Thursday 24 June 2021

P9_TA(2021)0314

Sexual and reproductive health and rights in the EU, in the frame of women's health

European Parliament 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 (2020/2215(INI))

(2022/C 81/04)

The European Parliament,

— having regard to Article 2 of the Treaty on European Union,

— having regard to Articles 5, 6 and 168 of the Treaty on the Functioning of the European Union,

— having regard to the 1994 International Conference on Population and Development (ICPD) held in Cairo, its Programme of Action and the outcomes of its review conferences,

— having regard to the Nairobi Statement on ICPD25 of 1 November 2019 entitled 'Accelerating the Promise' and to the national and partner commitments and collaborative actions that were announced at the Nairobi Summit,

— having regard to the Beijing Platform for Action and the outcomes of its review conferences,

— 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 2017, 2018, 2019 and 2020 Contraception Atlases, which rank access to contraception in geographical Europe and highlight inequalities across the continent and the fact that the unmet need for contraception in some parts of Europe has gone largely unnoticed,

— 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 the Council of Europe Convention on preventing and combating violence against women and domestic violence ('Istanbul Convention'),

— having regard to Article 6 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) of 3 May 2008,

— having regard to the joint communication from the Commission and the High Representative of the Union for Foreign Affairs and Security Policy of 25 November 2020 entitled 'EU Gender Action Plan (GAP) III: an ambitious agenda for gender equality and women's empowerment in EU external action' (JOIN(2020)0017),

— having regard to its resolution of 26 November 2020 on the de facto ban on the right to abortion in Poland [1],

— having regard to the decision of the CEDAW Committee of 28 February 2020 in the case S.F.M. v. Spain,

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[1] Texts adopted, P9_TA(2020)0336.

Thursday 24 June 2021

— having regard to the report of the Council of Europe's Committee on Equality and Non-Discrimination of 25 September 2017 on promoting the human rights of and eliminating discrimination against intersex people,

— having regard to the report of the Council of Europe's Committee on Equality and Non-Discrimination of 2 April 2015 on discrimination against transgender people in Europe,

— 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 its resolution of 14 February 2019 on the rights of intersex people ([2]),

— having regard to Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027, and repealing Regulation (EU) No 282/2014 ([3]),

— having regard to the report of the European Institute for Gender Equality of 22 November 2019 entitled 'Beijing + 25: the fifth review of the implementation of the Beijing Platform for Action in the EU Member States',

— having regard to the World Health Organization (WHO) Regional Office for Europe Action Plan for Sexual and Reproductive Health: Towards achieving the 2030 Agenda for Sustainable Development in Europe — leaving no one behind, which has three closely interlinked goals: 'Enable all people to make informed decisions about their sexual and reproductive health and ensure that their human rights are respected, protected and fulfilled', 'Ensure that all people can enjoy the highest attainable standard of sexual and reproductive health and well-being', and 'Guarantee universal access to sexual and reproductive health and eliminate inequalities',

— having regard to the European Network of the International Planned Parenthood Federation (IPPF EN) and the Federal Centre for Health Education (BZgA) report entitled 'Sexuality Education in Europe and Central Asia: State of the Art and Recent Developments',

— having regard to the IPPF EN Partner Survey: Abortion Legislation and its Implementation in Europe and Central Asia,

— having regard to the study entitled 'The gendered impact of the COVID-19 crisis and post-crisis', published by its Directorate-General for Internal Policies on 30 September 2020 ([4]),

— having regard to the UN Women policy brief of 9 April 2020 entitled 'The Impact of COVID-19 on Women',

— having regard to the UN report of 23 April 2020 entitled 'COVID-19 and Human Rights: We are all in this together',

— having regard to the UN Population Fund (UNFPA) report of 27 April 2020 entitled 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage',

([2]) OJ C 449, 23.12.2020, p. 142.
([3]) OJ L 107, 26.3.2021, p. 1.
([4]) Study — 'The gendered impact of the COVID-19 crisis and post-crisis period' — European Parliament, Directorate-General for Internal Policies, Policy Department C — Citizens' Rights and Constitutional Affairs, 30 September 2020.

— having regard to the UNFPA statement of 28 April 2020 entitled 'Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic',

— having regard to the European Women's Lobby policy brief entitled 'Women must not pay the price for COVID-19!',

— having regard to the study by Professor Sabine Oertelt-Prigione entitled 'The impact of sex and gender in the COVID-19 pandemic', published on 27 May 2020,

— having regard to the WHO's guidance entitled 'Safe abortion: technical and policy guidance for health systems',

— having regard to the WHO's 'Global strategy to accelerate the elimination of cervical cancer as a public health problem',

— having regard to its resolution of 13 November 2020 on the impact of COVID-19 measures on democracy, the rule of law and fundamental rights ([5]),

— having regard to the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) and IPPF EN joint report of 22 April 2020 entitled 'Sexual and Reproductive Health and Rights during the COVID-19 pandemic',

— having regard to Article 12 of the International Covenant on Economic, Social and Cultural Rights,

— having regard to general comment No 22 of the UN Committee on Economic, Social and Cultural Rights of 2 May 2016 on the right to sexual and reproductive health,

— having regard to Articles 2, 7, 17 and 26 of the International Covenant on Civil and Political Rights,

— having regard to general comment No 36 of the UN Human Rights Committee of 30 October 2018 on Article 6 of the International Covenant on Civil and Political Rights, on the right to life,

— having regard to the interim report of the UN Special Rapporteur of 3 August 2011 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

— having regard to the report of the UN Special Rapporteur of 4 April 2016 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

— having regard to the reports of the UN Special Rapporteur for Violence Against Women, its Causes and Consequences, including the report of 11 July 2019 on a human-rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence,

— having regard to the WHO statement of 2015 on the prevention and elimination of disrespect and abuse during childbirth,

— having regard to the report of the Council of Europe's Committee on Equality and Non-Discrimination of 16 September 2019 on obstetrical and gynaecological violence,

([5]) Texts adopted, P9_TA(2020)0307.

