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COMMUNICATION FROM THE COMMISSION

on the European Citizens' Initiative (ECI) 'My Voice, My Choice: For Safe And Accessible Abortion'

(C/2026/1383)

1. INTRODUCTION: THE EUROPEAN CITIZENS' INITIATIVE

'My Voice, My Choice: For Safe And Accessible Abortion' ([1]) (MVMC) is the 12th European Citizens' Initiative (ECI) submitted to the Commission for examination after reaching the thresholds ([2]) required by the Treaty on European Union and Regulation (EU) 2019/788 ([3]) (the 'ECI Regulation'). It was registered on 10 April 2024 and validated on 1 September 2025.

The organisers describe their objectives as follows.

> *The 'My Voice, My Choice' campaign offers the people of Europe the chance to make women's lives freer, safer, and better; wherever they live in our union, whatever conditions they may find themselves in.*
>
> *The lack of access to abortion as basic women's healthcare in many parts of Europe not only puts women at risk of physical harm but also puts undue economic and mental stress on women and families, often in marginalised communities that can afford it the least.*
>
> *There is a strong consensus among scientific and international bodies that treating reproductive care as a luxury does not reduce abortions, it simply drives women to seek unsafe abortions. Countless lives and livelihoods are ended, disrupted, and lost because of lack of access to safe abortion. This must stop. With this European Citizens' Initiative, we will move to a more just policy that expresses our European values more compassionately and concretely.*
>
> *To change this we are asking the European Commission to – in the spirit of solidarity – submit a proposal for financial support to Member States that would be able to perform safe termination of pregnancies for anyone in Europe who still lacks access to safe and legal abortion.*
>
> *This solution could take the form of an opt-in mechanism open to Member States on a voluntary basis. Those who would opt in would then receive financial support from the EU to compensate for the weight of this solidarity effort.*

Following the organisers' request on 23 February 2024, the Commission registered the initiative on 10 April 2024 ([4]). The Commission made clear in its registration decision that 'financial support for Member State action promoting health could fall under the Union supportive competence pursuant to Article 168(5) TFEU. However, any such support would need to comply with the limitations in Article 168(7) TFEU, insofar as Union action must respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care, which includes the management of health services and medical care and the allocation of the resources assigned to them. A financial support mechanism cannot have as its aim or effect the undermining of the public order legislation of the Member States or more generally of the healthcare and ethical choices made by Member States in exercise of their competence in health matters'.

([1]) https://citizens-initiative.europa.eu/initiatives/details/2024/000004_en.

([2]) Under Article 3 of the ECI Regulation, 'an initiative is valid if: (a) it has received the support of at least one million citizens of the Union in accordance with Article 2(1) ("signatories") from at least one quarter of the Member States; and (b) in at least one quarter of the Member States, the number of signatories is at least equal to the minimum number set out in Annex I, corresponding to the number of the Members of the European Parliament elected in each Member State, multiplied by the total number of Members of the European Parliament, at the time of registration of the initiative.'

([3]) Regulation (EU) 2019/788 of the European Parliament and of the Council of 17 April 2019 on the European citizens' initiative (OJ L 130, 17.5.2019, p. 55).

([4]) Commission Implementing Decision (EU) 2024/1158 of 10 April 2024 on the request for registration, pursuant to Regulation (EU) 2019/788 of the European Parliament and of the Council, of the European citizens' initiative entitled 'My Voice, My Choice: For Safe And Accessible Abortion'(OJ L, 2024/1158, 19.4.2024, ELI: http://data.europa.eu/eli/dec_impl/2024/1158/oj).

The organisers collected the required 'statements of support' (signatures) between 24 April 2024 and 24 April 2025. On 1 September 2025, after Member State authorities had verified the statements of support, the organisers submitted the initiative to the Commission. On the same date, the Commission published the notice confirming the validity of the initiative in the ECI register.

The organisers set out the initiative's objectives in a meeting with the Commission on 1 October 2025 and at a public hearing organised by the European Parliament on 2 December 2025. Furthermore, on 16 December 2025, the Parliament held a plenary debate on the MVMC initiative and, on 17 December, adopted a Resolution in support of the initiative ([5]). In addition, the European Economic and Social Committee adopted an own-initiative opinion in support of the MVMC initiative on 21 January 2026 ([6]).

The Commission is committed to the principle of women's highest standard of health and pursuing the objective of 'protecting women's health by supporting and complementing, in full respect of the Treaties, health action by the Member States regarding women's access to sexual and reproductive health and rights'.

