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Global threats to abortion rights: the possible overturn of abortion rights in the US by the Supreme Court

European Parliament resolution of 9 June 2022 on global threats to abortion rights: the possible overturning of abortion rights in the US by the Supreme Court (2022/2665(RSP))

(2022/C 493/12)

The European Parliament,

- having regard to the International Covenant on Civil and Political Rights of 1966,
- having regard to the International Covenant on Economic, Social and Cultural Rights of 1966,
- having regard to the Convention on the Elimination of All Forms of Discrimination against Women of 1979,
- having regard to the International Convention on the Elimination of All Forms of Racial Discrimination of 1965,
- having regard to the UN Convention on the Rights of the Child of 1989,
- having regard to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of 1984,
- having regard to the UN Convention on the Rights of Persons with Disabilities of 2006,
- having regard to the UN Sustainable Development Goals (SDGs) agreed upon in 2015 and, in particular, to goals 1, 3 and 5 on ending poverty, on good health and well-being, and on gender equality respectively,
- having regard to the Beijing Platform for Action of 1995 and the outcomes of its review conferences,
- having regard to the 1994 International Conference on Population and Development (ICPD) in Cairo, its Programme of Action, and the outcomes of its review conferences,
- having regard to the Nairobi Summit of 2019 on ICPD+25 — Accelerating the Promise, and to the commitments of stakeholders regarding sexual and reproductive health and rights (SRHR),
- having regard to the Information Series on Sexual and Reproductive Health and Rights of the Office of the UN High Commissioner for Human Rights (OHCHR) of 2020,
- having regard to the European Convention on Human Rights of 1950,
- having regard to the World Health Organization (WHO) guidance of 2015 entitled ‘Safe abortion: technical and policy guidance for health systems’,
- having regard to the WHO guidance of 8 March 2022 entitled ‘Abortion care guideline’,
- having regard to the statement by the OHCHR of 14 September 2021 entitled ‘UN experts denounce further attacks against right to safe abortion and Supreme Court complicity’,
- having regard to the UN Population Fund (UNFPA) state of world population report of March 2022 entitled ‘Seeing the Unseen: The case for action in the neglected crisis of unintended pregnancy’,

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- having regard to the Pew Research Center report of 6 May 2022 entitled ‘America’s Abortion Quandary’,
- having regard to the Constitution of the United States of America,
- having regard to *Roe v Wade*, 410 US 113 (1973),
- having regard to the initial draft majority opinion of the Supreme Court of the United States No 19-1392 ⁽¹⁾ written by Justice Samuel Alito on *Thomas E. Dobbs, State Health Officer of the Mississippi Department of Health, et al. v Jackson Women’s Health Organization, et al.*, dated February 2022 and leaked to the press in May 2022,
- having regard to Senate Bill 8 (SB 8) and the associated House Bill 1515 (HB 1515) in Texas ‘Relating to abortion, including abortions after detection of an unborn child’s heartbeat; authorizing a private civil right of action’ of September 2021,
- having regard to the Council of Europe Convention on preventing and combating violence against women and domestic violence of 2014,
- having regard to Article 2 of the Treaty on European Union,
- having regard to the Charter of Fundamental Rights of the European Union of 2009 (the ‘Charter’),
- having regard to its resolution of 7 October 2021 on the state law relating to abortion in Texas, USA ⁽²⁾,
- having regard to its 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 ⁽³⁾,
- having regard to its resolution of 11 November 2021 on the first anniversary of the de facto abortion ban in Poland ⁽⁴⁾,
- having regard to its resolution of 13 February 2019 on experiencing a backlash in women’s rights and gender equality in the EU ⁽⁵⁾,
- having regard to the EU action plan on gender equality and women’s empowerment in external action 2021–2025 (GAP III),
- having regard its resolution of 11 February 2021 on challenges ahead for women’s rights in Europe: more than 25 years after the Beijing Declaration and Platform for Action ⁽⁶⁾,
- having regard to its resolution of 5 May 2022 on the impact of the war against Ukraine on women ⁽⁷⁾,
- having regard to Rule 132(2) of its Rules of Procedure,

⁽¹⁾ <https://www.politico.com/news/2022/05/02/supreme-court-abortion-draft-opinion-00029473>

⁽²⁾ OJ C 132, 24.3.2022, p. 189.

