Introduction

1.1 Amnesty International UK (AIUK) is a national section of a global movement of over seven million supporters, members and activists. We represent more than 500,000 members, supporters, activists, and active groups across the United Kingdom, including thousands in Northern Ireland. Collectively, our vision is of a world in which every person enjoys all of the human rights enshrined in the Universal Declaration of Human Rights and other international human rights instruments. Our mission is to undertake research and action focused on preventing and ending grave abuses of these rights. We are independent of any government, political ideology, economic interest or religion.

1.2 The Family Planning Association (FPA) is the UK’s leading sexual health charity and the national affiliate for the International Planned Parenthood Federation. We champion people’s right to sexual and reproductive health and wellbeing through advocacy, campaigning, education and information. Each year we reach 1.3 million individuals across the UK. We campaign in respect of reproductive rights and in 2001, initiated the first ever legal challenge to the provision of abortion services in Northern Ireland resulting in the Department of Health being ordered to produce guidance for medical professionals. We also provide non-directive pregnancy choices, post abortion and post pregnancy counselling services. From 2012/13 to 2016/17, 1,346 appointments were made for these services in Northern Ireland.

Overview

2.1 Abortion law in Northern Ireland is one of the most restrictive globally and carries the harshest criminal penalties in Europe.

2.2 As can be seen by the testimonies of Sarah Ewart and Denise Phelan, the law puts women’s health at risk, causes unnecessary distress, and undermines the quality of care from service-providers.

2.3 Public opinion polls show that an overwhelming majority of people living in Northern Ireland support a change in the law, including decriminalisation.

2.4 The majority of politicians in Northern Ireland also believe that abortion is a healthcare issue, not a criminal justice issue, and that women and the medical professionals who care for them should not be treated as criminals. Support for change can also be witnessed in the joint statement coordinated by Amnesty and FPA in September 2018 signed by the vice president of Sinn Féin, Michelle O’Neill, the leader of the SDLP, Colum Eastwood MLA, the leader of the Alliance Party, Naomi Long MLA, and UUP justice spokesperson, Doug Beattie MLA calling for Westminster to decriminalise abortion.

2.5 The UK Supreme Court has found that abortion law in Northern Ireland breaches human rights and is in need of ‘radical reconsideration’.

2.6 The UK government has responsibility for ensuring all parts of the UK meet their obligations with regards to international conventions and treaties, and all major international human rights committees have stated that abortion should be decriminalised.

2.7 There is no constitutional impediment to the UK Parliament legislating to reform the law on abortion in Northern Ireland.

2.8 We urge the Committee to recommend that the UK government decriminalise abortion. A human rights compliant framework governing access to abortion should then be established to enable access to free, safe and legal abortion in Northern Ireland.
2.9 Amnesty International, FPA, Sarah Ewart and Denise Phelan would welcome the opportunity to provide oral evidence and discuss the issues raised in this submission with committee members.

The impact of the law on women

3.1 In Northern Ireland, abortion is only lawful in extremely limited circumstances, where there is a risk to a woman or girl’s life or the risk of real and serious long-term or permanent damage to her physical or mental health. That makes the legal regime governing abortion one of the most restrictive in Europe and it also carries the harshest criminal penalties in Europe.

3.2 The law puts women’s health at risk, causes unnecessary distress, and undermines the quality of care from service-providers. The practical result of the legal regime is that women who require an abortion have to travel to obtain one, or buy medical abortion pills online, which is illegal and leaves them vulnerable to prosecution.

3.3 There were 13 abortions performed in hospitals in Northern Ireland during 2016/17 whereas at least 919 women and girls from Northern Ireland were forced to travel to England and Wales in 2017 to access these services. This number does not reflect those who give the address of a friend or relative in England and those who purchase abortion pills online.

3.4 In June 2017 the UK government announced that women from Northern Ireland would no longer be charged to access abortion services in England and in March 2018 a central booking system was established enabling women in Northern Ireland to call a single telephone number to make an appointment with an abortion provider. Travel costs for women facing financial hardship is available alongside accommodation if clinically necessary. This is an important step that has made a significant difference to women in Northern Ireland, who are now travelling to access this healthcare in greater numbers.

3.5 However, the requirement to travel for an abortion can amount to a serious practical barrier to women making supported choices with regard to their physical autonomy as to whether or not to continue a pregnancy to term.