Thursday 24 June 2021

— having regard to Council Directive 2004/113/EC of 13 December 2004 implementing the principle of equal treatment between women and men in the access to and supply of goods and services ([6]),

— having regard to the report of the UN Working Group of 8 April 2016 on the issue of discrimination against women in law and in practice, presented at the 32nd session of the Human Rights Council in June 2016,

— having regard to Section II of the Report of the UN Working Group of 14 May 2018 on the issue of discrimination against women in law and practice,

— having regard to Section III of the Report of the UN Working Group of 8 April 2016 on the issue of discrimination against women in law and practice,

— having regard to the Report of the UN Special Rapporteur of 10 January 2019 on the situation of human rights defenders,

— 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 healthcare ([7]),

— having regard to Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use ([8]),

— having regard to the Joint Statement by the Council and the representatives of the governments of the member states meeting within the Council, the European Parliament, and the European Commission of 19 November 2018 entitled 'The New European Consensus on Development: Our World, Our Dignity, Our Future', in which the EU reaffirms its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence,

— having regard to its resolution of 14 November 2019 on the criminalisation of sexual education in Poland ([9]),

— having regard to its resolution of 13 February 2019 on experiencing a backlash in women's rights and gender equality in the EU ([10]),

— having regard to its resolution of 14 February 2017 on promoting gender equality in mental health and clinical research ([11]),

— having regard to the European Pact for Gender Equality (2011-2020), adopted by the Council on 7 March 2011,

— having regard to the Council Recommendation of 2 December 2003 on cancer screening ([12]),

— having regard to the European guidelines for quality assurance in cervical cancer screening of 7 May 2008 and to the European guidelines for quality assurance in breast cancer screening and diagnosis of 12 April 2006,

— having regard to the issue paper of the Council of Europe Commissioner for Human Rights of December 2017 on women's sexual and reproductive health and rights in Europe,

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([6]) OJ L 373, 21.12.2004, p. 37.
([7]) OJ L 88, 4.4.2011, p. 45.
([8]) OJ L 311, 28.11.2001, p. 67.
([9]) OJ C 208, 1.6.2021, p. 24.
([10]) OJ C 449, 23.12.2020, p. 102.
([11]) OJ C 252, 18.7.2018, p. 99.
([12]) OJ L 327, 16.12.2003, p. 34.

— having regard to WHO's 2017-2021 Strategy on women's health and wellbeing in the WHO European Region and 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 WHO's Global Strategy for Women's, Children's and Adolescents' Health 2016-2030,

— having regard to the WHO Regional Office for Europe and BZgA's standards for sexuality education in Europe: a framework for policy makers, educational and health authorities and specialists, and to UNESCO's international technical guidance on sexuality education: an evidence-informed approach,

— having regard to the decision of the European Committee of Social Rights of 30 March 2009 on collective complaint No 45/2007 by the International Centre for the Legal Protection of Human Rights (INTERIGHTS) vs Croatia and general comment No 15 of the UN Committee on the Rights of the Child of 17 April 2013 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), which stresses that adolescents should have access to appropriate and objective information on sexual and reproductive issues,

— having regard to the United Nations Population Fund's State of World Population 2019 report entitled 'Unfinished Business: the pursuit of rights and choices FOR ALL',

— having regard to Rule 54 of its Rules of Procedure,

— having regard to the opinion of the Committee on Development,

— having regard to the report of the Committee on Women's Rights and Gender Equality (A9-0169/2021),

A. 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, not merely the absence of dysfunction, infirmity or mortality, and whereas all individuals have a right to make decisions governing their bodies ([13]), free from discrimination, coercion and violence, and to access SRH services that support that right and take a positive approach to sexuality and reproduction, as sexuality is an integral part of human existence;

B. whereas sexual and reproductive health and rights (SRHR) are, according to the WHO, an umbrella term for various issues affecting all persons and representing four separate areas: sexual health, sexual rights, reproductive health and reproductive rights, and they are based on the rights of all individuals to have their bodily integrity, privacy and personal autonomy respected; have their sexual orientation and gender identity fully respected; to decide whether, with whom and when to be sexually active; to have safe sexual experiences, decide whether, when and who to marry, whether and by what means to have a child or children, and how many children; have access throughout their lifetime to the information, resources, services and support necessary to achieve all of the above free from discrimination, coercion, exploitation and violence;

C. whereas sexual and reproductive rights (SRR) are protected as human rights in international and European human rights law such as in the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, CEDAW and the European Convention on Human Rights, and constitute an essential element of comprehensive healthcare provision; whereas health rights, in particular sexual and reproductive health rights, are fundamental women's rights which should be enhanced and cannot in any way be watered down or withdrawn; whereas the realisation of SRHR is an essential element of human dignity and is intrinsically linked to the achievement of gender equality and combating gender-based violence; whereas a person's body, their choice, and thus their full autonomy, are what should be guaranteed;

([13]) Guttmacher-Lancet Commission, Executive Summary on sexual and reproductive health and rights, The Lancet, London, 2018, https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary

Thursday 24 June 2021

D. whereas the European Union has direct competence to act in advancing SRHR in external action; whereas the European Union does not have direct competence to act in advancing SRHR within the Union but cooperation between Member States takes place through the open method of coordination; whereas the European Union invites, encourages and supports Member States in advancing SRHR for all;

E. whereas gender-based violence is widespread and has been exacerbated by the COVID-19 pandemic; whereas an estimated 25 per cent of women experience some form of gender-based violence in their lifetime and countless women experience sexual assault and harassment in the context of intimate partnerships and public life owing to entrenched gender stereotypes and the resulting social norms;

F. whereas violations of SRHR constitute breaches of human rights, specifically the right to life, physical and mental integrity, equality, non-discrimination, health and education, dignity, privacy and freedom from inhuman and degrading treatment; whereas violations of women's SRHR are a form of violence against women and girls, and hinder progress towards gender equality ([14]);

G. whereas SRHR are targets in the framework of UN SDG 3, and whereas combating gender-based violence and harmful practices are targets within SDG 5;

H. 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 SRR, there are still challenges, a lack of access and affordability, gaps, disparities and inequalities in the realisation of SRHR, both across the EU and within Member States, based on age, sex, gender, race, ethnicity, class, religious affiliation or belief, marital status, socio-economic status, disability, HIV (or sexually transmitted infections, STIs) status, national or social origin, legal or migration status, language, sexual orientation or gender identity;

I. whereas SRHR challenges and obstacles can include, among other things, obstacles of a legal, financial, cultural and information-related nature, such as a lack of access to universal, high-quality and accessible SRHR services; a lack of comprehensive, age-appropriate and evidence-based sexuality education, especially in the light of the fact that the enjoyment of SRHR for LGBTI persons may be severely hindered owing to the omission from sex education curricula of the diversity of sexual orientation; gender identity, expression and sex characteristics; a lack of available modern contraception methods; the denial of medical care based on personal beliefs; legal restrictions and practical barriers in accessing abortion services; the denial of abortion care; forced abortion; gender-based violence; gynaecological and obstetric violence; forced sterilisation, including in the context of legal gender recognition; intimidation, cruel and degrading treatment; disparities and gaps in maternal mortality rates and mental health support; increasing Caesarean section rates; a lack of access to treatment for cervical cancer; limited access to medically assisted reproduction and fertility treatments; difficulties in accessing the goods necessary for SRHR; high rates of STIs and HIV; high adolescent pregnancy rates; harmful gender stereotypes and practices such as female and intersex genital mutilation; child, early and forced marriages (CEFM) and honour killings, and so-called 'conversion therapy' practices which can take the form of sexual violence such as 'corrective rape' perpetrated against lesbian and bisexual women and girls, as well as transgender persons; and outdated or ideologically driven legal provisions limiting SRHR;

