ISSN 3093-575X (Print) / 3093-5784 (Online) DOI: https://doi.org/10.4038/rsijsrh.v1i2.25

ReproSex: International Journal on Sexual and Reproductive Health

My Voice, My Choice: A Unique European Citizen's Initiative to Make Safe Abortion Accessible for All Women within the European Union

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Commentary

Abstract

Over 20 million women in the European Union (EU) still face restricted autonomy over their reproductive choices. While some EU countries have liberalised abortion policies in the last decade, disparities remain: Malta and Poland prohibit abortion on request, and other countries impose legal, financial or procedural barriers. The regression of abortion rights in Poland catalysed the feminist movement *My Voice, My Choice.* This commentary examines how the European Citizens' Initiative (ECI) *My Voice, My Choice* represents a unique step towards improving reproductive rights in the EU and explores its potential implications for women's health, autonomy and cross-border solidarity. It also situates the initiative within broader issues of gender inequality and public health and contributes to ongoing debates on legal access to safe abortion. Using a human rights-based perspective, this commentary discusses the implications of the ECI for women's health, autonomy and reproductive rights in the EU. The initiative proposes an EU-fund to provide women in restrictive countries access to legal abortion services in Member States where abortion is permitted. Potential benefits include improved health outcomes, enhanced autonomy and strengthened European solidarity. Challenges involve resource allocation in providing countries, limitations in addressing socio-economic disparities and the risk of reducing pressure on restrictive countries to reform domestic abortion laws. *My Voice, My Choice* is an example of citizen-driven advocacy that could expand safe abortion access across the EU while protecting women's rights and health. By promoting voluntarism and solidarity among Member States, a potential legislation could position the EU as a global leader in reproductive rights. The movement highlights that choice is the core of reproductive autonomy.

Key Words: Abortion policy, European Union, Women's reproductive rights, Women's health, Access to healthcare

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Introduction

Autonomy over their own bodies and the right to decide for themselves when or if to start a family still remains an unfulfilled right for over 20 million women in the European Union (EU) [1].

During the last decade, many EU countries have seen progress in the context of abortion policies and laws, among others France, which firmly embedded the right to abortion in their constitution. In addition, Northern Ireland has experienced the most drastic change during the last decade: being completely criminalised before, the access to abortion was legalised in 2020 up until week 12, as well as after the gestational limit under specific reasons. Yet, abortion laws in the EU differ massively in their legal grounds.

While abortion on request during early pregnancy is permitted in 25 of the 27 Member States, access in practice is often limited by gestational limits, the availability of health care professionals and facilities, and legal restrictions. Women are still facing criminal penalties in 11 Member States if they seek abortion services outside the scope of law whilst eight EU nations impose mandatory waiting periods and nine require mandatory counselling. In contrast, Malta and Poland are the only EU countries that prohibit abortion on request, whereas Malta allows abortion only when the woman's life is at risk [2]. Poland implemented a near-total ban of abortion in 2020 and removed the legal ground for abortion access in cases of severe and irreversible fetal defects or diseases [3]. This change was driven by the Law and Justice Party, a socially conservative party closely aligned with Catholic values [3,4]. With that, Poland is one of four countries worldwide that experienced a regression in abortion laws by eliminating a legal ground for abortion during the last 30 years [2]. This regression caused protests and demonstrations not only in Poland, but in various European countries, which later resulted as a catalysator for the Feminist movement *My Voice, My Choice* .

This commentary examines why the European Citizen's Initiative (ECI) *My Voice, My Choice* marks a unique step towards more liberal reproductive rights for women in Europe and also discusses its further implications. The text is based on a review of existing literature, including policy documents, EU legal texts and reports from international organisations, and applies a human rights and public health perspective to assess the potential implications of the ECI for women's autonomy and health.

The Movement

My Voice, My Choice is an EU citizens' movement that originally started in spring 2024 to promote women's rights, their autonomy and solidarity across Europe [1]. The main goal of the movement is to provide legal access to abortion for all women in the EU by submitting the proposal of an EU financial mechanism. This mechanism aims to facilitate access to legal abortion on request in the EU, so that women from Member States with restrictive abortion laws or abortion bans can terminate their pregnancy in Member States with legal abortion laws, while the abortion costs will be covered by an EU fund. The movement collected over one million signatures and submitted an ECI to the European Commission [5]. Most recently, on December 17th 2025, the European Parliament voted in favour of a non-binding resolution and backed the initiative. Now, there is an increased political pressure on the European Commission, which has time

until March 2026 to respond and decide whether to propose legislation or other policy measures [6]. On 26 February 2026, the European Commission adopted its formal communication in response to the ECI. Rather than proposing a new dedicated funding instrument, the Commission clarified that existing EU funds (notably the European Social Fund Plus (ESF+)) may be mobilised by Member States, on a voluntary basis and in accordance with national law, to support cross-border access to safe abortion [13]. While this response represents an important acknowledgement of the initiative's objectives, it falls short of a dedicated funding mechanism, leaving the financial commitment to Member States and their allocation of existing ESF+ resources.

