

Joint Submission to the list of issues prior to  
reporting to the **Committee on Economic,  
Social and Cultural Rights**, 78<sup>th</sup> session

**Germany**

-

**Right to sexual and reproductive health**

focusing on the

**Right to safe abortion**



Bundesverband e.V.



Bundesverband der  
Mütterzentren e.V.



**DGVT**  
Deutsche Gesellschaft  
für Verhaltenstherapie e.V.



**gbs**  
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## Introduction

This joint submission is presented to the UN Committee on Economic, Social and Cultural Rights (hereinafter “the Committee”) ahead of the adoption of list of issues prior to reporting for the seventh periodic report of the Republic of Germany (hereinafter “Germany”) in September 2025.

It sets out some of our key concerns and recommendations related to the implementation of the International Covenant on Economic, Social and Cultural Rights (ICESCR) by Germany with regard to sexual and reproductive health and rights (General Comment No 22 and Articles 3 and 12 of the Covenant) focusing on the right to abortion.<sup>1</sup> It highlights the continued challenges around access to sexual and reproductive health services, especially the impacts of the criminalization of abortion.

The State report<sup>2</sup> submitted in December 2023 by the previous German government does not refer to abortion nor women's health in general. Most issues cover the period from 2016 to 2022 (partly 2023).<sup>3</sup> A new government came into power in May 2025. Its program of work does not include decriminalizing abortion.

## CURRENT LEGAL STATUS OF ABORTION

Contrary to the WHO Abortion Care Guideline and international standards pertinent to the same including under the CESCR, abortion is under the criminal law framework. Specifically, under current German law, anyone who terminates a pregnancy is committing a **criminal offence** under Section 218 and the following sections 218a-c of the German Criminal Code.<sup>4</sup> These sections are part of the division “offences against life” alongside murder as well as manslaughter and have criminalized abortion since 1871. While abortion on demand was partially legalized in the German Democratic Republic, the current wording was adopted by the parliament of the re-unified Federal Republic of Germany in 1995 after a Federal Constitutional Court decision in 1993.<sup>5</sup>

As an exception to this prohibition, abortion on demand is still unlawful but exempt from punishment when the following conditions are met: it (a) takes place within the first **12 weeks** of pregnancy, (b) is performed by a **doctor**, (c) takes place after the pregnant person has sought so-called ‘pregnancy conflict **counselling**’, which by law with the purported objective to protect the ‘unborn child’, at authorized counselling centers and (d) is carried out in compliance with the

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<sup>1</sup> See also German Alliance of Choice, “Joint Submission for the List of Issues Prior to Reporting to the UN Committee on the Elimination of Discrimination Against Women 77th Pre -Sessional Working Group (2 to 6 March 2020), February 2020 [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FICS%2FDEU%2F41396&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FICS%2FDEU%2F41396&Lang=en) and “Alternative Report on the 9th Periodic Report of the Federal Republic of Germany on the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) for its 85th Session (08 May 2023 - 26 May 2023) on sexual and reproductive health and rights, in particular the right to safe abortion, April 2023, [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FCSS%2FDEU%2F52681&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FCSS%2FDEU%2F52681&Lang=en).

<sup>2</sup> Seventh periodic report submitted by Germany under articles 16 and 17 of the Covenant, due in 2023, UN Doc. E/C.12/DEU/7, 12 June 2024, <https://docs.un.org/en/E/C.12/DEU/7>.

<sup>3</sup> UN Committee on Economic, Social and Cultural Rights (CESC), Seventh periodic report submitted by Germany under articles 16 and 17 of the Covenant, due in 2023, UN Doc. E/C.12/DEU/7, [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FDEU%2F7&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FDEU%2F7&Lang=en).

<sup>4</sup> Germany, Criminal Code, Division 16, sections 218 and following [https://www.gesetze-im-internet.de/englisch\\_stgb/englisch\\_stgb.html#p2039](https://www.gesetze-im-internet.de/englisch_stgb/englisch_stgb.html#p2039) [in English].