⁽³⁾ OJ C 81, 18.2.2022, p. 43.

⁽⁴⁾ OJ C 205, 20.5.2022, p. 44.

⁽⁵⁾ OJ C 449, 23.12.2020, p. 102.

⁽⁶⁾ OJ C 465, 17.11.2021, p. 160.

⁽⁷⁾ Texts adopted, P9_TA(2022)0206.

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- A. whereas according to the WHO, abortion is an essential element of comprehensive healthcare services and around 45 % of all abortions are unsafe, of which 97 % take place in developing countries ⁽⁸⁾; whereas according to the UNFPA ⁽⁹⁾, an estimated 121 million unintended pregnancies occur each year, and over 60 % of these end in abortion; whereas in recent years, opponents of SRHR and women's autonomy have had a significant influence on national law and policy, with retrogressive initiatives taken at global level, including in several Member States; whereas the rise of the far right is also contributing to this backsliding in women's right to abortion, which is manifesting itself across the world;
- B. whereas the Committee on the Elimination of Discrimination Against Women has observed that criminalising abortion services has no deterrent value; whereas, as noted by the UN Working Group on discrimination against women and girls, where abortion is criminalised and subject to legal restrictions, the safe termination of pregnancy is not possible for all women, due to their socio-economic situation, and thus becomes a privilege of socio-economically advantaged women, while women with limited resources are compelled to resort to unsafe and clandestine abortions putting their life and health at risk; whereas, according to the WHO, 'the proportion of unsafe abortions are significantly higher in countries with highly restrictive abortion laws than in countries with less restrictive laws' ⁽¹⁰⁾;
- C. whereas unsafe abortion is the main but preventable cause of maternal deaths and morbidities; whereas the lack of access to safe and legal abortion care is a critical public health and human rights issue; whereas prohibiting abortion and thus forcing women to seek unsafe and clandestine abortions results in increased maternal mortality and morbidity;
- D. whereas the United States Supreme Court established a precedent in the landmark case of *Roe v Wade* (1973), later affirmed in *Planned Parenthood v Casey* (1992) and *Whole Woman's Health v Hellerstedt* (2016), guaranteeing the constitutional right to legal pre-viability abortion in the US; whereas the recent leak of an initial draft majority opinion of the Supreme Court written by Justice Samuel Alito in the case of *Thomas E. Dobbs, State Health Officer of the Mississippi Department of Health v Jackson Women's Health Organization* would overturn *Roe v Wade* and roll back constitutional rights in the US; whereas the Supreme Court is expected to issue a final ruling before the end of June 2022; whereas the leaked draft opinion represents the most detrimental outcome for abortion rights in terms of what the Supreme Court could decide, by allowing states to ban abortion at any point in pregnancy and opening up the possibility of complete bans on abortion, which would in turn remove the protections conferred by their existing rights for women and girls in the US;
- E. whereas the lives of women and girls across the US would be impacted by a Supreme Court decision that could overturn *Roe v Wade*, and the harmful consequences would be experienced most acutely by individuals in vulnerable situations; whereas other SRHR could also be negatively impacted if *Roe v Wade* were to be overturned; whereas restrictions or a ban on the right to abortion in the US would have a disproportionate impact on women in poverty, in particular racialised women, including Black women, Hispanic women and Indigenous women, as well as women from rural areas, LGBTIQ people, women with disabilities, adolescents, migrant women, including irregular migrants, and single-parent households headed by women; whereas public abortion services can provide universal access to safe and legal abortion for all women, including those in vulnerable socio-economic situations;

⁽⁸⁾ <https://www.who.int/news-room/fact-sheets/detail/abortion>

⁽⁹⁾ UNFPA state of world population report, *Seeing the Unseen: The case for action in the neglected crisis of unintended pregnancy*, March 2022.

