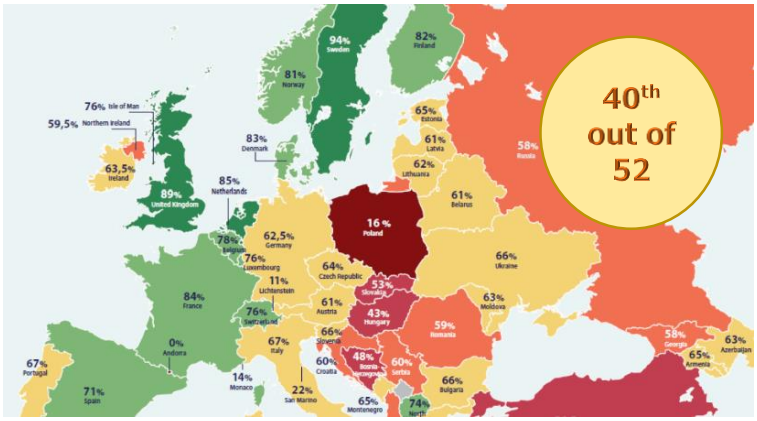
Availability and Accessibility of Safe Abortion as Medical Service in Georgia

Position Statement

While governments have a responsibility to safeguard the right of women and girls to lead free and safe reproductive lives without discrimination and coercion, yet in Europe, they are faced with obstacles that threaten their safety, dignity and freedom - with 38 countries and territories scored as doing medium to exceptionally poor with Georgia ranking 40th out of 52. Together with Russia's, the country's policies thereby scored the lowest of all post-Soviet states.



The European Abortion Policies Atlas, 2021

The Legislative Environment

The legislative environment on abortion in Georgia allows for legal abortion on request within the first 12 weeks of pregnancy. Between 12 and 22 weeks, abortions are permitted on medical grounds, subject to conditions set by the Ministry of Health, Labour, and Social Affairs. Approval from a three-member medical committee is required for abortions after 22 weeks.

Georgia updated national protocol on artificial termination of pregnancy in 2023 introducing telemedicine alternatives and updated consent form for patient, however Amendments to the Rules for the Implementation of Abortion of October 2023 contradicts the protocol requirements.

In October 2023, the Ministry of Health in Georgia implemented new restrictions on accessing abortion care, which have raised concerns and posed challenges for individuals seeking these services. These restrictions were implemented without consulting health experts and deviate from the recommendations of the World Health Organization (WHO), particularly in relation to pre-abortion counseling.

Introduction

The policy statement addresses the significant disparity between the legal framework and the actual experience of women seeking abortion in Georgia. Despite the legality of abortion on women's request up to the 12th week, biased interpretation, inconsistencies between laws and by-laws, and various barriers such as compulsory dissuasive counseling, compulsory waiting periods, unregulated conscientious objection, and lack of evidence and lack of data transparency hinder the achievement of the highest standard of health.

This policy statement provides an overview of the policy and legislative environment surrounding abortion in Georgia. It emphasizes the need for evidence-based decision-making and draws upon local research evidence from systematic reviews to inform deliberations on improving the availability and accessibility of safe abortion services. By addressing these key criteria, we aim to promote the highest standard of health for women in Georgia.

Identified policies and legal sources related to abortion:

From General Medical Health Act:
Law on Healthcare
Changes and Amendments to Law on Healthcare Ministry of Health, 2014

From Criminal / Penal Code:
Criminal code of Georgia

From Health Regulation / Clinical Guidelines:
Rules for the implementation of abortion, Ministry of Labour, Health and Social Affairs, 2014
Safe Termination of Pregnancy Protocol
Amendments to the Rules for the Implementation of Abortion, 2023