<sup>5</sup> Federal Constitutional Court of Germany, Nos. 2 BvF 2/90, 2 BvF 4/92, and 2 BvF 5/92, Constitutional requirements for provisions on pregnancy termination, Judgment of 28 May 1993, [https://www.bundesverfassungsgericht.de/SharedDocs/Entscheidungen/EN/1993/05/fs19930528\\_2bvf000290en.html](https://www.bundesverfassungsgericht.de/SharedDocs/Entscheidungen/EN/1993/05/fs19930528_2bvf000290en.html) [in English].

**three-day waiting period** between counselling and abortion. These regulations affect pregnant people and medical personnel as well as any other party involved.<sup>6</sup>

Termination of pregnancy is considered to be legally justified on **medical grounds**, i.e. when it is necessary ‘to avert an imminent danger to the life of or the danger of grave impairment to the pregnant [person’s] physical or mental health’. This provision applies at any time during pregnancy without a gestational limit, meaning there is no punishment despite the criminal offense.

In cases of abortions where the pregnancy is the result of specific cases of sexual violence prohibited by criminal law, the requirements for abortions to be justified are the gestational limit of 12 weeks and its provision by a doctor without prior counselling.

The so-called ‘Pregnancy Conflict Act’ complements the regulations of the Criminal Code. Under its section 12 (1), ‘no one is obliged to co-operate in an abortion’. This means that medical professionals can refuse to provide abortion services ‘on the grounds of freedom of conscience’. The **refusal to perform abortions** by entire institutions **endangers access to abortion**. There are known cases of publicly funded hospitals with gynecological departments deciding not to provide abortion care or provide it only under exceptional circumstances, thereby severely restricting abortion access in the area.<sup>7</sup>

## CURRENT ABORTION CARE SITUATION

During the last 10 years roughly 100,000 abortions have been registered in Germany every year.<sup>8</sup> Regional availability and accessibility of abortion care in Germany is distributed unevenly. Citing official data, researchers from the ELSA research project have shown that the number of facilities reporting abortions to the Federal Statistical Office of Germany has decreased by 46.7% from 2050 in 2003 to 1092 in 2021. In 2024, 1 105 facilities were registered.<sup>9</sup> Professionals and pregnant people describe<sup>10</sup> difficulties in finding doctors, getting the necessary short-term appointments and the need to travel long distances. Despite the legal obligation<sup>11</sup> of federal states to ensure a sufficient number of abortion facilities, the research indicates poorer

<sup>6</sup> See German Criminal Code, division 16, sections 218 and following (previously cited).

<sup>7</sup> Parliamentary request in the state of Berlin, October 2024, <https://pardok.parlament-berlin.de/starweb/adis/citat/VT/19/SchrAnfr/S19-20556.pdf>; Equality Office of the City of Flensburg, Statement on the provision of abortion services in the city of Flensburg, 10 December 2020, [https://www.flensburg.de/PDF/Stellungnahme\\_GB\\_Schwangerschaftsabbr%C3%BChe.PDF?ObjSvrlD=2306&ObjID=11723&ObjLa=1&Ext=PDF&WTR=1&ts=1609929982](https://www.flensburg.de/PDF/Stellungnahme_GB_Schwangerschaftsabbr%C3%BChe.PDF?ObjSvrlD=2306&ObjID=11723&ObjLa=1&Ext=PDF&WTR=1&ts=1609929982) [in German]; Legal Tribune Online (LTO), “Konfessionelle Klinik verbietet Schwangerschaftsabbrüche. Ein Chefarzt gegen die Kirche” [Confessional hospital bans abortions. A chief physician opposes the Church.], 22 May 2025, <https://www.lto.de/recht/hintergruende/h/arb-g-hamm-2ca182-25-chefarzt-volz-klinikum-lippstadt-katholisch-weisung-schwangerschaftsabbruch> [in German]; City Council of the city of Münster on medical care for abortions, “Berichtsvorlage”, May 2023, p. 4 [https://www.stadt-muenster.de/sessionnet/sessionnetbi/vo0050.php?\\_kvonr=2004052709](https://www.stadt-muenster.de/sessionnet/sessionnetbi/vo0050.php?_kvonr=2004052709) [in German]; Answer of the Federal Government to a parliamentary request on “Information about facilities offering abortion services” by MPs Schauws and others, 14 December 2018, printing Nr. 19/6519, <https://dserver.bundestag.de/btd/19/065/1906519.pdf> [in German], Kontext Wochenzeitung “Arbeiten in der Tabuzone”, 8 January 2020 <https://www.kontextwochenzeitung.de/gesellschaft/458/arbeiten-in-der-tabuzone-6438.html> [in German].

