Strategic plan

2026–2028

Abortion care. Everywhere, for everyone.

ABORTION SUPPORT NETWORK

Contents

Introduction

Access to safe abortion is life-affirming healthcare and a natural part of reproductive life. The World Health Organization estimates 73 million abortions take place globally each year with 60% of unintended pregnancies and 30% of all pregnancies ending in abortion[1] . In the UK 1 in 3 women will have at least one abortion in their lifetime[2].

But abortion access across the UK and Europe is restricted. Reproductive rights are under attack. This attack is felt in the bodies and lives of women and gender expansive people, and the attack is growing. In 2025, our helpline heard from 1243 people, 25% more women and pregnant people than the year before. We know the reasons why.

Anti-abortion groups are investing heavily in the UK and Europe. In five years, anti-rights groups have invested just under two billion US dollars in Europe[3] and a further one hundred million pounds in the UK[4] , with a significant portion of the UK money invested in deceptive fake abortion clinics (commonly called 'crisis pregnancy centres'), working to dissuade women and pregnant people from seeking abortion care:

> "*The growing anti-rights movement in the UK, emboldened by what is happening in the US and increasingly well-funded, is targeting reproductive freedoms, access to abortion and the rights of LGBTI people. Their end goal is to roll back our hard-won rights, undermine equality protections and rewrite the rules on who deserves dignity and freedom.*"
> – Amnesty International UK, 2025[5] .

The anti-rights movement is gaining ground globally and we have seen the devastating impacts of this in the US and Poland. Alongside this rising tide of anti-rights agitation, the costs of abortion care, travel and accommodation continue to rise and global funding for sexual and reproductive health shrinks[6]. While European and British populations are widely supportive of abortion, politicians are increasingly weaponising abortion as a new frontier in the culture wars[7].

What does all this mean for women and pregnant people?

In 17 years ASN has supported 11,300 women and pregnant people forced to travel for abortion care, redistributing €2.1 million in clinic fees, travel and accommodation costs. We run the infrastructure of Europe's largest mutual aid abortion funding scheme, raising hundreds of thousands of Euros to redistribute to abortion seekers every year. On our helpline we hear from more people in more countries every month who are unable to access abortion care when and where they need it.

Our role is connecting those who need abortions with those who can provide them, and foregrounding hope, care and mutual aid as a positive resistance.

> ***Bodily autonomy is under attack. The concept of human rights is crumbling. Repressive right-wing movements are building panopticons and increasing border controls. They are criminalising disagreement. It is essential that we resist this. Transnational solidarity is the only way we will get through this.*** – ASN regular donor

The problem

> ***"Today we saw a 16-year-old girl who was raped. She came in with her parents asking for help. She needs an abortion, but she is too late to do that here. She is exhausted and her family are very concerned for her. We don't know what to do. Please can you help?"***
> – Healthcare worker, Belgium[8]

Across Europe more than 20 million women and gender expansive people do not have access to safe, legal abortion care[9] . In 2022, an estimated 4,500 women and pregnant people in Europe were forced to travel abroad to access safe legal abortion care[10] .

Rita's story

"I am contacting you on behalf of my daughter Rita, aged 16. We live in France. Rita is 19 weeks pregnant and we don't know what to do- they have told us that she is too late to get an abortion here. I want to help her but we need €1,200 to pay the clinic in Amsterdam. I have a very limited income and can't afford the travel and the clinic fees. It seems very complicated to me to finance and arrange all of this. That is why I am coming to you. Her procedure is scheduled for Friday in the Netherlands. We are in France. Thank you for your help."

Our volunteers spoke with Rita's mum and then with Rita herself to confirm that there were no additional safeguarding needs other than her young age. Rita confirmed she was well supported and very clear in her decision. She said she didn't know how to look after a baby and wanted to finish school. Our volunteer coordinated financial support from ASN, Le Planning Familiale in Rita's hometown and Rita's family. Rita was supported to travel with her mum to the Netherlands and contacted us when she returned home to confirm she was recovering well.

Every day we hear from women and pregnant people who face barriers in accessing this life affirming healthcare. Many barriers interrelate and compound each other, intersecting to enact harm on the bodies and lives of women and pregnant people.

Restricting access to abortion care does not reduce the number of abortions, it reduces the number of safe abortions. Abortion stigma creates the conditions for abortion restrictions to thrive. And abortion restrictions produce impossible choices.

Barriers to abortion care

Liv's Story

"I can't have this baby. I'm in a fragile mental state, I only have part time work and no money saved. None of my family or friends know about the pregnancy. The baby's father doesn't want the child. I'll be constantly afraid that he'll harm me or the baby. If he finds out, he will kill me. I've barely been eating or drinking anything. I can't sleep at night because I'm so afraid and panicked about having the baby. I can't look after a baby. Unfortunately, I don't have the money to pay for the procedure either. I feel so helpless and am just desperate. I cry all day long. Please, please help me. I don't know what to do anymore."

