

Analysis of today Assessment of tomorrow



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The limits of European solidarity – how "My Voice, My Choice" shifts EU institutional boundaries



This week in Strasbourg, a decision is being made on a matter that at first glance appears to be another resolution in the field of human rights but is in fact an institutional test.

The European Parliament is set to vote on a proposal accompanying the European Citizens' Initiative (ECI) "My Voice, My Choice", which calls for a financial solidarity mechanism from the European Union's budget for women who cannot access a safe and legal termination of pregnancy in their home member state.

If the resolution passes, the next step lies with the European Commission, which, according to procedure, should respond by the end of March 2026.

There is a majority in Parliament that can support the resolution, but that is not the end of the process.

The final decision rests with the European Commission, which will have to determine whether to turn the political message into a concrete instrument.

So far, no European citizens' initiative has progressed all the way from citizens' signatures to actual policy.

The key novelty in this case lies in the legal framework. The initiative does not attempt to change or harmonise national laws on abortion, as the European Union does not have the competence to do so.

Instead, the focus has shifted to the area where the EU has instruments of action – the budget and mechanisms of financial solidarity. That is precisely why the second path was chosen: money.

A budget mechanism would enable crossborder access to services that are nearly unattainable in one member state but integral to standard health care in another.

The European Parliamentary Research Service (EPRS), in its "At a glance" overview, clearly describes the objective as an "EU-level financial solidarity mechanism" without

harmonising national laws.

This is where the real story begins. This is not about abortion as a moral issue, but rather about whether the EU, through the budget, can create a policy in a field in which it lacks traditional legislative competence.

Turning a citizens' initiative into a budgetary issue

The initiative was coordinated by the Slovenian 8 March Institute, and the EESC (European Economic and Social Committee) notes that the campaign surpassed one million signatures ahead of schedule, supported by a network of hundreds of organisations and thousands of volunteers across the Union.

Institutionally, a key stage in the European Parliament has already occurred. The Women's Rights and Gender Equality Committee (FEMM) supported the draft resolution and the call for the Commission to consider the financial mechanism.

Due to a procedural change, FEMM voted twice and confirmed the same result both times, with 26 in favour and 12 opposed.

This is not merely a signal of a "pro-choice" majority in one committee. It is a decision that seeks to turn a citizens' initiative into a budgetary issue.

The EU budget, unlike many symbolic resolutions, carries weight. It creates permanent programmes, rules, and financial flows that are difficult to reverse.

The gap between the law on paper and actual availability is one of the key political points in the current debate

Therefore, the debate is not about whether abortion is "good" or "bad". The debate concerns whether EU funds can be used to organise a cross-border health service, which

in some member states is virtually nonexistent or extremely limited.

The differences between member states are significant. In some countries, termination of pregnancy is almost completely prohibited, while in others it is formally permitted but, in practice, difficult due to restrictive procedures, a limited number of health institutions providing the service, administrative obstacles, or doctors' refusal to perform it.

This gap between the law on paper and actual availability is one of the key political points in the current debate.

The essence of the proposal is a financial mechanism at the European Union level. The idea is that the shared budget would cover the costs of termination of pregnancy in another member state for women who cannot access this service in their own country due to legal restrictions or practical obstacles.

Although the idea of a financial fund appears straightforward, its implementation immediately raises a series of political issues that cannot be reduced to a technical discussion.

Between European solidarity and national sovereignty

The key question that immediately arises concerns jurisdiction. The European Union's treaties clearly stipulate that member states bear the responsibility of defining health policy and organising health services.

The Union must respect this division of responsibilities, as required by Article 168(7) of the Treaty on the Functioning of the European Union (TFEU). The strongest objections to the initiative focus precisely on this point.

In its public statements, COMECE (Commission of the Bishops' Conferences of the European Union) warns that a financial mechanism at the EU level must have neither the aim nor the effect of undermining public order and democratic decisions made by member states in such a sensitive area.

Closely related is the issue of political legitimacy. For years, the European Commission has been caught between the expectation that it should address growing differences in the exercise of rights within the Union and the fact that it does not have a mandate to standardise all areas of public policy.

The EU4Health Programme 2021–2027 is already being cited as an example of the existing framework for cross-border health situations

If the Commission were to propose an instrument that in practice allows national restrictions to be circumvented through joint financing, opponents would present it as an indirect imposition of a solution outside democratic processes in the member states.

This is why the discussion is no longer legal but deeply political, as it touches the boundary between European solidarity and national sovereignty.

