European Parliament
2024-2029

Plenary sitting

B10-0000/2025

21.10.2025

MOTION FOR A RESOLUTION

further to Question for Oral Answer B10-0000/2025

pursuant to Rule 142(5) of the Rules of Procedure

on Citizen's Initiative 'My Voice My Choice: For Safe and Accessible Abortion'

(2025/2889(RSP))

Abir Al-Sahlani
on behalf of the Committee on Women's Rights and Gender Equality

B10-0000/2025

European Parliament resolution on Citizen's Initiative 'My Voice My Choice: For Safe and Accessible Abortion'
(2025/2889(RSP))

The European Parliament,

– having regard to the European Citizens' Initiative (ECI) "My Voice, My Choice: For Safe and Accessible Abortion",

– having regard to the Commission implementing Decision 2024/1158 of April 2024 on the request for registration pursuant to the ECI "My Voice, My Choice: For Safe and Accessible Abortion",

– having regard to Articles 9, 19, 168(5) (7) of the Treaty on the Functioning of the European Union (TFEU),

– having regard to Articles 2, 3 of the Treaty on European Union (TEU),

– having regard to Article 1, 3, 4 and 21 of the Charter of Fundamental Rights of the European Union,

– having regard to the Convention on the Elimination of All Forms of Discrimination against Women of 1979,

– having regard to the Universal Declaration of Human Rights of 1948,

– having regard to the European Convention on Human Rights of 1950,

– having regard to Beijing Declaration and Platform for Action of 1995,

– having regard to its resolution of 26 November 2020 on the de facto ban on the right to abortion in Poland,

– having regard to its resolution of 24 June 2021 on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health,

– having regard to its resolution of 11 November 2021 on the first anniversary of the de facto abortion ban in Poland,

– having regard to its resolution of 5 May 2022 on the impact of the war against Ukraine on women,

– having regard to its resolution of 9 June 2022 on global threats to abortion rights: the possible overturning of abortion rights in the US by the Supreme Court,

– having regard to its resolution of 7 July 2022 on the US Supreme Court decision to overturn abortion rights in the United States and the need to safeguard abortion rights

and women's health in the EU,

– having regard to its resolution of 22 November 2023 on proposals of the European Parliament for the amendment of the Treaties,

– having regard to its resolution of 28 February 2024 entitled 'Report on the Commission's 2023 Rule of Law report,

– having regard to the WHO guidelines entitled 'Safe abortion: technical and policy guidance for health systems'; the WHO 2017-2021 strategy on women's health and well-being in Europe: beyond the mortality advantage; the WHO Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind of 2016, the WHO Abortion Care Guidelines of 2022, and its 2025 update,

– having regard to the Commission communication of 5 March 2020 entitled 'A Union of Equality: Gender Equality Strategy 2020-2025' (COM(2020)0152),

– having regard to the Commission communication of 12 November 2020 entitled 'Union of Equality: LGBTIQ Equality Strategy 2020-2025' (COM(2020)0698),

- having regard to the Commission communication of 8 October 2025 entitled 'Union of Equality: LGBTIQ+ Equality Strategy 2026-2030' (COM(2025)725),

– having regard to Directive 2011/24/EU on patients' rights in cross-border healthcare which calls for reproductive healthcare to be accessible and reimbursed on equal terms,

– having regard to the relevant case law of the ECtHR concerning access to reproductive healthcare services, including A, B and C v. Ireland (Application no. 25579/05, Grand Chamber, 2010), P. and S. v. Poland (Application no. 57375/08, 2012), Carvalho Pinto de Sousa Morais v. Portugal (Application no. 17484/15, 2017),

– having regard to the EU Roadmap for Women's Rights of 2025, and its annex,

– having regards to the Center for Reproductive Rights' 2025 Abortion Policy in Europe report: A Progressive Landscape Report,

– having regards to the European Parliamentary Forum for Sexual and Reproductive Rights Contraception Policy Atlas Europe 2025,

– having regard to the resolution of 11 April 2024 (2024/2655 (RSP), concerning the definition to safe abortion and emergency contraception as 'fundamental rights',

- having regard to the question to the Commission on Citizen's Initiative 'My Voice My Choice: for Safe and Accessible Abortion (O 000000/2025 - B10 000/2025),