31-year-old Liv contacted us from France when she discovered she was 23 weeks pregnant. She had timed out of care everywhere in the EU and didn't know what to do. Her best option was to travel to the UK, but she had to do that immediately. Our volunteer managed to secure a standby appointment at BPAS, however the next hitch was that Liv didn't have a passport. With the support of our volunteer, Liv was supported to get an emergency passport and an ETA to travel to the UK, all up against the clock. Liv travelled and got the care she needed. Liv was signposted to emotional and domestic abuse support in her home town. When she returned home, she wrote:

"Thank you so much. I promise that as soon as I have a proper job again, I'll pay the money back bit by bit. I cannot tell you how grateful I am to you and your team for helping me out of this situation at the last minute."

Systemic barriers

Time limits

Time limits on abortion care produce the most unrelenting barriers for abortion seekers in the UK and the EU. Despite the World Health Organization recommendation of the removal of time limits (often referred to as 'gestational limited') from abortion access, every country in the region imposes time limits[11] .

Telemedicine has been a global game changer for abortion access. With the increased availability of pills by post- either through national healthcare systems or via feminist powerhouses Women Help Women and Women on Web- many pregnant people can access abortion care up to 12 weeks, regardless of domestic healthcare provision. After 12 weeks however, the picture suddenly changes and access becomes extremely restricted with only 12 countries in the region offering abortion care beyond this pregnancy duration[12]. Legal access after 16 weeks is only available in 4 countries, and at 24 weeks, since legal access after 24 weeks typically requires travel to the US or Mexico. Mandatory GP appointments, provider scarcity, waiting periods, medically unnecessary tests and reports, and/or mandatory counselling all compound time limits, as women and pregnant people are further delayed in accessing care.

Criminalisation

Abortion care is healthcare; yet an alarming 43 countries in the region continue to keep abortion in the criminal code[13], putting providers, abortion seekers and their helpers at risk of police investigation. Every day we hear from Polish abortion seekers whose lives tell the human story of the violence of abortion criminalisation. Their stories evidence how abortion criminalisation produces conservative medical cultures where even in cases where a significant risk to health is evident, the fear of criminalisation overrides concern for the health and wellbeing of the pregnant person. Where essential healthcare is denied because the uncertain promise of new life is attributed more value than the life of the pregnant person.

> ***My then girlfriend and I had a pregnancy scare when we were teenagers in Belfast. It was utterly terrifying. The thought that she would not have a choice about what to do with her body because of where she was living seemed absolutely mad. I'm very pleased to support an organisation which helps others to have that choice.*** - ASN donor

Limited treatment options

Limited treatment options create a further barrier to dignified access. In the Belgian case on page 4, the healthcare worker shared that while the young woman may have qualified for an exemption to time limits due to her experience of rape, the Belgian healthcare system could only provide abortion care at 16 weeks via consious vaginal delivery, which would be retraumatising for a 16 year old rape survivor. The World Health Organization recommends informed choice of treatment in abortion care[14] ; yet many countries do not have the trained staff, equipment and/or the policy framework to offer this. This results in pregnant people being offered inappropriate and/or traumatising treatment or being forced to travel abroad to access care with dignity.

Provider scarcity

A lack of trained abortion care providers creates further barriers as people must travel domestically or internationally to access care that is legislated for in country but cannot be provided locally. The need for domestic travel compounds existing barriers for marginalised groups including people experiencing domestic abuse, people in poverty, migrants, and people who already have children or other care giving responsibilities. This convergence of barriers for marginalised communities often lead to delays in access, pushing people closer to legal time limits.

> ***I value the concrete impact of providing someone in need with clear and precious information, a plan, next steps. Helping people feel a bit less alone.*** – ASN volunteer

Right to care refusal

Abortion care is one of a very few stigmatised forms of healthcare that healthcare workers can refuse to offer. Legislated for in 32 countries in the region[15] , care refusal (commonly called 'conscientious objection') creates large abortion deserts. In Italy for example, the right to care refusal is taken up 71% of gynaecologists[16] . This right to care refusal compounds existing barriers including requirements for doctor sign off and provider scarcity, which for people outside of urban areas particularly, can further delay access, pushing people closer to time limits.

Cost of abortion care

In some countries, such as Germany and Romania, abortion care is not free. Even minimal costs can produce insurmountable barriers for people living in poverty and/or for those without economic independence including young people and asylum seekers without rights to work.