⁽¹⁰⁾ <https://www.who.int/news-room/fact-sheets/detail/abortion>

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- F. whereas the leaked draft opinion of the Court follows the recent relentless efforts at state level to curtail and ban abortion rights in the US, and whereas since 2011, nearly 500 laws restricting abortion access have been passed by US states; whereas restrictions on access to abortion will force people, notably those lacking resources or information, to travel long distances, to carry pregnancies to term against their will, or to resort to unsafe self-managed abortions at home, also making them vulnerable to criminal investigation and prosecution;
- G. whereas Texas has recently passed so-called Senate Bill 8 (SB 8), which bans abortion after the commencement of foetal cardiac impulses, i.e. after approximately six weeks of pregnancy, with no exceptions for rape, incest or foetal health conditions that are incompatible with sustained life after birth; whereas the US Supreme Court has allowed the law to go into effect and Texas has been able to evade a court review of its constitutionality by absolving government officials from enforcing the law and creating a legal pathway for citizens, for a USD 10 000 reward, to sue anyone who provides abortion care or assists someone in obtaining an abortion in violation of the ban, as without one single entity responsible for its enforcement, the law is more difficult to contest; whereas the provision allowing citizens to sue anyone who provides abortion services opens the floodgates for harassment;
- H. whereas at least 12 states have enacted, introduced or notified of their intention to introduce laws copying Texas SB 8; whereas the legislatures of Idaho and Oklahoma have recently passed laws banning abortion with bills modelled on SB 8, including from the moment of fertilisation in the case of Oklahoma;
- I. whereas if the Supreme Court decided to overturn *Roe v Wade*, the decision about the legality of abortions would return to the states; whereas 13 states have already enacted so-called trigger laws outlawing abortion, which are intended to ban or limit access to abortion immediately if *Roe v Wade* is overturned; whereas, including these 13 states, 26 States overall are certain or likely to restrict or ban abortion if the constitutional protection is overturned, as other states could attempt either to reinstate laws passed before 1973, such as Michigan, Wisconsin and West Virginia, or to enact recently passed abortion restrictions that were blocked by the courts, such as Alabama, Georgia, Iowa, Ohio and South Carolina;
- J. whereas almost all deaths stemming from unsafe abortions occur in countries where abortion is severely restricted; whereas it is estimated that the annual number of maternal deaths in the US due to unsafe abortions would increase by 21 % ⁽¹¹⁾ by the second year after a ban takes effect; whereas such deaths are entirely preventable;
- K. whereas among adolescent girls aged 15-19, pregnancy and childbirth complications are the leading cause of death globally; whereas the UN Committee on the Rights of the Child ⁽¹²⁾ has urged States to decriminalise abortion and ensure that girls have access to legal and safe abortion services; whereas the possible bans on abortion could reverse the declining rates of teenage pregnancy in the US; whereas teenage mothers are significantly more likely to discontinue their studies and face unemployment, thereby exacerbating the cycle of poverty;
- L. whereas there is a growing concern about data protection in the context of *Roe v Wade* possibly being overturned; whereas through menstrual tracking apps or geolocation tools and search engines, data can be collected on people having approached an abortion clinic, purchased an abortion pill or searched for information; whereas people can potentially be flagged for this or the information collected used against them ⁽¹³⁾;

⁽¹¹⁾ <https://ncpolicywatch.com/2022/05/05/study-shows-an-abortion-ban-may-lead-to-a-21-increase-in-pregnancy-related-deaths/>

⁽¹²⁾ UN Committee on the Rights of the Child, General Comment No 20 of 6 December 2016 on the implementation of the rights of the child during adolescence, Paragraph 60.