([14]) Office of the United Nations High Commissioner for Human Rights (OHCHR), Information Series on Sexual and Reproductive Health and Rights, available at: https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf

J. whereas SRH services are essential healthcare services that should be available to all and include comprehensive, evidence-based and age-appropriate sexuality and relationship education; information, confidential and unbiased counselling and services for sexual and reproductive health and well-being; information and counselling on modern contraception, as well as access to a wide range of modern contraceptives; antenatal, childbirth and postnatal care; midwifery; obstetric and newborn care; safe and legal abortion care and services, including treatment of the complications of unsafe abortion; the prevention and treatment of HIV and other STIs; services aimed at detecting, preventing and treating sexual and gender-based violence; prevention, detection and treatment for reproductive cancers, including cervical cancer; and fertility care and treatment;

K. whereas SRHR are human rights and must be upheld by EU Member States, in line with international human rights standards; whereas respect for human rights is necessary for a democracy to function; whereas human rights, democracy and the rule of law are all interdependent; whereas all these EU values must be fully respected by all EU Member States;

L. 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, and whereas access to health, including SRH, is a human right; whereas providing some form of sexuality and health education is already mandatory in the majority of Member States;

M. whereas the WHO defines infertility as 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'; whereas this definition fails to encompass the reality of lesbian and bisexual women, as well as transgender persons, in same-sex couples, or single women interested in fertility options, exacerbating the socio-legal challenges they already face in access to Assisted Reproductive Technologies (ART) as a result of the focus on countering infertility; whereas lesbian and bisexual women may be unable to prove their 'infertility' and therefore be denied access to ART ([15]);

N. whereas in certain circumstances transgender men and non-binary persons may also undergo pregnancy and should, in such cases, benefit from measures for pregnancy and birth-related care without discrimination on the basis of their gender identity;

O. 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;

P. whereas pregnant people experience various forced and coercive medical interventions during childbirth, including physical and verbal abuse, the suturing of birth injuries without pain relief, disregard for their decisions and lack of respect for their informed consent, that may amount to violence and cruel and inhuman treatment;

Q. whereas comprehensive, evidence-based, non-discriminatory and age-appropriate sexuality education grounded in a rights-based and gender-focused approach, as specified by the UNESCO international technical guidance, 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, including, but not limited to, human development; sexual and reproductive anatomy and physiology; consent, puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; STIs; and combating gender-based violence, including harmful practices such as CEFM and female genital mutilation (FGM); whereas age-appropriate comprehensive sexuality education is key to building children's and young peoples' skills to form healthy, equal and safe relationships, notably by addressing gender norms, gender equality, power dynamics in relationships, consent and respect for boundaries, and contributes to achieving gender equality;

([15]) https://www.who.int/reproductivehealth/topics/infertility/en/

Thursday 24 June 2021

R. whereas the unavailability of scientifically accurate and evidence-based information and education violates the rights of individuals, is damaging to them in making informed choices about their own SRHR and undermines healthy approaches to gender equality;

S. whereas SRH includes menstrual hygiene and sanitation, as well as systemic and socio-economic factors of stigmatisation and discrimination linked to menstruation; whereas period poverty, which refers to limited access to sanitary products, affects about one in 10 women in Europe, and is exacerbated by gender-biased taxation of menstrual hygiene products in the EU; whereas shame, untreated menstrual pain and discriminatory traditions lead to school drop outs and lower attendance rates of girls at school and women at work; whereas existing negative attitudes and myths surrounding menstruation influence reproductive health decisions; whereas understanding the links between menstrual hygiene and maternal morbidity, mortality and infertility, STI/HIV and cervical cancer can support early detection and save lives;

T. whereas modern contraception plays a key role in achieving gender equality and preventing unintended pregnancies, as well as in realising the right of individuals to make decisions about their family choices by proactively and responsibly planning the number, timing and spacing of their children; whereas certain methods of modern contraception also reduce the incidence of HIV/STIs; whereas access to modern contraception is still hindered by practical, financial, social and cultural barriers, including myths surrounding contraception, outdated attitudes towards female sexuality and contraception, as well as a stereotypical perception of women being the only ones responsible for contraception;

U. whereas abortion laws are based on national legislation; whereas even when abortion is legally available, there are often a range of legal, quasi-legal and informal barriers to accessing it, including limited time periods and the grounds on which to access abortion; medically unwarranted waiting periods; a lack of trained and willing healthcare professionals; and the denial of medical care based on personal beliefs, biased and mandatory counselling, deliberate misinformation or third-party authorisation, medically unnecessary tests, distress requirements, the costs involved and the lack of their reimbursement;

V. whereas some Member States still have highly restrictive laws prohibiting abortion except in strictly defined circumstances, resulting in women having to seek clandestine abortions, to travel to other countries or to carry their pregnancy to term against their will, which is a violation of human rights and a form of gender-based violence ([16]) affecting women's and girls' rights to life, physical and mental integrity, equality, non-discrimination and health, and whereas some Member States which have legalised abortion on request or on broad social grounds nonetheless continue to maintain specific criminal sanctions for abortions performed outside of the scope of the applicable legal provisions;

W. whereas several Member States are currently attempting to further limit access to SRHR through highly restrictive laws which lead to gender discrimination and negative consequences for women's health;

X. whereas opponents of sexual and reproductive rights often instrumentalise issues, such as the national interest or demographic change, in order to undermine SRHR, thus contributing to the erosion of personal freedoms and the principles of democracy; whereas all policies addressing demographic change must be rights-based, people-centred, tailor-made and evidence-based, and must uphold sexual and reproductive rights;

Y. whereas opponents of sexual and reproductive rights and women's autonomy have had a significant influence on national law and policy with retrogressive initiatives taken in several Member States, seeking to undermine SRHR, as noted by Parliament in its resolutions on experiencing backlash in women's rights and gender equality in the EU and

([16]) https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf

on abortion rights in Poland, and by the European Institute for Gender Equality in its report of 22 November 2019 entitled 'Beijing + 25: the fifth review of the implementation of the Beijing Platform for Action in the EU Member States'; whereas these initiatives and this backsliding obstruct the realisation of people's rights, countries' development and undermine European values and fundamental rights;

Z. whereas numerous reports show that, during the COVID-19 pandemic and lockdown, SRHR services were limited and/or revoked ([17]), and there was a disruption in access to essential medical services such as contraception and abortion care, HIV and STI testing, access to FGM Prevention and Awareness Centres and reproductive cancer screenings, and respectful maternal healthcare, which has had severe implications for women's fundamental right to bodily autonomy; whereas the COVID-19 pandemic has shown that there is a need to strengthen the resilience of health systems to such crises, to ensure that services related to SRHR continue to be fully available and are provided in a timely manner;