This Communication sets out the Commission's legal and political conclusions on the initiative, the action it intends to take, the reasons for that decision, in line with Article 15(2) of the ECI Regulation.

2. **CONTEXT**

2.1. **International context**

The Beijing Declaration and Platform for Action emphasises the need to address unsafe abortions as a serious public health problem, which affects the poorest and youngest women in particular ([7]).

The 17 UN Sustainable Development Goals (SDGs) to be reached by 2030 include target 3.7 on ensuring universal access to sexual and reproductive healthcare services ([8]).

The UN Convention on the Elimination of All Forms of Discrimination Against Women ('CEDAW'), to which all Member States are party, obliges all State Parties to take 'all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning' (Article 12) ([9]).

The UN Convention on the Rights of Persons with Disabilities ('CRPD'), to which all Member States and the EU are party, emphasises the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination, including access to health services that are gender sensitive. Persons with disabilities should have access to the same range, quality and standard of free or affordable healthcare and programmes as provided to others, including in the area of sexual and reproductive health ([10]).

The World Health Organization's (WHO) 'Abortion care guideline' ([11]), aims to provide a comprehensive, evidence-based framework of recommendations and best practices. The guideline emphasises that quality abortion care must be 'effective, efficient, accessible, acceptable/patient centred, equitable and safe' ([12]). Accessibility encompasses timely, affordable and geographically reachable services, delivered in a setting where skills and resources are appropriate to medical need ([13]).

([5]) European Parliament Resolution of 17 December 2025 on the European citizens' initiative entitled 'My Voice, My Choice: For Safe and Accessible Abortion' https://www.europarl.europa.eu/doceo/document/TA-10-2025-0338_EN.html.
([6]) My Voice, My Choice: for safe and accessible abortion | EESC.
([7]) Beijing Declaration and Platform for Action (1995), paragraphs 97 and 106.
([8]) THE 17 GOALS | Sustainable Development, Transforming our world: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs.
([9]) Convention on the Elimination of All Forms of Discrimination against Women, 18 December 1979, Article 12.
([10]) Convention on the Rights of Persons with Disabilities (2006), see Article 25.
([11]) Abortion care guideline, 2nd edition, Geneva: World Health Organization; 2024.
([12]) Idem, p. xix.
([13]) Idem, p. 1.

2.2. **EU legal framework and policy context**

Legal framework

The obligation to ensure a high level of human health protection when drawing up and implementing all EU policies and activities is referred to in Articles 9 and 168 TFEU. Article 168 lays down the EU's competences in the area of public health. Article 168(5), in particular, gives the EU the power to adopt incentive measures designed to protect and improve human health. However, any support must comply with the limitations in Article 168(7) TFEU: EU action must respect Member States' responsibilities for drawing up their own health policy and for organisation and delivery of health services and medical care. This includes managing health services and medical care and the allocation of the resources assigned to them.

Against this background, it should be noted that a Member State's decision on whether or not to legalise abortion, and under which conditions, falls fully within its freedom to organise its healthcare and therefore within the areas that remain the responsibility of Member States as set out in Article 168(7) TFEU. This is why EU action that would impact a Member State's decision on whether and under which conditions to allow abortion is hence excluded. The EU competence pursuant to Article 168(5) TFEU, to provide financial support for healthcare services, encompasses sexual and reproductive healthcare services that are legal in a Member State, including services relating to legal abortions. However, such financial support must also respect the division of competences set out in Article 168(7) TFEU. Therefore, such support cannot aim for or lead to a situation where EU financing would directly or indirectly undermine a Member State's regulatory and/or bioethical choices on abortion.

Article 153 TFEU empowers the EU to support and complement Member States' activities in various social policy areas, including social security and the integration of marginalised groups. Articles 174-175 TFEU commit the EU to promoting economic, social and territorial cohesion.

The Court of Justice of the European Union (CJEU) has held that the TFEU provisions on the freedom to provide services include the freedom for recipients of healthcare, including people in need of medical treatment ([14]).

With regard to medical termination of pregnancy carried out in line with the law of the country where it takes place, the CJEU has found that it 'constitutes a service within the meaning of Article 60 of the EEC Treaty' (now Article 57 TFEU) ([15]). This means that women who travel to another Member State to receive abortion care are exercising their freedom to receive services under the TFEU.