3.6 It also excludes many people who are unable to travel including, victims of domestic violence, refugees with unconfirmed immigration status, those who are too young to travel alone and those with complex health needs. Travel carries stigma.

3.7 It follows that the availability of abortion pills online can seem like a considerable practical benefit to many women. Since 2006, a non-profit, online telemedicine service called Women on Web has provided early medication abortion in countries where abortion is restricted. The number of women from Northern Ireland and Ireland requesting early medication abortion through Women on Web has more than tripled, from 548 in 2010 to 1,748 in 2016.

3.8 Recent research published in the BMJ Sexual & Reproductive Health journal shows that despite the policy change from the UK government enabling free access to abortion, women from Northern Ireland are still accessing online medication.

3.9 Buying or taking this medication outside a clinical setting is a criminal offence throughout the UK and there has been an escalation in the number of women from Northern Ireland being prosecuted under Victorian legislation.
3.10 In April 2016 a woman was given a three month suspended sentence for self-inducing an abortion because she could not afford the cost of travel to England and the expense of a private procedure.

3.11 In January 2017, a man and a women accepted formal cautions under the Offences Against the Person Act 1861 (1861 Act) for the same offences. Charges were withdrawn against the pair after a judge imposed a ban on identifying the woman due to the heightened risk of suicide resulting from any publicity surrounding the case.

3.12 A mother who faces potential prosecution for purchasing abortion pills online for her (then) 15-year-old daughter was granted a judicial review (JR76) to challenge the decision of the Public Prosecution Service to pursue a prosecution against her.

3.13 The daughter had been involved in a relationship which was both physically and verbally abusive. These incidents continued after she informed her boyfriend that she believed that she was pregnant and included threats to “kick the baby out of her” and to “stab the baby if it was born”.

3.14 Having decided she did not want a permanent tie to the person who had abused her, she terminated the pregnancy via pills sourced online. Afterwards she sought counselling and support from her GP to aid her recovery from the abusive relationship. She was then referred on to child and adolescent mental health services and social services. During this process her medical records which referred to the termination were passed to the police service without her knowledge or consent. This case was heard in November 2018 and judgment is pending. Both Amnesty and FPA are key interveners. If the judicial review is unsuccessful the mother faces a criminal trial and up to five years in prison.

3.15 The ongoing criminal prosecutions in these circumstances are having a much wider effect, in that those who do acquire online pills, are less likely to feel they can seek medical or support services, which in turn aggravates the risk to their health and wellbeing.

3.16 In June 2018 the UK Supreme Court ruled that Northern Ireland’s abortion law breaches article 8 of the European Convention on Human Rights by restricting access to abortion in cases of rape, incest or fatal foetal abnormalities. In his judgment Lord Mance stated the law is ‘untenable’ and in need of ‘radical reconsideration’ due to the ‘ongoing suffering’ it causes.

3.17 Despite five of the seven Supreme Court judges ruling that Northern Ireland’s abortion law is in clear breach of human rights, the court found that the Northern Ireland Human Rights Commission (the body that brought the case) did not have the power to bring these proceedings forward, as it was not itself a ‘victim’ of any unlawful act.

3.18 In October 2018, supported by Amnesty International, Sarah Ewart, a woman who was forced to travel to the UK for an abortion after being told her baby would not survive, was granted leave by the High Court in Belfast to take a case in her own name in order to seek a declaration of incompatibility.

3.19 Amnesty and Sarah were joint interveners in the recent Supreme Court case. Sarah’s experience is outlined below and taken from submissions to the Supreme Court.

3.20 We also append the affidavit evidence of Denise Phelan from the Supreme Court. Denise provided this in support of Amnesty and Sarah’s evidence.

3.21 Both women are willing to provide oral evidence alongside Amnesty and FPA to the inquiry.
Sarah Ewart

4.1 Sarah Ewart was an extremely vulnerable young woman, pregnant for the first time in 2013 and given a diagnosis of fatal foetal abnormality. She was deeply distressed to be told by the consultant obstetrician and gynaecologist at the South Eastern Health and Social Care Trust that the brain of what she hoped would be a new baby had not developed and there was essentially no bone above the eye sockets and jaw line, leaving the eyes off-set and frog-like. She was left in no doubt that the baby would either die inside her, during an induced delivery, or shortly afterwards. If it died inside her, it could remain there for up to two weeks until the next scan. That would have put her at risk of infection, sepsis and therefore at potential risk of long-term disability or even risk to her life. She would then have her labour induced.