AA. whereas there is a persistent effort to instrumentalise the COVID-19 health crisis as a pretext to adopt further restrictive measures in SRHR ([18]), leading to the reallocation of resources; whereas this has a broad and long-term negative effect on the exercise of the fundamental right to health, on gender equality and on the fight against discrimination and gender-based violence, and is putting the well-being, health and lives of women and girls at risk;

AB. whereas marginalised persons and groups, including racial, ethnic and religious minorities, migrants, people from disadvantaged socio-economic backgrounds, people without health insurance, people living in rural areas, persons with disabilities, LGBTIQ people and victims of violence, among others, often face additional barriers, intersecting discrimination and violence in accessing healthcare, as a result of laws and policies that allow coercive sexual and reproductive healthcare practices and failures to ensure reasonable accommodation in access to quality care and information; whereas there is a lack of substantive data on the issue of obstetric violence towards racialised women in Europe; whereas this discrimination leads to higher maternal mortality rates and morbidity (among black women, for example), a higher risk of abuse and violence (for women with disabilities), a lack of access to information and overall injustice and inequality in accessing SRHR services;

AC. whereas infertility and subfertility affect one in six people in Europe and are a global public health issue; whereas there is a need to reduce inequalities in access to fertility information and treatments, and to prohibit discrimination on the grounds of sex, gender, sexual orientation, health or marital status;

AD. whereas, according to the Charter of Fundamental Rights of the European Union, the European Convention on Human Rights and the case law of the European Court of Human Rights, women's sexual and reproductive health is related to multiple human rights, including the right to life and dignity, freedom from inhuman and degrading treatment, the right to access healthcare, the right to privacy, the right to education and the prohibition of discrimination;

AE. whereas the European Parliament addressed SRHR in its position adopted at first reading of 13 November 2020 on the Programme for the Union's action in the field of health for the period 2021-2027 ('EU4Health Programme'), in order to ensure timely access to the goods that are needed for the safe provision of SRHR (for example, medicines, contraceptives and medical equipment);

([17]) UNFPA Interim Technical Note entitled 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage', 27 April 2020, available at: https://www.unfpa.org/sites/default/files/ resource-pdf/ COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

([18]) EPF and IPPF EN, op. cit., p. 8.

AF. whereas adolescents often face barriers in relation to SRHR owing to the lack of youth-friendly services;

AG. 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;

AH. whereas water, sanitation and hygiene (WASH) services are essential to sexual and reproductive health, but are still too often inaccessible, particularly in remote areas;

Forging a consensus and addressing SRHR challenges as EU challenges

1. In accordance with the principle of subsidiarity and in line with national competences, calls on the Member States to safeguard the right of all persons, regardless of age, sex, gender, race, ethnicity, class, caste, religious affiliation and beliefs, marital or socio-economic status, disability, HIV (or STI) status, national and social origin, legal or migration status, language, sexual orientation or gender identity, to make their own informed choices with regard to SRHR, to ensure the right to bodily integrity and personal autonomy, equality and non-discrimination, and to provide the necessary means to allow everyone to enjoy SRHR;

2. Recalls the EU's commitment to the promotion, protection and fulfilment of the right of every individual and of every woman and girl to have full control over and decide freely and responsibly on matters related to their sexuality and sexual and reproductive rights, free from discrimination, coercion and violence ([19]);

3. Calls for the EU, its bodies and agencies to support and promote universal and full access to SRHR services within the exercise of their competences by advancing gender equality, respect for personal autonomy, accessibility, informed choice, consent and respect, non-discrimination and non-violence, and calls on the Member States to ensure access to a full range of high-quality, comprehensive and accessible SRHR, and to remove all legal, policy, financial and other barriers impeding full access to SRHR for all persons; calls, in this context, for the facilitation of regular exchanges and the promotion of good practices between Member States and stakeholders on the gender aspects of health;

4. Reaffirms that SRHR are key for gender equality, economic growth and development, child protection and the elimination of gender-based violence, human trafficking and poverty;

5. Calls on the Member States to address the persistent challenges in accessing or exercising SRHR and to ensure high-quality and accessible SRH services for all, irrespective of their socio-economic status, so that no one is left behind by being unable to exercise their right to health;

6. Acknowledges the importance of public information on SRHR; recalls that all policies relating to SRHR should be founded on reliable and objective evidence from organisations such as the WHO, other UN agencies and the Council of Europe;

([19]) Council conclusions of 13 July 2020 on EU priorities at the United Nations and the 75th United Nations General Assembly, September 2020-September 2021.

7. Reaffirms the Council of Europe's Commissioner for Human Rights call on its member states ([20]) to guarantee sufficient budgetary provision for SRHR and ensure the availability of adequate human resources and necessary goods across all levels of the health system, in both urban and rural areas, to identify and address legal, policy and financial barriers that impede access to good quality SRH care and to integrate SRHR services into existing public health insurance, subsidisation or reimbursement schemes in order to achieve Universal Health Coverage;

8. Recalls the views endorsed by the Committee of Ministers of the Council of Europe, which recommended that trans-specific healthcare such as hormonal treatment and surgery should be accessible and reimbursed by public health insurance schemes ([21]);

Sexual and reproductive health as an essential component of good health

9. Calls on the Member States to establish effective strategies and monitoring programmes that guarantee the enjoyment of and universal access to a full range of high-quality and accessible SRHR services, in line with international health standards, regardless of financial, practical and social barriers, and free from discrimination, with special consideration for marginalised groups, including but not limited to, women from ethnic, racial and religious minorities, migrant women, women from rural areas and outermost regions where geographical constraints prevent direct and immediate access to such services, women with disabilities, women without health insurance, LGBTI persons and victims of sexual and gender-based violence;

10. Stresses that equity in access, quality of care and accountability with regard to healthcare and SRHR are fundamental to respect for human rights; further emphasises that services, commodities and facilities need to be responsive to gender and life course requirements and to respect confidentiality and informed consent;

11. Urges the Commission and the Member States to systematically collect robust equality data disaggregated by various grounds including gender, age, racial and ethnic origin and sexual orientation, cultural and socio-economic background, as well as statistics on all SRHR services, on an anonymous basis, so as to detect and address possible differences in outcomes in the provision of SRH care;

12. Urges 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 in the framework of the EU4Health Programme for the period 2021-2027; in promoting health information and education; in strengthening national health systems and upward convergence of healthcare standards to reduce health inequalities within and between Member States; and in facilitating the exchange of best practices among Member States with regard to SRHR; calls on the Member States to progress towards universal health coverage, for which SRHR is essential, including through using, where appropriate, the EU4Health Programme and the European Social Fund Plus (ESF+);