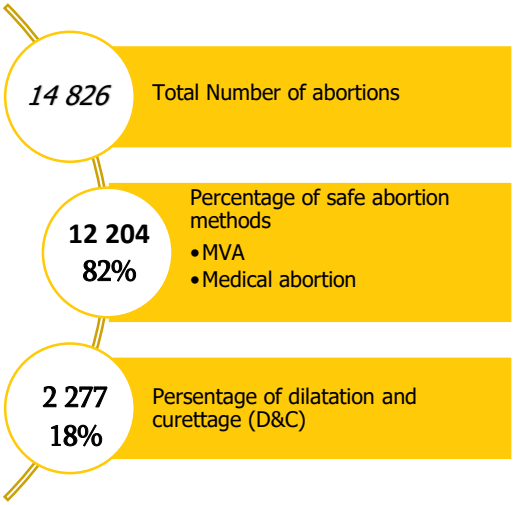
From EML / Registered List:
Mifepristone Registration, 2016
From Law on Medical Practicioners:
Law on Medical activity
From Other:
Law on Patient Rights
Patients Guide to Abortion 2014

Challenges

Lack of availability and accessibility of information on safe abortion

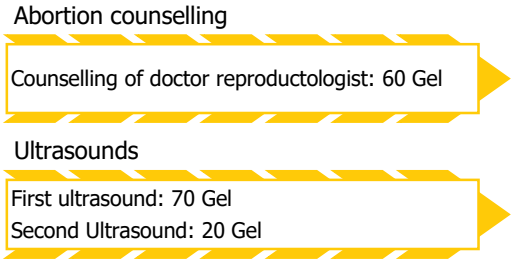
Despite the presence of established national and international frameworks for protection, such as CEDAW, the Istanbul Convention, the Beijing Platform for Action, the SDGs, and the CRPD, the availability of sexual and reproductive health services and information remains severely restricted in Georgia. The government does not effectively disseminate scientifically accurate and timely information on safe abortion practices to its citizens. The Law of Georgia on Health Care prohibits the advertising of abortion without clearly defining what constitutes abortion-related advertising. Consequently, there are no accessible online platforms or websites where women can access essential information regarding safe abortion procedures. Moreover, clinics do not consistently provide this crucial information.

Limited access to modern technologies of safe abortion services



Despite the availability of safe abortion methods such as medical pills and MVA (manual vacuum aspiration), a notable percentage of abortions continue to be conducted using invasive and unsafe procedures, particularly curettage, especially in certain regions. In these areas, curettage remains the predominant method for abortion, with limited access to alternative, safer procedures. Despite officially abortion rate is decreased, usage of contraception has not increased. Nearly half of the abortions performed in Georgia are registered as spontaneous abortion, resulting in data flow.

Lack of financial affordability of safe abortion



The safe abortion medical service is not financially covered by Universal Healthcare Package in Georgia, neither it is a part of any private insurance plans. The lack of financial affordability of safe abortion services remains significant challenge for women and girls, particularly those from marginalized or low-income backgrounds, being unable to access necessary reproductive health services due to cost barriers. This can lead to delays in seeking care, resorting to unsafe methods, or being unable to access abortion services altogether, thereby compromising their health and reproductive rights. Mandatory waiting times and 2023 amendments significantly increased abortion costs resulting in double payments of counselling and ultrasound services.

Current pricing of abortion service in Georgian clinics includes: pre counseling of gyneacologist, social worker and psychologist, repetitive counselling of doctor after mandatory waiting time, 2 ultra sounds, possible complications, abortion procedure resulting in Medical abortion price to vary between 250-300 Gel and surgical methods between 400-500 Gel.

Backlash for Safe Abortion Service Availability and Accessibility in Georgia

Mandatory Waiting Period:

Individuals seeking abortions in Georgia now face a compulsory five-day waiting period, with the removal of the previous flexibility to reduce the waiting period to three days for pregnancies beyond 12 weeks. The World Health Organization (WHO) advises against mandatory waiting periods for abortion, as they impede the availability, accessibility, acceptability, and quality of sexual and reproductive health services. Such requirements may also push individuals towards unsafe abortion practices. The Government does not consider the decision and opinions of women and their specific needs while imposing unnecessary artificial barriers to safe abortion options.