- having regard to Rules 142(5) and 136(2) of its Rules of Procedure,

- having regard to the motion for a resolution of the Committee on Women's Rights and Gender Equality,

A. whereas the Citizen Initiative is a tool for EU citizens to call on the EU Commission to propose new legislation and when it reached 1 million, the EU commission is obliged to, within six months from its submission, spell out what actions it intends to take;

B. whereas My Voice My Choice is a citizens movement bringing together more than 300 organizations across Europe calling on the EU to ensure safe and accessible abortion for all, and demanding that the EU passes legislation that would create a financial mechanism that helps Member States that voluntarily join this policy to provide safe abortion care for all those who don't have access to it;

C. whereas the European Commission stated in its Decision of 2024/1158 for the registration of the ECI that there seems to be "no straightforward targeted interference with the competences of Member States to define their own health policy and the organisation of their health services by the simple fact of providing financial support to provide this type of health services";

D. whereas access to sexual and reproductive health and rights (SRHR), including safe, universally accessible and legal abortion care, constitutes a fundamental right; whereas banning access to reproductive care does not reduce the need for abortions care, but increase unsafe abortion, including negative impact on fertility and mortality among women and girls or forces patients to travel to a foreign country to obtain legal abortion care;

E. whereas the ability of individuals to exercise their reproductive autonomy, including the right to decide freely and responsibly whether, when and how to have children, is indispensable for achieving gender equality and for the full enjoyment of the human rights for everyone in Europe; whereas the right to bodily integrity and autonomy must be fully respected and guaranteed;

F. whereas the UN Committee on the Elimination of Discrimination against Women states "that women's right to health includes their sexual and reproductive rights (SRHR)", and that "violations of women's sexual and reproductive health and rights such as forced abortion, forced pregnancy, the criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment", according to General Recommendation No.35; whereas the Committee urges states to repeal laws criminalising abortion; whereas the World Health Organization and other international human rights bodies call on countries to legalise abortion on request and eliminate unnecessary and harmful barriers that delay or prevent timely access to abortion care;

G. whereas SRHR are among the targets of the UN SDGs, notably Target 3.7 calling for universal access to SRHR and Target 5.6 on the need to ensure universal access to SRHR;

H. whereas the fulfilment of SRHR is essential in upholding human dignity and is intrinsically linked to combating sexual and gender-based violence, achieving gender equality and other human rights such as a person's right to life, health, privacy,

security of the person, non-discrimination, equality before the law and freedom from torture and other cruel, inhuman or degrading treatment or punishment;

I. whereas the inability to access universally accessible, safe and legal abortion directly restricts women's rights such as self-determination, physical and mental integrity, health, education or work; whereas the restriction of such rights reduces women to their procreative role and thus creates discrimination on the basis of sex;

J. whereas while many EU Member States have taken meaningful legislative steps to advance access to abortion, by removing harmful procedural and regulatory barriers and criminal penalties, two Member States still do not allow abortion on request; eight Member States maintain a mandatory waiting period, several Member States do not reimburse or subsidise abortion care or offer limited coverage, 11 countries in Europe do not provide medication abortion (non-surgical), and only five countries allow abortion care via telemedicine, and time limits for abortion on request vary significantly within Europe from 10 weeks to 24 weeks;

K. whereas some Member States still maintain regressive barriers including mandatory counselling, refusals of care, mandatory ultrasounds, lack of financial coverage, third party authorizations, restrictions on reasons for abortion care, restrictions on methods of abortion; whereas some Member States even introduced such barriers recently;

L. whereas data show that most abortions occur in the first trimester, that the majority of women who have abortions already have children, are married or are in long-term relationships, or were using contraception at the time;

M. whereas around 20[1] million women in Europe, do not have access to safe and legal abortion care and their health remains in jeopardy, including women fleeing from conflicts and wars, and migrant women;

N. whereas many women are forced to travel across borders to access abortion care in another EU country, often facing financial, logistical and psychological barriers, despite existing EU rules on cross-border healthcare;

O. whereas according to the TFEU: "the Union shall take into account requirements linked to […] [the] protection of human health" (article 9), and "may also adopt incentive measures designed to protect and improve human health" (article 168),