13. Stresses the need for a positive and proactive approach to healthcare throughout the lifecycle, by ensuring universal, high-quality healthcare, supported by adequate resources; highlights that the EU can provide support to Member States for integrated and intersectional approaches to prevention, diagnosis, treatment and care, and can also support Member States' actions to ensure access to SRH services and related medicinal products, including in the global market; calls for the enhanced use of emerging technologies for the provision of cutting-edge and emerging treatments and diagnostic methods, allowing patients to fully benefit from the digital revolution; stresses the need to fully utilise Horizon Europe and Digital Europe to further these priorities;

([20]) Council of Europe Commissioner for Human Rights, *Women's sexual and reproductive health and rights in Europe*, Council of Europe Commissioner for Human Rights, Council of Europe, 2017, https://www.coe.int/en/web/commissioner/women-s-sexual-and-reproductive-rights-in-europe

([21]) Council of Europe Steering Committee for Human Rights (CDDH) Report on the implementation of Recommendation CM/Rec (2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity, available at https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0

Thursday 24 June 2021

14. Urges the Member States to raise awareness among women of the importance of regular screenings, and to ensure that public health services provide screenings such as mammograms and mammary ultrasonographies, cytology tests and bone density scans;

15. Emphasises the importance of illness prevention through education; further stresses the importance of vaccinations in illness prevention where vaccinations exist; calls, therefore, on the Member States and on the Commission to extend the EU's purchase of vaccines to combat COVID-19 to the purchase of the human papillomavirus (HPV) vaccine, ensuring that every person in Europe can have access to this vaccine;

16. Recalls that all medical interventions related to SRHR must be undertaken with prior, personal and fully informed consent; calls on the Member States to combat gynaecological and obstetrical violence by reinforcing procedures that guarantee respect for free and prior informed consent and protection from inhuman and degrading treatment in healthcare settings, including through the training of medical professionals; calls on the Commission to tackle this specific form of gender-based violence in its activities;

17. Is deeply concerned that women and girls with disabilities are far too often denied access to facilities in the area of sexual and reproductive health, are denied informed consent regarding the use of contraceptives and that they even face the risk of forced sterilisation; calls on the Member States to implement legislative measures that safeguard physical integrity, freedom of choice and self-determination with regard to the sexual and reproductive life of persons with disabilities;

18. Calls on Member States to prohibit and take effective measures without delay to prevent all forms of discrimination against racialised women, including ethnic segregation in health facilities, and to guarantee universal access to quality sexual and reproductive healthcare free from discrimination, coercion and abuse, and to address, remedy and prevent human rights violations affecting them;

19. Reaffirms its call on Member States to adopt legislation ensuring that intersex persons are not subjected to non-vital medical or surgical treatment during infancy or childhood, and that their right to bodily integrity, autonomy, self-determination and informed consent is fully respected;

20. Stresses the need to take into consideration specific health needs related to SRHR such as infertility, the menopause and specific reproductive cancers; calls on the Member States to provide all necessary rehabilitation services and support mechanisms, including the requisite mental and physical healthcare, to all victims of SRHR violations; calls on the Commission to provide information on the contribution of EU programmes to advancing and supporting reproductive health;

21. Recalls the decision of the European Court of Human Rights in A.P., Garçon and Nicot v. France, in which it recognised that a Member State's requirement for sterilisation ahead of allowing legal gender recognition procedures amounted to a failure to secure the right to respect for the private life of the applicant; recalls the UN's acknowledgement that forced sterilisation is a violation of the right to be free from torture and other cruel, inhuman, or degrading treatment or punishment ([22]); deplores the fact that sterilisation remains a *sine qua non* condition for access to legal gender recognition in some EU Member States; calls on the Member States to abolish the sterilisation requirement and to protect transgender persons' right to self-determination ([23]);

22. Stresses the need to consider the impacts of environmental changes on SRHR and fertility, including but not limited to, water and air pollution, and an increase in the consumption of chemicals; asks that this be further examined through Horizon Europe and addressed through the European Green Deal;

([22]) https://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf

([23]) European Court of Human Rights, Case of A.P., Garçon and Nicot v. France (Applications Nos 79885/12, 52471/13 and 52596/13).

23. 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; encourages the Member States to take their unique circumstances into consideration when planning the provision of healthcare overall;

a) ***Access to safe, fair and circular menstrual products for all***

24. Urges the Member States to encourage the widespread availability of toxin-free and reusable menstrual products, in particular in large retailer outlets and pharmacies across the country (which should at least match the proportion of single-use items on sale), accompanied by awareness-raising measures on the benefits of reusable menstrual products compared to single-use ones;

25. Stresses the negative effects of the so-called tampon tax on gender equality; calls on all Member States to eliminate the so-called care and tampon tax by making use of the flexibility introduced in the VAT Directive and applying exemptions or 0 % VAT rates to these essential basic goods;

b) ***Comprehensive sexuality education benefits young people***

26. Urges the Member States to ensure universal access to scientifically accurate, evidence-based, age-appropriate, non-judgemental and comprehensive sexuality education and information for all primary and secondary school children, as well as children out of school, in line with the WHO standards for Sexuality Education and its Action Plan on Sexual and Reproductive Health, without discrimination on any grounds; urges the Member States to ensure comprehensive education about menstruation and its links to sexuality and fertility; calls on the Member States to establish well-developed, well-funded and accessible youth-friendly services, as well as teacher training, and the means for the proper functioning of support offices and health education centres;

27. Stresses that SRHR education and information is one of the main instruments for achieving the commitments on the 25th anniversary of the International Conference on Population and Development (ICPD25), namely zero unmet needs for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices against women, girls and young people; emphasises that SRHR education and information can significantly contribute to reducing sexual violence and harassment, complemented through EU funding and projects enhancing cooperation and the coordination of public health policies, and the development and dissemination of good practices; stresses the importance of comprehensive and age-appropriate sexual and relationship education and sexuality information, and its importance for family planning and access to reproductive health, as well as its consequences for unintended pregnancies and SRH-related illnesses;

28. Recalls that stereotypes and taboos surrounding menstruation remain widespread in our societies and that these can delay the diagnosis of diseases such as endometriosis which, in spite of affecting one in 10 women of reproductive age, of being the primary cause of women's infertility and of causing chronic pelvic pain, takes an average of eight years to be diagnosed, and for which there is no cure; calls on the Member States to ensure comprehensive and scientifically accurate education about menstruation, to raise awareness and to launch major information campaigns on endometriosis targeting the public, healthcare professionals and legislators; calls on the Member States to ensure access to period education programmes for all children, so that menstruators can make informed choices about their periods and bodies; calls on the Member States to urgently tackle menstrual poverty by ensuring that free period products are available to anyone who needs them;