The United Nations (UN) highlights that state-imposed barriers should not drive women to seek unsafe abortion when terminating an unwanted pregnancy. [7]. *My Voice, My Choice* directly targets these barriers: an implementation of the proposal could provide free access to abortion in the EU, regardless of the woman's country of origin. This cross-border cooperation aims to be based on voluntarism: Member States which choose to participate will receive EU financial support intended to cover abortion service costs to women seeking abortion from other countries. The legal basis for this approach lies in Article 168 of the Treaty on the Functioning of the European Union, which grants the EU competence to support, coordinate or supplement national health policies, but not to synchronise national health systems or laws [5]. The uniqueness of the ECI *My Voice, My Choice* is that it does not seek direct harmonisation of national abortion laws. Instead, it proposes a voluntary financial mechanism to facilitate access to safe abortion across borders within the framework of existing Member States competences. The proposal therefore provides a practical solution for women in restrictive countries without waiting for domestic legal reforms [5].

Besides addressing the initiative's implications, the commentary discusses how a potential legislation created by the European Commission could affect the health and life of millions of women, as well as possible unintended consequences. It further examines legal, public health and human rights perspectives, and highlights important considerations for policy-making in understanding the potential impact and challenges of cross-border reproductive health initiatives.

Importance for Women's Health

Abortions will continue to occur, and no law or restrictive policy can eliminate them entirely. However, if a country prohibits abortion or restricts access, women are forced to seek unsafe abortions which can lead to preventable maternal deaths [8]. Worldwide, 8% of all maternal deaths are due to unsafe abortions, and 45% of all abortions are unsafe because of restrictive legislation and stigma. These figures only reflect the known statistics on abortion, as stigma and underreporting mean that not all abortions and related deaths are captured in official statistics. The significantly higher risk of death to which women are exposed in unsafe abortions has been clearly highlighted by the World Health Organization (WHO): the risk of dying during an unsafe abortion is more than 200 times higher than dying when an abortion is conducted in a safe manner [8]. The organisation classifies comprehensive abortion care as an essential health care service, not only because unsafe abortion itself is highly threatening women's lives,

but because the physical health risks that are associated with unsafe abortion are preventable as well. These include, among others, heavy bleeding, uterine perforation, damage to the genital tract and internal organs, not to mention the psychological consequences [8]. This indicates that access to safe abortion is not only a medical issue, but also a public health concern. Access to safe abortions protects women's lives and well-being and thereby reduces health costs for society as a whole. In developing countries, this could lead up to an estimated US$553 million saved per year [8]. The *My Voice, My Choice* movement sets a remarkable step towards a EU where no woman should be exposed to these life threats and health risks. Although abortions may be illegal in some EU countries, women will then still have the option to seek safe abortion, free of charge, in another EU country.

Importance for Women's Autonomy and Rights

Women face structural disadvantages and discrimination in society, while the severity differs from country to country. The Executive Director of UN Women, Sima Bahous, states that women's reproductive and economic choices are shaped by inequalities, since "women and girls bear the brunt of a turbulent, often unjust world" [9]. Nonetheless, the right to equality, privacy, as well as psychological and physical integrity, is a fundamental human right and implies that all people, including women, have the right to decide autonomously over their bodies [7].

Especially concerning the right to health, which is firmly anchored in the WHO Constitution, women face discrimination not only in medical research and treatment, but also in availability and accessibility of reproductive health services which include contraception, abortion and sexual education [7]. The UN elaborates further how health equality contains the accessibility of reproductive health care without discrimination, the availability of high-qualitative contraception and the legal option of emergency contraception or termination of pregnancy [7]. Data from WHO supports this claim: countries show lower rates in abortion when contraception is widely accessible [7]. Despite this, 225 million women worldwide do not have access to modern contraception, and while access may be formally available, the actual use of contraception can be limited due to lack of education and/or information, inadequate health systems or religious beliefs [7,10]. As a consequence, these persistent barriers contribute to unintended pregnancies, unsafe abortions and a continuous undermining of women's autonomy.

Besides arguments concerning women's rights, access to safe abortions enhances women's ability to decide whether childbearing fits into their life circumstances. Research shows how access to legal abortion has a positive impact on women's education, thereby improving the chance of employment, thus contributing to the country's workforce [8]. This can be applied to the born or unborn child as well: there is evidence that legal abortions and a reduction of unwanted pregnancies lead to children raised in more protected and safer circumstances, both financially and mentally [8]. If implemented, a new EU fund based on the *My Voice, My Choice* proposal will allow all women within the EU to claim their equal right of health and autonomy, setting out a remarkable step forward in women's rights worldwide.

