My Voice, My Choice

A Masterclass in EU Legal Manoeuvring and a Step Forward for Women in the EU

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The European Citizens' Initiative (ECI) My Voice, My Choice (MVMC) for safe and accessible abortion, signed by over 1.2 million people, has proven remarkably successful. On 26 February 2026, the Commission announced that it will link abortion services to the European Social Fund Plus, thereby effectively enabling Member States to use EU funds to provide these services to women across the Union. While the Commission did not establish a new European right to abortion in a new law – which would be a likely legal dead end anyway – it has once again demonstrated a masterclass in EU legal manoeuvring. More importantly, it has effectively provided European budgetary support for abortion services for the first time, thereby significantly improving the harsh realities faced by millions of women in the EU. Finally, the MVMC initiative shows that when millions of Europeans get together, their demands simply cannot be ignored.

The road to 1.2 million: a chronology of mobilization

The MVMC initiative was born from a harsh reality: an estimated 20 million women in the EU lack access to safe abortion, facing mental as well as physical harm, economic stress, and even death in countries with restrictive laws. The movement sought to create an EU-wide financial mechanism to support Member States that voluntarily provide safe abortion care to those lacking it.

The journey began on April 10, 2024, when the ECI was officially registered by the Commission. Over the following year, a coalition of more than 300 organizations mobilized a massive cross-border campaign. This was not merely a street-level protest; it was a digital revolution. In Malta, where abortion is criminalized, activists collected over 4,000 signatures – twice the expected number – largely because the online format protected supporters from the stigma of public protest.

By September 1, 2025, the Commission validated 1,124,513 signatures. The political momentum shifted, and on December 2, a public hearing was held at the European Parliament where coordinator Nika Kovač stated that activists had brought something to the table – "[their] own chair to the places where [they] usually don't have the chairs". They brought their own chair directly to the table of power. Just two weeks later, on December 17, 2025, the European Parliament adopted a Resolution with 358 votes in favour, urging the Commission to submit a proposal for a dedicated financial mechanism.

The Commission's decision: strategic use of ESF+

On February 26, 2026, the European Commission delivered its response, that can be described as a masterclass in EU legal manoeuvring. The Commission announced that it would not submit a new proposal for a standalone legal act or a new funding program. Instead, it formally affirmed that the European Social Fund Plus (ESF+), which is an already existing multi-billion-euro EU budgetary system, can be used by Member States to provide safe abortion services.

The Commission's reasoning rested on Article 168(7) of the TFEU, which protects the national competence of Member States to define their own health policies. By utilizing the ESF+, the Commission avoided a direct legislative conflict over abortion rights, which remains within the discretion of individual Member States.

Under this framework, one can identify three main characteristics: First, the ground rule is voluntary participation. Member States can choose to amend their regional or national ESF+ programs to include

abortion care. Second, if they choose to participate, the funds can cover not only medical services but also travel costs, which is vital for women in life-threatening situations who must travel abroad for care. Lastly, in order to respect EU law, any funded service must be open to women regardless of their residence or nationality, ensuring it does not specifically target women from more restrictive states in a way that would undermine those states' law.

In practice, this is relatively straightforward. A willing Member State must amend its national or regional ESF+ programme under Article 24 of the Common Provisions Regulation to include abortion care. The Commission then reviews this amendment to ensure compliance with EU law, in particular Art. 168(7) TFEU and internal market principles, including the requirement that services remain neutral to nationality. Once approved, the Member State can use ESF+ funds to support healthcare providers or NGOs delivering these essential services. For a woman in a restrictive jurisdiction, this creates a tangible pathway: she can access funded abortion care in another Member State that has opted into the scheme, ensuring that women's health in the EU is not a matter of geographic luck.

In other words, while the EU does not mandate access to abortion, it enables Member States to finance it. The EU provides the financial framework. It is up to the Member States to make use of it.

Is a win always a win?

The reaction to the decision was split along ideological and strategic lines. For the organizers, the decision was a historic victory. Nika Kovač argued that the "priority was always getting results for women, not the legal form". This perspective suggests that a win is defined by policy outcomes: for the first time, the EU has unequivocally confirmed that its budget can support abortion access and allows for broad financial coverage of what can be called abortion care.

Legal experts who supported the ECI argued that this affirms the EU's supportive competence. By integrating MVMC into the Gender Equality Strategy 2026 – 2030 on March 5, 2026, the Commission also signalled that this is no longer just a citizens' request, but an official pillar of EU policy. This matters because EU strategies function as administrative roadmaps. Inclusion in the strategy means that the initiative is now embedded across policy areas and subject to concrete implementation requirements. One of the key actions is the rollout of the MVMC-mechanism, with clear timelines for 2026 and 2027. The immediate consequence is a shift from political rhetoric to administrative accountability. The Commission is now required to operationalise the initiative, including through technical guidance and the monitoring of gender equality expenditure. In this sense, the EU is translating political support into budgetary reality. More broadly, this illustrates how the EU can act within its limited competences: not by imposing legal obligations, but by steering policy through funding, coordination, and strategy.

However, this win feels fragile. Because the mechanism is voluntary, its success depends entirely on the political will of individual Member States. For example, a woman in Poland or Malta still relies on another willing country to amend their ESF+ programs to help her.

Is a loss always a loss?

Conversely, critics and some MEPs viewed the refusal to create a dedicated fund as a failure to act. The far-right Spanish party Vox even claimed the Commission had rejected the initiative entirely by merely pointing to existing instruments.

From a strictly legislative perspective, the ECI did lose its demand for a new law. But in the world of EU governance, being absorbed into existing structures can often be a more effective way to ensure long-term funding than fighting for a new program that could be blocked by the Council. If the loss of a dedicated legal act leads to the win of immediate funding through the ESF+, the outcome cannot be adequately captured in traditional binary terms of success and failure.

The aftermath: what happens now

The decision on 26 February 2026 was not the end, but the beginning of a new administrative phase. Member

States wishing to act must now submit amended ESF+ programs to the Commission for approval. Also, the implementation of the MVMC-mechanism is explicitly listed as a key action for 2026 and 2027 in the official Gender Equality Strategy. In the same document, the Commission discloses plans to launch a study on the societal and economic benefits of closing the "women's health gap", which will include menopause and reproductive health. Another development currently in motion is that activists are advocating for the Commission to create a central platform so patients know exactly where and how they can access these EU-funded services.

A new blueprint for solidarity

The MVMC initiative has defined the boundaries of EU health policy. While it did not result in establishing a new European right to abortion under a new law – which was not the sole goal of the initiative and would have likely been struck down for exceeding EU competences – it has created a financial bridge across legal borders de facto providing a supportive system for accessing abortion in another Member State.

Hence, the initiative of My Voice, My Choice is a pragmatic victory. It proves that when 1.2 million citizens raise their voices, the Commission cannot simply ignore it. It must find a way to say yes, even if that is wrapped in a masterclass in EU legal manoeuvring. The MVMC-movement has shown that in the EU, a step forward for the women on the ground may not always be a loud legislative bang. Sometimes, it is the quiet and pragmatic solution that proves to be historic, nevertheless. The fight for bodily autonomy has moved from the streets of Valletta and Warsaw to the budget implementation offices of Brussels. That is, in itself, a revolutionary shift.

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