EMMA Association Contribution to the Public Consultation on the EU Gender Equality Strategy 2026–2030

August 2025

Strengthening Sexual and Reproductive Health and Rights (SRHR) as a Core Component of Gender Equality in the EU

EMMA Association - a national women's organization based in Hungary, working for the promotion of fundamental rights and societal equality of women, the advancement of sexual and reproductive health and rights (SRHR) and the elimination of gynecological and obstetric violence – welcomes the European Commission's Roadmap for Women's Rights and the recognition of the need to reaffirm and reinforce the commitment to gender equality and women's rights, as acknowledging the significant role played by civil society organisations (CSOs) and human right defenders in the current geopolitical environment. We call for a **strong and actionable commitment to SRHR** in the 2026–2030 Gender Equality Strategy as a central element of achieving gender equality across the European Union. Ensuring safe, respectful, and equitable maternity and reproductive healthcare is a **cornerstone of gender equality**—without it, women and marginalized people cannot fully exercise their rights or participate equally in society.

The new Gender Equality Strategy must not only preserve progress but address the current backsliding — through law, policy, funding, accountability mechanisms, and the inclusion of citizens in decision-making processes. Despite advances in healthcare access, fundamental issues remain unaddressed—particularly concerning **bodily autonomy, consent, safety, and dignity** during childbirth and reproductive care. An EU-wide approach is urgently needed to uphold human rights and promote reproductive justice.

It is crucially important that demographic, pronatalist arguments do not undermine sexual and reproductive health and rights, do not lead to the deprioritisation of gender equality and reproductive justice, and do not create hostility towards women human rights defenders and civil society organisations.

Undermining SRHR not only has a direct negative impact on **health outcomes, health equity and the quality of life** of many women and girls, in a broader sense it contributes to the dismantling of democratic institutions and the frameworks for public participation.

LEGISLATIVE FRAMEWORK AND COMPLIANCE

Recognize that **reproductive rights go beyond access to services**, encompassing the right:

- To have children safely and with dignity
- To not have children, free from coercion or discrimination
- To raise children in safe and supportive environments

Systematically monitor SRHR developments in all EU member states through the **Rule of Law Mechanism**, with specific focus on:

- Accessible and affordable abortion and contraception,
- Availability of comprehensive sexuality education,
- Non-discriminatory treatment of marginalised groups (including Roma, travellers and other ethnic minorities, LGBTQ+ people, people with disabilities and migrants),
- Shrinking space for SRHR advocacy and public participation

Ensure the implementation of EU laws, especially the **Directive on Violence Against Women and the Race Equality Directive.**

Promote the ratification and effective implementation of the **Istanbul Convention** (Council of Europe Convention on preventing and combating violence against women and domestic violence) by all Member States.

Enforce the implementation of the European Parliament 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.

Adopt the European Commission Recommendation on the prevention of harmful practices against women and girls, with guidance to Member States on how to address obstetric and gynaecological violence.

Establish a Binding EU Framework for the Protection of Patients' Rights and Redress Mechanisms, with **harmonized minimum standards** for the recognition of patients' rights, among others the right to informed consent, privacy, access to healthcare, and non-discrimination. Harmonized patients rights framework should include

- independent complaints mechanisms
- access to compensation for violations of dignity, consent, and safety,
- legal aid and support for vulnerable groups

Mandate accessible and timely compensation mechanisms for patients whose rights have been violated, ensure fair redress without undue financial or procedural barriers, and initiate infringement procedures where national laws or practices violate these laws (e.g. discrimination against Roma women in healthcare).

Establish a European Observatory on Obstetric and Reproductive Health Rights

- Monitor violations of reproductive rights and obstetric violence.
- Provide guidance, collect good practices, and facilitate civil society engagement, **—including women's rights organizations, patient representation bodies, consumer rights groups, independent watchdogs, and grassroots movements**—to ensure that diverse and affected voices are meaningfully involved in shaping policy and accountability mechanisms.

> Across EU Member States, a growing body of evidence exposes the widespread and systemic nature of gynecological and obstetric violence—**a culturally normalized form of gender-based violence**. Despite its prevalence, such violence is often **dismissed as standard medical practice**, perpetuating a cycle of harm and silencing survivors.

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STANDARDISATION AND DATA TRANSPARENCY

Promote common minimum standards for reproductive healthcare, including the development of culturally sensitive, **trauma-informed, client-centred care models and evidence-based clinical practice guidelines** for gynecological and obstetric services, access to contraception and abortion care.

Increase **data transparency in the field of sexual and reproductive health,** by enhancing the pool of collected and published data in the Europeristat, including but not limited to access to safe abortion and contraception care, teen pregnancy, prenatal care, rates of perinatal losses and miscarriages, rates of Cesarean section, birth inductions, episiotomy, and other interventions during labor and birth, breastfeeding rates, maternal morbidity and mortality, including near-miss cases, maternal mental health indicators, ensuring a comprehensive, standardized method that enables the comparison of data across Member States. Data should be collected and published on cross-border SRHR access, including for women traveling from non-EU countries due to restrictive laws at home.. **Ensure data sharing among Member States** to uphold patients' rights within the context of cross-border healthcare and mobility.

Develop an overarching **EU Sexual and Reproductive Health Strategy**, including a **Maternal Mortality and Morbidity Surveillance Network,** advancing maternal health equity, standardized healthcare quality and safety. The strategy would need to address disparities affecting Romani women, migrants, low-income groups, remote and other marginalized, underserved populations. **Countries with strong maternal mortality surveillance systems consistently show lower maternal mortality rates**, better care quality, and a stronger ability to reduce inequalities.

ENGAGEMENT AND SUPPORT OF CIVIL SOCIETY ORGANISATIONS

Support CSOs and human rights defenders working on gender equality, sexual and reproductive health and rights and gender-based violence, Romani, traveller and other ethnic minority rights, and LGBTIQ+ rights. Ensure that **EU support schemes** (e.g CERV, EU4Health, Horizon Europe, ESF+) prioritize these areas, actively promote the engagement of civil society organisations, by providing **long-term, sustainable and flexible funding**. Include a dedicated strand for SRHR advocacy and service delivery in the next Multiannual Financial Framework (MFF).

Ensure that funding can be used to support operating costs, advocacy, human rights activism, network and coalition building, and is accessible to small and grassroots organizations, with **reasonable reporting and administrative requirements**.

Commit to **structured, regular consultation** with SRHR-focused civil society in implementation and review of the strategy. Such consultations should systematically include SRHR experts and civil society representatives from **candidate and neighboring non-EU countries**, recognizing that EU policies and funding directly impact their rights and access to services.