services, especially for women living in rural areas, youth and vulnerable groups. Indeed, legislative amendment of 2014 to include a new provision on mandatory counseling and a five-day waiting period requirement before obtaining an abortion during the first 12 weeks of pregnancy contradicts WHO recommendation recommendation on the removal of the obstacles for accessing the safe abortion.

CHALLENGES

1.Legal regulatory framework governing abortion and 5 days mandatory waiting time

2. Access to Information on safe abortion

3. Outdated protocol and increased rate of “miscarriages”

IMPACTS

A. According to Public defender of Georgia, some aspects of the law and regulations undermines women’s self-determination rather than empowering women in their reproductive decisionmaking. While a MoHLSA’s order provides a strong basis for respecting the dignity and decision of the women, the mandatory five-day waiting period and the language prioritizing the foetus in the Law on Health Care contradicts international health and human rights recommendations and impacts particularly marginalized populations access to the service., contrary to international health and human rights recommendations. Under an order of the Minister of Health, the period can be reduced to three days, if a woman applies for abortion in the 12th week of pregnancy and the term of 12 weeks is expiring which also contradicts law as abortion is legal on women’s request only up to 12th week of pregnancy.

B. The Law of Georgia on Health Care prohibits advertising abortion. The law does not specify what abortion advertising includes. As a result, many women and girls face challenges in accessing rights based, scientific information and education on modern methods of contraception.

C. Despite officially abortion rate is decreased throughout previous years, usage of contraception has not increased. The number of artificial terminations of abortion is 12992 (2019), and nearly half of the abortions performed in Georgia are registered as spontaneous abortion, such as miscarriages. There has not been any official national-level study on the reasons for the high level of “miscarriages”. Monitoring data shows that cases associated with “miscarriage” are often outcomes such as bleeding from self-inducing abortion efforts with uneven usage of Cytotec (misoprostol only).

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CHALLENGES	IMPACTS
4. Biased counseling and unregulated practice of conscientious objection:	D. The consent form for abortion providing information on the moral and ethical issues concerning abortion and the harm it may bring about, appears to require biased counselling and misinformation focusing on the harms of abortion, contrary to international health and human rights recommendations. No data gathered by the State on the number of providers refusing to perform terminations based on conscience and an alleged impact of abortions on women's health. An NGO report indicates that many clinics do not even provide for referral procedures because of conscience. This contravenes international human rights obligations of the state to ensure that conscientious objection is regulated so that it does not hinder women's access to lawful services
5. Lack of phsycological services for women	E. The Financial and psychological problems and unfavorable social situation often serves as a reasons for the women to make decisions regarding the termination of pregnancy or performing life-threatening actions, which, in its turn results in violation of reproductive rights. Biased counselling from medical providers leads to self-judgemental attitudes and self-stigma among women. Despite psychological support is part of pre abortion counselling according to national protocol, de facto implementation protocol is hampering.

RECOMMENDATIONS

1. Revise the Law on Health Care to guarantee that women's rights take precedent over the interest of the fœtus. Revise article 139 of the law on Health Care to remove mandatory waiting periods for women who decide to have abortion

2. Amend the law on prohibition on abortion advertisements to include mechanism of disaggregating information provision and advertisement from each other.

3. Revise and update existing national guideline on artificial termination of pregnancy in line with most recent WHO recommendations (2019) considering the needs and challenges faced by socially vulnarable women to ensure financial affordability of safe abortion service and selfmanagement of abortionwithout complications.

4. Create system of gathering data by the State on the number of providers refusing to perform terminations based on conscience and an alleged impact of abortions on women's health.

5. Revising the consent form to abortion to reflect WHO recognition of abortion as healthcare and as a very safe procedure when conducted by a trained provider in a legal setting. Ensure oversight mechanism for pre-abortion counselling.

6.Allocate budget to integrate phsycological support during SRHR counselling in the Basic Package of the Universal Health Care Program of Georgia

SOURCES

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http://www.ombudsman.ge/res/docs/2019072913501234745.pdf

Barriers to access to safe abortion services in women of reproductive age, 2019, HERA XXI, RFSU http://hera-youth.ge/wp-content/uploads/2019/05/Barriers-to-accessing-safe-abortion.pdf

WHO, 2012 Safe Abortion Guidance at 96-97

NCDC official letter N06/4825/ 30.12.19

Order №01-74/n of the Minister of Labour, Health and Social Affairs of Georgia, dated 7 October 2014,Tbilisi, On the Approval of the Rules of Artificial Termination of Pregnancy

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