<sup>8</sup> See Federal Statistical Office, 3 April 2025 [https://www.destatis.de/DE/Themen/GesellschaftUmwelt/Gesundheit/Schwangerschaftsabbrueche/Tabellen/03-schwangerschaftsabbr-rechtliche-begrueundung-schwangerschaftsdauer\\_zvab2012.html](https://www.destatis.de/DE/Themen/GesellschaftUmwelt/Gesundheit/Schwangerschaftsabbrueche/Tabellen/03-schwangerschaftsabbr-rechtliche-begrueundung-schwangerschaftsdauer_zvab2012.html).

<sup>9</sup> See Federal Statistical Office, 3 April 2025 <https://www.destatis.de/DE/Themen/GesellschaftUmwelt/Gesundheit/Schwangerschaftsabbrueche/Tabellen/meldestellen-2024.html>.

<sup>10</sup> See Statement for the public hearing of the Legal Affairs Committee of the German Bundestag by a group of researchers who are part of the research project ELSA, p. 5 and 7, <https://www.bundestag.de/resource/blob/1049686/880b983de6f45d978c63a2a1864223ac/Stellungnahme-Torenz-ELSA.pdf> [in German]; Killinger, Günther, Atay, Gomperts, Endler, “Why women choose abortion through telemedicine outside the formal health sector in Germany? A mixed-methods study”, September 2020, medRxiv 2020.09.08.20190249; doi: <https://doi.org/10.1101/2020.09.08.20190249>.

<sup>11</sup> According to section 13 para. 2 of the pregnancy conflict act federal states shall ensure that there are sufficient outpatient and inpatient facilities for performing abortions and that these are freely accessible, see <https://www.gesetze-im-internet.de/beratungsg/BjNR113980992.html> [in German].

availability and lesser density of abortion providers in the western and southern federal states than in the northern and eastern federal states.<sup>12</sup> According to data gathered by ELSA research project, in 85 out of 400 districts, the criteria for adequate accessibility are not met. In total, 4.5 million people (5.4% of the population) in Germany live outside the 40-minute car travel time accessibility threshold set by the Joint Federal Committee's Guideline on needs planning.<sup>13</sup>

Nationwide data collected by a journalist research group in 2022<sup>14</sup> shows that only about 60 % of all public hospitals with gynecology departments perform abortions in general. Moreover, only 38 % of the clinics surveyed stated they perform abortions on demand. In some federal states, this situation is particularly serious. In Bavaria, for instance, only around 10 % of public hospitals with gynaecology departments perform abortions at the request of the pregnant person. Especially church-run but publicly funded hospitals are refusing to provide this essential healthcare for pregnant people and/or do not allow their employees to perform abortions.<sup>15</sup>

The reasons for the decrease in abortion facilities are multi-faceted. When asked, why they are not performing abortions, doctors list many different reasons, such as fear of criminalization and stigmatization, lack of training, unclear bureaucratic procedures, or personal reasons.<sup>16</sup>

These bureaucratic procedures include requirements for abortion providers to directly order abortion medication from the pharmaceutical company instead of pharmacies, record every distributed pill and store the records for several years.<sup>17</sup> Furthermore, each federal state in Germany has its own requirements for abortion providers to obtain a license. In some states such as Berlin only a simple registration is needed,<sup>18</sup> in others such as Bavaria providers have to meet a list of requirements.<sup>19</sup>

Doctors also do not receive compulsory training on abortions, many universities only marginally cover the topic and as many hospitals do not provide abortions, their staff may complete the years of required medical training without ever witnessing or learning about abortion care provision in practice.

