

**Amendment 2****Esteban González Pons, Frances Fitzgerald**

on behalf of the PPE Group

**Report****A9-0169/2021****Predrag Fred Matić**Sexual and reproductive health and rights in the EU, in the frame of women's health  
(2020/2215(INI))**Motion for a resolution (Rule 181(3) of the Rules of Procedure) replacing non-legislative motion for a resolution A9-0169/2021****European Parliament resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health***The European Parliament,*

- having regard to Articles 2 and 5 of the Treaty on European Union (TEU),
  - having regard to Articles 2, 3, 4, 5, 6 and 168 of the Treaty on the Functioning of the European Union,
  - having regard to the Universal Declaration of Human Rights,
  - having regard to the 2030 Agenda for Sustainable Development, which was adopted on 25 September 2015 and entered into force on 1 January 2016, and in particular to Sustainable Development Goals (SDGs) 3, 5, 16 and the related indicators,
  - having regard to the Council of Europe Convention on preventing and combating violence against women and domestic violence ('Istanbul Convention'),
  - having regard to the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 18 December 1979, and its General Recommendations No 21 (1994), No 24 (1999), No 28 (2010), No 33 (2015) and No 35 (2017),
  - having regard to Rule 54 of its Rules of Procedure,
- A. whereas the right to life, liberty and privacy are essential and fundamental human rights as laid down in the Universal Declaration of Human Rights; whereas sexual and reproductive health (SRH) is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction;
- B. whereas the principle of subsidiarity is laid down in Article 5(3) of the TEU and in Articles 2, 3, 4, 5 and 6 of the TFEU;
- C. whereas the European Union does not have direct competence to act in advancing

sexual and reproductive health and rights (SRHR) within the Union but cooperation between Member States takes place through the open method of coordination; whereas abortion laws and regulation of SRHR are based on national legislation;

- D. whereas according to the World Health Organisation (WHO), SRHR is an umbrella term for various issues affecting men, women, boys and girls alike, and representing four separate areas: sexual health, sexual rights, reproductive health and reproductive rights; whereas SRH services are essential healthcare services that should be available to all; whereas sexual health is fundamental to the overall health and well-being of individuals, couples and families, in addition to the social and economic development of communities and countries;
- E. whereas although the EU has some of the highest SRHR standards in the world and some Member States have implemented policies and programmes that uphold sexual and reproductive rights (SRR), there are still challenges;
- F. whereas infertility and subfertility are a difficult and painful reality for many European families and persons, as well as persons across the globe; whereas concerted and targeted action is needed to support families and individuals with these conditions on a personal level; whereas addressing fertility issues can help to tackle the major demographic challenges that Europe is facing over the coming decades;
- G. whereas nobody should die in childbirth, and access to evidence-based, quality and accessible maternity, pregnancy and birth-related care is a human right and must be ensured without any discrimination;
- H. whereas comprehensive, evidence-based, non-discriminatory and age-appropriate sexuality education facilitates responsible sexual behaviour and empowers children and young people, as it provides scientifically accurate and age-appropriate information on sexuality, addressing sexual and reproductive health issues; whereas access to information about sexual and reproductive health is essential; whereas providing some form of sexuality and health education is already mandatory in a majority of Member States; whereas education is the responsibility of families, and a competence of the Member States;
- I. whereas preparing the future of Europe implies supporting families and parenthood;
- J. whereas every effort should be made in the first instance to reduce the number of abortions; whereas unsafe abortions pose a risk to women's health and life; whereas abortion is not a form of contraception, especially given the widespread availability of contraception; whereas law on abortion is a competence of Member States;
- K. whereas violence against women and gender-based violence are a widespread scourge on our societies and should be tackled with the full force of legislation, policing and the judiciary, and education provided on the harms these phenomena cause; whereas violence is not a private issue but a societal concern; whereas the Spotlight Initiative was launched by the EU and the UN to combat violence, including sexual violence, against women and girls, and whereas one of its aims is to improve access to sexuality education and sexual and reproductive health services;