Border hostility

With the rise of border hostility across the region, we hear from more migrants, refugees and asylum seekers each year facing barriers to access. In countries like the UK where access is legislated for, non-citizens still face barriers as they may be given misinformation about their rights and be asked to make large up-front payments to access care, even when they are entitled to fee-free care. For other callers with precarious immigration status, fear of detention/billing can lead to delays in accessing care, pushing people past time limits. These same callers then face further barriers when trying to cross borders, having to secure visas and appropriate documentation against the clock. For some this becomes a costly, complex and time-consuming system to navigate; for others, particularly for asylum seekers, crossing the border becomes the final insurmountable barrier to accessing care.

Interpersonal barriers

Domestic abuse

In 2025, over 15% of our callers identified domestic abuse as a barrier to accessing abortion care. For some callers where partners/ family were aware of the pregnancy this manifested in reproductive coercion. For others, keeping the pregnancy, and the abortion, secret from their family/partners was part of their safety plan. We hear from callers every week whose partners have restricted their movement, hacked into their emails, and/or controlled all their finances making accessing abortion care abroad extremely challenging.

Reproductive coercion

30% of all domestic abuse begins during pregnancy. Many of our callers experience reproductive coercion: having no agency over birth control (methods and usage) and/or being pressured to continue a pregnancy or to have an abortion. Ambivalence is a common emotion associated with abortion and being forced to travel can compound an already pressured situation where pregnant people with abusive partners or family have little space to think about what they want and need. Volunteers are trained to identify reproductive coercion, and these cases are carefully monitored by the safeguarding lead to ensure appropriate support and clear decision making.

Misinformation

A major tactic of anti-rights actors is investment in the proliferation of deceptive fake clinics commonly referred to as 'crisis pregnancy centres'[17] . Women and pregnant people approach these centres seeking information and non-judgmental support and are instead given incorrect information and pressured into continuing an unwanted pregnancy. We also hear from callers who have been misinformed by healthcare workers, both because of a lack of training, but also due to high levels of abortion stigma across society.

Personal barriers

Shame

While ambivalence is a common emotion held around abortion and pregnancy[18] , shame adds another layer to this common experience. Many women and pregnant people we hear from express experiencing high levels of shame, and this can lead to delays in accessing care. Some callers have shared that having to seek financial assistance from a charity further compounds these feelings of shame. It is not the abortion that creates shame, but rather abortion stigma, highlighting how work to reduce abortion stigma and normalise abortion is critical to enable meaningful access to abortion care.

Abortion restrictions affect everyone

Barriers to abortion care worsen the health of women and gender expansive people, increase maternal mortality rates, deepen poverty and intersecting inequalities, undermine gender and race equality, and place avoidable burdens on healthcare systems[19] . Ensuring timely access to abortion care is not only a health intervention but a critical contributor to achieving the United Nations Sustainable Development Goals: SDG 3 (Good Health and Wellbeing), SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities).

> ***"I refuse to stand by and let people be forced into parenthood by governments that believe they can tell us what to do with our bodies."***
> - ASN donor

Maya's story

"Hi, I'm based in Ireland and we have confirmation that our unborn son has a heart condition so we got genetic testing done and was told he has a severe genetic disorder so he will have no quality of life. Our genetic counsellor says this warrants termination, but it is not permitted in Ireland because I am 26 weeks pregnant. They said I have to go to the UK. I don't know where to begin. Can you help?"

35-year-old Maya was devastated. She had hoped her second pregnancy would complete her family, and instead she was faced not only with distressing news about a foetal anomaly, but also with a complicated and unexpected journey to England. The volunteer supporting Maya spent time speaking with Maya to ensure she felt in control over the next steps, providing options of hospitals, accommodation and travel routes, along with expected costs. With ASN's discount, Maya and her partner were able to cover all the costs of childcare for their existing children and abortion care, just needing information and support from our helpline. When she returned home, she wrote:

"Thank you for everything. They were amazing in Liverpool, we got the best care we could have gotten. I wouldn't wish this journey on anyone, but I am grateful to you."

Asia's story

"I need your support as soon as possible for a pregnancy termination abroad. I live in Poland. This week during my second trimester check-up I learned that my baby has a very serious heart defect. Today in another check-up we have learned that there are several other issues. I already have a severely disabled child who I love but I just cannot face doing it all again. I won't cope. Please help me connecting me to any Clinic in Europe which is able to terminate my pregnancy as soon as possible. We are heartbroken but this is the only hope now."