29. Calls on the Member States to combat the spread of discriminatory and unsafe misinformation on SRHR, as it endangers all persons, especially women, LGBTI persons and young people; acknowledges the part that the media, social media, public information institutions and other stakeholders play in ensuring accurate and scientifically based information, and calls on them to reject disinformation and misinformation on SRHR from their programmes, materials and activities; calls on the Member States to develop age-appropriate comprehensive sexuality and relationship education curricula, taking into account that the imparting of information should reflect the diversity of sexual orientations, gender identities, expressions and sex characteristics, so as to counter misinformation based on stereotypes or biases, and to enhance safeguards of the right to reproductive health through public health services;

Thursday 24 June 2021

c) ***Modern contraception as a strategy for achieving gender equality***

30. Calls on the Member States to ensure universal access to a range of high-quality and accessible modern contraceptive methods and supplies, family planning counselling and information on contraception for all, to address all barriers impeding access to contraception, such as financial and social barriers, and to ensure that medical advice and consultations with healthcare professionals are available, allowing all persons to choose the contraception method that best suits them, and thereby safeguarding the fundamental right to health and the right to choice;

31. Calls on the Member States to ensure access to modern, effective and accessible contraception, taking into account success rates in the long term; calls on the Member States to recognise that this coverage should be extended to all people of reproductive age; calls on the Member States to ensure that all health services provide proper regular medical and psychological care that promotes and defends women's lifelong SRH;

32. Recalls that Member States and public authorities have a responsibility to provide evidence-based, accurate information about contraception and to establish strategies to tackle and dispel barriers, myths, stigma and misconceptions; calls on the Member States to establish awareness-raising programmes and campaigns on modern contraceptive choices and the full range of contraceptives, and to provide high-quality modern contraceptive service delivery and counselling by healthcare professionals, including emergency contraception without prescription, in line with WHO standards, which is often denied in certain countries by doctors on the grounds of personal beliefs;

d) ***Safe and legal abortion care anchored in women's health and rights***

33. Reaffirms that abortion must always be a voluntary decision based on a person's request, given of their own free will, in accordance with medical standards and availability, accessibility, affordability and safety based on WHO guidelines and calls on the Member States to ensure universal access to safe and legal abortion, and respect for the right to freedom, privacy and the best attainable healthcare;

34. Urges the Member States to decriminalise abortion, as well as to remove and combat obstacles to legal abortion, and recalls that they have a responsibility to ensure that women have access to the rights conferred on them by law; urges the Member States to enhance the existing methods and examine new methods in delivering SRHR-related care and ways of addressing gaps in the provision of services that have come to light through COVID-19, and to do so for all, with a particular focus on the most marginalised groups; urges the Commission to promote the protection of SRHR through the next EU Health Strategy;

35. Invites the Member States to review their national legal provisions on abortion and bring them into line with international human rights standards ([24]) and regional best practices by ensuring that abortion at request is legal in early pregnancy and, when needed, beyond if the pregnant person's health or life is in danger; recalls that a total ban on abortion care or denial of abortion care is a form of gender-based violence ([25]) and urges Member States to promote best practices in healthcare by establishing available SRH services at primary-care level, with referral systems in place for all required higher-level care;

36. Recognises that for personal reasons, individual medical practitioners may invoke a conscience clause; stresses, however, that an individual's conscience clause may not interfere with a patient's right to full access to healthcare and services; calls on the Member States and healthcare providers to take such circumstances into account in their geographical provision of healthcare services;

([24]) UN Human Rights Committee (HRC), General Comment No 36 (2018), HRC: Mellet v. Ireland, Communication No 2324/2013 (2016) and Whelan v. Ireland, Communication No 2425/2014 (2017); HRC: K. L. v. Peru, Communication No 1153/2003 (2005) and L. M. R. v. Argentina, Communication No 1608/2007 (2011); CEDAW (2017), General Recommendation No 35; Committee on Economic, Social and Cultural Rights (2016), General Comment No 22; Report of the Working Group on the issue of discrimination against women in law and in practice, A/HRC/32/448, 8 April 2016; Joint Statement of UN Special Procedures, International Safe Abortion Day, 28 September 2016; CEDAW General Recommendation No 35; CEDAW General Recommendation No 30; CEDAW, L. C. v. Peru, Communication No 22/2009 (2011).

([25]) https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf

37. Regrets that sometimes common practice in Member States allows for medical practitioners, and on some occasions entire medical institutions, to refuse to provide health services on the basis of the so-called conscience clause, which leads to the denial of abortion care on grounds of religion or conscience, and which endangers women's lives and rights; notes that this clause is also often used in situations where any delay could endanger the patient's life or health;

38. Notes that this conscience clause also hinders access to prenatal screening, which is not only a violation of women's right to information on the condition of the foetus, but also in many cases obstructs the successful treatment during pregnancy or immediately afterwards; calls on the Member States to implement effective regulatory and enforcement measures that ensure that the 'conscience' clause does not put women's timely access to SRH care at risk;

e) ***Access to fertility treatments***

39. Calls on the Member States to ensure that all persons of reproductive age have access to fertility treatments, regardless of their socio-economic or marital status, gender identity or sexual orientation; stresses the importance of closely examining fertility in the EU as a public health issue, and the prevalence of infertility and subfertility which are a difficult and painful reality for many families and persons; calls on the Member States to take a holistic, rights-based, inclusive and non-discriminatory approach to fertility, including measures to prevent infertility, and ensuring equality of access to services for all persons of reproductive age, and to make medically assisted reproduction available and accessible in Europe;

f) ***Maternity, pregnancy and birth-related care for all***

40. 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, in accordance with the current WHO standards and evidence, and consequently to reform laws, policies and practices that exclude certain groups from access to maternity, pregnancy and birth-related care, including by removing discriminatory legal and policy restrictions that apply on grounds of sexual orientation or gender identity, nationality, racial or ethnic origin and migration status;

41. Calls on the Member States to do their utmost to ensure respect for women's rights and their dignity in childbirth, and to strongly condemn and combat physical and verbal abuse, including gynaecological and obstetric violence, as well as any other associated gender-based violence in antenatal, childbirth and postnatal care, which violate women's human rights and may constitute forms of gender-based violence;

42. Calls on the Commission to develop common EU standards in maternity, pregnancy and birth-related care, and to facilitate the sharing of best practices among experts in the field; calls on the Member States to encourage and ensure that healthcare providers have training in women's human rights and the principles of free and informed consent and informed choice in maternity, pregnancy and birth-related care;

43. Recalls that the WHO European region has the lowest instance of breastfeeding in the world; highlights the need for greater awareness of and information on the benefits of breastfeeding; calls on the Member States and the Commission to launch high-profile campaigns to stress the benefits of breastfeeding;

Provision of SRHR services during the COVID-19 pandemic and in all other crisis-related circumstances

