COVID-19 has demonstrated to everyone the importance of keeping essential healthcare services running during an emergency. This is not just true for COVID-19 but any emergency where the provision of healthcare services is threatened or interrupted. It is vital in any emergency or disaster that abortion services continue to be provided. This includes both medical and surgical abortion. As the effects of climate change continue to impact communities, the number of emergencies each year will increase, threatening the provision of abortion and other sexual and reproductive health services.

Emergencies and disasters also provide an opportunity to push forward advocacy to liberalise abortion laws. This was effectively done in the UK where advocates successfully lobbied the government to remove restrictions on home medical abortions and are building on this to ensure this provision is kept after the health emergency is declared over.

A key message in advocacy is that disasters and emergencies will hamper people’s access to abortion services and this will mean they are more likely to turn to unsafe options to procure an abortion.

There are a couple of tactics you can use to advocate for abortion rights during an emergency:

- If possible, find government officials or representatives who are sympathetic to your cause and work with them to show how important a service abortion is in the context.
- Use other countries, particular those in your region, as examples of good practice on abortion service continuation in emergencies.
- Leverage your community and local or national civil society organisations to pressure for legislation legalising abortion as a key factor in protecting sexual and reproductive health in emergencies.
Medical abortion pills have been deemed as essential medicines by the World Health Organisation, and while the Minimum Initial Service Package by UNFPA does not explicitly state abortion as one of the services to be provided, it makes it very clear that prevention and management of unsafe abortion should be a priority.

Human rights don’t stop in emergencies. As noted in the main document of this toolkit, while there are no explicitly human right to abortion within global instruments, continue to advocate for the right to bodily autonomy if you can in emergencies and draw attention to the issues criminalised abortion cause. Some regional instruments may also provide more rights-based leverage. The UN Office of the High Commissioner for Human Rights stated at the start of the COVID-19 pandemic that emergency measures should be used within parameters set by the International Covenant on Civil and Political Rights and in general stay within the parameters of human rights law. In your advocacy for the continuation (and even expansion) of abortion service access during emergencies.

The European Court of Human Rights states that some human rights may be suspended in times of emergency, and sets out strict criteria which must be met before this is seen as acceptable:

i) The crisis or danger must be actual or imminent;
ii) Its effects must involve the whole nation;
iii) The continuance of the organized life of the community must be threatened; and
iv) The crisis or danger must be exceptional, in that the normal measures or restrictions are plainly inadequate.

The European Court of Human Rights also protects certain human rights from being suspended:

- The right to life
- Freedom from torture
- Freedom from slavery
- Principle of no punishment without law
In the case of abortion access during emergencies, it may be best to use other countries’ experiences as examples of how abortion access can be expanded/provided.

**Case Study: England**

Abortions are available in England to pregnant people before week 24 of gestation. Both medical and surgical abortion are available free of charge through the National Health Service, however was only available through an in-person appointment at a specialist clinic. When the COVID-19 pandemic hit and the country went into lockdown, health service access was extremely limited. Led by advocates and sexual and reproductive health charities, the government was successfully lobbied to introduce telemedical abortion for those under 12 weeks gestation.

As restrictions are being lifted, there is now continued pressure on the government to extend the emergency measure to make abortion more accessible during COVID to apply outright to the provision of abortion services. Advocacy continues on this, backed up by research showing the benefits of allowing telemedical abortion.