32-year-old Asia was very low when speaking to the volunteer. She was 26 weeks pregnant and completely exhausted by the countless appointments to determine the risk to her health. The genetic options counselling Asia received in Poland was very limited by nature because there are no legal options in Poland for foetal anomaly abortions. We connected Asia to clinical staff at the hospital in Belgium so she could understand the health implications of the identified conditions. We signposted Asia to our partners in Poland who offer psychological support before, during and after accessing abortion care. Asia wrote:

"Thank you very much for your tremendous help, support and, in fact, for saving my life. I am very happy that thanks to you I had a choice. It was the best choice in my situation. I regret that women in Poland have to go through so much and seek help in a foreign country because they do not feel safe in their own and are forced to do things they do not want to do. My words cannot express my gratitude for the help I received from you, and I will never forget what you did for me."

Our solution

> ***"Thank you so much once again for your help. I'm returning to work tomorrow afternoon, and I'm feeling fine. You're all amazing for being so helpful. I'm genuinely surprised, and I'd like to wish you all the very best from the bottom of my heart."*** – Abortion seeker, Poland

ASN is part of a long tradition of ordinary people stepping in where governments fail to provide essential care. **We run the infrastructure of the UK and Europe's largest mutual aid abortion funding scheme, raising hundreds of thousands every year to redistribute to abortion seekers.**

ASN was founded in 2009 by Mara Clarke who, upon learning of the unsupported journeys thousands of women and pregnant people were making from Ireland to England every year for abortion care, determined to do something. Utilising a US abortion fund model, ASN began with a handful of volunteers and a bucket of change.

Over the last 17 years ASN has grown to 5 staff, 50+ volunteers and a 6-figure budget working across the UK and Europe, but some things remain the same:

- We run a helpline to share knowledge, support and financial resources
- We don't ask why anyone needs an abortion, just how we can help
- We have no expectations of our callers of the outcome for each caller, and support them with whatever decision they make
- We raise money to fund abortion care for those forced to travel abroad.

What we do: a visual explainer

When someone contacts ASN, a trained volunteer replies within **48 hours**.

> ***For me it is the least I can do and to be honest it is a very rewarding type of work. I always feel amazing after a shift - so I am volunteering for others, but for me as well.*** - ASN volunteer

Kaia's story

"I'm 12 weeks and 1 day and I'm in Ireland. I do not want to keep the baby and I'm so stressed after being told it cannot be done here in Ireland. I looked up the cost of abortions in England and don't understand how I can ever get that money. I'm a 19-year-old single mother. I just had a baby and am doing it all on my own. I had an emergency c section and then sepsis- I can't go through that again. I only make €294 a week which doesn't last the week trying to provide for me and my baby. I really need help and some advice."

Kaia was an Irish citizen, but she did not have a passport, was recovering from a recent traumatic birth and facing the challenges of early motherhood. Kaia was struggling with abortion clinic appointment booking systems and with gathering the information she needed to provide to the clinic. She shared with the volunteer that she couldn't manage everything herself and needed support. She wanted the abortion quickly because she didn't want her ex to find out she was pregnant. Kaia was supported to make the appointment. She was supported to travel by ferry (so she could use her ID card rather than waiting to apply for a new passport). Kaia arranged her own childcare and the ASN volunteer liaised with the clinic to shift the appointment time to enable only two nights away from her small baby. Kaia was supported to access abortion care with funding for the clinic fees, travel and accommodation and was signposted to a young parents' support group in her hometown. Additional funding was agreed for a friend to travel with her as Kaia expressed feeling so overwhelmed by the prospect of another procedure so soon after her recent traumatic birth. Kaia said:

"Yes I attended the appointments and everything went well. Thank ye so much for making this happen couldn't have done it without your help, I will definitely donate when I can."

> ***I wanted to let you know that everything went very well, and I cannot stress enough how incredible you all are. Please convey to your team that they are all excellent people, very compassionate and approachable. Thank you all for what you have done for me. Thanks to you, even though it is difficult, you have given me my life back.*** – Abortion seeker, Spain