⁽¹³⁾ <https://www.vice.com/en/article/m7vzjb/location-data-abortion-clinics-safegraph-planned-parenthood>

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- M. whereas non-governmental organisations (NGOs) and conservative think tanks belonging to the US Christian right have been funding the anti-choice movement globally; whereas this funding has been significant; whereas if *Roe v Wade* is overturned, it could prompt a surge in the flow of money with renewed pressure from anti-choice groups around the world;
- N. whereas if the Supreme Court overturns *Roe v Wade* it may embolden or encourage anti-choice movements to put pressure on governments and courts outside the US to roll back abortion rights and jeopardise the important gains made over recent decades, where more than 60 countries ⁽¹⁴⁾ have reformed their laws and policies on abortion to remove restrictions and barriers;
- O. whereas despite general progress in SRHR protection around the world, including in Europe, backsliding on the right to access safe and legal abortion is a grave concern; whereas the overturning of *Roe v Wade* could embolden the anti-abortion movement in the European Union; whereas Poland is the only EU Member State to have removed a ground for abortion from its laws, as the illegitimate Constitutional Tribunal ruled on 22 October 2020 to reverse long-established rights of Polish women entailing a de facto abortion ban; whereas abortion is banned in Malta; whereas medical abortion in early pregnancy is not legal in Slovakia and is not available in Hungary; whereas access to abortion is also being eroded in Italy ⁽¹⁵⁾; whereas access to abortion care is being denied in other EU Member States, such as recently in Croatia ⁽¹⁶⁾; whereas it is imperative for the EU and its Member States to defend SRHR and to stress that women's rights are inalienable, and that they cannot be removed or watered down; whereas it is critical for the EU and its Member States to continue to make progress in guaranteeing access to safe, legal and timely abortion care in accordance with WHO recommendations and evidence;
- P. whereas sexual and reproductive rights (SRR), including safe and legal abortion, constitute a fundamental right; whereas criminalising, delaying and denying access to safe and legal abortion care constitutes a form of violence against women and girls; whereas several human rights bodies have asserted that the denial of safe and legal abortion may amount to torture or cruel, inhuman and degrading treatment; whereas unsafe abortions that lead to death in the context of abortion bans should be understood as 'gender-arbitrary killings, only suffered by women, as a result of discrimination enshrined in law' ⁽¹⁷⁾;
- Q. whereas international human rights bodies have repeatedly and consistently affirmed that the criminalisation of and restrictions on abortion are contrary to States' international human rights obligations that are protected 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, the Convention on the Elimination of All Forms of Discrimination against Women and the European Convention on Human Rights; whereas forcing women to seek clandestine abortions, to travel to other countries for this procedure or to carry their pregnancy to term against their will is a violation of women's and girls' human rights to life, physical and mental integrity, equality, non-discrimination and health; whereas the international law principle of non-retrogression prohibits States from taking steps that undermine, restrict or remove existing rights or entitlements in the area of gender equality and SRHR;

⁽¹⁴⁾ <https://reproductiverights.org/maps/worlds-abortion-laws/>

⁽¹⁵⁾ [https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=0900001680687bdc](https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=0900001680687bdc;); [http://www.refreg.ep.parl.union.eu/RegData/etudes/BRIE/2018/608853/IPOL_BRI\(2018\)608853_EN.pdf](http://www.refreg.ep.parl.union.eu/RegData/etudes/BRIE/2018/608853/IPOL_BRI(2018)608853_EN.pdf)

⁽¹⁶⁾ <https://www.roda.hr/en/news/support-for-accessible-safe-and-legal-termination-of-pregnancy-in-croatia.html>

⁽¹⁷⁾ https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohchr.org%2Fsites%2Fdefault%2Ffiles%2FHRCBodies%2FHRC%2FRegularSessions%2FSession35%2FDocuments%2FA_HRC_35_23_AUV.docx&wdOrigin=BROWSELINK