Statutory health insurance funds do not cover the costs of abortions on demand.<sup>20</sup> Research shows that about one in five people who terminate a pregnancy in Germany face difficulties

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<sup>12</sup> Torenz, R., Vollmer, H., Eckardt, S. *et al.* Data on regional availability and accessibility of abortion providers in Germany. 15 December 2023, published in *Research in Health Services and Regions* vol. 2, article number 21. <https://doi.org/10.1007/s43999-023-00036-4>.

<sup>13</sup> Statement for the public hearing of the Legal Affairs Committee of the German Bundestag by a group of researchers who are part of the research project ELSA (previously cited) p. 6 see; See Section 35 para. 5 Nr. 3 of the Joint Federal Committee's Guideline on needs planning and the criteria for determining overprovision and underprovision in contract medical care, as amended on 20 December 2012, last amended on 19 December 2024 <https://www.g-ba.de/richtlinien/4/> [in German].

<sup>14</sup> Correctiv.LOKAL March 2022, <https://correctiv.org/aktuelles/gesundheit/2022/03/03/keine-abtreibungen-in-vielen-oeffentlichen-kliniken/?lang=de>.

<sup>15</sup> See many examples enlisted in footnote 7.

<sup>16</sup> s. ELSA study (to be published), as well as Statement for the public hearing of the Legal Affairs Committee of the German Bundestag by a group of researchers who are part of the research project ELSA (previously cited), p. 3,4,7-10 see;

<sup>17</sup> See section 47a of Medicinal Products Act in the version published on 12 December 2005 (Federal Law Gazette (BGBl.) Part I p. 3394, last amended by Article 1 of the Act of 23 October 2024 (Federal Law Gazette 2024 I no. 324) [https://www.gesetze-im-internet.de/englisch\\_amg/englisch\\_amg.html](https://www.gesetze-im-internet.de/englisch_amg/englisch_amg.html) [in English].

<sup>18</sup> See section 8 of Law regulating the procedure for recognising counselling centres under the Pregnancy Conflict Act and for registering facilities that perform abortions in the federal state of Berlin of 25 February, <https://gesetze.berlin.de/perma?d=jlr-SchwBerGBEp8>.

<sup>19</sup> See deviation 5 sections 22-26 of the Health Services Act (GDG) of the federal state of Bavaria of 10 May 2022 (GVBl. p. 182, BayRS 2120-12-G), last amended by Section 1 of the Act of 23 December 2024 (GVBl. p. 632) <https://www.gesetze-bayern.de/Content/Document/BayGDG>.

<sup>20</sup> A claim for cost coverage only exists if the pregnant person's economic situation meets certain criteria. See Section 19 (2) in conjunction with Section 24 of the Pregnancy Conflict Act. For more information, see the Scientific Service of the German Bundestag, 'Cost coverage for abortion and contraceptives,' 24 June 2024, file number: WD 8 - 3000 - 017/24, pp. 4-5. <https://www.bundestag.de/resource/blob/1014696/583c0ae41ceb768ffd89945e82c29e30/WD-8-017-24-pdf.pdf> [in German].

covering the costs associated with the abortion. This includes primarily the cost of the procedure itself, which can be significantly increased by additional expenses. This indicates that, despite the current possibility of cost coverage by the federal states for people with a low income, financial costs still represent a substantial barrier to accessing abortion services. For those who have to pay by themselves, the costs can also limit the free choice of abortion method, as medical abortions are generally less expensive than surgical ones.<sup>21</sup>

Data collected by the Canadian non-profit organization Women on Web has found that vulnerable groups such as adolescents, women with low financial means, and undocumented migrants in Germany face multiple barriers to access formal abortion care services and often experience these barriers as impossible to overcome. This includes those who need to keep their abortion secret, who experience abuse and rape, who struggle financially, and those who are foreigners or undocumented migrants.<sup>22</sup>