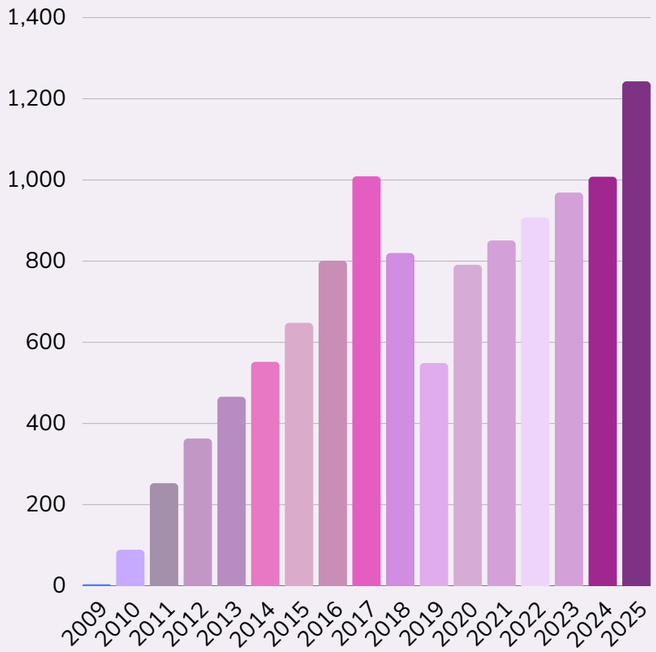
Our callers cannot be categorised or stereotyped. They are as diverse and complex as the societies we live in. Our callers include women and gender expansive people who have experienced domestic abuse or rape; who have a complete family already; who are under 18 or over 45 who didn't think they could become pregnant; who encounter serious health or relationship issues during a pregnancy; who do not have passports or need a visa to travel; who discover their pregnancy or a foetal anomaly after legal time limits have passed; who are on low or no income and who are fearful of navigating the journey abroad for healthcare alone.

The one thing they all have in common is that they need community support to overcome barriers to accessing abortion care.

> ***I am a psychotherapist and worked with a young client who was deeply traumatised by what she had to do to access abortion care in a restrictive context. It made me angry that our society forced her to endure that horrible (and completely unnecessary) experience, so I wanted to do something positive and proactive. I also have conservative in-laws so each time they say something that's anti-abortion instead of arguing with them I just increase my donation!*** - ASN regular donor

Our impact

> ***ASN is giving choice and freedom back to people whose governments have not afforded them the same rights.*** - ASN volunteer



Since supporting our first abortion seeker in 2009, ASN has supported **11,800 women and pregnant people from 28 countries**.

> ***Thank you all for your support throughout this journey- I really felt you understood me. Everything went well though the procedure took longer than expected because there was some complications. However, I am feeling much better now and currently at the airport waiting for my flight back to Ireland. I appreciate everything you have done for me- for being there for me. Emotionally, I am doing much better than I thought I would be - I am relieved it's over.*** - Abortion seeker Ireland

We have spent **€2 million supporting 3084 people** to access abortion care.

70% of our callers need information and/or logistical support to access care. 30% couldn't have afforded to access abortion care without our financial support.

70% of our money comes from our dedicated community of monthly donors: regular people giving £5-£150 a month to create a feminist radical care economy where money moves with need rather than greed.

Abortion access is a foundational right. In facilitating access to this essential healthcare, we are:

- Protecting Bodily Autonomy and Self-Determination
- Advancing Health and Wellbeing
- Advancing Gender Equality
- Alleviating Poverty
- Ending Violence Against Women and Gender Expansive People
- Building Infrastructures for Community Care.

We are not 'doing charity'. We are being the change we want to see in the world. As staff, volunteers, trustees and donors, we stand together as a community in solidarity with abortion seekers with no access:

> ***I had an abortion in 2017 in Germany. I was very lucky I had the means and resources to navigate this, but this experience made me want to support others in their journey.*** - ASN volunteer

> ***I am furious at the systemic erosion of women's rights; the relentless attempts to control, shame, and restrict our choices. Access to safe, legal abortion is essential for equality, dignity, and self-determination. By supporting this charity, I'm standing with those whose voices are being silenced. I can't do much, but I can do this.*** - ASN regular donor

The Problem

More than **20 million** women and gender expansive people across Europe and the UK **do not have access to safe, legal abortion care when and where they need it**

Our Solutions

Helpline

Give critical information and life-changing support to abortion seekers

Mutual Aid

Redistribute knowledge and money to enable women and pregnant people to travel abroad to access safe abortion care

Movement Building

Inform, mobilise, and motivate reproductive justice activists across Europe

Organisational Stewardship

Build a values-led, sustainable, impactful organisation.

Our Outcomes

- Abortion-seekers have access to information and safe, legal, and supported abortion care
- Abortion seekers are supported to make informed choices
- Abortion seekers have their unique needs listened and responded to
- Abortion seekers feel reduced isolation and shame and an increased sense of connection and self-worth.

- Abortion-seekers and volunteers collaborate to find creative ways to overcome barriers to accessing care
- Money is redistributed enabling women and pregnant people to access abortion care abroad
- Abortion seekers, volunteers and staff feel supported by and connected to a transnational community
- Our donor community continues to grow ensuring funds for all who need them

- Abortion stigma is reduced
- Strengthening of existing partnerships and development of new networks to increase access pathways, improve advocacy strategies and ensure higher quality care and support
- Growth of informed and mobilised reproductive justice supporting communities across Europe
- Abortion-seekers lived experiences are amplified and valued.

