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Opinion of the European Economic and Social Committee

My Voice, My Choice: for safe and accessible abortion

(own-initiative opinion)

(C/2026/1957)

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1. Conclusions and recommendations

1.1. The European Economic and Social Committee (EESC) highlights and welcomes the work on the European Citizens' Initiative propelled by the *My Voice, My Choice* movement, in finding a pragmatic way to address securing access to women's right to abortion in the EU.

1.2. In response to this initiative, the EESC reiterates that abortion is and must be a human right that is inseparable from many other rights, not just the right to health, and that the genuine and effective exercise of this right must be ensured through an intersectional approach.

1.3. The EESC calls on the European Commission to submit a proposal for financial support for Member States that would allow anyone in Europe who still lacks access to safe and legal abortion to safely terminate a pregnancy, in accordance with national law.

1.4. The EESC reaffirms that the denial or obstruction of abortion care constitutes institutional gender-based violence within the meaning of the Istanbul Convention and Directive (EU) 2024/1385 of the European Parliament and of the Council ([1]). Member States must therefore include access to abortion in their systems for preventing gender-based violence and supporting victims, and specifically in their public health systems.

1.5. The EESC stresses that, in accordance with Article 2 of the Treaty on European Union (TEU), Article 8 of the Treaty on the Functioning of the European Union (TFEU) and Articles 1, 3, 21 and 35 of the Charter of Fundamental Rights, access to safe and legal abortion is part of the Union's duty to uphold the dignity, integrity, and equality of women.

([1]) Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence (OJ L, 2024/1385, 24.5.2024, ELI: http://data.europa.eu/eli/dir/2024/1385/oj).

1.6. The decision to terminate a pregnancy must lie solely with the woman concerned, who must decide independently and free from coercion, disinformation and stigma.

1.7. The EESC stresses that access to safe, legal abortion must be accompanied by policies and programmes that ensure informed freedom of choice and comprehensive sexuality education for all people. Every woman and girl has the right to make autonomous and evidence-based decisions about their body and reproductive life without being subject to coercion, disinformation or stigma.

1.8. Comprehensive sexuality education – as stipulated in Article 14 of the Istanbul Convention, in the EU Strategy on the Rights of the Child and in UNESCO's International technical guidance on comprehensive sexuality education – is essential to prevent unwanted pregnancies, promote gender equality and protect against sexual violence.

1.9. The EESC calls on the Member States to integrate comprehensive, scientifically rigorous and age- and ability-appropriate sex education into school curricula and relevant EU programmes, to introduce monitoring and evaluation of these programmes and to ensure that healthcare professionals are trained to respect informed consent and patient autonomy.

1.10. The EESC believes that the European Commission will need to clarify the arrangements for EU funds to finance the exercise of this right, and for the financial support mechanisms for civil society organisations that provide funds to women who are considering abortion.

1.11. In the absence of data to support the proper implementation of effective policies, the EESC recommends that the European Institute for Gender Equality (EIGE) and Eurostat collect disaggregated data on sexual and reproductive health and rights.

1.12. The EESC considers it necessary to strengthen these women's rights in the face of attacks from the far right and fundamentalist groups.

2. **General comments**

2.1. The *My Voice, My Choice* campaign offers EU citizens the chance to make women's lives freer, safer and better – wherever they live in our Union, whatever conditions they may find themselves in.

2.2. In this regard, the campaign highlights that the lack of 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, particularly those living in conditions of social, economic, job or cultural insecurity that can afford it the least.

2.3. The EESC therefore calls on the European Commission to submit a proposal for financial support for Member States that would allow anyone in Europe who still lacks access to safe and legal abortion to safely terminate a pregnancy, in accordance with national law.

2.4. This solution could take the form of an opt-in mechanism open to Member States on a voluntary basis. Those who opt in would then receive financial support from the EU to compensate for the weight of this solidarity effort. The European citizens' initiative with the same title falls within the framework of the EU's remit for providing support.

2.5. The initiative has received 1 124 513 signatures in support from people from Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden. The EESC highlights the effort involved in collecting these signatures.

2.6. The initiative, registered on 10 April 2024, was validated on 1 September 2025, which clearly indicates that it falls within the remit of the EU and outside the remits of the Member States.

2.7. The EESC fully supports this initiative, which is a further step towards achieving safe, legal and accessible abortion for women in the EU.

3. **Specific comments**

3.1. Access to safe and legal abortion must be a human right. It is matter of human rights, and ensuring this access is the best way to protect women's bodily autonomy and reduce maternal mortality.