Due to existing barriers, pregnant people in need of abortion services in Germany frequently travel abroad. For example, in 2023, the Netherlands registered 1,362 terminations of pregnancies of people coming from Germany.<sup>23</sup>

## RECENT DEVELOPMENTS IN RELATION TO ABORTION CARE ACCESS AND PROVISION

In July 2022, **Section 219a** of the Criminal Code, which had resulted in doctors being criminalized for “**advertising abortion**”, **was repealed by parliament**, allowing doctors to provide detailed information on options for terminating a pregnancy without fear of criminal prosecution. Judgments issued under the Section 219a provision after 3 October 1990 (reunification of Germany) were to be repealed and ongoing proceedings discontinued.<sup>24</sup>

In May 2023, **the CEDAW Committee** recommended Germany to ensure that affordable modern contraceptives are accessible to all women and girls of reproductive age in the country, if necessary free of charge, in particular women and girls without sufficient means; to ensure that sufficient numbers of adequately trained medical professionals are available to perform abortions and reduce regional disparities in this regard and that medicines needed for non-surgical abortion are available; and to ensure that women have access to a safe abortion in compliance with the World Health Organization’s abortion care guidelines, which recommends full decriminalization of abortion, and without subjecting people accessing abortions to mandatory counselling or a three-day waiting period, that safe and legal abortion services are reimbursed by health insurance, as well as to carry out a study to assess the reasons why women travel abroad for an abortion, with a view to addressing their needs.<sup>25</sup> As of the date of finalising this output in June 2025, none of these recommendations had been implemented.

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<sup>21</sup> Statement for the public hearing of the Legal Affairs Committee of the German Bundestag by a group of researchers who are part of the research project ELSA (previously cited), p. 4.

<sup>22</sup> Killinger, Günther, Atay, Gomperts, Endler, “Why women choose abortion through telemedicine outside the formal health sector in Germany? A mixed-methods study”, September 2020, medRxiv 2020.09.08.20190249; doi: <https://doi.org/10.1101/2020.09.08.20190249>.

<sup>23</sup> see 2023 Annual Report on the Termination of Pregnancy Act (Wafz) published by the Dutch Health and Youth Care Inspectorate (IGJ) in 2004, p. 6 available at <https://open.overheid.nl/documenten/438fd934-c5b5-497c-b976-52d6e7199370/file>

<sup>24</sup> See <https://www.bundesregierung.de/breg-de/bundesregierung/gesetzesvorhaben/paragraph-219a-2010222> and <https://www.bundestag.de/dokumente/textarchiv/2022/kw19-de-schwangerschaftsabbruch-219a-891910>.

<sup>25</sup> UN CEDAW Committee, concluding observations on the ninth periodic report of Germany, CEDAW/C/DEU/CO/9, para. 46 b-d.



In April 2024, an expert government-appointed **commission on “reproductive self-determination and reproductive medicine”** presented proposals to decriminalize and regulate abortion.<sup>26</sup> Their recommendations have also not been implemented yet.

In April 2024, the preliminary findings of a **multi-year research project** (financed by the Ministry for Health and carried out by academic institutions) on **“experiences and life situations of unintentionally pregnant women”** showed important deficiencies in abortion care for pregnant people and medical personnel (see also “current abortion care situation” above).<sup>27</sup>

In November 2024, a **law came into force to protect pregnant people from harassment** outside abortion clinics and mandatory counselling centres. The law prohibits actions such as deliberate obstruction of access to facilities, pressurizing a pregnant person, or confronting them with false or disturbing material.<sup>28</sup>

In December 2024, a first reading of a **cross-party draft law**<sup>29</sup> to partially legalize abortions was tabled in Parliament, but the bill remained stuck in Law Committee before snap elections were held in February 2025.

