Basic information

2013/2040(INI) INI - Own-initiative procedure	Procedure completed
Sexual and reproductive health and rights **Subject** 4.10.02 Family policy, family law, parental leave 4.10.03 Child protection, children's rights 4.10.04 Gender equality 4.10.09 Women condition and rights 4.20.01 Medicine, diseases 4.20.06 Health services, medical institutions 6.30 Development cooperation	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
FEMM Women's Rights and Gender Equality	ESTRELA Edite (S&D)	13/11/2013
	Shadow rapporteur GABRIEL Mariya (PPE) IN 'T VELD Sophia (ALDE) LUNACEK Ulrike (Verts/ALE) ČEŠKOVÁ Andrea (ECR) GUSTAFSSON Mikael (GUE/NGL)	

Committee for opinion	Rapporteur for opinion	Appointed
DEVE Development	The committee decided not to give an opinion.	

European Commission

Commission DG	Commissioner
Health and Food Safety	BORG Tonio

Key events

Date	Event	Reference	Summary
14/03/2013	Committee referral announced in Parliament		

18/09/2013	Vote in committee		
26/09/2013	Committee report tabled for plenary	A7-0306/2013	Summary
21/10/2013	Debate in Parliament		
22/10/2013	Results of vote in Parliament		
22/10/2013	Decision by Parliament		
22/10/2013	Report referred back to committee		
25/11/2013	Vote in committee		
03/12/2013	Committee report tabled for plenary	A7-0426/2013	Summary
10/12/2013	Decision by Parliament	T7-0548/2013	Summary
10/12/2013	Results of vote in Parliament		
10/12/2013	End of procedure in Parliament		

Technical information	
Procedure reference	2013/2040(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55
Stage reached in procedure	Procedure completed
Committee dossier	FEMM/7/14553

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE513.082	31/05/2013	
Amendments tabled in committee		PE514.782	02/07/2013	
Committee opinion	DEVE	PE510.581	10/07/2013	
Committee report tabled for plenary, single reading		A7-0306/2013	26/09/2013	Summary
Committee report tabled for plenary, single reading		A7-0426/2013	03/12/2013	Summary
Text adopted by Parliament, single reading		T7-0548/2013	10/12/2013	Summary

Sexual and reproductive health and rights

2013/2040(INI) - 26/09/2013 - Committee report tabled for plenary, single reading

The Committee on Women’s Rights and Gender Equality adopted the own-initiative report by Edite ESTRELA (S&D, PT) on Sexual and Reproductive Health and Rights.

Members recalled that, according to certain sources, 287 000 women die every year due to complications linked to pregnancy and child birth and that an estimated five million young people aged between 15 and 24, and two million adolescents aged between 10 and 19 are living with HIV, typically failing to access and utilise sexual and reproductive health and HIV services.

Members especially recalled that **health is a fundamental human right** indispensable for the exercise of other human rights and that the EU cannot reach the highest attainable standard of health unless the SRHR of all are fully acknowledged and promoted. It is stressed that violations of SRHR have a direct impact on women's and girls' lives and consequently affect society as a whole.

Member States were called upon to provide **quality** sexual and reproductive health services adapted to the needs of specific groups.

Assisted procreation: Members stressed that reproductive choices and fertility services should be provided in a non-discriminatory framework, and called on Member States to ensure access to **fertility treatments and assisted medical procreation also for single women and lesbians**. They underlined that **surrogacy motherhood represents a commodification both of women's bodies and children, and represents a threat to the bodily integrity and human rights of women**.

They called on Member States to abolish any existing law that imposes sterilisation.