44. Points out that the EU and its Member States are experiencing an economic and social crisis, in addition to the sanitary crisis; urges the Member States to consider the health impact of COVID-19 through a gender lens and to ensure the continuation of a full range of SRH services through the health systems in all circumstances, in line with international human rights standards; insists on countering any attempts to restrict SRHR during the pandemic and beyond; further calls on Member States to direct additional efforts and resources to rebuilding a health system which recognises that SRHR are essential for the health and well-being of all persons;

Thursday 24 June 2021

45. Recognises the effects that the COVID-19 pandemic has had on the supply of contraceptives and access to them, and reiterates UNFPA's projections from April 2020, which state that some 47 million women in 114 low- and middle-income countries are expected to be unable to use modern contraceptives if the lockdown or supply chain disruptions continue for six months;

46. Urges the Member States to ensure full access to contraception during the COVID-19 pandemic and, through joint efforts, to prevent disruptions in production and supply chains; emphasises examples of good practice such as accessible contraceptives for all women below a certain age group and/or teleconsultations in accessing contraceptives;

47. Regrets that access to safe and legal abortion continues to be limited during the COVID-19 pandemic, with examples of efforts to completely ban it under the pretence of its being a lower priority service ([26]); urges the Member States to additionally implement safe, free and adjusted access to abortion during the circumstances of the COVID-19 pandemic and beyond, such as the abortion pill, and to recognise abortion care as urgent and as a medical procedure, thereby also rejecting all limitations in accessing it;

48. Stresses the negative consequences of the pandemic for maternity, pregnancy and birth-related care as health systems focus on tackling COVID-19, and emphasises that unacceptable changes are being made to the provision of pregnancy and birth-related care, which are not based on scientific evidence, WHO guidelines or the guidelines of the relevant European professional organisations, and that these changes are not proportional to the response required to the COVID-19 pandemic ([27]); urges the Member States to ensure adequate resources for quality maternity, pregnancy and birth-related care;

49. Urges the Member States to ensure full access to fertility treatments and fertility care during the COVID-19 pandemic and to prevent disruptions in offering fertility treatments, which will lead to fewer children being born from medically assisted reproduction treatments and, as a consequence, may deprive certain people completely of their right to try to have a child;

50. Calls on the Commission to address the impact of emergency circumstances such as COVID-19 on gender-specific healthcare considerations, such as access to SRHR in the EU in its health-related policy response; further calls on the Commission to recognise that SRHR are grounded in fundamental human rights and, as such, are a priority during the current health crisis and beyond, and to take all necessary measures, including by supporting actions by Member States and SRHR civil society organisations, to guarantee full access to SRHR services, keeping in mind resources such as the ESF+ and the Citizens, Equality, Rights and Values Programme;

SRHR as pillars of gender equality, democracy and the elimination of gender-based violence

51. Calls on the Member States to exercise their competence in SRHR by striving to fully protect, respect and fulfil human rights, specifically the right to health with regard to SRHR, and to guarantee a wide range of available, accessible, high-quality and non-discriminatory SRH services available to all without discrimination, such as treatments for fertility and for genetic diseases with gamete preservation, ensuring that the principle of non-retrogression under international human

([26]) Moreau, C., Shankar M., Glasier, A., et al., *Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses, BMJ Sexual & Reproductive Health*, 22 October 2020, available at: https://srh.bmj.com/content/familyplanning/early/ 2021/02/22/bmjsrh-2020-200724.full.pdf

([27]) Human Rights in Childbirth, *Human Rights Violations in Pregnancy, Birth and Postpartum during the COVID-19 Pandemic*, San Francisco, 6 May 2020, available at: http://humanrightsinchildbirth.org/wp-content/uploads/2020/05/Human-Rights-in-Childbirth-Pregnancy-Birth-and-Postpartum-During-COVID19-Report-May-2020.pdf

rights law is respected, including for individuals who have to travel for treatment, such as residents in remote areas and the outermost regions; condemns any attempt to limit access to SRHR through restrictive laws; strongly affirms that the denial of access to SRHR is a form of gender-based violence ([28]);

52. Calls on the Council to establish a configuration on Gender Equality bringing together ministers and secretaries of state in charge of gender equality in one dedicated forum in order to deliver common and concrete measures to address the challenges in the field of women's rights and gender equality, including SRHR, and to ensure that gender equality issues are discussed at the highest political level;

53. Stresses the highly damaging and diverse health consequences of gender-based violence which has been shown to have the potential to lead to severe physical and mental health consequences, including gynaecological disorders and adverse pregnancy outcomes; calls, therefore, for proper protection and adequate resources for victims of domestic violence, with an increase in resources and effective action to that end;

54. Stresses that there are a number of links between prostitution and trafficking, and acknowledges that prostitution — both in the EU and across the globe — fuels the trafficking of vulnerable women and minors;

55. Calls on the Commissioner for Democracy and Demography to take an evidence- and human rights-based approach to tackling demographic challenges in the EU, ensuring that every EU resident, including those residing in more remote areas, such as the outermost regions, can fully realise their SRHR, and to take special note of and confront those who instrumentalise SRHR in order to undermine EU values and the principles of democracy;

56. Calls on the Commissioner for Health and Food Safety to facilitate and promote the protection of SRHR as a vital part of achieving the right to health, safety and gender equality; to monitor and promote the full implementation of SDG 3, including target 3.7, in the EU, using the UN global indicator framework; in partnership with the Member States, to collect systematic, comparable, disaggregated data and conduct studies to better measure gender inequalities in health and unmet needs in access to SRH services in the EU with an intersectional perspective; to promote health information and education, including on SRH; to support the upward convergence of healthcare standards and policies in order to reduce health inequalities within and between Member States and, in the light of the welcomed inclusion of SRH services in the EU4Health Programme, to support actions by the Member States and SRHR civil society organisations to achieve access to SRH services through the programme; stresses the need to boost investment in all services considerably, particularly in healthcare, in order to contribute towards the independence, equality and emancipation of women;

57. Calls on the Commissioner for Equality to facilitate and promote the protection of SRHR and to include them in the implementation of the EU Gender Equality Strategy and the EU LGBTIQ Equality Strategy; to strongly condemn the backsliding in women's rights and to develop concrete measures to counter it; to recognise the intrinsic links between realising SRHR, achieving gender equality and combating gender-based violence, and to monitor and promote the full implementation of SDG 5, including target 5.6, in the EU; to successfully mainstream gender throughout all EU policies; to support the activities of SRHR civil society organisations; to facilitate and promote the exchange of best practices between Member States and stakeholders on the gender aspects of health, including SRHR; and to facilitate synergies between EU4Health and the EU Gender Equality Strategy; stresses that the EU4Health Programme should be gender-mainstreamed,

([28]) OHCHR, Information Series on Sexual and Reproductive Health and Rights, available at: https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf

take gender bias into account and develop a gender-sensitive approach to disease awareness, screening, diagnosis and treatment; stresses further that any equality strategy should address all forms of gender-based violence, including backsliding on and violations of women's SRHR;