Article 35 of the Charter of Fundamental Rights provides, among other things, that everyone has the right to benefit from medical treatment under the conditions laid down by national law and practices, and that a high level of human health protection must be ensured when drawing up and implementing all the EU's policies and activities.

Regulation (EU) 2021/1057 establishes the European Social Fund Plus ('ESF+') ([16]), a key instrument of the EU that aims, among other things, to improve economic and social cohesion across Member States. Its overall objective is to support Member States and regions to achieve, among other things, high levels of employment, fair social protection and inclusive and cohesive societies, aiming to deliver on the principles set out in the European Pillar of Social Rights ([17]). It promotes social inclusion by combating discrimination and tackling inequalities. It involves initiatives aiming to promote equal and timely access to quality, sustainable and affordable services, including access to healthcare.

([14]) See recital 26, Patients' Rights Directive, as well as Joined cases 286/82 and 26/83, *Graziana Luisi and Giuseppe Carbone* v *Ministero del Tesoro*, 31 January 1984, ECLI:EU:C:1984:35; Kohll, C-158/96, para.29 and subsequent case-law.

([15]) See *Grogan* (C-159/90), where the CJEU confirmed that abortion care is a service under internal market law, meaning that citizens can travel abroad to obtain those medical services.

([16]) Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+) and repealing Regulation (EU) No 1296/2013 '(OJ L 231, 30.6.2021, p. 21) ('ESF+ Regulation').

([17]) See Article 3 of the ESF+ Regulation.

The ESF+ 'should also be used to enhance timely and equal access to affordable, sustainable and high-quality services that promote … person-centred care such as healthcare' (as set out in recital 18 of the ESF+ Regulation. Moreover, 'due to the importance of access to healthcare, the ESF+ should ensure synergies and complementarities with the EU4Health Programme ([18]) … and the scope of the ESF+ should include access to healthcare for people in vulnerable situations' (as set out in its recital 21).

As a result, one of the specific objectives of the ESF+, set out in Article 4(1)(k), is: 'enhancing equal and timely access to quality, sustainable and affordable services, including … person-centred care including healthcare; modernising social protection systems, including promoting access to social protection, with a particular focus on children and disadvantaged groups; improving accessibility including for persons with disabilities, effectiveness and resilience of healthcare systems and long-term care services'.

Therefore, the ESF+ can support initiatives, selected at national level, that aim to ensure and enhance equal and timely access to healthcare services. This can include access by persons in vulnerable positions. These efforts are part of a broader strategy to enhance social cohesion and improve the overall quality of life for everyone living in the EU.

Policy context

The Commission's Roadmap for Women's Rights, endorsed in October 2025 by all Member States and by other EU institutions, includes, in its *Declaration of Principles for a Gender-Equal Society*, Principle 2: 'The highest standard of health: every woman has a right to the highest attainable standards of physical and mental health'. Upholding and advancing this principle includes pursuing the objective of 'protecting women's health by supporting and complementing, in full respect of the Treaties, health action by the Member States regarding women's access to sexual and reproductive health and rights'. The concept of sexual and reproductive health is generally understood as comprising a broad range of services that cover: (i) maternal health; (ii) family planning, including contraception; (iii) comprehensive sexuality education; (iv) prevention of sexually transmitted infections; (v) reproductive cancer and HIV; (vi) comprehensive abortion care; and (vii) infertility and fertility options ([19]).

The European Parliament held a debate on the MVMC initiative on 16 December 2025, during which the majority of the MEPs underlined the importance of the initiative's objective to protect women's access to healthcare. The related resolution also stresses that the initiative aims to create a safer EU that provides the same level of healthcare for everyone ([20]).

The Joint Ministerial Declaration on the guarantee of sexual and reproductive health and rights, adopted under the Spanish Presidency on 28 September 2023, calls on the EU institutions and Member States, 'according to their respective competences and taking into consideration national circumstances', to ensure 'access to safe and legal abortion and to post abortion care by removing barriers that hinder its exercise. Also adopt specific measures to ensure women's and girl's rights to access health services, to guarantee the provision of these services by the public health system and within reasonable geographical reach and to guarantee that the due recognition of individual's conscience clause of medical staff does not hinder women's and girl's exercise of these rights'. At the time of adoption, the Declaration was signed by 16 Member States ([21]), with the signature being left 'open to as many Member States that wish to join it'.