- We are internally resourced to provide high-quality support and transformative care
- Everyone connected to the ASN community feels empowered to contribute to our vision
- We build a culture of learning, reflexivity and collective growth.

Our Impact

PROTECTING BODILY AUTONOMY AND SELF-DETERMINATION

ADVANCING HEALTH AND WELLBEING

ADVANCING GENDER EQUALITY

ALLEVIATING POVERTY

ENDING VIOLENCE AGAINST WOMEN AND GENDER-EXPANSIVE PEOPLE

BUILDING INFRASTRUCTURES FOR COMMUNITY CARE

Who we are

Our vision

We are building a world where every woman and pregnant person has the information, autonomy, support and means to access safe abortion care where they live without stigma or fear of criminalisation[20].

We close the gap between the right to abortion and the ability to access it. As the UK's only and Europe's largest abortion fund, we provide the essential community infrastructure that enables women and gender-expansive people to obtain timely abortion care.

> ***I refuse to stand by and let people be forced into parenthood by governments that believe they can tell us what to do with our bodies.***
> - ASN donor

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We close the gap between the right to abortion and the ability to access it. As the UK's only and Europe's largest abortion fund, we provide the essential community infrastructure that enables women and gender-expansive people to obtain timely abortion care.

> ***I've arrived home. I really would like to repay you somehow, but at the moment, apart from being immensely grateful and thanking you, there's nothing else I can do. As soon as I have the chance, I'll make a contribution to your organisation, I promise. I'll never forget you, especially you and your immense humanity, which makes you a truly special person. Thank you again from the bottom of my heart.***
> - Abortion seeker, Serbia.

Our values

The most meaningful impact of ASN's work is letting people know they are not alone. Even when the situation is complicated by financial or practical barriers, ASN shows up with care, respect, and solidarity - ASN volunteer

Care, Dignity & Belief

We meet abortion seekers with compassion, trust, and respect — listening, believing, and responding to their needs with deep care.

Trust, Integrity & Bravery

We act with honesty and transparency, making values-led decisions, learning from our mistakes and taking brave action to challenge systemic injustice.

Solidarity

We build collective power through mutual aid, collaboration, and transnational solidarity rooted in shared struggle.

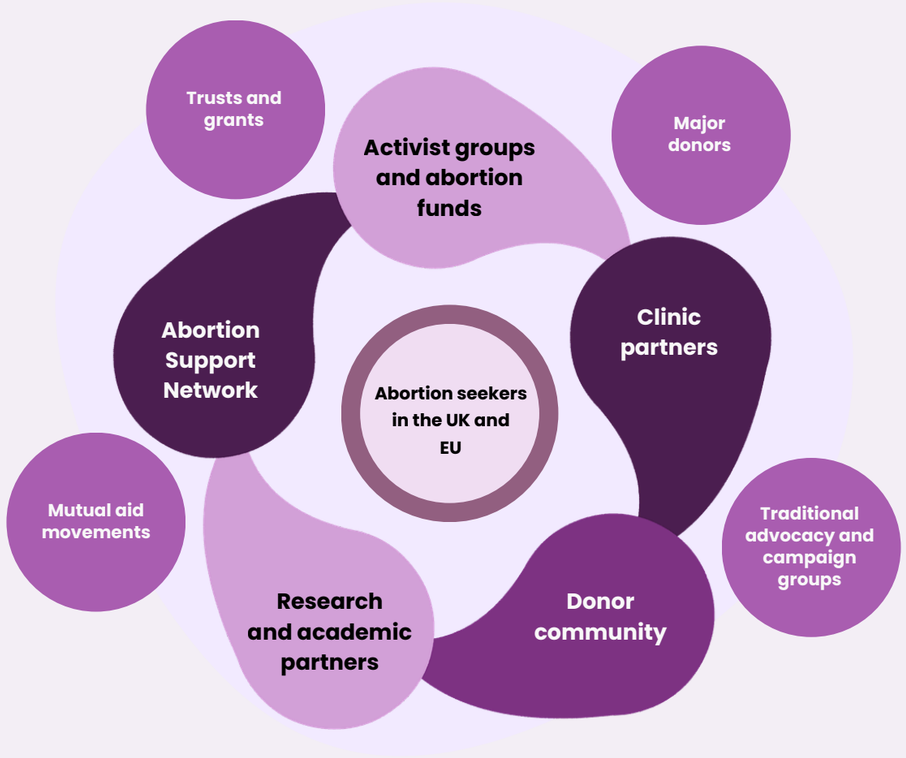
Transformative justice

We work to transform the systems that restrict reproductive freedoms, guided by abolitionist, Black feminist, anticolonial, and reproductive justice principles.

