## **European Parliament**



2019-2024

Plenary sitting

B9-0205/2024

3.4.2024

# **MOTION FOR A RESOLUTION**

to wind up the debate on the statements by the Council and the Commission

pursuant to Rule 132(2) of the Rules of Procedure

on including the right to abortion in the EU Fundamental Rights Charter (2024/2655(RSP))

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**EN** 

#### **B9-0205/2024**

#### European Parliament resolution on including the right to abortion in the EU Fundamental Rights Charter (2024/2655(RSP))

### The European Parliament,

- having regard to the European Convention on Human Rights of 1950,
- having regard to the Convention on the Elimination of All Forms of Discrimination against Women of 1979,
- having regard to the Charter of Fundamental Rights of the European Union (the Charter) of 2000,
- having regard to its resolution of 13 February 2019 on experiencing a backlash in women's rights and gender equality in the EU<sup>1</sup>,
- having regard to its resolution of 14 November 2019 on the criminalisation of sexual education in Poland<sup>2</sup>,
- having regard to its resolution of 26 November 2020 on the de facto ban on the right to abortion in Poland<sup>3</sup>,
- having regard to its resolution of 11 November 2021 on the first anniversary of the de facto abortion ban in Poland<sup>4</sup>,
- 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<sup>5</sup>,
- having regard to its resolution of 5 May 2022 on the impact of the war against Ukraine on women<sup>6</sup>,
- 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<sup>7</sup>,
- 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<sup>8</sup>,
- having regard to its resolution of 22 November 2023 on proposals of the European

<sup>4</sup> OJ C 205, 20.5.2022, p. 44

- <sup>6</sup> OJ C 465, 6.12.2022, p. 155.
- <sup>7</sup> OJ C 493, 27.12.2022, p. 120. <sup>8</sup> OJ C 47, 7.2.2023, p. 268.

<sup>&</sup>lt;sup>1</sup> OJ C 449, 23.12.2020, p. 102.

<sup>&</sup>lt;sup>2</sup> OJ C 208, 1.6.2021, p. 24.

<sup>&</sup>lt;sup>3</sup> OJ C 425, 20.10.2021, p. 147.

<sup>&</sup>lt;sup>5</sup> OJ C 81, 18.2.2022, p. 43.

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Parliament for the amendment of the Treaties9,

- having regard to the 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 Europe: beyond the mortality advantage and to the 2016 action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind,
- 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 Universal Declaration of Human Rights,
- having regard to the European Convention on Human Rights (ECHR) and the case-law of the European Court of Human Rights (ECtHR),
- having regard to the Council of Europe Convention on preventing and combating violence against women and domestic violence, which opened for signature in Istanbul on 11 May 2011 (the Istanbul Convention) and was ratified by the EU on 28 June 2023,
- having regard to the UN Human Rights Committee general comment no. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life,
- having regard to its resolution of 18 January 2024 on the situation of fundamental rights in the European Union – annual report 2022 and 2023<sup>10</sup>,
- having regard to its resolution of 28 February 2024 entitled 'Report on the Commission's 2023 Rule of Law report'<sup>11</sup>,
- having regard to Rule 132(2) of its Rules of Procedure,
- A. whereas access to sexual and reproductive health and rights (SRHR), including safe and legal abortion care, constitutes a fundamental right; whereas the fulfilment of SRHR is essential in upholding human dignity and is intrinsically linked to combating sexual and gender-based violence, and achieving gender equality and a wide range of 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;
- B. whereas people's ability to exercise their reproductive autonomy, control their reproductive lives and decide if, when and how to have children is essential to the full realisation of human rights for women, girls and all persons who can be pregnant;

<sup>&</sup>lt;sup>9</sup> Texts adopted, P9\_TA(2023)0427.

<sup>&</sup>lt;sup>10</sup> Texts adopted, P9\_TA(2024)0050.