P. whereas all women and girls should receive the same access to healthcare services wherever they reside, without discrimination; whereas marginalised people including racial, ethnic and religious minorities, migrants, people from disadvantaged socio-economic backgrounds, persons living in rural areas, persons with disabilities, LGBTQI+ individuals and victims of violence, often face additional barriers, intersectional discrimination and violence in accessing healthcare;

Q. whereas discrepancies in abortion care in Europe is a reality, whereas health systems

[1] based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws and restrictions and limitations in other EU member states

of Member States need already to absorb abortion patients from other Member states because of restrictions, therefore this ECI is proposing to financially compensate for those Member States;

R. whereas some women are unable to travel to access abortion care because of financial constraint;

S. whereas the current EU legislation is not adapted to respond to the challenges of cross border abortion care;

1. Welcomes the My Voice My Choice ECI that received 1.2 million signatures and was officially recognised by the European Commission on 1 September 2025, and highlights that the My Voice My Choice ECI has created an unprecedented movement across Europe among different citizens and people, especially young people;

2. Calls on the Commission to, in line with the My Voice My Choice ECI proposal, set up an opt-in mechanism open to Member States on a voluntary basis, with EU financial support to ensure solidarity, without interfering with nationals laws and regulations and calls on the Commission to submit a proposal for financial support to Member States that would enable them to provide safe termination of pregnancies, in accordance with their domestic law, for anyone in the EU who still lacks access to safe and legal abortion;

3. Emphasises that the My Voice My Choice ECI is a direct call from EU citizens that aims to create a safer and more equal EU, which provides the same level of healthcare service for everyone in Europe, and an EU that offers people a chance to live freer, safer and better wherever they live, whatever conditions they may find themselves in; notes that the programme aims to serve a broad group of patients on a wide spectrum of abortion related services;

4. Recalls that non-discrimination, mental and physical integrity, coordination and ensuring minimum standard for health across Member States, are part of our European values and need to be defended; stresses that EU has an important role to support efforts in Member States to advance the provision of quality SRHR, including abortion care;

5. Denounces the backlash against women’s rights and gender equality in Europe and globally, including the roll-back of SRHR and attacks on SRHR defenders; strongly condemns anti-gender movements that seek to undermine gender equality and women’s rights; calls for stronger European action to counter anti gender movements and safeguard bodily autonomy and ensure universal access to SRHR, including family planning information, affordable contraception, safe and legal abortion, and maternal healthcare;

6. Reiterates its call to the Commission to make full use of its competence in health policy and provide support to Member States in guaranteeing universal access to SRHR in the framework of the EU4health Program for 2021-2027;

7. Reiterates its call to include the right to abortion in the Charter of Fundamental Rights of the European Union, and urges the Council of the European Union to launch a Convention for the revision of the Treaties and to add sexual and reproductive

healthcare and the right to safe and legal abortion to the Charter;

8. Recalls that the lack of full access to abortion in many parts of Europe, not only puts women at risk of physical harm but also puts undue economic and mental stress on women and families;

9. Expresses concern about legal and practical barriers to abortion in certain Member States and calls for dialogue and exchange of best practices to ensure access to SRHR; calls on the Member States to reform abortion laws and policies to bring them into line with international human rights standards, and public health guidelines;

10. Recalls the competence of EU on cross-border healthcare services, strengthening national health systems and upward convergence of healthcare standards in order to reduce health inequalities; notes that EU resources have been used in other cases, for example for cancer screenings, to directly finance or cofinance health services in the Member States, within the Union's supporting competences;

11. Recalls that the Commission in its Decision of 2024/1158 considered that the initiative aims to provide a legislative proposal for financial support to Member States that is not already covered by the EU4Health Programme, thereby offering significant added value;

12. To that end, recalls that the Commission considers that the proposed financial support mechanism does not affect the definition or organisation of Member States' health policies;

13. Calls on the Commission to ensure that this proposal is included in the current and also the next Multi-annual Financial Framework, so as to continue improving health across Europe and supporting Member States' actions promoting access to sexual and reproductive healthcare;

14. Instructs its President to forward this resolution to the Council and the Commission.