> ***ASN is exceptional in supporting both the people who need access to safe abortion care, and the people who make this work possible. I feel part of a safe, respectful, and well-organized environment. I appreciate that decisions are made thoughtfully, with care, clarity, and strategic thinking, which creates trust in the work ASN does.*** - ASN volunteer

Our ecosystem

We, of course, cannot do this work alone. We work with partners across Europe to ensure access to timely, safe and legal abortion care. We rely on the tenacity of activists across the region to ensure that people can find us and that when they do they are given the support they need.



ASN plays a significant role in both cultivating a sizeable mutual aid fund and establishing trusted routes for people facing barriers to >12 weeks abortion care in the UK and Europe. Our scale and specialist focus enables us to address needs that are often complex and resource-intensive, while working in partnership with a wide range of organisations that provide funding, clinical care, self-managed abortion accompaniment, information, advocacy, and practical support. Together, these partnerships create a stronger and more responsive abortion access ecosystems than any one organisation could provide alone.

Partner type	Unique role	Key partners
Clinics and hospitals	Provide abortion care within legal and regulatory frameworks	BPAS, MSI Reproductive Choices, Epione, NUPAS, Bloemenhove, Abortuskliniek, CMA Aragon, CHU Brugmann, the Homerton Hospital and Liverpool Women's Hospital.
Helplines and information	Provide access to telemedicine, virtual accompaniment, emotional support and information	Abortion Talk (UK), Women on Web (INT), Women Help Women (INT), Kobiety w Sieci (POL).
Abortion funds	Support people with information and/or funding to travel to access abortion care	Abortion Network Amsterdam (NL), Ciocia Basia (GER), Ciocia Czecia (CZE), Ciocia Wienia (AUS), Fondo Maria (MEX).
Accompaniment and practical support	Provide information, practical support and/or accompaniment	Queiro Abortar (SP), Mi Cuerpo es mio (ITA), Samanaar de Kliniek (NL), Project Compagnon (BE).
Abortion Without Borders	Supports people in Poland to access safe and legal abortion care outside of the Polish healthcare system	Abortion Network Amsterdam, Ciocia Basia (GER), Ciocia Czesia (CZE), Ciocia Wienia (AUS), Women Help Women, Kobiety w Sieci (PL), Abortion Dream Team (PL), SAFE (NL).
Abortion information, rights and campaigning	Provide sexual and reproductive healthcare (including abortion care), support to abortion seekers, train providers, engage in advocacy and campaigning for policy and legal change	Le Planning Familial (FR), La Luna Centre (BE), Abortion Rights UK, Reproductive Justice Initiative (UK), Level Up (UK), Birth Rights (UK), Amnesty International, Doctors for Choice (UK), British Society Abortion Care Providers, National Women's Council Ireland.
Tech partners	Provide technical and digital support	Sol 6, Beacon CRM, Frontline Defenders.
International networks	Collaboration, information, funding, shared advocacy strategies and so much more!	Abortion without borders (PL), National Network Abortion Funds (US), Abortion Working Group (IRE).

Our strategic direction

> ***If a woman says she wants an abortion, I trust her, and I trust you to help her. Perfect circle*** - ASN regular donor

We enter this strategic plan period with strong momentum, stabilised leadership, and growing demand for our work across Europe. At the same time, we recognise a reality: our ambitions for impact exceed our resources. The infrastructure to deliver impact at scale is in place, but the ability to do so sustainably depends on whether resources can now grow in step with need.

To hold these two possibilities, our strategy is built around two values-aligned pathways:

A consolidation scenario, in which we stabilise and prioritise core areas of work, ensuring sustainability and integrity of delivery while narrowing activity to match available resources.

A step-change growth scenario, in which we significantly increase income to expand our reach and deepen our impact in line with rising need.

The US abortion funds movements has been built over decades and involves over a hundred funds. Despite our larger population, in the UK and Europe we are a handful of small groups doing mighty work, with little resource to come together, to innovate and even less resource to attract new donors and partners into the ecosystem. An immediate medium-term injection of resource into ASN would enable a step change in what abortion seekers across Europe can expect and receive. Through increased staffing, new volunteer programmes, innovative pilots, new research collaborations and more resources for network building and ecosystem strengthening across Europe, together we would build the infrastructure needed to protect abortion seekers now and into the future from the rising threats to our bodily autonomy, human rights and quality of life.

On the next page we have illustrated what step-change funding would enable.