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- R. whereas the UN experts' statement issued in September 2021 ⁽¹⁸⁾ stresses that 'women's human rights are fundamental rights that cannot be subordinated to cultural, religious or political considerations', and that 'adding that the influence of ideologically and religiously motivated interference in public health matters has been particularly detrimental to the health and well-being of women and girls';
- S. whereas guaranteeing access to comprehensive SRHR, age-appropriate, comprehensive sexuality and relationship education and services, including family planning, contraceptive methods and safe, legal and free abortion, as well as respect for every person's autonomy and ability to make free and informed decisions about their bodies and lives, are preconditions to attain gender, social and economic equality; whereas equitable access to abortion care allows women to exercise greater agency over their bodies and enhances their ability to improve their economic well-being;
- T. whereas gender equality, ending poverty and exploitation everywhere, and ensuring healthy lives and well-being for all are fundamental goals set out in SDGs 5, 1 and 3 respectively; whereas more specifically, ensuring universal access to sexual and reproductive health, and eliminating all forms of violence and of harmful practices against women and girls are targets under SDGs 3 and 5; whereas all UN member states, including the US and the EU Member States, have assumed duties, commitments and obligations to respect and promote these SDGs and their targets;
1. Strongly condemns the backsliding in women's rights and SRHR taking place globally, including in the US and in some EU Member States; recalls that SRHR are fundamental human rights which should be protected and enhanced and cannot in any way be watered down or withdrawn; is deeply concerned in particular about the extent to which such prohibitions will contribute to the trauma of rape and incest victims;
2. Expresses its firm solidarity with and support for women and girls in the US, as well as to those involved in both the provision of and advocacy for the right and access to legal and safe abortion care in such challenging circumstances;
3. Reminds the United States Supreme Court of the importance of upholding the landmark case of *Roe v Wade* (1973) and the resulting constitutional protections of the right to abortion in the US;
4. Strongly condemns any roll-back of human rights and constitutional rights; calls for action to safeguard the right to safe and legal abortion in the US and for the US to refrain from any backward steps; calls on the relevant US authorities at all levels, in line with the WHO abortion care guideline, to fully decriminalise access to and the provision of abortion services, to guarantee safe, legal, free and high-quality sexual and reproductive health services in their territories and to make them easily accessible to all women and girls;
5. Calls on the Government of the State of Texas to swiftly repeal Senate Bill 8; calls on the Governments of the States of Idaho and Oklahoma to repeal their similar laws, including Bill HB 4327 (Oklahoma); calls on all 26 states of the US with trigger laws, laws on the books and other measures concerning bans and restrictions on abortion to repeal them and to ensure that their legislation is in line with internationally protected women's human rights and international human rights standards;
6. Is deeply concerned about the fact that bans and other restrictions on abortion disproportionately affect women in poverty, in particular racialised women, including Black women, Hispanic women and Indigenous women, as well as women from rural areas, LGBTIQ people, women with disabilities, adolescents, migrant women, including irregular migrants, and single-parent households headed by women; stresses that women who, due to financial or logistical barriers,

⁽¹⁸⁾ <https://www.ohchr.org/en/statements/2021/09/united-states-un-experts-denounce-further-attacks-against-right-safe-abortion>

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cannot afford to travel to reproductive health clinics in neighbouring states or countries, are at greater risk of undergoing unsafe and life-threatening procedures, and of being forced to carry their pregnancy to term against their will, which is a violation of human rights and a form of gender-based violence ⁽¹⁹⁾;

7. Welcomes the fact that the Women's Health and Protection Act (WHPA) federal legislation, aimed at protecting the right to abortion care throughout the US, passed in the House of Representatives, but deeply regrets the fact that it failed to pass in the Senate; calls on the US Government and/or other relevant US authorities to respect, fulfil and protect the human rights of women and girls, including their rights to life, privacy, health and equality, and non-discrimination, as well as their freedom from discrimination, violence and torture or cruel, inhuman and degrading treatment, by establishing and supporting federal legal protections for access to safe, legal and high-quality sexual and reproductive health services, including abortion, for all women and girls;

8. Encourages President Joe Biden and his administration to strengthen their efforts and to continue to support abortion rights, and urges him to ensure access to safe and legal abortion; encourages the US Government to make further efforts in order to ensure that abortion and contraception are integrated within the provision of age-appropriate and comprehensive SRHR information, education and services, and that they are accessible to all; welcomes the fact that US funding has been restored to the UNFPA, the UN's sexual and reproductive health agency, and calls on the US Government and/or other relevant US authorities to continue supporting SRHR and to do so at the UN and in other multilateral forums;