2.3. **The issue at stake**

Unsafe abortion is a matter of public health. It can lead to various forms of physical harm (including death and infertility), and severe mental stress.

([18]) 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 (OJ L 107, 26.3.2021, p. 1).

([19]) See Sexual and reproductive health and rights | OHCHR.

([20]) European Parliament Resolution of 17 December 2025 on the European citizens' initiative entitled 'My Voice, My Choice: For Safe and Accessible Abortion' https://www.europarl.europa.eu/doceo/document/TA-10-2025-0338_EN.html.

([21]) Spain, Belgium, Czech Republic, Denmark, Germany, Estonia, Greece, France, Italy, Luxembourg, Netherlands, Portugal, Slovenia, Finland, Sweden, Ireland.

According to WHO:

global estimates demonstrate that 45 % of all abortions are unsafe, including 14,4 % considered to be 'least safe' ([22]). *This is a critical public health and human rights issue; unsafe abortion is increasingly concentrated in developing countries and among groups in vulnerable and marginalized situations.*

In countries where induced abortion is highly restricted by law or unavailable due to other barriers, safe abortion has often become the privilege of the rich, while poor women have little choice but to resort to the services of unskilled providers in unsafe settings, or induce abortion themselves often using unsafe methods, leading to deaths and morbidities that become the social and financial responsibility of the public health system, and denial of women's human rights. The legal status of abortion has no effect on a woman's likelihood of seeking induced abortion, but it dramatically affects her access to safe abortion ([23]).

In the EU, access to abortion care diverges widely among Member States.

The ECI's organisers estimate that 20 million women in the EU still lack access to safe abortion, and those who lack the means to travel and get this health service in another Member State – 'women and families, often at the margin of society that can afford it the least' ([24]) – resort to unsafe abortion.

3. **RESPONSE TO THE EUROPEAN CITIZENS' INITIATIVE**

The ECI calls on the Commission to 'submit a proposal for financial support to Member States that would be able to perform safe termination of pregnancies for anyone in Europe who still lacks access to safe and legal abortion'. This call must be read in the wider context of the considerations developed in the initiative ([25]), especially those that refer to the situation of 'women and families, often in marginalised communities, that can afford it the least'.

The Commission understands the initiative as a call for it to submit a proposal for a legal act in order to provide financial support to Member States that would, on that basis, provide access to safe abortion care, in line with their domestic law, to women who could not access those services in their own Member State. The text of the request indicates that there is no intention to interfere with the national laws or regulations of Member States but rather to provide financial support that complements and respects the existing legal frameworks.

The request takes into account the fundamental division of competences in the EU: (i) regulatory decisions and bioethical choices on reproductive health and abortion fall under the competence of the Member States (Article 168(7) TFEU); and (ii) the EU only has supportive competence (Article 168(5) TFEU), which allows it to fund Member States' actions promoting health.

Financial support would be granted to Member States who would choose, on a voluntary basis, to provide access to safe abortion services for women from other Member States who could not otherwise access them.

In response to the initiative, the Commission underlines that:

(a) Member States may, if they wish, use the ESF+ to improve equal access to legally available and affordable healthcare services, including safe abortion services;

(b) Therefore, the Commission considers that it is not necessary for the reasons set out below, to submit a proposal for a legal act to the European Parliament and Council establishing a new funding programme as requested.

a) *Using the ESF+ to realise the ECI's objective*

The Commission considers that action to realise the ECI's objective is possible by making use of the existing national or regional programmes co-funded by the ESF+.

([22]) Ganatra B, Gerdts C, Rossier C, Johnson BR, Tunçalp Ö, Assifi A, et al. Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. Lancet. 2017;390(10110):2372-81.
([23]) Abortion care guideline, second edition. WHO 2024: https://www.who.int/publications/i/item/9789240104204.
([24]) See the ECI, under 'Objective of the initiative'.
([25]) As further explained at the Commission on 1 October and the European Parliament on 2 December 2025.

In its registration decision, the Commission recalls that any financial support for Member State action promoting health must comply with the limitations set out in Article 168(7) TFEU. The Commission also states that 'interference with the competences of the Member States could also result from the concrete set-up of the financial support.' ([26])

The focus of the ESF+ on enhancing access to and affordability of services, including healthcare services, makes it possible for national ESF+ co-funded programmes to contribute to the objective of the ECI.