4.2 At this point, Sarah needed the most sensitive care and support possible from her own doctors and midwife. But the law prevented her receiving it. Medical professionals who were responsible for her would not give her any assistance. They gave her no information at all about how she could obtain an abortion. This information was of crucial importance for Sarah, but she was left entirely in the dark about what to do.

4.3 The fact that abortion is not merely prohibited but is actively criminalised is significant. The prospect of the most serious criminal penalties for the woman carrying the foetus, her close family, and others who assist her, is distressing. Stigmatising someone as a serious criminal who is in a situation as intensely vulnerable as was Sarah, is humiliating and debasing. Sarah was also subjected to harassment by anti-abortion activists. Other women and girls seeking abortion, together with those professionals who work in connection with abortion, are regularly harassed publicly.

4.4 The law put Sarah at greater risk of harm. That was in part because it delayed the date at which she could have an abortion, and she may have been at risk of being poisoned if the baby died inside her. International human rights bodies and experts, including the Special Rapporteur on Torture, the UN Committee Against Torture, the UN High Commissioner for Human Rights, the World Health Organization and others, have concluded that legal restrictions on abortion may increase maternal mortality, put women at risk, and cause other adverse physical and psychological harm.

4.5 The law meant that Sarah’s medical notes and history were not transferred by her medical providers in Northern Ireland to those who were treating her in England. The fact that there was no established care pathway or referral from the Northern Irish doctors meant that those carrying out the termination would ordinarily have no knowledge of the woman’s particular medical conditions and the implications for the termination, other than what the woman was able to tell them.

4.6 Health professionals are concerned about prosecution, the potential sanction of life imprisonment under the 1861 Act, and offences involving assisting or concealing. This has a ‘chilling effect’ on the provision of services and delivery of medical information to those conducting terminations. There is evidence that doctors will only assist or provide abortions where it is ‘clearly legal’ to do so. The evidence in this regard is explained in more detail in Amnesty International’s ‘barriers to accessing abortion services’ report.

4.7 The 2016 ‘Termination of Pregnancy’ Guidance was liable to have caused concern that a medical professional who provides medical history to a clinic in England or Wales could be committing a criminal offence. For example, it states: “The courts in Northern
Ireland have never considered the issue of whether it would be lawful to ‘promote or advocate’ the termination of a pregnancy in another jurisdiction” §5.13. Before that 2016 guidance, the legal position on the provision of a medical history was no clearer.

4.8 The law appears to have prevented Sarah from obtaining other information that was of crucial importance for her, namely the risk that she, her younger sister, or other close family members, would suffer fatal foetal abnormality in future. No notes from the doctors who performed the procedure, other than a bland discharge sheet, were passed back to the medical professionals who would continue to treat Sarah in Northern Ireland.

4.9 Moreover, the law appears to have led to Sarah losing the opportunity to bring about a post-mortem on the foetus’ remains. A letter dated 24 May 2016 from Dr Caroline Gannon, Consultant Paediatric Pathologist for the Belfast Health and Social Care Trust, explains that it is unclear whether pathologists in Northern Ireland are permitted to carry out a post-mortem on the remains in these circumstances.

4.10 An autopsy was an important and valuable opportunity for genetic testing, and to fully inform Sarah, her sister, or other family members, about the risk that a future pregnancy would involve a fatal foetal abnormality. Dr Gannon explained: “Without an autopsy examination, it would not be possible to provide an accurate assessment of the risk of recurrence of fatal foetal conditions”. Sarah has been deprived of that information permanently.

4.11 Dr Gannon understood that the expense of bringing remains back, and then of the “complex and time-consuming” post-mortem process, would have to be borne by the woman or girl. In consequence, it appears that the law may prevent other women obtaining important information about the risk of recurrence for themselves and their families.

4.12 The law, and its consequences, caused Sarah intense mental suffering. At an extremely sensitive and traumatic moment, the need to arrange travel to another country, to travel there, and to go through an autopsy, rather than to stay within the security and familiarity of her home medical team. In addition, because Sarah has no remains of her daughter she doesn’t have a burial place to visit. Sarah describes this as “devastating and at times almost overwhelming”.