9. Urges the US Government and/or other relevant US authorities to ensure adequate federal, constitutional and statutory protections for the right to terminate a pregnancy and further urges the US Government to fully decriminalise abortion, which requires not only putting an end to the penalisation of women and girls and other pregnant persons, healthcare providers and others assisting with abortion services, but also removing abortion from state criminal law statutes and abolishing all other punitive laws, policies and practices;

10. Strongly encourages the US Government and/or other relevant US authorities also to remove all barriers to abortion services, including third party consent or notification, mandatory waiting periods and authorisation by judges or medical panels, and to guarantee timely access to abortion care across the country; calls on the US Government to ensure that the service is provided without discrimination, harassment, coercion, fear or intimidation, with due respect for women's privacy and for confidentiality, and with due protection and respect for healthcare providers;

11. Calls on the US Government and/or other relevant US authorities to regulate refusals to provide lawful abortion services by healthcare providers, including on the basis of 'conscience' clause, in a manner that does not deny access to abortion to women;

12. Is concerned about the collection and misuse of data on individuals seeking abortion services; call on the US Government to ensure that laws and policies on data protection are in line with international human rights standards and to guarantee that the processing of sensitive personal information, such as health-related data and information, respects the rights of individuals and is based on their free, specific, informed and explicit consent to the collection and processing of personal data; calls on digital distribution services to ensure that all apps respect data use and protection laws;

13. Acknowledges the role played by NGOs as service providers and as advocates for SRHR in the US, and encourages them to continue with their work; affirms that these NGOs need proper funding in order to operate; underlines that the services provided by these NGOs respond to the needs and human rights of women and girls; underlines that their work cannot replace the responsibility of the state to guarantee access to public, legal and safe abortion services;

⁽¹⁹⁾ https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf

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14. Calls on the US Government to take the necessary measures to ensure social support, in particular in the cases of single-mother households and teenage pregnancy, including through universal childcare and healthcare;

15. Calls on the US Government to sign and ratify all remaining ⁽²⁰⁾ UN and regional human rights conventions and protocols, including the Convention on the Elimination of All Forms of Discrimination against Women of 1979;

16. Is deeply concerned about the potential consequences for women's rights worldwide, should the US Supreme Court overturn *Roe v Wade*; is deeply worried about the possibility of a chilling effect on prioritising and funding for SRHR services, which have already been massively deprioritised and underfunded both within the US and globally; highlights with concern that in countries heavily dependent on US aid for public health programmes, its overturning could have an impact on those governments' commitment to abortion provision and other reproductive rights;

17. Welcomes the recent positive developments on abortion rights in Argentina, Mexico, Ecuador, Colombia and Chile that mark important steps forward in South America on women's rights, as well as in other countries around the world, such as Angola, India, Kenya, New Zealand, Northern Ireland, South Korea and Thailand;

18. Stresses the importance of ensuring the participation of women and girls in the formulation of laws and policies that affect them and pertain to their human rights, including SRHR, in particular abortion care, and that they are afforded justice and legal redress when their rights are violated;

19. Stresses the lack of access to contraception and the existing unmet needs ⁽²¹⁾; highlights that women bear a disproportionate responsibility for contraception, which should be shared with men; stresses the need, in this regard, to develop and promote contraceptives for men with a view to reducing the number of unintended pregnancies; stresses that priority should be given to combating sexual violence and to comprehensive, age-appropriate and evidence-based sexuality and relationship education for all, a range of high-quality, accessible, safe, affordable and, where appropriate, free contraceptive methods and supplies, and family planning counselling, as well as health services;

20. Calls for the EU and the Member States to offer all possible support, including financial support, to US-based civil society organisations protecting, promoting and providing SRHR in the country, as an expression of its unwavering commitment to these rights; calls further on the Member States to offer a safe haven for all medical professionals who might be at risk of legal persecution or other forms of harassment as a result of their legitimate work in providing abortion care;