Promote reproductive health: Members deeply regretted that the proposal for a new 'Health for Growth Programme 2014-2020' does not mention SRHR. They urged the Commission to include SRHR in its next EU Public Health Strategy. It was noted that even though it is a competence of Member States to formulate and implement policies on SRHR, the EU can exercise policy-making competence in relation to strategies and initiatives integrating issues related to SRHR in the areas of public health and non-discrimination. Members called on the Member States to provide access to sexual and reproductive health services through a **rights-based approach** and without any discrimination. They called on the governments of the Member States and the candidate countries to develop a high-quality national policy on sexual and reproductive health, in cooperation with pluralist civil society organisations. They expressed concern about the restrictions on **access to sexual and reproductive health services and contraceptives in the accession countries**.

Comprehensive reproductive health strategies: Members stressed that the current austerity measures imposed on Member States by the EU institutions have a detrimental impact, particularly for women, in terms of quality, affordability and accessibility on public health services. They should take the necessary steps to ensure that access to sexual and reproductive health services is not jeopardised. Members States are called upon to develop an SRHR strategy with an **allocated budget**, implementation plan and monitoring system associated to it. In view of the impact of the financial and economic crisis on the public health sector, Members stressed the need to provide – free of charge or in a manner that is financially accessible – adapted contraceptive information and services and other sexual and reproductive health services, such as annual gynaecological check-ups and mammograms, as well as measures for the prevention, diagnosis and treatment of STIs.

Access to contraception and safe abortion services: Members stressed that it is essential for individual, social and economic development that women have the right to decide freely and responsibly the number, timing and spacing of their children. Voluntary family planning contributes to preventing unintended and unwanted pregnancies and **reduces the need for abortion**. Members called on the Member States to **refrain from preventing pregnant women seeking abortion to travel to other Member States** or jurisdictions where the procedure is legal. They underlined that in no case must abortion be promoted as a family planning method. It was recommended that, as a human rights and public health concern, **high-quality abortion services should be made legal, safe, and accessible to all** within the public health systems of the Member States, including non-resident women.

Members stressed that even when legal, abortion is often prevented or delayed by obstacles to the access of appropriate services, such as the widespread use of **conscientious objection**,

medically unnecessary waiting periods or biased counselling. Member States should regulate and monitor the use of conscientious objection in the key professions, so as to ensure that reproductive health care is guaranteed as an individual's right, while access to lawful services is ensured and appropriate public referrals systems of good quality are in place. They stressed that the right to conscientious objection is an **individual right** and not a collective policy, and that advice and counselling must be confidential and nonjudgmental.

In this context, Members are concerned that medical staff are **coerced into refusing SRHR services in religion-based hospitals** and clinics throughout the EU. They called on the governments of the Member States and the candidate countries to refrain from prosecuting women who have undergone illegal abortions.

Youth-friendly services: Members called on the Member States to ensure universal access to comprehensive SRHR information, education and services and ensure that this information covers a variety of modern methods of family planning and counselling and to ensure that this information also covers sex-change operations and abortion services. They stressed that the **participation of young people**, in cooperation with other stakeholders, such as parents, in the development, implementation and evaluation of the programmes is vital for comprehensive sexuality education to be effective.

Member States are called upon to make sex education classes compulsory for all primary and secondary school children. Stressing that sexuality education must be designed and implemented in a holistic, rights-based and positive way, Member States are also called upon to ensure that adolescents have access to user-friendly services where their concerns and rights to confidentiality and privacy are duly taken into account. Members urged the Member States to take measures to **remove all barriers hindering the access of adolescent girls and boys to safe, effective, affordable methods of contraception, including condoms, and provide clear information on contraceptives**.

The report stressed that sexuality education must include the fight against stereotypes, prejudices, all forms of gender violence and awareness should be raised about the harmful effects of pornography on adolescents.

STI prevention and treatment: Members urged the Member States to ensure immediate and universal access to STI treatments, particularly HIV/AIDS. Specific measures should be taken to: (i) support those living with HIV; (ii) remove regulations and laws that penalise and stigmatise people living with HIV/AIDS; (iii) protect babies against HIV infection during pregnancy.