3.2. The decision to terminate a pregnancy must lie solely with the woman concerned, who must decide independently and free from coercion, disinformation and stigma.

3.3. Member States have an obligation to respect, protect and implement human rights, including those relating to health and the right to bodily, sexual and reproductive autonomy. When safe, legal abortion services are unjustifiably restricted or not fully available, it restricts not only access to abortion but also the right to abortion itself, which could jeopardise a variety of other internationally protected human rights. These include the right to non-discrimination and equality; the right to life, health and information; the right not to be subjected to cruel, inhuman or degrading treatment; the right to privacy and physical integrity and autonomy; the right to decide how many children to have and how far apart; the right to freedom; the right to share in the benefits of scientific advancement; and the right to freedom of conscience and religion.

3.4. These rights are laid down in the Universal Declaration of Human Rights and protected through numerous international agreements, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention against Torture (CAT), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and the Convention on the Rights of the Child (CRC), as well as in regional agreements in Africa, America and Europe.

3.5. Article 12(1) of the Convention on the Elimination of All Forms of Discrimination against Women states that 'States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.' More specifically, CEDAW General recommendation No 35 explicitly states that the criminalisation of abortion constitutes a violation of women's sexual and reproductive health and rights and a form of gender-based violence, and urges states to repeal any legislation criminalising abortion.

3.6. Under Article 2 TEU, Article 8 TFEU and Articles 1, 3, 21, and 35 of the Charter of Fundamental Rights, access to safe, legal abortion is part of the Union's duty to uphold the dignity, integrity, and equality of women.

3.7. The Convention on the Rights of Persons with Disabilities commits States Parties to 'provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes'.

3.8. Furthermore, the UN Human Rights Committee has specifically recognised that a woman's decision to voluntarily terminate her pregnancy is part of the right to privacy and that not respecting a woman's decision to undergo a legal abortion constitutes a violation of the right to privacy, including in cases where the judiciary interferes with such a decision ([2]).

3.9. More recently, sexual and reproductive health and rights have been included in the UN Sustainable Development Goals' targets, specifically Target 3.7 (ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes) and Target 5.6 (ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance 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).

([2]) https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.

3.10. Equally, the EESC opinion on Violence against women as a human rights issue: state of play of measures across the EU ([3]) notes with concern that the restrictions on the free and safe voluntary termination of pregnancy and the harassment suffered by women (particularly in the vicinity of clinics) have not been considered specific forms of violence against women, and recommends legislation on safe zones around clinics to prevent harassment and intimidation.

3.11. The guarantee of women's sexual and reproductive rights should include the right to be free to decide on the voluntary termination of pregnancy and the right to abortion, as well as effective access to abortion. In the face of systematic attacks by fundamentalist and extreme right-wing groups, the EESC considers it necessary to adopt legal measures in the Member States to guarantee not only this right but also its free exercise.

3.12. The EESC notes that, even where abortion is legal, regional and social disparities continue to limit effective access. In several rural, poorer, or culturally conservative areas, inadequate medical infrastructure is compounded by stigma, moral pressure and entrenched patriarchal norms, in some local contexts still influenced by traditional patriarchal honour codes or strong community pressures. These conditions foster fear, silence and even secret births, with serious consequences for physical and mental health. The EESC stresses that ensuring effective access requires not only legal and institutional guarantees, but also educational and social measures to combat stigma and protect women's autonomy.

3.13. The EESC reaffirms that the denial or obstruction of abortion care constitutes institutional gender-based violence within the meaning of the Istanbul Convention and Directive (EU) 2024/1385. Member States must therefore include access to abortion in their systems for preventing gender-based violence and supporting victims, and specifically in their public health systems.

3.14. On 4 March 2024, France enshrined guaranteed freedom to abortion in its Constitution, making it the first country in the world to make abortion a constitutional right, with the aim of establishing a safeguard against the backsliding on the right to abortion in the EU and worldwide. As early as January 2022, Emmanuel Macron, holder of the rotating Presidency of the Council of the European Union at the time, proposed to the European Parliament that the right to abortion be included in the EU Charter of Fundamental Rights.

3.15. Research shows that an intricate network of 275 players, which received funding amounting to USD 1,18 billion between 2019 and 2023, is devoted to undermining sexual and reproductive rights in Europe ([4]). The EESC stresses the need for a coordinated, proactive European response to protect these rights.

3.16. In view of the above, the EESC, like other international bodies, considers that access to sexual and reproductive health and rights – including guaranteed effective access to safe, legal abortion services – is a fundamental right; that sexual and reproductive health and rights are essential for upholding human dignity and are linked to combating sexual and gender-based violence and 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.