⁽²⁰⁾ Including, among others, the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (1999), the American Convention on Human Rights (1969), the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (1988), the Protocol to the American Convention on Human Rights to Abolish the Death Penalty (1990), the First and Second Optional Protocols to the International Covenant on Civil and Political Rights (1966 and 1989, respectively), the International Covenant on Economic, Social and Cultural Rights (1966), the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (2008), the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2002), the UN Convention on the Rights of the Child (1989), the Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure (2011), the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990), the Convention Relating to the Status of Refugees (1951), the International Convention for the Protection of All Persons from Enforced Disappearance (2006), the Convention on the Rights of Persons with Disabilities (2006) and the Optional Protocol to the Convention on the Rights of Persons with Disabilities (2006).

⁽²¹⁾ UNFPA state of world population report, *Seeing the Unseen: The case for action in the neglected crisis of unintended pregnancy*, 30 March 2022.

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21. Calls on the European External Action Service, the Commission and all EU Member States to use all instruments at their disposal to strengthen their actions to counteract the backsliding in women's rights and SRHR, including by compensating for any possible reduction in US funding to SRHR globally, and by strongly advocating and prioritising universal access to safe and legal abortion and other SRHR in their external relations;

22. Calls for the EU and its Member States to urge the US Government to establish federal legal protections for the right to abortion, and to raise these human rights issues in their relations with the US at all levels and at all relevant international forums, pointing out that they constitute a form of violence against women and girls; further calls on the EU Delegation to the US to prioritise SRHR in its engagement with the relevant US authorities and in its local implementation of GAP III;

23. Calls for the EU and its Member States to strongly support SRHR for all, including by promoting strengthened legal protections within the EU's borders and the removal of barriers to the enjoyment of these rights;

24. Calls for the EU and its Member States to include the right to abortion in the Charter;

25. Calls on the European External Action Service, the EU delegations and Member States' embassies around the world to proactively reach out to and protect human rights defenders working on SRHR, especially in countries where restrictions are placed on the right and access to abortion;

26. Calls on the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy, the EU Special Representative for Human Rights and the Commissioner in charge of gender equality to consider, in the event that the *Roe v Wade* ruling is overturned, to condemn and denounce this violation of women's SRHR and their right to healthcare, as well as the legal uncertainty this will cause in their exchanges with US officials;

27. Underlines that, in keeping with the Beijing Platform for Action and the ICPD Programme of Action, the right of all individuals to bodily integrity and autonomy needs to be protected, and access to the essential services which give effect to this right needs to be ensured; stresses that access to healthcare is a human fundamental right, and that it is the obligation of the state to provide and guarantee healthcare for all; calls for a comprehensive global approach in the essential sexual and reproductive health package, including measures for preventing and avoiding unsafe and clandestine abortions, as well as the provision of post-abortion care, to be integrated into the universal health coverage strategies, policies and programmes; deplores the fact that healthcare is not accessible to everyone in the US; recalls that poverty is closely linked to the forced and coerced continuation of pregnancy and to the lack of safe and legal abortion;

28. Reaffirms that abortion must always be a voluntary decision based on a person's request, and given of free will, in accordance with medical standards and availability, accessibility, affordability and safety based on WHO guidelines; 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;

29. Urges the Member States to decriminalise abortion and remove and combat obstacles to safe and legal abortion and access to sexual and reproductive healthcare and services; calls on the Member States to guarantee access to safe, legal and free abortion services, to pre-natal and maternal healthcare services and supplies, voluntary family planning, contraception, youth-friendly services, as well as to HIV prevention, treatment, care and support, without discrimination;

30. Condemns the fact that women cannot access abortion services due to the practice common in some Member States for medical practitioners, and, on some occasions, entire medical institutions, to refuse to provide health services on the basis of the '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;

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31. 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 2021-2027; in promoting health information and education; in strengthening national health systems and the upward convergence of healthcare standards in order 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;

32. Instructs its President to forward this resolution to the Council, the Commission, the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy, the EU Special Representative for Human Rights, the President of the United States of America and his administration, the US Congress, and the US Supreme Court.