- L. whereas empowering, encouraging and supporting women is an inherent European value that should be promoted and championed;
1. Stresses that all persons are entitled to inherent dignity and equal and inalienable rights, based on freedom, justice and peace; emphasises that women have the right to bodily integrity and freedom to take responsibility for their bodies and their choices;
  2. Emphasises that responsibility for regulating the provision of SRHR and abortion care belongs to the Member States according to the principle of subsidiarity, with the EU having the competence to support, coordinate or supplement these actions;
  3. Stresses the need for a positive and proactive approach to healthcare throughout the lifecycle; calls on the Member States to ensure that every person has equal access to and availability of high-quality and comprehensive SRHR;
  4. Stresses that access to reliable and trustworthy information on SRHR from reputable sources is essential to ensure that all persons can make informed decisions about their bodies and their lives; further stresses the need for comprehensive, evidence-based, non-discriminatory and age-appropriate sexuality education; emphasises that this can significantly contribute to reducing sexual violence and harassment, when complemented with EU funding and projects enhancing cooperation and coordination of public health policies, and the development and dissemination of good practices;
  5. Invites the European Commission to present its proposals for combating violence against women later this year;
  6. Stresses the need to take into consideration specific health needs related to SRHR, such as infertility, menopause, endometriosis and specific reproductive cancers, including cervical cancer and ovarian cancer; welcomes the aspiration of the EU Beating Cancer Plan to advance early screening for cancers where possible, such as cervical cancer, through the National Cancer Control Plans supported by the Cancer Screening Scheme; calls on the Commission to provide information on the contribution of EU programmes to advancing and supporting reproductive health;
  7. Calls on the Member States to adopt measures to ensure access without discrimination to high-quality, accessible, evidence-based and respectful maternity, pregnancy and birth-related care for all, including midwifery, antenatal, childbirth and postnatal care, and maternal mental health support; calls on the Member States to provide pregnant women with economic and social support;
  8. Emphasises the importance of illness prevention through education and awareness raising; further stresses the importance of vaccinations in illness prevention where vaccinations exist; calls, therefore, for the Member States and the European Commission to significantly increase the purchase of the HPV vaccine, along the same lines as for the COVID-19 vaccines, thereby advancing the goal outlined in the EU Beating Cancer Plan that 90 % of girls should be fully vaccinated with the HPV vaccine by the age of 15, and significantly increase the vaccination of boys by 2030;
  9. Stresses the importance of close examination of fertility in the EU and the prevalence of infertility, which for many families and persons is a difficult and painful reality; stresses

the need to take a holistic approach, taking fertility and infertility into consideration jointly, including prevention and equality of access to services; emphasises that environmental change can be detrimental to future fertility; stresses the need to consider the impacts of environmental change on SRHR, including pollution of water and air, and an increase in the consumption of chemicals;

10. Stresses the importance of sexual and reproductive health providers in the provision of a comprehensive range of sexual and reproductive health services, including both physical and mental health; recognises that each individual has the right to act according to their own conscience and beliefs and that for personal reasons, individual medical practitioners should therefore have the option to invoke a conscience clause should they be asked to carry out procedures that are against their fundamental beliefs; emphasises that freedom of belief and freedom of choice are fundamental rights; stresses, too, that patients must be able to access the care that is provided for them under the law; calls on the Member States and healthcare providers to take such circumstances into account in their geographical provision of healthcare services;
11. Emphasises that services, commodities and facilities need to be of quality, sufficiently available and respect medical ethics, and be culturally appropriate and responsive to gender and life course requirements; stresses the need to cater to the specific needs of diverse population groups, with respect for confidentiality and informed consent, and that services should be scientifically and medically appropriate and of good quality;
12. Highlights that the European Union can support Member State actions to ensure access to sexual and reproductive health services and related medicinal products, including in the global market, and to support integrated and intersectional approaches to prevention, diagnosis, treatment and care; recalls in this regard the possible actions in the frame of the EU4Health 2021-2027 programme to promote access to quality healthcare, including to sexual and reproductive healthcare, which has been identified as a priority;
13. Emphasises that the Union can support the Member States in preparing their health systems for emerging technologies, in order to ensure that the most cutting-edge and emerging treatments and diagnostic methods are available, allowing patients to fully benefit from the digital revolution; stresses the need to fully utilise Horizon Europe and Digital Europe to further these priorities;
14. Stresses that the EU can support the provision of SRHR by facilitating exchange of best practices between Member States in this area, and therefore calls in that context for regular exchanges and promotion of good practices between Member States and stakeholders on emerging trends in SRHR, cutting-edge treatments and information as to advances in diagnostic methods and treatments;
15. Stresses the importance of guaranteeing sufficient budgetary provision for women's sexual and reproductive health and ensuring the availability of adequate resources and necessary goods across all levels of the health system, in both urban and rural areas;
16. Instructs its President to forward this resolution to the Council and the Commission.

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