58. Calls on the Commissioner for International Partnerships to uphold the European Consensus on Development and the SDGs, in particular targets 3.7, 5.6 and 16, in order to ensure that SRHR remain a development priority in all EU external activities and relations; welcomes the commitment to promoting SRHR in the new Gender Action Plan III and calls on the Commissioner for International Partnerships to propose concrete measures to fulfil this objective; emphasises the need to prioritise the removal of all barriers to accessing SRHR services in its development policy;

59. Calls on the Commissioner for Promoting our European Way of Life to ensure that the new Special Envoy for Freedom of Religion and Belief is dedicated to a human-rights based approach, thus respecting SRHR and dedicated to jointly working on guaranteeing the right to health for all, in the EU and globally, without any discrimination;

60. Calls on the Commissioner for Crisis Management to include a gender equality perspective in the EU and Member States' humanitarian aid response, and a perspective on SRHR, as access to sexual and reproductive healthcare is a basic need for people in humanitarian settings;

61. Calls for the immediate elimination of harmful practices such as FGM and CEFM; stresses that CEFM is a human rights violation and often results in making young girls vulnerable to violence, discrimination and abuse; is extremely concerned that more than 200 million girls and women worldwide have been forced to undergo FGM, and that due to the COVID-19 pandemic, it is estimated that the delay or interruption of community outreach programmes and education on harmful practices globally will lead to two million more cases of FGM and 13 million more child marriages over the next decade compared to pre-pandemic estimates;

62. Calls for full access to physical and psychological care by interculturally sensitive and trained personnel; urges all EU countries to ratify the Istanbul Convention; calls on the Commission to examine the synergies between internal and external EU programmes to ensure a coherent long-term approach to stopping FGM both within and outside the EU; reiterates, in particular, calls to incorporate FGM prevention measures in all policy areas, especially in health, asylum, education, employment and in cooperation and human rights dialogues with third countries;

63. Recalls that some girls living in the EU are also subject to the risk of suffering FGM while visiting their countries of origin, mainly during family visits; considers it important that all Member States, including regional and local administrations, share their best practices on protocols to prevent FGM committed on girls who travel to countries or regions where FGM is widely practised; calls on all Member States which have not yet done so to enact specific criminal law on FGM in order to protect victims and prosecute this crime more effectively when it is committed outside their territories;

64. Calls for the EU to support health and family planning centres in partner countries with a view to exchanging information, doing away with taboos surrounding menstruation, sexuality and procreation, and also fully involving young men in the fight against stereotypes and taboos; stresses the importance of improving the availability of contraceptive methods in developing countries, especially for adolescent girls who are at greater risk of complications during pregnancy; affirms that all women and girls are entitled to make their own free and informed choices with regard to their sexual and reproductive health and lives;

65. Calls for the participation of girls and women in education to be ensured, as this is an indispensable tool for the social and economic empowerment of women; calls for efforts to reduce absenteeism among girls during their periods, by improving menstrual hygiene facilities in schools, in particular WASH services, and by combating stigmatisation; stresses the need to ensure access to adequate WASH infrastructure in schools to ensure SRH, whether in relation to contraception, pregnancy, childbirth, abortion, sexually transmitted diseases or menstrual hygiene;

66. Calls for the potential of communication tools such as radio, television and the telephone, and also digital tools, including social networks and messaging services, to be harnessed to improve young people's access to sexuality education, and, in particular, to improve their awareness of sexually transmitted diseases and the risks associated with early pregnancies; considers that this will entail addressing gender inequalities in access to digital services, as well as cyber-bullying and violence against women and girls on the internet;

67. Calls for the EU's Gender Action Plan III (GAP III) to give greater prominence to its SRHR thematic policy area, given the tremendous impact of the COVID-19 pandemic on women and girls in developing countries; underlines the importance of strengthening the promotion of the right of every individual to have full control over, and make free and responsible decisions on, matters related to their sexuality and SRH;

68. Calls on the Member States to commit to the GAP III objectives, in particular regarding SRHR; calls for the EU and the Member States to prepare 'country-level implementation plans' prioritising SRHR, applying measurable indicators and including monitoring mechanisms; asks the EU delegations to prioritise actions regarding SRHR in their implementation of GAP III;

69. Calls on the EU and the Member States to secure adequate and well-targeted funding for SRHR in their development cooperation policy and in their external action instruments, such as the Neighbourhood, Development and International Cooperation Instrument; in this regard, asks the Commission, the European External Action Service and the Member States to consider SRHR as a priority in the EU programming process, including in joint programming;

70. Stresses that it is essential to ensure that development cooperation policy involves civil society organisations which are directly involved in the defence of SRHR in developing countries;

71. Believes that the EU needs to facilitate the integration of SRHR services into the national public health strategies and policies of partner countries; recalls with concern that most unmet needs for sexual and reproductive health services are among adolescents, unmarried people, LGBTIQ people, persons with disabilities, members of minorities and minority ethnic groups, and the rural and urban poor; emphasises that SRHR services should be gender-responsive, rights-based, youth-friendly and available to all, regardless of age, sex, gender identity, sexual orientation, race, social class, religion, marital status, economic resources, national or social origin or disabilities, including in humanitarian settings during conflicts and disasters;

72. Calls on the Member States to counter discrimination in SRHR services and use an intersectional approach to make sure that women and girls (both transgender and cisgender), non-binary persons, lesbian, bisexual and intersex women have equal access to SRHR services and rights;

73. Points out that women and girls are particularly exposed to rape and sexual violence in crisis-affected areas, including in the context of conflicts, natural disasters and the consequences of climate change; calls for the EU to step up the fight against the use of rape as a weapon of war and to guarantee access to sexual and reproductive health services for rape victims;

74. Calls on the Commission to strongly condemn the backsliding in women's rights and SRHR, and to use its full capability to strengthen its actions to counter it; calls on the Commission and the Member States to step up their political support for human rights defenders, healthcare providers working to advance SRHR, women's rights and SRHR civil society organisations which are key actors for gender-equal societies and crucial providers of SRH services and information, particularly those working in challenging contexts in Europe, and to continuously monitor and allocate sufficient financial support accordingly, through the ongoing programmes such as the Citizens, Equality, Rights and Values Programme;

75. Calls on the Commission to implement gender budgeting throughout all the instruments of the multiannual financial framework 2021-2027, including the Citizens, Equality, Rights and Values, the ESF+ and the Neighbourhood, Development and International Cooperation Instrument;

76. Calls on the Commission to take concrete steps in protecting SRHR, starting with the establishment of an EU Special Envoy on Sexual and Reproductive Health and Rights and the addition of a designated chapter on the 'State of play of SRHR' in the EU Annual Report on Human Rights and Democracy;

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