> *"If a woman decides to have an abortion, the five-day waiting period will fail to influence her decision, because the decision is already made based on unfavorable life conditions or unfavorable conditions in her family, and everything and everyone around her urges her to make such a decision… This period will be the most stressful period for the woman, she will fell despair and will worry a lot… Whenever I paid a visit with a doctor to have an abortion, I had already decided to have one and I wouldn't have listened to anything they might have told me" (a woman aged 41, from Khashuri);*
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> ⇧ Voices of Women: Barriers to Accessing Safe Abortion Services for Women of Reproductive Age, 2019

Multi-Actor Counselling:

Patients seeking abortions are now subjected to mandatory counselling of a social worker, psychologist, and obstetrician-gynaecologist contradicting two recommendations of WHO:
1) Regarding pre-abortion counselling, the WHO states that counselling before (or after) an abortion should be available, client-centered, but voluntary (2022). The restrictions can cause increased financial costs, need for travel, waiting times, additional clinic contacts, and emotional distress (WHO, 2022).
2) The WHO, therefore, recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance (WHO, 2022).
Requiring specific health workers for pre-abortion counseling, especially in areas with shortages such as psychologists, creates significant barriers to access. Such mandates lack evidence-based support, necessitating clarity on who bears the associated costs.

Biased counselling and unregulated practice of conscientious objection:

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. A HERA XXI 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.

> *"The doctors in many clinics refuse to provide abortion services on the grounds of conscientious objection and do not provide referrals for procedures. They try to influence women's decision-making. In some cases, they refer women seeking abortion to religious leaders, which can lead to intense feelings of grief for women."*
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> ⇧ Voices of Women: Barriers to Accessing Safe Abortion Services for Women of Reproductive Age, 2019

Contradictions between Order №75/ნ and the National Protocol on Safe Termination of Pregnancy (2023).

Mandatory Ultrasounds:

Abortion-seekers are now subjected to multiple mandatory ultrasounds, contradicting expert recommendations. The World Health Organization (WHO) advises against ultrasound scanning as a prerequisite for abortion services, deeming it clinically unnecessary. Despite the absence of a mandate in the National Protocol on Safe Termination of Pregnancy (2023) for ultrasounds post-waiting period, patients are now compelled to undergo a second ultrasound after a five-day interval, leading to a notable escalation in service expenditures.

Availability of Telemedicine Services

The protocol recommends the service option of telemedicine for medical abortion. Telemedicine has been introduced in the newly updated National Protocol approved by The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs in 2023. Multi actor counselling and mandatory ultrasounds contradicts the availability of telemedicine options.

Responsibility of Doctors

According to Ministry Order No. 75, physicians will be held accountable for any infringement of the mandated five-day waiting period, thereby subjecting them to medical responsibility.

Only one type of medical facility for post seven weeks

Under Order N75, abortions beyond seven weeks gestation are exclusively permitted in in-patient medical centers under the supervision of a certified obstetrician-gynaecologist. This regulatory measure not only restricts the geographical availability of abortion services but also delineates the cadre of healthcare professionals authorized to administer them. Primarily concentrated in urban settings, these accredited facilities pose accessibility challenges for individuals residing in rural areas. Paradoxically, the preceding protocol did not impose limitations on the type of medical institution authorized to provide abortion care up to the tenth week of pregnancy. Without clearly defining referral chain this type of limitations negatively affects women health and wellbeing, especially in rural areas and regions.

Evidence based Work of Association HERA XXI for Availability and Accessibility of Safe Abortion Service in Georgia

Association relies on evidence-based approaches utilizing studies and assessments, as well as producing documentaries to elucidate the underlying causes of opposition to abortion rights in Georgia. Through rigorous research, surveys, and organizational studies, the following challenges and artificial barriers have been identified:

Documentary:

"An Attack on Women, Abortion Services and Democracy"

The research "Abortion Service Availability and Readiness Assessment"

Availability and Readiness of Abortion services have been challenging in Georgia. The research "Abortion Service Availability and Readiness Assessment" (2016) conducted by HERA XXI revealed lack of availability and readiness of medical facilities to provide abortion and family planning services: only 17 % of total 655 medical facilities provide abortion services abortion services. Georgia ranks in the poor state of policies category (58%) ("European Abortion Policies Atlas", 2021).
Due to the changing policy and social environment, a similar study has been conducted in 2022 with adaptations to overcome limitations of the first study and having updated contextual analysis of regressive trends.