Potential Benefits and Challenges for Providing Countries

Although participation is voluntary, providing countries can set an example for reproductive rights across borders and strengthening European solidarity on women's health issues. With the initiative, the EU could act as a global leader in women's health, thereby signaling commitment to universal reproductive health care and setting a new milestone for women's rights. However, concerns can be raised regarding the allocation of health system resources in providing countries. Europe is already experiencing a shortage in health care professionals with a deficit of 1.2 million doctors and nurses in 2022 [11]. Since the participation of a providing country is voluntary, there is a risk of only a few countries taking part. Women seeking an abortion in the same providing countries could then place an additional strain on their health systems, a challenge EU funding cannot resolve alone. Therefore, the legislation is likely to increase demand for national health care services, placing additional pressure on an already strained workforce and potentially limiting the system's capacity to provide care to women from outside the country. Nonetheless, the potential benefits such as improved health outcomes and strengthened solidarity could provide a convincing incentive for participation, particularly if the EU fund will be used to support the health care workforce.

Implications for Women in Restrictive Settings

For women in restrictive EU countries, the greatest change involves access to abortion in another country without a financial burden and facing less stigma. Although unsafe abortions will still occur, EU legislation will lead to an increase of knowledge about access to safe abortions which could enhance the use of these services [8]. Despite this, a new EU fund does not replace the need for reforms of national abortion laws. A legislation enabling women to seek abortion in countries where it is legalised may reduce the pressure on restrictive countries to reform their abortion policies. Therefore, the social and political pressure on restrictive EU nations must be maintained, even if the European Commission decides for legislation.

Furthermore, *My Voice, My Choice* argues in their legal addendum [5], that abortion is a privilege of rich people in countries where access is restricted, which leads to women with a lower socioeconomic status to seek unsafe abortion. Although this argument is supported by the UN [7], the new fund may not solve these disparities either. While accessing abortion abroad may not require service fees, it is unclear who is responsible for covering the expenses associated with travel to a provider country, as well as post-abortion care. Research indicates that socio-economic factors and lack of support in and after pregnancy represent the most cited reasons for abortion [12] which suggests that women with lower socio-economic status already have a greater need for accessible abortion services. Building a scenario where a woman already has three children at home and does not face support from her family and her community, but experiences stigma, she is most likely not able to travel to another country, even if the costs for the abortion itself are covered. Although the fund offers increased access to abortion free of charge, it does not erase the existing disparities in countries with restrictive laws. In practice, it could risk excluding precisely those women who would benefit most, since access will

continue to depend on resources such as the financing of mobility, time and social support [7]. A legislation should therefore ensure that the EU funding also covers travel costs and post-abortion care for women seeking abortion in the context of this cross-border cooperation.

Opponents of the movement argue that EU legislation should address the issues of social and financial support in childbearing and raising, instead of legalising or extending access to abortion. It is acknowledged, there is a need for better support and addressing financial barriers for women who decide to bear and raise a child as well. Nonetheless, this argument frames the problem within a wider societal context and highlights the structural inequalities that women experience. Not only inadequate support and financial barriers lead women to consider abortions, but also the underlying factors related to these: gender inequality in the workplace, unequal distribution of caregiving responsibilities, limited access to affordable childcare, together with broader social and economic barriers that systematically disadvantage women throughout their lives [9]. Women must have the right to choose because they face these structural barriers. In sum, it is of great importance that women have the right to decide about their own bodies, paired with support mechanisms at the EU level for women and their families.

Limitations

The commentary is based exclusively on existing literature, including policy documents, legal texts and reports from international organisations. Consequently, the analysis is interpretative and normative in nature. While the commentary aims to provide a comprehensive discussion of the *My Voice, My Choice* initiative and its implications, future research will be necessary to assess the real-world effects of any resulting EU legislation on access to abortion, health system capacity and health equity. Nevertheless, this commentary provides timely and policy-relevant insights into an unprecedented EU-level initiative and contributes to the ongoing debate on cross-border reproductive health governance and women's rights in Europe.

Conclusion

The ECI submitted a unique proposal that provides a direct protection of women concerning their health, rights and lives. It not only allows women in the EU to independently make decisions over their bodies, career pathway and family planning, but also reduces health risks due to unsafe abortions. Since it proposes solidarity on voluntarism, it respects national laws at the same time as it makes safe abortion accessible for women living in restrictive countries. A potential legislation will position the EU as an international leader in solidarity on reproductive rights and mark a significant step for women's rights and their bodily integrity worldwide. Although broader social and financial support for pregnant women is still essential, the core issue remains: choice. Women must have the right to decide whether to continue or terminate a pregnancy.

My Voice, My Choice proves that reproductive rights can be realised through citizens' action: Women's voices and their choices must be heard and protected.

Conflicts of Interest

The author declares no conflicts of interest. There are no financial, personal

or professional relationships that could be perceived to influence the content of this work.

Ethical Approval

Ethical approval was not needed for this commentary, as it does not involve human participants, identifiable personal data or experimental interventions. The manuscript is based on literature, publicly available information, and the author's analysis and commentary.

Data Availability Statement

This commentary did not involve the generation or analysis of new data. All information and references used are publicly available and cited within the manuscript.

External Funding

No external funding or financial support was received for the preparation of this commentary. The work was conducted independently by the author.

Statement on the Use of Artificial Intelligence

Language refinements and translation assistance for this commentary were provided by OpenAI. The interpretation, analysis and conclusions presented are entirely the author's own.

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