3.17. The EESC points to the EU's commitment to ensuring that all women and girls are guaranteed full bodily autonomy and full and autonomous control over and the right to decide freely on matters related to their sexuality and sexual and reproductive rights, free from discrimination, coercion and violence ([5]).

3.18. Comprehensive sexuality education – as stipulated in Article 14 of the Istanbul Convention, in the EU Strategy on the Rights of the Child and in UNESCO's International technical guidance on comprehensive sexuality education – is essential to prevent unwanted pregnancies, promote gender equality and protect against sexual violence.

([3]) Opinion of the European Economic and Social Committee – Violence against women as a human rights issue: state of play of measures across the EU (own-initiative opinion (OJ C, C/2025/2005, 30.4.2025, ELI: http://data.europa.eu/eli/C/2025/2005/oj).

([4]) European Parliamentary Forum for Sexual and Reproductive Rights: *The Next Wave: How Religious Extremism Is Regaining Power*.

([5]) https://www.igualdad.gob.es/wp-content/uploads/SRHR-MINISTERIAL-DECLARATION-SIGNED-2.pdf.

3.19. The EESC calls on the Member States to integrate comprehensive, age-appropriate and scientifically rigorous sexuality education, adapted to the needs of different groups, into school curricula and relevant EU programmes, to introduce monitoring and evaluation of these programmes and to ensure that healthcare professionals are trained to respect informed consent and women's autonomy.

3.20. The EESC stresses the particular vulnerability of ethnic and religious minorities; women who are migrants, come from disadvantaged socio-economic backgrounds or live in rural areas; and women with disabilities, lesbian and bisexual women, among others, when it comes to accessing the right to abortion, and emphasises the need for an intersectional approach.

3.21. The EESC considers that sustainable financial support needs to accompany legislative changes to make the effective right to access abortion care a reality.

3.22. It considers that, as stated by the European Parliament in its Resolution of 11 April 2024 (adopted by 336 votes to 163 with 39 abstentions), the right to abortion, and funding thereof, should be included in the EU Charter of Fundamental Rights ([6]).

3.23. The EESC calls on the European Commission to take up this initiative and guarantee that the right to abortion is accessible and effectively available, drawing up a timetable to be implemented in the immediate term.

3.24. The EESC believes that the European Commission needs to clarify the arrangements for EU funds to finance the exercise of this right, and for the financial support mechanisms for civil society organisations that provide funds to women wishing to have an abortion.

3.25. Given the current lack of data, the EESC recommends that the EIGE and Eurostat collect disaggregated data on sexual and reproductive rights.

3.26. The EESC also calls on the EU to actively combat disinformation on abortion driven by the extreme right, which is a barrier to women's autonomy and health and the exercise of their sexual and reproductive rights.

3.27. The EESC condemns the backsliding on women's rights and all regressive attempts to restrict or eliminate existing protection for sexual and reproductive health and rights and equality between women and men.

3.28. The EESC recognises the fundamental role played by civil society, and in particular feminist and women's rights organisations, in defending the right to abortion – especially in countries where abortion is prohibited or access is restricted – and in ensuring access to abortion by influencing legal reform, service provision and public education. The EESC calls for specific funding to support these organisations, especially in Member States where civic space is shrinking and the right to abortion is under threat.

3.29. In addition, it urges the Member States and EU institutions to ensure legal, physical and online protection against stigmatisation, harassment and intimidation of activists, healthcare professionals and women who decide to abort.

3.30. The EESC notes with great concern the global backsliding in the area of international support for family planning and sexual and reproductive rights. The United States Agency for International Development (USAID) has historically been one of the world's largest funders of family planning and reproductive health services, supporting millions of women and girls worldwide. However, it has abolished almost all family planning subsidies and reinstated the global gag rule. The EESC urges the EU to step up its global leadership in upholding sexual and reproductive rights and to ensure access to vital care.

([6]) https://www.europarl.europa.eu/news/en/press-room/20240408IPR20314/women-must-have-full-control-of-their-sexual-and-reproductive-health-and-rights.

3.31. The EESC therefore highlights and welcomes the work of the *My Voice, My Choice* movement on the European Citizens' Initiative in finding a pragmatic way to tackle securing access to women's right to abortion in the EU. It reiterates that abortion is a fundamental right that is inseparable from many other rights, not just the right to health, and that the genuine and effective exercise of this right must be ensured through an intersectional approach.

Brussels, 21 January 2026.

The President
of the European Economic and Social Committee
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