The new government established in May 2025 has indicated that it intends to improve the abortion care situation but has not committed to concrete steps. It plans to consider providing medically prescribed contraceptives for women free of charge for a further two years until the age of 24.<sup>30</sup> This would continue to exclude condoms and other methods to prevent pregnancy as well as sexually transmitted diseases that do not need prescription by doctors.

## RECOMMENDATIONS:

- Germany should comply with its international legal obligations to respect, protect and fulfil the rights of pregnant people to access comprehensive sexual and reproductive health services, goods and information including by:
- enacting a regulatory framework for abortion care aligned with the 2022 WHO Abortion Care Guideline, which:
  - o **Fully decriminalizes abortion** by removing sections 218 and 218a-c from the Criminal Code, applying to everyone involved: pregnant person as well as those providing or assisting with abortion services;
  - o **Removes the requirement of mandatory counselling** from the Criminal Code and the Pregnancy Conflict Act and ensure that the provision of counselling prior to an abortion is voluntary, confidential, non-biased, non-directive and by trained personnel. It also must be accessible and affordable to all;
  - o **Removes mandatory waiting period from the Criminal Code;**
- **ensuring that refusals** to provide lawful abortion services by healthcare providers (including on grounds of their moral or religious views) do not result in denying, delaying or otherwise obstructing access to abortion to pregnant people who need or want it.

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<sup>26</sup> Link to the German version of the final report of the Commission on Reproductive Self-Determination and Reproductive Medicine can be found here: <https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/kommissionsbericht-reproduktive-selbstbestimmung-pm-15-04-24.html> [in German].

<sup>27</sup> Link to the multi-year research project “ELSA” <https://elsa-studie.de/> Final report to be published.

<sup>28</sup> <https://www.bundestag.de/dokumente/textarchiv/2024/kw20-pa-familie-schwangerschaftskonfliktgesetz-999736> and <https://www.bmfsfj.de/bmfsfj/themen/gleichstellung/faq-verbot-von-gehsteigbelaestigungen-gegenueber-schwangeren-253552>

<sup>29</sup> Draft law to be found here: <https://dserv.bundestag.de/btd/20/137/2013775.pdf>.

<sup>30</sup> See coalition agreement by governing parties CDU/CSU and SPD p. 102 [https://www.koalitionsvertrag2025.de/sites/www.koalitionsvertrag2025.de/files/koav\\_2025.pdf](https://www.koalitionsvertrag2025.de/sites/www.koalitionsvertrag2025.de/files/koav_2025.pdf) [in German].

- **ensuring that abortion is fully accessible healthcare service**, integrating safe abortion within the provision of comprehensive sexual and reproductive health services, commodities and information, and ensuring services are available, accessible, affordable and of good quality, and provided without discrimination or coercion, and with respect to pregnant person's privacy, confidentiality and human rights;
  - taking measures to ensure that such a regulatory framework for abortion care should also be nationwide, transparent, human-rights compliant and less bureaucratic, and should remove the current barriers for medical professionals to provide the service without creating new barriers. This includes also making abortion medication accessible like any other prescription drug and expanding access to training in abortion care for medical students and medical professionals.
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Submitting organizations:

Amnesty International	Humanistischer Verband – Deutschlands Bundesverband e.V.
AWO Bundesverband e.V.	LANDESFRAUENRAT HAMBURG e.V.
Bundesverband der Mütterzentren e. V.	LandesFrauenRat Schleswig-Holstein e.V.
Business and Professional Women (BPW) Germany e.V.	Nationales Netzwerk Frauen und Gesundheit
Bündnis für Sexuelle Selbstbestimmung	Pro Choice Deutschland e.V.
Deutsche Gesellschaft für Verhaltenstherapie (DGVT) e. V.	pro familia Bundesverband e.V.
Deutscher Frauenring e.V.	TERRE DES FEMMES Menschenrechte für die Frau e.V.
Deutscher Hebammenverband e. V.	UN Women Deutschland e.V.
Doctors for Choice Germany e.V.	Women on Web
Feministisches Netzwerk für Gesundheit Berlin	Zukunftsforum Familie e.V.
Giordano-Bruno-Stiftung (gbs)	