



TEXTS ADOPTED

P10_TA(2025)0338

European Citizens' Initiative 'My voice, my choice: for safe and accessible abortion'

European Parliament resolution of 17 December 2025 on the European citizens' initiative entitled 'My Voice, My Choice: For Safe and Accessible Abortion' (2025/3007(RSP))

The European Parliament,

- having regard to the European citizens' initiative entitled 'My Voice My Choice: For Safe and Accessible Abortion' (ECI(2024)000004),
- having regard to Commission Implementing Decision (EU) 2024/1158 of 10 April 2024 on the request for registration, pursuant to Regulation (EU) 2019/788 of the European Parliament and of the Council, of the European citizens' initiative entitled My Voice, My Choice: For Safe and Accessible Abortion¹,
- having regard to Article 9, Article 19, Article 24, first paragraph, and Article 168(5) and(7) of the Treaty on the Functioning of the European Union,
- having regard to Articles 2, 3 and 11(4) of the Treaty on European Union,
- having regard to Articles 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 Poland²,

¹ OJ L, 2024/1158, 19.4.2024, ELI: http://data.europa.eu/eli/dec_impl/2024/1158/oj.

² OJ C 425, 20.10.2021, p. 147.

- 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 health³,
- having regard to its resolution of 11 November 2021 on the first anniversary of the de facto abortion ban in Poland⁴,
- having regard to its resolution of 5 May 2022 on the impact of the war against Ukraine on women⁵,
- 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 Court⁶,
- 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 EU⁷,
- having regard to its resolution of 22 November 2023 on proposals of the European Parliament for the amendment of the Treaties⁸,
- having regard to its resolution of 28 February 2024 entitled ‘Report on the Commission’s 2023 Rule of Law report’⁹,
- having regard to its resolution of 11 April 2024 on including the right to abortion in the EU Fundamental Rights Charter¹⁰,
- having regard to the 2015 WHO guidelines entitled ‘Safe abortion: technical and policy guidance for health systems’,
- having regard to the WHO 2017-2021 strategy on women’s health and well-being in the WHO European region and the associated report entitled ‘Women’s health and well-being in Europe: beyond the mortality advantage’, both published on 30 September 2016,
- having regard to the WHO action plan entitled ‘Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind’, published on 12 September 2016,
- having regard to the WHO abortion care guideline, published on 8 March 2022, and to the second edition thereof, published on 24 August 2025,
- having regard to the Commission communication of 5 March 2020 entitled ‘A Union of Equality: Gender Equality Strategy 2020-2025’ (COM(2020)0152),

³ OJ C 81, 18.2.2022, p. 43.

⁴ OJ C 205, 20.5.2022, p. 44.

⁵ OJ C 465, 6.12.2022, p. 155.

⁶ OJ C 493, 27.12.2022, p. 120.

⁷ OJ C 47, 7.2.2023, p. 268.

⁸ OJ C, C/2024/4216, 24.7.2024, ELI: <http://data.europa.eu/eli/C/2024/4216/oj>.

⁹ OJ C, C/2024/6743, 26.11.2024, ELI: <http://data.europa.eu/eli/C/2024/6743/oj>.

¹⁰ OJ C, C/2025/1279, 13.3.2025, ELI: <http://data.europa.eu/eli/C/2025/1279/oj>.

- 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)0725),
 - having regard to the 2025 EU Roadmap for Women’s Rights (COM(2025)0097) and the annex thereto,
 - having regard to Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare¹¹,
 - having regard to the relevant case-law of the European Court of Human Rights concerning access to reproductive healthcare services, including its judgment of 16 December 2010 in *A, B and C v Ireland* (Application no 25579/05), its judgment of 30 October 2012 in *P. and S. v Poland* (Application no 57375/08) and its judgment of 25 July 2017 in *Carvalho Pinto de Sousa Morais v Portugal* (Application no 17484/15),
 - having regard to the Center for Reproductive Rights’ report of 23 September 2025 entitled ‘Europe abortion laws 2025 – policies, progress and challenges’,
 - having regard to the European Parliamentary Forum for Sexual and Reproductive Rights document entitled ‘Contraception Policy Atlas Europe 2025’, published on 14 February 2025,
 - having regard to Rule 228(8) 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 European citizens’ initiative (ECI) is a tool for EU citizens to call on the Commission to propose new legislation; whereas when an ECI gathers at least one million signatures, the Commission must, within six months of the ECI’s validation, spell out what actions it intends to take in response;
- B. whereas ‘My Voice My Choice’ is a citizens’ movement bringing together more than 300 organisations across Europe; whereas the movement calls on the EU to ensure safe and accessible abortion for all and demands that the EU pass legislation that would create a financial mechanism to help Member States that voluntarily join the mechanism to provide safe abortion care for all those who do not have access to it;
- C. whereas, in Decision (EU) 2024/1158 on the registration of the ECI, the Commission stated 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, is a fundamental right; whereas banning access to reproductive care does not reduce the need for abortion care, but rather

¹¹ OJ L 88, 4.4.2011, p. 45, ELI: <http://data.europa.eu/eli/dir/2011/24/oj>.

increases recourse to unsafe abortion, which has a negative impact on many areas of women's and girls' lives, including their fertility and mortality, or forces patients to travel abroad to obtain legal abortion care;