The third set of questions concerns the actual design of the possible mechanism. Even with political agreement on the existence of the fund, several unresolved dilemmas remain that determine its actual scope.

It is not the same whether it is a voluntary model in which only certain states participate or a general budget instrument. It is also not the same whether only the medical procedure is financed or the accompanying costs, which in practice often represent a key obstacle to accessing the service.

There is also the question of whether the new mechanism will rely on existing EU health programmes or require completely new rules.

In this context, the EU4Health Programme 2021–2027 is already being cited as an example

of the existing framework for cross-border health situations, with the warning that creating a parallel system could set a precedent that goes beyond the initial purpose.

The risk of "ideological polarisation"

What makes this case important for broader analysis is the role of the European citizens' initiative itself as an institutional instrument.

This mechanism was introduced to enable citizens to formally influence the agenda of the European Commission and require it to make a statement on a particular issue.

However, the experience of the last decade shows that this influence most often ends at the procedural level. Initiatives are discussed, heard, and administratively concluded, but they rarely result in concrete policies or financial instruments.

That is why, in this case, not only the content of the proposal is being examined, but also the actual scope of citizen participation in the European decision-making system.

The EU does not have to change national law to change the reality of life

That is why not only the EU's stance on reproductive rights is being tested in Strasbourg. It is also being tested whether the ECI can move from symbolism to budgetary reality.

If this initiative, with more than a million signatures and clear political momentum, results only in a decent hearing and a bureaucratic response without a concrete instrument, the message to citizens will be clear: a formal channel exists, but there is no "final step" to politics.

If, contrary to usual practice, the Commission

chooses to create an instrument, the message will be equally clear: the EU can make policy through the budget even when it does not have a mandate to harmonise laws.

In that respect, this is a story about the budget as a constitutional tool. The EU does not have to change national law to change the reality of life; it is enough to cover the cost and make the movement of the service normal rather than exceptional. This is a softer but often more effective form of integration.

From political message to concrete mechanism

The broader political context increases the gravity of this moment. In recent years, some European countries have strengthened the legal protection of the right to terminate a pregnancy, including through constitutional or legislative consolidation.

At the same time, in other parts of the Union, political mobilisation by hard-line, conservative, and far-right actors, who use this issue as a central point of identity politics, is intensifying. It is this simultaneous but opposing development that makes the debate at the EU level particularly sensitive and politically incendiary.

In its announcement, COMECE refers to the risk of "ideological polarisation" and calls for policies that, in its view, "protect women while simultaneously protecting unborn life," indicating that the opposition will be organised, articulated, and institutionally present.



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That is where the realistic forecast comes from. If Parliament adopts the resolution, the Commission will be under pressure from two sides.

On one hand, there is an expectation that the ECI should not be reduced to a protocol but should demonstrate that the EU can respond to citizen mobilisation.

On the other hand, there is a risk of creating an instrument that will push some governments and political blocs into the "Brussels imposes values" narrative.

The most likely route, if the Commission wishes to maintain political control and minimise legal risks, is a design that avoids a direct collision with Article 168(7) of the TFEU.

This means a model in which the mechanism relies on existing cross-border healthcare and financing frameworks, with clear limits and procedures, and preferably with an element of voluntary participation by member states.

Such an approach reduces legal risk and weakens the argument that the EU directly undermines national order while still making a real difference on the ground.

However, this does not remove the key political effect. As soon as the EU begins financing access to a service that is almost prohibited in one country, it de facto introduces a new type of European citizenship in the social sense.

These are not rights exercised within one's own country, but rights exercised through the Union, by crossing borders, with budgetary support.

That is why "My Voice, My Choice" is better seen as a laboratory for future EU policy than as a one-off campaign.

If this model succeeds, someone will soon try to apply it to other areas where competences are formally national, but the consequences are increasingly European: health services, medicines, reproductive medicine, and even certain aspects of social protection.

If it does not pass, the EU signals that the budget is not a neutral tool but a closed circle in which citizens' initiatives face limits that cannot be crossed.

In both cases, the real issue is not just abortion. The real question is how the EU changes when citizens attempt to secure a concrete instrument through its institutional mechanisms.

Parliament is very likely to vote on a political message. The Commission will decide whether that message becomes a mechanism.

It is precisely in the difference between the message and the instrument that one can see whether the EU is entering a phase in which the budget becomes the central tool for building European policy, even where treaties are formally concluded.