<sup>&</sup>lt;sup>11</sup> Texts adopted, P9\_TA(2024)0108.

whereas a person's body, their choice, and thus their full autonomy are what must be guaranteed;

- C. whereas the Charter enshrines the main fundamental rights and liberties for people living in the EU; whereas the protection of safe and legal abortion care has direct implications for the effective exercise of the rights recognised in the Charter, such as human dignity, personal autonomy, equality, health and physical and mental integrity; whereas being deprived of access to abortion care constitutes a violation of these fundamental rights;
- D. whereas the UN Human Rights Committee has specifically recognised that an individual's decision to pursue voluntary termination of pregnancy falls within the scope of the right to privacy; whereas the UN Human Rights Committee has further found that failure to act in conformity with a woman's decision to undergo a lawful abortion is a violation of the right to privacy, including when the judiciary interferes with such a decision;
- E. whereas in its General Recommendation No. 35, the UN Committee on the Elimination of Discrimination against Women (CEDAW) explicitly stated that the criminalisation of abortion is a violation of women's SRHR and a form of gender-based violence, and urged states to repeal all legislation that criminalises abortion;
- F. whereas SRHR are among the targets of the UN Sustainable Development Goals, notably Target 3.7 calling for universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and Target 5.6 pointing out the need to ensure universal access to SRHR as agreed in line with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;
- G. whereas countries with less restrictive abortion laws generally have lower abortion rates than countries with highly restrictive abortion laws<sup>12</sup>; whereas in view of ensuring full bodily autonomy, including reducing unintended pregnancies and enabling people to make informed decisions about their lives and bodies, access to comprehensive, age-appropriate and evidence-based sexuality and relationship education for all is key, as well as to high-quality, accessible, safe and free contraception and family planning counselling; whereas age-appropriate, comprehensive sexuality education is essential in building children's and young people's ability to form healthy, equal and safe relationships, notably by addressing gender norms, gender equality, power dynamics in relationships and consent and respect for boundaries; whereas it also contributes to achieving gender equality;
- H. whereas in a landmark vote on 4 March 2024, French lawmakers enshrined the guaranteed freedom to have an abortion in the French Constitution; whereas France is the first country in the world to explicitly make abortion a constitutional right; whereas this constitutional revision aims to establish a safeguard in the context of the backsliding on abortion rights in the EU and globally, including in the US, Poland,

<sup>&</sup>lt;sup>12</sup> Office of the UN High Commissioner for Human Rights, '<u>Information series on sexual and reproductive</u> health and rights – abortion', 2020.

Hungary and Malta; whereas the work and commitment of feminist organisations and parliamentarians in France was key in ensuring a majority in support of the constitutional protection of the right to abortion;

- I. whereas since the inclusion of the right to abortion in the French Constitution, similar initiatives have already been considered in other countries such as Spain and Sweden, which shows the need for a European response to the pushback on gender equality and SRHR backsliding and to constitutionally protect the rights that are under attack;
- J. whereas financial support needs to accompany positive legislative changes to make the right to access abortion care a reality;
- K. whereas although the EU has some of the highest SRHR standards in the world, women and members of the LGBTIQ+ community still face obstacles in enjoying their bodily autonomy; whereas these obstacles can be of a legal, policy, financial, cultural or information-related nature;
- L. whereas some Member States still have highly restrictive laws prohibiting abortion except in strictly defined circumstances, resulting in women having to seek unsafe and life-threatening procedures, travel to other countries or carry their pregnancy to term against their will, which is a violation of their human rights and a form of gender-based violence; whereas some Member States that have legalised abortion on request or on broad social grounds nonetheless continue to maintain specific criminal sanctions for abortions performed outside the scope of the applicable legal provisions;
- M. whereas several Member States are currently trying to further limit access to SRHR through highly restrictive laws, resulting in limited access to healthcare and gender-based discrimination and violence; whereas these initiatives and this backsliding obstruct the fulfilment of people's rights, hinder countries' development and undermine democracy, European values and fundamental rights;
- N. whereas a coordinated and well-funded backsliding on gender equality, LGBTIQ+ diversity and feminism is taking shape globally; whereas across the globe, regressive forces and ultra-conservative religious and far right actors are trying to undo decades of human rights advances and impose a harmful world view on gender roles in families and public life; whereas these movements and attacks are closely connected to the trend of authoritarian rollbacks on global democracy; whereas this represents a clear threat to the rule of law in Europe;
- O. whereas these anti-gender and anti-rights movements are specifically attacking sexual and reproductive rights and women's autonomy, and influencing legislation and policy, leading to retrogressive initiatives being implemented in several Member States with the aim of undermining SRHR;
- P. whereas Poland has further restricted access to legal abortion care, following a ruling of the illegitimate Constitutional Tribunal on 22 October 2020<sup>13</sup> entailing a de facto abortion ban and leading to the death of at least six women; whereas women have been