- E. whereas individuals' ability to exercise their reproductive autonomy, including their right to decide freely and responsibly whether, when and how to have children, must be guaranteed in order to achieve gender equality and the full enjoyment of human rights for everyone in Europe; whereas the right to bodily integrity and autonomy must be fully respected and guaranteed;
- F. whereas according to the UN Committee on the Elimination of Discrimination against Women, women's right to health includes their sexual and reproductive rights, and, in its General Recommendation No 35, the Committee states that 'violations of women's sexual and reproductive health and rights, such as forced sterilization, forced abortion, forced pregnancy, criminalization of abortion, denial or delay of safe abortion 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'; whereas the Committee urges states to repeal laws criminalising abortion; whereas the WHO and 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 included in the targets of the UN Sustainable Development Goals, specifically Target 3.7 on ensuring universal access to sexual and reproductive healthcare services, and Target 5.6 on ensuring 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 upholding other human rights, such as the rights 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, including their rights to self-determination, physical and mental integrity, health, education and work; whereas the restriction of such rights reduces women to their procreative role and thus creates discrimination on the basis of sex;
- J. whereas many EU Member States have taken meaningful legislative steps to advance access to abortion by removing harmful procedural and regulatory barriers and abolishing criminal penalties; whereas, however, two Member States still do not allow abortion on request, eight Member States maintain a mandatory waiting period and several Member States either do not reimburse or subsidise abortion care or only offer limited coverage; whereas 11 countries in Europe do not provide medication abortion (i.e. non-surgical abortion) and only five allow abortion care via telemedicine; whereas the time limits for abortion on request vary significantly within Europe, ranging from 10 weeks to 24 weeks;
- K. whereas some Member States still maintain regressive barriers to abortion access, including mandatory counselling, an option for medical professionals to refuse to

provide abortion care, mandatory ultrasounds, a lack of financial coverage, mandatory third-party authorisations, restrictions on reasons for abortion care and restrictions on abortion methods; whereas some Member States have even introduced such barriers recently;

- L. whereas data show that most abortions occur in the first trimester and 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 million women in Europe¹² do not have access to safe and legal abortion care and their health remains in jeopardy; whereas this figure includes women fleeing 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 the existence of EU rules on cross-border healthcare;
- O. whereas according to the Treaty on the Functioning of the European Union, ‘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 people belonging to 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 only biological women can get pregnant and bear children;
- R. whereas discrepancies in abortion care in Europe are a reality; whereas the healthcare systems of some Member States already need to absorb abortion patients from other Member States because of the restrictions that exist there, so this ECI proposes financially compensating those Member States;
- S. whereas some women are unable to travel to access abortion care because of financial constraints;
- T. whereas current EU legislation is not adequate to respond to the challenges of cross-border abortion care;
- 1. Welcomes the ‘My Voice, My Choice’ ECI, which received 1,2 million signatures and was officially recognised by the Commission on 1 September 2025, and underlines that the ‘My Voice, My Choice’ ECI has created an unprecedented movement across Europe, bringing together diverse citizens, especially young people;

¹² This figure is based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws in their countries of residence and restrictions and limitations in other EU Member States.

2. Calls on the Commission, in line with the ‘My Voice, My Choice’ ECI proposal, to set up an opt-in mechanism that is open to Member States on a voluntary basis, with EU financial support to ensure solidarity, without interfering with national laws and regulations; calls on the Commission to submit a proposal to provide Member States with financial support to 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 and aims to create a safer and more equal EU that provides the same level of healthcare service for everyone in Europe, and an EU that offers people a chance for freer, safer and better lives regardless of where they live and the conditions they may find themselves in; notes that the proposed programme aims to serve a broad group of patients across a wide spectrum of abortion-related services;
4. Recalls that non-discrimination, mental and physical integrity, coordination and guaranteed minimum standards for healthcare across Member States, are part of our European values and need to be defended; stresses that EU has an important role to play in supporting Member States’ efforts to advance the provision of quality SRHR, including abortion care;
5. Denounces the backlash against women’s rights and gender equality in Europe and worldwide, 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, 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 to provide support to Member States in guaranteeing universal access to SRHR under the EU4Health Programme 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 to convene 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 causes undue economic and mental stress for women and families;
9. Expresses concern about the legal and practical barriers to abortion in certain Member States, and calls for dialogue and exchange of best practice to ensure access to SRHR; calls on the Member States to reform their abortion laws and policies to bring them into line with international human rights standards and public health guidelines;
10. Recalls the EU’s competence with regard to cross-border healthcare services, the strengthening of national health systems and the upward convergence of healthcare standards in order to reduce health inequalities; notes that EU resources have been used to directly finance or cofinance health services in the Member States in other cases, for example, for cancer screenings, within the Union’s supporting competence;

11. Recalls that, in Decision (EU) 2024/1158, the Commission considers that the initiative aims to create a legislative proposal to provide financial support to Member States that is not already covered by the EU4Health Programme, thereby offering significant added value;
12. Recalls, in this regard, 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 both the current multiannual financial framework and the next one, so as to continue improving public health across Europe and supporting Member State action to promote access to sexual and reproductive healthcare;
14. Instructs its President to forward this resolution to the Council and the Commission.