Denise Phelan

5.1 Please read attached affidavit evidence from Denise Phelan – this was submitted in the recent Supreme Court case. Denise is a woman who should have qualified for a termination under the existing restrictive law in Northern Ireland but was refused ‘sign off’ by medical professionals due to the criminalisation of this healthcare and fear of prosecution.

5.2 Denise was also carrying a pregnancy with a fatal diagnosis and was too unwell to travel for abortion services. The foetus subsequently died and decomposed inside Denise.

5.3 Denise is also challenging her treatment via the courts system. Her civil case is expected to reach hearing in early 2019.

The impact of the law on medical professionals

6.1 Health care professionals operate in a challenging climate. Current restrictive laws not only place them at risk of prosecution for simply doing their job, they also inhibit the delivery of compassionate care and high-quality support to women before and after an abortion.
6.2 The Royal College of Obstetricians and Gynaecologists have stated that healthcare professionals in Northern Ireland struggle to provide support for women requesting an abortion or safely manage any post-abortion complications\textsuperscript{xvii}.

6.3 The denial of care leaves doctors, nurses and midwives working in a precarious legal vacuum in this core part of women’s reproductive healthcare.

6.4 In the Supreme Court judgment Lord Kerr and Lord Wilson held that the sanctions of criminal law on abortion in Northern Ireland “undoubtedly have a significant chilling effect both on women who wish to obtain an abortion and doctors who might assist them”.

6.5 Lady Hale added, “The present law … has … a “chilling effect” upon clinicians, who are reluctant to discuss the options for fear of being thought to “aid, abet, counsel or procure” an abortion which might be unlawful. It also discourages women who have had abortions, lawful or unlawful, from seeking proper after-care, because of section 5 of the Criminal Law Act (NI) 1967…”

6.6 Section 5 of the Criminal Law Act (Northern Ireland) 1967, creates the offence of withholding information if a person knows or believes an offence has been committed. Section 5 may therefore make it a criminal offence for a healthcare professional or charities such as FPA who provide pregnancy counselling, or indeed any organisation who comes into contact with women on this issue, to fail to disclose information to the police where they become aware that a woman has taken or obtained abortifacient medication.

6.7 Although disclosure in circumstances of confidentiality may well constitute a reasonable excuse for not reporting, the law and the Guidance for Health and Social Care professionals are unclear on this point.

6.8 There is a particular need for confidentiality if vulnerable people are to be able to seek and engage with help. It is obvious, that, in the event that people felt that their intimately private discussions with medical experts would be regularly disclosed to the police and the PPS, then this would seriously undermine the ability of medical practitioners to carry out their role.

6.9 There is also a real risk that they will discourage other vulnerable young women, such as those who have been the victims of sexual assaults or domestic abuse, from reporting their circumstances to their GPs, knowing that the most intimate aspects of their lives may be revealed to others against their wishes.

6.10 It is already exceptionally difficult for women to access services in Northern Ireland. Amnesty’s research ‘barriers to accessing abortion services’ highlights the obstacles in law, policy and practice that women face. This includes abortion stigma which includes regular public demonstrations—and instances of harassment—outside sexual and reproductive health service providers in Northern Ireland, such as FPA.

6.11 The criminalisation of abortion means health care professionals are often unable to provide women requiring an abortion with the highest standards of medical support and compassionate care both before and after an abortion.

Public opinion

7.1 In October 2018 Amnesty International released the results of the first major opinion polling since the Irish referendum on abortion which revealed overwhelming support amongst the UK public for the decriminalisation of abortion\textsuperscript{xviii}. 
7.2 The polls analysed the attitudes of the Northern Irish and Great British public separately to gauge opinions about Northern Irish women being subjected to an abortion law that is amongst the most restrictive in the world.

7.3 The results show 65% of adults in Northern Ireland agreeing that abortion should not be a crime, and 78% of people in Great Britain in favour of decriminalisation. 66% of Northern Irish public think that Westminster should reform the law in the absence of a devolved government.

7.4 There is high support for reform of Northern Ireland’s abortion law amongst people of all political persuasions: 67% of DUP voters questioned agreed that having an abortion should not be a crime. 78% of Labour voters and 74% of Conservative voters think the UK government should act to change the law.