<sup>&</sup>lt;sup>13</sup> ECtHR ruling about the Constitutional Tribunal, Case of Xero Flor w Polsce sp. z o.o. v. Poland *(Application no. <u>4907/18</u>)*, see para. 289.

under investigation for allegedly having abortions and women human and reproductive rights defenders have been prosecuted for helping women access abortion care, or for protesting for the right to abortion; whereas the recent judgment of the ECtHR in *M.L.* v. *Poland* found that there had been a violation of Article 8 of the European Convention on Human Rights on the right to respect for private and family life in the case of a woman that was forced to travel abroad for an abortion at considerable personal expense and away from her family support network and entailing a significant psychological impact;

- Q. whereas the newly-elected Polish Government is committed to proposing new laws to ensure women's rights and access to SRHR, including abortion care; whereas, regrettably, a vote on proposals for bills to decriminalise and ensure access to abortion care was postponed in the Polish Sejm for five weeks, but fortunately this vote is now scheduled for 10 April 2024;
- R. whereas in Malta, abortion is de facto banned and criminalised; whereas the July 2023 reform saw a worrisome shift in the Maltese Parliament, removing rights and adding even more risks and barriers than before to access to abortion care; whereas among these barriers, doctors can only terminate a pregnancy if the person's life is at immediate risk and before 'fetal viability', and are required to refer the dying pregnant person to a medical panel of three consultants; whereas cases of grave jeopardy to health are excluded from the law; whereas a pregnant person with cancer in Malta cannot be treated accordingly and must wait for the birth of the child before accessing cancer treatment, resulting in lower chances of successful treatment;
- S. whereas medical abortion is not legal in Slovakia or Hungary; whereas in September 2022, Hungary passed a decree obliging women seeking an abortion to listen to the 'fetal heartbeat'; whereas in Slovakia, repeated attempts to restrict access to abortion care through retrogressive bills in the parliament have been observed;
- T. whereas access to abortion care is also being eroded in Italy<sup>14</sup>; whereas in countries such as Italy, Slovakia and Romania, a large majority of doctors declare themselves conscientious objectors, making the de facto access to abortion care extremely challenging in some regions; whereas access to timely and appropriate abortion care is being denied in other Member States as a result of practical obstacles, such as in Croatia<sup>15</sup>;
- U. whereas several attempts to fully decriminalise abortion in Belgium have been delayed in the Belgian Federal Parliament;
- V. whereas in some countries, abortion procedures and unbiased counselling remain taboo and rarely form part of the obligatory medical training, leading to a lack of knowledge and practice among physicians to the detriment of patients' physical and mental health;
- W. whereas disinformation on abortion, including online, poses a real obstacle to women's

<sup>&</sup>lt;sup>14</sup> Council of Europe, '<u>Resolution CM/ResChS(2016)3 Confederazione Generale Italiana del Lavoro (CGIL) v.</u> <u>Italy, Complaint No. 91/2013</u>', 2016; European Parliament, '<u>Briefing: FEMM Mission to Italy</u> <u>17 - 19 December 2018</u>', December 2018.

<sup>&</sup>lt;sup>15</sup> RODA, 'Support for accessible, safe and legal termination of pregnancy in Croatia', 6 May 2022.

autonomy; whereas until recently in Germany, the provision of information on doctors' websites about medical abortion methods was considered as promoting abortion and was penalised; whereas the 'abortion advertising ban' was only lifted in July 2022;

- X. whereas Ukrainian refugees have been unable to access abortion care in some Member States, including in cases of sexual violence, which constitutes a grave violation of their human rights and amounts to torture and inhuman or degrading treatment;
- Y. whereas criminalising, delaying and denying access to SRHR, specifically abortion care, constitutes a form of gender-based violence; whereas these restrictions and bans do not reduce the number of abortions, but instead force people to travel long distances or resort to unsafe abortions, which also makes them vulnerable to criminal investigation and prosecution; whereas they affect those most lacking in resources and information; whereas almost all deaths stemming from unsafe abortions occur in countries where abortion is severely restricted; whereas these deaths are preventable; whereas unsafe abortion is a leading but preventable cause of maternal morbidity;
- Z. whereas marginalised persons and groups, including racial, ethnic and religious minorities, migrants, people from disadvantaged socio-economic backgrounds, people living in rural areas, persons with disabilities, members of the LGBTIQ+ community and victims of violence, often face additional barriers, intersectional discrimination and violence in accessing healthcare; whereas this is a result of laws and policies that allow for coercive sexual and reproductive healthcare practices and a failure to ensure reasonable accommodations in access to quality care and information;
- 1. Recalls, once again, that SRHR are fundamental human rights which must be protected and enhanced and cannot in any way be watered down or withdrawn;
- 2. Recalls the EU's commitment to the promotion, protection and fulfilment of the right of every individual, in particular of every woman and girl, to have bodily autonomy and full control over and decide freely on matters related to their sexuality and sexual and reproductive rights, free from discrimination, coercion and violence;
- 3. Urges the European Council to launch a Convention for the revision of the Treaties, as requested in its resolutions of 9 June 2022 and of 22 November 2023, and to adopt its proposal included in its resolution of 22 November 2023 to add sexual and reproductive healthcare and the right to safe and legal abortion to the Charter and amend it as follows:

Article 3

Right to the integrity of the person and to bodily autonomy

2a. Everyone has the right to bodily autonomy, to free, informed, full and universal access to sexual and reproductive health and rights, and to all related healthcare services without discrimination, including access to safe and legal abortion;

4. Condemns, in the strongest terms, the backsliding on women's rights and all regressive attempts to restrict or remove existing protections for SRHR and gender equality taking

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place globally, including in the EU Member States, as well as all forms of threats, intimidation and harassment directed against human rights defenders and civil society organisations working to advance these rights;

- 5. Is concerned about the significant surge in funding for anti-gender and anti-choice groups in the world, including in the EU; calls on the Commission to make use of all available tools to ensure that organisations working against gender equality and women's rights including reproductive rights do not receive EU funding;
- 6. Urges the Member States to fully decriminalise abortion in line with the 2022 WHO guidelines, and to remove and combat obstacles to safe and legal abortion and access to SRHR; calls on Poland and Malta to repeal their laws and other measures concerning bans and restrictions on abortion; urges the Polish authorities to prioritise legislative efforts to ensure full access to safe and legal abortion as soon as possible; urges the Maltese authorities to immediately decriminalise abortion and provide access to safe and legal abortion in line with the 2022 WHO guidelines;
- 7. Urges all Member State governments to guarantee access to safe, legal and free abortion care, to pre-natal and maternal healthcare services and supplies, voluntary family planning, contraception and youth-friendly services, and to HIV prevention, treatment, care and support, without discrimination;
- 8. Condemns the fact that, in some Member States, abortion is being denied by medical practitioners, and in some cases by entire medical institutions, on the basis of the 'conscience' clause; deplores the fact that this clause is often used in situations where any delay endangers the patient's life or health;
- 9. Calls on the Member States to ensure access to the full range of SRHR services including comprehensive, age-appropriate and evidence-based sexuality and relationship education for all, high-quality, accessible, safe and free contraceptive methods and supplies, and family planning counselling, paying special attention to women of colour, Roma women, older women, women with lower education levels, LGBTIQ+ people, women with disabilities, adolescents, migrant women, including irregular migrants, and single women;
- 10. Calls on Member States and local governments to increase their spending on programmes and their direct subsidies to structures, including healthcare and family planning services and other organisations active in this field;
- 11. Urges Member State governments to make abortion methods and procedures an obligatory part of the curriculum for doctors and medical students, in particular gynaecology students;
- 12. Calls on all Member States to remove the legal, financial, social and practical barriers and restrictions on abortion, including those disproportionately affecting women in poverty, in particular racialised women, including black women and ethnic minority women, and women of single-parent households;
- 13. Acknowledges the important role of civil society organisations and SRHR human rights defenders as service providers and advocates for SRHR, and encourages them to

continue their work; calls for the EU and the Member States to ensure and politically support an enabling civic space in the EU through a civil society strategy, to ensure the protection of women and SRHR human rights defenders through a protection mechanism for human rights defenders and to support them financially, notably through the Citizens, Equality, Rights and Values (CERV) programme; calls on Member States to improve access to sexual and reproductive healthcare services, including abortion, through the EU4Health programme;

- 14. Calls further for the EU to act as an advocate and make the recognition of this right a key priority in negotiations within international institutions and in other multilateral forums such as the Council of Europe and the UN; calls for the EU to ratify the European Convention on Human Rights;
- 15. Instructs its President to forward this resolution to the Council and the Commission.