Violence related to sexual and reproductive rights: Members condemned any violation of the bodily integrity of women, as well as harmful practices intended to control women's sexuality and reproductive self-determination, in particular female genital mutilation. They stressed that this violence has a damaging long-term impact on women's and girls' sexual and reproductive health. They called on the Member States and the candidate countries to guarantee that a woman who has become pregnant as a result of rape, as well as women in cases where there is a serious risk to their health or life, can undergo an abortion with **full health and legal safeguards, without restrictions of any kind**.

Members called on the Member States to ensure the integration of the ICPD+20, Beijing+20 and Rio+20 processes within the post-2015 framework.

SRHR and official development assistance (ODA): Members asked the Commission to allow a **specific line** on SRHR under the thematic lines of the **Development Cooperation Instrument**, as well as sufficient funding for the broad SRHR agenda in all appropriate instruments. They recalled the urgent need for trained health workers in developing countries as well as the need to prevent the brain-drain of trained health professionals through financial incentives and training support. They also supported Recommendation 1903 (2010) of the Council of Europe Parliamentary Assembly to allocate 0.7% of gross national income to ODA and called on the EU to maintain this commitment through the financing and implementation of the 2014-2020 European external actions instruments and European Development Fund. In parallel, they urged the EU to ensure that European development cooperation adopts a human rights-based approach and that it has a strong and explicit focus, and concrete targets on SRHR, paying particular attention to family planning services, maternal and infant mortality, safe abortion, contraceptives, prevention of and the fight against HIV/AIDS and other sexually transmitted diseases and the elimination of practices such as female genital mutilation, early and/or forced marriage, gender-biased sex selection and forced sterilisation.

Members urged that the provision of EU humanitarian aid and that of its Member States should effectively be **excluded from the restrictions on humanitarian aid imposed by the USA** or other donors, in particular by ensuring access to abortion for women and girls who are victims of rape in armed conflicts.

They also urged the Commission, in this context, to maintain in its development priorities the removal of all barriers to allow access to quality, affordable, acceptable and accessible SRHSs, prenatal and maternal health care services, including voluntary family planning, access to contraception and safe abortion, and youth-friendly services in developing countries.

It should be noted that this report is subject to a **minority opinion** in which it is stated that the motion for a resolution violates the EU Treaty and should not be used to introduce right to abortion.

Sexual and reproductive health and rights

2013/2040(INI) - 10/12/2013 - Text adopted by Parliament, single reading

The European Parliament adopted by 334 votes to 327, with 35 abstentions, an alternative motion for resolution tabled by the EPP and ECR groups on Sexual Health and Reproductive Rights.

The resolution tabled by the Committee on Women's Rights and Gender Equality was **rejected in plenary**. The text was initially tabled in October 2013 but was referred back to the committee for further discussion. The Committee on Women's Rights then made adjustments to the text without altering the actual substance and re-tabled it for a vote at the December session. However, this text fell when the EPP-ECR alternative resolution was adopted. The text noted that International Conference on Population and Development (ICPD) Programme of Action gives a **definition of sexual and reproductive health and rights** (SRHR).

The resolution also noted that the formulation and implementation of policies on SRHR and on sexual education in schools is a **competence of the Member States**.

It noted that, even though it is a competence of the Member States to formulate and implement policies on health and on education, the EU can contribute to the promotion of best practices among Member States.

It should be noted that another alternative motion for resolution tabled by the EFD group was also rejected in plenary by 548 votes to 95, with 48 abstentions.

Sexual and reproductive health and rights

2013/2040(INI) - 03/12/2013 - Committee report tabled for plenary, single reading

The Committee on Women's Rights and Gender Equality adopted the own-initiative report by Edite ESTRELA (S&D, PT) on Sexual and Reproductive Health and Rights.

This report is a revised version of the September 2013 report after it was being referred back to the committee responsible on 22 October 2013.