The ESF+ strand is implemented by the Commission and Member States (through 'shared management'). Additionally, the Common Provisions Regulation ([27]) and the ESF+ Regulation ([28]) set the overarching objectives, aligning it with broader EU policies. However, ESF+ legislative framework leaves it to the national and regional authorities of the Member States to identify which specific objectives are to be supported under their various national and regional programmes (in agreement with the Commission) and to handle the day-to-day implementation. Among other things, Member States are responsible for selecting projects, disbursing funds to beneficiaries, and setting up the management and control systems for the programmes. This creates a partnership where the EU provides funding, but Member States implement the programmes on the ground, ensuring funds reach their intended beneficiaries.

For the ECI, this means that Member States wishing to use their ESF+ resources (EU and national co-financing) to contribute to this initiative's objective would have to ensure that it is consistent with and contributes to the strategy and the specific objectives of their respective ESF+ programmes. In order to ensure Article 168(7) TFEU is respected, any Member State action would have to remain fully neutral as to where the patients come from and could not therefore be targeted or limited to patients from other Member States.

To introduce this type of action, a Member State may need to amend the relevant ESF+ programme so that access to abortion healthcare can be provided in line with their national laws.

b) *Reasons for not submitting a new proposal for a legal act*

The Commission considers that it is not necessary to submit a new proposal for a legal act to realise the ECI's objective for the following reasons.

Existing programmes already allow for measures improving access to abortion health services as long as those do not interfere with Member States' competences under Article 168(7) TFEU. This is the case for the ESF+ which, as explained in Section 2.2, aims, among other things, to reduce healthcare disparities and ensure that people in vulnerable positions have access to essential health services.

At the same time, the Commission must respect the boundaries of EU competence as set out in Article 168(7) TFEU.

As explained in Section 2.2, it falls under a Member State's competence to decide whether to provide legal access to abortion, to regulate the conditions under which abortion is allowed, and to determine the public order consequences that follow. Financial support falls within EU competence but, in view of the limits in Article 168(7) TFEU, only for actions that are in line with the legislation of the Member State where they are carried out and only as long as such financing does not (directly or indirectly) undermine Member States' competence to organise healthcare, including its bioethical choices.

This implies that any EU financing mechanism must remain fully neutral as to patients' place of origin/residence and cannot specifically target women from Member States where the abortion in question would not be legally possible.

([26]) Commission Implementing Decision (EU) 2024/1158 of 10 April 2024 on the request for registration, pursuant to Regulation (EU) 2019/788 of the European Parliament and of the Council, of the European citizens' initiative entitled 'My Voice, My Choice: For Safe And Accessible Abortion', ELI: http://data.europa.eu/eli/dec_impl/2024/1158/oj, See paragraph 8, *in fine*.

([27]) Regulation (EU) 2021/1060 of the European Parliament and of the Council of 24 June 2021 laying down common provisions on the European Regional Development Fund, the European Social Fund Plus, the Cohesion Fund, the Just Transition Fund and the European Maritime, Fisheries and Aquaculture Fund and financial rules for those and for the Asylum, Migration and Integration Fund, the Internal Security Fund and the Instrument for Financial Support for Border Management and Visa Policy (OJ L 231, 30.6.2021, p. 159) ('the Common provision Regulation').

([28]) Cited above, note 16.

4. **CONCLUSION**

As set out in Section 3, the Commission concludes that it is possible to contribute to meeting the initiative's objective through the ESF+. The Commission considers that, to pursue the Treaty objective of ensuring a high level of human health protection, Member States may use EU funds to give access to safe abortion, on a voluntary basis and in accordance with their national laws, to women in vulnerable situations who could not otherwise afford it.

Therefore, the Commission does not consider it necessary to submit a new proposal for an EU legal act to realise the ECI's objective.

An amendment to the Member States' national or regional ESF+ programmes is possible, in order to include, if they so wish, an action to provide access to legally available, safe and affordable abortion services. The procedure to amend national or regional ESF+ programmes is set out in Article 24 of the Common Provisions Regulation.

Member States may then submit their amended ESF+ programme to the European Commission for approval. Upon submission, the Commission will check compliance of the programme amendment with the relevant Union legislation and Treaty principles. This implies that the action should be open to women whatever their nationality or place of residence and not be targeted to women from other Member States.

In this way, the measure will contribute to attaining high standards of physical and mental health for every woman, in line with principle 2 of the *Declaration of Principles for a Gender-Equal Society*.

If the Commission finds that the proposed amendments comply with the applicable rules, it will approve them.