HELPLINE

Comprehensive virtual accompaniment and after-care support including abortion doula support

Seamless and bespoke care, with specialist support for young abortion seekers, abortion seekers with insecure immigration status, abortion seekers experiencing reproductive coercion and abuse, those with time critical needs, and those with late diagnosed foetal anomalies

Increased capacity to promote our service to pro-actively reach those most impacted by abortion restriction

A consistent point of contact for abortion seekers with safeguarding needs or intersectional barriers

1800 abortion seekers supported in 2028 - an increase of 20% per year

All abortion seekers we support experience:

- Reduced feelings of isolation
- Increased sense of self worth
- Reduced sense of shame
- Having all their emotional, psychological, financial and support needs heard and addressed
- Feminist abortion care (safe, legal, supported)

Donors, supporters and abortion seekers who have accessed ASN support feel connected

Lived experience is honoured and abortion seekers who have accessed ASN have clear pathways to contribute to the fund/movement.

MUTUAL AID

Relaunched ASN hosting programme enabling abortion seekers to stay in familiar home environments during treatment where appropriate

Development of peer support and peer advocacy models cultivating transnational abortion communities

Significantly increased donor cultivation and stewardship programme

Increased opportunities for donor and supporter community engagement

New digital campaigns, webinar programmes, training programmes, in person events and artist/influencer collaborations all increasing understanding of reproductive justice issues, struggles and possibilities.

MOVEMENT BUILDING

Growth of ASN's profile, upscaling our contribution to the abortion access ecosystem, and cultivation of reproductive justice partnerships and networks across the UK and Europe

Increased access pathways for abortion seekers through innovative programmes including provider training, values clarification work with healthcare workers across Europe, new partnerships with providers and advocacy organisations

Strategic use of ASN data to understand the experiences of abortion seekers and advocate for improved care, as well as strengthening advocacy and campaigning work undertaken by partners across UK and Europe through new research partnerships and networks

Financial support for emerging and smaller abortion funds who lack the infrastructure to hold/manage funds

Creating more spaces for structured learning, storytelling and dreaming, and increasing communication of reproductive justice narratives and abortion joy

Abortion access across Europe becomes seamless, equitable, and reliable

Legislative and policy change is informed by the lived experiences of abortion seekers

Strengthened accountability in abortion care systems

Abortion seekers diverse lived experiences amplified and honoured

Deeper and more widespread understanding of reproductive justice

Creative imaginings of a world where safe abortion is destigmatised, decriminalised and accessible.

ORGANISATIONAL STEWARDSHIP

Clear and supported infrastructure for supervision, debriefing, and care for all ASN staff, trustees and volunteers

Intentional cultivation of feminist organisational practices including decision making, accountability and power sharing

Clear framework for engagement across the whole of ASN community including abortion seekers, members, donors, staff, volunteers, trustees and supporters

Care systems become safer and more sustainable

Improved staff, trustee and volunteer retention

Everyone in the ASN community feels connected, informed and listened to.

We are building a world where every woman and pregnant person has the

information, autonomy, support, and means

to access safe abortion care where they live

without stigma or fear of criminalisation

Notes

1. 2025 World Health Organization, Abortion care guideline
2. 2014 BPAS 2014 10 Abortion Myths
3. 2025 Datta, N. The Next Wave: How Religious Extremism Is Reclaiming Power. Published by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).
4. Amnesty International UK 2025, The Anti-Rights Movement
5. Ibid
6. Bengtsson et all 2025. Funding cuts and their implications for SHRH and rights, Centre European Policy Studies
7. Norris, S. 2026. Abortion is becoming a new front in Reform UK's culture war, Open Democracy
8. All identifying information has been removed from the stories shared in this report, names have been changed and some details of the story altered to ensure anonymity.
9. My Voice My Choice webpage- accessed online 01.06.2026 at https://www.myvoice-mychoice.org/
10. Chiappa et a, 2025. Abortion: Europe's not as liberal as you think – POLITICO
11. With some countries imposing near or complete bans: with Andorra, Liechtenstein, Malta, Monaco, Poland and San Marino imposing near complete bans altogether. For more see European Abortion Policies Atlas 2025
12. European Abortion Policies Atlas 2025
13. Ibid
14. 2025 World Health Organization, Law and Policy Recommendation 3: Gestational age limits (2.2.3)
15. 2025 European Abortion Policies Atlas
16. Autorini et al 2020. The impact of gynaecologists' conscientious objection on abortion access - ScienceDirect
17. Amnesty International 2025. Europe: When rights aren't real for all: the struggle for abortion access in Europe
18. Durnova et al 2026. 'How am I supposed to feel?': navigating the emotional ambivalences of abortion decisions in: Emotions and Society – Bristol University Digital
19. Galley et al, 2022. Maternal mortality, safe abortion, and the anaesthetist - ScienceDirect
20. Our vision aligns with recent international research explicating a framework for feminist abortion care- Framing a Feminist Abortion | Signs: Journal of Women in Culture and Society: Vol 51, No 4

ABORTION SUPPORT NETWORK