Members recalled that, according to certain sources, 287 000 women die every year due to complications linked to pregnancy and child birth and that an estimated five million young people aged between 15 and 24, and two million adolescents aged between 10 and 19 are living with HIV, typically failing to access and utilise sexual and reproductive health and HIV services.

Members especially recalled that **health is a fundamental human right** indispensable for the exercise of other human rights and that the EU cannot reach the highest attainable standard of health unless the SRHR of all are fully acknowledged and promoted. It is stressed that violations of SRHR have a direct impact on women's and girls' lives and consequently affect society as a whole. They called on the Member States to provide **quality** sexual and reproductive health services adapted to the needs of specific groups.

Non-discriminatory fertility services and the fight against forced sterilisation: Members emphasised that reproductive choices and fertility services should be provided within a non-discriminatory framework. However, contrary to the request of the previous report, Members no longer called on the Member States to ensure access to fertility treatments and assisted medical procreation also for single women and lesbians.

They underlined that **surrogacy motherhood represents a commodification both of women's bodies and children, and represents a threat to the bodily integrity and human rights of women**. The report stressed that forced or coerced sterilisation of any person represents a breach of that person's human rights and bodily integrity, and calls on the Member States to **abolish any existing law that imposes sterilisation**.

Promote reproductive health: Members deeply regretted that the proposal for a new 'Health for Growth Programme 2014-2020' does not mention SRHR. They urged the Commission to include SRHR in its next EU Public Health Strategy. It was noted that even though it is a competence of Member States to formulate and implement policies on SRHR, the EU can exercise policy-making competence in relation to strategies and initiatives integrating issues related to SRHR in the areas of public health and non-discrimination. Members called on the Member States to provide access to sexual and reproductive health services through a **rights-based approach** and without any discrimination. They called on the governments of the Member States and the candidate countries to develop a high-quality national policy on sexual and reproductive health, in cooperation with pluralist civil society organisations. They expressed concern about the restrictions on **access to sexual and reproductive health services and contraceptives in the accession countries**.

Comprehensive reproductive health strategies: Members stressed that the current austerity measures imposed on Member States by the EU institutions have a detrimental impact, particularly for women, in terms of quality, affordability and accessibility on public health services. They should take the necessary steps to ensure that access to sexual and reproductive health services is not jeopardised. Members States are called upon to develop an SRHR strategy with an **allocated budget**, implementation plan and monitoring system associated to it. In view of the impact of the financial and economic crisis on the public health sector, Members stressed the need to provide – free of charge or in a manner that is financially accessible – adapted contraceptive information and services and other sexual and reproductive health services, such as annual gynaecological check-ups and mammograms, as well as measures for the prevention, diagnosis and treatment of STIs.

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Members stressed that even when legal, abortion is often prevented or delayed by obstacles to the access of appropriate services, such as the widespread use of **conscientious objection**, medically unnecessary waiting periods or biased counselling. Member States should regulate and monitor the use of conscientious objection in the key professions, so as to ensure that reproductive health care is guaranteed as an individual's right, while access to lawful services is ensured and appropriate public referrals systems of good quality are in place. They stressed that the right to conscientious objection is an **individual right** and not a collective policy, and that advice and counselling must be confidential and nonjudgmental.

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need for trained health workers in developing countries as well as the need to prevent the brain-drain of trained health professionals through financial incentives and training support. They also supported Recommendation 1903 (2010) of the Council of Europe Parliamentary Assembly to allocate 0.7% of gross national income to ODA and called on the EU to maintain this commitment through the financing and implementation of the 2014-2020 European external actions instruments and European Development Fund. In parallel, they urged the EU to ensure that European development cooperation adopts a human rights-based approach and that it has a strong and explicit focus, and concrete targets on SRHR, paying particular attention to family planning services, maternal and infant mortality, safe abortion, contraceptives, prevention of and the fight against HIV/AIDS and other sexually transmitted diseases and the elimination of practices such as female genital mutilation, early and/or forced marriage, gender-biased sex selection and forced sterilisation.

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