Methodology

A triangulation approach is used combining quantitative (survey method) and qualitative (focus groups and semi structured interviews) components of the study. The 2022 study applies the WHO SARA instrument (Service Availability and Readiness Assessment) - same methodology as 2016 research with changes to fill the informational gaps on organization of abortion service delivery. The mystery client methodology and experiment were added to the 2022 study.
The sample frame for 2022 study consisted of 655 gynecological service facilities out of which 66 healthcare facilities provides safe abortion service throughout Georgia, and only 30 participated in research where clinic administrators and obstetrician/gynecologists were questioned for research purposes

Results

Healthcare Systematic barriers outlined by study are: decreased number of medical facilities providing abortion services (66) by twice compared to 2016; the weak referral system, lack of distribution of responsibilities between the family doctor and gynecologists.

Lack of Quality of safe abortion Care: not functioning Pre-counselling on safe abortion methods and post abortion counselling; No patient satisfaction study; No assessment of the quality of the safe abortion services provided or the performance of the medical personnel by healthcare management; No information material about family planning and safe abortion methods available to patients.

20% of healthcare facilities confirmed provoding abortion services during the coversation with a mistery client, but denied in the interview with the researcher because of the pressusre from ultra-conservative groups.

Coclusions:

This research is the second nationwide large-scale investigation conducted with the WHO SARA instrument. The study reveals the regress of abortion service availability and readiness in Georgia between 2016 and 2022 time scale.

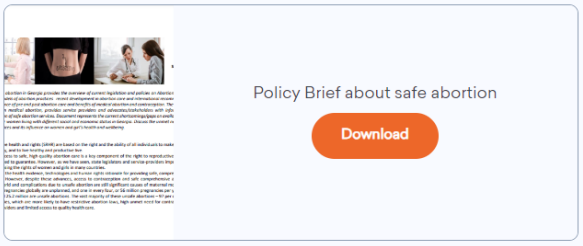
The main area of improvement are integration of safe abortion and family planning services into the primary health care system and creation of effective supportive supervision mechanism on high quality of care on safe abortion and family planning.

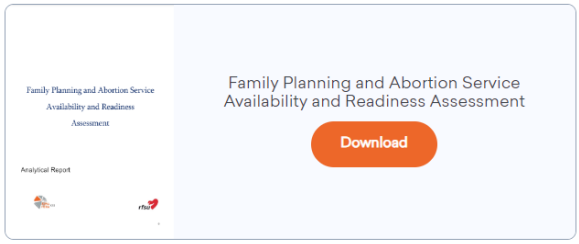
The number of medical facilities currently operating in Georgia and licensed to provide obstetric-gynecological services: **374**

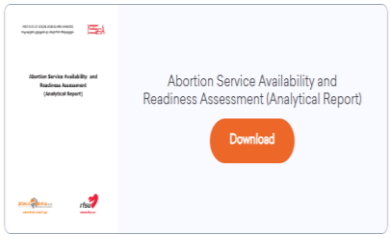
Number of medical facilities, which confirmed providing abortion services:
- **66** during the conversation with a mystery client
- **55** using independent researcher's survey

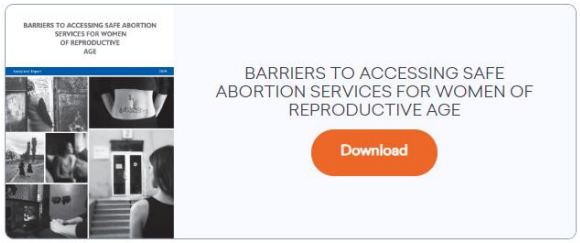
Number of medical facilities interviewed: **30**

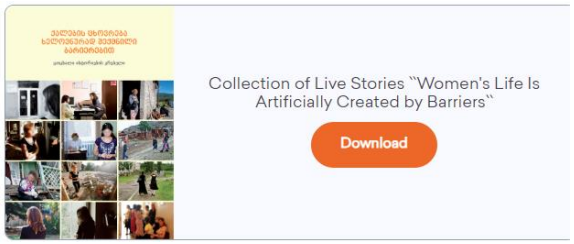
Data and Evidences











Click pictures for full documents

Recommendations:

- ⇨ *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.*
- ⇨ *Revise Order N75 to be in line with national protocol on artificial termination of pregnancy and WHO recommendations*
- ⇨ *Implement telehealth solutions as an alternative to in-person care*
- ⇨ *Ensure an adequate number of medical and professional personnel to provide counselling*

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