7.5 The Northern Ireland Life and Times survey is not an opinion poll: it is research, funded by the Economic and Social Research Council, and carried out by academics from the Queen’s University Belfast and the University of Ulster, in conjunction with the market research company, Perceptive Insight.

7.6 Results published in June 2017, found that 77% of people in Northern Ireland think we are exporting the issue of abortion rather than dealing with it and 70% believe that it should be a matter for medical regulation and not criminal law.

7.7 The decriminalisation of abortion is also supported by medical bodies such as the British Medical Association, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Faculty for Sexual and Reproductive Health. Amnesty International and FPA also support decriminalisation.

Political opinion

8.1 Attitudes towards abortion among political parties in Northern Ireland have changed substantially within a short period of time. This can be witnessed by the joint statement coordinated by Amnesty and FPA in September 2018 signed by the vice president of Sinn Féin, Michelle O’Neill, the leader of the SDLP, Colum Eastwood MLA, the leader of the Alliance Party, Naomi Long MLA, and UUP justice spokesperson, Doug Beattie MLA which stated:

“We call on UK government to decriminalise abortion by repealing sections 58 and 59 of the 1861 Offences Against the Person Act and to ensure a human rights compliant framework governing access to abortion.”

8.2 The Green Party in Northern Ireland and People Before Profit also support the decriminalisation of abortion.

8.3 In April 2018, a clear majority of Belfast City Council passed a motion by 34 votes to 16 which provided that, “...abortion is a healthcare issue not a criminal justice issue. Women or health care professionals who care for them should not be treated as criminals.” The only political party which opposed the motion was the DUP.

8.4 In June 2018 Derry and Strabane District Council also supported a Motion on the decriminalisation of abortion.

8.5 Opponents of abortion law reform often cite a vote which occurred in the Northern Ireland Assembly in February 2016 rejecting amendments to change the law with regard to fatal fetal abnormality and sexual crime.
8.6 However, since this vote there have been two elections to the Northern Ireland Assembly, a change in leadership in all five major political parties, changes to party policies on abortion within Sinn Féin and the SDLP, the publication of guidelines for healthcare professionals reinforcing the current restrictive law, the publication of a report from the Working Group on fatal foetal abnormalities which recommended a change to the law, at least four individuals have been prosecuted for purchasing or taking abortion pills sourced via the internet, CEDAW undertook an inquiry into abortion in Northern Ireland which recommended decriminalisation, the UK Supreme Court found that the law breaches human rights and citizens in Ireland voted overwhelmingly to remove the eighth amendment from the Irish constitution paving the way for modern abortion provision.

8.7 It is therefore clear that political opinion in Northern Ireland has evolved dramatically in a short period of time and favours change.

International obligations

9.1 As a signatory to UN conventions, the UK has been continually criticised for its failure to meet its international obligation with regard to abortion.

9.2 In July 2016 the Committee on the Rights of the Child recommended that the State party: “Decriminalize abortion in Northern Ireland in all circumstances and review its legislation with a view to ensuring girls’ access to safe abortion and post-abortion care services.”

9.3 In the same month the Committee on Economic, Social and Cultural Rights expressed concern that termination of pregnancy in Northern Ireland is still criminalised in all circumstances except when the life of the woman is in danger, which could lead to unsafe abortions and disproportionately affects women from low-income families who cannot travel to other parts of the United Kingdom. The Committee recommended: “The State party amend the legislation on termination of pregnancy in Northern Ireland to make it compatible with other fundamental rights, such as women’s rights to health, life and dignity.”

9.4 In February 2018 the UN Committee on the Elimination of Discrimination against Women (CEDAW) said that the UK is responsible for ‘grave’ and ‘systematic’ violations of women’s rights in Northern Ireland by unduly restricting their access to abortion.

9.5 The Vice Chair of the CEDAW Committee, Ruth Halperin-Kaddari, described Northern Ireland’s near total abortion ban as constituting “…violence against women that may amount to torture or cruel, inhuman or degrading treatment,” and an inquiry report urged the UK government to decriminalise abortion and allow for greater access to services in Northern Ireland.

