The situation of sexual and reproductive health and rights in the EU, in the frame of women's health

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The European Parliament adopted by 378 votes to 255, with 42 abstentions, a resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health.

General considerations

The resolution noted that sexual and reproductive health and rights (SRHR) fall under the competences of Member States and as such, they have a responsibility to ensure access to a full range of SRHR services. Sexual and reproductive rights (SRR) are recognised as human rights in international and European human rights law and violations of SRHR constitute breaches of human rights. All challenges related to SRHR faced within Member States constitute common European challenges.

Numerous reports show that, during the COVID-19 pandemic and lockdown, SRHR services were limited and/or revoked, and there was a disruption in access to essential medical services such as contraception and abortion care, HIV and STI testing, access to female genital mutilation 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.

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.

Improving SRHR in the EU

Member States are called on 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;

- ensure full access to **fertility** treatments and fertility care during the COVID-19 pandemic and to prevent disruptions in offering fertility treatments;

- 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;

- 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;

- 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;

- urgently tackle menstrual poverty by ensuring that free period products are available to anyone who needs them;

- 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;

- ensure universal access to scientifically accurate, non-judgemental and comprehensive sexuality education and information for all primary and secondary school children.

Contraception and safe and legal abortion

Parliament stressed that modern contraception plays a key role in achieving gender equality and preventing unintended pregnancies. However, 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. In this regard, the resolution called for universal access to a range of high-quality and accessible modern contraceptive methods and supplies, family planning counselling.

Reaffirming 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, the resolution urged Member States to ensure **universal access to safe and legal abortion**, and respect for the right to freedom, privacy and the best attainable healthcare. Moreover, they urged them to **decriminalise abortion**, as well as to remove and combat obstacles to legal abortion. Member States should also be urged 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.

Lastly, the Commission is urged to develop common EU standards in maternity, pregnancy and birth-related care and to promote the protection of SRHR through the next EU Health Strategy.