9.6 In August 2018 a joint statement by the Committee on the Rights of Persons with Disabilities (CRPD) and the CEDAW Committee concluded by stating: “In order to respect gender equality and disability rights, in accordance with the CEDAW and CRPD Conventions, States parties should decriminalize abortion in all circumstances and legalize it in a manner that fully respects the autonomy of women, including women with disabilities. In all efforts to implement their obligations regarding sexual and reproductive health and rights, including access to safe and legal abortion, the Committees call upon States parties to take a human rights based approach that safeguards the reproductive choice and autonomy of all women, including women with disabilities.”
9.7 On 30th October 2018, the United Nations Human Rights Committee published an advance version of its “General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life”. The Committee addressed the issue of abortion and said that:

“State parties…should not…apply criminal sanctions against women and girls undergoing abortion or against medical service providers assisting them in doing so, since taking such measures compel women and girls to resort to unsafe abortion.”

Devolution

10.1 The devolved settlement in Northern Ireland is set out in the Northern Ireland Act 1998, and related secondary legislation which outline that devolution is predicated on there being a First Minister, a deputy First Minister and a Northern Ireland Executive. None of these has operated since January 2017 and there have been no Northern Ireland Ministers since March 2017.

10.2 Those who suggest that “abortion is a devolved matter” fail to take account of the circumstances which exist in Northern Ireland which mean that the devolved bodies required to take a decision on this matter are not in place.

10.3 Even if there were functioning devolved bodies, the Secretary of State for Northern Ireland still has specific powers to intervene in transferred matters. In October 2018, the Secretary of State for Northern Ireland introduced legislation in Parliament which seeks to give legal clarity in allowing an Executive to be formed quickly if the Northern Ireland parties come to an agreement within a specified time period; clarify the functions of the Northern Ireland civil service in the absence of ministers; and ensure that important public appointments can be made in the absence of local Ministers.

10.4 The Secretary of State also has the power to direct Northern Ireland departments to take such action as may be required under international obligations. The term “international obligations” includes obligations arising under CEDAW and their Committee has recommended the decriminalisation of abortion in Northern Ireland.

10.5 There is no constitutional impediment to the UK Parliament legislating to reform the law on abortion in Northern Ireland. Parliament is sovereign. It has the power to act, even in respect of devolved matters.

10.6 The UK government’s policy on devolved matters is outlined in the devolution Memorandum of Understanding. It is clear that UK Ministers have powers to intervene in order to ensure the implementation of “international, European Court of Human Rights and European Union obligations which concern devolved matters.”

10.7 The UK Supreme Court has ruled that Northern Ireland’s abortion law breaches article 8 of the European Convention on Human Rights.

10.8 The Memorandum of Understanding also permits Parliament to act on devolved matters, with the consent of the devolved assembly. There are no devolved bodies in Northern Ireland with the power to provide the consent recommended by the Memorandum of Understanding.

10.9 There is no requirement for there to be a referendum in Northern Ireland prior to any reform of the law on abortion. The recent referendum on abortion in Ireland arose as a result of the particular constitutional requirements of Ireland, which do not apply to Northern Ireland. Not only does the UK have no written constitution, but a constitutional provision of
the kind set out in the Eighth Amendment would be contrary to the principle of Parliamentary sovereignty.

10.10 There is no support for a referendum in Northern Ireland and it would be unnecessarily, divisive and expensive.

10.11 Devolution was not an obstacle to the recent Ten Minute Rule Bill on the decriminalisation of abortion in Northern Ireland, England and Wales. The Bill was introduced on 23 October 2018 and passed its first stage by 208 votes to 123 against

10.12 Therefore, there are no constitutional reasons preventing the UK Parliament from legislating to reform the law on abortion in Northern Ireland. It is up to the UK government to exercise the powers outlined in both the Northern Ireland Act and the Memorandum of Understanding to protect citizens in Northern Ireland from ongoing breaches of their rights and in doing so meet their international human rights obligations.

Conclusion

11.1 The criminalisation of abortion is discriminatory and breaches human rights. It is unacceptable that in 2018 women in the UK are risking prosecution for ending a pregnancy and that health care professionals can be deterred from entering this fundamental area of practice due to the chilling effect of the current criminal law.

11.2 Regulating abortion in the same way as any other healthcare procedure would be far more suited to the beliefs and values of our society today.

11.3 We urge the Committee to recommend that the UK government decriminalise abortion. A human rights compliant framework governing access to abortion should then be established to enable access to free, safe and legal abortion in Northern Ireland.

11.4 This would bring about much needed and long overdue reform to a law that is having a devastating impact on women living in Northern Ireland.

November 2018

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